



**Contract Year Ending 2021  
AHCCCS Complete Care Program  
Capitation Rate Certification**

**October 1, 2020 through September 30,  
2021**

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

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

**November 13, 2020**



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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 at 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, 2020 through September 30, 2021 (Contract Year Ending 2021 (CYE 21), or alternatively, Federal Fiscal Year 2021 (FFY 21)) actuarially sound capitation rates for the Arizona Health Care Cost Containment System (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.

At the time of this rate certification, there is substantial uncertainty regarding the impact of the COVID-19 pandemic on setting capitation rates, including whether the pandemic will increase or decrease costs in CYE 21. Given the lack of reliable and historical information for this unprecedented public health emergency, AHCCCS made the decision to not predict rates of foregone care, deferred care, and pent-up demand. However, it is known that the COVID-19 pandemic could have a material impact on morbidity, enrollment, providers, and other factors related to the capitation rates illustrated in this rate certification. 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. In times such as these, the risk-sharing arrangements are even more important to the stability of the system.

This rate certification may also be made available publicly on the 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 at 81 FR 27497 applicable to this rate certification, the 2020-2021 Medicaid Managed Care Rate Development Guide, Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2020-2021 Medicaid Managed Care Rate Development Guide (2021 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 2021 Guide to help facilitate the review of this rate certification by CMS.

## Section I Medicaid Managed Care Rates

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

- § 438.4(a) Actuarially sound capitation rates defined. Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this section.
- § 438.4(b) CMS review and approval of actuarially sound capitation rates. Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:
  - § 438.4(b)(1) Have been developed in accordance with standards specified in § 438.5 and generally accepted actuarial principles and practices. Any proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations.
  - § 438.4(b)(2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
  - § 438.4(b)(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.
  - § 438.4(b)(9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under § 438.8, of at least 85 percent for the rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under § 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs.

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 2021 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 2021 Guide.

### **I.1.A. Rate Development Standards**

#### **I.1.A.i. Rating Period**

The CYE 21 capitation rates for the ACC Program are effective for the 12-month time period from October 1, 2020 through September 30, 2021.

#### **I.1.A.ii. Required Elements**

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

The actuarial certification letter for the CYE 21 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 21 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 at 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 at 81 FR 27497 and the 2021 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 <sup>st</sup> Health Plan Arizona, Inc Health Choice Arizona
Central	Gila, Maricopa, and Pinal	Arizona Complete Health – Complete Care Plan Banner University Family Care Care 1 <sup>st</sup> Health Plan Arizona, Inc Magellan Complete Care of Arizona Mercy Care Health Choice Arizona United Healthcare Community Plan
South	Cochise, Graham, Greenlee, La Paz, 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) General Description of Benefits**

This certification covers the ACC Program which offers physical and behavioral services to AHCCCS members who are Title XIX or Title XXI eligible and who do not qualify for another AHCCCS program. Services excluded are crisis intervention services and behavioral health services prior period coverage (BH PPC) for non-Title XIX (state only) eligibility members who shift to TXIX members. Both of these services are offered to the ACC members through the Regional Behavioral Health Authority (RBHA) 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 Program in Operation**

The ACC Program began October 1, 2018 and provides integrated services to a majority of Arizona Medicaid members. When the ACC Program was implemented, it expanded on the Acute Care Program, which had operated on a statewide basis in the State of Arizona since 1982, bringing behavioral health services that were a part of the Regional Behavioral Health Authority (RBHA) Program and Children’s Rehabilitative Services (CRS) that were part of the CRS Program under an integrated services umbrella.

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

The rate certification for the CYE 21 capitation rates for the ACC Program is effective for the 12-month time period from October 1, 2020 through September 30, 2021.

**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) amount, the Delivery Supplement Payment capitation rate is, in practice, a per member per delivery (PMPD) amount. 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.

Due to the public health emergency, and the maintenance of effort requirements included in Families First Coronavirus Response Act, with a few exceptions as noted in the law, members who were eligible at the beginning of the public health emergency, or who become eligible during the public health emergency, will remain treated as eligible for such benefits through the end of the month in which the public health emergency ends. Given the lack of reliable and historical information for this unprecedented public health emergency, the AHCCCS Division of Health Care Management (DHCM) Actuarial Team made the decision not to predict rates of foregone care, deferred care, and pent-up demand.

**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 CYE 21 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 – Performance Based Payments (Incentive Arrangement) (42 CFR § 438.6(b)(2) at 81 FR 27859)
- APM Initiative – Quality Measure Performance (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)
- 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)
- Pediatric Services Initiative (PSI) (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Targeted Investments (TI) program (42 CFR § 438.6(c)(1)(ii) 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**

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 (FFP)**

Proposed differences among the CYE 21 capitation rates for the ACC Program are based on valid rate development standards and are not based on the rate of FFP 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 21 capitation rates for the ACC Program.

#### **I.1.A.vi. Minimum Medical Loss Ratio**

The capitation rates were developed so each Contractor would reasonably achieve a medical loss ratio, as calculated under 42 CFR § 438.8, of at least 85 percent for CYE 21.

## **I.1.A.vii. Generally Accepted Actuarial Principles and Practices**

### **I.1.A.vii.(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.vii.(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.vii.(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 21 capitation rates certified in this report represent the contracted rates by rate cell.

## **I.1.A.viii. Rates from Previous Rating Periods – Not Applicable**

Not applicable. Capitation rates from previous rating periods are not used in the development of the CYE 21 capitation rates for the ACC Program.

## **I.1.A.ix. Rate Certification Procedures**

### **I.1.A.ix.(a) Timely Filing for Claiming Federal Financial Participation**

This section of the 2021 Guide reminds states of the responsibility to comply with the time limit for filing claims for FFP specified in section 1132 of the Social Security Act and implementing regulations at 45 CFR part 95. Timely filing of rate certifications to CMS will help mitigate timely filing concerns.

### **I.1.A.ix.(b) CMS Rate Certification Requirement for Rate Change**

This is a new rate certification that documents that the ACC Program capitation rates are changing effective October 1, 2020.

### **I.1.A.ix.(c) CMS Rate Certification Requirement for No Rate Change – Not Applicable**

Not applicable. This rate certification will change the ACC Program capitation rates effective October 1, 2020. Additionally, AHCCCS will be including contract amendments with the submission of this rate certification which remove language which imposed an upper limit on administrative expenses for Pharmacy Benefit Manager (PBM) subcontractors, the capitation rates certified herein were developed without the specified upper limit.

### **I.1.A.ix.(d) CMS Rate Certification Circumstances**

This section of the 2021 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.ix.(e) 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.A.ix.(f) CMS Rate Amendment Requirement for Changes in Law**

CMS requires a capitation rate amendment in the event that any state Medicaid program feature is invalidated by a court of law, or a change in federal statute, regulation, or approval. The rate amendment adjusting the capitation rates must remove costs specific to any program or activity no longer authorized by law, taking into account the effective date of the loss of program authority.

### **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 21 capitation rates for the ACC Program.

#### **I.1.B.ii. Rate Assumptions**

This section of the 2021 Guide notes that it is not permissible to certify rate ranges, and the actuary must be responsible for all assumptions and adjustments underlying the certified capitation rates, and the certification must disclose and support the specific assumptions that underlie the certified rates for each rate cell. To the extent assumptions or adjustments underlying the capitation rates varies between managed care plans, the certification must also describe the basis for the variation.

All such assumptions and adjustments are described in the rate certification.

#### **I.1.B.iii. 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 2021 Guide. Sections of the 2021 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.iv. Differences in Federal Medical Assistance Percentage**

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

The percentages of costs by the various populations for October 1, 2018 through September 30, 2019 (CYE 19) for the ACC Program are provided below in Table 3, along with the associated FMAP for the time period of January 1, 2020 through September 30, 2020. The FMAPs shown below do not incorporate the increased FMAP associated with the public health emergency.

**Table 3: FMAP Percentage of Costs by Population and Associated FMAP**

Population	CYE 19 Percentage of Costs	FMAP
Adult Expansion	5.96%	90.00%
Child Expansion	2.11%	90.51%
Childless Adult Restoration	32.32%	90.00%
KidsCare (Title XXI)	1.12%	90.51%
Breast and Cervical Cancer	0.12%	79.01%
Populations not listed above	58.37%	70.02%

### I.1.B.v. Comparison to Prior Rates

#### I.1.B.v.(a) Comparison to Previous Rate Certification

The 2021 Guide requests a comparison to the final certified rates in the previous rate certification. Those comparisons are included in Appendix 3.

The 2021 Guide also requires descriptions of what is leading to large or negative changes in rates from the previous rating period. Since capitation rates are set at a rate cell and GSA level, and any changes to Contractor specific capitation rates are due primarily to an updated risk adjustment time frame, for the purposes of the CYE 21 certification, the actuaries compared the weighted CYE 20 GSA rate cell capitation rates to the weighted CYE 21 GSA rate cell capitation rates rather than rate cells at the Contractor specific level. Thus, for the purposes of the CYE 21 certification, the actuaries defined a large change as any weighted GSA rate cell capitation rate which is 10% greater than the previous rating period's weighted GSA rate cell capitation rate, and defined a negative change as any weighted GSA rate cell capitation rate that is less than the previous rating period's weighted GSA rate cell capitation rate. The actuaries compared the CYE 21 certified capitation rates to the CYE 20 certified capitation rates, applying the same weights applicable to CYE 21, as specified above and included in Appendix 3, as the measurement of change.

For the North GSA, the Age <1 rate cell capitation rate reflects a large increase driven primarily by large Fee-for-Service (FFS) fee schedule change impacts and to a lesser extent by increased rebased encounters as compared to those in CYE 20 rates.

For the North GSA, the Expansion Adults rate cell reflects a large increase driven by a combination of factors. Higher FFS fee schedule change impacts, higher program change impacts, and larger trend impacts all contributed to the year over year increase in the CYE 21 capitation rates as compared to the CYE 20 capitation rates.

For the Central GSA, the Duals rate cell reflects a negative change from the CYE 20 capitation rates. This negative is driven primarily by the decrease in rebased encounters. In order to understand this decrease year over year, the actuaries reviewed the last 42 months of encounter data (October 2016 through March 2020) to verify that the decrease in CYE 19 was not an anomalous year. Reviewing month by month normalized encounters for the Duals rate cell, the actuaries observed that the encounters have

been decreasing over time, and the change from base encounters in CYE 18 to base encounters in CYE 19 is a continuation of that trend.

For the Central GSA, the Expansion Adults rate cell reflects a large increase driven by a combination of factors. Higher FFS change impacts and larger trend impacts were the primary drivers which contributed to the year over year increase in the CYE 21 capitation rates as compared to the CYE 20 capitation rates.

For the South GSA, the Duals rate cell reflects a large increase driven by a combination of factors. An increase in the rebased encounters and a larger trend impact are the primary drivers which contributed to the year over year increase in the CYE 21 capitation rates as compared to the CYE 20 capitation rates. The transportation category of service is the main driver behind the increase in rebased encounters which was verified with a review of the last 42 months of encounter data. The actuaries are comfortable with the change in transportation and feel the increased base will be maintained with the trend assumed.

**I.1.B.v.(b) Material Changes to Capitation Rate Development**

There were no material changes since the last rate certification other than those described elsewhere in the certification.

**I.1.B.vi. Future Rate Amendments**

The list of possible amendments which would impact capitation rates in the future are shown in Table 4 below, along with the potential submission date, and the reason which the current certification cannot account for the changes anticipated to be made to the rates.

**Table 4: Future Rate Amendments**

Possible Amendment	Potential Submission Date	Reason for Not Including in Current Certification
Risk Adjustment	February 2021	Updating to more recent experience and snapshot month

## **I.2. Data**

This section provides documentation for the Data section of the 2021 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 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 primary data sources used or reviewed for the development of the CYE 21 capitation rates for the ACC Program were:

- Adjudicated and approved encounter data submitted by the ACC, Acute Care, RBHA, and CRS Contractors and provided from the AHCCCS Prepaid Medical Management Information System (PMMIS) mainframe
  - Incurred from October 2016 through early March 2020
  - Adjudicated and approved through the first encounter cycle in March 2020
- Reinsurance payments made to the ACC, Acute Care, and CRS Contractors for services
  - Incurred from October 2016 through September 2019 paid through April 2020
- Enrollment data for ACC, Acute Care, and CRS Programs from the AHCCCS PMMIS mainframe
  - October 2016 through March 2020
- Annual and quarterly financial statements submitted by the ACC, Acute Care, RBHA, and CRS Contractors and reviewed by the AHCCCS DHCM Finance & Reinsurance Team
  - October 1, 2016 through September 30, 2017 (CYE 17 or FFY 17)
  - October 1, 2017 through September 30, 2018 (CYE 18 or FFY 18)
  - October 1, 2018 through September 30, 2019 (CYE 19 or FFY 19)
  - October 1, 2019 through March 31, 2020 (CYE 20 or FFY 20)
- AHCCCS FFS fee schedules developed and maintained by AHCCCS DHCM Rates & Reimbursement Team

- Data from AHCCCS DHCM Rates & Reimbursement Team related to DAP and TI, see Section I.4.D
- Data from AHCCCS DHCM Financial Analysts related to program changes, see Sections I.2.B.iii.(d) and I.3.B.ii.(a)

Additional sources of data used or reviewed were:

- Supplemental information from the ACC RFP bids
- Supplemental historical and projected data associated with benefit costs, non-benefit costs, and membership for current and previous rate cells provided by the Contractors
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the Institution for Mental Disease (IMD) analysis, incurred in CYE 19
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from October 2018 through September 2019
- Contractors' membership as of January 2020 through February 2020 for use in risk adjustment
- Projected CYE 21 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.ii.(a)(i).

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

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

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

The ACC Contractors use sub-capitated/block purchasing arrangements for some services. During CYE 19, the encounter data showed that approximately 6.3% of total medical expenditures for 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 sub-capitated 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. sub-capitated)) encounters to estimate a health plan valued amount for these encounters. 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. 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. This process occurs for both regular and sub-capitated encounters.

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 Office of Data Analytics (ODA) Team, which then works with the Contractors to identify causes. In addition, the AHCCCS ODA 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 ODA 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 enrolled on the date that the service was provided. The process also checks to ensure that each adjudicated and approved encounter is for a covered service under the state plan and contains the codes necessary to map it into one of the categories of service used in the rate development process.



The AHCCCS DHCM Actuarial Team reviewed the encounter data provided from the AHCCCS PMMIS mainframe. The AHCCCS DHCM Actuarial Team ensured that only encounter data with valid AHCCCS member IDs was used in developing the CYE 21 capitation rates for the ACC Program. Additionally, the AHCCCS DHCM Actuarial Team 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 compared the CYE 19 encounter data for all services provided by the ACC Contractors to the annual financial statement data for the same entities for CYE 19. After adjustments to the encounter data for completion and encounter issues, 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 DHCM Rates & Reimbursement Team with regard to DAP and fee schedule impacts, on data provided by the AHCCCS DHCM financial analysts with regard to some program changes, on information and data provided by Mercer consultants with regard to pharmacy reimbursement savings, on information and data provided by Milliman consultants with regard to the HEALTHII program, on information and data provided by Wakely Consulting Group with regard to risk adjustment, data provided by ACC Contractors in regards to administrative and underwriting gain components, and on data provided by the AHCCCS DBF Budget Team with regard to projected enrollment.

The AHCCCS DHCM Actuarial Team has found the encounter data, with adjustments for encounter issues, to be appropriate for the purposes of developing the CYE 21 capitation rates for the ACC Program. The development of the encounter issue adjustments are described below in Section I.2.B.iii.(c).

#### **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 19 encounter data was appropriate to use as the base data for developing the CYE 21 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**

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 21 capitation rates for the ACC Program.

### **I.2.B.ii.(c)(ii) Not Using Managed Care Encounter Data – Not Applicable**

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 21 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, but was not limited to, summarized monthly enrollment data by rate cell, county, GSA, and FFY, and monthly encounter data by rate cell, county, GSA, FFY, and COS. Programming to remove certain services (Crisis and BH PPC/State Only) that are not the ACC Contractors' responsibilities is still ongoing for the data book and thus outside programming had to be used to remove those costs from the base data time frame, addressed below in Section I.2.B.iii.(d).

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

This section describes adjustments made to the CYE 19 encounter data that was used as the base data for developing the CYE 21 capitation rates for the ACC Program.

#### **I.2.B.iii.(a) Credibility of the Data – Not Applicable**

Not applicable. No credibility adjustments were made to the CYE 19 encounter data.

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

##### ***Completion Factors***

The AHCCCS DHCM Actuarial Team developed completion factors to apply to the CYE 19 encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 2015 through early March 2020 and adjudicated and approved through the first encounter cycle in March 2020. The completion factors were developed by GSA, major category of service and by month of service. The major categories of service are 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 (2.38% of CYE 19 payments) were combined with Professional and Other Services. Nursing Facility Services (0.79% of CYE 19 payments) were combined with Inpatient Hospital. The monthly completion factors for CYE 19 were applied to the CYE 19 encounter data. Aggregate completion factors by rate cell and category of service can be found in Appendix 4. Table 5 below displays the aggregate impact of completion by GSA.

**Table 5: Impact of CYE 19 Completion Factors**

GSA	Before Completion	After Completion	Impact
North	\$307.98	\$319.22	3.6%
Central	\$323.52	\$336.51	4.0%
South	\$305.05	\$323.24	6.0%
Total	\$317.40	\$331.51	4.4%

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

#### **Encounter Issues**

During the rate development process, it was determined that during the base data year (CYE 19) some Contractors incorrectly submitted the CN1 Code for the sub-capitated encounters for their ADA – Dental Services (form type D). In addition, one Contractor had low submission of encounter data during the later months of the base data year that would not be accounted for in normal completion factor development. To correct for the dental issue, the encounters were repriced using the sub-capitated repricing methodology described in Section I.2.B.ii.(a)(iv). The actuaries were confident in the suitability of the re-priced data and viewed the re-priced data in comparisons to financials and also compared unit cost across all Contractors. To correct for the low submission of encounter data the actuaries used completed claims data by month and form type from the Contractor and compared to completed adjudicated and approved encounter data by month and form type to develop factors to apply to the completed base data. After adjustments, the actuaries were confident that the base data was reflective of actual costs and validated this by comparing to Contractor financials and completed claims data. Table 6 below displays the aggregate impact of the encounter issue by GSA.

**Table 6: CYE 19 Encounter Issues**

GSA	Before Adjustment	After Adjustment	Impact
North	\$319.22	\$319.22	0.0%
Central	\$336.51	\$340.20	1.1%
South	\$323.24	\$324.13	0.3%
Total	\$331.51	\$334.14	0.8%

### 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, 2018 through September 30, 2019) 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, 2019 are described in Section I.3.B.ii.(a).

If a base data adjustment change had an impact of 0.2% or less for every individual rate cell, that adjustment was deemed non-material and has been grouped in the other base data adjustment subset below.

Some of the impacts for base data adjustment changes described below (indicated by an asterisk \*) were developed by AHCCCS DHCM financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS DHCM Clinical Quality Management Team and the Office of the Director’s Chief Medical Officer. The actuaries relied upon the professional judgment of the AHCCCS DHCM 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 DHCM financial analysts 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.

***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 along with some ancillary services that are provided in relation to the crisis episode. The actuaries removed the cost of these services for ACC members from the base data. The associated costs removed from the base data are displayed below in Table 7a. Totals may not add up due to rounding.

**Table 7a: Removal of Crisis Services from Base Data**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
North	(\$1,386,306)	(\$0.72)
Central	(\$17,038,190)	(\$1.33)
South	(\$7,050,971)	(\$1.45)
<b>Total</b>	<b>(\$25,475,467)</b>	<b>(\$1.30)</b>

***Removal of Differential Adjusted Payments from Base Data***

CYE 19 capitation rates funded DAP made from October 1, 2018 through September 30, 2019 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, 2019, AHCCCS has removed the impact of CYE 19 DAP from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team requested provider IDs for the qualifying providers for the CYE 19 DAP by specific measure from the AHCCCS Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 19 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 7b. Totals may not add up due to rounding.

See Section I.4.D. for information on adjustments included in CYE 21 capitation rates for DAP that are effective from October 1, 2020 through September 30, 2021.

**Table 7b: Removal of DAP from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$6,485,016)	(\$3.38)
Central	(\$47,850,217)	(\$3.74)
South	(\$17,504,929)	(\$3.59)
<b>Total</b>	<b>(\$71,840,162)</b>	<b>(\$3.67)</b>

***Removal of Access to Professional Services Initiative***

CYE 19 capitation rates funded APSI fee schedule increases for claim payments made from October 1, 2018 through September 30, 2019. The enhanced fee schedule was used 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. As these enhanced fee schedule payments expired September 30, 2019, AHCCCS has removed the impact of CYE 19 APSI from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team extracted adjudicated and approved encounter data (submitted on form CMS-1500s and dental encounters) for the qualifying providers, identified by Billing Provider Tax ID, excluded any sub-capitated/block purchasing arrangements (identified by CN1 Code 05 on the encounters) and any encounters for which AHCCCS was not the primary payer, and calculated the increase due to the enhanced fee scheduled to remove from the base data. The encounter data included relevant rate cell and program information to be able to distribute into the individual rate cells. 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 APSI from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$2,149,565)	(\$1.12)
Central	(\$41,878,992)	(\$3.27)
South	(\$25,292,158)	(\$5.19)
<b>Total</b>	<b>(\$69,320,716)</b>	<b>(\$3.54)</b>

***Pharmacy Reimbursement Savings***

Analysis of pharmacy claims for all AHCCCS managed care programs and AHCCCS FFS program identified significant variability across all Contractors, and analysis of repriced claims data compared to CMS National Average Drug Acquisition Cost (NADAC), AHCCCS FFS pricing, and industry benchmark pricing identified that valuing claims data to the lesser of Health Plan Paid amounts or AHCCCS FFS repriced amounts would result in an annual savings of \$68.2 million or 5.6% of pharmacy spend for FFY 18 across all programs. AHCCCS Contractors should reasonably be able to achieve pharmacy pricing that is at or near that achieved by the AHCCCS FFS program. However, AHCCCS recognized that the full savings amount may not be reasonably achievable in a single year, and for CYE 20 therefore adjusted the base pharmacy data of each program by 33% of the savings that could be achieved in that program by repricing to the lesser of current health plan pricing and AHCCCS FFS pricing. Based on continued analysis, for CYE 21, AHCCCS is adjusting the base pharmacy data of each program by 66% of the savings

identified in the analysis of CYE 18 pharmacy data. This is consistent with subsequent analysis of the CYE 19 pharmacy data.

The amount of the base data adjustment for pharmacy reimbursement savings for the ACC Program is displayed below in Table 7d. Totals may not add up due to rounding.

**Table 7d: Pharmacy Reimbursement Savings**

GSA	Dollar Impact	PMPM Impact
North	(\$2,579,679)	(\$1.34)
Central	(\$22,795,220)	(\$1.78)
South	(\$6,103,954)	(\$1.25)
<b>Total</b>	<b>(\$31,478,853)</b>	<b>(\$1.61)</b>

***Pharmacy Benefit Manager Administrative Spread Removal***

In July 2019, AHCCCS provided additional guidance on several contract requirements that aim to increase transparency and cost-effectiveness. One requirement provided guidance on how the PBM pass-through pricing model was to be implemented and administrative expenses reported. In accordance with contract requirements, the AHCCCS DHCM Actuarial Team has incorporated savings to medical expense costs associated with the removal of spread pricing from CYE 19 base period encounters. The percentages used to adjust pharmacy encounters for the removal of PBM admin spread from the base data encounters were developed based on additional data provided by the Contractors through surveys, data requests, and additional clarifying communications between AHCCCS and the Contractors. The non-benefit costs included in the CYE 21 capitation rates reflect the requirements for transparency in reporting PBM administrative expenses.

The amount of the base data adjustment for PBM admin spread removal for the ACC Program is shown below in Table 7e. Totals may not add up due to rounding.

**Table 7e: PBM Administrative Spread Removal**

GSA	Dollar Impact	PMPM Impact
North	(\$1,397,188)	(\$0.73)
Central	(\$9,984,995)	(\$0.78)
South	(\$568,110)	(\$0.12)
<b>Total</b>	<b>(\$11,950,293)</b>	<b>(\$0.61)</b>

***Pharmacy and Therapeutics Committee Recommendations – Base Year \****

On the recommendations of the Pharmacy and Therapeutics (P&T) Committee, AHCCCS adopted policy changes during CYE 19 that impacted utilization and unit costs of Contractors' pharmacy costs in CYE 19. The P&T Committee evaluates scientific evidence on the relative safety, efficacy, effectiveness, and clinical appropriateness of prescription drugs and reviews how the State can minimize the net cost of pharmaceuticals when considering the value of drug rebates.

Since CYE 19 is the base data year, the actuaries have normalized utilization and unit cost data by rate cell and GSA for the partial year before the P&T Committee changes were implemented to ensure the base year data is consistent with the current recommendations.

The combined impacts to the ACC Program of the adopted P&T Committee recommendations are displayed below in Table 7f. Totals may not add up due to rounding.

**Table 7f: P&T Committee Recommendations Base Year**

GSA	Dollar Impact	PMPM Impact
North	(\$779,919)	(\$0.41)
Central	(\$4,518,396)	(\$0.35)
South	(\$578,945)	(\$0.12)
<b>Total</b>	<b>(\$5,877,260)</b>	<b>(\$0.30)</b>

***Other Base Data Adjustments***

The rate development process includes every individual program change as a separate adjustment. However, as noted earlier in this section, 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 by GSA for the PMPMs listed below. The combined overall impact by GSA is illustrated below in Table 7g. Totals may not add up due to rounding. Brief descriptions of the individual program changes requiring base data adjustment are provided below.

- **BH PPC/State Only Removal**

Prior Period Coverage (PPC) members who are transitioning to Title XIX from RBHA non-Title XIX (state only) eligibility do not receive behavioral health services during the PPC timeframe from the ACC plans. The RBHAs are responsible for these members’ behavioral health services in the PPC timeframe and those behavioral health costs are thus removed from the base period data.

- **3D Mammography \***

Effective June 1, 2019, upon recommendation of the AHCCCS Quality Management Team, AHCCCS began covering digital breast tomosynthesis (3D mammograms) for preventive screening and diagnosis of adults 21 years of age and older. The AHCCCS Quality Management Team made the recommendation in recognition of studies that find use of 3D mammograms in addition to or in place of 2D services has at times improved detection of breast cancer in some populations. Contractors are permitted to use prior authorization criteria in evaluating medical necessity of 3D services for members.

- **LISAC Mental Health Assessments \***

Effective November 1, 2018, AHCCCS included Licensed Independent Substance Abuse Counselors (LISAC) among qualifying providers that will be reimbursed for non-physician mental health assessments. The scope of practice for LISAC includes evaluation and treatment of substance abuse disorders, which can require use of mental health assessments. After



inadvertently removing the permission for LISAC to bill for these services during the period from July 1, 2017 to October 31, 2018, the change restored that billing authority.

- **Prenatal Syphilis Screens \***

In September 2018, the Arizona Department of Health Services (ADHS) declared a syphilis outbreak for women and babies in Arizona. In response to the outbreak, AHCCCS issued a joint position statement with ADHS on February 28, 2019 to clarify that AHCCCS covers 3 prenatal syphilis screens during a member’s pregnancy. The statement aligns with screening recommendations from the Centers for Disease Control and Prevention (CDC) that all pregnant women receive a screen during their first prenatal visit, and again early in the third trimester and at the time of delivery if they are at high risk of syphilis.

- **Bilateral Cochlear Implants \***

Effective March 1, 2019, AHCCCS revised policy to specify coverage of bilateral cochlear implants for children 20 years of age or younger. The change recognizes the latest standard of care and a CMS decision memo regarding the appropriateness of bilateral cochlear implants. Prior to the change, policy specified coverage of unilateral cochlear implants for children.

- **Transportation Network Companies \***

Beginning May 1, 2019, AHCCCS established a Transportation Network Company (TNC) provider type that delivers non-emergency medical transportation (NEMT) services through a ride-sharing model. The TNC-specific fee schedule is lower than ordinary NEMT base rates.

**Table 7g: Other Base Data Adjustments**

GSA	Dollar Impact	PMPM Impact
North	(\$239,628)	(\$0.12)
Central	(\$3,091,740)	(\$0.24)
South	(\$430,212)	(\$0.09)
<b>Total</b>	<b>(\$3,761,579)</b>	<b>(\$0.19)</b>

**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 21 capitation rates. Other base data adjustments which excluded services from the data (i.e. crisis removal and BH PPC/state only removal) are described above in Section I.2.B.iii.(d).



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

This section provides documentation for the Projected Benefit Costs and Trends section of the 2021 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 FFP 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

Any in-lieu-of services (and the specific utilization and unit costs associated with such) provided in the base period have been included in the rate development as is, and treated in the same manner as all other State Plan approved services, with the exception of IMD in-lieu-of services provided to enrollees aged 21-64. For enrollees aged 21-64, for inpatient psychiatric or substance use disorder services provided in an IMD setting, the rate development has complied with the requirements of 42 CFR § 438.6(e), and this is described below in Section I.3.A.v.

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

The projected benefit costs include costs for members aged 21-64 that have a stay of no more than 15 cumulative days within a month in an 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 for enrollees aged 21-64 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 members aged 21-64 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 19 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 19 encounter data, the AHCCCS DHCM Actuarial Team relied upon a list of IMDs by the Provider ID, Provider Type ID and Provider Name. 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 \$874.95 and was derived from the CYE 19 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 FFS fee schedule. This was selected because payments made by the health plans better reflect the intensity of the services within a Non-IMD setting which may not be fully captured within the AHCCCS FFS fee schedule per diem rate. The costs associated with institutional stays at an IMD that were repriced in the base data are displayed by GSA below in Table 8a. Totals may not add up due to rounding.

**Table 8a: Reprice of Costs for all IMD Stays**

GSA	Dollar Impact	PMPM Impact
North	\$210,791	\$0.11
Central	\$4,451,494	\$0.35
South	\$677,988	\$0.14
<b>Total</b>	<b>\$5,340,273</b>	<b>\$0.27</b>

The AHCCCS DHCM Actuarial Team identified all members aged 21-64 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 by GSA below in Table 8b. Totals may not add up due to rounding.

**Table 8b: Removal of Repriced Stays More Than 15 Cumulative Days in a Month**

GSA	Dollar Impact	PMPM Impact
North	(\$216,761)	(\$0.11)
Central	(\$5,011,434)	(\$0.39)
South	(\$482,264)	(\$0.10)
<b>Total</b>	<b>(\$5,710,459)</b>	<b>(\$0.29)</b>

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 by GSA below in Table 8c. Totals may not add up due to rounding.

**Table 8c: Removal of Related Costs for IMD Stays of More Than 15 Cumulative Days in a Month**

GSA	Dollar Impact	PMPM Impact
North	(\$65,579)	(\$0.03)
Central	(\$897,884)	(\$0.07)
South	(\$64,441)	(\$0.01)
<b>Total</b>	<b>(\$1,027,905)</b>	<b>(\$0.05)</b>

### I.3.B. Appropriate Documentation

#### I.3.B.i. Projected Benefit Costs

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

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

The section provides information on the projected benefit costs included in the CYE 21 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, and all 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 19 time period to the midpoint of the CYE 21 rating period. The projected PMPMs were then adjusted for prospective programmatic and fee schedule changes, described below. 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 development of the gross medical expense from the adjusted base data, including all prospective programmatic and fee schedule changes, by GSA and rate cell, including the impact of the DAP. Appendix 7 contains the development of the certified capitation rates from the projected gross medical expense, including risk adjustment factors, reinsurance offsets, underwriting gain, administrative expense, and premium tax by GSA, Contractor, and rate cell.

The capitation rates were adjusted for all program and reimbursement changes. If a program or reimbursement change had an impact of 0.2% or less for every individual rate cell, that program or reimbursement change was deemed non-material and has been grouped in the combined miscellaneous subset below.

Some of the impacts for projected benefits costs described below (indicated by an asterisk \*) were developed by AHCCCS DHCM financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS DHCM Clinical Quality Management Team and the Office of the Director’s Chief Medical Officer. The actuaries relied upon the professional judgment of the AHCCCS DHCM 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 DHCM financial analysts 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.

Following national and state emergency declarations in March 2020, AHCCCS has sought authority from CMS to implement numerous program flexibilities in response to the COVID-19 outbreak. As of this writing, Appendix K authorities are approved from March 13, 2020 to March 31, 2021 while other select 1115 waiver changes are approved from March 1, 2020 until 60 days after the end of the federal emergency declaration. For October 1, 2020 rate development, the actuaries have incorporated projected impacts of these authorities and other AHCCCS responses to the COVID-19 outbreak for portions of the contract period, these are indicated by a † symbol.

### ***Expanded Telehealth Use \* †***

To ensure access to care during the public health emergency, AHCCCS has temporarily expanded coverage of telephonic codes and mandated that services delivered telephonically or through telehealth (TPTH) are reimbursed at the same rates as for in-person services, for both physical and behavioral health services. April and May 2020 data provided by Contractors indicates use of TPTH services has been essential for continued provision of services and represented annualized growth of 1,308% above base period use. Most growth in the use of these services during the public health emergency is expected to represent a cost-neutral shift from use of in-person services. Increased use of TPTH services are, however, expected to reduce the rate of missed appointments and lower use of NEMT and emergency department (ED) visits.

AHCCCS DHCM financial analysts reviewed Contractor-provided utilization of physical and behavioral health TPTH services for April and May 2020. It was projected that monthly use of TPTH for October 1, 2020 to March 31, 2021 of the contract period would equal the monthly use reported for April and May 2020. For purposes of projecting TPTH use for April 1, 2021 to September 30, 2021 of the contract period, AHCCCS DHCM financial analysts relied on a national projection developed by McKinsey & Co. of potential TPTH use following the public health emergency. The AHCCCS percent share of McKinsey's national projection was estimated to equal AHCCCS' percent share of 2017 National Health Expenditures. It was further assumed that use would be phased in at 33% of AHCCCS projected TPTH services during the first year following the public health emergency.

As more services shift from being provided in person to through TPTH, the rate of missed appointments is expected to decrease, resulting in additional program service use. Based on a literature review, it was assumed that the missed appointment rate for TPTH-eligible services was 25% during the base period. Based on findings from additional studies, it was assumed that TPTH-provided services could result in a 50% reduction in missed appointments compared to in-person appointments. Combining these assumptions, the AHCCCS DHCM financial analysts estimated that 14.3% of growth in TPTH during CYE 21 would represent new services.

Use of TPTH is expected to reduce the need for NEMT services. AHCCCS DHCM financial analysts determined that 11.0% of claims for in-person services of the most heavily used TPTH codes were

accompanied by same day use of NEMT during the CYE 2019 base period. It was therefore, estimated that 11.0% of the increase to TPTH services in CYE 21 would result in a reduction in NEMT rides. Cost savings was calculated using the average trip and mileage costs of NEMT rides multiplied by the estimated reduction in rides.

Use of TPTH is additionally expected to reduce the use of low-to-moderate severity ED visits. The McKinsey & Co. national projection noted above assumed that 20% of all ED visits could transition to TPTH following the public health emergency. Consistent with the 33% first year phase-in assumption above for projected TPTH services following the public health emergency, AHCCCS DHCM financial analysts projected a 6.6% reduction (33% phase-in of a 20% reduction) in ED visits in CYE 2021 resulting from TPTH use. Cost savings from the change was calculated using the cost reduction of TPTH services relative to the cost of low-to-moderate severity ED visits, multiplied by the estimated reduction in ED visits.

For CYE 21 rate development, the projected impact of growth in TPTH services was allocated across rate cells and GSAs using base period encounters of TPTH-eligible services, NEMT, and ED visits. The overall impact of the change by GSA is displayed below in Table 9a. Totals may not add up due to rounding.

**Table 9a: Net Impacts of Expanded Telehealth Use**

GSA	Dollar Impact	PMPM Impact
North	\$2,090,356	\$1.09
Central	\$15,560,073	\$1.22
South	\$5,519,171	\$1.13
<b>Total</b>	<b>\$23,169,600</b>	<b>\$1.18</b>

***Applied Behavior Analysis \****

AHCCCS policy was updated effective November 1, 2019 to include clarifying language on the requirement for the ACC and RBHA 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. The policy guidance is expected to gradually raise awareness and increase utilization of these covered ABA services in CYE 20 and CYE 21.

To estimate the impact in the contract period, the AHCCCS DHCM financial analysts first reviewed ABA encounters adjusted with completion factors for the CYE 19 base period, as well as the first two quarters of CYE 20, including five months of data following the November 1, 2019 policy clarification. A summary of encounter data provided by the Oregon Health Authority (OHA) was also 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 was effective November 1, 2019. 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 financial analysts determined it would be reasonable to use the Oregon experience in estimating a phased in impact on ABA services covered by AHCCCS. The Oregon experience reflected a gradual increase in use of ABA services during the 18 months following the Oregon’s policy clarification. The assumption was made that monthly use of ABA services for AHCCCS programs during months 6 to 18 following the policy clarification (April 1, 2020 to April 30, 2021) would increase at the same monthly rate of growth during months 6 to 18 of the Oregon experience (December 1, 2016 to December 31, 2017) before leveling off.

The impact of the ABA program change by GSA is displayed below in Table 9b. Totals may not add up due to rounding.

**Table 9b: Applied Behavior Analysis**

GSA	Dollar Impact	PMPM Impact
North	\$486,990	\$0.25
Central	\$9,332,185	\$0.73
South	\$1,112,961	\$0.23
<b>Total</b>	<b>\$10,932,136</b>	<b>\$0.56</b>

***Cystic Fibrosis Drug Approval \****

On October 21, 2019, the Food and Drug Administration (FDA) approved the cystic fibrosis transmembrane conductance regulator (CFTR) modulator drug Trikafta for treatment of cystic fibrosis in individuals ages 12 years and older. The Medicaid Drug Rebate Program (MDRP) requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Trikafta on October 21, 2019. Effective October 1, 2020, all CFTR drugs (Trikafta, Symdeko, and Orkambi) are eligible for reinsurance.

Trikafta is indicated for treatment of approximately 91.2% of individuals aged 12 years and older with cystic fibrosis while previously covered CFTR modulator drugs are indicated for 61.9% of individuals with the condition. Clinical trials for Trikafta have also found moderate improvements in outcomes compared to other available drugs. As a result, the introduction of Trikafta is anticipated to increase member use of CFTR modulator drugs in the contract period.

To estimate the impact of this change, the AHCCCS DHCM financial analysts reviewed changes in CFTR modulator drug utilization during the period from October 2018 through April 2020. The number of users of the drug class grew by approximately 73% during the period from October 2019 to April 2020 following Trikafta’s approval, relative to member use in the base period data from October 2018 to September 2019. With completion and continued growth, overall CFTR modulator drug use is projected to increase 113% in CYE 21, relative to the CYE 19 base period. Based on findings from the utilization

review, it is also projected that 85% of CYE 19 base period use of previously approved CFTR modulator drugs will shift to Trikafta for the CYE 21 period. After developing the utilization forecast of CFTR modulator drugs based on these projections, the AHCCCS DHCM financial analysts applied drug pricing to calculate the expenditure impact above the base period data.

For CYE 21 rate development, the projected change was allocated across rate cells and GSAs using base period encounter data of CFTR modulator drug use. The overall impact of the change by GSA is displayed below in Table 9c. Totals may not add up due to rounding.

**Table 9c: Cystic Fibrosis Drug Approval**

GSA	Dollar Impact	PMPM Impact
North	\$1,440,994	\$0.75
Central	\$6,476,068	\$0.51
South	\$1,706,598	\$0.35
<b>Total</b>	<b>\$9,623,660</b>	<b>\$0.49</b>

***Sickle Cell Drugs Approval \****

In November 2019, the FDA approved the drugs Oxbryta and Adakveo for treatment of sickle cell disease. Collectively, the drugs are approved for treatment of individuals 12 years and older. The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Oxbryta and Adakveo on November 25, 2019 and November 20, 2019, respectively.

To estimate the impact of this change, the AHCCCS DHCM financial analysts first reviewed base period encounters for members with sickle cell disease diagnoses that were ages 12 years and older. Of the identified members with sickle cell, 27.5% experienced a vaso-occlusive crisis event (VOC) which typically required emergency treatment. It was assumed that all individuals experiencing VOC in the base period would become recipients of the new drugs in the contract period. Drug costs for the projected recipients were estimated using drug pricing.

Based on clinical trial outcomes, it was assumed the drugs would reduce VOC events in recipients by 50% relative to the base period. Based on findings in another study of Oxbryta recipients, it was further assumed that the drugs would reduce use of blood transfusions and iron reducing medications by 60% relative to the base period. Collectively, these service reductions were estimated to offset 8.7% of the projected costs of the new drugs and those savings were incorporated in the estimates.

For CYE 21 rate development, the projected change was allocated across rate cells and GSAs using base period VOC encounter experience for individuals ages 12 years and older. The overall impact of the change by GSA is displayed below in Table 9d. Totals may not add up due to rounding.



**Table 9d: Sickle Cell Drugs Approval**

GSA	Dollar Impact	PMPM Impact
North	\$62,022	\$0.03
Central	\$18,927,992	\$1.48
South	\$1,175,378	\$0.24
<b>Total</b>	<b>\$20,165,392</b>	<b>\$1.03</b>

***Mantle Cell Lymphoma Drug Approval \****

On July 24, 2020, the FDA approved Tecartus for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL). The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebates agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Tecartus on July 24, 2020. Effective October 1, 2020, Tecartus is eligible for reinsurance.

To estimate the total medical cost impact of the drug, the AHCCCS DHCM financial analysts first identified individuals, 18 years and older, in the base period encounters with a diagnosis code of mantle cell lymphoma. It was assumed that 58% of MCL members would receive the drug Tecartus. This was based on a clinical trial of almost 14 years in New York, which concluded that 58% of patients with MCL that received first line treatment experienced relapsed or refractory disease. AHCCCS calculated the drug cost based on 58% of MCL members who would be eligible to take Tecartus. Based on clinical trial outcomes, it was also assumed 62% of MCL members would experience remission after taking Tecartus. The savings associated with remission was also factored into the total medical cost of the change, which consisted of a 6% savings offset to the overall drug cost. Impacts specific to dual eligible members were assumed to be covered under Medicare and were excluded from development of capitation rates.

For CYE 21 rate development, the projected impact was allocated across rate cells and GSAs using base period distribution of members with a MCL diagnosis code. The overall impact of the change by GSA is displayed below in Table 9e. Totals may not add up due to rounding.

**Table 9e: Mantle Cell Lymphoma Drug Approval**

GSA	Dollar Impact	PMPM Impact
North	\$400,546	\$0.21
Central	\$2,203,001	\$0.17
South	\$1,201,637	\$0.25
<b>Total</b>	<b>\$3,805,184</b>	<b>\$0.19</b>

***Opioid Treatment Program Reimbursement \****

Pursuant to final rule 2019-24086, Medicare began reimbursing Opioid Treatment Programs (OTPs) for opioid use disorder (OUD) treatment services provided to individuals with Medicare Part B insurance on and after January 1, 2020. Under the change, reimbursement of OTP services and Medication Assisted Treatment (MAT) drugs to members dually enrolled in Medicare and Medicaid for treatment of OUD will shift from AHCCCS Contractors and Medicare Part D to Medicare Part B. Medicare OTP services on and



after January 1, 2020 are not subject to the traditional Medicare Part B 20% coinsurance during the contract period.

To estimate the impact, the AHCCCS DHCM financial analysts reviewed encounters of services and MAT drugs prescribed or administered by OTPs and their affiliated practitioners for OUD treatment of dually enrolled members in FFY 2018. Applicable OTP providers were identified using the Substance Abuse and Mental Health Services Administration (SAMHSA) OTP Directory and OUD services were identified by diagnoses codes. MAT drug utilization was identified based on applicable OTP providers and prescribers with matching tax identification numbers.

For CYE 21 rate development, the projected change was allocated across rate cells and GSAs using encounter data in FFY 2018 for OTP services and MAT drugs for dually enrolled members. The overall impact of the change by GSA is displayed below in Table 9f. Totals may not add up due to rounding.

**Table 9f: Opioid Treatment Program Reimbursement**

GSA	Dollar Impact	PMPM Impact
North	(\$50,252)	(\$0.03)
Central	(\$943,542)	(\$0.07)
South	(\$572,240)	(\$0.12)
<b>Total</b>	<b>(\$1,566,034)</b>	<b>(\$0.08)</b>

***Off Campus Hospital Outpatient Department Reimbursement \****

Effective October 1, 2020, AHCCCS is reimbursing services billed at off campus hospital outpatient departments on a UB-04 form with PO or PN modifiers according to the physician or ambulatory surgical center fee schedules. The change will represent a decrease in reimbursement relative to outpatient hospital fee schedule rates that providers billed before the change. To estimate the impact, AHCCCS DHCM financial analysts priced services with the PN or PO modifier at outpatient hospital AHCCCS FFS rates and compared the results to the service repriced with physician or ambulatory surgical center AHCCCS FFS rates. The percentage difference in pricing under the lower physician or ambulatory surgical center rates was then applied to base period reimbursement for services with the PO or PN modifier.

For CYE 21 rate development, the projected change was allocated across rate cells and GSAs using FFY 2019 encounter data for PO or PN modifier services. The overall impact of the change by GSA is displayed below in Table 9g. Totals may not add up due to rounding.

**Table 9g: Off Campus Hospital Outpatient Department Reimbursement**

GSA	Dollar Impact	PMPM Impact
North	(\$5,177)	(\$0.00)
Central	(\$49,072)	(\$0.00)
South	(\$1,930,570)	(\$0.40)
<b>Total</b>	<b>(\$1,984,818)</b>	<b>(\$0.10)</b>

***Increase to Annual Respite Hour Limit \* ‡***

CMS approved AHCCCS’ requested 1115 Waiver authority to increase the annual limit in covered respite care services that a member may receive from 600 hours to 720 hours a year. The authority is effective retroactively from March 1, 2020 until 60 days after the end of the federal emergency declaration. The estimates assume that the authority will extend for the 12 months of CYE 21. To estimate the impact of this change, the AHCCCS DHCM financial analysts first reviewed base period encounters of respite care services. In projecting the impact of this change, analysts made the assumption that members currently receiving the full 600 hours of services permitted during the base period would begin receiving the full 720 hours of respite services permitted under the expanded 1115 waiver authority during the contract period. Analysts further assumed that use of respite care services by all other members using respite care services during the base period would increase by 20%, which equals the percentage increase in the annual cap.

For CYE 21 rate development, the projected impact of additional respite services was allocated across rate cells and GSAs using base period encounters. The overall impact of the change by GSA is displayed below in Table 9h. Totals may not add up due to rounding.

**Table 9h: Increase to Annual Respite Hour Limit**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
North	\$777,477	\$0.40
Central	\$1,120,801	\$0.09
South	\$961,613	\$0.20
<b>Total</b>	<b>\$2,859,892</b>	<b>\$0.15</b>

***Flu Vaccine Initiative \* ‡***

AHCCCS is implementing initiatives in the contract year to support use of influenza vaccinations during the COVID-19 outbreak. Effective September 1, 2020, the agency increased FFS rates on influenza vaccination and administration codes and on administration codes for all Vaccine For Children (VFC) program vaccines by 10%. Effective September 1, 2020, AHCCCS also modified policy guidance to permit pharmacists to administer influenza vaccinations to children ages 3 - 18 years old and to permit qualified emergency medical service (EMS) providers to administer influenza vaccinations to members of all ages. Prior to the change, policy limited pharmacist-administered influenza vaccines to adults 19 years and older. Lastly, Contractors are providing a \$10 gift card to members that receive an influenza vaccination in the contract period, funded through the non-benefit portion of the capitation rate. AHCCCS anticipates this gift card incentive will increase member use of these services.

To estimate the impact of the initiatives, the AHCCCS DHCM financial analysts first identified influenza vaccine and administration utilization in the base period encounters. The data was then adjusted to account for fee schedule changes made subsequent to the base period. The impact of a 10% rate increase on influenza vaccine and administration codes was estimated using the adjusted base data.

A review of studies suggests that pharmacy interventions that expand scope of practice and public information of available services can increase vaccination rates. Modifying policy to permit pharmacists to administer influenza vaccines to children ages 3-18 years old is projected to increase flu vaccination rates of child members that use pharmacy services by 10% above base period use.

The AHCCCS DHCM financial analysts also analyzed data for the number of influenza vaccinations provided by EMS providers to Arizona residents in prior years. The data was used to project the number of influenza vaccinations that would be delivered by EMS providers to members during the contract year. Estimated vaccinations included growth above prior year data to reflect greater provider participation in response to AHCCCS reimbursement to EMS providers.

Another review of studies suggests that monetary incentives, such as gift cards, may increase demand for influenza vaccinations. The AHCCCS DHCM financial analysts projected that the incentive of a \$10 gift card would further increase total vaccinations by 33% during the contract period. Contractor costs to purchase and administer the gift cards are funded separately in the non-benefit portion of the CYE 21 capitation rates.

For CYE 21 rate development, the projected benefit cost impact was allocated across rate cells and GSAs using base period encounters data for influenza vaccine utilization. The overall benefit cost impact of the change by GSA is displayed below in Table 9i. Totals may not add up due to rounding.

**Table 9i: Flu Vaccine Initiative**

GSA	Dollar Impact	PMPM Impact
North	\$279,040	\$0.15
Central	\$3,017,403	\$0.24
South	\$937,547	\$0.19
<b>Total</b>	<b>\$4,233,990</b>	<b>\$0.22</b>

***Supports During School Hours \* ‡***

Member students receive medically necessary services that are specified in an Individualized Education Program (IEP) from school-based providers participating in the School Based Claiming (SBC) FFS program. Due to virtual learning environments necessitated by the public health emergency, it may not be feasible for schools to provide in-person attendant care and nursing services through SBC. It is therefore, anticipated that these services will transition to Contractor provider networks. To estimate the impact of this change, AHCCCS DHCM financial analysts reviewed base period use SBC attendant care and nursing procedure codes. It was assumed these services would transition to Contractor networks during CYE 21 and would be reimbursed at Contractor rates. It was additionally assumed that school aged children 5 to 20 years of age that use attendant care or nursing services, but that do not receive services through the SBC program, would use additional in-home attendant care and nursing services to the same extent as SBC participants. These projected services were similarly priced at average Contractor rates.

For CYE 21 rate development, the projected impact of growth in services was allocated across rate cells and GSAs using base period claims of SBC attendant care and nursing services and base period encounters of attendant care and nursing services of school-aged members that did not participate in SBC programs. The overall impact of the change by GSA is displayed below in Table 9j. Totals may not add up due to rounding.

**Table 9j: Supports during School Hours**

GSA	Dollar Impact	PMPM Impact
North	\$580,422	\$0.30
Central	\$1,260,677	\$0.10
South	\$1,247,600	\$0.26
<b>Total</b>	<b>\$3,088,700</b>	<b>\$0.16</b>

***Rx Rebates Adjustment***

An adjustment was made to reflect the impact of Rx Rebates reported within the Contractors' financial statements, as pharmacy encounter data does not include these adjustments. The data that the AHCCCS DHCM Actuarial Team reviewed was the CYE 17 and CYE 18 annual financial statement reports (from the Acute, CRS, and RBHA Contractors in those contract years), the CYE19, CYE 20 Q1 and Q2 financial statement reports (from ACC Contractors), and the CYE 19 supplemental rebate information provided by the ACC Contractors. From this review, the AHCCCS DHCM Actuarial Team determined that it would be reasonable to apply an adjustment to the Pharmacy data to reflect a level of reported Rx Rebates. From the review of the above data, the AHCCCS DHCM Actuarial Team assumed 2.2% for Rx Rebates and applied that to the projected CYE 21 Pharmacy category of service.

The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 9k. Totals may not add up due to rounding.

**Table 9k: Rx Rebates Adjustment**

GSA	Dollar Impact	PMPM Impact
North	(\$2,682,000)	(\$1.40)
Central	(\$19,872,117)	(\$1.55)
South	(\$6,417,923)	(\$1.32)
<b>Total</b>	<b>(\$28,972,040)</b>	<b>(\$1.48)</b>

***AHCCCS FFS Fee Schedule Updates***

AHCCCS typically makes annual updates to provider fee schedules used for AHCCCS FFS 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 except where authorized under applicable law, regulation or waiver, 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 health plan fee schedules.

Additionally, the contract has requirements that the Contractors reimburse Federally Qualified Health Centers (FQHCs) at the Prospective Payment System (PPS) rates. The AHCCCS FFS fee schedule updates program change includes a fee schedule adjustment to bring the encounter base data from CYE 19 FQHC PPS rates up to projected CYE 21 FQHC PPS rates.

Effective October 1, 2020, AHCCCS will be updating provider fee schedules for certain providers based on access to care needs, Medicare/ADHS fee schedule rate changes, and/or legislative mandates. The CYE 21 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DHCM Rates & Reimbursement Team use the CYE 19 encounter data to develop the adjustment to the CYE 21 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 21 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program.

In March 2020, the Arizona Legislature passed, and Governor Ducey signed into law HB 2668 (Laws 2020, Chapter 46) which establishes a new hospital assessment effective October 1, 2020. Monies from this assessment are to be deposited into the Health Care Investment Fund (HCIF) and used to make directed payments to hospitals, as well as increase base reimbursement rates for services reimbursed under the dental fee schedule and physician fee schedule, not including the physician drug fee schedule, to the extent necessary as determined by AHCCCS to restore provider rates to those in existence prior to reductions implemented in state fiscal year 2009. In order to implement this legislation, AHCCCS has included a provision in the CYE 21 contracts requiring the percentage increases associated with HCIF provider rate increases be implemented by the Contractors. The AHCCCS DHCM Rates & Reimbursement Team used the CYE 19 encounter data to develop the adjustment to the CYE 21 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 21 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program.

CMS expanded the range of Medicare codes that may be billed for services provided by a resident without the direct supervision of a primary care physician, using the GE modifier. AHCCCS has aligned with CMS by expanding the set of codes for which resident-provided services can be billed using the GE modifier. The AHCCCS DHCM financial analysts applied AHCCCS provider fee schedule changes as a unit cost change to determine what the impacts would be for the CYE 21 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program as part of the fee schedule changes as the change is non-material for the ACC Program when considered alone.

A technical issue was identified in the setting of CYE 19 FFS rates for various durable medical equipment (DME) codes. The CYE 21 capitation rates include a correction to these DME FFS rates. This correction is non-material for the ACC Program when considered alone.

Effective January 1, 2020, the All Patients Refined Diagnosis Related Group (APR-DRG) adjustor for burns increased. The increased costs for this change have been included with the fee schedule changes already discussed as the APR-DRG burn adjustor is non-material for the ACC Program when considered alone.

AHCCCS will additionally be increasing some fee schedule rates effective January 1, 2021 to recognize 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 by GSA is illustrated below in Table 9l. Totals may not add up due to rounding.

**Table 9l: Aggregate AHCCCS FFS Fee Schedule Updates**

GSA	Dollar Impact	PMPM Impact
North	\$23,595,560	\$12.29
Central	\$193,050,246	\$15.09
South	\$63,591,684	\$13.04
<b>Total</b>	<b>\$280,237,491</b>	<b>\$14.31</b>

***Combined Miscellaneous Program Changes***

The rate development spreadsheet includes every individual program change as a separate adjustment. However, as noted earlier in this section, 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 by GSA for the PMPMs listed below. The combined overall impact by GSA is illustrated below in Table 9m. Totals may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- **Pharmacy and Therapeutics Committee Recommendations \***

On the recommendations of the P&T Committee, AHCCCS adopted policy changes during CYE 20 that are expected to impact the utilization and unit costs of Contractors’ pharmacy costs in CYE 21. The P&T Committee evaluates scientific evidence on the relative safety, efficacy, effectiveness, and clinical appropriateness of prescription drugs and reviews how the State can minimize the net cost of pharmaceuticals when considering the value of drug rebates.

- **Remove Spouse Caregiver Weekly Hour Limit \* ‡**  
CMS approved AHCCCS' requested 1115 Waiver Appendix K authority to eliminate the 40 hour limit on reimbursable caregiver services provided by a member's spouse during a 7-day period. The authority is effective retroactively from March 13, 2020 until March 31, 2021.
- **Reimbursement for Home and Community Based Services (HCBS) Delivered by Parents \* ‡**  
CMS approved AHCCCS' requested 1115 Waiver Appendix K authority to reimburse parents or legally responsible individuals for HCBS provided to a child under the age of 18 years. The authority is effective retroactively from March 13, 2020 until March 31, 2021.
- **Duchenne Muscular Dystrophy Drug Approval \***  
On December 12, 2019, the FDA approved Vyondys 53 for treatment of Duchenne muscular dystrophy in individuals with a mutation that is amenable to exon 53 skipping. The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Vyondys 53 on December 12, 2019.
- **Peanut Allergy Drug Approval \***  
On January 31, 2020, the FDA approved the immunotherapy drug Palforzia for treatment of peanut allergy in children 4 to 17 years of age. The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in MDRP, AHCCCS began coverage of Palforzia on January 31, 2020.
- **Spinal Muscular Atrophy Drug Approval \***  
On August 7, 2020, the FDA approved Evrysdi for the treatment of Spinal Muscular Atrophy (SMA) in patients 2 months and older. The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Evrysdi on August 7, 2020. Effective October 1, 2020, Evrysdi is eligible for reinsurance.
- **Outpatient Psychiatric Hospital Reimbursement \***  
Beginning October 1, 2020, AHCCCS is implementing an outpatient hospital fee schedule reimbursement methodology for outpatient services provided by psychiatric hospitals. Prior to this change, AHCCCS manually approved Contractor payments to psychiatric hospitals for outpatient services, which were not subject to a specific reimbursement methodology. To estimate the impact, the AHCCCS DHCM financial analysts repriced base period encounters at outpatient hospital fee schedule rates.
- **Adult Hepatitis C Screening Recommendation \***  
On March 2, 2020, the U.S. Preventive Services Task Force (USPSTF) published a final recommendation that all adults 19 to 79 years of age be screened for hepatitis C. This represents an expansion of recommended screening from the previous guidance that adults born between 1945 and 1965 be screened. Effective October 1, 2020, AHCCCS modified policy guidance to reflect the USPSTF final recommendation on hepatitis screenings for adults.



- **Adult Human Papillomavirus Immunization Guidance \***

On August 16, 2019, the CDC Advisory Committee on Immunizations (ACIP) released a recommendation that adults 27 to 45 years of age at risk of contracting human papillomavirus immunization (HPV) are vaccinated. This represents an expansion to previous guidance, which recommended HPV immunizations for adults 19 to 26 years of age. Effective October 1, 2020, AHCCCS modified policy guidance to reflect the ACIP recommendation on HPV immunizations for adults.
- **Increased Frequency of Dental Fluoride Visits \***

Beginning February 1, 2020, AHCCCS increased the maximum number of dental fluoride varnish applications that members may receive, from 2 to 4 applications a year.
- **Inpatient Dental Hygienist Teeth Cleanings \***

As part of the 2019 Legislative session, the Arizona Legislature passed HB 2058 which permits dental hygienists to provide services in an inpatient hospital setting under supervision of a physician. The legislation is expected to increase provision of inpatient teeth cleanings for prevention of ventilator associated pneumonia (VAP).
- **Pay and Chase Guidance \***

Federal regulation 42 CFR 433.139, Payment of Claims, requires agencies and their Contractors to pay and chase claims for preventive pediatric care services, including EPSDT services, regardless of the existence of third party liability at the time the claim is filed. Preventive pediatric care refers to screening and diagnostic services to identify congenital, physical, mental health routine examinations performed in the absence of complaints, and screening or treatment designed to avert various infectious and communicable diseases from occurring in children under 21 years of age. As a result of questions to AHCCCS regarding coordination of benefits for members with Autism Spectrum Disorder, the agency provided additional clarification to Contractors in FFY 20 on preventive services that must be reimbursed on a pay and chase basis. This clarification is anticipated to increase costs of Contractors in situations in which they are unable to successfully recover funding from liable third parties.
- **Depression and Anxiety Screening Codes \***

Effective August 1, 2020, AHCCCS began coverage of procedure code 96127 for brief emotional or behavioral assessments.
- **BHRF Personal Care Differential \***

Effective October 1, 2019, the AHCCCS DHCM Rates & Reimbursement Team established a differentiated FFS rate for Behavioral Health Residential Facilities (BHRF) that are licensed by ADHS to provide personal care services.
- **Substance Use Disorder Assessment \***

Effective October 1, 2018, AHCCCS updated 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. Due to a slower-than-anticipated adoption of the ASAM software, impacts of the change in the base period



encounters are limited. For October 1, 2020 rate development, additional impacts for the change are included above any base period encounters.

- **Advanced Practice Nurse MAT \***

The Federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) permits Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists to administer Buprenorphine for medication assisted treatment (MAT). The federal law is expected to increase use of MAT and costs to the program.

**Table 9m: Combined Miscellaneous**

GSA	Dollar Impact	PMPM Impact
North	\$125,373	\$0.07
Central	\$1,364,483	\$0.11
South	\$353,344	\$0.07
<b>Total</b>	<b>\$1,843,200</b>	<b>\$0.09</b>

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

There were no material changes to the data, assumptions, or methodologies used to develop the projected benefit costs since the last rating period.

**I.3.B.ii.(c) Overpayments to Providers**

The ACC Program Contractors are contractually required to adjust or void specific encounters, in full or in part, to reflect recoupments of overpayments to providers. The base data received and used by the actuaries to set the CYE 21 capitation rates therefore includes those adjustments.

**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 for development of the projected benefit cost trends was the encounter data incurred from October 2016 through early March 2020 and adjudicated and approved through the first encounter cycle in March 2020. The trend was 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 issues 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 19 (April 1, 2019) to the midpoint of the rating period for CYE 21 (April 1, 2021). 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. Comparisons were made against the trends used in the previous rating period, and the change in trends by categories of service was deemed reasonable considering the change in the base data time period. Trends were also compared between GSAs and variances were determined to be reasonable and appropriate.

### **I.3.B.iii.(a)(iv) Supporting Documentation for Trends**

The 2021 Guide requires explanation of outlier or negative trends. For the purposes of this rate certification, the actuaries defined outlier trends as utilization and unit cost trend combinations which resulted in a PMPM trend greater than 7%.

The actuaries assumed negative trends for the unit cost trend in the North GSA Age 1-20 rate cell for Other Professional Services category of service and for the utilization trend in the South GSA SSIWO rate cell for Pharmacy category of service. These negative trend assumptions 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 every rate cell with a negative unit cost or utilization trend assumption, all regression lines for the unit cost or utilization data are negatively sloped and the negative slopes are more extreme than the utilization trend rate assumed in capitation rate development.

There are seven PMPM trends which crossed the outlier threshold. Six of the seven are for the Pharmacy category of service. The other is for the Other Professional Services category of service for Expansion Adults in the Central GSA. For the Pharmacy category of service, two are for the Age 21+ rate

cells in the North and South GSAs, one is for the Prop 204 Childless Adults rate cell in the North GSA, and three are for the Expansion Adults rate cells in each of the GSAs. The trends are 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. In each instance of an outlier PMPM trend assumption, the PMPM linear regression results are higher than the assumed trend.

### **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 trends, excluding the Delivery Supplemental Payment rate cell, by GSA for utilization per 1000, unit cost, and PMPM values are included below in Table 10.

**Table 10: CYE 21 Annualized Trends**

<b>GSA</b>	<b>Utilization Per 1000</b>	<b>Unit Cost</b>	<b>PMPM</b>
North	1.92%	2.42%	4.38%
Central	1.42%	2.50%	3.95%
South	1.92%	2.17%	4.13%
<b>Total</b>	<b>1.58%</b>	<b>2.42%</b>	<b>4.04%</b>

#### **I.3.B.iii.(b)(ii) Alternative Methods – Not Applicable**

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**

The projected benefit cost trends were developed by GSA, implicitly addressing regional differences in utilization and unit cost data.

#### **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**

AHCCCS has completed a Mental Health Parity and Addiction Equity Act (MHPAEA) analysis and the AHCCCS DHCM Medical Management Team reviews updated Contractor 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: 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 ACC 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 PPC for the period of time prior to the member's enrollment during which the member is eligible for covered services. PPC 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 PPC, with the exception of members transitioning to Title XIX from RBHA non-Title XIX (state-only) eligibility, as noted in sections I.1.A.ii.(c)(i)(B) and I.2.B.iii.(d).

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

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

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

No specific adjustments are made to the CYE 21 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**

This section provides documentation on impacts to projected benefit costs made since the last rate certification.

### **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**

As noted in Section I.3.B.ii.(c), 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 were no material adjustments made related to waiver requirements or conditions.

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

There were 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 2021 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.

#### I.4.A.ii. Appropriate Documentation

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

###### ***Alternative Payment Model Initiative – Performance Based Payments***

The CYE 21 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 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 the ACC Contractors that are aimed at quality improvement, such as reducing costs, improving health outcomes, or improving access to care. For reference, the ACC Program CYE 19 APM Initiative – Performance Based Payment amounts are anticipated to be \$34.8 million.

###### ***Alternative Payment Model Initiative – Quality Measure Performance***

The incentive arrangement for the 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 \$74 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; thus, the incentive pool will be determined by the portion of the withhold which is not earned across all Contractors.

##### 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

###### ***Alternative Payment Model 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.

***Alternative Payment Model Initiative – Quality Measure Performance***

The incentive arrangement includes quality measures impacting well visits for children and adolescents, prenatal care, breast cancer screening, and follow-up after hospitalization for mental illness. All adult and child (except KidsCare) enrollees utilizing the services addressed in the quality measures, and providers of these services, are covered by the incentive arrangement unless specifically stated otherwise.

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

***Alternative Payment Model Initiative – Performance Based Payments***

The purpose of the APM Initiative – Performance Based Payments incentive arrangement is to align incentives between the ACC Contractors 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.

***Alternative Payment Model 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.

**I.4.A.ii.(a)(iv) Attestation to Limit on Incentive Payments**

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.(a)(v) Effect on Capitation Rate Development**

***Alternative Payment Model Initiative – Performance Based Payments***

Incentive payments for the APM Initiative – Performance Based Payments incentive arrangement are not included in the CYE 21 capitation rates and had no effect on the development of the capitation rates for the ACC Program. The incentive payments will be paid by AHCCCS to the ACC Contractors through lump sum payments after the completion of the CYE 21 contract year.

***Alternative Payment Model Initiative – Quality Measure Performance***

Incentive payments for the APM Initiative – Quality Measure Performance incentive arrangement are not included in the CYE 21 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.

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

### **I.4.B.i. Rate Development Standards**

This section of the 2021 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 ACC Program includes a percentage of capitation withhold arrangement which the Contractor may earn back. 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) Enrollees, Services, and Providers Covered**

All services, providers, and enrollees (except KidsCare) are covered by this withhold arrangement.

#### **I.4.B.ii.(a)(iii) Purpose of the Withhold**

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.

#### **I.4.B.ii.(a)(iv) 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. AHCCCS will determine the portion of the withheld amount to be returned based on a review of each Contractor's data and the Contractor's compliance with these quality measures.

#### **I.4.B.ii.(a)(v) 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 needed to develop an estimate of the withheld amount that is not reasonably achievable.

#### **I.4.B.ii.(a)(vi) 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 operating 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)(vii) Effect on Capitation Rate Development**

The capitation rates shown in this rate certification are illustrated before offset for the withhold amount. The withhold amount is not considered within capitation rate development.

#### **I.4.B.ii.(b) Certifying Rates less Expected Unachieved Withhold as Actuarially Sound**

The CYE 21 capitation rates documented in this rate certification 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 2021 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 21 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 21 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 2021 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 Mechanism Implementation**

There are two risk corridor type arrangements in the ACC Program. The first is a reconciliation of costs to reimbursement (tiered reconciliation) and the second is a fixed administrative cost component reconciliation associated with projected versus actual enrollment.

The tiered 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 administrative component and premium tax, plus any reinsurance payments. Each Contractor’s medical cost expenses are equal to the Contractor’s fully adjudicated encounters and sub-capitated/block purchase expenses as reported by the Contractor’s financial statements 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. This risk corridor will limit each Contractor’s ACC statewide profits and losses as listed in Table 11 below.

**Table 11: Tiered Risk Corridor Risk Bands**

Profit	MCO Share	State Share	Max MCO Profit	Cumulative MCO Profit
<= 2%	100%	0%	2%	2%
> 2% and <= 6%	50%	50%	2%	4%
> 6%	0%	100%	0%	4%
Loss	MCO Share	State Share	Max MCO Loss	Cumulative MCO Loss
<= 2%	100%	0%	2%	2%
> 2%	0%	100%	0%	2%

The fixed administrative cost component reconciliation will reconcile each Contractor’s fixed administrative cost component by comparing the actual member months to the member 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 difference in member months, subject to medical loss ratio requirements. This risk corridor has no limits in either direction and will be performed as described above. The threshold is zero, the reimbursement or recoupment will happen for all levels of discrepancy between actual member months and assumed member months.

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 21 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 and input between the AHCCCS DHCM Actuarial Team, the AHCCCS DHCM Finance & Reinsurance Team, and the AHCCCS Office of the Director.

**I.4.C.ii.(b) Remittance/Payment Requirements for Specified Medical Loss Ratio – Not Applicable**

Not applicable. The ACC Program contract does not include a remittance/payment requirement.

#### **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 biological 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 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 is \$35,000. The limit on other catastrophic reinsurance is \$1,000,000. Once a reinsurance case hits this limit, the Contractor is reimbursed 100% for all medically necessary covered expenses. All reinsurance deductibles are applied at the member level.

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 and covered biological drugs, 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 for CYE 21 are historical reinsurance payments to the Contractors for services incurred during CYE 19. These reinsurance payments were divided by the CYE 19 member months to develop a PMPM offset, before completion. This was done at the rate cell, GSA, and major reinsurance case type level (Regular, Biological, and Catastrophic). The reinsurance PMPMs were then completed and adjusted for any adjustments that impacted CYE 19 base encounter data as described above in Section I.2.B.iii.(d). The adjusted reinsurance PMPMs were trended forward to CYE 21 using medical trend rates for the appropriate categories. Regular reinsurance case type used the Inpatient and LTC category of service trend, Biological reinsurance case type used the Pharmacy category of service trend, and Catastrophic reinsurance case type used aggregated trend rates by rate cell and GSA across all categories of service.

The adjusted and trended reinsurance PMPMs were then further modified to account for changes to the reinsurance program from CYE 19 to CYE 21, to account for similar adjustments as those described above in Section I.3.B.(ii)(a), and for deductible leveraging to arrive at the CYE 21 reinsurance PMPMs. Changes to the reinsurance program from CYE 19 to CYE 21 included adding several drugs (Trikafta, Symdeko, Orkambi, Tecartus, and Evrysdi) to the list of drugs covered by the AHCCCS reinsurance program.

The projected costs of the additional drugs covered by the reinsurance program, noted above in Section I.3.B.ii.(a), was calculated by taking the projected costs for CYE 21 for those drugs and applying a zero dollar deductible and coinsurance limit of 85% to get the dollar impact to the reinsurance offset. The combined dollar impact to the reinsurance offsets for the ACC Program is \$16 million.

Appendix 7 displays the reinsurance offset PMPMs by Contractor, GSA, and rate cell.

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

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

This section of the 2021 Guide provides information on delivery system and provider payment initiatives authorized under 42 CFR § 438.6(c).

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

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

The only pre-prints addressed in this certification are the ones related to ACC. Those pre-prints are FQHC Differential Adjusted Payments, Differential Adjusted Payments, Access to Professional Services Initiative, Pediatric Service Initiative, Hospital Enhanced Access Leading to Health Improvements Initiative, Targeted Investments PCPs, Targeted Investments Behavioral Health, Targeted Investments Hospitals, and Targeted Investments Criminal Justice. This certification combines the FQHC Differential Adjusted Payments under the Differential Adjusted Payments language and all Targeted Investments under Targeted Investments.

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

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

The 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 20.0%, depending on the provider type.

##### ***Access to Professional Services Initiative***

The 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 from the pre-print:

- 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 62% 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.

##### ***Pediatric Services Initiative***

The PSI seeks to provide enhanced support to ensure financial viability of the state's freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. The PSI provides a uniform dollar increase for inpatient and outpatient services provided by the state's freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. The increase is intended to supplement, not supplant, payments to eligible hospitals or pediatric units.

##### ***Hospital Enhanced Access Leading to Health Improvements Initiative***

The HEALTHII program delivers a uniform percentage increase to hospitals for acute inpatient and ambulatory outpatient contracted Medicaid Managed Care services. HEALTHII program uniform percentage increases are based on a fixed payment pool that is allocated to each hospital class based on

the additional funding needed to achieve each class' aggregate targeted pay-to-cost ratio for Medicaid Managed care services. The increase is intended to supplement, not supplant, payments to eligible providers.

### ***Targeted Investments Program***

The TI 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.

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

DAP are the only directed payments incorporated in the capitation rates.

#### **I.4.D.ii.(a)(ii)(A) Rate Cells Affected**

All ACC rate cells are affected.

#### **I.4.D.ii.(a)(ii)(B) Impact on the Rate Cells**

See Appendix 6 for medical impact by rate cell. See Appendix 8 for total impact by rate cell.

### **I.4.D.ii.(a)(ii)(C) Data, Assumptions, Methodology to Develop Directed Payment Adjustment**

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

The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for up to 3.5% increase; up to 13.5% for select services), Critical Access Hospitals (eligible for up to 10.0% increase; up to 20.0% for select services), other hospitals and inpatient facilities (eligible for up to 4.5% increase), nursing facilities (eligible for up to 2.0% increase), integrated clinics (eligible for a 10.0% increase on a limited set of codes), behavioral health outpatient clinics (eligible for a 1.0% increase), behavioral health outpatient clinics and integrated clinics (eligible for up to 7.0% increase on all services provided), physicians, physician assistants, registered nurse practitioners, dental providers (all eligible for up to 2.0% increase), HCBS providers (eligible for up to 1.0% increase on specified services at specified places of service), and 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.

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 19 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 21 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).

The amount of increased medical payments for the DAP included in the CYE 21 capitation rates for the ACC Program are displayed below in Table 12. These projected medical payments do not include underwriting gain or premium tax. Totals may not add up due to rounding.

**Table 12: AHCCCS Differential Adjusted Payments**

GSA	Non-FQHC Dollar Impact	FQHC Dollar Impact	Total Dollar Impact
North	\$7,273,101	\$165,153	\$7,438,254
Central	\$50,381,389	\$1,461,299	\$51,842,687
South	\$16,921,697	\$1,158,915	\$18,080,611
<b>Total</b>	<b>\$74,576,186</b>	<b>\$2,785,366</b>	<b>\$77,361,553</b>

**I.4.D.ii.(a)(ii)(D) Pre-Print Acknowledgement**

The DAP which are accounted for in the capitation rates, and described in the preceding sections, are being made under an approved §438.6(c) pre-print in a manner consistent with the pre-print reviewed by CMS (inclusive of any/all correspondence between the state and CMS regarding the pre-print).

**I.4.D.ii.(a)(ii)(E) Maximum Fee Schedule – Not Applicable**

Not applicable. None of the directed payments for the ACC Program are based on maximum fee schedules.

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

The APSI, PSI, HEALTHII, and TI program are not included in the ACC certified capitation rates and will be paid out via lump sum payments.

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

***Access to Professional Services Initiative***

Anticipated payments including premium tax for APSI are approximately \$122 million. AHCCCS will distribute the total payment via four quarterly lump sum payments equal to 20% of the estimated amount to the Contractors, and a final lump sum payment after the completion of the contract year which will equal the difference between the quarterly payments and the actual annual rate increase calculated based on encounter data for the contract year. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

***Pediatric Services Initiative***

Anticipated payments including premium tax for PSI are approximately \$57 million. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 21 utilization will be used to redistribute the payments. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

***Hospital Enhanced Access Leading to Health Improvements Initiative***

Anticipated payments including premium tax for HEALTHII are approximately \$1.15 billion. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the



completion of the contract year, CYE 21 utilization will be used to redistribute the payments. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

***Targeted Investments Program***

Table 13 below includes the CYE 21 anticipated payments including premium tax for each of the Targeted Investment pre-prints. AHCCCS will distribute the final amounts in the form of annual lump sum payment to the Contractors after the completion of the contract year. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

**Table 13: Targeted Investments Program**

GSA	TI PCPs	TI Hospitals	TI Behavioral Health	TI Criminal Justice	Total TI
North	\$1,057,542	\$29,701	\$698,778	\$907,824	\$2,693,845
Central	\$20,616,179	\$766,164	\$4,213,902	\$1,953,165	\$27,549,409
South	\$1,639,177	\$117,224	\$1,056,393	\$533,952	\$3,346,745
<b>Total</b>	<b>\$23,312,898</b>	<b>\$913,088</b>	<b>\$5,969,073</b>	<b>\$3,394,941</b>	<b>\$33,590,000</b>

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

***Access to Professional Services Initiative***

The actuaries certify to the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

***Pediatric Services Initiative***

The actuaries certify to the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

***Hospital Enhanced Access Leading to Health Improvements Initiative***

The actuaries certify to the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

***Targeted Investments Program***

The actuaries certify to the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.



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

##### ***Access to Professional Services Initiative***

The qualifying providers receiving the uniform percentage increase include the following practitioners: 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; optometrists; and other providers that bill under Form Type A (Form 1500) and D (Dental).

##### ***Pediatric Services Initiative***

The qualifying providers receiving the uniform dollar increase for inpatient and outpatient hospital services are freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds.

##### ***Hospital Enhanced Access Leading to Health Improvements Initiative***

The qualifying providers receiving the payments include hospitals providing contracted Medicaid Managed Care acute inpatient and ambulatory outpatient services.

##### ***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 TI program and who demonstrate performance improvement by meeting certain benchmarks for integrating and coordinating physical and behavioral health care.

#### **I.4.D.ii.(a)(iii)(D) Distribution Methodology**

##### ***Access to Professional Services Initiative***

The distribution methodology for the CYE 21 APSI payments will be based on members' utilization of services from APSI qualified providers. The 62 percent uniform percentage increase will be applied to eligible services performed by APSI qualified providers as defined in the pre-print. The estimated amount for CYE 21 APSI was developed by applying the 62 percent uniform increase to CYE 19 utilization of eligible services based on encounters for the CYE 19 APSI qualified providers. The same definition of eligible services was used to develop the estimated amount. The APSI qualified providers were identified by Billing Provider Tax IDs in AHCCCS encounter system. The CYE 19 utilization is used as the basis for where to distribute the quarterly lump sum payments. The final lump sum payment will use CYE 21 encounter data for APSI qualified providers. The CYE 21 encounter data used to distribute the final lump sum payment amount will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells, and will adjust any change in utilization from CYE 19, as well as the distribution used to make the quarterly lump sum payments.

##### ***Pediatric Services Initiative***

The distribution methodology for PSI for CYE 21 will be based on members' utilization of inpatient and outpatient services at freestanding children's hospitals, or pediatric units of a general acute care

hospital with more than 100 beds, excluding nursery beds. The uniform dollar increase will be applied to eligible services performed by providers eligible for the PSI (identified in the encounters by Servicing Provider Tax IDs). Eligible services are those submitted on UB-04 Inpatient Hospital and UB-04 Outpatient Hospital. Adjudicated and approved encounter data have been used to allocate the interim PSI payments by capitation rate cell. CYE 19 utilization is the basis for the initial distribution of interim quarterly lump sum payments. After the end of the contract year, with sufficient run out, PSI interim quarterly payments will be reconciled using CYE 21 encounter utilization data to re-distribute the interim lump sum payments in the appropriate amounts. The CYE 21 encounter data will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells, and will adjust any change in utilization from CYE 19.

#### ***Hospital Enhanced Access Leading to Health Improvements Initiative***

The distribution methodology for HEALTHII for CYE 21 will be based on the utilization of services by members with providers participating in the HEALTHII program. Adjudicated and approved encounter data have been used to allocate the interim HEALTHII payments by capitation rate cell. CYE 19 utilization is the basis for the initial distribution of the interim quarterly lump sum payments. After the end of the contract year, with sufficient run out, HEALTHII interim quarterly payments will be reconciled using CYE 21 encounter utilization data to re-distribute the interim lump sum payments in the appropriate amounts. The CYE 21 encounter data will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells, and will adjust any change in utilization from CYE 19.

#### ***Targeted Investments Program***

The distribution methodology for the TI program for CYE 21 will be based on the utilization of services by members with providers participating in the TI program. Adjudicated and approved encounter data will be used to allocate the TI payments by capitation rate cell. The encounter data that will be used for this distribution includes: billing provider tax ID numbers (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 would receive 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 will then be 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. The estimated amount for each CYE 21 TI was developed using CYE 19 encounter data and projected percentages of costs in the different targeted investment programs as provided by the AHCCCS DHCM Rates & Reimbursement Team. The same definition of eligible services was applied for the estimated amount.

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

Appendix 8 contains estimated PMPMs including premium tax by rate cell.

#### **I.4.D.ii.(a)(iii)(F) Pre-Print Acknowledgement**

##### ***Access to Professional Services Initiative***

These payments are being made under the approved APSI § 438.6(c) payment arrangement in a manner consistent with the pre-print reviewed by CMS (inclusive of any/all correspondence between the state and CMS regarding the pre-print).

##### ***Pediatric Services Initiative***

These payments are being made under the approved PSI § 438.6(c) payment arrangement in a manner consistent with the pre-print reviewed by CMS (inclusive of any/all correspondence between the state and CMS regarding the pre-print).

##### ***Hospital Enhanced Access Leading to Health Improvements Initiative***

These payments are being made under the approved HEALTHII § 438.6(c) payment arrangement in a manner consistent with the pre-print reviewed by CMS (inclusive of any/all correspondence between the state and CMS regarding the pre-print).

##### ***Targeted Investments Program***

These payments are being made under the approved Targeted Investment program § 438.6(c) payment arrangements in a manner consistent with the pre-prints reviewed by CMS (inclusive of any/all correspondence between the state and CMS regarding the pre-prints).

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

##### ***Access to Professional Services Initiative***

After the rating period is complete and the final APSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the APSI payments into the rate certification's rate cells, consistent with the distribution methodology described in Section I.4.D.ii.(a)(iii)(D), and as if the payment information had been fully known when the rates were initially developed.

##### ***Pediatric Services Initiative***

After the rating period is complete and the final PSI payment is made, AHCCCS will submit documentation 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 Section I.4.D.ii.(a)(iii)(D), and as if the payment information had been fully known when the rates were initially developed.

##### ***Hospital Enhanced Access Leading to Health Improvements Initiative***

After the rating period is complete and the final HEALTHII payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the HEALTHII payments into the rate certification's rate cells, consistent with the distribution methodology described in Section I.4.D.ii.(a)(iii)(D), and as if the payment information had been fully known when the rates were initially developed.

### **Targeted Investments Program**

After the rating period is complete and the final TI payments are made, AHCCCS will submit documentation to CMS which incorporates the total amount of the TI payments into the rate certification's rate cells, consistent with the distribution methodology described in Section I.4.D.ii.(a)(iii)(D), and as if the payment information had been fully known when the rates were initially developed.

#### **I.4.D.ii.(b) Confirmation of No Other Directed Payments**

There are not any additional directed payments in the program that are not addressed in the certification.

#### **I.4.D.ii.(c) Confirmation Regarding Required Reimbursement Rates**

There are not any requirements regarding reimbursement rates the plans must pay to providers unless specifically specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

AHCCCS will be including contract amendments with the submission of this rate certification which clarify the regulatory authority for any minimum fee schedule requirements which exist in contract language.

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

#### **I.4.E.i. Rate Development Standards**

This section of the 2021 Guide provides information on the pass-through payments, as defined in 42 CFR § 438.6(a), including information on the transition periods, base amount calculations and allowable pass-through payments under 42 CFR § 438.6(d).

#### **I.4.E.ii. Appropriate Documentation**

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

This section contains the required information for documenting pass-through payments.

##### **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](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) Programs that Include the Pass-Through Payments**

The only pass-through AHCCCS has is the pass-through payment for rural hospitals. The ACC Program is the only program which includes the rural hospital pass-through payment.

#### **I.4.E.ii.(a)(iv) 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)(v) 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)(vi) Identification of any §438.6(c) Directed Payments that Target Same Providers**

There are two §438.6(c) directed payment arrangements that could impact the same providers as the rural hospital pass-through payment. Those §438.6(c) directed payment arrangements are DAP and HEALTHII. HEALTHII is a new §438.6(c) directed payment arrangement for CYE 21 which impacts multiple hospital classes, including rural hospitals.

#### **I.4.E.ii.(b) Description of the Aggregate Pass-Through Payments**

This section documents the aggregate pass-through payment amounts.

#### **I.4.E.ii.(b)(i) Amount of the Aggregate Pass-Through Payments**

There is only one existing pass-through payment for the ACC Program. The total amount before premium tax of the pass-through payments is \$12,158,100. The total amount with 2% premium tax is \$12,406,224.

#### **I.4.E.ii.(b)(ii) Documentation of Historical Pass-Through Amounts**

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 CYE 16 contract and certification for rural hospitals was submitted to CMS on February 29, 2016. The Acute Care CYE 16 capitation rates covered the period from October 1, 2015 through September 30, 2016 and therefore included the date of July 5, 2016 and

were submitted to CMS prior to July 5, 2016 as required by 42 CFR § 438.6(d) at 81 FR 27860 and later amended by 42 CFR Part § 438 at 82 FR 5415 (published January 18, 2017 and effective March 20, 2017).

#### **I.4.E.ii.(c) 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.(c)(i) Data, Assumptions, Methodology to Develop Base Amount**

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 base amount is calculated on an annual basis and is recalculated annually in accordance with 42 CFR § 438.6(d)(2)(iii).

The CYE 19 encounter and 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 19 inpatient encounter data and the CYE 19 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.

There were no adjustments made to the base data used to calculate amounts for any of the four sections listed in the 2021 Guide. The only §438.6(c) directed payments that could have affected rural hospitals during the 12-month period immediately 2 years prior to the rating period would have been DAP. No adjustment was made to remove DAP from the base data calculation, so any such payment amounts are included when calculating amounts for I.4.E.i.(d)(i)(B).

##### **I.4.E.ii.(c)(ii) Aggregate Amounts**

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

- For Section I.4.E.i.(d)(i)(A) of the 2021 Guide - \$72,098,454 (this section of the 2021 Guide aligns with 42 CFR § 438.6(d)(2)(i)(A) at 81 FR 27860).
- For Section I.4.E.i.(d)(i)(B) of the 2021 Guide - \$38,473,461 (this section of the 2021 Guide aligns with 42 CFR § 438.6(d)(2)(i)(B) at 81 FR 27860).
- For Section I.4.E.i.(d)(ii)(A) of the 2021 Guide - \$25,167,668 (this section of the 2021 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(A) at 81 FR 27860).
- For Section I.4.E.i.(d)(ii)(B) of the 2021 Guide - \$9,642,187 (this section of the 2021 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(B) at 81 FR 27860).

The difference between \$72,098,454 and \$38,473,461 is \$33,624,993. The difference between \$25,167,668 and \$9,642,187 is \$15,525,481. The base amount is the sum of these differences and is \$49,150,474.

**I.4.E.ii.(c)(iii) Trend Adjustments – Not Applicable**

Not applicable. The state did not include any trend adjustments when calculating the amounts listed in I.4.E.ii.(c)(ii).

**I.4.E.ii.(c)(iv) Calculated Base Amount Applicable Percentage**

The resulting base amount was estimated to be \$49,150,474 and 70% of the base amount was estimated to be \$34,405,332. 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 21 capitation rates may not exceed the lesser of 70% 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 21 capitation rates.

**I.4.E.ii.(c)(v) Amount of any §438.6(c) Directed Payments**

DAP was the only directed payment arrangements made to hospitals during CYE 19 which is the 12-month period immediately 2 years prior to the rating period. The CYE 19 amount for DAP for rural hospitals is approximately \$1.4 million. DAP is reflected in the CYE 19 encounters, and no adjustment was made to remove the amounts, therefore the amounts are reflected in the calculations of the amounts in I.4.E.i.(d)(i)(B).



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

### **I.5.A. Rate Development Standards**

This section of the 2021 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 21 capitation rates for the ACC Program was the administrative expense data submitted by the Contractors per a supplemental data request, as noted in Section I.2.B.ii.(b)(ii). The CYE 19 financial statements and CYE 20 Q1 & Q2 financial statements were also reviewed. Other sources of data reviewed and utilized in the development of the non-benefit cost projections were trends and forecasts for various Consumer Price Indices (CPI) and Employment Cost Indices (ECI) data from IHS Markit.

The Contractors' supplemental administrative data request included amounts for administrative expenses for CYE 19 actuals, CYE 20 year-to-date (through 3/31/20) actuals, actual/projected amounts for CYE 20, and projected amounts for CYE 21. This data request included administrative breakouts into different categories, breakdowns of fixed and variable administrative costs, and the Contractors' member months for each of the time frames.

The actuaries developed and reviewed several methodologies for projecting administrative expenses for the ACC Contractors, comparing the results across the methodologies, reviewing the results as a percentage of capitation rates, and comparing the results to national information<sup>1</sup> on Medicaid administrative costs. The ACC administrative PMPMs included in the capitation rates were developed using the Contractors' supplemental administrative data and both the Contractor and AHCCCS' CYE 21 projected member months. For variable administrative costs, the PMPM was developed by using each Contractor's projected costs and member months for CYE 21. For the fixed administrative expenses, the PMPM was developed by using each Contractor's projected costs divided by AHCCCS projected member months. The CYE 21 administrative PMPMs were limited for any Contractor who projected an unreasonable amount of growth from CYE 20. The Contractors' projections for CYE 21 include non-benefit expenses associated with their PBM administrative subcontractors as required by PBM transparency. Additional administrative expenses were included in the projected administration costs for additional requirements identified by AHCCCS for the upcoming contract year, inclusive of the

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<sup>1</sup> For comparable statistics of national Medicaid information including administrative costs, the actuaries referred to the Milliman research report titled "Medicaid managed care financial results for 2019" available at: <https://us.milliman.com/-/media/milliman/pdfs/articles/medicaid-managed-care-financial-results-for-2019.ashx>



administrative costs required to administer the flu vaccine gift card initiative, which would not have been reflected in the Contractors' supplemental administrative data nor their financials.

#### **I.5.B.i.(b) Changes Since the Previous Rate Certification**

The data, assumptions, and methodology used to develop the CYE 21 projected administrative costs are different than the previous rating period and have been documented above. The previous methodology is documented in the CYE 20 actuarial rate certification. The AHCCCS DHCM Actuarial Team determined that the change in methodology was reasonable given that the previous methodology relied on ACC Offerors' RFP bids and CYE 21 is the third year of the ACC contract.

#### **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 21 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 21 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. 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 21 capitation rate for the ACC Program includes a provision for margin (i.e. underwriting gain). The underwriting (UW) gain was bid by the Contractors for the first three years of the ACC contract, 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 not already addressed in previous sections are reflected in the CYE 21 capitation rates for the ACC Program.

#### **I.5.B.iii. Historical Non-Benefit Costs**

Historical non-benefit cost data is provided by the plans via financial statements and additional data requests. The audited financial statements can be found on the AHCCCS website at: <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/contractedhealthplan.html>. Historical non-benefit cost data was considered and used in the non-benefit cost assumptions as described in section I.5.B.i.(a) above.

**I.5.B.iv. Health Insurance Provider’s Fee**

**I.5.B.iv.(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). The HIPF for Fee Year 2020 has been incorporated as a retroactive amendment to the initially certified capitation rates for CYE 20. Fee Year 2020 is the final HIPF, as the Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502 repealed the annual fee for calendar years beginning after December 31, 2020.

**I.5.B.iv.(b) Data Year or Fee Year – Not Applicable**

Not applicable. The HIPF is not incorporated into the CYE 21 capitation rates for the ACC Program.

**I.5.B.iv.(c) Description of how Fee was Determined – Not Applicable**

Not applicable. The HIPF is not incorporated into the CYE 21 capitation rates for the ACC Program.

**I.5.B.iv.(d) Address if not in Rates – Not Applicable**

The capitation rates in this certification will not be adjusted to account for the fee at a later date.

**I.5.B.iv.(e) Summary of Benefits Under 26 CFR § 57.2(h)(2)(ix) – Not Applicable**

The portion of the CYE 21 capitation rates for the ACC Program attributable to nursing facility services, and related HCBS, for 90 days of short-term convalescent care are located below in Table 14. This information is provided for information purposes only, as the HIPF is repealed, as noted above.

**Table 14: Portion of the CYE 21 Capitation Rates for HCBS and NF Services**

Rate Cell	North	Central	South
AGE < 1	\$0.00	\$0.47	\$0.31
AGE 1-20	\$0.09	\$0.07	\$0.05
AGE 21+	\$0.96	\$1.63	\$0.95
Duals	\$4.59	\$4.89	\$5.28
SSIWO	\$12.57	\$20.04	\$22.18
Prop 204 Childless Adults	\$4.84	\$9.56	\$8.45
Expansion Adults	\$3.47	\$4.29	\$3.14
Delivery Supplemental Payments	\$0.00	\$0.00	\$0.00

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

For HIPF that have been paid in 2014, 2015, 2016, 2018, and 2020, 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**

AHCCCS contracted with Wakely Consulting Group to assist in the development of the AHCCCS risk adjustment model. AHCCCS is relying on Wakely Consulting Group to maintain and recalibrate the AHCCCS risk adjustment model. The AHCCCS DHCM Actuarial Team reviewed the results from the AHCCCS risk adjustment model and provided contractor specific files to each of the Contractors.

The CYE 21 capitation rates have risk adjustment factors applied to them. The risk adjustment factors in this certification are based on January through February 2020 member assignment and an experience period of October 1, 2018 through September 30, 2019.

AHCCCS intends to review risk adjustment on a semi-annual basis for CYE 21 using more recent member placement information and encounter data. AHCCCS may update the risk adjustment factors during the contract period. 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**

Not applicable. The CYE 21 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 are 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 assist in determining if any encounter data is deemed unusable for the risk adjustment process and if any adjustments to the encounter data are required.

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

AHCCCS is using risk scores resulting from Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) Version 6.4 prospective risk adjustment model. CDPS+Rx is developed by the University of California, San Diego, to assign the condition markers to each enrollee based on a combination of the diagnoses and National Drug Code (NDC) data.

The CDPS+Rx model assigns one or more of the condition-based categories based on diagnostic and procedural information available on medical and pharmacy claims, as well as demographic categories based on age and gender. A relative health status weight is associated with each age, gender, and condition category.

Wakely Consulting Group developed and produced the AHCCCS risk adjustment model which uses the risk markers from the CDPS+Rx model. AHCCCS provided all encounters, membership, and capitation rates data for the appropriate time frames to Wakely Consulting Group to perform the analysis. The AHCCCS risk adjustment model was calibrated by Wakely Consulting Group in 2020 for the ACC Program.

The following costs were not reflected in the condition or demographic weights in the calibrated AHCCCS risk adjustment model:

1. Costs above reinsurance thresholds for which the Contractors were not at risk
2. Maternity costs covered by the Delivery Supplement payment
3. Costs that were offset by pharmacy rebates

The diagnosis codes on all encounters, except all laboratory and radiology codes, are used for purposes of identifying conditions, but the costs not at risk (identified above) were excluded for purposes of determining the risk weights. This process captures the additional complexity/cost for at-risk conditions due to the presence of an underlying not-at-risk condition.

The AHCCCS risk adjustment model modified CDPS+Rx version 6.4 with the inclusion of social determinants of health (SDoH) as additional risk markers in order to more equitably account for risk and cost differences for socially vulnerable cohorts. Two additional markers were included to capture PPC and CRS designated members.

Risk weights were developed by age and gender category, all of the CDPS+Rx condition categories, and the additional markers. Three sets of risk weights were developed for the state specific markers (AGE <1 was modeled differently – see section below): 1) AGE 1-20, 2) AGE 21+, Expansion Adults, Proposition 204 Childless Adults, and 3) SSI without Medicare. Only members with at least six months of experience in the base period and at least one month of experience in the projection period were used in the calibration. Each member's contribution to the regression model, and therefore the risk weights, was weighted according to the number of months that member was enrolled during the prospective period. The AHCCCS risk adjustment model weights were based on statewide data.

Risk scores calculated during the experience period will follow the individual during the rating period.

A credibility adjustment was applied to the CYE 21 risk adjustment factors, where applicable. To be fully credible a Contractor had to have greater than 500 members during the experience period (October 2018 through September 2019). For a rate cell that is not fully credible, the risk factor was set to 1.00.

**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.

The only two rate cells that will not be risk adjusted are Duals and Delivery Supplemental Payments.

**Risk Adjustment for All Rate Cells, except AGE < 1**

Only members with at least six months of enrollment during the experience period ('long' cohort) are given an encounters based risk adjustment factor (average State Specific risk score). Members with less than six months of enrollment during the experience period ('short' cohort) are given a risk factor that is equal to 50% of their pure age and gender factor plus 50% of an adjusted plan factor. The adjusted plan factor is calculated by taking the average Contractor Specific risk score of the long cohort and dividing by the pure age and gender factor of the long cohort (relative health factor) and then multiplying by the pure age and gender factor of the short cohort. The weighted average of the long cohort and the short cohort results in the average risk score for each Contractor, which is then divided by the GSA average risk score to calculate the relative risk score. The relative risk score is adjusted for budget neutrality to calculate the risk score used to adjust the capitation rates.

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

The magnitude of risk adjustment on the CYE 21 capitation rates is displayed by Contractor below in Table 15. These values may change whenever risk adjustment is updated.

**Table 15: Magnitude of Risk Adjustment**

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	-2.15%
Banner University Family Care	-0.96%
Care 1st Health Plan Arizona, Inc	-2.37%
Magellan Complete Care	-1.62%
Mercy Care	2.95%
Health Choice Arizona	-1.53%
UnitedHealthcare Community Plan	1.28%

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

Wakely Consulting Group used R-squared statistic and cohort-based predictive ratios to evaluate the predictive value of the model. The R-squared and predictive ratio statistics by model are shown below.

**Table 16: R-Squared Results**

Rate Cell Grouping	R-Squared
Age 1-20	0.1645
Adults	0.2787
SSIWO	0.2425

**Table 17: Predictive Ratios for Select Cohorts**

Cohort	Age 1-20	Adults	SSIWO
<b>Ages 1-4</b>	100%	100%	100%
<b>Females, Age 5-14</b>	100%	N/A	97%
<b>Males, Age 5-14</b>	100%	N/A	97%
<b>Females, Age 15-24</b>	100%	N/A	97%
<b>Males, Age 15-24</b>	100%	103%	107%
<b>Females, Age 25-44</b>	100%	103%	101%
<b>Males, Age 25-44</b>	N/A	102%	103%
<b>Females, Age 45-64</b>	N/A	101%	100%
<b>Males, Age 45-64</b>	N/A	98%	99%
<b>Ages 65 and over</b>	N/A	98%	98%
<b>Housing Problems</b>	N/A	115%	108%
<b>Parent Problems</b>	99%	100%	97%
<b>Family Problems</b>	99%	100%	96%
<b>Criminal Problems</b>	99%	100%	94%
<b>CRS</b>	99%	101%	98%
<b>Socially Vulnerable Geo Area</b>	100%	100%	99%
<b>PPC</b>	100%	100%	101%

The R-squared statistics presented above are considered in the upper range for such types of models consistent with similar models in the industry<sup>2</sup> for the specific populations in question. The R-squared statistics from the CYE 20 capitation rates are not comparable since the risk adjustment model has changed from a non-diagnostic based model to a diagnostic based model. The Adults rate cell grouping includes the following rate cells: Age 21+, Prop 204 Childless Adults, and Expansion Adults.

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

The actuaries have no concerns with the risk adjustment process.

<sup>2</sup> For comparable statistics of other risk adjustment models in the industry, please refer to the Society of Actuaries 2016 research report titled "Accuracy of Claims-Based Risk Scoring Models ", Table 4.2.2: R-Squared and MAE, Prospective Models, available at: <https://www.soa.org/globalassets/assets/Files/Research/research-2016-accuracy-claims-based-risk-scoring-models.pdf>

## **I.6.B.ii. Retrospective Risk Adjustment**

### **I.6.B.ii.(a) The Party Calculating**

Wakely Consulting Group developed and produced the AHCCCS risk adjustment model for the AGE < 1 rate cell.

### **I.6.B.ii.(b) Data and Data Adjustments**

Encounter and member data are 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 assist in determining if any encounter data is deemed unusable for the risk adjustment process and if any adjustments to the encounter data are required.

### **I.6.B.ii.(c) Model and Model Adjustments**

Risk adjustment for AGE < 1 rate cell (newborns) is necessarily different than risk adjustment for other rate cells. Instead of an individual approach where risk adjustment factors follow individual members, an aggregate, concurrent approach is used. This approach assumes that historic relationships in newborn risk will continue into the future. While the specific newborns in any Contractor will change from the experience period to the rating period, this approach assumes that Contractors attract newborns with a consistent health status mix.

Based on encounter data provided by AHCCCS to Wakely Consulting Group for the newborn Medicaid populations, a series of conditions that resulted in material variations among newborns due to the frequency, cost, and nature of those conditions were identified. This analysis resulted in 11 general risk marker categories that are used to differentiate the health status and therefore risk of newborns. Calibration of the weights for the 11 selected newborn risk markers is based on a concurrent, rather than prospective, methodology.

Newborns with sufficient experience are identified during the experience period (October 1, 2018 through September 30, 2019). Sufficient experience is defined as being born in the experience period, with at least three months of enrollment during the experience period or enrolled at the time of death. Newborns with sufficient experience are assigned a risk score.

Newborns not meeting the enrollment criteria described above are assigned 50% of the average risk adjustment for those meeting the eligibility criteria and 50% of the average for that GSA. Each Contractor's risk score for newborns within a GSA is calculated as the weighted average of the risk scores for newborns who met the above eligibility criteria during the experience period and those who did not to develop the relative risk score. The relative risk score is adjusted for budget neutrality to calculate the risk score used to adjust the capitation rates.

#### **I.6.B.ii.(d) Timing and Frequency**

The CYE 21 capitation rates have risk adjustment factors applied to them. AHCCCS intends to review risk adjustment on a semi-annual basis for CYE 21 using more recent member placement information and encounter data. AHCCCS may update the risk adjustment factors during the contract period. 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.B.ii.(e) Actuarial Concerns**

The actuaries have no concerns with the risk adjustment process.

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

##### **I.6.B.iii.(a) Model Changes Since Last Rating Period**

The model has changed from a non-diagnostic based risk adjustment model to a diagnostic based risk adjustment model.

##### **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. To calculate the final risk adjustment factor, the relative risk score is divided by the budget neutrality adjustment. The budget neutrality adjustment is calculated by taking the rating period capitation rates before risk adjustment times the rating period member months and dividing by the rating period capitation rates times the relative risk score times the rating period member months.

##### **I.6.B.iv. Acuity Adjustment Description – Not Applicable**

Not applicable. The CYE 21 capitation rates for the ACC Program do not include an acuity adjustment.



## **Section II Medicaid Managed Care Rates with Long-Term Services and Supports – Not Applicable**

Section II of the 2021 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 HCBS, for 90 days of short-term convalescent care.

## Section III New Adult Group Capitation Rates

Section III of the 2021 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 July 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 40.25% 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 have 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 21 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 21 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 an integrated care program entering its third year for CYE 21. CYE 19 is the only completed previous rating period to demonstrate how actual experience has differed from projected experience for the ACC Program in whole, or for the new adult group in particular. Table 18 below displays the projected gross medical expense (GME) PMPM from CYE 19 capitation rate development for the new adult group rate cells and the actual CYE 19 encounter data with completion and adjusted for the encounter data issues addressed in Section I.2.B.iii.(c).

**Table 18: Projected and Actual Gross Medical Expense PMPM for CYE 19**

GSA	Rate Cell	Projected GME in CYE 19 Cap Rates	Actual CYE 19 GME from Completed Encounter Data	Percentage Impact
North	Prop 204 Childless Adults	\$528.49	\$506.38	-4.18%
North	Expansion Adults	\$377.46	\$390.32	3.41%
Central	Prop 204 Childless Adults	\$622.87	\$604.79	-2.90%
Central	Expansion Adults	\$388.02	\$400.33	3.17%
South	Prop 204 Childless Adults	\$512.69	\$518.68	1.17%
South	Expansion Adults	\$345.70	\$362.62	4.90%

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

As described throughout Section I, the CYE 21 capitation rates were developed as a rebase using CYE 19 as the starting point for projections to CYE 21. No specific adjustments were made to the CYE 21 capitation rates for the ACC Program, or the new adult group in particular, to reflect differences

between projected and actual experience from previous rating periods of the ACC Program. Due to the rebase, differences between projected and actual experience for the new adult group, and all rate cells within the ACC Program, are implicitly adjusted for in CYE 21 rate development as CYE19 actual experience is used as the base data for the capitation rates, and adjusted as described in Section I.

## **III.2. Projected Benefit Costs**

### **III.2.A. Description of Projected Benefit Costs**

#### **III.2.A.i. Documentation if State Previously Covered the New Adult Group**

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

The projected benefit costs for the CYE 21 capitation rates for the ACC Program are described in Section I.3. The capitation rates for each rate cell were developed using the CYE 19 encounter data specific to each rate cell as the base. Only data specific to the new adult group rate cells was used 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 21 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. Any changes in data sources, assumptions or methodologies have already been addressed in Section I.

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

There are no changes in key assumptions since the last rating period. 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. There were no adjustments made for acuity, pent-up demand, adverse selection, or for the demographics of the new adult group. The AHCCCS fee schedule does not include any differences based on rate cell. All changes or adjustments, including any changes to the new adult group, for programmatic and fee schedule changes in the base data period through the rating period have been addressed above in Section I, as the new adult group rate cells are not treated any differently in rate development than any other rate cells.

#### **III.2.A.ii. Documentation if State Did Not Previously Cover the New Adult Group – Not Applicable**

Not applicable. The new adult group was covered in previous rate setting periods.

##### **III.2.A.iii. Key Assumptions**

The CYE 21 capitation rates for the ACC Program used a base data time period of CYE 19. This time period has 12 months of actual experience for the new adult group. Additionally, the CYE 19 time period is 57 months past the effective date of the Adult Expansion population. The CYE 21 capitation rates for the ACC Program do not include any of the following adjustments to specifically address the new adult group population: acuity or health status, pent-up demand, adverse selection, demographics, provider reimbursement rates, or any other material adjustments to specifically address the new adult group population.

### **III.2.B. Any Other Material Changes**

Any other material changes or adjustments to projected benefit costs are described in Section I.3.

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

#### **III.3.A. Description of Issues**

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

The development of the projected non-benefit costs, including any changes in data, assumptions, or methodologies since the last rate certification, for the CYE 21 capitation rates for the ACC Program, including the new adult group, are described in Section I.5.

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

AHCCCS Complete Care is an integrated care program entering its third year for CYE 21. No changes in assumptions were made to the new adult group for any item in this section, except those changes in assumptions made to all rate cells, as described above in Section I.5.

#### **III.3.B. Differences between Populations – Not Applicable**

Not applicable. There are no differences in administrative costs assumptions, care coordination and care management assumptions, underwriting gain assumptions, or premium tax assumptions between populations for the CYE 21 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**

The comparison to certified rates from the previous rating period are shown in Appendix 3.

#### **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 21 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**

Not applicable. There are no changes to the risk mitigation strategies for any of the rate cells, including those related to the new adult group population, from the previous rating period.

## **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.
  - § 438.4(b)(9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under § 438.8, of at least 85 percent for the rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under § 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs.

Additionally, the term actuarially sound is defined in Actuarial Standard of Practice (ASOP) 49, “Medicaid Managed Care Capitation Rate Development and Certification,” as:

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

The data, assumptions, and methodologies used to develop the CYE 21 capitation rates for the ACC Program have been documented according to the guidelines established by CMS in the 2021 Guide. The CYE 21 capitation rates for the ACC Program are effective for the 12-month time period from October 1, 2020 through September 30, 2021.

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

November 13, 2020

Windy J. Marks

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

SIGNATURE ON FILE

November 13, 2020

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, Inc	\$582.49	\$212.04	\$364.58	\$124.88	\$1,178.17	\$612.66	\$500.89	\$6,463.47
North	Health Choice Arizona	\$623.71	\$201.72	\$351.29	\$117.20	\$1,174.65	\$590.45	\$466.51	\$6,400.12
Central	Arizona Complete Health - Complete Care Plan	\$608.00	\$198.54	\$400.67	\$144.84	\$1,179.72	\$701.59	\$497.26	\$6,395.43
Central	Banner University Family Care	\$623.47	\$202.05	\$400.52	\$137.40	\$1,223.05	\$674.17	\$488.09	\$6,382.13
Central	Care 1st Health Plan Arizona, Inc	\$614.72	\$198.96	\$397.03	\$145.02	\$1,206.53	\$674.55	\$454.38	\$6,398.60
Central	Magellan Complete Care	\$651.76	\$231.20	\$391.41	\$166.14	\$1,349.56	\$740.99	\$520.07	\$6,394.80
Central	Mercy Care	\$624.70	\$198.30	\$433.61	\$134.72	\$1,406.69	\$752.39	\$499.35	\$6,398.60
Central	Health Choice Arizona	\$614.28	\$192.87	\$398.36	\$136.94	\$1,254.88	\$677.95	\$471.65	\$6,335.88
Central	UnitedHealthcare Community Plan	\$605.87	\$200.83	\$420.35	\$135.14	\$1,319.86	\$701.95	\$487.72	\$6,398.60
South	Arizona Complete Health - Complete Care Plan	\$631.30	\$212.85	\$373.81	\$141.70	\$1,254.43	\$615.72	\$436.16	\$6,752.27
South	Banner University Family Care	\$631.73	\$204.32	\$365.15	\$134.32	\$1,229.94	\$609.78	\$437.94	\$6,751.60
South	UnitedHealthcare Community Plan (Pima Only)	\$611.16	\$216.17	\$395.00	\$131.08	\$1,300.68	\$622.75	\$452.19	\$6,755.61

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

GSA	Rate Cell	CYE 21 Projected MMs	Weighted CYE 20 Cap Rate	CYE 20 Projected Expenditures	Weighted CYE 21 Cap Rate	CYE 21 Projected Expenditures	Percentage Impact
North	AGE < 1	42,185	\$550.32	\$23,215,123	\$606.25	\$25,574,849	10.16%
North	AGE 1-20	738,313	\$192.93	\$142,441,972	\$206.36	\$152,356,175	6.96%
North	AGE 21+	339,112	\$343.30	\$116,417,101	\$357.02	\$121,071,054	4.00%
North	Duals	179,005	\$113.22	\$20,266,543	\$121.18	\$21,692,623	7.04%
North	SSIWO	68,715	\$1,131.29	\$77,736,692	\$1,176.30	\$80,829,375	3.98%
North	Prop 204 Childless Adults	439,399	\$589.69	\$259,109,506	\$600.32	\$263,778,840	1.80%
North	Expansion Adults	113,175	\$427.36	\$48,366,839	\$481.72	\$54,517,934	12.72%
North	Delivery Supplemental Payments	2,686	\$6,087.99	\$16,352,334	\$6,427.74	\$17,264,911	5.58%
<b>North</b>	<b>Total</b> <sup>1,2</sup>	1,919,903		\$703,906,110		\$737,085,761	4.71%
Central	AGE < 1	358,002	\$596.40	\$213,512,620	\$618.39	\$221,383,395	3.69%
Central	AGE 1-20	5,880,826	\$186.02	\$1,093,930,278	\$199.63	\$1,173,975,818	7.32%
Central	AGE 21+	2,206,131	\$384.66	\$848,618,271	\$416.12	\$918,026,343	8.18%
Central	Duals	829,554	\$139.78	\$115,953,435	\$137.74	\$114,263,979	-1.46%
Central	SSIWO	403,629	\$1,236.22	\$498,973,927	\$1,310.17	\$528,823,299	5.98%
Central	Prop 204 Childless Adults	2,440,082	\$691.86	\$1,688,194,353	\$711.79	\$1,736,818,726	2.88%
Central	Expansion Adults	674,986	\$440.89	\$297,591,364	\$489.30	\$330,270,934	10.98%
Central	Delivery Supplemental Payments	20,318	\$6,162.43	\$125,208,170	\$6,390.27	\$129,837,589	3.70%
<b>Central</b>	<b>Total</b> <sup>1,2</sup>	12,793,209		\$4,881,982,418		\$5,153,400,084	5.56%
South	AGE < 1	117,484	\$582.35	\$68,417,095	\$626.32	\$73,582,214	7.55%
South	AGE 1-20	1,931,781	\$192.45	\$371,774,683	\$210.29	\$406,235,096	9.27%
South	AGE 21+	888,470	\$352.25	\$312,965,434	\$375.95	\$334,018,913	6.73%
South	Duals	475,530	\$122.74	\$58,365,162	\$135.87	\$64,610,312	10.70%
South	SSIWO	169,265	\$1,228.25	\$207,900,129	\$1,256.87	\$212,743,742	2.33%
South	Prop 204 Childless Adults	994,030	\$571.87	\$568,455,646	\$615.37	\$611,697,534	7.61%
South	Expansion Adults	298,245	\$406.98	\$121,379,638	\$441.36	\$131,633,345	8.45%
South	Delivery Supplemental Payments	7,257	\$6,381.54	\$46,310,871	\$6,752.88	\$49,005,670	5.82%
<b>South</b>	<b>Total</b> <sup>1,2</sup>	4,874,805		\$1,755,568,658		\$1,883,526,827	7.29%
Total	AGE < 1	517,671	\$589.46	\$305,144,838	\$619.20	\$320,540,458	5.05%
Total	AGE 1-20	8,550,920	\$188.07	\$1,608,146,933	\$202.62	\$1,732,567,089	7.74%
Total	AGE 21+	3,433,713	\$372.19	\$1,278,000,806	\$399.89	\$1,373,116,310	7.44%
Total	Duals	1,484,089	\$131.11	\$194,585,140	\$135.14	\$200,566,914	3.07%
Total	SSIWO	641,609	\$1,222.88	\$784,610,748	\$1,281.77	\$822,396,415	4.82%
Total	Prop 204 Childless Adults	3,873,511	\$649.48	\$2,515,759,505	\$674.40	\$2,612,295,100	3.84%
Total	Expansion Adults	1,086,406	\$430.17	\$467,337,842	\$475.35	\$516,422,214	10.50%
Total	Delivery Supplemental Payments	30,261	\$6,208.37	\$187,871,374	\$6,480.56	\$196,108,171	4.38%
<b>Total</b>	<b>Total</b> <sup>1,2</sup>	19,587,918		\$7,341,457,186		\$7,774,012,672	5.89%

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, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 45,116  
 Projection Period Member Months: 42,185

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$374.80	0.9534	1.0000	\$393.11	0.00%	-2.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$381.76
Behavioral Health Inpatient and LTC	\$0.05	0.8541	1.0000	\$0.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.06
Physical Health Physician	\$104.82	0.9640	1.0000	\$108.74	0.00%	-0.01%	-8.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$99.12
Behavioral Health Physician	\$0.39	0.9658	1.0000	\$0.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.40
Transportation	\$22.21	0.9643	1.0000	\$23.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.04
Other Professional Services	\$30.72	0.9641	1.0000	\$31.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.86
Pharmacy	\$6.10	0.9953	1.0000	\$6.12	0.00%	0.00%	0.00%	-2.28%	-1.31%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.91
Outpatient Facility	\$15.83	0.9642	1.0000	\$16.42	0.00%	-7.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.17
Emergency Facility	\$23.69	0.9664	1.0000	\$24.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.52
Laboratory and Radiology Services	\$5.51	0.9654	1.0000	\$5.71	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.71
Dental	\$0.25	0.9630	1.0000	\$0.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.26
FQHC	\$19.08	0.9645	1.0000	\$19.78	0.00%	-0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.70
<b>Gross Medical</b>	<b>\$603.45</b>			<b>\$630.02</b>											<b>\$607.50</b>

GSA: North  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 708,516  
 Projection Period Member Months: 738,313

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$12.36	0.9471	1.0000	\$13.05	0.00%	-3.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.60
Behavioral Health Inpatient and LTC	\$8.36	0.9440	1.0000	\$8.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.85
Physical Health Physician	\$16.04	0.9629	1.0000	\$16.66	0.00%	-0.02%	-7.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.36
Behavioral Health Physician	\$23.91	0.9635	1.0000	\$24.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	0.00%	0.00%	0.00%	\$24.80
Transportation	\$6.94	0.9630	1.0000	\$7.21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.21
Other Professional Services	\$19.28	0.9644	1.0000	\$19.99	-1.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.77
Pharmacy	\$18.79	0.9948	1.0000	\$18.88	0.00%	0.00%	0.00%	-2.54%	-1.31%	2.19%	0.00%	0.00%	0.00%	0.00%	\$18.56
Outpatient Facility	\$9.09	0.9618	1.0000	\$9.45	0.00%	-7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.78
Emergency Facility	\$13.02	0.9640	1.0000	\$13.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.51
Laboratory and Radiology Services	\$2.66	0.9660	1.0000	\$2.75	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.75
Dental	\$17.76	0.9632	1.0000	\$18.44	0.00%	0.00%	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.44
FQHC	\$6.43	0.9638	1.0000	\$6.67	0.00%	-0.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.65
<b>Gross Medical</b>	<b>\$154.65</b>			<b>\$160.30</b>											<b>\$157.28</b>

GSA: North  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 320,428  
 Projection Period Member Months: 339,112

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$34.69	0.9431	1.0000	\$36.78	0.00%	-4.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	-0.07%	0.00%	\$35.35
Behavioral Health Inpatient and LTC	\$4.37	0.9405	1.0000	\$4.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.57%	0.00%	0.00%	0.00%	\$4.57
Physical Health Physician	\$36.10	0.9636	1.0000	\$37.47	0.00%	0.00%	-1.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.00
Behavioral Health Physician	\$13.17	0.9611	1.0000	\$13.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	0.00%	\$13.68
Transportation	\$12.94	0.9638	1.0000	\$13.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.42
Other Professional Services	\$23.68	0.9641	1.0000	\$24.57	-1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.05%	\$24.16
Pharmacy	\$56.57	0.9946	1.0000	\$56.88	0.00%	0.00%	0.00%	-2.59%	-1.31%	-1.02%	0.00%	0.00%	0.00%	0.00%	\$54.12
Outpatient Facility	\$37.41	0.9639	1.0000	\$38.81	0.00%	-5.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.67
Emergency Facility	\$32.82	0.9627	1.0000	\$34.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.09
Laboratory and Radiology Services	\$14.45	0.9649	1.0000	\$14.98	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	0.00%	0.00%	\$15.06
Dental	\$1.23	0.9631	1.0000	\$1.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.28
FQHC	\$11.44	0.9641	1.0000	\$11.86	0.00%	-0.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.82
<b>Gross Medical</b>	<b>\$278.85</b>			<b>\$288.47</b>											<b>\$281.22</b>

GSA: North  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 155,619  
 Projection Period Member Months: 179,005

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$12.67	0.9497	1.0000	\$13.34	0.00%	-2.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	\$13.11
Behavioral Health Inpatient and LTC	\$1.46	0.9463	1.0000	\$1.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.51%	0.00%	0.00%	0.00%	\$1.54
Physical Health Physician	\$15.00	0.9650	1.0000	\$15.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.54
Behavioral Health Physician	\$10.79	0.9644	1.0000	\$11.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	0.00%	\$11.17
Transportation	\$10.64	0.9630	1.0000	\$11.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.05
Other Professional Services	\$9.94	0.9640	1.0000	\$10.31	-4.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.82
Pharmacy	\$2.37	0.9938	1.0000	\$2.38	0.00%	0.00%	0.00%	-1.03%	-1.31%	-21.58%	0.00%	0.00%	0.00%	0.00%	\$1.83
Outpatient Facility	\$18.25	0.9621	1.0000	\$18.97	0.00%	-3.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.27
Emergency Facility	\$6.21	0.9602	1.0000	\$6.47	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.47
Laboratory and Radiology Services	\$3.01	0.9644	1.0000	\$3.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	0.00%	0.00%	0.00%	\$3.17
Dental	\$0.53	0.9631	1.0000	\$0.56	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.56
FQHC	\$2.13	0.9623	1.0000	\$2.22	0.00%	-0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.21
<b>Gross Medical</b>	<b>\$93.01</b>			<b>\$96.69</b>											<b>\$94.72</b>

GSA: North  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 66,303  
 Projection Period Member Months: 68,715

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$189.28	0.9435	1.0000	\$200.61	0.00%	-2.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	-0.11%	0.00%	\$195.45
Behavioral Health Inpatient and LTC	\$18.48	0.9453	1.0000	\$19.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.49%	0.00%	0.00%	0.00%	\$19.46
Physical Health Physician	\$110.73	0.9640	1.0000	\$114.87	0.00%	-0.02%	-2.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$111.78
Behavioral Health Physician	\$42.67	0.9638	1.0000	\$44.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%	0.00%	0.00%	0.00%	\$44.21
Transportation	\$52.91	0.9628	1.0000	\$54.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$54.95
Other Professional Services	\$82.35	0.9645	1.0000	\$85.38	-1.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	\$83.82
Pharmacy	\$303.44	0.9949	1.0000	\$305.00	0.00%	0.00%	0.00%	-2.57%	-1.31%	-0.30%	0.00%	0.00%	0.00%	0.00%	\$292.40
Outpatient Facility	\$115.42	0.9614	1.0000	\$120.05	0.00%	-3.97%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	\$115.30
Emergency Facility	\$54.27	0.9630	1.0000	\$56.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.36
Laboratory and Radiology Services	\$24.62	0.9653	1.0000	\$25.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	0.00%	0.00%	0.00%	\$25.65
Dental	\$4.10	0.9634	1.0000	\$4.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.25
FQHC	\$14.59	0.9634	1.0000	\$15.15	0.00%	-0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.09
<b>Gross Medical</b>	<b>\$1,012.85</b>			<b>\$1,045.93</b>											<b>\$1,018.72</b>

GSA: North  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 403,771  
 Projection Period Member Months: 439,399

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$93.88	0.9434	1.0000	\$99.51	0.00%	-2.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	-0.40%	0.00%	\$96.71
Behavioral Health Inpatient and LTC	\$17.62	0.9402	1.0000	\$18.74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.50%	0.00%	0.00%	0.00%	\$18.46
Physical Health Physician	\$58.23	0.9634	1.0000	\$60.44	0.00%	0.00%	-1.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$59.62
Behavioral Health Physician	\$28.02	0.9610	1.0000	\$29.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.81%	0.00%	0.00%	0.00%	\$28.92
Transportation	\$29.94	0.9629	1.0000	\$31.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.09
Other Professional Services	\$38.92	0.9635	1.0000	\$40.40	-4.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.34%	\$38.35
Pharmacy	\$100.06	0.9947	1.0000	\$100.60	0.00%	0.00%	0.00%	-2.12%	-1.31%	-1.37%	0.00%	0.00%	0.00%	0.00%	\$95.84
Outpatient Facility	\$51.89	0.9639	1.0000	\$53.84	0.00%	-5.06%	0.00%	0.00%	0.00%	0.00%	-0.03%	0.00%	0.00%	0.00%	\$51.10
Emergency Facility	\$40.03	0.9624	1.0000	\$41.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.60
Laboratory and Radiology Services	\$16.31	0.9646	1.0000	\$16.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	0.00%	0.00%	\$17.03
Dental	\$1.73	0.9631	1.0000	\$1.80	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.80
FQHC	\$11.86	0.9641	1.0000	\$12.30	0.00%	-0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.25
<b>Gross Medical</b>	<b>\$488.50</b>			<b>\$506.38</b>											<b>\$492.76</b>

GSA: North  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 102,463  
 Projection Period Member Months: 113,175

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$59.97	0.9379	1.0000	\$63.94	0.00%	-2.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	-0.25%	0.00%	\$62.14
Behavioral Health Inpatient and LTC	\$5.89	0.9422	1.0000	\$6.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.87%	0.00%	0.00%	0.00%	\$5.95
Physical Health Physician	\$54.42	0.9629	1.0000	\$56.52	0.00%	0.00%	-0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.02
Behavioral Health Physician	\$11.50	0.9632	1.0000	\$11.94	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.25%	0.00%	0.00%	0.00%	\$11.79
Transportation	\$12.09	0.9619	1.0000	\$12.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.57
Other Professional Services	\$30.36	0.9634	1.0000	\$31.51	-1.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	\$31.03
Pharmacy	\$89.74	0.9946	1.0000	\$90.22	0.00%	0.00%	0.00%	-2.34%	-1.31%	-1.50%	0.00%	0.00%	0.00%	0.00%	\$85.65
Outpatient Facility	\$56.26	0.9621	1.0000	\$58.48	0.00%	-4.28%	0.00%	0.00%	0.00%	0.00%	-0.03%	0.00%	0.00%	0.00%	\$55.96
Emergency Facility	\$27.57	0.9616	1.0000	\$28.67	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.67
Laboratory and Radiology Services	\$15.37	0.9649	1.0000	\$15.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.97%	0.00%	0.00%	0.00%	\$16.08
Dental	\$1.59	0.9622	1.0000	\$1.65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.65
FQHC	\$12.19	0.9647	1.0000	\$12.64	0.00%	-0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.59
<b>Gross Medical</b>	<b>\$376.95</b>			<b>\$390.32</b>											<b>\$380.10</b>



GSA: Central  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 382,043  
 Projection Period Member Months: 358,002

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$304.49	0.9275	0.9925	\$330.76	0.00%	-3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$320.81
Behavioral Health Inpatient and LTC	\$0.00	0.8434	1.0000	\$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	\$115.84	0.9714	0.9884	\$120.66	0.00%	-0.16%	-11.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$106.53
Behavioral Health Physician	\$0.17	0.9695	0.9761	\$0.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.18
Transportation	\$5.59	0.9717	0.9897	\$5.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$5.82
Other Professional Services	\$28.81	0.9706	0.9861	\$30.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.11
Pharmacy	\$10.26	0.9974	1.0000	\$10.29	0.00%	0.00%	0.00%	-2.91%	-1.26%	-0.29%	0.00%	0.00%	0.00%	0.00%	\$9.84
Outpatient Facility	\$19.17	0.9475	0.9939	\$20.36	0.00%	-7.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.79
Emergency Facility	\$27.93	0.9517	0.9928	\$29.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.57
Laboratory and Radiology Services	\$6.23	0.9713	0.9889	\$6.48	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.48
Dental	\$0.28	0.9693	0.8732	\$0.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.33
FQHC	\$33.79	0.9711	0.9894	\$35.17	0.00%	-0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.87
<b>Gross Medical</b>	<b>\$552.59</b>			<b>\$589.73</b>											<b>\$563.32</b>

GSA: Central  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 5,559,761  
 Projection Period Member Months: 5,880,826

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$13.79	0.9227	0.9898	\$15.10	0.00%	-3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.50
Behavioral Health Inpatient and LTC	\$5.81	0.9229	0.9864	\$6.39	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.38%	0.00%	0.00%	0.00%	\$6.36
Physical Health Physician	\$22.94	0.9711	0.9869	\$23.93	0.00%	-0.23%	-12.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.92
Behavioral Health Physician	\$16.70	0.9704	0.9862	\$17.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.17%	0.00%	0.00%	0.00%	\$17.42
Transportation	\$2.58	0.9707	0.9861	\$2.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$2.69
Other Professional Services	\$18.52	0.9707	0.9866	\$19.34	-1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.01
Pharmacy	\$21.75	0.9976	1.0000	\$21.80	0.00%	0.00%	0.00%	-2.24%	-1.26%	1.64%	0.00%	0.00%	0.00%	0.00%	\$21.39
Outpatient Facility	\$11.07	0.9473	0.9914	\$11.79	0.00%	-6.60%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$11.01
Emergency Facility	\$13.63	0.9494	0.9918	\$14.47	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.47
Laboratory and Radiology Services	\$3.21	0.9707	0.9880	\$3.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.35
Dental	\$12.93	0.9692	0.8982	\$14.85	0.00%	0.00%	-0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.83
FQHC	\$9.07	0.9705	0.9793	\$9.54	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.47
<b>Gross Medical</b>	<b>\$151.99</b>			<b>\$160.70</b>											<b>\$155.42</b>

GSA: Central  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,036,331  
 Projection Period Member Months: 2,206,131

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$37.50	0.9211	0.9922	\$41.03	0.00%	-4.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.72%	-0.24%	0.00%	\$39.31
Behavioral Health Inpatient and LTC	\$5.85	0.9178	0.9912	\$6.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.87%	0.00%	0.00%	0.00%	\$6.38
Physical Health Physician	\$54.18	0.9707	0.9859	\$56.61	0.00%	-0.19%	-4.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$54.17
Behavioral Health Physician	\$13.86	0.9700	0.9858	\$14.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.00%	0.00%	\$14.45
Transportation	\$7.35	0.9698	0.9851	\$7.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	\$7.68
Other Professional Services	\$30.53	0.9705	0.9860	\$31.91	-2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.04%	\$31.16
Pharmacy	\$71.63	0.9976	1.0000	\$71.80	0.00%	0.00%	0.00%	-3.61%	-1.26%	-0.70%	0.00%	0.00%	0.00%	0.00%	\$67.87
Outpatient Facility	\$28.34	0.9473	0.9926	\$30.14	0.00%	-6.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.31
Emergency Facility	\$32.39	0.9464	0.9910	\$34.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.53
Laboratory and Radiology Services	\$25.59	0.9708	0.9876	\$26.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.00%	0.00%	0.00%	\$26.78
Dental	\$1.47	0.9696	0.7880	\$1.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.93
FQHC	\$14.35	0.9703	0.9894	\$14.94	0.00%	-0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.83
<b>Gross Medical</b>	<b>\$323.03</b>			<b>\$338.20</b>											<b>\$327.42</b>

GSA: Central  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 728,911  
 Projection Period Member Months: 829,554

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$17.16	0.9262	0.9934	\$18.65	0.00%	-2.48%	0.00%	0.00%	0.00%	0.00%	0.00%	1.51%	-0.53%	0.00%	\$18.36
Behavioral Health Inpatient and LTC	\$1.70	0.9263	0.9947	\$1.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.45%	0.00%	0.00%	0.00%	\$1.80
Physical Health Physician	\$24.73	0.9722	0.9874	\$25.76	0.00%	-0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.72
Behavioral Health Physician	\$10.35	0.9702	0.9871	\$10.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.55%	0.00%	0.00%	0.00%	\$10.75
Transportation	\$12.68	0.9708	0.9841	\$13.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	0.00%	0.00%	\$13.25
Other Professional Services	\$14.10	0.9720	0.9865	\$14.70	-9.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.08%	\$13.28
Pharmacy	\$3.07	0.9976	1.0000	\$3.07	0.00%	0.00%	0.00%	-1.30%	-1.26%	-26.15%	0.00%	0.00%	0.00%	0.00%	\$2.21
Outpatient Facility	\$13.18	0.9484	0.9919	\$14.01	0.00%	-3.11%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$13.57
Emergency Facility	\$5.49	0.9478	0.9932	\$5.83	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.83
Laboratory and Radiology Services	\$7.35	0.9717	0.9848	\$7.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.66%	0.00%	0.00%	0.00%	\$7.73
Dental	\$0.72	0.9668	0.8058	\$0.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.93
FQHC	\$2.41	0.9737	0.9839	\$2.52	0.00%	-0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.50
<b>Gross Medical</b>	<b>\$112.92</b>			<b>\$119.06</b>											<b>\$115.92</b>

GSA: Central  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 390,534  
 Projection Period Member Months: 403,629

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$281.44	0.9278	0.9950	\$304.87	0.00%	-2.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	-0.28%	0.00%	\$295.73
Behavioral Health Inpatient and LTC	\$20.38	0.9193	0.9916	\$22.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.32%	0.00%	0.00%	0.00%	\$22.06
Physical Health Physician	\$154.83	0.9708	0.9875	\$161.51	0.00%	-0.19%	-7.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$149.82
Behavioral Health Physician	\$41.43	0.9705	0.9865	\$43.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.40%	0.00%	0.00%	0.00%	\$43.10
Transportation	\$30.20	0.9705	0.9867	\$31.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.07%	0.00%	0.00%	0.00%	\$31.51
Other Professional Services	\$92.44	0.9704	0.9878	\$96.43	-3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%	\$93.33
Pharmacy	\$330.51	0.9976	1.0000	\$331.30	0.00%	0.00%	0.00%	-2.61%	-1.26%	-1.09%	0.00%	0.00%	0.00%	0.00%	\$315.15
Outpatient Facility	\$118.77	0.9482	0.9941	\$125.99	0.00%	-3.53%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	\$121.56
Emergency Facility	\$48.18	0.9466	0.9924	\$51.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$51.29
Laboratory and Radiology Services	\$36.07	0.9708	0.9883	\$37.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.00%	0.00%	0.00%	\$37.73
Dental	\$4.14	0.9695	0.8804	\$4.85	0.00%	0.00%	-0.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.82
FQHC	\$21.03	0.9710	0.9902	\$21.87	0.00%	-0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.73
<b>Gross Medical</b>	<b>\$1,179.42</b>			<b>\$1,232.87</b>											<b>\$1,187.83</b>

GSA: Central  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,126,766  
 Projection Period Member Months: 2,440,082

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$107.88	0.9222	0.9940	\$117.68	0.00%	-3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	-1.48%	0.00%	\$113.07
Behavioral Health Inpatient and LTC	\$31.41	0.9182	0.9891	\$34.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.69%	0.00%	0.00%	0.00%	\$34.00
Physical Health Physician	\$81.64	0.9705	0.9880	\$85.15	0.00%	-0.18%	-3.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$81.61
Behavioral Health Physician	\$32.35	0.9690	0.9857	\$33.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.48%	0.00%	0.00%	0.00%	\$33.36
Transportation	\$19.25	0.9695	0.9867	\$20.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.08%	0.00%	0.00%	0.00%	\$20.10
Other Professional Services	\$51.87	0.9697	0.9877	\$54.15	-8.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.59%	\$49.48
Pharmacy	\$130.48	0.9976	1.0000	\$130.79	0.00%	0.00%	0.00%	-2.73%	-1.26%	-0.86%	0.00%	0.00%	0.00%	0.00%	\$124.54
Outpatient Facility	\$38.74	0.9467	0.9930	\$41.21	0.00%	-5.60%	0.00%	0.00%	0.00%	0.00%	-0.08%	0.00%	0.00%	0.00%	\$38.87
Emergency Facility	\$39.72	0.9459	0.9930	\$42.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.29
Laboratory and Radiology Services	\$25.43	0.9703	0.9884	\$26.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	0.00%	0.00%	0.00%	\$26.63
Dental	\$2.16	0.9690	0.8540	\$2.61	0.00%	0.00%	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.61
FQHC	\$15.21	0.9705	0.9898	\$15.83	0.00%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.73
<b>Gross Medical</b>	<b>\$576.13</b>			<b>\$604.79</b>											<b>\$582.30</b>

GSA: Central  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 551,753  
 Projection Period Member Months: 674,986

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$52.39	0.9218	0.9946	\$57.14	0.00%	-3.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	-0.15%	0.00%	\$55.49
Behavioral Health Inpatient and LTC	\$6.01	0.9191	0.9908	\$6.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.66%	0.00%	0.00%	0.00%	\$6.49
Physical Health Physician	\$66.77	0.9703	0.9877	\$69.67	0.00%	-0.19%	-2.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$67.50
Behavioral Health Physician	\$9.68	0.9702	0.9867	\$10.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.02%	0.00%	0.00%	0.00%	\$10.01
Transportation	\$6.55	0.9697	0.9871	\$6.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.04%	0.00%	0.00%	0.00%	\$6.84
Other Professional Services	\$34.27	0.9703	0.9888	\$35.72	-2.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%	\$34.96
Pharmacy	\$106.58	0.9976	1.0000	\$106.84	0.00%	0.00%	0.00%	-2.62%	-1.26%	-1.16%	0.00%	0.00%	0.00%	0.00%	\$101.55
Outpatient Facility	\$36.98	0.9470	0.9918	\$39.38	0.00%	-4.77%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$37.49
Emergency Facility	\$26.24	0.9462	0.9928	\$27.94	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.94
Laboratory and Radiology Services	\$22.83	0.9704	0.9881	\$23.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$23.95
Dental	\$1.97	0.9679	0.8352	\$2.43	0.00%	0.00%	-0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.43
FQHC	\$13.31	0.9702	0.9900	\$13.85	0.00%	-0.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.75
<b>Gross Medical</b>	<b>\$383.58</b>			<b>\$400.33</b>											<b>\$388.40</b>

GSA: South  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 124,122  
 Projection Period Member Months: 117,484

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$286.07	0.9009	1.0000	\$317.54	0.00%	-3.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$307.37
Behavioral Health Inpatient and LTC	\$0.00	0.8975	1.0000	\$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	\$113.81	0.9516	1.0000	\$119.59	0.00%	-0.36%	-21.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$93.47
Behavioral Health Physician	\$0.32	0.9531	1.0000	\$0.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.33
Transportation	\$9.93	0.9518	1.0000	\$10.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.43
Other Professional Services	\$19.63	0.9517	1.0000	\$20.62	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.62
Pharmacy	\$10.70	0.9960	1.0000	\$10.74	0.00%	0.00%	0.00%	-1.80%	-0.22%	-0.47%	0.00%	0.00%	0.00%	0.00%	\$10.47
Outpatient Facility	\$11.95	0.9300	1.0000	\$12.85	0.00%	-7.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.83
Emergency Facility	\$17.77	0.9327	1.0000	\$19.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.06
Laboratory and Radiology Services	\$6.32	0.9519	1.0000	\$6.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.64
Dental	\$0.22	0.9502	0.8860	\$0.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.27
FQHC	\$80.69	0.9516	0.9975	\$85.00	0.00%	-0.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$84.39
<b>Gross Medical</b>	<b>\$557.41</b>			<b>\$603.08</b>											<b>\$564.88</b>



GSA: South  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 1,864,841  
 Projection Period Member Months: 1,931,781

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$10.59	0.8994	1.0000	\$11.77	0.00%	-3.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.31
Behavioral Health Inpatient and LTC	\$6.16	0.8963	1.0000	\$6.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.31%	0.00%	0.00%	0.00%	\$6.86
Physical Health Physician	\$17.63	0.9513	1.0000	\$18.53	0.00%	-0.75%	-15.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.53
Behavioral Health Physician	\$18.70	0.9501	1.0000	\$19.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.16%	0.00%	0.00%	0.00%	\$19.65
Transportation	\$4.19	0.9510	1.0000	\$4.41	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.41
Other Professional Services	\$18.50	0.9508	1.0000	\$19.45	-3.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.74
Pharmacy	\$21.67	0.9961	1.0000	\$21.76	0.00%	0.00%	0.00%	-1.62%	-0.22%	2.56%	0.00%	0.00%	0.00%	0.00%	\$21.91
Outpatient Facility	\$8.86	0.9246	1.0000	\$9.58	0.00%	-6.63%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$8.94
Emergency Facility	\$10.71	0.9289	1.0000	\$11.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.52
Laboratory and Radiology Services	\$2.97	0.9501	1.0000	\$3.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.12
Dental	\$11.75	0.9499	0.9229	\$13.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.40
FQHC	\$26.27	0.9505	0.9712	\$28.45	0.00%	-0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.28
<b>Gross Medical</b>	<b>\$157.99</b>			<b>\$168.56</b>											<b>\$163.67</b>

GSA: South  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 849,278  
 Projection Period Member Months: 888,470

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$29.65	0.8932	1.0000	\$33.19	0.00%	-4.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	-0.10%	0.00%	\$31.73
Behavioral Health Inpatient and LTC	\$3.66	0.8950	1.0000	\$4.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.53%	0.00%	0.00%	0.00%	\$4.07
Physical Health Physician	\$40.26	0.9510	1.0000	\$42.34	0.00%	-0.66%	-15.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.73
Behavioral Health Physician	\$14.21	0.9494	1.0000	\$14.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	\$14.95
Transportation	\$8.23	0.9494	1.0000	\$8.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$8.66
Other Professional Services	\$25.93	0.9507	1.0000	\$27.27	-2.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	\$26.55
Pharmacy	\$55.57	0.9961	1.0000	\$55.79	0.00%	0.00%	0.00%	-2.84%	-0.22%	-0.55%	0.00%	0.00%	0.00%	0.00%	\$53.78
Outpatient Facility	\$33.80	0.9265	1.0000	\$36.48	0.00%	-5.47%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$34.49
Emergency Facility	\$28.22	0.9263	1.0000	\$30.46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.46
Laboratory and Radiology Services	\$20.58	0.9503	1.0000	\$21.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	\$21.78
Dental	\$0.61	0.9489	0.9159	\$0.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.70
FQHC	\$29.58	0.9504	0.9946	\$31.29	0.00%	-0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.10
<b>Gross Medical</b>	<b>\$290.28</b>			<b>\$306.90</b>											<b>\$293.99</b>

GSA: South  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 414,794  
 Projection Period Member Months: 475,530

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$12.78	0.9066	1.0000	\$14.10	0.00%	-2.19%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	-0.13%	0.00%	\$13.96
Behavioral Health Inpatient and LTC	\$1.06	0.8913	1.0000	\$1.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.19
Physical Health Physician	\$18.34	0.9526	1.0000	\$19.25	0.00%	-0.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.14
Behavioral Health Physician	\$10.41	0.9502	1.0000	\$10.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.00%	0.00%	\$10.92
Transportation	\$17.88	0.9508	1.0000	\$18.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$18.80
Other Professional Services	\$9.98	0.9511	1.0000	\$10.50	-12.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.04%	\$9.22
Pharmacy	\$2.75	0.9960	1.0000	\$2.76	0.00%	0.00%	0.00%	-1.51%	-0.22%	-20.67%	0.00%	0.00%	0.00%	0.00%	\$2.15
Outpatient Facility	\$17.12	0.9268	1.0000	\$18.47	0.00%	-2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.93
Emergency Facility	\$4.49	0.9301	1.0000	\$4.83	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.83
Laboratory and Radiology Services	\$4.05	0.9510	1.0000	\$4.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.66%	0.00%	0.00%	0.00%	\$4.33
Dental	\$0.50	0.9475	0.9721	\$0.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.55
FQHC	\$6.31	0.9536	0.9920	\$6.67	0.00%	-0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.63
<b>Gross Medical</b>	<b>\$105.67</b>			<b>\$112.32</b>											<b>\$109.65</b>

GSA: South  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 158,184  
 Projection Period Member Months: 169,265

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$207.12	0.8982	1.0000	\$230.59	0.00%	-2.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	-0.05%	0.00%	\$224.33
Behavioral Health Inpatient and LTC	\$16.70	0.9001	1.0000	\$18.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.28%	0.00%	0.00%	0.00%	\$18.50
Physical Health Physician	\$130.79	0.9516	1.0000	\$137.44	0.00%	-0.48%	-11.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$120.62
Behavioral Health Physician	\$44.34	0.9497	1.0000	\$46.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%	0.00%	0.00%	0.00%	\$46.59
Transportation	\$46.00	0.9508	1.0000	\$48.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$48.38
Other Professional Services	\$90.27	0.9504	1.0000	\$94.97	-3.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	\$91.83
Pharmacy	\$301.93	0.9961	1.0000	\$303.12	0.00%	0.00%	0.00%	-2.00%	-0.22%	-0.72%	0.00%	0.00%	0.00%	0.00%	\$294.26
Outpatient Facility	\$127.17	0.9252	1.0000	\$137.46	0.00%	-3.51%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	\$132.65
Emergency Facility	\$45.70	0.9272	1.0000	\$49.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.29
Laboratory and Radiology Services	\$32.33	0.9507	1.0000	\$34.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$34.17
Dental	\$2.90	0.9502	0.9184	\$3.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.32
FQHC	\$40.20	0.9506	0.9926	\$42.61	0.00%	-0.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.36
<b>Gross Medical</b>	<b>\$1,085.44</b>			<b>\$1,146.43</b>											<b>\$1,106.31</b>

GSA: South  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 905,087  
 Projection Period Member Months: 994,030

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$84.56	0.8970	1.0000	\$94.27	0.00%	-3.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	-0.43%	0.00%	\$91.30
Behavioral Health Inpatient and LTC	\$19.81	0.8928	1.0000	\$22.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.41%	0.00%	0.00%	0.00%	\$21.88
Physical Health Physician	\$58.55	0.9508	1.0000	\$61.58	0.00%	-0.46%	-11.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$54.38
Behavioral Health Physician	\$35.61	0.9493	1.0000	\$37.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.65%	0.00%	0.00%	0.00%	\$37.27
Transportation	\$20.89	0.9493	1.0000	\$22.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$22.00
Other Professional Services	\$47.30	0.9499	1.0000	\$49.79	-7.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.11%	\$46.02
Pharmacy	\$95.35	0.9960	1.0000	\$95.73	0.00%	0.00%	0.00%	-2.46%	-0.22%	-0.64%	0.00%	0.00%	0.00%	0.00%	\$92.57
Outpatient Facility	\$45.34	0.9253	1.0000	\$49.00	0.00%	-4.89%	0.00%	0.00%	0.00%	0.00%	-0.04%	0.00%	0.00%	0.00%	\$46.58
Emergency Facility	\$32.42	0.9253	1.0000	\$35.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.04
Laboratory and Radiology Services	\$20.39	0.9499	1.0000	\$21.46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	0.00%	0.00%	0.00%	\$21.60
Dental	\$1.23	0.9477	0.9111	\$1.42	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.42
FQHC	\$27.06	0.9503	0.9928	\$28.68	0.00%	-0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.51
<b>Gross Medical</b>	<b>\$488.50</b>			<b>\$518.68</b>											<b>\$498.57</b>

GSA: South  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 261,356  
 Projection Period Member Months: 298,245

Category of Service	Base Data														Adjusted Base PMPM
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient and LTC	\$44.89	0.8980	1.0000	\$49.99	0.00%	-3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	-0.13%	0.00%	\$48.57
Behavioral Health Inpatient and LTC	\$3.78	0.9050	1.0000	\$4.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.46%	0.00%	0.00%	0.00%	\$4.15
Physical Health Physician	\$55.10	0.9509	1.0000	\$57.94	0.00%	-0.49%	-8.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$52.63
Behavioral Health Physician	\$9.69	0.9505	1.0000	\$10.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.75%	0.00%	0.00%	0.00%	\$10.12
Transportation	\$7.41	0.9509	1.0000	\$7.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	\$7.79
Other Professional Services	\$27.00	0.9509	1.0000	\$28.40	-2.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	\$27.68
Pharmacy	\$79.47	0.9960	1.0000	\$79.79	0.00%	0.00%	0.00%	-2.53%	-0.22%	-0.60%	0.00%	0.00%	0.00%	0.00%	\$77.13
Outpatient Facility	\$44.89	0.9262	1.0000	\$48.47	0.00%	-4.40%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	\$46.33
Emergency Facility	\$22.59	0.9265	1.0000	\$24.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.38
Laboratory and Radiology Services	\$19.51	0.9501	1.0000	\$20.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.80%	0.00%	0.00%	0.00%	\$20.70
Dental	\$1.04	0.9498	0.9155	\$1.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.20
FQHC	\$28.15	0.9507	0.9946	\$29.76	0.00%	-0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.58
<b>Gross Medical</b>	<b>\$343.51</b>			<b>\$362.62</b>											<b>\$350.26</b>

GSA: North  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,934  
 Projection Period Member Months: 2,686

Category of Service	Base Data														Adjusted Base PMPD
	PMPD	Completion	Encounter Issue	Adjusted PMPD	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	
Inpatient	\$3,179.10	0.9415	1.0000	\$3,376.80	0.00%	-0.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,345.13
Physician	\$1,500.69	0.9627	1.0000	\$1,558.83	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,558.83
Transportation	\$113.21	0.9634	1.0000	\$117.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$117.51
Other Professional Services	\$157.51	0.9626	1.0000	\$163.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$163.63
Pharmacy	\$33.49	0.9935	1.0000	\$33.71	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.71
Outpatient	\$16.79	0.9561	1.0000	\$17.56	0.00%	-4.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.75
Laboratory and Radiology Services	\$33.05	0.9623	1.0000	\$34.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.34
FQHC	\$4.64	0.9554	1.0000	\$4.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.86
<b>Gross Medical</b>	<b>\$5,038.48</b>			<b>\$5,307.24</b>											<b>\$5,274.77</b>

GSA: Central  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 22,195  
 Projection Period Member Months: 20,318

Category of Service	Base Data				Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPD
	PMPD	Completion	Encounter Issue	Adjusted PMPD											
Inpatient	\$3,099.93	0.9222	0.9899	\$3,395.70	0.00%	-0.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,366.80
Physician	\$1,618.07	0.9714	0.9884	\$1,685.37	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,685.37
Transportation	\$32.97	0.9710	0.9869	\$34.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.40
Other Professional Services	\$89.77	0.9702	0.9888	\$93.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$93.58
Pharmacy	\$43.98	0.9975	1.0000	\$44.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.09
Outpatient	\$12.06	0.9480	0.9907	\$12.84	0.00%	-3.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.39
Laboratory and Radiology Services	\$25.39	0.9712	0.9875	\$26.47	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.47
FQHC	\$3.43	0.9710	0.9969	\$3.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.54
<b>Gross Medical</b>	<b>\$4,925.59</b>			<b>\$5,295.99</b>											<b>\$5,266.64</b>



GSA: South  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 7,927  
 Projection Period Member Months: 7,257

Category of Service	Base Data				Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimb. Savings	PBM Admin Spread Removal	P & T Committee	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPD
	PMPD	Completion	Encounter Issue	Adjusted PMPD											
Inpatient	\$3,129.20	0.8976	1.0000	\$3,486.26	0.00%	-0.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,451.87
Physician	\$1,584.51	0.9507	1.0000	\$1,666.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,666.68
Transportation	\$66.62	0.9528	1.0000	\$69.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$69.92
Other Professional Services	\$147.73	0.9505	1.0000	\$155.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$155.42
Pharmacy	\$35.20	0.9953	1.0000	\$35.37	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.37
Outpatient	\$23.92	0.9275	1.0000	\$25.79	0.00%	-4.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.64
Laboratory and Radiology Services	\$25.89	0.9542	1.0000	\$27.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.13
FQHC	\$8.44	0.9513	1.0000	\$8.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.88
<b>Gross Medical</b>	<b>\$5,021.52</b>			<b>\$5,475.45</b>											<b>\$5,439.91</b>

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

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	2.0%	0.5%	2.5%
AGE < 1	Physician	0.5%	2.5%	3.0%
AGE < 1	Transportation	3.0%	0.5%	3.5%
AGE < 1	Other Professional Services	2.0%	1.0%	3.0%
AGE < 1	Pharmacy	0.5%	3.0%	3.5%
AGE < 1	Outpatient	1.5%	0.5%	2.0%
AGE < 1	Lab and Radiology Services	2.0%	0.0%	2.0%
AGE < 1	Dental	3.5%	0.5%	4.0%
AGE < 1	FQHC	4.5%	0.0%	4.5%
AGE 1-20	Inpatient and LTC	3.5%	0.5%	4.0%
AGE 1-20	Physician	1.5%	0.5%	2.0%
AGE 1-20	Transportation	3.0%	0.5%	3.5%
AGE 1-20	Other Professional Services	7.0%	-1.0%	5.9%
AGE 1-20	Pharmacy	0.5%	6.0%	6.5%
AGE 1-20	Outpatient	1.5%	4.0%	5.6%
AGE 1-20	Lab and Radiology Services	2.0%	0.0%	2.0%
AGE 1-20	Dental	3.5%	0.5%	4.0%
AGE 1-20	FQHC	4.5%	0.0%	4.5%
AGE 21+	Inpatient and LTC	3.0%	1.0%	4.0%
AGE 21+	Physician	3.0%	0.5%	3.5%
AGE 21+	Transportation	3.0%	0.5%	3.5%
AGE 21+	Other Professional Services	3.5%	0.5%	4.0%
AGE 21+	Pharmacy	0.5%	8.0%	8.5%
AGE 21+	Outpatient	3.5%	1.0%	4.5%
AGE 21+	Lab and Radiology Services	2.0%	0.0%	2.0%
AGE 21+	Dental	3.5%	0.5%	4.0%
AGE 21+	FQHC	4.5%	0.0%	4.5%
Duals	Inpatient and LTC	0.0%	1.0%	1.0%
Duals	Physician	0.5%	1.0%	1.5%
Duals	Transportation	3.0%	0.5%	3.5%
Duals	Other Professional Services	0.0%	0.5%	0.5%
Duals	Pharmacy	1.0%	2.0%	3.0%
Duals	Outpatient	1.0%	2.0%	3.0%
Duals	Lab and Radiology Services	2.0%	0.0%	2.0%
Duals	Dental	3.5%	0.5%	4.0%
Duals	FQHC	4.5%	0.0%	4.5%
SSIWO	Inpatient and LTC	1.5%	1.0%	2.5%
SSIWO	Physician	3.0%	1.0%	4.0%
SSIWO	Transportation	3.0%	0.5%	3.5%
SSIWO	Other Professional Services	1.5%	0.5%	2.0%
SSIWO	Pharmacy	1.0%	3.0%	4.0%
SSIWO	Outpatient	2.5%	1.0%	3.5%
SSIWO	Lab and Radiology Services	2.0%	0.0%	2.0%
SSIWO	Dental	3.5%	0.5%	4.0%
SSIWO	FQHC	4.5%	0.0%	4.5%
Prop 204 Childless Adults	Inpatient and LTC	5.5%	0.0%	5.5%
Prop 204 Childless Adults	Physician	1.0%	2.5%	3.5%
Prop 204 Childless Adults	Transportation	3.0%	0.5%	3.5%
Prop 204 Childless Adults	Other Professional Services	2.5%	0.5%	3.0%
Prop 204 Childless Adults	Pharmacy	0.0%	8.0%	8.0%
Prop 204 Childless Adults	Outpatient	3.5%	0.5%	4.0%
Prop 204 Childless Adults	Lab and Radiology Services	2.0%	0.0%	2.0%
Prop 204 Childless Adults	Dental	3.5%	0.5%	4.0%
Prop 204 Childless Adults	FQHC	4.5%	0.0%	4.5%
Expansion Adults	Inpatient and LTC	3.5%	0.5%	4.0%
Expansion Adults	Physician	3.0%	1.0%	4.0%
Expansion Adults	Transportation	3.0%	0.5%	3.5%
Expansion Adults	Other Professional Services	3.5%	1.0%	4.5%
Expansion Adults	Pharmacy	3.5%	5.0%	8.7%
Expansion Adults	Outpatient	3.0%	3.5%	6.6%
Expansion Adults	Lab and Radiology Services	2.0%	0.0%	2.0%
Expansion Adults	Dental	3.5%	0.5%	4.0%
Expansion Adults	FQHC	4.5%	0.0%	4.5%
Delivery Supplemental Payments	Inpatient and LTC	3.5%	3.0%	6.6%
Delivery Supplemental Payments	Physician	2.5%	0.5%	3.0%
Delivery Supplemental Payments	Transportation	3.0%	1.0%	4.0%
Delivery Supplemental Payments	Other Professional Services	3.0%	1.0%	4.0%
Delivery Supplemental Payments	Pharmacy	3.0%	1.0%	4.0%
Delivery Supplemental Payments	Outpatient	3.0%	1.0%	4.0%
Delivery Supplemental Payments	Lab and Radiology Services	3.0%	1.0%	4.0%
Delivery Supplemental Payments	Dental	3.0%	1.0%	4.0%
Delivery Supplemental Payments	FQHC	3.0%	1.0%	4.0%

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	2.0%	0.3%	2.3%
AGE < 1	Physician	0.0%	1.5%	1.5%
AGE < 1	Transportation	3.0%	0.5%	3.5%
AGE < 1	Other Professional Services	0.5%	2.5%	3.0%
AGE < 1	Pharmacy	0.2%	3.0%	3.2%
AGE < 1	Outpatient	0.5%	1.0%	1.5%
AGE < 1	Lab and Radiology Services	1.0%	1.0%	2.0%
AGE < 1	Dental	1.0%	2.5%	3.5%
AGE < 1	FQHC	3.0%	0.5%	3.5%
AGE 1-20	Inpatient and LTC	4.0%	0.5%	4.5%
AGE 1-20	Physician	0.5%	1.0%	1.5%
AGE 1-20	Transportation	3.0%	0.5%	3.5%
AGE 1-20	Other Professional Services	4.0%	0.0%	4.0%
AGE 1-20	Pharmacy	0.5%	5.5%	6.0%
AGE 1-20	Outpatient	0.5%	4.0%	4.5%
AGE 1-20	Lab and Radiology Services	1.0%	1.0%	2.0%
AGE 1-20	Dental	1.0%	2.5%	3.5%
AGE 1-20	FQHC	3.0%	0.5%	3.5%
AGE 21+	Inpatient and LTC	4.5%	0.5%	5.0%
AGE 21+	Physician	2.5%	0.5%	3.0%
AGE 21+	Transportation	3.0%	0.5%	3.5%
AGE 21+	Other Professional Services	4.0%	0.0%	4.0%
AGE 21+	Pharmacy	0.0%	6.0%	6.0%
AGE 21+	Outpatient	2.0%	2.5%	4.6%
AGE 21+	Lab and Radiology Services	1.0%	1.0%	2.0%
AGE 21+	Dental	1.0%	2.5%	3.5%
AGE 21+	FQHC	3.0%	0.5%	3.5%
Duals	Inpatient and LTC	0.5%	0.5%	1.0%
Duals	Physician	0.0%	0.5%	0.5%
Duals	Transportation	3.0%	0.5%	3.5%
Duals	Other Professional Services	0.0%	0.5%	0.5%
Duals	Pharmacy	0.0%	1.5%	1.5%
Duals	Outpatient	0.5%	0.5%	1.0%
Duals	Lab and Radiology Services	1.0%	1.0%	2.0%
Duals	Dental	1.0%	2.5%	3.5%
Duals	FQHC	3.0%	0.5%	3.5%
SSIWO	Inpatient and LTC	2.5%	0.5%	3.0%
SSIWO	Physician	0.0%	3.0%	3.0%
SSIWO	Transportation	3.0%	0.5%	3.5%
SSIWO	Other Professional Services	3.0%	0.0%	3.0%
SSIWO	Pharmacy	0.0%	3.5%	3.5%
SSIWO	Outpatient	2.5%	2.0%	4.6%
SSIWO	Lab and Radiology Services	1.0%	1.0%	2.0%
SSIWO	Dental	1.0%	2.5%	3.5%
SSIWO	FQHC	3.0%	0.5%	3.5%
Prop 204 Childless Adults	Inpatient and LTC	4.0%	0.0%	4.0%
Prop 204 Childless Adults	Physician	3.0%	0.0%	3.0%
Prop 204 Childless Adults	Transportation	3.0%	0.5%	3.5%
Prop 204 Childless Adults	Other Professional Services	4.5%	0.0%	4.5%
Prop 204 Childless Adults	Pharmacy	0.0%	6.5%	6.5%
Prop 204 Childless Adults	Outpatient	3.0%	2.5%	5.6%
Prop 204 Childless Adults	Lab and Radiology Services	1.0%	1.0%	2.0%
Prop 204 Childless Adults	Dental	1.0%	2.5%	3.5%
Prop 204 Childless Adults	FQHC	3.0%	0.5%	3.5%
Expansion Adults	Inpatient and LTC	6.0%	0.5%	6.5%
Expansion Adults	Physician	3.0%	0.5%	3.5%
Expansion Adults	Transportation	3.0%	0.5%	3.5%
Expansion Adults	Other Professional Services	7.0%	0.5%	7.5%
Expansion Adults	Pharmacy	1.0%	7.5%	8.6%
Expansion Adults	Outpatient	2.5%	1.5%	4.0%
Expansion Adults	Lab and Radiology Services	1.0%	1.0%	2.0%
Expansion Adults	Dental	1.0%	2.5%	3.5%
Expansion Adults	FQHC	3.0%	0.5%	3.5%
Delivery Supplemental Payments	Inpatient and LTC	2.0%	4.0%	6.1%
Delivery Supplemental Payments	Physician	0.5%	2.0%	2.5%
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%

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	1.5%	0.5%	2.0%
AGE < 1	Physician	0.5%	1.5%	2.0%
AGE < 1	Transportation	4.0%	0.0%	4.0%
AGE < 1	Other Professional Services	0.0%	2.0%	2.0%
AGE < 1	Pharmacy	0.0%	2.0%	2.0%
AGE < 1	Outpatient	2.0%	0.5%	2.5%
AGE < 1	Lab and Radiology Services	2.5%	0.0%	2.5%
AGE < 1	Dental	1.0%	3.0%	4.0%
AGE < 1	FQHC	3.5%	0.5%	4.0%
AGE 1-20	Inpatient and LTC	4.0%	0.5%	4.5%
AGE 1-20	Physician	2.0%	0.5%	2.5%
AGE 1-20	Transportation	4.0%	0.0%	4.0%
AGE 1-20	Other Professional Services	4.0%	0.0%	4.0%
AGE 1-20	Pharmacy	0.5%	5.0%	5.5%
AGE 1-20	Outpatient	4.0%	1.0%	5.0%
AGE 1-20	Lab and Radiology Services	2.5%	0.0%	2.5%
AGE 1-20	Dental	1.0%	3.0%	4.0%
AGE 1-20	FQHC	3.5%	0.5%	4.0%
AGE 21+	Inpatient and LTC	4.0%	0.5%	4.5%
AGE 21+	Physician	3.5%	0.0%	3.5%
AGE 21+	Transportation	4.0%	0.0%	4.0%
AGE 21+	Other Professional Services	3.5%	0.5%	4.0%
AGE 21+	Pharmacy	0.0%	8.0%	8.0%
AGE 21+	Outpatient	1.0%	2.0%	3.0%
AGE 21+	Lab and Radiology Services	2.5%	0.0%	2.5%
AGE 21+	Dental	1.0%	3.0%	4.0%
AGE 21+	FQHC	3.5%	0.5%	4.0%
Duals	Inpatient and LTC	0.5%	0.0%	0.5%
Duals	Physician	0.0%	1.0%	1.0%
Duals	Transportation	4.0%	0.0%	4.0%
Duals	Other Professional Services	1.0%	0.5%	1.5%
Duals	Pharmacy	0.5%	2.5%	3.0%
Duals	Outpatient	2.0%	0.0%	2.0%
Duals	Lab and Radiology Services	2.5%	0.0%	2.5%
Duals	Dental	1.0%	3.0%	4.0%
Duals	FQHC	3.5%	0.5%	4.0%
SSIWO	Inpatient and LTC	2.0%	0.5%	2.5%
SSIWO	Physician	3.0%	0.0%	3.0%
SSIWO	Transportation	4.0%	0.0%	4.0%
SSIWO	Other Professional Services	1.5%	0.5%	2.0%
SSIWO	Pharmacy	-0.5%	3.0%	2.5%
SSIWO	Outpatient	0.5%	3.5%	4.0%
SSIWO	Lab and Radiology Services	2.5%	0.0%	2.5%
SSIWO	Dental	1.0%	3.0%	4.0%
SSIWO	FQHC	3.5%	0.5%	4.0%
Prop 204 Childless Adults	Inpatient and LTC	5.0%	0.5%	5.5%
Prop 204 Childless Adults	Physician	3.0%	0.0%	3.0%
Prop 204 Childless Adults	Transportation	4.0%	0.0%	4.0%
Prop 204 Childless Adults	Other Professional Services	4.0%	0.5%	4.5%
Prop 204 Childless Adults	Pharmacy	0.0%	6.5%	6.5%
Prop 204 Childless Adults	Outpatient	3.0%	2.5%	5.6%
Prop 204 Childless Adults	Lab and Radiology Services	2.5%	0.0%	2.5%
Prop 204 Childless Adults	Dental	1.0%	3.0%	4.0%
Prop 204 Childless Adults	FQHC	3.5%	0.5%	4.0%
Expansion Adults	Inpatient and LTC	3.0%	0.5%	3.5%
Expansion Adults	Physician	2.5%	0.5%	3.0%
Expansion Adults	Transportation	4.0%	0.0%	4.0%
Expansion Adults	Other Professional Services	3.5%	0.5%	4.0%
Expansion Adults	Pharmacy	0.5%	7.5%	8.0%
Expansion Adults	Outpatient	4.0%	1.0%	5.0%
Expansion Adults	Lab and Radiology Services	2.5%	0.0%	2.5%
Expansion Adults	Dental	1.0%	3.0%	4.0%
Expansion Adults	FQHC	3.5%	0.5%	4.0%
Delivery Supplemental Payments	Inpatient and LTC	5.0%	1.5%	6.6%
Delivery Supplemental Payments	Physician	3.0%	0.5%	3.5%
Delivery Supplemental Payments	Transportation	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Other Professional Services	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Pharmacy	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Outpatient	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Lab and Radiology Services	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Dental	1.5%	2.0%	3.5%
Delivery Supplemental Payments	FQHC	1.5%	2.0%	3.5%

## **Appendix 6: Gross Medical Capitation Rate Development**

GSA: North  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 45,116  
 Projection Period Member Months: 42,185

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$381.76	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$401.16
Behavioral Health Inpatient and LTC	\$0.06	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.06
Physical Health Physician	\$99.12	3.01%	1.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.78%	0.00%	17.19%	0.00%	0.00%	\$126.39
Behavioral Health Physician	\$0.40	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.55%	0.00%	0.00%	\$0.43
Transportation	\$23.04	3.52%	-2.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.15%	0.00%	0.00%	\$25.42
Other Professional Services	\$31.86	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	1.32%	0.00%	0.00%	\$34.27
Pharmacy	\$5.91	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.28%	-2.20%	\$6.17
Outpatient Facility	\$15.17	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	0.00%	0.00%	\$15.85
Emergency Facility	\$24.52	2.01%	-3.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.57
Laboratory and Radiology Services	\$5.71	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.56%	0.00%	0.00%	\$6.51
Dental	\$0.26	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.65%	0.00%	0.00%	\$0.34
FQHC	\$19.70	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	0.00%	0.00%	\$21.82
<b>Gross Medical</b>	<b>\$607.50</b>	<b>2.70%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.13%</b>	<b>0.00%</b>	<b>3.34%</b>	<b>0.00%</b>	<b>-0.02%</b>	<b>\$663.00</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$11.84
FQHC	\$0.20
<b>Total DAP</b>	<b>\$12.04</b>

<b>Total DAP</b>	<b>\$12.04</b>
<b>Total Gross Medical PMPM</b>	<b>\$675.03</b>

GSA: North  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 708,516  
 Projection Period Member Months: 738,313

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$12.60	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%	0.00%	0.00%	\$13.72
Behavioral Health Inpatient and LTC	\$8.85	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.58
Physical Health Physician	\$15.36	2.01%	9.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.22%	0.00%	21.69%	0.01%	0.00%	\$21.55
Behavioral Health Physician	\$24.80	2.01%	1.95%	1.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.22%	0.03%	0.00%	\$27.66
Transportation	\$7.21	3.52%	-10.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.16%	0.00%	0.00%	\$7.27
Other Professional Services	\$19.77	5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.25%	0.00%	3.08%	3.55%	0.32%	0.00%	\$24.77
Pharmacy	\$18.56	6.53%	0.00%	0.00%	5.41%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	-2.20%	\$21.81
Outpatient Facility	\$8.78	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	\$9.81
Emergency Facility	\$13.51	5.56%	-1.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.75
Laboratory and Radiology Services	\$2.75	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.69%	0.00%	0.00%	\$3.08
Dental	\$18.44	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.86%	0.06%	0.00%	\$22.72
FQHC	\$6.65	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.32%	0.00%	0.00%	\$7.36
<b>Gross Medical</b>	<b>\$157.28</b>	<b>4.23%</b>	<b>0.53%</b>	<b>0.28%</b>	<b>0.66%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.54%</b>	<b>0.12%</b>	<b>0.41%</b>	<b>5.21%</b>	<b>0.10%</b>	<b>-0.28%</b>	<b>\$184.08</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.57
FQHC	\$0.06
<b>Total DAP</b>	<b>\$1.64</b>

<b>Total DAP</b>	<b>\$1.64</b>
<b>Total Gross Medical PMPM</b>	<b>\$185.71</b>



GSA: North  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 320,428  
 Projection Period Member Months: 339,112

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$35.35	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.00%	\$38.35
Behavioral Health Inpatient and LTC	\$4.57	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	\$4.95
Physical Health Physician	\$37.00	3.51%	4.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	22.24%	0.09%	0.00%	\$50.69
Behavioral Health Physician	\$13.68	3.51%	3.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	0.07%	0.00%	\$15.37
Transportation	\$13.42	3.52%	-6.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.24%	0.00%	0.00%	\$14.29
Other Professional Services	\$24.16	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.52%	0.14%	0.00%	\$26.84
Pharmacy	\$54.12	8.54%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%	-2.20%	\$62.31
Outpatient Facility	\$36.67	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$40.08
Emergency Facility	\$34.09	4.54%	-1.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.78
Laboratory and Radiology Services	\$15.06	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.64%	0.00%	0.00%	\$16.86
Dental	\$1.28	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.96%	0.00%	0.00%	\$1.57
FQHC	\$11.82	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	\$13.08
<b>Gross Medical</b>	<b>\$281.22</b>	<b>4.83%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>4.05%</b>	<b>0.00%</b>	<b>-0.45%</b>	<b>\$321.16</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$4.23
FQHC	\$0.11
<b>Total DAP</b>	<b>\$4.34</b>

<b>Total DAP</b>	<b>\$4.34</b>
<b>Total Gross Medical PMPM</b>	<b>\$325.49</b>

GSA: North  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 155,619  
 Projection Period Member Months: 179,005

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$13.11	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.85%	0.00%	0.00%	\$13.62
Behavioral Health Inpatient and LTC	\$1.54	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.57
Physical Health Physician	\$15.54	1.51%	3.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.06%	0.00%	\$16.66
Behavioral Health Physician	\$11.17	1.51%	1.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	\$11.73
Transportation	\$11.05	3.52%	-2.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.50
Other Professional Services	\$9.82	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.27%	0.06%	0.00%	\$9.95
Pharmacy	\$1.83	3.02%	0.00%	0.00%	4.22%	0.49%	0.00%	-13.85%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	-2.20%	\$1.71
Outpatient Facility	\$18.27	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.36
Emergency Facility	\$6.47	3.02%	-1.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.79
Laboratory and Radiology Services	\$3.17	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.30
Dental	\$0.56	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.04%	0.00%	0.00%	\$0.68
FQHC	\$2.21	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	0.00%	\$2.41
<b>Gross Medical</b>	<b>\$94.72</b>	<b>2.09%</b>	<b>0.43%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>-0.28%</b>	<b>-0.03%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>0.36%</b>	<b>0.03%</b>	<b>-0.04%</b>	<b>\$99.28</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.13
FQHC	\$0.02
<b>Total DAP</b>	<b>\$1.15</b>

<b>Total DAP</b>	<b>\$1.15</b>
<b>Total Gross Medical PMPM</b>	<b>\$100.44</b>

GSA: North  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 66,303  
 Projection Period Member Months: 68,715

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$195.45	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	\$206.04
Behavioral Health Inpatient and LTC	\$19.46	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$20.45
Physical Health Physician	\$111.78	4.03%	3.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	13.70%	0.02%	0.00%	\$142.98
Behavioral Health Physician	\$44.21	4.03%	3.10%	3.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.16%	0.04%	0.00%	\$52.33
Transportation	\$54.95	3.52%	-4.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.22%	0.00%	0.00%	\$59.45
Other Professional Services	\$83.82	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.23%	0.00%	0.83%	5.60%	0.12%	0.00%	\$94.12
Pharmacy	\$292.40	4.03%	0.00%	0.00%	0.87%	0.17%	0.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.38%	-2.20%	\$314.34
Outpatient Facility	\$115.30	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$123.60
Emergency Facility	\$56.36	3.53%	-0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$59.99
Laboratory and Radiology Services	\$25.65	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.82%	0.00%	0.00%	\$29.04
Dental	\$4.25	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.58%	0.03%	0.00%	\$5.23
FQHC	\$15.09	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.32%	0.00%	0.00%	\$16.69
<b>Gross Medical</b>	<b>\$1,018.72</b>	<b>3.39%</b>	<b>0.29%</b>	<b>0.17%</b>	<b>0.25%</b>	<b>0.05%</b>	<b>0.26%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.03%</b>	<b>0.07%</b>	<b>2.75%</b>	<b>-0.10%</b>	<b>-0.64%</b>	<b>\$1,124.27</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$10.57
FQHC	\$0.14
<b>Total DAP</b>	<b>\$10.70</b>

<b>Total DAP</b>	<b>\$10.70</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,134.97</b>

GSA: North  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 403,771  
 Projection Period Member Months: 439,399

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$96.71	5.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	\$107.98
Behavioral Health Inpatient and LTC	\$18.46	5.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$20.55
Physical Health Physician	\$59.62	3.53%	3.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	15.75%	0.04%	0.00%	\$76.83
Behavioral Health Physician	\$28.92	3.53%	2.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	0.05%	0.00%	\$32.13
Transportation	\$31.09	3.52%	-3.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.66%	0.00%	0.00%	\$33.86
Other Professional Services	\$38.35	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	3.21%	0.16%	0.00%	\$42.08
Pharmacy	\$95.84	8.00%	0.00%	0.00%	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	-2.20%	\$109.91
Outpatient Facility	\$51.10	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$55.30
Emergency Facility	\$41.60	4.02%	-0.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.66
Laboratory and Radiology Services	\$17.03	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.25%	0.00%	0.00%	\$19.18
Dental	\$1.80	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.09%	0.01%	0.00%	\$2.20
FQHC	\$12.25	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.32%	0.00%	0.00%	\$13.56
<b>Gross Medical</b>	<b>\$492.76</b>	<b>4.90%</b>	<b>0.28%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>2.98%</b>	<b>0.03%</b>	<b>-0.45%</b>	<b>\$558.22</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$6.05
FQHC	\$0.11
<b>Total DAP</b>	<b>\$6.16</b>

<b>Total DAP</b>	<b>\$6.16</b>
<b>Total Gross Medical PMPM</b>	<b>\$564.39</b>

GSA: North  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 102,463  
 Projection Period Member Months: 113,175

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$62.14	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	\$67.50
Behavioral Health Inpatient and LTC	\$5.95	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	\$6.44
Physical Health Physician	\$56.02	4.03%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	14.45%	0.04%	0.00%	\$71.59
Behavioral Health Physician	\$11.79	4.03%	4.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.75%	0.11%	0.00%	\$13.48
Transportation	\$12.57	3.52%	-7.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.02%	0.00%	0.00%	\$13.25
Other Professional Services	\$31.03	4.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	3.36%	0.04%	0.00%	\$35.06
Pharmacy	\$85.65	8.67%	0.00%	0.00%	1.25%	0.07%	1.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.20%	\$101.96
Outpatient Facility	\$55.96	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$63.60
Emergency Facility	\$28.67	6.60%	-0.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.37
Laboratory and Radiology Services	\$16.08	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.84%	0.00%	0.00%	\$18.05
Dental	\$1.65	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.10%	0.01%	0.00%	\$2.02
FQHC	\$12.59	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	\$13.93
<b>Gross Medical</b>	<b>\$380.10</b>	<b>5.62%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.30%</b>	<b>0.02%</b>	<b>0.41%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>3.06%</b>	<b>0.01%</b>	<b>-0.53%</b>	<b>\$439.25</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$4.54
FQHC	\$0.12
<b>Total DAP</b>	<b>\$4.66</b>

<b>Total DAP</b>	<b>\$4.66</b>
<b>Total Gross Medical PMPM</b>	<b>\$443.91</b>

GSA: Central  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 382,043  
 Projection Period Member Months: 358,002

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$320.81	2.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$335.85
Behavioral Health Inpatient and LTC	\$0.00	2.31%	0.00%	0.00%	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	\$106.53	1.50%	2.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.13%	0.00%	17.97%	0.00%	0.00%	\$133.67
Behavioral Health Physician	\$0.18	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%	0.00%	0.00%	\$0.19
Transportation	\$5.82	3.51%	-14.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.76%	0.00%	0.00%	\$5.72
Other Professional Services	\$30.11	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.72%	0.00%	0.00%	\$32.82
Pharmacy	\$9.84	3.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.76%	-2.20%	\$10.07
Outpatient Facility	\$18.79	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	\$19.45
Emergency Facility	\$29.57	1.50%	-3.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.36
Laboratory and Radiology Services	\$6.48	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.11%	0.00%	0.00%	\$7.22
Dental	\$0.33	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.78%	0.00%	0.00%	\$0.40
FQHC	\$34.87	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%	0.00%	0.00%	\$37.89
<b>Gross Medical</b>	<b>\$563.32</b>	<b>2.22%</b>	<b>0.05%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.22%</b>	<b>0.00%</b>	<b>3.88%</b>	<b>-0.03%</b>	<b>-0.04%</b>	<b>\$612.64</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$10.48
FQHC	\$0.35
<b>Total DAP</b>	<b>\$10.84</b>

<b>Total DAP</b>	<b>\$10.84</b>
<b>Total Gross Medical PMPM</b>	<b>\$623.48</b>

GSA: Central  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 5,559,761  
 Projection Period Member Months: 5,880,826

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$14.50	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	\$15.89
Behavioral Health Inpatient and LTC	\$6.36	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.95
Physical Health Physician	\$20.92	1.50%	6.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.37%	0.00%	21.56%	0.00%	0.00%	\$28.38
Behavioral Health Physician	\$17.42	1.50%	2.75%	6.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.12%	0.02%	0.00%	\$19.95
Transportation	\$2.69	3.51%	-27.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.95%	0.00%	0.00%	\$2.24
Other Professional Services	\$19.01	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	0.00%	0.73%	5.99%	0.89%	0.00%	\$22.33
Pharmacy	\$21.39	6.03%	0.00%	0.00%	2.06%	0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.95%	-2.20%	\$24.00
Outpatient Facility	\$11.01	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	0.00%	0.00%	\$12.06
Emergency Facility	\$14.47	4.52%	-1.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.54
Laboratory and Radiology Services	\$3.35	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.01%	0.00%	0.00%	\$3.73
Dental	\$14.83	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.82%	0.05%	0.00%	\$17.79
FQHC	\$9.47	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	0.00%	0.00%	\$10.28
<b>Gross Medical</b>	<b>\$155.42</b>	<b>3.70%</b>	<b>0.54%</b>	<b>0.77%</b>	<b>0.29%</b>	<b>0.14%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.19%</b>	<b>0.09%</b>	<b>5.29%</b>	<b>-0.02%</b>	<b>-0.31%</b>	<b>\$179.14</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.82
FQHC	\$0.09
<b>Total DAP</b>	<b>\$1.91</b>

<b>Total DAP</b>	<b>\$1.91</b>
<b>Total Gross Medical PMPM</b>	<b>\$181.05</b>

GSA: Central  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,036,331  
 Projection Period Member Months: 2,206,131

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$39.31	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	0.00%	0.00%	\$43.62
Behavioral Health Inpatient and LTC	\$6.38	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	\$7.04
Physical Health Physician	\$54.17	3.01%	3.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	21.41%	0.06%	0.00%	\$72.48
Behavioral Health Physician	\$14.45	3.01%	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	0.04%	0.00%	\$16.16
Transportation	\$7.68	3.51%	-13.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.98%	0.00%	0.00%	\$7.54
Other Professional Services	\$31.16	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.37%	0.07%	0.00%	\$35.21
Pharmacy	\$67.87	6.00%	0.00%	0.00%	0.39%	1.36%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	-2.20%	\$76.00
Outpatient Facility	\$28.31	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$30.95
Emergency Facility	\$34.53	4.55%	-0.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.51
Laboratory and Radiology Services	\$26.78	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.10%	0.00%	0.00%	\$30.13
Dental	\$1.93	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.83%	0.00%	0.00%	\$2.27
FQHC	\$14.83	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.34%	0.00%	0.00%	\$16.11
<b>Gross Medical</b>	<b>\$327.42</b>	<b>4.26%</b>	<b>0.40%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.29%</b>	<b>0.03%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.03%</b>	<b>0.00%</b>	<b>4.97%</b>	<b>0.02%</b>	<b>-0.47%</b>	<b>\$375.01</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$4.14
FQHC	\$0.13
<b>Total DAP</b>	<b>\$4.27</b>

<b>Total DAP</b>	<b>\$4.27</b>
<b>Total Gross Medical PMPM</b>	<b>\$379.28</b>



GSA: Central  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 728,911  
 Projection Period Member Months: 829,554

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$18.36	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.37%	0.00%	0.00%	\$18.99
Behavioral Health Inpatient and LTC	\$1.80	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.84
Physical Health Physician	\$25.72	0.50%	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.02%	0.00%	\$26.66
Behavioral Health Physician	\$10.75	0.50%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	\$11.11
Transportation	\$13.25	3.51%	-2.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.85
Other Professional Services	\$13.28	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.39%	0.10%	0.00%	\$13.48
Pharmacy	\$2.21	1.50%	0.00%	0.00%	8.94%	8.56%	0.00%	-42.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.20%	\$1.52
Outpatient Facility	\$13.57	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.80
Emergency Facility	\$5.83	1.00%	-0.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.89
Laboratory and Radiology Services	\$7.73	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.05
Dental	\$0.93	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.06%	0.00%	0.00%	\$1.09
FQHC	\$2.50	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	\$2.68
<b>Gross Medical</b>	<b>\$115.92</b>	<b>1.23%</b>	<b>0.39%</b>	<b>0.00%</b>	<b>0.17%</b>	<b>0.18%</b>	<b>0.00%</b>	<b>-0.95%</b>	<b>-0.04%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>0.04%</b>	<b>-0.03%</b>	<b>\$118.94</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.06
FQHC	\$0.02
<b>Total DAP</b>	<b>\$1.08</b>

<b>Total DAP</b>	<b>\$1.08</b>
<b>Total Gross Medical PMPM</b>	<b>\$120.02</b>

GSA: Central  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 390,534  
 Projection Period Member Months: 403,629

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$295.73	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	\$315.08
Behavioral Health Inpatient and LTC	\$22.06	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	\$23.41
Physical Health Physician	\$149.82	3.00%	2.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	14.92%	0.01%	0.00%	\$188.43
Behavioral Health Physician	\$43.10	3.00%	3.39%	9.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.15%	0.03%	0.00%	\$52.26
Transportation	\$31.51	3.51%	-7.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.49%	0.00%	0.00%	\$32.68
Other Professional Services	\$93.33	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.89%	8.65%	0.22%	0.00%	\$109.05
Pharmacy	\$315.15	3.50%	0.00%	0.00%	1.13%	8.97%	0.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-2.20%	\$365.77
Outpatient Facility	\$121.56	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	\$133.01
Emergency Facility	\$51.29	4.55%	-0.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$55.78
Laboratory and Radiology Services	\$37.73	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.35%	0.00%	0.00%	\$42.94
Dental	\$4.82	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.75%	0.03%	0.00%	\$5.77
FQHC	\$21.73	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	0.00%	0.00%	\$23.60
<b>Gross Medical</b>	<b>\$1,187.83</b>	<b>3.36%</b>	<b>0.27%</b>	<b>0.34%</b>	<b>0.30%</b>	<b>2.38%</b>	<b>0.19%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.03%</b>	<b>0.07%</b>	<b>3.15%</b>	<b>-0.01%</b>	<b>-0.62%</b>	<b>\$1,347.79</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$13.52
FQHC	\$0.20
<b>Total DAP</b>	<b>\$13.72</b>

<b>Total DAP</b>	<b>\$13.72</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,361.51</b>

GSA: Central  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,126,766  
 Projection Period Member Months: 2,440,082

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$113.07	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%	0.00%	0.00%	\$123.33
Behavioral Health Inpatient and LTC	\$34.00	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	\$36.78
Physical Health Physician	\$81.61	3.00%	2.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	16.71%	0.04%	0.00%	\$104.22
Behavioral Health Physician	\$33.36	3.00%	2.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	0.03%	0.00%	\$36.70
Transportation	\$20.10	3.51%	-6.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.06%	0.00%	0.00%	\$21.17
Other Professional Services	\$49.48	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	4.98%	0.14%	0.00%	\$56.82
Pharmacy	\$124.54	6.50%	0.00%	0.00%	0.25%	0.71%	0.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	-2.20%	\$140.17
Outpatient Facility	\$38.87	5.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.01%	0.00%	\$43.35
Emergency Facility	\$42.29	5.58%	-0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.85
Laboratory and Radiology Services	\$26.63	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.32%	0.00%	0.00%	\$30.02
Dental	\$2.61	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.78%	0.01%	0.00%	\$3.09
FQHC	\$15.73	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	0.00%	0.00%	\$17.08
<b>Gross Medical</b>	<b>\$582.30</b>	<b>4.49%</b>	<b>0.28%</b>	<b>0.00%</b>	<b>0.06%</b>	<b>0.16%</b>	<b>0.05%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>3.60%</b>	<b>0.08%</b>	<b>-0.49%</b>	<b>\$659.58</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$7.07
FQHC	\$0.14
<b>Total DAP</b>	<b>\$7.21</b>

<b>Total DAP</b>	<b>\$7.21</b>
<b>Total Gross Medical PMPM</b>	<b>\$666.79</b>

GSA: Central  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 551,753  
 Projection Period Member Months: 674,986

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$55.49	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	\$63.22
Behavioral Health Inpatient and LTC	\$6.49	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$7.37
Physical Health Physician	\$67.50	3.52%	2.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	16.43%	0.03%	0.00%	\$86.44
Behavioral Health Physician	\$10.01	3.52%	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.04%	0.05%	0.00%	\$11.45
Transportation	\$6.84	3.51%	-13.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.96%	0.00%	0.00%	\$6.74
Other Professional Services	\$34.96	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.22%	0.05%	0.00%	\$42.56
Pharmacy	\$101.55	8.58%	0.00%	0.00%	0.47%	0.38%	0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	-2.20%	\$118.59
Outpatient Facility	\$37.49	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	\$40.60
Emergency Facility	\$27.94	4.04%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.09
Laboratory and Radiology Services	\$23.95	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.11%	0.00%	0.00%	\$26.94
Dental	\$2.43	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.48%	0.01%	0.00%	\$2.88
FQHC	\$13.75	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	0.00%	0.00%	\$14.94
<b>Gross Medical</b>	<b>\$388.40</b>	<b>5.70%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.13%</b>	<b>0.10%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>4.04%</b>	<b>0.06%</b>	<b>-0.61%</b>	<b>\$451.82</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$3.96
FQHC	\$0.12
<b>Total DAP</b>	<b>\$4.09</b>

<b>Total DAP</b>	<b>\$4.09</b>
<b>Total Gross Medical PMPM</b>	<b>\$455.91</b>

GSA: South  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 124,122  
 Projection Period Member Months: 117,484

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$307.37	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	0.00%	\$320.25
Behavioral Health Inpatient and LTC	\$0.00	2.01%	0.00%	0.00%	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	\$93.47	2.01%	1.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%	0.00%	18.50%	0.00%	0.00%	\$118.38
Behavioral Health Physician	\$0.33	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.70%	0.00%	0.00%	\$0.35
Transportation	\$10.43	4.00%	-5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	0.00%	0.00%	\$11.30
Other Professional Services	\$20.62	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	2.31%	0.07%	0.00%	\$21.97
Pharmacy	\$10.47	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	-2.20%	\$10.65
Outpatient Facility	\$11.83	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.20%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	\$11.31
Emergency Facility	\$19.06	2.51%	-5.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.91
Laboratory and Radiology Services	\$6.64	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.65%	0.00%	0.00%	\$7.44
Dental	\$0.27	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.19%	0.00%	0.00%	\$0.34
FQHC	\$84.39	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.39%	0.00%	0.00%	\$92.58
<b>Gross Medical</b>	<b>\$564.88</b>	<b>2.38%</b>	<b>-0.02%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>-0.19%</b>	<b>0.00%</b>	<b>0.17%</b>	<b>0.00%</b>	<b>3.70%</b>	<b>0.00%</b>	<b>-0.04%</b>	<b>\$613.47</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$9.09
FQHC	\$0.78
<b>Total DAP</b>	<b>\$9.87</b>

<b>Total DAP</b>	<b>\$9.87</b>
<b>Total Gross Medical PMPM</b>	<b>\$623.34</b>

GSA: South  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 1,864,841  
 Projection Period Member Months: 1,931,781

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$11.31	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	\$12.40
Behavioral Health Inpatient and LTC	\$6.86	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.49
Physical Health Physician	\$15.53	2.51%	8.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.73%	0.00%	21.91%	0.01%	0.00%	\$22.01
Behavioral Health Physician	\$19.65	2.51%	2.31%	2.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.65%	0.04%	0.00%	\$21.92
Transportation	\$4.41	4.00%	-16.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.45%	0.00%	0.00%	\$4.26
Other Professional Services	\$18.74	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.20%	0.00%	1.80%	5.41%	1.55%	0.00%	\$22.58
Pharmacy	\$21.91	5.52%	0.00%	0.00%	0.17%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.59%	-2.20%	\$23.62
Outpatient Facility	\$8.94	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.42%	0.00%	0.00%	0.00%	0.15%	0.01%	0.00%	\$9.54
Emergency Facility	\$11.52	5.04%	-2.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.41
Laboratory and Radiology Services	\$3.12	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.21%	0.00%	0.00%	\$3.52
Dental	\$13.40	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.08%	0.11%	0.00%	\$16.27
FQHC	\$28.28	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.32%	0.00%	0.00%	\$31.01
<b>Gross Medical</b>	<b>\$163.67</b>	<b>4.05%</b>	<b>0.47%</b>	<b>0.24%</b>	<b>0.02%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>-0.19%</b>	<b>0.25%</b>	<b>0.17%</b>	<b>0.21%</b>	<b>4.58%</b>	<b>-0.03%</b>	<b>-0.29%</b>	<b>\$187.03</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.41
FQHC	\$0.24
<b>Total DAP</b>	<b>\$1.65</b>

<b>Total DAP</b>	<b>\$1.65</b>
<b>Total Gross Medical PMPM</b>	<b>\$188.68</b>

GSA: South  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 849,278  
 Projection Period Member Months: 888,470

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$31.73	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	\$34.74
Behavioral Health Inpatient and LTC	\$4.07	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$4.44
Physical Health Physician	\$35.73	3.50%	4.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	25.71%	0.12%	0.00%	\$50.56
Behavioral Health Physician	\$14.95	3.50%	3.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	0.06%	0.00%	\$16.73
Transportation	\$8.66	4.00%	-10.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	0.00%	0.00%	\$8.93
Other Professional Services	\$26.55	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.41%	0.06%	0.00%	\$29.72
Pharmacy	\$53.78	8.00%	0.00%	0.00%	0.22%	0.63%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	-2.20%	\$62.14
Outpatient Facility	\$34.49	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.95%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$36.27
Emergency Facility	\$30.46	3.02%	-0.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.03
Laboratory and Radiology Services	\$21.78	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.43%	0.00%	0.00%	\$24.58
Dental	\$0.70	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.35%	0.00%	0.00%	\$0.85
FQHC	\$31.10	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	\$34.09
<b>Gross Medical</b>	<b>\$293.99</b>	<b>4.40%</b>	<b>0.36%</b>	<b>0.00%</b>	<b>0.04%</b>	<b>0.12%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>-0.11%</b>	<b>0.00%</b>	<b>0.03%</b>	<b>0.00%</b>	<b>4.45%</b>	<b>0.04%</b>	<b>-0.43%</b>	<b>\$335.09</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$3.96
FQHC	\$0.25
<b>Total DAP</b>	<b>\$4.22</b>

<b>Total DAP</b>	<b>\$4.22</b>
<b>Total Gross Medical PMPM</b>	<b>\$339.30</b>

GSA: South  
 Rate Cell: Duals  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 414,794  
 Projection Period Member Months: 475,530

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$13.96	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.84%	0.00%	0.00%	\$14.36
Behavioral Health Inpatient and LTC	\$1.19	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.20
Physical Health Physician	\$19.14	1.00%	3.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.06%	0.00%	\$20.22
Behavioral Health Physician	\$10.92	1.00%	1.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	\$11.38
Transportation	\$18.80	4.00%	-1.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.98
Other Professional Services	\$9.22	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.48%	0.07%	0.00%	\$9.56
Pharmacy	\$2.15	3.01%	0.00%	0.00%	1.38%	1.54%	0.00%	-50.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	-2.20%	\$1.14
Outpatient Facility	\$17.93	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.39
Emergency Facility	\$4.83	2.00%	-1.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.97
Laboratory and Radiology Services	\$4.33	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.55
Dental	\$0.55	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.17%	0.00%	0.00%	\$0.67
FQHC	\$6.63	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	0.00%	\$7.18
<b>Gross Medical</b>	<b>\$109.65</b>	<b>2.00%</b>	<b>0.42%</b>	<b>0.00%</b>	<b>0.03%</b>	<b>0.03%</b>	<b>0.00%</b>	<b>-1.05%</b>	<b>-0.23%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>0.05%</b>	<b>-0.02%</b>	<b>\$113.59</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$1.02
FQHC	\$0.05
<b>Total DAP</b>	<b>\$1.08</b>

<b>Total DAP</b>	<b>\$1.08</b>
<b>Total Gross Medical PMPM</b>	<b>\$114.67</b>



GSA: South  
 Rate Cell: SSIWO  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 158,184  
 Projection Period Member Months: 169,265

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$224.33	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	0.00%	0.00%	\$236.95
Behavioral Health Inpatient and LTC	\$18.50	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	\$19.45
Physical Health Physician	\$120.62	3.00%	3.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	17.16%	0.02%	0.00%	\$155.29
Behavioral Health Physician	\$46.59	3.00%	2.89%	3.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.01%	0.02%	0.00%	\$53.08
Transportation	\$48.38	4.00%	-4.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.65%	0.00%	0.00%	\$52.35
Other Professional Services	\$91.83	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.00%	3.12%	7.23%	0.25%	0.00%	\$106.45
Pharmacy	\$294.26	2.49%	0.00%	0.00%	1.97%	0.66%	1.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.19%	-2.20%	\$314.32
Outpatient Facility	\$132.65	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.57%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	\$142.78
Emergency Facility	\$49.29	4.02%	-0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$53.01
Laboratory and Radiology Services	\$34.17	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.85%	0.00%	0.00%	\$39.08
Dental	\$3.32	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.18%	0.08%	0.00%	\$4.04
FQHC	\$42.36	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	\$46.44
<b>Gross Medical</b>	<b>\$1,106.31</b>	<b>2.91%</b>	<b>0.26%</b>	<b>0.14%</b>	<b>0.52%</b>	<b>0.18%</b>	<b>0.40%</b>	<b>0.00%</b>	<b>-0.07%</b>	<b>0.04%</b>	<b>0.02%</b>	<b>0.25%</b>	<b>3.23%</b>	<b>-0.03%</b>	<b>-0.59%</b>	<b>\$1,223.24</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$11.44
FQHC	\$0.34
<b>Total DAP</b>	<b>\$11.78</b>

<b>Total DAP</b>	<b>\$11.78</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,235.02</b>

GSA: South  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 905,087  
 Projection Period Member Months: 994,030

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$91.30	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.74%	0.00%	0.00%	\$102.42
Behavioral Health Inpatient and LTC	\$21.88	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$24.37
Physical Health Physician	\$54.38	3.00%	4.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	18.69%	0.08%	0.00%	\$71.76
Behavioral Health Physician	\$37.27	3.00%	2.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.04%	0.03%	0.00%	\$40.86
Transportation	\$22.00	4.00%	-5.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.55%	0.00%	0.00%	\$23.61
Other Professional Services	\$46.02	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.15%	0.08%	0.00%	\$52.40
Pharmacy	\$92.57	6.50%	0.00%	0.00%	0.43%	0.12%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	-2.20%	\$103.66
Outpatient Facility	\$46.58	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.85%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$51.50
Emergency Facility	\$35.04	5.57%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.76
Laboratory and Radiology Services	\$21.60	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.49%	0.00%	0.00%	\$24.40
Dental	\$1.42	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.05%	0.02%	0.00%	\$1.72
FQHC	\$28.51	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.34%	0.00%	0.00%	\$31.26
<b>Gross Medical</b>	<b>\$498.57</b>	<b>4.88%</b>	<b>0.33%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.02%</b>	<b>0.04%</b>	<b>0.00%</b>	<b>-0.08%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>3.30%</b>	<b>0.06%</b>	<b>-0.42%</b>	<b>\$566.72</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$5.82
FQHC	\$0.23
<b>Total DAP</b>	<b>\$6.06</b>

<b>Total DAP</b>	<b>\$6.06</b>
<b>Total Gross Medical PMPM</b>	<b>\$572.78</b>

GSA: South  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 261,356  
 Projection Period Member Months: 298,245

Category of Service	Adjusted Base PMPM	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Servcies	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	\$48.57	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.00%	0.00%	\$52.23
Behavioral Health Inpatient and LTC	\$4.15	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$4.45
Physical Health Physician	\$52.63	3.01%	2.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	17.06%	0.07%	0.00%	\$67.37
Behavioral Health Physician	\$10.12	3.01%	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	0.08%	0.00%	\$11.34
Transportation	\$7.79	4.00%	-10.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.22%	0.00%	0.00%	\$8.05
Other Professional Services	\$27.68	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.61%	0.04%	0.00%	\$31.95
Pharmacy	\$77.13	8.04%	0.00%	0.00%	0.04%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.17%	-2.20%	\$88.62
Outpatient Facility	\$46.33	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.87%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	\$50.69
Emergency Facility	\$24.38	5.04%	-0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.74
Laboratory and Radiology Services	\$20.70	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.60%	0.00%	0.00%	\$23.40
Dental	\$1.20	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.25%	0.03%	0.00%	\$1.45
FQHC	\$29.58	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	\$32.43
<b>Gross Medical</b>	<b>\$350.26</b>	<b>4.78%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>-0.11%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>0.00%</b>	<b>3.84%</b>	<b>0.06%</b>	<b>-0.51%</b>	<b>\$398.71</b>

Differential Adjusted Payments (DAP)	
Non-FQHC	\$3.96
FQHC	\$0.24
<b>Total DAP</b>	<b>\$4.20</b>

<b>Total DAP</b>	<b>\$4.20</b>
<b>Total Gross Medical PMPM</b>	<b>\$402.91</b>

GSA: North  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 2,934  
 Projection Period Member Months: 2,686

Category of Service	Adjusted Base PMPD	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient	\$3,345.13	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	\$3,803.63
Physician	\$1,558.83	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.24%	0.00%	0.00%	\$2,022.02
Transportation	\$117.51	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.24%	0.00%	0.00%	\$135.11
Other Professional Services	\$163.63	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.40%	0.00%	0.00%	\$181.35
Pharmacy	\$33.71	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.48
Outpatient	\$16.75	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	\$18.13
Laboratory and Radiology Services	\$34.34	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.64%	0.00%	0.00%	\$40.00
FQHC	\$4.86	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.26
<b>Gross Medical</b>	<b>\$5,274.77</b>	<b>5.38%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>6.57%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>\$6,241.98</b>

  

Differential Adjusted Payments (DAP)		Total DAP (438.6 (c))	Total Gross Medical PMPD
Non-FQHC	\$29.51	\$29.51	\$6,271.49
FQHC	\$0.00		
<b>Total DAP</b>	<b>\$29.51</b>		

GSA: Central  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 22,195  
 Projection Period Member Months: 20,318

Category of Service	Adjusted Base PMPD	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical	
Inpatient	\$3,366.80	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	\$3,791.27	
Physician	\$1,685.37	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.41%	0.00%	0.00%	\$2,150.23	
Transportation	\$34.40	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.98%	0.00%	0.00%	\$39.46	
Other Professional Services	\$93.58	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.10%	0.00%	0.00%	\$105.44	
Pharmacy	\$44.09	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.72	
Outpatient	\$12.39	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$13.41	
Laboratory and Radiology Services	\$26.47	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.10%	0.00%	0.00%	\$30.97	
FQHC	\$3.54	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.83	
<b>Gross Medical</b>	<b>\$5,266.64</b>	<b>4.87%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>6.74%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>\$6,182.34</b>	
<b>Differential Adjusted Payments (DAP)</b>													<b>Total DAP (438.6 (c))</b>		<b>\$26.20</b>		
Non-FQHC																	\$26.20
FQHC																	\$0.00
<b>Total DAP</b>																	<b>\$26.20</b>
													<b>Total Gross Medical PMPD</b>		<b>\$6,208.54</b>		

GSA: South  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2018 through September 30, 2019  
 Projection Period: October 1, 2020 through September 30, 2021  
 Base Period Member Months: 7,927  
 Projection Period Member Months: 7,257

Category of Service	Adjusted Base PMPD	Trend	Telehealth	ABA	Cystic Fibrosis Drug	Sickle Cell Drugs	Mantle Cell Lymphoma Drug	Opioid Treatment Program	Off Campus Hospital OP	Respite Care	Flu Vaccine	School Hour Services	Aggregate Fee Schedule Updates	Combined Misc. Changes	Rx Rebates	Gross Medical	
Inpatient	\$3,451.87	6.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$3,922.26	
Physician	\$1,666.68	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.71%	0.00%	0.00%	\$2,245.09	
Transportation	\$69.92	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	0.00%	0.00%	\$79.77	
Other Professional Services	\$155.42	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.19%	0.00%	0.00%	\$171.90	
Pharmacy	\$35.37	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.91	
Outpatient	\$24.64	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	\$26.42	
Laboratory and Radiology Services	\$27.13	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.43%	0.00%	0.00%	\$31.24	
FQHC	\$8.88	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.51	
<b>Gross Medical</b>	<b>\$5,439.91</b>	<b>5.47%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>7.82%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>\$6,524.10</b>	
<b>Differential Adjusted Payments (DAP)</b>													<b>Total DAP (438.6 (c))</b>		<b>\$30.85</b>		
Non-FQHC																	\$30.85
FQHC																	\$0.00
<b>Total DAP</b>																	<b>\$30.85</b>
													<b>Total Gross Medical PMPD</b>		<b>\$6,554.95</b>		

## Appendix 7: Capitation Rate Development

Rate Cell: AGE < 1

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 675.03	\$ (129.53)	0.9505	\$ 641.61	\$ (123.11)	\$ 518.49	1.00%	\$ 6.42	\$ 45.93	\$ 11.65	\$ 582.49
North	Health Choice Arizona	\$ 675.03	\$ (129.53)	1.0364	\$ 699.59	\$ (134.24)	\$ 565.35	0.01%	\$ 0.07	\$ 45.82	\$ 12.47	\$ 623.71
Central	Arizona Complete Health - Complete Care Plan	\$ 623.48	\$ (70.75)	0.9782	\$ 609.89	\$ (69.21)	\$ 540.68	0.95%	\$ 5.79	\$ 49.37	\$ 12.16	\$ 608.00
Central	Banner University Family Care	\$ 623.48	\$ (70.75)	1.0312	\$ 642.96	\$ (72.96)	\$ 570.00	0.74%	\$ 4.76	\$ 36.24	\$ 12.47	\$ 623.47
Central	Care 1st Health Plan Arizona, Inc	\$ 623.48	\$ (70.75)	0.9941	\$ 619.81	\$ (70.33)	\$ 549.47	1.00%	\$ 6.20	\$ 46.75	\$ 12.29	\$ 614.72
Central	Magellan Complete Care	\$ 623.48	\$ (70.75)	1.0024	\$ 624.96	\$ (70.92)	\$ 554.04	0.94%	\$ 5.87	\$ 78.80	\$ 13.04	\$ 651.76
Central	Mercy Care	\$ 623.48	\$ (70.75)	1.0038	\$ 625.86	\$ (71.02)	\$ 554.84	1.00%	\$ 6.26	\$ 51.10	\$ 12.49	\$ 624.70
Central	Health Choice Arizona	\$ 623.48	\$ (70.75)	1.0119	\$ 630.90	\$ (71.59)	\$ 559.31	0.01%	\$ 0.06	\$ 42.63	\$ 12.29	\$ 614.28
Central	UnitedHealthcare Community Plan	\$ 623.48	\$ (70.75)	0.9869	\$ 615.29	\$ (69.82)	\$ 545.47	1.00%	\$ 6.15	\$ 42.13	\$ 12.12	\$ 605.87
South	Arizona Complete Health - Complete Care Plan	\$ 623.34	\$ (60.96)	0.9923	\$ 618.55	\$ (60.49)	\$ 558.06	0.95%	\$ 5.88	\$ 54.74	\$ 12.63	\$ 631.30
South	Banner University Family Care	\$ 623.34	\$ (60.96)	1.0195	\$ 635.48	\$ (62.15)	\$ 573.33	0.94%	\$ 5.97	\$ 39.79	\$ 12.63	\$ 631.73
South	UnitedHealthcare Community Plan	\$ 623.34	\$ (60.96)	0.9786	\$ 609.98	\$ (59.65)	\$ 550.33	1.00%	\$ 6.10	\$ 42.51	\$ 12.22	\$ 611.16

**Notes**

Underwriting (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			After Risk Adjustment			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 185.71	\$ (6.56)	1.0067	\$ 186.95	\$ (6.60)	\$ 180.35	1.00%	\$ 1.87	\$ 25.58	\$ 4.24	\$ 212.04
North	Health Choice Arizona	\$ 185.71	\$ (6.56)	0.9946	\$ 184.70	\$ (6.52)	\$ 178.18	0.01%	\$ 0.02	\$ 19.48	\$ 4.03	\$ 201.72
Central	Arizona Complete Health - Complete Care Plan	\$ 181.05	\$ (7.04)	0.9606	\$ 173.91	\$ (6.77)	\$ 167.14	0.95%	\$ 1.65	\$ 25.78	\$ 3.97	\$ 198.54
Central	Banner University Family Care	\$ 181.05	\$ (7.04)	1.0244	\$ 185.47	\$ (7.22)	\$ 178.26	0.74%	\$ 1.37	\$ 18.38	\$ 4.04	\$ 202.05
Central	Care 1st Health Plan Arizona, Inc	\$ 181.05	\$ (7.04)	0.9636	\$ 174.47	\$ (6.79)	\$ 167.68	1.00%	\$ 1.74	\$ 25.56	\$ 3.98	\$ 198.96
Central	Magellan Complete Care	\$ 181.05	\$ (7.04)	1.0154	\$ 183.83	\$ (7.15)	\$ 176.68	0.94%	\$ 1.73	\$ 48.17	\$ 4.62	\$ 231.20
Central	Mercy Care	\$ 181.05	\$ (7.04)	1.0054	\$ 182.03	\$ (7.08)	\$ 174.94	1.00%	\$ 1.82	\$ 17.57	\$ 3.97	\$ 198.30
Central	Health Choice Arizona	\$ 181.05	\$ (7.04)	0.9760	\$ 176.70	\$ (6.87)	\$ 169.83	0.01%	\$ 0.02	\$ 19.17	\$ 3.86	\$ 192.87
Central	UnitedHealthcare Community Plan	\$ 181.05	\$ (7.04)	1.0223	\$ 185.09	\$ (7.20)	\$ 177.89	1.00%	\$ 1.85	\$ 17.08	\$ 4.02	\$ 200.83
South	Arizona Complete Health - Complete Care Plan	\$ 188.68	\$ (6.28)	0.9808	\$ 185.06	\$ (6.16)	\$ 178.90	0.95%	\$ 1.76	\$ 27.93	\$ 4.26	\$ 212.85
South	Banner University Family Care	\$ 188.68	\$ (6.28)	0.9812	\$ 185.13	\$ (6.16)	\$ 178.97	0.94%	\$ 1.74	\$ 19.53	\$ 4.09	\$ 204.32
South	UnitedHealthcare Community Plan	\$ 188.68	\$ (6.28)	1.0515	\$ 198.39	\$ (6.61)	\$ 191.79	1.00%	\$ 1.98	\$ 18.08	\$ 4.32	\$ 216.17

**Notes**

Underwriting (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			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 325.49	\$ (5.92)	1.0079	\$ 328.08	\$ (5.96)	\$ 322.11	1.00%	\$ 3.28	\$ 31.90	\$ 7.29	\$ 364.58
North	Health Choice Arizona	\$ 325.49	\$ (5.92)	0.9940	\$ 323.53	\$ (5.88)	\$ 317.65	0.01%	\$ 0.03	\$ 26.58	\$ 7.03	\$ 351.29
Central	Arizona Complete Health - Complete Care Plan	\$ 379.28	\$ (7.16)	0.9496	\$ 360.17	\$ (6.80)	\$ 353.38	0.95%	\$ 3.42	\$ 35.85	\$ 8.01	\$ 400.67
Central	Banner University Family Care	\$ 379.28	\$ (7.16)	0.9785	\$ 371.14	\$ (7.00)	\$ 364.14	0.74%	\$ 2.75	\$ 25.63	\$ 8.01	\$ 400.52
Central	Care 1st Health Plan Arizona, Inc	\$ 379.28	\$ (7.16)	0.9438	\$ 357.97	\$ (6.76)	\$ 351.21	1.00%	\$ 3.58	\$ 34.29	\$ 7.94	\$ 397.03
Central	Magellan Complete Care	\$ 379.28	\$ (7.16)	0.8661	\$ 328.48	\$ (6.20)	\$ 322.28	0.94%	\$ 3.09	\$ 58.22	\$ 7.83	\$ 391.41
Central	Mercy Care	\$ 379.28	\$ (7.16)	1.0409	\$ 394.80	\$ (7.45)	\$ 387.35	1.00%	\$ 3.95	\$ 33.64	\$ 8.67	\$ 433.61
Central	Health Choice Arizona	\$ 379.28	\$ (7.16)	0.9709	\$ 368.25	\$ (6.95)	\$ 361.30	0.01%	\$ 0.04	\$ 29.06	\$ 7.97	\$ 398.36
Central	UnitedHealthcare Community Plan	\$ 379.28	\$ (7.16)	1.0192	\$ 386.56	\$ (7.29)	\$ 379.26	1.00%	\$ 3.87	\$ 28.81	\$ 8.41	\$ 420.35
South	Arizona Complete Health - Complete Care Plan	\$ 339.30	\$ (4.24)	0.9738	\$ 330.41	\$ (4.13)	\$ 326.27	0.95%	\$ 3.14	\$ 36.92	\$ 7.48	\$ 373.81
South	Banner University Family Care	\$ 339.30	\$ (4.24)	0.9806	\$ 332.71	\$ (4.16)	\$ 328.55	0.94%	\$ 3.13	\$ 26.17	\$ 7.30	\$ 365.15
South	UnitedHealthcare Community Plan	\$ 339.30	\$ (4.24)	1.0619	\$ 360.31	\$ (4.51)	\$ 355.80	1.00%	\$ 3.60	\$ 27.69	\$ 7.90	\$ 395.00

**Notes**

Underwriting (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			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 100.44	\$ (0.76)	1.0000	\$ 100.44	\$ (0.76)	\$ 99.68	1.00%	\$ 1.00	\$ 21.71	\$ 2.50	\$ 124.88
North	Health Choice Arizona	\$ 100.44	\$ (0.76)	1.0000	\$ 100.44	\$ (0.76)	\$ 99.68	0.01%	\$ 0.01	\$ 15.17	\$ 2.34	\$ 117.20
Central	Arizona Complete Health - Complete Care Plan	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	0.95%	\$ 1.14	\$ 22.86	\$ 2.90	\$ 144.84
Central	Banner University Family Care	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	0.74%	\$ 0.89	\$ 15.82	\$ 2.75	\$ 137.40
Central	Care 1st Health Plan Arizona, Inc	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	1.00%	\$ 1.20	\$ 22.97	\$ 2.90	\$ 145.02
Central	Magellan Complete Care	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	0.94%	\$ 1.13	\$ 43.74	\$ 3.32	\$ 166.14
Central	Mercy Care	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	1.00%	\$ 1.20	\$ 12.88	\$ 2.69	\$ 134.72
Central	Health Choice Arizona	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	0.01%	\$ 0.01	\$ 16.24	\$ 2.74	\$ 136.94
Central	UnitedHealthcare Community Plan	\$ 120.02	\$ (2.07)	1.0000	\$ 120.02	\$ (2.07)	\$ 117.95	1.00%	\$ 1.20	\$ 13.29	\$ 2.70	\$ 135.14
South	Arizona Complete Health - Complete Care Plan	\$ 114.67	\$ (0.48)	1.0000	\$ 114.67	\$ (0.48)	\$ 114.19	0.95%	\$ 1.09	\$ 23.58	\$ 2.83	\$ 141.70
South	Banner University Family Care	\$ 114.67	\$ (0.48)	1.0000	\$ 114.67	\$ (0.48)	\$ 114.19	0.94%	\$ 1.08	\$ 16.36	\$ 2.69	\$ 134.32
South	UnitedHealthcare Community Plan	\$ 114.67	\$ (0.48)	1.0000	\$ 114.67	\$ (0.48)	\$ 114.19	1.00%	\$ 1.15	\$ 13.11	\$ 2.62	\$ 131.08

**Notes**

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM  
Premium Tax is 2%

Rate Cell: SSI Without Medicare

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 1,134.97	\$ (55.63)	0.9964	\$ 1,130.88	\$ (55.43)	\$ 1,075.46	1.00%	\$ 11.31	\$ 67.84	\$ 23.56	\$ 1,178.17
North	Health Choice Arizona	\$ 1,134.97	\$ (55.63)	1.0032	\$ 1,138.57	\$ (55.80)	\$ 1,082.77	0.01%	\$ 0.11	\$ 68.27	\$ 23.49	\$ 1,174.65
Central	Arizona Complete Health - Complete Care Plan	\$ 1,361.51	\$ (181.68)	0.9000	\$ 1,225.33	\$ (163.51)	\$ 1,061.82	0.95%	\$ 11.64	\$ 82.66	\$ 23.59	\$ 1,179.72
Central	Banner University Family Care	\$ 1,361.51	\$ (181.68)	0.9553	\$ 1,300.61	\$ (173.56)	\$ 1,127.05	0.74%	\$ 9.62	\$ 61.91	\$ 24.46	\$ 1,223.05
Central	Care 1st Health Plan Arizona, Inc	\$ 1,361.51	\$ (181.68)	0.9260	\$ 1,260.78	\$ (168.24)	\$ 1,092.54	1.00%	\$ 12.61	\$ 77.26	\$ 24.13	\$ 1,206.53
Central	Magellan Complete Care	\$ 1,361.51	\$ (181.68)	1.0000	\$ 1,361.51	\$ (181.68)	\$ 1,179.83	0.94%	\$ 12.80	\$ 129.95	\$ 26.99	\$ 1,349.56
Central	Mercy Care	\$ 1,361.51	\$ (181.68)	1.0605	\$ 1,443.88	\$ (192.68)	\$ 1,251.20	1.00%	\$ 14.44	\$ 112.91	\$ 28.13	\$ 1,406.69
Central	Health Choice Arizona	\$ 1,361.51	\$ (181.68)	0.9756	\$ 1,328.25	\$ (177.24)	\$ 1,151.00	0.01%	\$ 0.13	\$ 78.65	\$ 25.10	\$ 1,254.88
Central	UnitedHealthcare Community Plan	\$ 1,361.51	\$ (181.68)	1.0113	\$ 1,376.96	\$ (183.75)	\$ 1,193.21	1.00%	\$ 13.77	\$ 86.48	\$ 26.40	\$ 1,319.86
South	Arizona Complete Health - Complete Care Plan	\$ 1,235.02	\$ (93.79)	0.9866	\$ 1,218.45	\$ (92.53)	\$ 1,125.92	0.95%	\$ 11.58	\$ 91.85	\$ 25.09	\$ 1,254.43
South	Banner University Family Care	\$ 1,235.02	\$ (93.79)	0.9882	\$ 1,220.45	\$ (92.68)	\$ 1,127.77	0.94%	\$ 11.47	\$ 66.11	\$ 24.60	\$ 1,229.94
South	UnitedHealthcare Community Plan	\$ 1,235.02	\$ (93.79)	1.0338	\$ 1,276.78	\$ (96.96)	\$ 1,179.82	1.00%	\$ 12.77	\$ 82.08	\$ 26.01	\$ 1,300.68

**Notes**

Underwriting (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			After Risk Adjustment			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 564.39	\$ (19.12)	1.0122	\$ 571.27	\$ (19.35)	\$ 551.91	1.00%	\$ 5.71	\$ 42.78	\$ 12.25	\$ 612.66
North	Health Choice Arizona	\$ 564.39	\$ (19.12)	0.9903	\$ 558.89	\$ (18.93)	\$ 539.96	0.01%	\$ 0.06	\$ 38.62	\$ 11.81	\$ 590.45
Central	Arizona Complete Health - Complete Care Plan	\$ 666.79	\$ (25.56)	0.9818	\$ 654.65	\$ (25.09)	\$ 629.55	0.95%	\$ 6.22	\$ 51.79	\$ 14.03	\$ 701.59
Central	Banner University Family Care	\$ 666.79	\$ (25.56)	0.9663	\$ 644.33	\$ (24.70)	\$ 619.63	0.74%	\$ 4.77	\$ 36.29	\$ 13.48	\$ 674.17
Central	Care 1st Health Plan Arizona, Inc	\$ 666.79	\$ (25.56)	0.9473	\$ 631.64	\$ (24.21)	\$ 607.43	1.00%	\$ 6.32	\$ 47.32	\$ 13.49	\$ 674.55
Central	Magellan Complete Care	\$ 666.79	\$ (25.56)	0.9956	\$ 663.87	\$ (25.45)	\$ 638.42	0.94%	\$ 6.24	\$ 81.50	\$ 14.82	\$ 740.99
Central	Mercy Care	\$ 666.79	\$ (25.56)	1.0505	\$ 700.45	\$ (26.85)	\$ 673.60	1.00%	\$ 7.00	\$ 56.74	\$ 15.05	\$ 752.39
Central	Health Choice Arizona	\$ 666.79	\$ (25.56)	0.9683	\$ 645.68	\$ (24.75)	\$ 620.93	0.01%	\$ 0.06	\$ 43.39	\$ 13.56	\$ 677.95
Central	UnitedHealthcare Community Plan	\$ 666.79	\$ (25.56)	0.9926	\$ 661.83	\$ (25.37)	\$ 636.46	1.00%	\$ 6.62	\$ 44.84	\$ 14.04	\$ 701.95
South	Arizona Complete Health - Complete Care Plan	\$ 572.78	\$ (17.96)	0.9853	\$ 564.35	\$ (17.69)	\$ 546.66	0.95%	\$ 5.36	\$ 51.39	\$ 12.31	\$ 615.72
South	Banner University Family Care	\$ 572.78	\$ (17.96)	1.0007	\$ 573.18	\$ (17.97)	\$ 555.21	0.94%	\$ 5.39	\$ 36.99	\$ 12.20	\$ 609.78
South	UnitedHealthcare Community Plan	\$ 572.78	\$ (17.96)	1.0159	\$ 581.88	\$ (18.24)	\$ 563.64	1.00%	\$ 5.82	\$ 40.84	\$ 12.46	\$ 622.75

**Notes**

Underwriting (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			UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 443.91	\$ (8.50)	1.0303	\$ 457.37	\$ (8.76)	\$ 448.61	1.00%	\$ 4.57	\$ 37.69	\$ 10.02	\$ 500.89
North	Health Choice Arizona	\$ 443.91	\$ (8.50)	0.9760	\$ 433.23	\$ (8.30)	\$ 424.94	0.01%	\$ 0.04	\$ 32.19	\$ 9.33	\$ 466.51
Central	Arizona Complete Health - Complete Care Plan	\$ 455.91	\$ (17.59)	1.0078	\$ 459.46	\$ (17.73)	\$ 441.72	0.95%	\$ 4.36	\$ 41.23	\$ 9.95	\$ 497.26
Central	Banner University Family Care	\$ 455.91	\$ (17.59)	1.0168	\$ 463.56	\$ (17.89)	\$ 445.67	0.74%	\$ 3.43	\$ 29.23	\$ 9.76	\$ 488.09
Central	Care 1st Health Plan Arizona, Inc	\$ 455.91	\$ (17.59)	0.9214	\$ 420.06	\$ (16.21)	\$ 403.85	1.00%	\$ 4.20	\$ 37.25	\$ 9.09	\$ 454.38
Central	Magellan Complete Care	\$ 455.91	\$ (17.59)	1.0000	\$ 455.91	\$ (17.59)	\$ 438.32	0.94%	\$ 4.29	\$ 67.06	\$ 10.40	\$ 520.07
Central	Mercy Care	\$ 455.91	\$ (17.59)	1.0172	\$ 463.77	\$ (17.90)	\$ 445.87	1.00%	\$ 4.64	\$ 38.86	\$ 9.99	\$ 499.35
Central	Health Choice Arizona	\$ 455.91	\$ (17.59)	0.9789	\$ 446.30	\$ (17.22)	\$ 429.08	0.01%	\$ 0.04	\$ 33.09	\$ 9.43	\$ 471.65
Central	UnitedHealthcare Community Plan	\$ 455.91	\$ (17.59)	1.0048	\$ 458.09	\$ (17.68)	\$ 440.41	1.00%	\$ 4.58	\$ 32.98	\$ 9.75	\$ 487.72
South	Arizona Complete Health - Complete Care Plan	\$ 402.91	\$ (7.68)	0.9693	\$ 390.53	\$ (7.44)	\$ 383.09	0.95%	\$ 3.71	\$ 40.64	\$ 8.72	\$ 436.16
South	Banner University Family Care	\$ 402.91	\$ (7.68)	1.0020	\$ 403.72	\$ (7.70)	\$ 396.02	0.94%	\$ 3.79	\$ 29.36	\$ 8.76	\$ 437.94
South	UnitedHealthcare Community Plan	\$ 402.91	\$ (7.68)	1.0323	\$ 415.92	\$ (7.93)	\$ 407.99	1.00%	\$ 4.16	\$ 30.99	\$ 9.04	\$ 452.19

**Notes**

Underwriting (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			After Risk Adjustment			UW Gain Percent	UW Gain PMPD	Admin PMPD	Premium Tax	Capitation Rate PMPD
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical					
North	Care 1st Health Plan Arizona, Inc	\$ 6,271.49	\$ -	-	\$ 6,271.49	\$ -	\$ 6,271.49	1.00%	\$ 62.71	\$ -	\$ 129.27	\$ 6,463.47
North	Health Choice Arizona	\$ 6,271.49	\$ -	-	\$ 6,271.49	\$ -	\$ 6,271.49	0.01%	\$ 0.63	\$ -	\$ 128.00	\$ 6,400.12
Central	Arizona Complete Health - Complete Care Plan	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	0.95%	\$ 58.98	\$ -	\$ 127.91	\$ 6,395.43
Central	Banner University Family Care	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	0.74%	\$ 45.94	\$ -	\$ 127.64	\$ 6,382.13
Central	Care 1st Health Plan Arizona, Inc	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	1.00%	\$ 62.09	\$ -	\$ 127.97	\$ 6,398.60
Central	Magellan Complete Care	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	0.94%	\$ 58.36	\$ -	\$ 127.90	\$ 6,394.80
Central	Mercy Care	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	1.00%	\$ 62.09	\$ -	\$ 127.97	\$ 6,398.60
Central	Health Choice Arizona	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	0.01%	\$ 0.62	\$ -	\$ 126.72	\$ 6,335.88
Central	UnitedHealthcare Community Plan	\$ 6,208.54	\$ -	-	\$ 6,208.54	\$ -	\$ 6,208.54	1.00%	\$ 62.09	\$ -	\$ 127.97	\$ 6,398.60
South	Arizona Complete Health - Complete Care Plan	\$ 6,554.95	\$ -	-	\$ 6,554.95	\$ -	\$ 6,554.95	0.95%	\$ 62.27	\$ -	\$ 135.05	\$ 6,752.27
South	Banner University Family Care	\$ 6,554.95	\$ -	-	\$ 6,554.95	\$ -	\$ 6,554.95	0.94%	\$ 61.62	\$ -	\$ 135.03	\$ 6,751.60
South	UnitedHealthcare Community Plan	\$ 6,554.95	\$ -	-	\$ 6,554.95	\$ -	\$ 6,554.95	1.00%	\$ 65.55	\$ -	\$ 135.11	\$ 6,755.61

**Notes**

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPD  
Premium Tax is 2%

## **Appendix 8: Delivery System and Provider Payment Initiatives**



		CYE 21 Non-FQHC DAP PMPM <sup>1</sup>							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	Care 1st Health Plan Arizona, Inc	\$11.60	\$1.63	\$4.39	\$1.16	\$10.85	\$6.31	\$4.82	\$30.41
North	Health Choice Arizona	\$12.52	\$1.59	\$4.29	\$1.15	\$10.82	\$6.11	\$4.52	\$30.12
Central	Arizona Complete Health - Complete Care Plan	\$10.56	\$1.80	\$4.05	\$1.09	\$12.53	\$7.15	\$4.11	\$26.99
Central	Banner University Family Care	\$11.11	\$1.92	\$4.16	\$1.09	\$13.28	\$7.02	\$4.14	\$26.93
Central	Care 1st Health Plan Arizona, Inc	\$10.74	\$1.81	\$4.03	\$1.09	\$12.90	\$6.90	\$3.76	\$27.00
Central	Magellan Complete Care	\$10.82	\$1.90	\$3.69	\$1.09	\$13.93	\$7.25	\$4.08	\$26.99
Central	Mercy Care	\$10.84	\$1.89	\$4.44	\$1.09	\$14.78	\$7.65	\$4.15	\$27.00
Central	Health Choice Arizona	\$10.82	\$1.81	\$4.10	\$1.08	\$13.46	\$6.99	\$3.96	\$26.74
Central	UnitedHealthcare Community Plan	\$10.66	\$1.92	\$4.35	\$1.09	\$14.09	\$7.23	\$4.10	\$27.00
South	Arizona Complete Health - Complete Care Plan	\$9.29	\$1.42	\$3.97	\$1.05	\$11.63	\$5.91	\$3.95	\$31.78
South	Banner University Family Care	\$9.55	\$1.42	\$4.00	\$1.05	\$11.64	\$6.00	\$4.09	\$31.78
South	UnitedHealthcare Community Plan	\$9.17	\$1.53	\$4.33	\$1.05	\$12.19	\$6.09	\$4.21	\$31.79

1) The PMPMs here are inclusive of premium tax, underwriting gain and risk adjustment. These PMPMs will not match the medical PMPMs in Appendix 6.

		CYE 21 FQHC DAP PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	Care 1st Health Plan Arizona, Inc	\$0.20	\$0.06	\$0.11	\$0.02	\$0.14	\$0.11	\$0.13	\$0.00
North	Health Choice Arizona	\$0.21	\$0.06	\$0.11	\$0.02	\$0.14	\$0.11	\$0.12	\$0.00
Central	Arizona Complete Health - Complete Care Plan	\$0.35	\$0.09	\$0.13	\$0.02	\$0.19	\$0.14	\$0.12	\$0.00
Central	Banner University Family Care	\$0.37	\$0.09	\$0.13	\$0.02	\$0.20	\$0.14	\$0.13	\$0.00
Central	Care 1st Health Plan Arizona, Inc	\$0.36	\$0.09	\$0.13	\$0.02	\$0.19	\$0.14	\$0.11	\$0.00
Central	Magellan Complete Care	\$0.36	\$0.09	\$0.12	\$0.02	\$0.21	\$0.14	\$0.12	\$0.00
Central	Mercy Care	\$0.36	\$0.09	\$0.14	\$0.02	\$0.22	\$0.15	\$0.13	\$0.00
Central	Health Choice Arizona	\$0.36	\$0.09	\$0.13	\$0.02	\$0.20	\$0.14	\$0.12	\$0.00
Central	UnitedHealthcare Community Plan	\$0.36	\$0.09	\$0.14	\$0.02	\$0.21	\$0.14	\$0.12	\$0.00
South	Arizona Complete Health - Complete Care Plan	\$0.80	\$0.24	\$0.25	\$0.05	\$0.35	\$0.23	\$0.24	\$0.00
South	Banner University Family Care	\$0.82	\$0.24	\$0.25	\$0.05	\$0.35	\$0.24	\$0.25	\$0.00
South	UnitedHealthcare Community Plan	\$0.79	\$0.26	\$0.27	\$0.05	\$0.36	\$0.24	\$0.26	\$0.00

1) The PMPMs here are inclusive of premium tax, underwriting gain and risk adjustment. These PMPMs will not match the medical PMPMs in Appendix 6.

		CYE 201 Estimated APSI PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	Care 1st Health Plan Arizona, Inc	\$22.87	\$2.78	\$0.89	\$0.05	\$6.17	\$1.31	\$0.70	\$0.00
North	Health Choice Arizona	\$16.78	\$1.86	\$0.94	\$0.09	\$5.69	\$1.62	\$1.01	\$0.00
Central	Arizona Complete Health - Complete Care Plan	\$22.72	\$3.00	\$2.65	\$0.56	\$14.12	\$5.68	\$3.05	\$0.00
Central	Banner University Family Care	\$15.46	\$3.10	\$1.29	\$0.10	\$13.53	\$3.07	\$1.72	\$0.00
Central	Care 1st Health Plan Arizona, Inc	\$31.12	\$5.19	\$3.29	\$0.17	\$23.46	\$5.04	\$2.40	\$0.00
Central	Magellan Complete Care	\$8.25	\$1.23	\$1.19	\$0.06	\$3.83	\$3.02	\$1.68	\$0.00
Central	Mercy Care	\$27.36	\$5.14	\$5.19	\$0.26	\$21.18	\$6.80	\$3.44	\$0.00
Central	Health Choice Arizona	\$38.22	\$5.37	\$3.24	\$0.29	\$21.79	\$5.87	\$3.21	\$0.00
Central	UnitedHealthcare Community Plan	\$28.67	\$5.37	\$4.22	\$0.27	\$22.20	\$4.84	\$2.84	\$0.00
South	Arizona Complete Health - Complete Care Plan	\$40.14	\$4.25	\$8.32	\$0.56	\$26.45	\$10.84	\$6.20	\$0.00
South	Banner University Family Care	\$52.41	\$5.09	\$12.49	\$0.39	\$29.52	\$15.13	\$10.64	\$0.00
South	UnitedHealthcare Community Plan	\$59.74	\$6.60	\$16.39	\$0.46	\$37.59	\$14.20	\$10.04	\$0.00

		CYE 21 Estimated PSI PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	WellCare of Arizona (previously Care 1st Health Plan)	\$38.85	\$3.03	\$0.02	\$0.00	\$7.73	\$0.07	\$0.18	\$0.00
North	Steward Health Choice Arizona	\$21.64	\$2.29	\$0.07	\$0.00	\$4.16	\$0.01	\$0.35	\$0.00
Central	Arizona Complete Health - Complete Care Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Banner - University Family Care	\$8.23	\$2.09	\$0.02	\$0.00	\$14.20	\$0.13	\$0.31	\$0.00
Central	WellCare of Arizona (previously Care 1st Health Plan)	\$34.85	\$5.61	\$0.06	\$0.00	\$57.98	\$0.23	\$0.74	\$0.00
Central	Magellan Complete Care	\$6.38	\$1.07	\$0.02	\$0.00	\$3.10	\$0.00	\$0.00	\$0.00
Central	Mercy Care	\$27.37	\$6.32	\$0.05	\$0.00	\$18.38	\$0.29	\$0.12	\$0.00
Central	Steward Health Choice Arizona	\$27.14	\$5.12	\$0.08	\$0.00	\$50.48	\$0.24	\$0.13	\$0.00
Central	UnitedHealthcare Community Plan	\$47.17	\$5.84	\$0.04	\$0.03	\$22.34	\$0.99	\$1.05	\$0.00
South	Arizona Complete Health - Complete Care Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
South	Banner - University Family Care	\$6.71	\$1.18	\$0.08	\$0.00	\$4.10	\$0.01	\$0.00	\$0.00
South	UnitedHealthcare Community Plan	\$10.69	\$0.47	\$0.00	\$0.00	\$1.67	\$0.01	\$0.00	\$0.00

GSA	MCO	CYE 21 Estimated HEALTHII PMPM							
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	Care 1st Health Plan Arizona, Inc	\$234.05	\$20.63	\$89.66	\$17.84	\$223.10	\$121.85	\$100.42	\$0.00
North	Health Choice Arizona	\$287.34	\$20.03	\$92.42	\$23.08	\$212.51	\$120.38	\$89.57	\$0.00
Central	Arizona Complete Health - Complete Care Plan	\$188.85	\$13.81	\$67.67	\$8.65	\$171.45	\$115.88	\$64.92	\$0.00
Central	Banner University Family Care	\$154.49	\$14.45	\$57.60	\$16.40	\$173.22	\$89.56	\$56.85	\$0.00
Central	Care 1st Health Plan Arizona, Inc	\$212.41	\$15.02	\$79.68	\$13.34	\$237.97	\$108.00	\$55.26	\$0.00
Central	Magellan Complete Care	\$75.25	\$4.57	\$23.58	\$0.56	\$47.74	\$54.34	\$34.54	\$0.00
Central	Mercy Care	\$193.85	\$16.00	\$81.11	\$21.18	\$211.71	\$106.68	\$61.12	\$0.00
Central	Health Choice Arizona	\$310.59	\$18.21	\$92.65	\$27.28	\$263.36	\$132.58	\$76.43	\$0.00
Central	UnitedHealthcare Community Plan	\$215.00	\$14.24	\$75.50	\$8.71	\$194.21	\$92.59	\$57.71	\$0.00
South	Arizona Complete Health - Complete Care Plan	\$203.98	\$21.59	\$78.34	\$14.17	\$217.36	\$98.64	\$67.05	\$0.00
South	Banner University Family Care	\$244.42	\$20.69	\$81.47	\$20.11	\$214.04	\$112.40	\$75.68	\$0.00
South	UnitedHealthcare Community Plan	\$243.37	\$17.44	\$74.06	\$10.43	\$224.34	\$89.38	\$60.79	\$0.00

Rate Cell: Age < 1

GSA	MCO	CYE 21 Estimated TI PMPMs				Total TI PMPM
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	
North	Care 1st Health Plan Arizona, Inc	\$3.70	\$0.01	\$0.01	\$0.09	\$3.81
North	Health Choice Arizona	\$3.70	\$0.01	\$0.01	\$0.09	\$3.81
Central	Arizona Complete Health - Complete Care Plan	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	Banner University Family Care	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	Care 1st Health Plan Arizona, Inc	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	Magellan Complete Care	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	Mercy Care	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	Health Choice Arizona	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
Central	UnitedHealthcare Community Plan	\$7.90	\$0.12	\$0.03	\$0.36	\$8.41
South	Arizona Complete Health - Complete Care Plan	\$2.30	\$0.08	\$0.01	\$0.00	\$2.39
South	Banner University Family Care	\$2.30	\$0.08	\$0.01	\$0.00	\$2.39
South	UnitedHealthcare Community Plan	\$2.30	\$0.08	\$0.01	\$0.00	\$2.39

Rate Cell: Age 1-20

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$0.55	\$0.01	\$0.31	\$0.38	\$1.24
North	Health Choice Arizona	\$0.55	\$0.01	\$0.31	\$0.38	\$1.24
Central	Arizona Complete Health - Complete Care Plan	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	Banner University Family Care	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	Care 1st Health Plan Arizona, Inc	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	Magellan Complete Care	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	Mercy Care	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	Health Choice Arizona	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
Central	UnitedHealthcare Community Plan	\$1.53	\$0.02	\$0.35	\$0.07	\$1.97
South	Arizona Complete Health - Complete Care Plan	\$0.30	\$0.01	\$0.17	\$0.08	\$0.55
South	Banner University Family Care	\$0.30	\$0.01	\$0.17	\$0.08	\$0.55
South	UnitedHealthcare Community Plan	\$0.30	\$0.01	\$0.17	\$0.08	\$0.55

Rate Cell: Age 21+

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$0.40	\$0.01	\$0.27	\$0.39	\$1.08
North	Health Choice Arizona	\$0.40	\$0.01	\$0.27	\$0.39	\$1.08
Central	Arizona Complete Health - Complete Care Plan	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	Banner University Family Care	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	Care 1st Health Plan Arizona, Inc	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	Magellan Complete Care	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	Mercy Care	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	Health Choice Arizona	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
Central	UnitedHealthcare Community Plan	\$1.30	\$0.06	\$0.25	\$0.18	\$1.78
South	Arizona Complete Health - Complete Care Plan	\$0.23	\$0.03	\$0.16	\$0.09	\$0.50
South	Banner University Family Care	\$0.23	\$0.03	\$0.16	\$0.09	\$0.50
South	UnitedHealthcare Community Plan	\$0.23	\$0.03	\$0.16	\$0.09	\$0.50



Rate Cell: Duals

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$0.11	\$0.01	\$0.16	\$0.29	\$0.57
North	Health Choice Arizona	\$0.11	\$0.01	\$0.16	\$0.29	\$0.57
Central	Arizona Complete Health - Complete Care Plan	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	Banner University Family Care	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	Care 1st Health Plan Arizona, Inc	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	Magellan Complete Care	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	Mercy Care	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	Health Choice Arizona	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
Central	UnitedHealthcare Community Plan	\$0.39	\$0.02	\$0.16	\$0.06	\$0.63
South	Arizona Complete Health - Complete Care Plan	\$0.07	\$0.01	\$0.11	\$0.07	\$0.26
South	Banner University Family Care	\$0.07	\$0.01	\$0.11	\$0.07	\$0.26
South	UnitedHealthcare Community Plan	\$0.07	\$0.01	\$0.11	\$0.07	\$0.26

**Rate Cell: SSI Without Medicare**

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$1.15	\$0.03	\$0.60	\$0.70	\$2.48
North	Health Choice Arizona	\$1.15	\$0.03	\$0.60	\$0.70	\$2.48
Central	Arizona Complete Health - Complete Care Plan	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	Banner University Family Care	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	Care 1st Health Plan Arizona, Inc	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	Magellan Complete Care	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	Mercy Care	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	Health Choice Arizona	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
Central	UnitedHealthcare Community Plan	\$2.55	\$0.16	\$0.72	\$0.40	\$3.83
South	Arizona Complete Health - Complete Care Plan	\$0.84	\$0.10	\$0.38	\$0.23	\$1.55
South	Banner University Family Care	\$0.84	\$0.10	\$0.38	\$0.23	\$1.55
South	UnitedHealthcare Community Plan	\$0.84	\$0.10	\$0.38	\$0.23	\$1.55

Rate Cell: Prop 204 Childless Adults

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$0.46	\$0.03	\$0.64	\$0.80	\$1.94
North	Health Choice Arizona	\$0.46	\$0.03	\$0.64	\$0.80	\$1.94
Central	Arizona Complete Health - Complete Care Plan	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	Banner University Family Care	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	Care 1st Health Plan Arizona, Inc	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	Magellan Complete Care	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	Mercy Care	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	Health Choice Arizona	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
Central	UnitedHealthcare Community Plan	\$1.50	\$0.14	\$0.45	\$0.29	\$2.38
South	Arizona Complete Health - Complete Care Plan	\$0.36	\$0.04	\$0.44	\$0.21	\$1.05
South	Banner University Family Care	\$0.36	\$0.04	\$0.44	\$0.21	\$1.05
South	UnitedHealthcare Community Plan	\$0.36	\$0.04	\$0.44	\$0.21	\$1.05

Rate Cell: Expansion Adults

GSA	MCO	CYE 21 Estimated TI PMPMs				
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	Care 1st Health Plan Arizona, Inc	\$0.52	\$0.01	\$0.24	\$0.33	\$1.11
North	Health Choice Arizona	\$0.52	\$0.01	\$0.24	\$0.33	\$1.11
Central	Arizona Complete Health - Complete Care Plan	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	Banner University Family Care	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	Care 1st Health Plan Arizona, Inc	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	Magellan Complete Care	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	Mercy Care	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	Health Choice Arizona	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
Central	UnitedHealthcare Community Plan	\$1.32	\$0.05	\$0.15	\$0.14	\$1.66
South	Arizona Complete Health - Complete Care Plan	\$0.18	\$0.03	\$0.12	\$0.06	\$0.39
South	Banner University Family Care	\$0.18	\$0.03	\$0.12	\$0.06	\$0.39
South	UnitedHealthcare Community Plan	\$0.18	\$0.03	\$0.12	\$0.06	\$0.39

Rate Cell: Delivery Supplemental Payments

GSA	MCO	CYE 21 Estimated TI PMPMs				Total TI PMPM
		TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	
North	Care 1st Health Plan Arizona, Inc	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
North	Health Choice Arizona	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Arizona Complete Health - Complete Care Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Banner University Family Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Care 1st Health Plan Arizona, Inc	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Magellan Complete Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Mercy Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Health Choice Arizona	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	UnitedHealthcare Community Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
South	Arizona Complete Health - Complete Care Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
South	Banner University Family Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
South	UnitedHealthcare Community Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00