



**Contract Year Ending 2022
AHCCCS Complete Care Program Capitation Rate
Notification - Rural Hospital Payments**

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

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

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CYE 22 AHCCCS Complete Care Program Capitation Rate Notification Rural Hospital Payments

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Introduction and Limitations

The purpose of this capitation rate notification document is to provide documentation, including the data, assumptions, and methodologies, used to allocate the pass-through payments for rural hospitals across the October 1, 2021 through September 30, 2022 (Contract Year Ending 2022 (CYE 22), or alternatively, Federal Fiscal Year (FFY 22)) capitation rates for the Arizona Health Care Cost Containment System (AHCCCS) Complete Care (ACC) Program. The rural hospital payments are pass-through payments under 42 CFR § 438.6(d).

This capitation rate notification document was prepared for Centers for Medicare & Medicaid Services (CMS), or its actuaries, for review of the rural hospital allocation methodology. This capitation rate notification document also provides the CYE 22 ACC Program capitation rates with and without the rural hospital payments for CMS review. This capitation rate notification document may not be appropriate for any other purpose.

This capitation rate notification document may also be made available publicly on the AHCCCS website or distributed to other parties. If this capitation rate notification document is made available to third parties, then this capitation rate notification document and the original rate certification along with any amendments should be provided in its entirety. Any third party reviewing this capitation rate notification document should be familiar with the AHCCCS Medicaid managed care program, the provisions of 42 CFR Part 438 applicable to this capitation rate notification document, the 2021-2022 Medicaid Managed Care Rate Development Guide (2022 Guide), Actuarial Standards of Practice, and generally accepted actuarial principles and practices.

CMS has yet to release a rate development guide specific to capitation rate updates related to payments under § 438.6(d). In lieu of having an official guide to follow, AHCCCS will follow the 2022 Guide for organizing this capitation rate notification document. The 2022 Guide describes the rate development standards and appropriate documentation to be included within Medicaid managed care rate certifications. In particular, Section I.4.E covers pass-through payments and it is this section that will contain the capitation rate notification documentation, along with an additional section, Section I.4.E.ii.(e), added by AHCCCS to the 2022 Guide to capture the data, assumptions, and methodology used to allocate the rural hospital payments by rate cell. Sections of the 2022 Guide that do not apply will be marked as “Not Applicable” and will be included in this rate notification document for completeness.

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Section I Medicaid Managed Care Rates

I.1. General Information

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.2. Data

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.3. Projected Benefit Costs and Trends

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.4. Special Contract Provisions Related to Payment

I.4.A. Incentive Arrangements

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.4.B. Withhold Arrangements

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.4.C. Risk-Sharing Mechanisms

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.4.D. State Directed Payments

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.4.E. Pass-Through Payments

I.4.E.i. Rate Development Standards

This section of the 2022 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

The following sections of the 2022 Guide, Section I.4.E.ii.(a).(i) through Section I.4.E.ii.(d), were provided in the Contract Year Ending 2022 ACC Program Capitation Rate Certification. These sections are being provided again to facilitate CMS' review. Additionally, as stated in the Introduction and Limitations, AHCCCS has added a new section, Section I.4.E.ii.(e), titled "Allocation Methodology" to describe the data, assumptions, and methodology to allocate the Rural Program payments by rate cell.

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

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

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

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

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

I.4.E.ii.(a)(ii) Description of How the Pass-Through Payments Will Be Made

The pass-through payment will be made as an aggregate lump sum payment.

I.4.E.ii.(a)(iii) 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)(iv) Programs that Include the Pass-Through Payments

The only pass-through payment 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)(v) 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)(vi) Financing Mechanism Pass-Through Payments

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

I.4.E.ii.(a)(vi)(A) Description of Non-Federal Share

The non-federal share of 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.

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I.4.E.ii.(a)(vi)(B) Payments Funded by Intergovernmental Transfers – Not Applicable

I.4.E.ii.(a)(vi)(C) 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.

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).

I.4.E.ii.(b)(iv) States Transitioning from FFS to Managed Care – Not Applicable

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). 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 20 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 20 inpatient

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encounter data and the CYE 20 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 42 CFR §§ 438.6(d)(2)(i)(A), (i)(B), (ii)(A), and (ii)(B). 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). There were no changes to the methodology utilized for the base amount calculation from prior years' calculations.

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

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

- For 42 CFR § 438.6(d)(2)(i)(A) - \$60,839,718
- For 42 CFR § 438.6(d)(2)(i)(B) - \$35,940,209
- For 42 CFR § 438.6(d)(2)(ii)(A) - \$22,204,022
- For 42 CFR § 438.6(d)(2)(ii)(B) - \$9,911,060

The difference between \$60,839,718 and \$35,940,209 is \$24,899,509. The difference between \$22,204,022 and \$9,911,060 is \$12,292,962. The base amount is the sum of these differences and is \$37,192,471.

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 \$37,192,471 and 60% of the base amount was estimated to be \$22,315,483. As described by 42 CFR § 438.6(d)(3), the total dollar amount of the pass-through payment for rural hospitals for the CYE 22 capitation rates may not exceed the lesser of 60% 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 22 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 20 which is the 12-month period immediately 2 years prior to the rating period. The CYE 20 amount for DAP for rural hospitals is approximately \$2.1 million. DAP is reflected in the CYE 20 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).

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I.4.E.ii.(d) States Transitioning from FFS to Managed Care – Not Applicable

Not applicable. The State of Arizona Medicaid program has operated as managed care since inception in 1982.

I.4.E.ii.(e) Allocation Methodology

The actual payment for the rural hospital payments is \$12,158,100 without premium tax and the total amount with 2% premium tax is \$12,406,224.

AHCCCS will be paying the Contractors via a lump sum payment. The traditional CYE 22 capitation rates will not be disrupted or changed.

To allocate the final payments for the CYE 22 rural hospital payments, the AHCCCS Division of Health Care Management (DHCM) Actuarial Team used adjudicated and approved encounter data for dates of service July 1, 2020 through June 30, 2021.

The encounter data used for this allocation included: rural hospital providers that were eligible for rural hospital payments, relevant claim health plan information, relevant rate cell information, and health plan paid (HPP) information. The AHCCCS DHCM Actuarial Team excluded Fee for Service (FFS) utilization and any Contractors whose utilization of the rural facilities was less than 5% of total rural hospital costs. After all exclusions, a payment for four ACC Contractors, including an adjustment for premium tax, was developed. See Appendix I for the payments.

The payments were allocated by rate cells using the same encounter data listed above which had all relevant rate cell information included.

Appendix II contains the capitation rates with and without rural hospital payments.

I.5. Projected Non-Benefit Costs

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

I.6. Risk Adjustment and Acuity Adjustments

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

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

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

Section III New Adult Group Capitation Rates

Not Applicable to the rural hospital payments for the CYE 22 ACC Program rate update.

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Rural Hospital Payments**

**Appendix I: CYE 22 Rural Hospital
Payments**

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		Rural Hospital Payments including Premium Tax								
GSA	MCO	AGE < 1	AGE 1-20	AGE 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	Total
North	Care 1st Health Plan Arizona, Inc	\$264,574	\$110,277	\$723,903	\$29,422	\$391,643	\$1,133,846	\$248,538	\$0	\$2,902,203
North	Health Choice Arizona	\$437,180	\$218,441	\$1,001,887	\$15,275	\$418,250	\$1,311,628	\$334,796	\$0	\$3,737,458
Central	Arizona Complete Health - Complete Care Plan	\$68,829	\$31,519	\$189,020	\$3,093	\$75,975	\$313,881	\$43,296	\$0	\$725,613
Central	Banner University Family Care	\$59,939	\$27,857	\$242,711	\$19,158	\$103,927	\$289,631	\$60,190	\$0	\$803,413
Central	Molina Healthcare of Arizona, Inc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Central	Mercy Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Central	Health Choice Arizona	\$96,347	\$33,759	\$247,247	\$34,440	\$128,984	\$392,233	\$57,456	\$0	\$990,466
Central	UnitedHealthcare Community Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
South	Arizona Complete Health - Complete Care Plan	\$144,159	\$96,864	\$483,799	\$55,759	\$152,340	\$526,863	\$122,945	\$0	\$1,582,729
South	Banner University Family Care	\$142,528	\$108,166	\$587,789	\$29,082	\$209,137	\$464,495	\$123,146	\$0	\$1,664,344
South	UnitedHealthcare Community Plan (Pima Only)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$1,213,557	\$626,883	\$3,476,356	\$186,229	\$1,480,256	\$4,432,577	\$990,367	\$0	\$12,406,224

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**Appendix II: CYE 22 Capitation Rates with and without Rural
Hospital Payments**

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AGE < 1

		Capitation Rates Effective 10/1/21 - 9/31/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$641.41	\$15.59	\$657.00
North	Health Choice Arizona	\$682.72	\$18.10	\$700.81
Central	Arizona Complete Health - Complete Care Plan	\$649.50	\$1.15	\$650.65
Central	Banner University Family Care	\$643.86	\$2.01	\$645.87
Central	Molina Healthcare of Arizona, Inc.	\$708.67	\$0.00	\$708.67
Central	Mercy Care	\$674.46	\$0.00	\$674.46
Central	Health Choice Arizona	\$673.70	\$3.09	\$676.79
Central	UnitedHealthcare Community Plan	\$664.31	\$0.00	\$664.31
South	Arizona Complete Health - Complete Care Plan	\$686.32	\$3.98	\$690.31
South	Banner University Family Care	\$684.42	\$3.42	\$687.84
South	UnitedHealthcare Community Plan (Pima Only)	\$680.50	\$0.00	\$680.50

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AGE 1-20

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$218.81	\$0.32	\$219.12
North	Health Choice Arizona	\$205.96	\$0.52	\$206.48
Central	Arizona Complete Health - Complete Care Plan	\$206.03	\$0.03	\$206.06
Central	Banner University Family Care	\$211.19	\$0.07	\$211.25
Central	Molina Healthcare of Arizona, Inc.	\$236.00	\$0.00	\$236.00
Central	Mercy Care	\$210.05	\$0.00	\$210.05
Central	Health Choice Arizona	\$207.67	\$0.05	\$207.72
Central	UnitedHealthcare Community Plan	\$211.81	\$0.00	\$211.81
South	Arizona Complete Health - Complete Care Plan	\$215.11	\$0.15	\$215.26
South	Banner University Family Care	\$214.34	\$0.13	\$214.47
South	UnitedHealthcare Community Plan (Pima Only)	\$227.63	\$0.00	\$227.63

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AGE 21+

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$377.11	\$4.86	\$381.98
North	Health Choice Arizona	\$362.88	\$5.13	\$368.01
Central	Arizona Complete Health - Complete Care Plan	\$408.97	\$0.47	\$409.43
Central	Banner University Family Care	\$408.89	\$1.29	\$410.18
Central	Molina Healthcare of Arizona, Inc.	\$396.72	\$0.00	\$396.72
Central	Mercy Care	\$450.09	\$0.00	\$450.09
Central	Health Choice Arizona	\$417.98	\$1.02	\$419.01
Central	UnitedHealthcare Community Plan	\$430.56	\$0.00	\$430.56
South	Arizona Complete Health - Complete Care Plan	\$376.73	\$1.62	\$378.35
South	Banner University Family Care	\$378.56	\$1.63	\$380.19
South	UnitedHealthcare Community Plan (Pima Only)	\$405.35	\$0.00	\$405.35

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Duals

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$141.73	\$0.31	\$142.03
North	Health Choice Arizona	\$132.81	\$0.17	\$132.98
Central	Arizona Complete Health - Complete Care Plan	\$153.30	\$0.02	\$153.32
Central	Banner University Family Care	\$149.10	\$0.33	\$149.43
Central	Molina Healthcare of Arizona, Inc.	\$176.43	\$0.00	\$176.43
Central	Mercy Care	\$147.15	\$0.00	\$147.15
Central	Health Choice Arizona	\$152.17	\$0.34	\$152.51
Central	UnitedHealthcare Community Plan	\$147.96	\$0.00	\$147.96
South	Arizona Complete Health - Complete Care Plan	\$149.53	\$0.34	\$149.86
South	Banner University Family Care	\$145.74	\$0.15	\$145.90
South	UnitedHealthcare Community Plan (Pima Only)	\$143.85	\$0.00	\$143.85

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SSI Without Medicare

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$1,200.85	\$11.75	\$1,212.60
North	Health Choice Arizona	\$1,184.87	\$10.82	\$1,195.69
Central	Arizona Complete Health - Complete Care Plan	\$1,224.72	\$0.98	\$1,225.69
Central	Banner University Family Care	\$1,260.17	\$3.07	\$1,263.25
Central	Molina Healthcare of Arizona, Inc.	\$1,350.86	\$0.00	\$1,350.86
Central	Mercy Care	\$1,449.16	\$0.00	\$1,449.16
Central	Health Choice Arizona	\$1,280.26	\$2.70	\$1,282.96
Central	UnitedHealthcare Community Plan	\$1,336.38	\$0.00	\$1,336.38
South	Arizona Complete Health - Complete Care Plan	\$1,284.67	\$2.65	\$1,287.33
South	Banner University Family Care	\$1,286.49	\$2.87	\$1,289.36
South	UnitedHealthcare Community Plan (Pima Only)	\$1,373.10	\$0.00	\$1,373.10

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Proposition 204 Childless Adults

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$631.92	\$5.41	\$637.33
North	Health Choice Arizona	\$611.85	\$4.97	\$616.81
Central	Arizona Complete Health - Complete Care Plan	\$699.49	\$0.60	\$700.09
Central	Banner University Family Care	\$690.71	\$1.00	\$691.72
Central	Molina Healthcare of Arizona, Inc.	\$756.92	\$0.00	\$756.92
Central	Mercy Care	\$772.95	\$0.00	\$772.95
Central	Health Choice Arizona	\$701.09	\$1.47	\$702.56
Central	UnitedHealthcare Community Plan	\$711.68	\$0.00	\$711.68
South	Arizona Complete Health - Complete Care Plan	\$615.24	\$1.47	\$616.71
South	Banner University Family Care	\$622.82	\$1.11	\$623.93
South	UnitedHealthcare Community Plan (Pima Only)	\$632.45	\$0.00	\$632.45

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Expansion State Adults

		Capitation Rates Effective 10/1/21 – 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$541.38	\$3.14	\$544.52
North	Health Choice Arizona	\$509.30	\$3.42	\$512.73
Central	Arizona Complete Health - Complete Care Plan	\$500.05	\$0.21	\$500.26
Central	Banner University Family Care	\$501.65	\$0.59	\$502.24
Central	Molina Healthcare of Arizona, Inc.	\$511.66	\$0.00	\$511.66
Central	Mercy Care	\$528.12	\$0.00	\$528.12
Central	Health Choice Arizona	\$500.28	\$0.53	\$500.81
Central	UnitedHealthcare Community Plan	\$511.02	\$0.00	\$511.02
South	Arizona Complete Health - Complete Care Plan	\$440.87	\$0.82	\$441.69
South	Banner University Family Care	\$455.10	\$0.68	\$455.78
South	UnitedHealthcare Community Plan (Pima Only)	\$462.60	\$0.00	\$462.60

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Delivery Supplemental Payments

		Capitation Rates Effective 10/1/21 - 9/30/22		
GSA	MCO	Cap Rates without Rural	Rural PMPM	Cap Rates with Rural
North	Care 1st Health Plan Arizona, Inc	\$6,612.14	\$0.00	\$6,612.14
North	Health Choice Arizona	\$6,612.14	\$0.00	\$6,612.14
Central	Arizona Complete Health - Complete Care Plan	\$6,442.76	\$0.00	\$6,442.76
Central	Banner University Family Care	\$6,442.76	\$0.00	\$6,442.76
Central	Molina Healthcare of Arizona, Inc.	\$6,442.76	\$0.00	\$6,442.76
Central	Mercy Care	\$6,442.76	\$0.00	\$6,442.76
Central	Health Choice Arizona	\$6,442.76	\$0.00	\$6,442.76
Central	UnitedHealthcare Community Plan	\$6,442.76	\$0.00	\$6,442.76
South	Arizona Complete Health - Complete Care Plan	\$6,730.21	\$0.00	\$6,730.21
South	Banner University Family Care	\$6,730.21	\$0.00	\$6,730.21
South	UnitedHealthcare Community Plan (Pima Only)	\$6,730.21	\$0.00	\$6,730.21