

**Contract Year Ending 2024**  
**Capitation Rate Notification – Pediatric**  
**Services Initiative**  
**AHCCCS Complete Care and AHCCCS**  
**Complete Care – Regional Behavioral**  
**Health Agreement Program**

**October 1, 2023 through September 30, 2024**

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

**Prepared by:**  
**AHCCCS Division of Business and Finance**

**January 9, 2026**



# CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

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### Introduction and Limitations

The purpose of this capitation rate notification document is to provide documentation of the data, assumptions, and methodologies used to allocate a delivery system and provider payments initiative (i.e., state directed payment), the Arizona Health Care Cost Containment System (AHCCCS) Pediatric Services Initiative (PSI), across the Contract Year Ending 2024 (CYE 24, October 1, 2023, through September 30, 2024) capitation rates for the AHCCCS Complete Care (ACC) Program and AHCCCS Complete Care – Regional Behavioral Health Agreement (ACC-RBHA). This capitation rate notification document is based on CMS’ approval of the PSI Preprint (AZ\_Fee\_IPH.OPH1\_Renewal\_20231001-20240930).

The PSI payments are payments under 42 CFR § 438.6(c)(1)(iii)(C), as codified in the 2020 Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Final Rule. This capitation rate notification document was prepared for Centers for Medicare & Medicaid Services (CMS), or its actuaries, for review of the PSI payments allocation methodology. This capitation rate notification document also provides the CYE 24 ACC and ACC-RBHA Program capitation rates with and without the PSI payments for CMS review. This capitation rate notification document may not be appropriate for any other purpose.

This capitation rate notification document may also be made available publicly on the AHCCCS website or distributed to other parties. If this capitation rate notification document is made available to third parties, then this capitation rate notification document and the original rate certification along with any amendments should be provided in their entirety. Any third party reviewing this capitation rate notification document and capitation rate certifications should be familiar with the AHCCCS Medicaid managed care program, the provisions of 42 CFR Part 438 applicable to this rate certification, the 2023-2024 Medicaid Managed Care Rate Development Guide (2024 Guide), Actuarial Standards of Practice and generally accepted actuarial principles and practices.

CMS has yet to release a rate development guide for capitation rate updates related to payments under 42 CFR § 438.6(c). In lieu of having an official guide to follow, AHCCCS will follow the 2024 Guide for organizing this capitation rate notification document. The 2024 Guide describes the rate development standards and appropriate documentation to be included within Medicaid managed care rate certifications. In particular, Section I.4.D. covers state directed payments, and it is this section that will contain the capitation rate notification documentation. Sections of the 2024 Guide that do not apply will be marked as “Not Applicable” and will be included in this rate notification document for completeness.

## Section I Medicaid Managed Care Rates

### I.1. General Information

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### I.2. Data

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### I.3. Projected Benefit Costs and Trends

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### I.4. Special Contract Provisions Related to Payment

#### I.4.A. Incentive Arrangements

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

#### I.4.B. Withhold Arrangements

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

#### I.4.C. Risk-Sharing Mechanisms

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

#### I.4.D. State Directed Payments

##### I.4.D.i. Rate Development Standards

This section of the 2024 Guide provides information on delivery system and provider payment initiatives (i.e., state directed payments) authorized under 42 CFR § 438.6(c).

##### I.4.D.ii. Appropriate Documentation

The following sections of the 2024 Guide, Section I.4.D.ii.(a)(i) through Section I.4.D.ii.(a)(iii), were provided in the CYE 24 ACC and ACC-RBHA Program capitation rate certification as signed by Matthew C. Varitek and Erica Johnson on August 11, 2023. These sections are being provided again to facilitate CMS' review, updated as necessary to provide additional information. There were three amendments to the CYE 24 capitation rate certification which did not impact PSI. The first amendment, signed on January 31, 2024, addresses the Safety Net Services Initiative (SNSI), which was a new state directed payment added for CYE 24. The second amendment, signed on March 25, 2024, addresses changes to the acuity adjustment factors for the six-month period covering April 1, 2024, through September 30, 2024. The

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third amendment, signed on November 27, 2024, addresses the Targeted Investments 2.0 Program state directed payment.

### **I.4.D.ii.(a) Description of State Directed Payments**

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

The PSI provides a uniform percentage increase for inpatient and outpatient services provided by the state's freestanding children's hospitals with more than 100 licensed beds. The PSI uniform percentage increase is based on a fixed total payment amount and is expected to fluctuate based on utilization in the contract year. The increase is intended to supplement, not supplant, payments to eligible hospitals or pediatric units.

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

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

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

The PSI was not included in the ACC and ACC-RBHA Program certified capitation rates and has been paid out via lump sum payments.

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

The original estimates of anticipated payments, including premium tax, for the ACC and ACC-RBHA Program for PSI were approximately \$54.45 million. AHCCCS distributed the total payment via four interim quarterly lump sum payments to the Contractors, and a final redistribution of the payment based on actual CYE 24 utilization after the completion of the contract year. The total payments paid through the ACC and ACC-RBHA Contractors for the PSI were approximately \$56.02 million, inclusive of premium tax.

#### **I.4.D.ii.(a)(iii)(B) Actuarial Certification of the Amount of the Separate Payment Term**

The actuaries certified to the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4 in the original rate certification. The original estimates were based on projections of future events. This notification document incorporates the actual final aggregate payments by rate cell and the AHCCCS actuaries certify the final payment amounts by rate cell as actuarially sound according to 42 CFR § 438.4.

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

Appendix 1 shows the total PSI dollars paid, including premium tax, by rate cell. Appendix 2 shows the PSI payments by rate cell as if they had been incorporated into the capitation rates as PMPMs. Totals may not add up due to rounding.

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### **I.4.D.ii.(a)(iii)(D) Preprint Acknowledgement**

These payments were made under the approved PSI 42 CFR § 438.6(c) payment arrangement in a manner consistent with the preprint approved by CMS (inclusive of any/all correspondence between the state and CMS regarding the preprint).

### **I.4.D.ii.(a)(iii)(E) Future Documentation Requirements**

AHCCCS is submitting this notification document to CMS which incorporates the total amount of the PSI payments into the rate certification's rate cells, consistent with the distribution methodology described in the preprint approved by CMS. The capitation rates with and without the PSI payments can be found in Appendix 2.

### **I.4.E. Pass-Through Payments**

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### **I.5. Projected Non-Benefit Costs**

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### **I.6. Risk Adjustment**

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

### **I.7. Acuity Adjustments**

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

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

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

## **Section III New Adult Group Capitation Rates**

Not applicable to the PSI for the CYE 24 ACC and ACC-RBHA Program rate update.

## Appendix 1: CYE 24 PSI Payments

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

CYE 24 PSI Dollars with Premium Tax												
GSA	Contractor	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group	Total
North	Care1st Health Plan Arizona, Inc.	\$416,791	\$1,224,872	\$4,631	\$0	\$319,517	\$19,398	\$16,657	\$0	\$572	\$0	\$2,002,438
North	Health Choice Arizona, Inc.	\$448,790	\$1,205,143	\$596	\$0	\$1,008,301	\$156,560	\$296	\$0	N/A	N/A	\$2,819,685
Central	Arizona Complete Health - Complete Care Plan	\$1,455,174	\$4,651,801	\$25,517	\$4,517	\$577,101	\$273,201	\$9,654	\$0	N/A	N/A	\$6,996,965
Central	Banner - University Family Care	\$1,068,718	\$1,380,117	\$49,355	\$0	\$95,262	\$71,304	\$7,942	\$0	N/A	N/A	\$2,672,698
Central	Molina Healthcare of Arizona, Inc.	\$241,522	\$723,464	\$2,647	\$0	\$128,266	\$28,721	\$2,269	\$0	N/A	N/A	\$1,126,889
Central	Mercy Care	\$3,830,198	\$11,093,383	\$75,526	\$26	\$1,364,111	\$265,185	\$33,439	\$0	\$37,514	\$0	\$16,699,383
Central	Health Choice Arizona, Inc.	\$1,029,871	\$2,983,503	\$9,362	\$2,315	\$516,519	\$361,948	\$16,381	\$0	N/A	N/A	\$4,919,899
Central	UnitedHealthcare Community Plan	\$4,641,497	\$8,613,403	\$36,960	\$172	\$1,957,752	\$214,406	\$34,878	\$0	N/A	N/A	\$15,499,068
South	Arizona Complete Health - Complete Care Plan	\$292,614	\$724,263	\$3,188	\$0	\$313,208	\$5,875	\$1,216	\$0	\$246	\$0	\$1,340,611
South	Banner - University Family Care	\$429,763	\$736,875	\$6,669	\$31	\$334,752	\$13,402	\$701	\$0	N/A	N/A	\$1,522,194
South	UnitedHealthcare Community Plan (Pima Only)	\$150,420	\$209,268	\$272	\$16	\$56,381	\$2,791	\$220	\$0	N/A	N/A	\$419,368
<b>Total</b>		<b>\$14,005,359</b>	<b>\$33,546,092</b>	<b>\$214,724</b>	<b>\$7,078</b>	<b>\$6,671,170</b>	<b>\$1,412,792</b>	<b>\$123,653</b>	<b>\$0</b>	<b>\$38,332</b>	<b>\$0</b>	<b>\$56,019,199</b>



## Appendix 2: CYE 24 Certified and Adjusted Capitation Rates

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

**AGE < 1**

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$714.67	\$23.71	\$738.38	\$733.56	\$23.71	\$757.26
North	Health Choice Arizona, Inc.	\$744.59	\$17.36	\$761.96	\$731.75	\$17.36	\$749.11
Central	Arizona Complete Health - Complete Care Plan	\$735.61	\$20.47	\$756.08	\$725.09	\$20.47	\$745.56
Central	Banner - University Family Care	\$746.72	\$28.04	\$774.76	\$763.03	\$28.04	\$791.07
Central	Molina Healthcare of Arizona, Inc.	\$733.01	\$16.31	\$749.32	\$696.75	\$16.31	\$713.06
Central	Mercy Care	\$740.28	\$32.49	\$772.77	\$753.77	\$32.49	\$786.26
Central	Health Choice Arizona, Inc.	\$758.78	\$27.41	\$786.19	\$761.95	\$27.41	\$789.36
Central	UnitedHealthcare Community Plan	\$741.96	\$49.95	\$791.91	\$730.70	\$49.95	\$780.65
South	Arizona Complete Health - Complete Care Plan	\$811.72	\$6.86	\$818.58	\$800.72	\$6.86	\$807.58
South	Banner - University Family Care	\$846.79	\$9.26	\$856.05	\$873.17	\$9.26	\$882.43
South	UnitedHealthcare Community Plan (Pima Only)	\$860.57	\$4.97	\$865.54	\$835.60	\$4.97	\$840.58

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**AGE 1-20**

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$228.06	\$3.39	\$231.45	\$229.00	\$3.39	\$232.39
North	Health Choice Arizona, Inc.	\$216.57	\$2.73	\$219.30	\$216.20	\$2.73	\$218.93
Central	Arizona Complete Health - Complete Care Plan	\$203.57	\$4.03	\$207.60	\$205.21	\$4.03	\$209.24
Central	Banner - University Family Care	\$207.81	\$2.74	\$210.55	\$207.80	\$2.74	\$210.54
Central	Molina Healthcare of Arizona, Inc.	\$231.94	\$3.53	\$235.47	\$229.33	\$3.53	\$232.86
Central	Mercy Care	\$207.66	\$5.16	\$212.82	\$208.15	\$5.16	\$213.31
Central	Health Choice Arizona, Inc.	\$214.55	\$4.35	\$218.90	\$213.24	\$4.35	\$217.59
Central	UnitedHealthcare Community Plan	\$212.95	\$5.25	\$218.19	\$211.58	\$5.25	\$216.83
South	Arizona Complete Health - Complete Care Plan	\$214.66	\$1.03	\$215.68	\$215.27	\$1.03	\$216.30
South	Banner - University Family Care	\$221.01	\$0.90	\$221.91	\$219.13	\$0.90	\$220.04
South	UnitedHealthcare Community Plan (Pima Only)	\$232.93	\$0.39	\$233.32	\$233.18	\$0.39	\$233.57

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

**AGE 21+**

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$390.42	\$0.03	\$390.45	\$394.49	\$0.03	\$394.52
North	Health Choice Arizona, Inc.	\$386.05	\$0.00	\$386.05	\$382.80	\$0.00	\$382.81
Central	Arizona Complete Health - Complete Care Plan	\$413.97	\$0.06	\$414.03	\$413.25	\$0.06	\$413.31
Central	Banner - University Family Care	\$406.72	\$0.22	\$406.94	\$407.09	\$0.22	\$407.31
Central	Molina Healthcare of Arizona, Inc.	\$431.44	\$0.03	\$431.47	\$420.96	\$0.03	\$420.99
Central	Mercy Care	\$452.44	\$0.10	\$452.53	\$450.59	\$0.10	\$450.68
Central	Health Choice Arizona, Inc.	\$430.65	\$0.04	\$430.68	\$424.36	\$0.04	\$424.40
Central	UnitedHealthcare Community Plan	\$435.44	\$0.06	\$435.50	\$433.43	\$0.06	\$433.49
South	Arizona Complete Health - Complete Care Plan	\$416.97	\$0.01	\$416.98	\$414.09	\$0.01	\$414.10
South	Banner - University Family Care	\$424.00	\$0.02	\$424.01	\$420.94	\$0.02	\$420.95
South	UnitedHealthcare Community Plan (Pima Only)	\$448.84	\$0.00	\$448.84	\$445.88	\$0.00	\$445.89

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

### Duals

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$141.63	\$0.00	\$141.63	\$141.31	\$0.00	\$141.31
North	Health Choice Arizona, Inc.	\$135.22	\$0.00	\$135.22	\$134.90	\$0.00	\$134.90
Central	Arizona Complete Health - Complete Care Plan	\$184.79	\$0.03	\$184.83	\$185.06	\$0.03	\$185.09
Central	Banner - University Family Care	\$184.41	\$0.00	\$184.41	\$184.68	\$0.00	\$184.68
Central	Molina Healthcare of Arizona, Inc.	\$214.80	\$0.00	\$214.80	\$215.06	\$0.00	\$215.06
Central	Mercy Care	\$178.32	\$0.00	\$178.32	\$178.58	\$0.00	\$178.58
Central	Health Choice Arizona, Inc.	\$188.97	\$0.02	\$189.00	\$189.24	\$0.02	\$189.27
Central	UnitedHealthcare Community Plan	\$183.66	\$0.00	\$183.66	\$183.92	\$0.00	\$183.92
South	Arizona Complete Health - Complete Care Plan	\$158.25	\$0.00	\$158.25	\$158.00	\$0.00	\$158.00
South	Banner - University Family Care	\$158.32	\$0.00	\$158.32	\$158.07	\$0.00	\$158.08
South	UnitedHealthcare Community Plan (Pima Only)	\$157.37	\$0.00	\$157.37	\$157.13	\$0.00	\$157.13

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

**SSIWO**

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$1,187.94	\$9.99	\$1,197.93	\$1,174.78	\$9.99	\$1,184.78
North	Health Choice Arizona, Inc.	\$1,231.25	\$26.62	\$1,257.87	\$1,206.89	\$26.62	\$1,233.51
Central	Arizona Complete Health - Complete Care Plan	\$1,196.82	\$7.56	\$1,204.38	\$1,205.26	\$7.56	\$1,212.82
Central	Banner - University Family Care	\$1,223.09	\$2.66	\$1,225.75	\$1,215.04	\$2.66	\$1,217.70
Central	Molina Healthcare of Arizona, Inc.	\$1,307.18	\$8.72	\$1,315.90	\$1,299.89	\$8.72	\$1,308.61
Central	Mercy Care	\$1,385.38	\$10.82	\$1,396.21	\$1,358.85	\$10.82	\$1,369.68
Central	Health Choice Arizona, Inc.	\$1,250.68	\$11.52	\$1,262.20	\$1,211.56	\$11.52	\$1,223.08
Central	UnitedHealthcare Community Plan	\$1,316.38	\$17.29	\$1,333.67	\$1,332.75	\$17.29	\$1,350.04
South	Arizona Complete Health - Complete Care Plan	\$1,351.96	\$5.19	\$1,357.15	\$1,359.25	\$5.19	\$1,364.44
South	Banner - University Family Care	\$1,336.96	\$4.75	\$1,341.70	\$1,313.93	\$4.75	\$1,318.68
South	UnitedHealthcare Community Plan (Pima Only)	\$1,373.99	\$1.17	\$1,375.16	\$1,372.72	\$1.17	\$1,373.90

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

### Prop 204 Childless Adults

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$606.89	\$0.09	\$606.98	\$605.78	\$0.09	\$605.87
North	Health Choice Arizona, Inc.	\$600.09	\$0.55	\$600.64	\$598.37	\$0.55	\$598.92
Central	Arizona Complete Health - Complete Care Plan	\$641.10	\$0.46	\$641.56	\$645.89	\$0.46	\$646.35
Central	Banner - University Family Care	\$640.10	\$0.20	\$640.30	\$646.34	\$0.20	\$646.54
Central	Molina Healthcare of Arizona, Inc.	\$649.09	\$0.19	\$649.27	\$653.10	\$0.19	\$653.29
Central	Mercy Care	\$690.36	\$0.29	\$690.65	\$688.59	\$0.29	\$688.88
Central	Health Choice Arizona, Inc.	\$640.99	\$1.18	\$642.17	\$645.43	\$1.18	\$646.61
Central	UnitedHealthcare Community Plan	\$668.75	\$0.27	\$669.02	\$663.89	\$0.27	\$664.16
South	Arizona Complete Health - Complete Care Plan	\$592.79	\$0.01	\$592.80	\$595.65	\$0.01	\$595.66
South	Banner - University Family Care	\$596.85	\$0.03	\$596.88	\$599.98	\$0.03	\$600.01
South	UnitedHealthcare Community Plan (Pima Only)	\$612.31	\$0.01	\$612.32	\$607.42	\$0.01	\$607.43

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

### Expansion Adults

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$452.09	\$0.30	\$452.39	\$473.34	\$0.30	\$473.64
North	Health Choice Arizona, Inc.	\$451.66	\$0.00	\$451.67	\$464.48	\$0.00	\$464.48
Central	Arizona Complete Health - Complete Care Plan	\$425.32	\$0.07	\$425.39	\$469.40	\$0.07	\$469.47
Central	Banner - University Family Care	\$444.49	\$0.11	\$444.59	\$464.28	\$0.11	\$464.38
Central	Molina Healthcare of Arizona, Inc.	\$456.02	\$0.07	\$456.09	\$480.65	\$0.07	\$480.72
Central	Mercy Care	\$458.22	\$0.14	\$458.36	\$484.63	\$0.14	\$484.77
Central	Health Choice Arizona, Inc.	\$428.29	\$0.22	\$428.51	\$447.99	\$0.22	\$448.21
Central	UnitedHealthcare Community Plan	\$455.12	\$0.17	\$455.30	\$482.86	\$0.17	\$483.03
South	Arizona Complete Health - Complete Care Plan	\$426.63	\$0.01	\$426.64	\$459.92	\$0.01	\$459.93
South	Banner - University Family Care	\$428.36	\$0.01	\$428.37	\$454.02	\$0.01	\$454.03
South	UnitedHealthcare Community Plan (Pima Only)	\$445.78	\$0.00	\$445.78	\$461.42	\$0.00	\$461.42



## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

### Delivery Supplemental Payments

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$7,157.44	\$0.00	\$7,157.44	\$7,157.44	\$0.00	\$7,157.44
North	Health Choice Arizona, Inc.	\$7,157.44	\$0.00	\$7,157.44	\$7,157.44	\$0.00	\$7,157.44
Central	Arizona Complete Health - Complete Care Plan	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
Central	Banner - University Family Care	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
Central	Molina Healthcare of Arizona, Inc.	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
Central	Mercy Care	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
Central	Health Choice Arizona, Inc.	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
Central	UnitedHealthcare Community Plan	\$7,258.84	\$0.00	\$7,258.84	\$7,258.84	\$0.00	\$7,258.84
South	Arizona Complete Health - Complete Care Plan	\$7,346.66	\$0.00	\$7,346.66	\$7,346.66	\$0.00	\$7,346.66
South	Banner - University Family Care	\$7,346.66	\$0.00	\$7,346.66	\$7,346.66	\$0.00	\$7,346.66
South	UnitedHealthcare Community Plan (Pima Only)	\$7,346.66	\$0.00	\$7,346.66	\$7,346.66	\$0.00	\$7,346.66

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

SMI

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$1,711.41	\$0.01	\$1,711.41	\$1,682.60	\$0.01	\$1,682.61
North	Health Choice Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	Arizona Complete Health - Complete Care Plan	N/A	N/A	N/A	N/A	N/A	N/A
Central	Banner - University Family Care	N/A	N/A	N/A	N/A	N/A	N/A
Central	Molina Healthcare of Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	Mercy Care	\$2,722.96	\$0.11	\$2,723.07	\$2,652.80	\$0.11	\$2,652.91
Central	Health Choice Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	UnitedHealthcare Community Plan	N/A	N/A	N/A	N/A	N/A	N/A
South	Arizona Complete Health - Complete Care Plan	\$1,758.18	\$0.00	\$1,758.18	\$1,733.29	\$0.00	\$1,733.29
South	Banner - University Family Care	N/A	N/A	N/A	N/A	N/A	N/A
South	UnitedHealthcare Community Plan (Pima Only)	N/A	N/A	N/A	N/A	N/A	N/A

## CYE 24 Capitation Rate Notification – PSI, ACC and ACC-RBHA Program

### Crisis 24-Hour Group

		Capitation Rates Effective 10/1/23 - 03/31/24			Capitation Rates Effective 04/1/24 - 09/30/24		
GSA	Contractor	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI	Cap Rates without PSI	PSI PMPM	Cap Rates with PSI
North	Care1st Health Plan Arizona, Inc.	\$6.62	\$0.00	\$6.62	\$6.62	\$0.00	\$6.62
North	Health Choice Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	Arizona Complete Health - Complete Care Plan	N/A	N/A	N/A	N/A	N/A	N/A
Central	Banner - University Family Care	N/A	N/A	N/A	N/A	N/A	N/A
Central	Molina Healthcare of Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	Mercy Care	\$9.40	\$0.00	\$9.40	\$9.40	\$0.00	\$9.40
Central	Health Choice Arizona, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
Central	UnitedHealthcare Community Plan	N/A	N/A	N/A	N/A	N/A	N/A
South	Arizona Complete Health - Complete Care Plan	\$8.68	\$0.00	\$8.68	\$8.68	\$0.00	\$8.68
South	Banner - University Family Care	N/A	N/A	N/A	N/A	N/A	N/A
South	UnitedHealthcare Community Plan (Pima Only)	N/A	N/A	N/A	N/A	N/A	N/A