



**Contract Year Ending 2023  
Capitation Rate Certification  
AHCCCS Complete Care and  
AHCCCS Complete Care – Regional  
Behavioral Health Agreement  
Program**

**October 1, 2022 through September 30, 2023**

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

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

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### Introduction and Limitations

The purpose of this rate certification is to provide documentation for compliance with the applicable provisions of 42 CFR Part 438. This includes the data, assumptions, and methodologies used in the development of the October 1, 2022 through September 30, 2023 (Contract Year Ending 2023 (CYE 23), or alternatively, Federal Fiscal Year 2023 (FFY 23)) actuarially sound capitation rates for the Arizona Health Cost Containment System (AHCCCS) Complete Care (ACC) and AHCCCS Complete Care – Regional Behavioral Health Agreement (ACC-RBHA) Program.

This rate certification was prepared for the Centers for Medicare & Medicaid Services (CMS), or its actuaries, for review and approval of the actuarially sound certified capitation rates contained herein. This rate certification may not be appropriate for any other purpose. The actuarially sound capitation rates represent projections of future events. Actual results may vary from the projections.

This rate certification may also be made available publicly on the 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 applicable to this rate certification, the 2022-2023 Medicaid Managed Care Rate Development Guide (2023 Guide), Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2023 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 2023 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 42 CFR § 438.4(a) and 42 CFR § 438.4(b). The state did not opt to develop capitation rate ranges, therefore adherence to 42 CFR § 438.4(c) is not required.

- § 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 differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations must be based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations. Any differences in the assumptions, methodologies, or factors used to develop capitation rates must not vary with the rate of Federal financial participation (FFP) associated with the covered populations in a manner that increases Federal costs. The determination that differences in the assumptions, methodologies, or factors used to develop capitation rates for MCOs, PIHPs, and PAHPs increase Federal costs and vary with the rate of FFP associated with the covered populations must be evaluated for the entire managed care program and include all managed care contracts for all covered populations. CMS may require a State to provide written documentation and justification that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations or contracts represent actual cost differences based on the characteristics and mix of the covered services or 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.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

- § 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.

The actuaries have followed generally accepted actuarial practices and regulatory requirements, including published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), CMS, and federal regulations. In particular, the actuaries referenced the below during the development of the actuarially sound capitation rates:

- Actuarial Standards of Practice (ASOPs) applicable to Medicaid managed care rate setting which were effective before the start date of the rating period:
  - ASOP No. 1 - Introductory Actuarial Standard of Practice,
  - ASOP No. 5 - Incurred Health and Disability Claims,
  - ASOP No. 12 - Risk Classification (for All Practice Areas),
  - ASOP No. 23 - Data Quality,
  - ASOP No. 25 - Credibility Procedures,
  - ASOP No. 41 - Actuarial Communications,
  - ASOP No. 45 - The Use of Health Status Based Risk Adjustment Methodologies,
  - ASOP No. 49 - Medicaid Managed Care Capitation Rate Development and Certification, and
  - ASOP No. 56 - Modeling.
- The 2016 and 2020 Medicaid and CHIP Managed Care Final Rules (CMS-2390-F and CMS-2408-F)
- FAQs related to payments to MCOs and PIHPs for IMD stays
- The 2022-2023 Medicaid Managed Care Rate Development Guide (2023 Guide) published by CMS

Throughout this actuarial certification, the term “actuarially sound” will be defined as in ASOP 49 (consistent with the definition at 42 CFR § 438.4(a)):

“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.”

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

As stated on pages 2 and 3 of the 2023 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 2023 Guide.

The ACC Program has expanded since the previous contract year. There are four Contractors that continue to serve only ACC populations under the ACC contract. There are three Contractors, one Contractor per geographic service area (GSA), which continue to serve the ACC populations, but now have expanded contractual responsibilities over and above those of the ACC contract.

The additional responsibilities, which were previously covered under the Regional Behavioral Health Authority (RBHA) Program contract, were awarded as the result of a competitive contract expansion (CCE) of the ACC Program. These added responsibilities are now covered under a Regional Behavioral Health Agreement (also RBHA) and are incorporated into a specific ACC-RBHA contract; the Contractors with additional responsibilities will be referred to as ACC-RBHA Contractors.

The ACC and ACC-RBHA Contractors will serve the ACC populations. The ACC-RBHA Contractors will additionally serve members with Serious Mental Illness (SMI), provide the first 24 hours of crisis intervention services for all Title XIX and Title XXI eligible members within their GSA (including those members not enrolled with the ACC-RBHA Contractor for the rest of their Medicaid services), and provide behavioral health services prior period coverage (BH PPC) for non-Title XIX (state only) eligibility members who transition to Title XIX eligibility.

The ACC and ACC-RBHA contracts are both addressed in this certification.

As part of the CCE bid process, the Offerors submitted bids for the administrative costs per member per month (PMPM) to cover members with SMI and the first 24 hours of crisis intervention services (Crisis 24 Hour Group). As part of the CCE bid process, each Offeror was required to submit administrative cost bid amounts by GSA and an actuarial certification documenting the data, assumptions, and methodologies for the administrative cost bids. Additional documentation on administrative components of the capitation rates for both ACC and ACC-RBHA Contractors, including the actuaries' review of the actuarial certifications of the awarded ACC-RBHA Contractors' administrative cost bid amounts, can be found below in Section I.5.B.i.(a).

Due to acronyms being redefined between CYE 22 and CYE 23, similarity of services between the programs in CYE 22 and CYE 23 (the rating period addressed by this rate certification), as well as some other language conventions which can cause misunderstandings, Table 1 on the next page provides a glossary with key phrases to assist when reading this CYE 23 capitation rate certification.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

**Table 1: Glossary of Key Phrases**

Key Phrase	Describing	Covers
<b>Rate cell</b>	Specific	Population and set of benefits at the certified capitation rate level including risk adjustment, defined at 42 CFR 438.2 “Rate cell”
<b>Risk group</b>	General	Population and set of benefits at a general level
<b>ACC populations</b>	Population	all <b>risk groups</b> except SMI, Crisis 24 Hour Group
<b>RBHA populations</b>	Population	SMI, Crisis 24 Hour Group
<b>ACC Contract</b>	Contract	ACC Contract in CYE 23 rating period
<b>ACC-RBHA Contract</b>	Contract	ACC-RBHA Contract in CYE 23 rating period
<b>Prior ACC Contract</b>	Contract (in past)	ACC Contract effective until September 30, 2022
<b>Prior RBHA Contract</b>	Contract (in past)	RBHA Contract effective until September 30, 2022
<b>ACC Contractors</b>	Contractors	Banner – University Family Care, Health Choice Arizona, Molina Healthcare of Arizona, UnitedHealthcare Community Plan (and Arizona Complete Health – Complete Care Plan, Care1st Health Plan Arizona, Mercy Care in past years)
<b>ACC-RBHA Contractors</b>	Contractors	Arizona Complete Health – Complete Care Plan, Care1st Health Plan Arizona, Mercy Care
<b>ACC and ACC-RBHA Contractors</b>	Contractors	all Contractors for the CYE 23 rating period
<b>Prior RBHA Contractors</b>	Contractors (in past)	RBHA Contractors effective until September 30, 2022, Arizona Complete Health – Complete Care Plan, Health Choice Arizona, Mercy Care
<b>ACC services</b>	Services	base set of services
<b>RBHA services</b>	Services	additional SMI services, and first 24 hours of crisis
<b>ACC and ACC-RBHA Program</b>	Program	effective for CYE 23 through CYE 27 rating periods
<b>Prior ACC Program and/or prior RBHA Program</b>	Program (in past)	effective until September 30, 2022

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

#### I.1.A.i. Standards and Documentation for Rate Ranges

This section of the 2023 Guide notes that standards and documentation expectations are not different for capitation rates and capitation rate ranges, except where otherwise stated.

#### I.1.A.ii. Rating Period

The CYE 23 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2022 through September 30, 2023.

#### I.1.A.iii. Required Elements

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

The actuarial certification letter for the CYE 23 capitation rates for the ACC and ACC-RBHA Program, signed by Windy J. Marks, FSA, MAAA and Erica Johnson, ASA, MAAA, is in Appendix 1. Ms. Marks and



## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

Ms. Johnson meet the requirements for the definition of an Actuary described at 42 CFR § 438.2 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 23 capitation rates for the ACC and ACC-RBHA Program contained in this rate certification are actuarially sound and meet the standards within the applicable provisions of 42 CFR Part 438.

### **I.1.A.iii.(b) Final and Certified Capitation Rates**

The final and certified capitation rates by rate cell are located in Appendix 2. Additionally, the ACC and ACC-RBHA Program contract includes the final and certified capitation rates by rate cell in accordance with 42 CFR § 438.3(c)(1)(i). The ACC and ACC-RBHA Program contract uses the term risk group instead of rate cell. This rate certification will use the term rate cell when identifying a population at the certified capitation rate level (as shown in Appendix 2, Appendix 7, and Appendix 8b) and will use the term risk group when identifying a population not at the certified capitation rate level, i.e., the Age < 1 risk group represents children under age 1 in the ACC and ACC-RBHA Program.

### **I.1.A.iii.(c) Program Information**

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

#### **I.1.A.iii.(c)(i) Summary of Program**

##### **I.1.A.iii.(c)(i)(A) Type and Number of Managed Care Plans**

The ACC and ACC-RBHA Program contracts with seven managed care organizations. The number of managed care organizations contracted with the Program varies by Geographical Service Area (GSA). It should be noted that the GSAs have been aligned for all risk groups for the CYE 23 rating period; historically, the GSAs for the populations served by a prior RBHA Contractor were defined differently (Gila and Pinal counties were part of the North and South GSAs for the RBHA Program, respectively).

The ACC and ACC-RBHA Program GSAs, along with the Contractors within the GSAs and the counties, for CYE 23 are listed in Table 2 below.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

**Table 2: ACC and ACC-RBHA Contractors by GSA and Counties**

GSA	Counties	Contractors
North	Apache, Coconino, Mohave, Navajo, and Yavapai	Care1st Health Plan Arizona, Inc. <sup>+</sup> Health Choice Arizona, Inc.
Central	Gila, Maricopa, and Pinal (excluding zip codes 85542, 85192, and 85550)	Arizona Complete Health – Complete Care Plan Banner – University Family Care Molina Healthcare of Arizona, Inc. Mercy Care <sup>+</sup> Health Choice Arizona, Inc. UnitedHealthcare Community Plan
South	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma (including zip codes 85542, 85192, and 85550)	Arizona Complete Health – Complete Care Plan <sup>+</sup> Banner – University Family Care UnitedHealthcare Community Plan (Pima County Only)

<sup>+</sup> ACC and ACC-RBHA Contractors

### **I.1.A.iii.(c)(i)(B) General Description of Benefits**

This certification covers the ACC and ACC-RBHA 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. Additional information regarding covered services can be found in the ACC and ACC-RBHA contracts. All tables in this certification, unless specifically stated otherwise, do not include any impacts to the Crisis 24 Hour Group rate cells. When there are impacts to the Crisis 24 Hour Group rate cells, the tables will note that the Crisis 24 Hour Group rate cells are included.

For the CYE 23 rating period, the actuaries have aligned the aggregation of encounter data into consistent detailed categories of service for all programs which do not cover long term services and supports (LTSS). Each program which does not cover LTSS includes further aggregation into less detailed categories of service for the purposes of setting capitation rates; the level of aggregation for the risk groups in the ACC and ACC-RBHA program additionally includes differences to ensure that detailed categories of service which make up a significant portion of expenses for a risk group are analyzed at an appropriate level of aggregation. The rate setting categories of service appropriate to each risk group are shown in Appendix 4 and Appendix 6, and the further aggregated trend categories of service, are shown in Appendix 5.

For the CYE 23 rating period, the projected expenses associated with the administration of COVID-19 vaccines are not included in the capitation rates; all COVID-19 vaccine costs in the base data period were removed as part of rate development, described below in Section I.2.B.iii.(d). AHCCCS Contractors are responsible for these expenses and will be reimbursed for these expenses on a non-risk basis via periodic cost-settlement payments based upon adjudicated/approved encounter data subject to the two-year claiming rule.

### **I.1.A.iii.(c)(i)(C) Areas of State Covered and Length of Time Program in Operation**

The ACC Program began providing integrated services to a majority of Arizona Medicaid members on October 1, 2018. 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

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

services that were a part of the RBHA Program and Children’s Rehabilitative Services (CRS) that were part of the CRS Program under an integrated services umbrella. The addition of the RBHA populations and services effective October 1, 2022 continues the integration of services under the ACC and ACC-RBHA Program umbrella.

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

The rate certification for the CYE 23 capitation rates for the ACC and ACC-RBHA Program is effective for the 12-month time period from October 1, 2022 through September 30, 2023.

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

The ACC and ACC-RBHA Program has ten risk groups which cover Title XIX and Title XXI eligible members, two of which are specific to the ACC-RBHA contracts (SMI and Crisis 24 Hour Group). The Delivery Supplemental Payment risk group covers the cost of delivery, prenatal, and postpartum care and is only paid when a prospective ACC population member gives birth and the Contractors report that birth to AHCCCS. This risk group does not receive an administrative rate and any reinsurance that might be needed for the parent or baby would fall under the individual’s risk group and not the Delivery Supplemental Payment risk group. The member counts in this risk group 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. Members who are part of the RBHA SMI risk group are not eligible for a Delivery Supplemental Payment, and the capitation rates for the RBHA SMI risk group include the experience for the small number of births for that risk group. More information about the populations covered under the ACC and ACC-RBHA Program can be found in the Eligibility section of the ACC and ACC-RBHA contracts. Table 3 below displays the risk groups and a brief description of the covered populations within each risk group.

**Table 3: Covered Populations by Risk Group**

Risk Groups	Covered Populations
AGE < 1	Title XIX and Title XXI eligible children, under the 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 Title XIX and Title XXI eligible ACC population members
SMI	Title XIX eligible adults diagnosed with a Serious Mental Illness, enrolled with an ACC-RBHA Contractor
Crisis 24 Hour Group	All Title XIX and Title XXI eligible AHCCCS members

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria

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 and ACC-RBHA Program contracts.

Due to the COVID-19 public health emergency (PHE), and the maintenance of effort (MOE) requirements included in the Families First Coronavirus Response Act (FFCRA), with a few exceptions as noted in the law, members who were eligible at the beginning of the PHE, or who become eligible during the PHE, will remain treated as eligible for such benefits through the end of the month in which the PHE ends. The CYE 23 capitation rate development includes an assumed end date to the PHE during January 2023, with redeterminations and disenrollment due to ineligibility beginning in February 2023.

### I.1.A.iii.(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. The special contract provisions related to payment included in the CYE 23 capitation rates are:

- Risk Corridor Arrangement (42 CFR § 438.6(b)(1))
- Reinsurance Arrangement (42 CFR § 438.6(b)(1))
- Alternative Payment Model (APM) Initiative – Performance Based Payments (Incentive Arrangement) (42 CFR § 438.6(b)(2))
- APM Initiative – Quality Measure Performance (Incentive Arrangement) (42 CFR § 438.6(b)(2))
- APM Initiative – Quality Measure Performance (Withhold Arrangement) (42 CFR § 438.6(b)(3))
- Federally Qualified Health Centers and Rural Hospital Clinics (FQHC/RHC) (42 CFR § 438.6(c)(1)(iii)(A))
- Differential Adjusted Payments (DAP) (42 CFR § 438.6(c)(1)(iii)(C))
- Access to Professional Services Initiative (APSI) (42 CFR § 438.6(c)(1)(iii)(C))
- Pediatric Services Initiative (PSI) (42 CFR § 438.6(c)(1)(iii)(C))
- Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) (42 CFR § 438.6(c)(1)(iii)(C))

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

### I.1.A.iii.(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.iv. Rate Development Standards and Federal Financial Participation (FFP)

Proposed differences among the CYE 23 capitation rates for the ACC and ACC-RBHA Program are based on valid rate development standards and are not based on the rate of FFP for the populations covered under the ACC and ACC-RBHA Program.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### **I.1.A.v. Rate Cell Cross-Subsidization**

The CYE 23 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.vi. Effective Dates of Changes**

The effective dates of changes to the ACC and ACC-RBHA Program are consistent with the assumptions used to develop the CYE 23 capitation rates for the ACC and ACC-RBHA Program.

### **I.1.A.vii. 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 23.

### **I.1.A.viii. Conditions for Certifying Capitation Rate Range – Not Applicable**

Not applicable. The actuaries are not certifying capitation rate ranges.

### **I.1.A.ix. Certifying Actuarially Sound Capitation Rate Range – Not Applicable**

Not applicable. The actuaries are not certifying capitation rate ranges.

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

#### **I.1.A.x.(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.x.(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.x.(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 23 capitation rates certified in this report represent the contracted rates by rate cell.

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

Not applicable. Capitation rates from previous rating periods are not used in the development of the CYE 23 capitation rates for the ACC and ACC-RBHA Program.

### **I.1.A.xii. COVID-19 PHE Assumption, Impacts, and Risk Mitigation**

This section of the 2023 Guide includes CMS recommendations for risk mitigation strategies for rating periods impacted by the PHE and reminds states of specific requirements related to risk mitigation strategies. All risk mitigation strategies are addressed in the contract and below in Section I.4.C. and will be submitted to CMS prior to the start of the rating period.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

This section also requests description of evaluations conducted, and the rationale for any applicable assumptions included or not included in rate development related to the COVID-19 PHE within the rate certification. Information on all assumptions included in the rate development, based on the available and applicable state specific, as well as nationally and regionally applicable, data (outlined below in Section I.1.B.x.(a)), to address the direct and indirect impacts of the COVID-19 PHE are described in each of the sections below:

- I.1.A.iii.(c)(i)(B) General Description of Benefits
- I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria
- I.1.B.viii.(a) Comparison to Previous Rate Certification
- I.1.B.x.(a) Available Applicable Data to Address COVID-19 PHE in Capitation Rate Setting
- I.1.B.x.(b) How Capitation Rates Account for COVID-19 PHE Impacts
- I.1.B.x.(c) COVID-19 Costs Not at Risk – Outside Capitation Rates
- I.1.B.x.(d) Risk Mitigation Strategies Utilized for COVID-19 PHE
- I.2.B.ii.(b)(ii) Actuary’s Assessment of the Data
- I.2.B.iii.(d) Changes in the Program
- I.2.B.iii.(e) Exclusions of Payments or Services
- I.3.B.ii.(a) Description of the Data, Assumptions, and Methodologies
- I.3.B.iii.(a)(i) Projected Benefit Cost Trends Data
- I.3.B.iii.(a)(iii) Projected Benefit Cost Trends Comparisons
- I.6.B.iv.(b) Acuity Adjustment Model
- I.6.B.iv.(d) Relationship
- I.6.B.iv.(e) Frequency
- III.1.B.iii. Actual Experience vs. Projected Experience
- III.1.B.iv. Adjustments Based Upon Actual Experience vs Projected Experience
- III.2.A.iii. Key Assumptions

Additional evaluation conducted related to the COVID-19 PHE which did not result in adjustments to the rate development for CYE 23 vary by program. While there are data adjustments included in the rate development for some categories of service based on changes in utilization associated with the PHE, not all categories of service were impacted to the point of being unreasonable for use as the base data without adjustment. For example, pharmacy data was not adjusted, because this category of service was not disrupted in a material way. The level of COVID-19 vaccinations within the AHCCCS membership was evaluated and did not result in adjustments to the rate development because the COVID-19 winter surge from November 2020 through February 2021 was prior to the mass availability of vaccines, and there is a separate adjustment for addressing depressed utilization due to the winter surge, described below in Section I.2.B.iii.(d), and adjusting for vaccinations would likely be duplicative of that adjustment. Changes in Arizona COVID-19 case rates were reviewed both in general and with respect to the different COVID-19 variants in the base data time period and more recently, but no adjustments for expected new variants were included in capitation rate development.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### I.1.A.xiii. Rate Certification Procedures

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

This section of the 2023 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.xiii.(b) CMS Rate Certification Requirement for Rate Change

This is a new rate certification that documents that the ACC and ACC-RBHA Program capitation rates are changing effective October 1, 2022.

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

Not applicable. This rate certification will change the ACC and ACC-RBHA Program capitation rates effective October 1, 2022.

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

This section of the 2023 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 for certified rates per rate cell, in accordance with 42 CFR §§ 438.7(c)(3) and 438.4(b)(4), increasing or decreasing capitation rates up to 1% within a certified rate range, in accordance with 42 CFR § 438.4(c)(2), 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.xiii.(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 as required.

#### I.1.A.xiii.(f) CMS Contract and Rate Amendment Requirement for Changes in Law

CMS requires a contract amendment and 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. Capitation Rates or Rate Ranges

The actuaries are certifying capitation rates for each rate cell.

#### I.1.B.ii. Elements

This rate certification documents all the elements (data, assumptions, and methodologies) used to develop the CYE 23 capitation rates for the ACC and ACC-RBHA Program.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### I.1.B.iii. Capitation Rate Cell Assumptions

This section of the 2023 Guide notes that 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.iv. Capitation Rate Range Assumptions – Not Applicable

Not applicable. The actuaries did not develop capitation rate ranges.

### I.1.B.v. 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 2023 Guide. Sections of the 2023 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.vi. Assurance Rate Assumptions Do Not Differ by Federal Financial Participation

All proposed differences in the assumptions, methodologies, or factors used to develop the certified CYE 23 capitation rates for the covered populations under the ACC and ACC-RBHA Program are based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations, and these differences do not vary with the rate of FFP associated with the covered populations in a manner that increases federal costs, in compliance with 42 CFR § 438.4(b)(1). CMS may request additional documentation and justification that any differences in the assumptions, methodologies, or factors used in the development of the capitation rates represent actual cost assumptions based on the characteristics and mix of the covered services or the covered populations.

### I.1.B.vii. Differences in Federal Medical Assistance Percentage

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

The percentages of costs by the various populations which receive different FMAP for October 1, 2020 through September 30, 2021 (CYE 21) for the ACC and ACC-RBHA Program are provided below in Table 4a, along with the associated FMAP as of October 1, 2022. The FMAPs shown below do not incorporate any increased FMAP associated with the PHE.

**Table 4a: Percentage of Costs by Population and Associated FMAP**

Population	CYE 21 Percentage of Costs	FMAP
Adult Expansion	7.93%	90.00%
Child Expansion	1.64%	78.69%
Childless Adult Restoration	34.86%	90.00%
KidsCare (Title XXI)	1.18%	78.69%
Breast and Cervical Cancer	0.08%	78.69%
Populations not listed above	54.32%	69.56%



## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

In addition, the ACC and ACC-RBHA Program includes family planning services that are embedded within the capitation rate development. Family planning services have historically been claimed at 90% FMAP. The projected portion of the CYE 23 capitation rates that are family planning services by risk group are provided below in Table 4b.

**Table 4b: Portion of Family Planning Services in CYE 23 Capitation Rates**

Risk Groups	Percentage of Capitation Rates
AGE < 1	0.00%
AGE 1-20	0.33%
AGE 21+	2.84%
Duals	0.12%
SSIWO	0.10%
Prop 204 Childless Adults	0.30%
Expansion Adults	0.99%
Delivery Supplemental Payments	0.00%
SMI	0.12%
Crisis 24 Hour Group	0.00%

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

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

The 2023 Guide requests a comparison to the final certified rates in the previous rate certification. Those comparisons are included in Appendix 3.

The 2023 Guide also requires descriptions of what is leading to large or negative changes in rates from the previous rating period. Because capitation rate development is done at a risk group and GSA level until the risk adjustment step (shown in Appendix 7), any changes to Contractor specific capitation rates for ACC populations are due primarily to an updated risk adjustment time frame. For the purposes of the CYE 23 certification, the actuaries compared the weighted CYE 22 capitation rates by risk group and GSA to the weighted CYE 23 capitation rates by risk group and GSA rather than comparing the individual unweighted rate cells year over year. Thus, for the purposes of the CYE 23 certification, the actuaries defined a large change as any weighted capitation rate which is 10% greater than the previous rating period’s weighted capitation rate and defined a negative change as any weighted capitation rate that is less than the previous rating period’s weighted capitation rate. The actuaries compared the CYE 23 certified capitation rates to the CYE 22 certified capitation rates, applying the same weights applicable to CYE 23, as specified above and as shown in Appendix 3, as the measurement of change. As noted previously, the counties covered under each GSA have changed since the CYE 22 contract year for the additional RBHA populations covered under the ACC-RBHA contract. The comparisons for these additional populations therefore also include the impact of the different level of county aggregation between the two contract years.

For every GSA, the Age 1-20 weighted capitation rate reflects a negative change from the CYE 22 weighted capitation rate. This negative is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

base years. An additional driver of the decrease is the MOE requirements of the PHE, which is partially addressed by the acuity adjustment described in Section I.6.B.iv. The remaining decrease appears to be due to specific changes in behavior due to COVID-19 that AHCCCS is assuming will generally continue, such as reduced transportation services and emergency services due to the considerable availability of telehealth.

For the South GSA, the Age 21+ weighted capitation rate reflects a large change driven primarily by a large increase (around 10%) in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years.

For the Central GSA, the Duals weighted capitation rate reflects a large change driven primarily by a large increase (around 14%) in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years.

For the Central GSA, the SSIWO weighted capitation rate reflects a negative change from the CYE 22 weighted capitation rate. This negative is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years.

For the Central GSA, the Prop 204 Childless Adults weighted capitation rate reflects a negative change from the CYE 22 weighted capitation rate. This negative is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years. An additional driver of the decrease is the MOE requirements of the PHE, which is partially addressed by the acuity adjustment described in Section I.6.B.iv. The remaining decrease appears to be due to specific changes in behavior due to COVID-19 that AHCCCS is assuming will generally continue, such as reduced transportation services and emergency services due to the considerable availability of telehealth.

For the Central and North GSA, the Expansion Adults weighted capitation rate reflects a negative change from the CYE 22 weighted capitation rate. This negative is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years. Part of the decrease is due to PHE and members staying on in which we have an acuity adjustment to adjust for that. The remaining decrease appears to be due to specific changes in behavior due to COVID-19 that AHCCCS is assuming will generally continue, such as reduced transportation services and emergency services due to the considerable availability of telehealth.

For all GSAs, the Delivery Supplemental Payment weighted capitation rate reflects a large change driven primarily by a substantial increase in the fee schedule for the global OBGYN codes.

For the Central GSA, the SMI weighted capitation rate reflects a negative change from the CYE 22 capitation rates. This negative is primarily driven by the inclusion of Gila and Pinal counties into the Central GSA, which for the RBHA population was previously Maricopa County alone. Maricopa County has additional requirements for services for members with SMI, due to the Arnold v Sarn lawsuit and

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settlement. The utilization of services for the Gila and Pinal counties does not include these enhanced services, and the blend of experience across the three counties decreased the overall CYE 21 base period PMPMs.

For the North and Central GSAs, the Crisis 24 Hour Group weighted capitation rate reflects a large change driven primarily by inflationary pressures, expansion of available services, and projections of increased utilization from the added public awareness of the availability of crisis intervention services with the nationwide and Arizona public relations campaigns about implementation of the national three-digit dialing code (988) for suicide and crisis services. Please see Section I.2.B.ii.(c)(i) for additional detail on the development of the CYE 23 Crisis 24 Hour Group capitation rates.

### I.1.B.viii.(b) Material Changes to Capitation Rate Development

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

### I.1.B.viii.(c) De Minimis Changes to Previous Period Capitation Rates

The state did not adjust the actuarially sound capitation rates in the previous rating period by a *de minimis* amount using the authority in 42 CFR § 438.7(c)(3).

### I.1.B.ix. Future Rate Amendments

The list of possible amendments which would impact capitation rates in the future are shown in Table 5 below, along with the potential submission date, and the reason why the current certification cannot account for the changes anticipated to be made to the rates.

**Table 5: Future Rate Amendments**

Possible Amendment	Potential Submission Date	Reason for Not Including in Current Certification
Risk Adjustment	February 2023	Possibility of updating to more recent experience and snapshot month.
Targeted Investments	After 1115 Waiver Approval	AHCCCS has requested an extension of the Targeted Investments program with submission of its Section 1115 Demonstration Waiver Renewal Request; continuation of the Targeted Investments program is subject to CMS approval.
American Rescue Plan Act (ARPA) proposals	Early 2023	AHCCCS has received approval of various ARPA proposals from CMS and the Arizona State Legislature. However, the June 3, 2022 announcement of the extension of the timeline within which states can use ARPA funding means the spending plan is being revised and has not yet been finalized.
Acuity Adjustments	No earlier than March 2023	The acuity adjustment factors are dependent on the assumed PHE end date, if the PHE end date is not January 2023, modification of the acuity factors may be necessary depending on materiality.

### I.1.B.x. COVID-19 PHE Impacts

#### I.1.B.x.(a) Available Applicable Data to Address COVID-19 PHE in Capitation Rate Setting

Arizona specific data and information available to the AHCCCS Division of Health Care Management (DHCM) Actuarial Team and the AHCCCS DHCM financial analysts and applicable for determining how to address the COVID-19 PHE in rate setting is listed below:

- AHCCCS historical and current encounter data including utilization and costs by category of service, risk group, GSA, and program
- AHCCCS telehealth utilization and cost data by risk group, GSA, and program
- AHCCCS non-emergency transportation (NEMT) utilization and cost data by risk group, GSA, and program
- AHCCCS historical and current enrollment by risk group, GSA, and program
- AHCCCS COVID-19 testing by risk group, GSA, and program
- AHCCCS COVID-19 vaccination rates by risk group, GSA, and program
- AHCCCS child and adolescent well-care visit rates
- Arizona Medicaid eligibility information, see Section I.6.B.iv. for additional detail
- Historical and ongoing COVID-19 case rates for Arizona (not just Medicaid population)

Since the beginning of the COVID-19 pandemic, the AHCCCS DHCM Actuarial Team has read and discussed numerous articles (Health Affairs, Health Watch, KFF, Harvard, Science Alert, CMS FAQs, JAMA, etc.), attended several webinars discussing various aspects of the impacts of COVID-19 (enrollment mix changes, deferred versus foregone care, pandemic progression timelines, hospital utilization patterns, etc.), and monitored national data and trends with regard to unemployment and inflation reports published by the Bureau of Labor Statistics, as well as state and national COVID-19 case rates published by a variety of sources. The AHCCCS DHCM Actuarial Team continues to monitor national legislation which impacts Medicaid, as well as monitoring federal guidance on the PHE end date and, as mentioned in the bullets above, has analyzed changes in acuity of members due to MOE eligibility requirements in the FFCRA.

#### I.1.B.x.(b) How Capitation Rates Account for COVID-19 PHE Impacts

The list above in I.1.A.xii. details the sections of the certification which describe assumptions included in the rate development to address the direct and indirect impacts of the COVID-19 PHE. A brief narrative summary of how the capitation rates account for the direct and indirect impacts of the COVID-19 PHE through the incorporation of the assumptions in the rate development, described in those sections of the certification, is provided below.

The CYE 23 capitation rates account for the direct and indirect impacts of the COVID-19 PHE by adjusting the base data to revise the impacts of depressed utilization of specific services in response to the November 2020 through February 2021 COVID-19 surge, by removing COVID-19 vaccine costs from the base data since AHCCCS has a non-risk based cost settlement with the Contractors for COVID-19 vaccines, by removing COVID-19 test experience from the base data period and modeling projected COVID-19 testing costs for the rating period, and projected changes in acuity due to the beginning of

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disenrollment via an acuity factor. The CYE 23 capitation rates also account for the impacts of the COVID-19 PHE by using a base data experience period which reflects changes in service delivery that are expected to continue beyond the pandemic, such as increased telehealth usage. AHCCCS will continue to monitor encounters and may adjust the acuity factors if the end of the PHE declaration occurs in a different month than assumed.

### **I.1.B.x.(c) COVID-19 Costs Not at Risk – Outside Capitation Rates**

Costs for COVID-19 vaccines and administration of COVID-19 vaccines are covered on a non-risk basis outside of the capitation rates. Covering these COVID-19 costs on a non-risk basis outside of the capitation rates required removing related costs from the base data period, as described in Section I.2.B.iii.(d).

### **I.1.B.x.(d) Risk Mitigation Strategies Utilized for COVID-19 PHE**

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 23 contracts will continue AHCCCS' long-standing program policy and will include risk corridors. For the CYE 23 rating period, AHCCCS is continuing the cost-settlement for administration of COVID-19 vaccines and carving these costs out of the capitation rates. This is the only risk mitigation strategy utilized specifically for COVID-19.

### I.2. Data

This section provides documentation for the Data section of the 2023 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).

##### 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 23 capitation rates for the ACC and ACC-RBHA 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 2017 through February 2022
  - Adjudicated and approved through the second February 2022 encounter cycle
- Reinsurance payments made to the ACC, Acute Care, and CRS Contractors for services
  - Incurred from October 2017 through September 2021 paid through April 2022
- Enrollment data for ACC, Acute Care, and CRS Programs from the AHCCCS PMMIS mainframe
  - October 2017 through February 2022
- 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, 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 September 30, 2020 (CYE 20 or FFY 20)
  - October 1, 2020 through September 30, 2021 (CYE 21 or FFY 21)
  - October 1, 2021 through December 31, 2021 (CYE 22 or FFY 22)
- AHCCCS Fee-for-Service (FFS) fee schedules developed and maintained by AHCCCS DHCM Rates & Reimbursement Team
- Data from AHCCCS DHCM Rates & Reimbursement Team related to DAP, see Section I.4.D
- Data from AHCCCS DHCM financial analysts related to program changes, see Sections I.2.B.iii.(d) and I.3.B.ii.(a)

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Additional sources of data used or reviewed were:

- Supplemental historical and projected data associated with benefit costs, non-benefit costs, and membership provided by the Contractors, including additional detail on claims runout and prior period adjustments included in financial statements
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the Institution for Mental Disease (IMD) analysis, incurred in CYE 21
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from September 2020 through August 2021
- Contractors' membership as of December 2021 through January 2022 for use in risk adjustment
- Projected CYE 23 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**

AHCCCS Contractors use sub-capitated/block purchasing arrangements for some services. During CYE 21, the encounter data showed that approximately 6.6% of total medical expenditures for the ACC populations, approximately 23.1% of total medical expenditures for the RBHA SMI population, and approximately 89.8% of total medical expenditures for the RBHA Crisis 24 Hour Group population were paid through sub-capitated or block payment arrangements.

The sub-capitated and block purchasing arrangements between the Contractors and their providers require that the providers submit claims for services provided, 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/block 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 sub-capitated/block encounters to estimate a health plan valued amount in place of the health plan paid amount of zero.

The repricing methodology for the RBHA populations uses the health plan allowed amount (i.e., the amount the Contractor would have paid, had the encounter been reimbursed on a FFS basis), less any third party insurance amounts. The repricing methodology for the ACC populations uses the minimum of the AHCCCS fee schedule, the health plan billed amount, and the health plan allowed amount, less any third party insurance amounts. These different repricing methodologies have been tested and found to be the most appropriate for capturing accurate costs for the ACC and RBHA populations. The units of service data from the encounters and the repriced amounts were used as the basis for calculating utilization per 1000 and unit cost values.

### **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 DHCM 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 DHCM Actuarial Team reports the findings to the AHCCCS DHCM Data Management and Oversight (DMO) Team, who then works with the Contractors to identify causes. In addition, the AHCCCS DHCM DMO 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 the 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 DMO 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.



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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 23 capitation rates for the ACC and ACC-RBHA 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 21 encounter data for all services provided by the ACC and prior RBHA Contractors to the financial statement data for the same entities for CYE 21. The actuaries also compared the CYE 21 encounter data to the yearly supplemental data request from the ACC and prior RBHA Contractors. After adjustments to the encounter data for completion and encounter issues, the comparisons showed that the financial statements, the AHCCCS encounter data, and the ACC and prior RBHA Contractors' 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 the following:

- data provided by the AHCCCS DHCM Rates & Reimbursement Team with regard to DAP and fee schedule impacts
- data provided by the AHCCCS DHCM financial analysts with regard to some program changes
- information and data provided by Milliman consultants with regard to the HEALTHII program
- information and data provided by Wakely Consulting Group with regard to risk adjustment
- information and data provided by AHCCCS Division of Member and Provider Services (DMPS) with regard to data used for acuity adjustment
- data provided by ACC, ACC-RBHA, and prior RBHA Contractors in the yearly supplemental data request with regards to administrative components
- data provided by the CCE Offerors in regard to administrative components
- data provided by the prior RBHA Contractors and the ACC-RBHA Contractors with regard to historical and projected crisis block payments and crisis vendor subcontracts and additional analysis of the projected crisis block payments and crisis vendor subcontracts by the AHCCCS Division of Grants Administration (DGA) Crisis Team
- 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, normalization to adjust for depressed utilization due to the 2020-2021 COVID-19 winter surge, and inclusion of additional data on contracted block payments for crisis intervention services, to be

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appropriate for the purposes of developing the CYE 23 capitation rates for the ACC and ACC-RBHA Program. The development of the encounter issue adjustments and normalizations are described below in Section I.2.B.iii.(c) and I.2.B.iii.(d).

### **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 and depressed utilization noted in the previous section.

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

The AHCCCS DHCM Actuarial Team determined that the CYE 21 encounter data was appropriate to use as the base data for developing the CYE 23 capitation rates for the ACC populations and the RBHA SMI population with the encounter issue and base data normalization adjustments previously noted. The AHCCCS DHCM Actuarial Team additionally determined that the CYE 21 encounter data, and contracted block payment information for CYE 21, CYE 22, and CYE 23, were appropriate to use as the base data for developing the CYE 23 capitation rates for the RBHA Crisis 24 Hour Group rate cells covering the first 24 hours of crisis intervention services for all Arizona Medicaid populations.

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

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 23 capitation rates for the ACC populations and the RBHA SMI population.

For the Crisis 24 Hour Group risk group, both encounter data and contracted block payment amounts are used for the development of the CYE 23 capitation rates. The inclusion of data other than encounters for developing the CYE 23 capitation rates is due to the nature of the crisis intervention service model. Crisis intervention services are based on a “firehouse” model, in which costs are incurred for staffing 24/7 crisis phone lines (CPLs), 24/7 crisis mobile teams (CMTs), and 24/7 crisis stabilization units (CSUs), whether or not there are services provided. The ACC-RBHA Contractors therefore contract and pay for these staffing costs primarily through block payment arrangements, which keeps the system running smoothly, since the numbers of people seeking crisis in any given year can be very different and trying to price fee schedules to account for those differences could under or over fund the services in any given year if the projections turn out different than reality. The actuaries and the DGA Crisis Team reviewed contracts and projected expenses for the block payments for the various crisis intervention services. The projected expenses for crisis intervention services for CYE 23 are higher than projected for CYE 22, for multiple reasons. The projected costs have increased due to inflationary pressures, as well as expansion of services provided by the contracted statewide CPL (including additional reporting with respect to the implementation of the new three-digit dialing code 988, and centralized dispatching services) as well as increased numbers of CMT, and additional capacity and services offered by some CSU providers. Additionally, the national implementation of the new three-digit dialing code 988 is projected to raise awareness of the crisis system, contributing to increased utilization. In the first week after the go-live date (July 16, 2022), calls to the CPL in Maricopa County alone tripled from the prior week. While the “firehouse” model generally means that changes in membership do not (in most

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instances) impact the expense projections for providing 24/7 access to crisis intervention services, because it does not generally cost more to staff CPLs, CSUs, and CMTs 24/7 for 1.8M Arizonans than it does to staff 24/7 for 2M Arizonans and vice versa, the increased awareness of the crisis system does impact the expense projections for each of the three main crisis service types. The capitation rate also includes cost projections related to additional ancillary crisis services which are provided alongside the main CPL, CMT, and CSU services. The ancillary crisis cost projections were developed using the base period encounters with completion and base period membership and for the CYE 23 capitation rates include an explicit adjustment for the anticipated increased utilization of the crisis system due to the implementation of 988.

### **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 are used in the rate development for all rate cells in the CYE 23 capitation rates for the ACC and ACC-RBHA Program.

### **I.2.B.ii.(d) Use of a Data Book – Not Applicable**

Not applicable. The rate development process of the capitation rates relied primarily on data extracted from the AHCCCS PMMIS mainframe by the AHCCCS DHCM Actuarial Team. The ACC population data was compared with the results of the ACC population data book (same extraction method as described in prior ACC Program capitation rate certifications). The data in total was consistent by GSA and risk group, but the new data extraction process from the AHCCCS PMMIS mainframe includes updated detailed category of service groupings, which are consistent across multiple AHCCCS programs, as noted above in Section I.1.A.iii.(c)(i)(B).

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

This section describes adjustments made to the CYE 21 encounter data that was used as the base data for developing the CYE 23 capitation rates for the ACC and ACC-RBHA Program.

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

Not applicable. No credibility adjustments were made to the CYE 21 encounter data.

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

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

The AHCCCS DHCM Actuarial Team developed completion factors to apply to the CYE 21 encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 2017 through February 2022 and adjudicated and approved through the second encounter cycle for February 2022. 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 (2.19% of CYE 21 payments) were combined with Professional and Other Services. Nursing Facility Services (0.82% of CYE 21 payments) were combined with Inpatient Hospital. The monthly

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completion factors for CYE 21 were applied to the CYE 21 encounter data. Aggregate completion factors by risk group, GSA, and rate setting category of service can be found in Appendix 4. Table 6 below displays the aggregate impact of completion by GSA.

**Table 6: Impact of Completion Factors**

GSA	Before Completion	After Completion	Impact
North	\$354.14	\$368.31	4.0%
Central	\$373.33	\$389.42	4.3%
South	\$354.05	\$372.30	5.2%
Total	\$366.71	\$383.14	4.5%

### 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 21) some Contractors incorrectly submitted the CN1 Code for the sub-capitated encounters for their ADA – Dental Services (form type D). 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. 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 7 below displays the aggregate impact of the encounter issue by GSA.

**Table 7: Impact of Encounter Issue Adjustment**

GSA	Before Adjustment	After Adjustment	Impact
North	\$368.31	\$368.80	0.1%
Central	\$389.42	\$391.10	0.4%
South	\$372.30	\$372.63	0.1%
Total	\$383.14	\$384.37	0.3%

### 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, 2020 through September 30, 2021) are described below, or in Section I.3.A.iv. for base data adjustments required with respect to IMD in-lieu-of services. Additional adjustments to address specific impacts of COVID-19 in the base period are also described in this section. Additional adjustments to the base data for projected acuity changes are described below in Section I.6.B.iv. All other program and fee schedule changes which occurred or are effective on or after October 1, 2021 are described in Section I.3.B.ii.(a).

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If a base data adjustment change had an impact of 0.2% or less on the gross medical component of the rate for every individual risk group at the GSA level, 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 (CQM) 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.

### ***Adjustment to Base Data for COVID-19 Utilization Patterns***

The base data period spans the November 2020 through February 2021 COVID-19 winter surge which reduced outpatient and emergency department utilization more than is expected to happen in potential future surges. The actuaries have developed adjustments to the data to address these impacts of COVID-19 disruptions. The adjustments were developed by comparing the CYE 21 data to the CYE 19 data for each risk group and GSA and modifying the utilization for each category of service to loosely resemble the seasonality patterns from the same months in the pre-pandemic period. The associated costs of this adjustment to the base data are displayed below in Table 8a. Totals may not add up due to rounding.

**Table 8a: Adjustment to Base Data for COVID-19 Utilization Patterns**

GSA	Dollar Impact	PMPM Impact
North	\$3,042,516	\$1.32
Central	\$22,389,215	\$1.45
South	\$10,138,249	\$1.75
<b>Total</b>	<b>\$35,569,981</b>	<b>\$1.52</b>

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

CYE 21 capitation rates funded DAP made from October 1, 2020 through September 30, 2021 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, 2021, AHCCCS has removed the impact of CYE 21 DAP from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team requested provider IDs for the qualifying providers for the CYE 21 DAP by specific measure from the AHCCCS DHCM Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 21 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 8b. Totals may not add up due to rounding.

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See Section I.4.D. for information on adjustments included in CYE 23 capitation rates for DAP that are effective from October 1, 2022 through September 30, 2023.

**Table 8b: Removal of DAP from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$9,700,273)	(\$4.22)
Central	(\$67,354,595)	(\$4.37)
South	(\$24,544,046)	(\$4.25)
<b>Total</b>	<b>(\$101,598,914)</b>	<b>(\$4.33)</b>

### ***Removal of Crisis Services from Base Data***

While the ACC and ACC-RBHA Program covers most behavioral health services of members, the RBHA Program will continue to cover crisis intervention services provided to all TXIX and TXXI eligible 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 provided to ACC and ACC-RBHA populations from the base data. The associated costs removed from the base data are displayed below in Table 8c. Totals may not add up due to rounding.

**Table 8c: Removal of Crisis Services from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$3,593,322)	(\$1.56)
Central	(\$41,924,852)	(\$2.72)
South	(\$21,867,952)	(\$3.79)
<b>Total</b>	<b>(\$67,386,126)</b>	<b>(\$2.87)</b>

### ***Removal of COVID-19 Vaccine from Base Data***

As noted above in Section I.1.B.x.(c), there is a separate mechanism to reimburse the Contractor for COVID-19 vaccines on a non-risk basis, so associated costs have been removed from the base encounter data. The impacts of removing COVID-19 vaccine expenses are displayed below in Table 8d. Totals may not add up due to rounding.

**Table 8d: Removal of COVID-19 Vaccine from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$1,147,543)	(\$0.50)
Central	(\$8,789,960)	(\$0.57)
South	(\$2,742,786)	(\$0.47)
<b>Total</b>	<b>(\$12,680,289)</b>	<b>(\$0.54)</b>

### ***Removal of COVID-19 Tests from Base Data***

As part of the monitoring of experience for the PHE, the DHCM Actuarial Team has reviewed utilization associated with COVID-19 testing each month. This review led the actuaries to the decision that it would be more appropriate to model these specific services as a COVID-19 specific adjustment than including the utilization and costs in the base data and proceeding as if no further adjustment would be needed to

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accurately project costs in the rating period. To that end, as part of the rate development process, all utilization and expenses associated with COVID-19 tests were removed from the base data, as well as from the data used to develop trends, and analyzed separately. The impacts of removing COVID-19 tests are displayed below in Table 8e. Totals may not add up due to rounding.

The impact of the specific adjustment for including COVID-19 tests in the rating period is addressed below in Section I.3.B.ii.(a).

**Table 8e: Removal of COVID-19 Tests from Base Data**

GSA	Dollar Impact	PMPM Impact
North	(\$4,040,065)	(\$1.76)
Central	(\$60,015,713)	(\$3.90)
South	(\$14,039,050)	(\$2.43)
<b>Total</b>	<b>(\$78,094,828)</b>	<b>(\$3.33)</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 on the gross medical component of the rate for every individual risk group at the GSA level, 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 risk groups 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 8f. Totals may not add up due to rounding. Brief descriptions of the individual program changes requiring base data adjustment are provided below.

- **Pharmacy and Therapeutics Committee Recommendations \***  
 On the recommendations of the Pharmacy and Therapeutics (P&T) Committee, AHCCCS adopted policy changes during CYE21 that impacted utilization and unit costs of Contractors' pharmacy costs in the base period. 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.
- **Cell-Free DNA Testing \***  
 Effective March 1, 2021, AHCCCS began covering cell-free DNA tests for pregnant women at high risk of delivering a baby with chromosomal abnormalities. These tests are generally more extensive, accurate, and expensive than covered fetal nuchal translucency (NT) test.
- **Expand Cologuard Test \***  
 Effective September 1, 2021, AHCCCS expanded coverage of Cologuard colon screens to adults 45 to 49 years of age. Prior to the change, the agency limited coverage of the test to individuals ages 50 years and above. The change aligns with a 2019 screening recommendation from the U.S. Preventive Services Task Force.

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**Table 8f: Other Base Data Adjustments**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
North	\$776,283	\$0.34
Central	\$5,407,308	\$0.35
South	\$1,563,228	\$0.27
<b>Total</b>	<b>\$7,746,819</b>	<b>\$0.33</b>

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

The AHCCCS DHCM Actuarial Team ensured that all non-covered services were excluded from the encounter data used for developing the CYE 23 capitation rates. Other base data adjustments which excluded services from the data (i.e. crisis removal and COVID-19 vaccine 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 2023 Guide.

#### I.3.A. Rate Development Standards

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

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

##### I.3.A.ii. 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.iii. In-Lieu-Of Services

There are no in-lieu-of services allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an Institution for Mental Disease (IMD) in lieu of services in an inpatient hospital. 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.iv.

##### I.3.A.iv. 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).

##### ***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). 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 21 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 21 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 \$895.28 and was derived from the CYE 21 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

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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 9a. Totals may not add up due to rounding.

**Table 9a: Reprice of Costs for all IMD Stays**

GSA	Dollar Impact	PMPM Impact
North	\$512,947	\$0.22
Central	\$10,246,261	\$0.67
South	\$2,986,129	\$0.52
<b>Total</b>	<b>\$13,745,337</b>	<b>\$0.59</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 9b. Totals may not add up due to rounding.

**Table 9b: Removal of Repriced Stays More Than 15 Cumulative Days in a Month**

GSA	Dollar Impact	PMPM Impact
North	(\$649,947)	(\$0.28)
Central	(\$10,795,541)	(\$0.70)
South	(\$2,468,202)	(\$0.43)
<b>Total</b>	<b>(\$13,913,690)</b>	<b>(\$0.59)</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 9c. Totals may not add up due to rounding.

**Table 9c: Removal of Related Costs for IMD Stays of More Than 15 Cumulative Days in a Month**

GSA	Dollar Impact	PMPM Impact
North	(\$126,311)	(\$0.05)
Central	(\$2,617,800)	(\$0.17)
South	(\$395,958)	(\$0.07)
<b>Total</b>	<b>(\$3,140,068)</b>	<b>(\$0.13)</b>

### I.3.B. Appropriate Documentation

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

The final projected benefit costs by GSA and risk group 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 23 capitation rates for the ACC and ACC-RBHA 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 risk group. 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 Section I.3.A.iv. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 21 time period to the midpoint of the CYE 23 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 risk group. Appendix 5 contains the projected benefit cost trends by GSA and risk group. 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 risk group, 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 (UW) gain, administrative expense, and premium tax by 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 on the gross medical component of the rate for every individual risk group at the GSA level, 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 CQM 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.

#### **COVID-19 Tests**

As noted above in Section I.2.B.iii.(d), the AHCCCS DHCM Actuarial Team has reviewed utilization associated with COVID-19 testing each month. As part of the rate development process, the AHCCCS DHCM Actuarial Team modeled projected utilization and costs for COVID-19 tests for the rating period. The projected utilization per 1000 was developed by averaging the utilization from the base period with more recent utilization from June 2021 through May 2022. The unit cost for different types of COVID-19 tests (lab/physician testing versus at-home test kits) was calculated with data specific to each type, and the distribution of tests by type provided the blend for an overall projected unit cost in the rating period. Combining projected utilization and unit cost into an overall PMPM for each program, the actuaries then applied utilization and unit cost relativities by risk group and GSA in the program to the

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overall PMPM to calculate appropriate PMPM adjustments by risk group and GSA. This modeling specifically incorporates more recent data than the base period in order to recognize that new variants and reduced public mitigation efforts have impacted the need for COVID-19 testing differently by population. No assumptions regarding vaccination rates were incorporated into the projections for use of tests. The overall impact of the change by GSA is displayed below in Table 10a. Totals may not add up due to rounding.

**Table 10a: COVID-19 Tests**

GSA	Dollar Impact	PMPM Impact
North	\$4,175,254	\$1.82
Central	\$61,555,153	\$4.00
South	\$14,427,539	\$2.50
<b>Total</b>	<b>\$80,157,946</b>	<b>\$3.41</b>

### Pharmacy and Therapeutics Committee Recommendations \*

On the recommendations of the Pharmacy and Therapeutics (P&T) Committee, AHCCCS adopted policy changes after the base period that are expected to impact the utilization and unit costs of Contractors' pharmacy costs in CYE 23. 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.

To estimate the impact of adopted P&T Committee changes, the AHCCCS DHCM financial analysts largely relied on projections of drug utilization prepared by Magellan Rx Management, the agency's provider of drug rebate administrative services. Magellan has a nationwide vantage point that was drawn from in projecting how recommendations would impact drug utilization by AHCCCS members. In instances where Magellan did not provide a projected impact of an adopted change, the actuaries relied upon the judgement of AHCCCS DHCM financial analysts to project the impact except for a change in preferred drug status for three different biologics (Herceptin, Avastin, and Rituxan) to their biosimilar counterparts, which was directly modeled by actuaries on the AHCCCS DHCM Actuarial Team. For CYE 23 rate development, the aggregate impact of adopted changes was allocated across risk groups and GSAs using CYE 21 encounter data for the affected drug classes.

For CYE 23 rate development, the actuaries additionally included other drug coverage decision impacts with the P&T Committee recommendations. These include the removal of substance use remission requirements before receiving Hepatitis C direct acting antiviral medications, the removal of prior authorization requirements for Hepatitis C preferred drugs, and the removal of prior authorization requirements for continuous glucose monitoring (CGM) devices in certain circumstances. Additionally, multiple drugs were added to the covered drug list for AHCCCS' biologics reinsurance case type, and the impacts to the reinsurance offset due to their inclusion are discussed in Section I.4.C.ii.(c)(iv).

The combined impacts to the ACC and ACC-RBHA Program of the adopted P&T Committee recommendations are displayed below in Table 10b. Totals may not add up due to rounding.

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**Table 10b: Pharmacy and Therapeutics Committee Recommendations**

GSA	Dollar Impact	PMPM Impact
North	(\$489,455)	(\$0.21)
Central	(\$6,733,508)	(\$0.44)
South	(\$1,854,656)	(\$0.32)
<b>Total</b>	<b>(\$9,077,619)</b>	<b>(\$0.39)</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 FQHCs/RHCs at the Prospective Payment System (PPS) rates. The AHCCCS FFS fee schedule updates include adjustments to bring the base FQHC/RHC encounter data up to the projected CYE 23 FQHC/RHC PPS rates.

Effective October 1 of each year, AHCCCS updates provider fee schedules for certain providers based on access to care needs, Medicare/ADHS fee schedule rate changes, and/or legislative mandates. The CYE 23 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DHCM Rates & Reimbursement Team used the CYE 21 encounter data to develop the impacts of fee schedule changes between the base year and the rating period. The AHCCCS DHCM Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to calculate the adjustment to the CYE 21 base data. The actuaries then reviewed the results and applied aggregated percentage impacts by program, GSA, risk group, and rate setting category of service.

Effective October 1, 2021, AHCCCS increased reimbursement for administration of Vaccine for Children (VFC) program vaccines to the maximum fee permitted to be reimbursed by the state under federal rule 77 FR 66669.

In the 2022 legislative session, the legislature passed a general appropriations bill which included funding for AHCCCS programs to implement home and community based services (HCBS) and nursing facility (NF) provider fee schedule increases. Consistent with the additional funding, the DHCM Rates and Reimbursement Team increased HCBS and NF provider reimbursement rates by 11% effective October 1, 2022. The HCBS and NF fee schedule increases from the 2022 legislative session are in addition to the fee schedule increases for the same services from the 2021 legislative session which were described in the CYE 22 capitation rate certifications for the ACC Program and the RBHA Program.

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The general appropriations bill passed by the legislature in the 2022 session also included funding to increase the four global OBGYN codes (59400, 59510, 59610, 59618) effective October 1, 2022.

Effective October 1, 2022, AHCCCS is increasing the All Patients Refined Diagnosis Related Group (APR-DRG) base rate for rural hospitals.

AHCCCS also increases some fee schedule rates effective January 1 of each year to recognize the annual 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.

The changes included in the CYE 23 capitation rates reflect AHCCCS' expectation that the Contractors will continue to benchmark against the AHCCCS provider fee schedules. The overall impact of the AHCCCS Fee-for-Service fee schedule updates by GSA is illustrated below in Table 10c. Totals may not add up due to rounding.

**Table 10c: Aggregate Fee Schedule Updates**

GSA	Dollar Impact	PMPM Impact
North	\$22,180,436	\$9.65
Central	\$115,881,288	\$7.53
South	\$56,907,336	\$9.85
<b>Total</b>	<b>\$194,969,061</b>	<b>\$8.31</b>

### Reimbursement for Discarded Drugs \*

Effective January 1, 2022, AHCCCS began requiring Contractors to reimburse discarded amounts of medication products that can only be used once, also known as single use vials. To estimate the impact, DHCM financial analysts first reviewed CY 2019 utilization of single use drug national drug codes (NDC). All claims were identified in which billed quantities did not evenly divide into whole vials based on the vial strength associated with product's NDC. Due to concerns about inconsistent practices, claims that appeared to be billed in different units of measurement than the product's NDC unit of measurement were excluded. The analysts then calculated the unbilled portion of each remaining vial and estimated its reimbursement value using the average payment per quantity of the reimbursed portion of the vial. The estimated impact represented a 3.9% reimbursement increase for single use vial drugs.

The overall impact of the discarded drug reimbursement change by GSA are displayed below in Table 10d. Totals may not add up due to rounding.

**Table 10d: Reimbursement for Discarded Drugs**

GSA	Dollar Impact	PMPM Impact
North	\$588,549	\$0.26
Central	\$3,695,217	\$0.24
South	\$2,616,606	\$0.45
<b>Total</b>	<b>\$6,900,372</b>	<b>\$0.29</b>

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### Newborn Screening Fee \*

Laws 2021, Chapter 409 requires the Arizona Department of Health Services (ADHS) to expand the number of disorders screened for under the state’s Newborn Screening Program. The law additionally authorizes ADHS to increase fees charged for performing the expanded screening panel. The department intends to consolidate the two prior fees (\$101 combined) into one larger fee (\$171) that will be charged to the delivering provider following delivery. Effective October 1, 2022, AHCCCS will increase hospital rates to incorporate the modification to ADHS fees. To estimate the impact, the AHCCCS DHCM financial analysts assumed that ADHS will charge a fee of \$171 for each AHCCCS newborn child, which would represent a \$70 increase above the prior ADHS combined fees of \$101. In reviewing pre-pandemic utilization of newborn screening services during calendar year (CY) 2019, the analysts determined that the full \$101 combined fee charged by ADHS during the time period was not charged for 14.8% member births. This represented the 14.8% of instances in which the child did not receive a follow up visit and screen after the delivery. The estimated impact of reimbursing the increased ADHS fee of \$171 assumes the full fee will be charged to screen each AHCCCS newborn. The overall impact of the change by GSA is displayed below in Table 10e. Totals may not add up due to rounding.

**Table 10e: Newborn Screening Fee**

GSA	Dollar Impact	PMPM Impact
North	\$279,140	\$0.12
Central	\$2,195,011	\$0.14
South	\$718,967	\$0.12
<b>Total</b>	<b>\$3,193,118</b>	<b>\$0.14</b>

### Adult Chiropractic Services \*

Pursuant to HB2863, AHCCCS is adding chiropractic services ordered by a primary care physician as a covered service for adult members, effective October 1, 2022. Prior to the law, coverage of chiropractic services was limited to children under the age of 21 years. To estimate the impact, DHCM financial analysts first reviewed adult use of chiropractic services under the state employee health insurance benefit during calendar year 2018. It was determined that 4.9% of adult state employee health insurance participants had an average of 5.3 visits for chiropractic services during the time period. The analysts then estimated the amount of AHCCCS covered chiropractic visits by assuming that utilization rates for the projected AHCCCS adult membership would equal that of state employees. It was further assumed that each utilizing member would receive one additional primary care visit in order to obtain a referral for chiropractic services. The cost of the visits were then estimated using the AHCCCS fee for service rate schedule for chiropractic care and evaluation and management codes. The resulting cost impact was allocated across risk groups and GSAs using member prevalence of diagnosis codes commonly included in chiropractic claims that were denied during FFY 2021.

The overall impact of the adult chiropractic services and primary care visit by GSA are displayed below in Table 10f. Totals may not add up due to rounding.

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**Table 10f: Adult Chiropractic Services**

GSA	Dollar Impact	PMPM Impact
North	\$1,815,804	\$0.79
Central	\$10,303,472	\$0.67
South	\$3,991,319	\$0.69
<b>Total</b>	<b>\$16,110,595</b>	<b>\$0.69</b>

### **Maternal Postpartum Depression Screening \***

Effective October 1, 2022, the agency is revising AMPM 430 to recommend postpartum depression screens be provided to caretakers during a child’s EPSDT for 6 months following birth. The change aligns with screening recommendations from Bright Futures. The caretaker’s depression screen will be billed on the infant’s claim. To estimate the impact, DHCM financial analysts reviewed base period data of EPSDT visits for children up to 6 months of age and data of same day depression screen use by mothers of the children. It was assumed that all visits that were not accompanied by same day depression screen of the mother during the base period would include a maternal postpartum depression screen during CYE 2023. The analysts then assumed that diagnoses of depression in the mothers would increase to equal the Arizona prevalence of postpartum depression symptoms as reported by the CDC Pregnancy Risk Assessment Monitoring System. Costs of the additional screens and subsequent mental health services were priced using per user services costs observed during the base period. The overall impact of the change by GSA is displayed below in Table 10g. Totals may not add up due to rounding.

**Table 10g: Maternal Postpartum Depression Screening**

GSA	Dollar Impact	PMPM Impact
North	\$112,461	\$0.05
Central	\$995,213	\$0.06
South	\$283,910	\$0.05
<b>Total</b>	<b>\$1,391,584</b>	<b>\$0.06</b>

### **Extension of Limited HCBS to Aging Non-ALTCS SMI Members \***

On January 19, 2022, AHCCCS received CMS approval of its spending plan for HCBS initiatives authorized and funded under section 9817 of the American Rescue Plan Act. Effective October 1, 2022, one provision of the spending plan will extend limited HCBS coverage to acute members ages 65 years or more that are determined to have a serious mental illness (SMI) and who do not meet the institutional level of care criteria to qualify for ALTCS programs. The limited package of HCBS includes services such as attendant care, emergency alert services, and community transition services. The CYE 23 rates include adjustments for use of these services by non-ALTCS elderly SMI members.

The overall impact of the extension of HCBS to aging SMI members by GSA is displayed below in Table 10h. Totals may not add up due to rounding.



**Table 10h: Extension of Limited HCBS to Aging Non-ALTCS SMI Members**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
North	\$282,354	\$0.12
Central	\$1,661,545	\$0.11
South	\$890,501	\$0.15
<b>Total</b>	<b>\$2,834,400</b>	<b>\$0.12</b>

**North GSA Contractor Change – Health Homes**

In addition to the change in the definition of GSAs for the RBHA populations, there is also a change in Contractor responsible for the North GSA for RBHA populations effective October 1, 2022. The incoming ACC-RBHA Contractor is changing the manner in which the health homes in the North GSA will be paid. The prior RBHA Contractor paid the health homes primarily through block purchasing arrangements, and the new ACC-RBHA Contractor will be paying the health homes on a fee-for-service basis. The change in payment arrangements is expected to increase claim levels from some, but not all, of the health homes. The actuaries reviewed utilization for the SMI population for each health home in the North GSA and adjusted the projected costs for the rating period based on differences between the previous block payment amounts and the level of encountering for each health home. The expected increase for each health home was then allocated across the categories of service provided by that health home, and the amounts by category of service were then aggregated for inclusion into the capitation rate build up. The impact of this change on the North GSA SMI rate cell is approximately \$2.9 million.

**North GSA Contractor Change – Assertive Community Treatment (ACT) Teams**

The incoming North GSA ACC-RBHA Contractor will also be adding four Assertive Community Treatment (ACT) teams for their SMI population. ACT teams are available 24 hours per day, 7 days per week for those members with SMI who have been assigned to an ACT team. ACT teams provide individualized, flexible services to those living in the community, and each team includes no less than 10 professional health care workers with varied experience, including: a psychiatrist, nurse, social worker, substance abuse specialist, vocational rehabilitation specialist, and a peer specialist. The addition of the ACT teams in the North GSA will bring that region closer in alignment for available services to the other two GSAs which already have ACT teams for their SMI population. The projected costs for each new ACT team are consistent with the costs of ACT teams in the other GSAs. The impact of this change on the North GSA SMI rate cell is approximately \$3.9 million.

**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 financial statement reports (from ACC and prior RBHA Contractors) listed in I.2.B.ii.(a)(i), and the CYE 21 supplemental rebate information provided by the ACC and prior RBHA 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 1.0% for Rx Rebates for the ACC population, 0.6% for Rx Rebates for Central RBHA SMI, and 0.4% for Rx Rebates for

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North and South RBHA SMI which was applied to the projected CYE 23 Pharmacy category of service. The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 10i. Totals may not add up due to rounding.

**Table 10i: Rx Rebates Adjustment**

GSA	Dollar Impact	PMPM Impact
North	(\$1,681,228)	(\$0.73)
Central	(\$11,983,322)	(\$0.78)
South	(\$3,879,876)	(\$0.67)
<b>Total</b>	<b>(\$17,544,426)</b>	<b>(\$0.75)</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 on the gross medical component of the rate for every individual risk group at the GSA level, 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 risk groups 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 10j. Totals may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- **Vaxelis Immunizations \***

AHCCCS began covering Vaxelis, a combination immunization for children ages 6 weeks through 4 years against diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and disease due to haemophiles influenzae type b, effective January 1, 2021, but a review of the encounter data shows that adoption of the combination immunization did not begin in earnest until October 2021, after the end of the base data time period. The vaccination is administered in a series of three shots and is anticipated to substitute for anywhere from 7 to 16 shots of the previously available vaccinations for the diseases above. The federal Vaccines for Children program funds costs of the vaccines while AHCCCS and its contractors reimburse for administration of the vaccines. The CYE 23 rates include a reduction for the projected decrease in vaccine shots that will be administered to children.

- **Cancer Profiling Tests \***

Effective July 1, 2021 and October 1, 2021, AHCCCS began covering two medically necessary cancer profiling tests. The tests can assist providers in determining the most appropriate course of treatment for a patient’s cancer. As the data suggests utilization of the test that was first covered July 1, 2021 had not yet begun increasing during the fourth quarter of CYE 2021 base period, the adjustment for this item in CYE 2023 capitation rate setting reflects a full year impact.

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- **EPSDT Development Screen \***

Effective October 1, 2021, AHCCCS revised policy to better align Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits and developmental screening requirements with CMS Core Measures and recommendations from the American Academy of Pediatrics. The policy revisions require an additional EPSDT visit for child members at 30 months of age and two specialized developmental screens at the child member’s 18-month and 24-month EPSDT visits.
- **Routine Care for Members Participating in Clinical Trials \***

AHCCCS will conform with federal guidance that routine care that is otherwise covered be covered for members participating in a clinical research study.
- **Bus Passes \***

Effective October 1, 2021, AHCCCS revised AMPM 310-BB to clarify that Contractors may reimburse public transport passes as non-emergency medical transport (NEMT). Passes are generally billed with procedure code A0110. When offering a public transport pass, contractors should consider such things as location of the member, location of the member’s provider, public transportation schedules, and member ability to travel alone. CYE 23 adjustments to rates include projected costs of bus passes and increased use of medical services due to greater members options for transport, partly offset by savings from reduced use of more expensive alternative forms of NEMT.
- **Emergency Triage, Treat, and Transport \***

Effective October 1, 2021, AHCCCS implemented an Emergency Triage, Treat, and Transport (ET3) model that is similar to the ET3 program that Medicare began in FFY 21. Under the state’s program, emergency service providers may bill for trips that result in delivery of on-site or telehealth services by a partner health professional or for trips to an outpatient non-emergency department provider. The AHCCCS DHCM financial analysts project that cost savings of diverting unnecessary emergency department visits to lower acuity settings under the ET3 model will be offset by additional costs of reimbursing emergency service providers for trips in which no or limited reimbursement was previously paid
- **High Needs Therapeutic Foster Care Rates \***

Effective October 1, 2021, AHCCCS established increased Fee for Services (FFS) rates for Therapeutic Foster Care (TFC) services provided in a licensed family setting to higher needs foster children under 18 years of age.
- **N95 Masks \***

In March 2022, AHCCCS advised Contractors that providers could bill and receive reimbursement for N95 masks issued to members with immunocompromised conditions.
- **Child Depression Screening \***

Effective October 1, 2022, the agency is revising the AHCCCS Medical Policy Manual (AMPM) 430 to recommend depression and suicide risk screens be provided to children ages 12 to 20 years during EPSDT visits. The change aligns with screening recommendations from the American Academy of Pediatrics. To estimate the impact, DHCM financial analysts reviewed EPSDT visit and depression screening utilization for the CYE 2021 base period. It was assumed that all members ages 12 to 20 years that had not received a depression screen during their

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EPSDT visits would receive 1 screen during CYE 2023. The analysts then assumed that the difference in the rate of depression diagnosis between screened and previously unscreened individuals in the base period would be reduced by 20% in CYE 2023. Costs of the additional screens and subsequent mental health services were priced using per user service costs observed during the base period.

- **Diabetes Self-Management Training \***

Pursuant to HB2083, AHCCCS is adding 10 hours per year of diabetes self-management training as a covered service for diabetic members, effective October 1, 2022. To estimate the impact, DHCM financial analysts first reviewed data of diabetes prevalence among members. Based on findings from a literature review of studies on diabetes self-management training programs, it was assumed that 6% of diabetic members would utilize the covered service. It was assumed that each utilizing member would receive 5 hours of services a year. The total cost of the visits was then estimated using the AHCCCS fee for service rate schedule for outpatient diabetes self-management training. The resulting cost impact was allocated across risk groups and GSAs using member prevalence of diabetes diagnoses during FFY 2021.

- **Infant Dental Visits \***

Effective October 1, 2022, AHCCCS is revising AMPM 431 to expand coverage of preventive dental services to infants 6 – 12 months of age. The change is consistent with recommendations from Bright Futures and the American Academy of Pediatrics.

- **Dental Cone Beam CT Capture \***

AHCCCS will reimburse for cone beam CT capture for dental imaging, beginning January 1, 2023. Cone-beam CT capture emits an x-ray beam shaped like a cone as opposed to the conventional fan-shaped beam. This procedure is expected to be used for any tooth extraction as well as for endodontic procedures such as molar and premolar root canals. This type of imaging would be done in addition to current X-ray imaging. AHCCCS estimates that 85-90% of conventional X-rays prior to extractions and 80% of root canals would be augmented by cone beam imaging to confirm results. AHCCCS will require prior authorization for fee-for-service coverage of cone beam CT capture.

- **Back to School Initiative \***

AHCCCS child and adolescent well-care visit rates have historically been lower than the CMS Medicaid median and these rates have declined as a result of the COVID-19 Public Health Emergency. To address this issue, AHCCCS will implement a Back-to-School campaign beginning July 2023 to encourage child and adolescent well-care visit rates.

**Table 10j: Combined Miscellaneous**

GSA	Dollar Impact	PMPM Impact
North	\$956,287	\$0.42
Central	\$6,171,047	\$0.40
South	\$2,116,702	\$0.37
<b>Total</b>	<b>\$9,244,035</b>	<b>\$0.39</b>

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

Any changes to the data, assumptions, or methodologies used to develop the projected benefit costs since the last rating period have been described within the relevant subsections of this certification.

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

The AHCCCS 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 23 capitation rates therefore includes those adjustments.

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

In accordance with 42 CFR § 438.7(b)(2), 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 2017 through December 2021 and adjudicated and approved through the through the second February 2022 encounter cycle. The data was adjusted to account for any COVID-19 time period which had large and varied impacts on categories of service which are not anticipated to be continued into the rating period. 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, risk group, 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 and reimbursement changes. Projected benefit cost trends were developed to project the base data forward 24 months, from the midpoint of CYE 21 (April 1, 2021) to the midpoint of the rating period for CYE 23 (April 1, 2023). 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 after reviewing multiple moving averages and several linear regression lines for each of the utilization per 1000, unit cost and resulting PMPM trend assumptions.

For all GSAs and ACC population risk groups, except Delivery Supplemental Payment, projected benefit cost trends were developed for the following trend categories of service (Physical Health Inpatient and LTC, Physical Health Practitioners, Behavioral Health Practitioners, Other Professional Services, Pharmacy, and Outpatient and Emergency Facilities) at a GSA and risk group level. For the following trend categories of service (Behavioral Health Inpatient and LTC, Transportation, Laboratory and Radiology Services, Dental, and FQHC/RHC) the projected benefit costs trends were developed by GSA but not at the risk group level.

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

For the RBHA SMI risk groups, eight of the fifteen rate setting categories of service were aggregated with one or more other rate setting categories of service for the purposes of developing projected benefit cost trends. The aggregated trend categories of service are as follows: Outpatient and Emergency Facilities (Outpatient Facility, Emergency Facility), Other Professional Services (Dental, FQHC/RHC, Laboratory and Radiology, Other Professional Services), and Behavioral Health Practitioners (Behavioral Health Practitioners, Case Management). The remaining seven rate setting categories of service were analyzed without further aggregation for projected benefit cost trend development. There was no trend applied to the Crisis 24 Hour Group risk groups for any rate setting category of service, as the contracted block payment projections for CYE 23 for CPL, CMT, and CSU already incorporated expected increases in utilization and cost, while an explicit adjustment was included instead of trend for the ancillary crisis services rate setting category of service. Additional detail on the development of the Crisis 24 Hour Group risk group capitation rates is above in Section I.3.B.ii.(a).

The different methodologies were determined to be reasonable given the volume of services and variation within the trend 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 and ACC-RBHA Program. As noted above in I.1.A.iii.(c)(i)(B), the actuaries aligned the aggregation of data into consistent detailed categories of services for all programs which do not cover LTSS, and then each program includes further aggregation to rate setting categories of service and trend categories of service. The CYE 23 PMPM trend assumptions were compared to aggregations of the PMPM trend assumptions for CYE 22 trend categories of service as closely as possible. All PMPM trend assumptions were compared to similar assumptions made in CYE 22 capitation rates and judged reasonable to assume for projection to CYE 23, considering the change in the base data time period, the rating period, the intervening COVID-19 pandemic, as well as changes to category of service groupings. 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 2023 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%. No trends in the CYE 23 capitation rate development crossed the outlier threshold.

The actuaries assumed negative trends for the unit cost trend in all GSAs Age < 1 risk group for the Physical Health Inpatient and LTC category of service and in the South Prop 204 risk group for the Outpatient and Emergency Facilities trend category of service. The actuaries also assumed negative trends for the utilization trend in the North and South GSA SMI risk group for the Rehabilitation Services category of service. Each of the negative trend assumptions were based upon actuarial judgment after

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reviewing multiple moving averages and several linear regression lines. For every risk group 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.

### 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, risk group and 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 risk group, by GSA for utilization per 1000, unit cost, and PMPM values are included below in Table 11.

**Table 11: CYE 23 Annualized Trends**

GSA	Utilization Per 1000	Unit Cost	PMPM
North	1.49%	1.71%	3.22%
Central	1.32%	1.80%	3.14%
South	1.74%	1.43%	3.19%
<b>Total</b>	<b>1.42%</b>	<b>1.71%</b>	<b>3.16%</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 risk group.

#### 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. As of August 12, 2022, no additional services have been identified as necessary services to comply with MHPAEA.

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

There are no in-lieu-of services allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an Institution for Mental Disease (IMD) in lieu of services in an inpatient hospital. 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.iv.

### **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 an AHCCCS Contractor. The Contractors receive notification from AHCCCS of a member's enrollment. The ACC and ACC-RBHA Contractors are responsible for payment of all claims for medically necessary services covered by the ACC and ACC-RBHA Program and provided to ACC or ACC-RBHA members during PPC, with the exception of members transitioning to Title XIX from non-Title XIX (state-only) eligibility, as noted in Sections I.1.A.iii.(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 23 capitation rates for the ACC and ACC-RBHA Program for the PPC time frame, 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 shall 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 shall be submitted.”

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

Material adjustments related to provider payment requirements under State Directed Payments are discussed in Section I.4.D of this rate certification. Additionally, provider payment requirements related to FQHCs/RHCs are described in Section I.3.B.ii.

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

There were no material changes since the last certification 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 2023 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 23 capitation rates for the ACC and ACC-RBHA Program include an incentive arrangement, as described under 42 CFR § 438.6(b)(2), called the APM Initiative – Performance Based Payments. The APM Initiative – Performance Based Payments incentive arrangement is a special provision for payment where the Contractors may receive additional funds over and above the capitation rates for implementing APM arrangements with providers who successfully meet targets established by the Contractors that are aimed at quality improvement, such as reducing costs, improving health outcomes, or improving access to care.

###### ***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 performance 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 policy governing this incentive arrangement has been changed from previous years. The updated incentive policy still uses a ranked score to distribute available incentive dollars by AHCCCS performance measure, but Contractors will not be ranked if they did not earn either a performance achievement score or a performance improvement score for that measure. The maximum incentive pool possible is approximately \$93 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 is twelve months.

###### 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 Contractors are mandated to utilize the APM strategies in the Health Care

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

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

The incentive arrangement includes performance measures impacting well visits for children and adolescents, prenatal and postpartum care, breast cancer screening, follow-up after hospitalization for mental illness, and hospital readmissions. All adult and child enrollees utilizing the services addressed in the performance 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 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.

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

The total payments under the incentive arrangements for the ACC and ACC-RBHA Program (i.e., capitation rate payments plus incentive payments) 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 23 capitation rates and had no effect on the development of the capitation rates for the ACC and ACC-RBHA Program. The incentive payments will be paid by AHCCCS to the Contractors through lump sum payments after the completion of the CYE 23 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 23 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 the performance measure results under the new policy will not be available until 18 months after the end of the contract year. Incentive payments for the APM Initiative will be paid by AHCCCS to the Contractors through lump

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sum payments after the completion of the contract year and the computation of the performance 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 2023 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 and ACC-RBHA includes a percentage of capitation withhold arrangement which the Contractor may earn back. The policy governing the withhold arrangement has been changed from previous years. The updated withhold policy changes the way Contractors earn back the withhold amount by performance measure. Each Contractor's earnings are now based on their performance achievement score, using a threshold benchmark and a high-performance benchmark, and/or performance improvement score by measure, rather than based on rankings across Contractors for performance achievement by measure.

##### 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 enrollees, services, and providers are covered by this withhold arrangement.

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

The purpose of the ACC and ACC-RBHA 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 performance 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 performance measures.

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

It is unlikely that a Contractor will not receive some portion of the withhold back. 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, as the performance measure results under the new policy will not be available until 18 months after the end of the contract year.

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### **I.4.B.ii.(a)(vi) Description of Reasonableness of Withhold Arrangement**

The actuaries relied upon the AHCCCS DHCM Finance & Reinsurance Team's review. Their review indicated that the total withhold percentage of 1% of capitation revenue 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 23 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 2023 Guide provides information on the requirements for risk-sharing mechanisms. For information on the COVID-19 costs covered on a non-risk basis, see Section I.1.B.x.(c).

In accordance with 42 CFR § 438.6(b)(1), all risk-sharing mechanisms have been developed in accordance with 42 CFR § 438.4, the rate development standards in 42 CFR § 438.5, and generally accepted actuarial principles and practices. Additionally, all risk-sharing mechanisms are documented in the contracts and capitation rate certification for the rating period which will be submitted to CMS before the start of the rating period and will not be modified or added after the start of the rating period.

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

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

The CYE 23 contracts for the ACC and ACC-RBHA 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

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continuity, which is an additional intangible benefit to the stability of the Medicaid member. The CYE 23 contracts 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 2023 Guide. The ACC and ACC-RBHA contracts refer to the risk corridors as reconciliations.

### I.4.C.ii.(a)(ii) Description of Risk-Sharing Mechanism Implementation

There are two risk corridor type arrangements in the ACC and ACC-RBHA 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 (excluding COVID-19 vaccine expenses for CYE 23) 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 statewide profits and losses as listed in Table 12 below.

**Table 12: 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 ACC and ACC-RBHA Contractor’s fixed administrative cost component by comparing the actual member months for their ACC populations to the ACC population 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 ACC population member months and assumed ACC population member months.

Additional information regarding the risk corridors can be found in the Compensation section of the ACC and ACC-RBHA Program contracts.

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### **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 23 capitation rates for the ACC and ACC-RBHA Program.

### **I.4.C.ii.(a)(iv) Development in Accordance with Generally Accepted Actuarial Principles and Practices**

Risk-sharing mechanisms are developed in accordance with generally accepted actuarial principles and practices. The threshold amounts for the risk corridors was set using actuarial judgment with consideration of conversations between the AHCCCS DHCM Actuarial Team, the AHCCCS DHCM Finance & Reinsurance Team, and the AHCCCS Office of the Director.

### **I.4.C.ii.(a)(v) Risk-Sharing Arrangements Consistent with Pricing Assumptions**

The inclusion of risk corridors as part of the contract is independent of the pricing assumptions used in capitation rate development. If the contract did not include risk corridors, the pricing assumptions used in capitation rate development would be unchanged.

Please see Section I.4.C.ii.(c) for documentation of reinsurance risk-sharing arrangements and the resulting impacts on capitation rate development.

### **I.4.C.ii.(a)(vi) Expected Remittance/Payment from Risk-Sharing Arrangements**

If experience in the rating period aligns with pricing assumptions used in capitation rate development, there will be no remittance/payment between AHCCCS and the Contractors associated with the risk corridors. The risk corridors protect the State against excessive Contractor profits and protect Contractors from excessive losses when experience in the rating period materially differs from the pricing assumptions. For the medical costs, there is no remittance/payment when profits and losses associated with medical costs compared to medical revenue are between the first +/- 2%, as shown in the table in Section I.4.C.ii.(a)(ii), which is consistent with pricing assumptions used in capitation rate development. For the fixed administrative cost component, there is no remittance/payment when actual member months match pricing member months assumed in capitation rate development, which is consistent with pricing assumptions used in capitation rate development.

See Section I.4.C.ii.(c) for reinsurance risk-sharing arrangements.

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

Not applicable. The ACC and ACC-RBHA Program contracts do not include a medical loss ratio remittance or 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 AHCCCS 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

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

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 biologic 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 since 1982 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 and ACC-RBHA Contractors for covered services incurred above the deductible. The deductible is the responsibility of the ACC and ACC-RBHA Contractors. The deductible for CYE 23 Regular reinsurance cases is \$75,000, an increase from the CYE 22 Regular reinsurance case deductible. The limit on High Dollar 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 and ACC-RBHA 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 or ACC-RBHA Contractor based on actual reinsurance payments versus expected reinsurance payments.

For additional information on the reinsurance program, refer to the Reinsurance section of the ACC and ACC-RBHA Program contracts.

### **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 methodology for setting the reinsurance offset has changed from the CYE 22 capitation rates, due to the base period (CYE 21) for CYE 23 capitation rates not crossing two contract years like the base period (Calendar Year 2019) did for CYE 22 (reinsurance payments are made based on encounters in contract years, not calendar years) and an increase in the Regular reinsurance deductible for CYE 23. The data used to develop the reinsurance offset for CYE 23 are historical reinsurance payments to the Contractors for services incurred during CYE 21. For the Biologic and Catastrophic reinsurance case types, these



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reinsurance payments were divided by the CYE 21 member months to develop a PMPM offset before completion. This was done at the risk group and GSA level. For the Regular reinsurance case type, the actuaries first repriced, at the case level, all reinsurance payments in the Regular reinsurance data set based on the increase from \$35,000 (the base year deductible) to \$75,000 (the rating period deductible). Reinsurance cases which were below the higher deductible threshold were removed (repriced to zero), and reinsurance cases which were above the higher deductible were repriced using the AHCCCS coinsurance percentage responsibility for the remaining costs above the deductible. These revised regular reinsurance payments were then divided by the CYE 21 member months to develop a PMPM offset before completion. The reinsurance PMPMs were then completed and adjusted for any adjustments that impacted CYE 21 base encounter data as described above in Section I.2.B.iii.(d). The adjusted reinsurance PMPMs for each risk group and GSA were trended forward to CYE 23 using the assumed medical trend rates by risk group and GSA for the appropriate categories. The Regular reinsurance case type used the dollar weighted blend of trends for the Physical Health Inpatient and LTC and the Behavioral Health Inpatient and LTC rate setting categories of service, the Biologic reinsurance case type used the Pharmacy category of service trend, and the Catastrophic reinsurance case type used aggregated trend rates 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 21 to CYE 23, 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 23 reinsurance PMPMs. Other changes to the reinsurance program from CYE 21 to CYE 23 included adding several drugs to the list of drugs covered by the AHCCCS reinsurance program.

The projected costs of drugs added to the Biologic case type after the base period was calculated by taking the projected costs for CYE 23 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 and ACC-RBHA Program is \$7.4 million.

Appendix 7 displays the reinsurance offset PMPMs by rate cell.

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

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

This section of the 2023 Guide provides information on delivery system and provider payment initiatives (i.e., state directed payments) authorized under 42 CFR § 438.6(c).

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

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

The only state directed payments addressed in this certification are the ones related to the ACC and ACC-RBHA Program. The contract requires the adoption of a minimum fee schedule for FQHC/RHC providers using State plan approved rates, as defined in 42 CFR § 438.6(a), as allowed under 42 CFR § 438.6(c)(1)(iii)(A). This state directed payment for FQHC/RHC providers does not require written approval prior to implementation per 42 CFR § 438.6(c)(2)(ii). The state directed payments which

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require pre-prints for prior approval are DAP, APSI, PSI, and HEALTHII. The 2023 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

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

#### ***Federally Qualified Health Centers and Rural Health Clinics***

Contractors are required to adopt Prospective Payment System (PPS) rates as defined in the Medicaid State plan as a minimum fee schedule for FQHC/RHC providers. The Medicaid State plan describes the methodology for the calculation of PPS rates in Attachment 4.19-B starting on Page 3a.

#### ***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 potential rate increases range from 0.25% 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 any of the following criteria:

- 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 25 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 70% 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 with more than 100 licensed beds. The PSI provides a uniform percentage increase for inpatient and outpatient services provided by the state's freestanding children's hospitals, with more than 100 licensed beds. The PSI uniform percentage increase is based on a fixed total payment amount

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and is expected to fluctuate based on utilization in the contract year. The increase is intended to supplement, not supplant, payments to eligible hospitals or pediatric units.

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

The HEALTHII delivers a uniform percentage increase to hospitals for acute inpatient and ambulatory outpatient contracted Medicaid Managed Care services. The HEALTHII 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's aggregate targeted pay-to-cost ratio for Medicaid Managed care services. The increase is intended to supplement, not supplant, payments to eligible providers.

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

The FQHC/RHC minimum fee schedule and the DAP initiative are the only directed payments incorporated in the capitation rates. The 2023 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

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

The FQHC/RHC minimum fee schedule state directed payment impacts all ACC and ACC-RBHA rate cells except for the Crisis 24 Hour Group rate cells. The DAP initiative impacts all ACC and ACC-RBHA rate cells.

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

The FQHC/RHC minimum fee schedule is part of the aggregate fee schedule changes shown in Appendix 6. For the total impact by rate cell for the FQHC/RHC minimum fee schedule see Appendix 8b. For DAP see Appendix 6 for medical impact by risk group and Appendix 8b for total impact by rate cell.

### **I.4.D.ii.(a)(ii)(C) Data, Assumptions, Methodology to Develop Directed Payment Adjustment Federally Qualified Health Centers and Rural Health Clinics**

The impact of the minimum fee schedule requirement for FQHC/RHC providers is addressed as part of the fee schedule updates, described above in Section I.3.B.ii.(a).

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

The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for up to 3.25% increase), Critical Access Hospitals (eligible for up to 10.75% increase), other hospitals and inpatient facilities (eligible for up to 5.0% increase), rehabilitation and long term acute care hospitals (eligible for a 0.25% increase), nursing facilities (eligible for up to 2.0% increase), integrated clinics (eligible for up to a 1.0% increase), behavioral health outpatient clinics (eligible for a 1.0% increase), behavioral health outpatient clinics and integrated clinics (eligible for up to 8.5% increase), physicians, physician assistants, and registered nurse practitioners (eligible for up to 3.5% increase), physicians, physician assistants, and registered nurse practitioners specialty types (obstetrics and gynecology, pediatrics, cardiology and nephrology) (eligible for a 1.0% increase), behavioral health providers (eligible for up to 1.0% increase), dental providers (eligible for up to 2.0% increase), HCBS providers (eligible for up to 3.0% increase), therapeutic foster homes (eligible for up to 20.0% increase), specific provider types that have or plan to have a workforce development plan (eligible for a 1.0%

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increase), specific provider types that meet employment staff training requirements (eligible for a 2.0% increase), and crisis providers (eligible for a 3.0% 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 21 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 23 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the percentage impacts by program, GSA, and risk group to the applicable categories of service to come to the final dollar impact for CYE 23 (the data provided by the AHCCCS DHCM Rates & Reimbursement Team was at a detailed rate code, GSA, and category of service level which the AHCCCS DHCM Actuarial Team then aggregated to the specific risk groups and GSAs for each program).

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

AHCCCS has submitted the DAP 42 CFR § 438.6(c) pre-print to CMS but has not yet received approval. The DAP payment arrangement accounted for in the capitation rates, and described in the preceding sections, is included in the capitation rates in a manner consistent with the pre-print under CMS review.

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

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

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

The APSI, PSI, and HEALTHII are not included in the ACC and ACC-RBHA certified capitation rates and will be paid out via lump sum payments. The 2023 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

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

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

Anticipated payments including premium tax for APSI are approximately \$186 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.

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

Anticipated payments including premium tax for PSI are approximately \$57.7 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 23 utilization will be used to redistribute the payments.

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

Anticipated payments including premium tax for HEALTHII are approximately \$1.83 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 23 utilization will be used to redistribute the payments.

### **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 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 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 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) Estimated Impact by Rate Cell**

Appendix 8b contains estimated PMPMs including premium tax by rate cell for informational purposes only; these payments are not made on a PMPM basis.

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

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

AHCCCS has submitted the APSI 42 CFR § 438.6(c) pre-print to CMS but has not yet received approval. The payment arrangement is accounted for in a manner consistent with the pre-print that is under CMS review.

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

AHCCCS has submitted the PSI 42 CFR § 438.6(c) pre-print to CMS but has not yet received approval. The payment arrangement is accounted for in a manner consistent with the pre-print that is under CMS review.

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

AHCCCS has submitted the HEALTHII 42 CFR § 438.6(c) pre-print to CMS but has not yet received approval. The payment arrangement is accounted for in a manner consistent with the pre-print that is under CMS review.

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### **I.4.D.ii.(a)(iii)(E) 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 included in the approved state directed payment pre-print, 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 included in the approved state directed payment pre-print, 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 included in the approved state directed payment pre-print, 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 rate certification, including minimum fee schedules using State plan approved rates as defined in 42 CFR § 438.6(a).

### **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 state directed payment or authorized under applicable law, regulation, or waiver.

### **I.4.E. Pass-Through Payments – Not Applicable**

Not applicable. There are no pass-through payments for the ACC and ACC-RBHA Program.

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

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

This section of the 2023 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 23 capitation rates for the ACC populations was the historical and projected administrative expense data submitted by the Contractors per a supplemental data request, as noted in Section I.2.B.ii.(b)(ii). The primary data source used to develop the administrative component of the CYE 23 capitation rates for the RBHA populations was the administrative expense PMPM submitted by the Offerors during the CYE 23 CCE, as noted in Section I.2.B.ii.(b)(ii). As part of the CCE, the Offerors were required to bid actuarially sound administrative costs by GSA and risk group with detailed administrative category of service information for five years (CYE 23 through CYE 27) as well as provide the projected member months assumed for each of the years by GSA and risk group.

The ACC, ACC-RBHA, and prior RBHA Contractors' supplemental administrative data request included amounts for administrative expenses for CYE 21 actuals, CYE 22 year-to-date (through 12/31/21) actuals, actual/projected amounts for CYE 22, and projected amounts for CYE 23. This data request included administrative breakouts into different categories, breakdowns of fixed and variable administrative costs for the ACC populations, and the ACC, ACC-RBHA, and prior RBHA Contractors' member months for each of the time frames. The CYE 21 financial statements and CYE 22 Q1 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.

For the ACC population, the actuaries developed and reviewed several methodologies for projecting administrative expenses, 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 population administrative PMPMs included in the capitation rates were developed primarily using the Contractors' supplemental administrative data and CYE 23 projected member months from both the Contractors and AHCCCS. For the fixed administrative expenses, the PMPM was developed by using each Contractor's projected costs divided by AHCCCS projected member months. For variable administrative costs, the PMPM was developed by using each Contractor's projected costs and member months for CYE 23, with limits imposed on any Contractor whose

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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 2020" available at: <https://us.milliman.com/en/insight/medicaid-managed-care-financial-results-for-2020>

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administrative expenses were not reasonable when compared to the various combinations of data, assumptions and methodologies reviewed by the actuaries and other members of the AHCCCS DHCM Actuarial Team.

For the RBHA populations, the actuaries used the awarded ACC-RBHA Contractors' final administrative bids. The actuaries reviewed the administrative cost components of the bids against other administrative information as listed above and the actuarial certifications submitted with the bids. The actuaries found the bid administrative PMPMs and documented assumptions for the development of the bid administrative PMPMs to be reasonable and appropriate for inclusion in the capitation rates for the RBHA populations.

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

The data, assumptions, and methodology used to develop the CYE 23 projected administrative costs are similar to the previous rating period and have been documented above. The previous methodology is documented in the CYE 22 actuarial rate certification.

### **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 23 capitation rates for the ACC and ACC-RBHA Program is described above in Section I.5.B.i.(a). The PMPM amounts can be found in Appendix 7.

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

The CYE 23 capitation rates for the ACC and ACC-RBHA 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 23 capitation rate for the ACC and ACC-RBHA Program includes a provision for margin (i.e., UW gain). The CYE 23 capitation rates for the ACC and ACC-RBHA Program include a provision of 1.0% for UW gain.

#### **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 23 capitation rates for the ACC and ACC-RBHA Program.

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

Historical non-benefit cost data is provided by the AHCCCS Contractors 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.6. Risk Adjustment and Acuity Adjustments

#### I.6.A. Rate Development Standards

##### I.6.A.i. Risk Adjustment

AHCCCS contracts with Wakely Consulting Group to assist in the development of the AHCCCS risk adjustment model. AHCCCS relies 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 23 capitation rates have risk adjustment factors applied to them. The risk adjustment factors in this certification are based on December 2021 through January 2022 member assignments and an experience period of September 1, 2020 through August 31, 2021.

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 42 CFR § 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 42 CFR § 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

The CYE 23 capitation rates have acuity adjustment factors applied to them to account for the end of the PHE. The acuity adjustment factors in this actuarial capitation rate certification assume a PHE end date of January 2023 with redetermination starting in February of 2023. If the PHE ends on a different date than assumed, AHCCCS intends to review the acuity factor model with the final PHE end date and adjust the capitation rates for revised acuity adjustment factors if deemed appropriate. If capitation rates are adjusted, a new contract with the revised capitation rates will be submitted, and if the change results in a capitation rate for any rate cell changing by more than the +/- 1.5% *de minimis* allowable without recertification, an amended actuarial certification will be submitted.

#### 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 Disability Payment System and Medicaid Rx (CDPS+Rx) Version 6.5 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 for them to perform the analysis. The AHCCCS risk adjustment model was calibrated by Wakely Consulting Group in 2022 for the ACC and ACC-RBHA Program.

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

- Costs above reinsurance thresholds for which the Contractors were not at risk
- Maternity costs covered by the Delivery Supplement payment
- 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 combines CDPS+Rx version 6.5 with social determinants of health 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, each CDPS+Rx condition category, 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.

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A credibility adjustment was applied to the CYE 23 risk adjustment factors, where applicable. To be fully credible, a rate cell had to have greater than 1,000 members during the experience period (September 2020 through August 2021). For any rate cell that is not fully credible, the risk factor is 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.

Risk groups that will not be risk adjusted are Duals, Delivery Supplemental Payments, SMI, and Crisis 24 Hour Group.

#### **Risk Adjustment for Each Risk Adjusted Risk Group, 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 23 capitation rates is displayed by Contractor below in Table 13. These values may change whenever risk adjustment is updated.

**Table 13: Magnitude of Risk Adjustment**

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	(3.19%)
Banner - University Family Care	(2.95%)
Care 1st Health Plan Arizona, Inc.	0.62%
Molina Healthcare of Arizona, Inc.	(3.20%)
Mercy Care	3.06%
Health Choice Arizona, Inc.	(1.25%)
UnitedHealthcare Community Plan	2.01%

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

Wakely Consulting Group used R-squared statistics to evaluate the predictive value of the recalibrated model. The R-squared statistics calculated during the model calibration process by population are shown below.

**Table 14: CDPS+RX 6.5 Recalibration R-Squared Results**

Aggregated Risk Groups	R-Squared
Age 1-20	0.173
Adults	0.260
SSIWO	0.299

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 “Adults” label shown above aggregates the following risk groups: 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.

### **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 risk group.

#### **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 the AGE < 1 risk group (i.e., newborns) is necessarily different than risk adjustment for other risk groups. 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

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<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>

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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 (September 1, 2020 through August 31, 2021). 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 23 capitation rates have risk adjustment factors applied to them. 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 42 CFR § 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 42 CFR § 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 CDPS+Rx model has been updated from version 6.4 to version 6.5 with recalibration of the risk-weights to make them specific to Arizona Medicaid populations. The number of enrolled members required to be fully credible was also increased from 500 members to 1,000 members. The time frame of the data was changed to update the experience and snapshot periods. All other assumptions and methodology have not changed from the last rating period.

#### **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 for each risk group and GSA. 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

The CYE 23 capitation rates include an acuity adjustment.

#### I.6.B.iv.(a) Reason for Acuity Adjustment

The CYE 23 capitation rates use CYE 21 as the base data for development of the capitation rates. This base data is influenced by the PHE where members have stayed on Medicaid without redetermination, per the MOE requirements of the FFCRA. With the MOE in effect, the actuaries expected to find lower PMPM expenses in the base data since many members who may no longer be eligible have the potential to be otherwise insured, or healthier on average than an “ordinary” Medicaid member. However, once the PHE ends, all members will be redetermined under a timeline set out by the AHCCCS DMPS. When that happens, the expectation is that the presumably lower expense individuals who are no longer eligible for Medicaid will be removed from the AHCCCS rolls, and so the acuity of the remaining population is expected to increase. There is significant uncertainty about the health status of the remaining population, since redeterminations will happen over an extended time frame, and members that are currently expected to be ineligible may not be by the time AHCCCS DMPS processes their redetermination. There is also uncertainty with respect to how quickly the redetermination process will last because of the extended length of the PHE. AHCCCS is assuming the PHE will expire in January 2023 and the redetermination process will start in February 2023, but AHCCCS DMPS has provided information that if the PHE extends past January 2023, it will take longer to redetermine the whole population than currently projected. AHCCCS is including an acuity adjustment factor which accounts for the population to move towards the pre-pandemic acuity levels, but this acuity adjustment factor is based on several assumptions which may turn out to be incorrect, necessitating an update to the acuity adjustment factors later in the year, or even revising capitation rates retroactively for final acuity adjustment factors.

#### I.6.B.iv.(b) Acuity Adjustment Model

Throughout the PHE, the AHCCCS DMPS has continued the regular process of making initial eligibility determinations and renewals, but not disenrolling anyone (except those allowed under FFCRA) in accordance with MOE requirements in the FFCRA. AHCCCS DMPS has kept records for all eligibility decisions by date, and has categorized members who, if not for the MOE, would be ineligible. There are two main categories, or groupings, of members on, what is referred to by the agency as, the “COVID-19 override” list. These categories are eligibility failure (EF) for members who are potentially factually ineligible, meaning that at some point in the past two years AHCCCS received information indicating that the member is no longer eligible, and verification failure (VF) for members who have been non-compliant or not respondent to requests for information. When the PHE ends, AHCCCS DMPS will begin processing renewals on the first day of the following month by working their way through this list, processing the EF group first, then processing the VF group. Within both groups, the agency will work from the oldest to the newest in terms of how long the member’s eligibility has been extended, with modifications to process redeterminations of households together to reduce administrative burden. AHCCCS DMPS plans to divide renewals of the individuals on the COVID-19 override list across nine months starting at the beginning of the first month after the PHE ends, while not initiating renewals on more than 1/9 of the total COVID-19 override caseload in any given month, while continuing to process

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regular monthly renewals on schedule. This timeline is expected to be extended if there are significant spikes in members being added to the COVID-19 override list or if, as noted in the prior section, the PHE extends past January 2023.

AHCCCS DMPS provided the AHCCCS DHCM Actuarial Team with the list of override members and their categorization as of March 2022. The AHCCCS DHCM Actuarial Team has used this list as the primary data source in a model developed to estimate appropriate acuity adjustment factors by risk group and GSA to account for the disenrollment of measurably less acute members when the PHE ends and redetermination begins.

Using the COVID-19 override list, the AHCCCS DHCM Actuarial Team extracted adjudicated and approved encounter data for all members on the provided COVID-19 override list as well as membership information. The dates being used correspond to the base data time period (CYE 21), paid through mid-April 2022. The AHCCCS DHCM Actuarial Team also extracted all adjudicated and approved encounter data for all members (not just those on the COVID-19 override list), paid through mid-April 2022, as well as membership information for the same time frame.

The model developed to estimate acuity adjustment factors by risk group and GSA includes several assumptions that impact the resulting acuity factors, most of which were developed in conjunction with input from subject matter experts from AHCCCS DMPS (indicated by a tilde ~) and available historical data (indicated by a † symbol). These assumptions include a projected end-date of the PHE (January 2023), an assumed percentage of members that will be found ineligible from the EF group (81%~), an assumed percentage of members that will be found ineligible from the VF group (56%~), an assumed percentage of members that will appeal an adverse redetermination (2.15%~†), and a distribution across the number of days between eligibility redetermination and removal after considering the timing of appeals, including notification and appeal deadlines provided by AHCCCS DMPS. This model also incorporates an additional assumption/factor applied to only the VF group when calculating the costs associated with a member found to be ineligible after redetermination.

The additional assumption/factor is built from a secondary model which attempts to adjust for the fact that not all members on the COVID-19 override list have similar expenses. The secondary model includes three a priori assumptions: (1) it is less likely that unhealthy members will have exceeded the income requirements for remaining on Medicaid, (2) a member who has had higher expenses in the past is expected to be more likely to appeal an adverse eligibility decision, and (3) given the first two assumptions, lower cost members are more likely to fall off than higher cost members when compared to the average COVID-19 override list member. The secondary model therefore develops a factor to adjust the cost removal associated with the redetermination of an ineligible member downward. That is, the assumed remaining costs left after removal of ineligible members is higher for the group than it would otherwise be if all members within the COVID-19 override list had similar expenses. The factor developed for this assumption is different by risk group and GSA as it is based on the encounter data for each risk group and GSA, and is calculated by taking the ratio of the PMPMs of the members on the COVID-19 override list to the PMPMs of the members not on the COVID-19 override list. The actuaries

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applied this additional factor only to the VF group based on the reduced expectancy of ineligibility per AHCCCS DMPS, i.e., these members are more likely to remain on the rolls, which aligns with the three a priori assumptions of the model.

### **I.6.B.iv.(c) Data and Source of Data**

The sources of the data are listed above in Section I.6.B.iv.(b).

### **I.6.B.iv.(d) Relationship**

The acuity adjustment factors are calculated independently of the capitation rate setting process and are incorporated in such a way that the only potential interaction that could change the result is the order of their inclusion within the rate development process. The application of the acuity factors at an earlier step in the process could result in a different result because the encounter data (for all members, not just those on the COVID-19 override list) used to develop the acuity factors was not modified for completion factors or any of the other base data adjustments like normalizing depressed utilization of services during the November 2021 through February 2022 COVID-19 surge, etc. that the rate setting data was modified for. The decision to not include these base data adjustments for the acuity factor encounter data could have an impact on the overall capitation rate by rate cell. The actuaries do not believe it would have been practical or advisable to develop separate adjustments for the encounter data associated with the members on the COVID-19 override list since the list is one snapshot in time of who had been redetermined as potentially ineligible, while the final change in acuity will ultimately be different than modeled.

### **I.6.B.iv.(e) Frequency**

Unless the PHE end date differs or there is a significant spike in number of members on the COVID-19 override list that requires AHCCCS DMPS to revise their timeline for redetermination of the EF and VF members, the acuity adjustment factors will not change from those certified here. If AHCCCS DMPS needs to revise the expected timeline for redetermination, the AHCCCS DHCM Actuarial Team will review data, update assumptions within the model, and determine whether the acuity factors certified here are still appropriate, or if adjustments need to be made. This review, and any resultant necessary changes, will not be made before March 2023, at the earliest.

### **I.6.B.iv.(f) Description of Use of Acuity Adjustment Scores in Capitation Rates**

The acuity adjustment factors are applied to the base data after adjustments and before trend as shown in Appendix 4. The acuity adjustment factors differ by risk group and GSA but are applied equally at the detailed category of service level.

### **I.6.B.iv.(g) Development in Accordance with Generally Accepted Actuarial Principles and Practices**

The acuity adjustment factors have been developed in accordance with generally accepted actuarial principles and practices. There does not exist an actuarial standard of practice which specifically governs the development of acuity adjustment factors, but ASOP 49 Section 3.2.8. addresses Other Base Data Adjustments which the actuary should consider, and subsection c. addresses population adjustments which modify the base data to reflect differences between the population underlying the base period and the population expected to be covered during the rating period. The actuaries developed the acuity



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model using their professional judgement in determining what was appropriate for modeling the nature of the impact of the end of the PHE and the unwinding of the MOE on the populations covered by the capitation rates. The data used is specific to the Medicaid population, is consistent with the timing of the base period, has been reviewed for accuracy, completeness, quality, and consistency with the data used as the basis of the capitation rates. The actuaries have relied on subject matter experts from AHCCCS DMPS with respect to anticipated final ineligibility determination percentages for the EF and VF groups, as well as historical data regarding appeal rates and allowed days for members to respond to renewal letters and/or appeal discontinuances from AHCCCS DMPS. The assumptions used in the model are consistent with the expected timing of redeterminations in the rating period. The actuaries also requested technical assistance for a reasonability assessment from CMS with regard to the model development.

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

Section II of the 2023 Medicaid Managed Care Rate Development Guide is not applicable to the ACC and ACC-RBHA Program. Managed long-term services and supports, as defined at 42 CFR § 438.2, are not covered services under the ACC and ACC-RBHA Program. The ACC and ACC-RBHA 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 2023 Medicaid Managed Care Rate Development Guide is applicable to the ACC and ACC-RBHA 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 and ACC-RBHA Program capitation rate development includes separate risk groups for the Childless Adult Restoration and Adult Expansion populations which are labeled throughout this certification as “Prop 204 Childless Adults” (formerly Adults  $\leq$ 106% FPL) and “Expansion Adults” (formerly Adults  $>$  106% FPL) respectively, with the exception of some members who would otherwise be categorized as part of the new adult group, except for having an SMI diagnosis and being enrolled with an ACC-RBHA Contractor in the SMI risk group. The capitation rates for the Childless Adult Restoration and Adult Expansion populations are developed the same way as the rates for other risk groups. The new adult group risk groups represent approximately 39.0% of expenditures for the ACC and ACC-RBHA Program. See Section I for the rate development of the ACC and ACC-RBHA Program capitation rates. The risk groups that make up the new adult group have been treated the same as any other ACC and ACC-RBHA Program risk group.

**III.1. Data**

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

The CYE 23 capitation rates for the new adult group rely on the same types and sources of data used for all risk groups as described in Section I.2.

**III.1.B. Documentation**

**III.1.B.i. New Data**

All data related to the CYE 23 capitation rates for all risk groups for the ACC and ACC-RBHA 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 AHCCCS programs. AHCCCS did not develop plans to monitor costs and experience specifically for the new adult group beyond the monitoring done for the ACC and ACC-RBHA Program.

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

Table 15 below displays the projected gross medical expense (GME) PMPM from CYE 21 capitation rate development for the new adult group risk groups and the actual CYE 21 encounter data with completion and adjusted for the encounter data issues addressed in Section I.2.B.iii.(c) for those same risk groups. Actual CYE 21 encounter data includes impacts of COVID-19 and the MOE requirements due to the PHE; the CYE 21 encounter data information below has not been adjusted for those impacts.

**Table 15: Projected and Actual Gross Medical Expense (GME) PMPM for CYE 21**

GSA	Risk Group	Projected GME in CYE 21 Cap Rates	Actual CYE 21 GME from Completed Encounter Data	Percentage Impact
North	Prop 204 Childless Adults	\$564.39	\$537.31	(4.80%)
North	Expansion Adults	\$443.91	\$389.25	(12.31%)
Central	Prop 204 Childless Adults	\$666.79	\$593.98	(10.92%)
Central	Expansion Adults	\$455.91	\$385.53	(15.44%)
South	Prop 204 Childless Adults	\$572.78	\$531.74	(7.16%)
South	Expansion Adults	\$402.91	\$367.58	(8.77%)

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

As described throughout Section I, the CYE 23 capitation rates were developed as a rebase using CYE 21 as the starting point for projections to CYE 23. Besides the base data adjustments to normalize for COVID-19 utilization disruptions as described in I.2.B.iii.(d) and acuity adjustments as described in I.6.B.iv., no other specific adjustments were made to the CYE 23 capitation rates for the ACC and

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ACC-RBHA Program, or the new adult group in particular, to reflect differences between projected and actual experience from previous rating periods of the ACC and ACC-RBHA Program. Due to the rebase, differences between projected and actual experience for the new adult group, and all risk groups within the ACC and ACC-RBHA Program, are implicitly adjusted for, in CYE 23 rate development, as CYE 21 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 23 capitation rates for the ACC and ACC-RBHA Program are described in Section I.3. The capitation rates for each GSA and risk group were developed using the CYE 21 encounter data specific to each GSA and risk group as the base. Only data specific to the new adult group risk groups was used to develop the rates for the new adult group risk groups.

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

The projected benefit costs for the CYE 23 capitation rates for the ACC and ACC-RBHA Program are described in Section I.3. The data and assumptions used were specific to each GSA and risk group and the same methodology was used to develop projected benefit costs for all risk groups. Any changes in data sources, assumptions or methodologies have already been addressed in Section I.

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

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 was an adjustment made for acuity, described above in Section I.6.B.iv., due to the anticipated impacts of the ending of the PHE. There are no changes since the last rating period with respect to 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 risk group. 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 risk groups are not treated any differently in rate development than any other risk groups.

##### 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 23 capitation rates for the ACC and ACC-RBHA Program used a base data time period of CYE 21. This time period has 12 months of actual experience for the new adult group. Additionally, the beginning of CYE 21 (October 1, 2020) is six years and nine months past the effective date of the Adult Expansion population for Arizona. The CYE 23 capitation rates for the ACC and ACC-RBHA Program do not include any of the following adjustments to specifically address the new adult group population: acuity or health status (comparing the new adult group enrollees to other Medicaid adult enrollees), pent-up demand, adverse selection, demographics, provider reimbursement rates, or any other material adjustments to specifically address the new adult group population. There is an acuity adjustment, described above in Section I.6.B.iv., which is applied to nearly all risk groups, including the new adult

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group risk groups, but the comparison is between members on the COVID-19 override list in each risk group and GSA to members not on the COVID-19 override list in the same risk group and GSA.

### 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 23 capitation rates for the ACC and ACC-RBHA Program, including the new adult group, are described in Section I.5.

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

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, UW gain assumptions, or premium tax assumptions between populations for the CYE 23 capitation rates for the ACC and ACC-RBHA 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 23 capitation rates for the ACC and ACC-RBHA 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**

Changes to the risk mitigation strategies from the previous rating period, for all populations, including the new adult group population, are documented above in Section I.4.C.

**Appendix 1: Actuarial Certification**

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We, Windy J. Marks, FSA, MAAA and Erica Johnson, ASA, MAAA, are employees of AHCCCS. We meet the qualification standards established by the American Academy of Actuaries and have followed generally accepted actuarial practices and regulatory requirements, including published guidance from the American Academy of Actuaries, the Actuarial Standards Board, CMS, and federal regulations.

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4(a) and 42 CFR § 438.4(b). The state did not opt to develop capitation rate ranges, therefore adherence to 42 CFR § 438.4(c) is not required.

- § 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 differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations must be based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations. Any differences in the assumptions, methodologies, or factors used to develop capitation rates must not vary with the rate of Federal financial participation (FFP) associated with the covered populations in a manner that increases Federal costs. The determination that differences in the assumptions, methodologies, or factors used to develop capitation rates for MCOs, PIHPs, and PAHPs increase Federal costs and vary with the rate of FFP associated with the covered populations must be evaluated for the entire managed care program and include all managed care contracts for all covered populations. CMS may require a State to provide written documentation and justification that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations or contracts represent actual cost differences based on the characteristics and mix of the covered services or 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

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

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 23 capitation rates for the ACC and ACC-RBHA Program have been documented according to the guidelines established by CMS in the 2023 Guide. The CYE 23 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2022 through September 30, 2023.

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 and the Contractors. We have relied upon AHCCCS and the Contractors for the accuracy of the data and we have accepted the data without audit, after checking the data for reasonableness and consistency unless stated otherwise.

SIGNATURE ON FILE

August 12, 2022

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Windy J. Marks

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

SIGNATURE ON FILE

August 12, 2022

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Erica Johnson

Date

Associate, Society of Actuaries

Member, American Academy of Actuaries

**Appendix 2: Certified Capitation Rates**

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### 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	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$646.22	\$212.93	\$400.95	\$153.31	\$1,236.62	\$657.23	\$486.00	\$7,376.47	\$1,663.96	\$6.30
North	Health Choice Arizona, Inc.	\$681.48	\$199.71	\$392.68	\$144.94	\$1,280.41	\$635.81	\$484.98	\$7,376.47	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$702.16	\$187.23	\$418.98	\$174.51	\$1,162.46	\$673.79	\$453.43	\$7,229.97	NA	NA
Central	Banner - University Family Care	\$662.47	\$193.55	\$408.85	\$175.53	\$1,209.40	\$654.86	\$467.11	\$7,229.97	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$741.31	\$223.15	\$421.56	\$199.24	\$1,328.38	\$699.72	\$498.32	\$7,229.97	NA	NA
Central	Mercy Care	\$675.27	\$197.68	\$467.88	\$169.29	\$1,415.98	\$759.51	\$493.69	\$7,229.97	\$2,499.44	\$8.40
Central	Health Choice Arizona, Inc.	\$649.09	\$199.76	\$440.33	\$177.00	\$1,255.50	\$688.22	\$460.52	\$7,229.97	NA	NA
Central	UnitedHealthcare Community Plan	\$651.66	\$196.11	\$447.87	\$169.96	\$1,333.83	\$703.62	\$480.73	\$7,229.97	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$672.63	\$206.18	\$414.58	\$149.41	\$1,332.40	\$624.26	\$441.81	\$7,418.52	\$1,624.42	\$7.87
South	Banner - University Family Care	\$699.75	\$210.21	\$418.61	\$150.98	\$1,302.21	\$627.56	\$454.11	\$7,418.52	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	\$743.13	\$218.79	\$451.78	\$144.76	\$1,374.01	\$650.57	\$468.57	\$7,418.52	NA	NA

**Appendix 3: Fiscal Impact Summary**



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 3: Fiscal Impact Summary**

GSA	Risk Group	CYE 23 Projected MMs	Weighted CYE 22 Cap Rate	CYE 22 Projected Expenditures	Weighted CYE 23 Cap Rate	CYE 23 Projected Expenditures	Percentage Impact
North	AGE < 1	42,186	\$665.64	\$28,080,645	\$666.90	\$28,133,894	0.19%
North	AGE 1-20	818,889	\$211.75	\$173,400,073	\$205.67	\$168,417,311	(2.87%)
North	AGE 21+	385,108	\$369.02	\$142,112,581	\$396.25	\$152,598,678	7.38%
North	Duals	194,671	\$137.27	\$26,722,900	\$149.12	\$29,029,910	8.63%
North	SSIWO	71,464	\$1,192.22	\$85,200,145	\$1,260.27	\$90,063,416	5.71%
North	Prop 204 Childless Adults	568,366	\$620.71	\$352,788,947	\$645.26	\$366,745,336	3.96%
North	Expansion Adults	144,155	\$523.50	\$75,464,707	\$485.43	\$69,977,505	(7.27%)
North	Delivery Supplemental Payments	2,364	\$6,612.14	\$15,631,092	\$7,376.47	\$17,437,971	11.56%
North	SMI	72,634	\$1,647.48	\$119,663,515.72	\$1,663.96	\$120,859,992	1.00%
North	Crisis 24 Hour Group	3,162,017	\$4.13	\$13,044,379	\$6.30	\$19,928,766	52.78%
<b>North</b>	<b>Total</b> <sup>1,2</sup>	2,297,473		\$1,032,108,984		\$1,063,192,780	3.01%
Central	AGE < 1	360,750	\$665.62	\$240,122,963	\$672.74	\$242,690,729	1.07%
Central	AGE 1-20	6,499,644	\$210.43	\$1,367,706,265	\$196.12	\$1,274,687,446	(6.80%)
Central	AGE 21+	2,576,272	\$428.83	\$1,104,784,241	\$444.28	\$1,144,598,500	3.60%
Central	Duals	883,674	\$149.95	\$132,508,738	\$172.53	\$152,459,349	15.06%
Central	SSIWO	420,224	\$1,338.56	\$562,496,034	\$1,308.53	\$549,876,813	(2.24%)
Central	Prop 204 Childless Adults	3,419,225	\$726.48	\$2,483,986,478	\$707.46	\$2,418,964,683	(2.62%)
Central	Expansion Adults	891,638	\$512.52	\$456,983,554	\$477.28	\$425,565,038	(6.88%)
Central	Delivery Supplemental Payments	17,834	\$6,442.76	\$114,900,162	\$7,229.97	\$128,939,283	12.22%
Central	SMI	346,627	\$2,593.76	\$899,066,318	\$2,499.44	\$866,372,352	(3.64%)
Central	Crisis 24 Hour Group	15,377,847	\$7.04	108,254,261	\$8.40	\$129,158,639	19.31%
<b>Central</b>	<b>Total</b> <sup>1,2</sup>	15,398,054		\$7,470,809,015		\$7,333,312,831	(1.84%)
South	AGE < 1	114,634	\$684.09	\$78,419,710	\$701.28	\$80,390,616	2.51%
South	AGE 1-20	2,095,449	\$218.13	\$457,086,905	\$211.15	\$442,453,719	(3.20%)
South	AGE 21+	1,005,350	\$384.98	\$387,042,064	\$425.97	\$428,244,053	10.65%
South	Duals	506,223	\$146.48	\$74,150,589	\$148.68	\$75,267,551	1.51%
South	SSIWO	179,728	\$1,309.46	\$235,347,193	\$1,331.65	\$239,335,593	1.69%
South	Prop 204 Childless Adults	1,342,980	\$622.99	\$836,658,687	\$632.94	\$850,022,428	1.60%
South	Expansion Adults	372,948	\$452.49	\$168,756,993	\$454.09	\$169,350,907	0.35%
South	Delivery Supplemental Payments	6,202	\$6,730.21	\$41,740,740	\$7,418.52	\$46,009,681	10.23%
South	SMI	159,760	\$1,618.86	\$258,629,495	\$1,624.42	\$259,518,502	0.34%
South	Crisis 24 Hour Group	5,905,409	\$7.46	\$44,057,371	\$7.87	\$46,486,303	5.51%
<b>South</b>	<b>Total</b> <sup>1,2</sup>	5,777,072		\$2,581,889,747		\$2,637,079,353	2.14%
Total	AGE < 1	517,571	\$669.71	\$346,623,318	\$678.58	\$351,215,239	1.32%
Total	AGE 1-20	9,413,982	\$212.26	\$1,998,193,243	\$200.29	\$1,885,558,476	(5.64%)
Total	AGE 21+	3,966,730	\$411.91	\$1,633,938,886	\$434.98	\$1,725,441,232	5.60%
Total	Duals	1,584,568	\$147.28	\$233,382,227	\$162.04	\$256,756,809	10.02%
Total	SSIWO	671,416	\$1,315.20	\$883,043,372	\$1,309.58	\$879,275,822	(0.43%)
Total	Prop 204 Childless Adults	5,330,571	\$689.13	\$3,673,434,113	\$682.05	\$3,635,732,447	(1.03%)
Total	Expansion Adults	1,408,741	\$497.75	\$701,205,254	\$471.98	\$664,893,450	(5.18%)
Total	Delivery Supplemental Payments	26,400	\$6,525.45	\$172,271,994	\$7,287.38	\$192,386,935	11.68%
Total	SMI	579,022	\$2,206.06	\$1,277,359,328	\$2,153.20	\$1,246,750,846	(2.40%)
Total	Crisis 24 Hour Group	24,445,273	\$6.76	\$165,356,011	\$8.00	\$195,573,708	18.27%
<b>Total</b>	<b>Total</b> <sup>1,2</sup>	23,472,600		\$11,084,807,746		\$11,033,584,964	(0.46%)

1) Total Projected MMs doesn't include Delivery Supplemental Payment members or Crisis 24 Hour Group member months

2) Totals may not add up due to rounding

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

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 42,480  
 Projection Period Member Months: 42,186

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$304.29	0.9358	1.0000	1.0000	\$325.17	(2.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$316.96
Behavioral Health Inpatient and LTC	\$4.04	0.9356	1.0000	1.0000	\$4.31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.31
Outpatient Facility	\$12.90	0.9454	1.0000	0.8495	\$16.07	(6.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.95
Emergency Facility	\$17.59	0.9412	1.0000	0.8495	\$22.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.01
Pharmacy	\$10.82	0.9981	1.0000	1.0000	\$10.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	\$10.86
Transportation	\$23.16	0.9619	1.0000	1.0000	\$24.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.08
Dental	\$0.33	0.9657	0.8848	1.0000	\$0.38	(0.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.38
FQHC/RHC	\$27.67	0.9624	0.9954	1.0000	\$28.88	(0.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.80
Laboratory and Radiology Services	\$6.36	0.9626	1.0000	1.0000	\$6.60	0.00%	0.00%	0.00%	(17.87%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.42
Other Professional Services	\$12.79	0.9635	1.0000	1.0000	\$13.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.27
Physical Health Practitioners	\$119.92	0.9628	1.0000	1.0000	\$124.55	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$124.55
Behavioral Health Practitioners	\$0.92	0.9665	1.0000	1.0000	\$0.96	(2.16%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.93
<b>Gross Medical</b>	<b>\$540.79</b>				<b>\$577.13</b>										<b>\$566.53</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 785,009  
 Projection Period Member Months: 818,889

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

Category of Service	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$9.77	0.9260	1.0000	1.0000	\$10.55	(5.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$10.05
Behavioral Health Inpatient and LTC	\$10.30	0.9271	1.0000	1.0000	\$11.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$11.18
Outpatient Facility	\$8.82	0.9428	1.0000	0.9383	\$9.97	(7.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$9.32
Emergency Facility	\$10.13	0.9387	1.0000	0.9383	\$11.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$11.57
Pharmacy	\$21.00	0.9967	1.0000	1.0000	\$21.07	0.00%	0.00%	(1.23%)	0.00%	0.00%	0.00%	0.00%	0.40%	0.61%	\$21.02
Transportation	\$5.87	0.9610	1.0000	1.0000	\$6.11	0.00%	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$6.14
Dental	\$17.35	0.9633	0.9458	1.0000	\$19.04	(0.23%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$19.11
FQHC/RHC	\$6.31	0.9598	0.9877	1.0000	\$6.66	(0.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$6.68
Laboratory and Radiology Services	\$3.31	0.9598	1.0000	1.0000	\$3.45	0.00%	0.00%	0.00%	(49.83%)	0.00%	0.00%	0.00%	0.00%	0.61%	\$1.74
Other Professional Services	\$13.59	0.9618	1.0000	1.0000	\$14.13	(0.00%)	(2.02%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$13.92
Physical Health Practitioners	\$20.33	0.9613	1.0000	1.0000	\$21.15	(0.04%)	0.00%	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$21.21
Behavioral Health Practitioners	\$26.66	0.9627	1.0000	1.0000	\$27.69	(1.74%)	(0.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	\$27.26
<b>Gross Medical</b>	<b>\$153.44</b>				<b>\$162.43</b>										<b>\$159.21</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 354,613  
 Projection Period Member Months: 385,108

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$37.81	0.9259	1.0000	1.0000	\$40.84	(3.94%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$39.76
Behavioral Health Inpatient and LTC	\$5.30	0.9334	1.0000	1.0000	\$5.68	0.00%	0.00%	0.00%	0.00%	1.34%	0.00%	0.00%	0.00%	1.36%	\$5.83
Outpatient Facility	\$36.52	0.9442	1.0000	0.9714	\$39.82	(5.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$38.13
Emergency Facility	\$28.07	0.9419	1.0000	0.9714	\$30.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$31.10
Pharmacy	\$65.27	0.9969	1.0000	1.0000	\$65.47	0.00%	0.00%	(0.68%)	0.00%	0.00%	0.00%	0.00%	0.54%	1.36%	\$66.27
Transportation	\$12.42	0.9607	1.0000	1.0000	\$12.92	0.00%	(0.17%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$13.08
Dental	\$1.25	0.9622	0.9309	1.0000	\$1.40	(0.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$1.41
FQHC/RHC	\$11.94	0.9627	0.9971	1.0000	\$12.43	(0.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$12.56
Laboratory and Radiology Services	\$14.27	0.9626	1.0000	1.0000	\$14.82	0.00%	0.00%	0.00%	(17.68%)	0.00%	0.00%	0.00%	0.04%	1.36%	\$12.37
Other Professional Services	\$6.41	0.9616	1.0000	1.0000	\$6.67	(0.00%)	(7.15%)	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$6.28
Physical Health Practitioners	\$54.79	0.9623	1.0000	1.0000	\$56.94	(0.04%)	0.00%	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.02%	1.36%	\$57.60
Behavioral Health Practitioners	\$29.07	0.9621	1.0000	1.0000	\$30.21	(0.60%)	(0.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$30.32
<b>Gross Medical</b>	<b>\$303.12</b>				<b>\$317.88</b>										<b>\$314.70</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: Duals  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 176,016  
 Projection Period Member Months: 194,671

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

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$13.97	0.9238	1.0000	1.0000	\$15.12	(2.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$14.85
Behavioral Health Inpatient and LTC	\$1.51	0.9455	1.0000	1.0000	\$1.59	0.00%	0.00%	0.00%	0.00%	1.71%	0.00%	0.00%	0.00%	0.53%	\$1.63
Outpatient Facility	\$21.54	0.9435	1.0000	1.0000	\$22.83	(3.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$22.20
Emergency Facility	\$4.47	0.9422	1.0000	1.0000	\$4.74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$4.77
Pharmacy	\$2.83	0.9967	1.0000	1.0000	\$2.84	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.21%	0.53%	\$2.86
Transportation	\$10.87	0.9622	1.0000	1.0000	\$11.30	0.00%	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$11.35
Dental	\$0.38	0.9639	0.7062	1.0000	\$0.56	(0.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$0.56
FQHC/RHC	\$1.60	0.9627	0.9811	1.0000	\$1.69	(0.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$1.69
Laboratory and Radiology Services	\$4.21	0.9625	1.0000	1.0000	\$4.37	0.00%	0.00%	0.00%	(1.57%)	0.00%	0.00%	0.00%	0.00%	0.53%	\$4.33
Other Professional Services	\$4.43	0.9641	1.0000	1.0000	\$4.59	(0.00%)	(8.12%)	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$4.24
Physical Health Practitioners	\$25.56	0.9641	1.0000	1.0000	\$26.51	(0.01%)	0.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$26.64
Behavioral Health Practitioners	\$14.95	0.9634	1.0000	1.0000	\$15.52	(1.02%)	(0.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$15.37
<b>Gross Medical</b>	<b>\$106.30</b>				<b>\$111.66</b>										<b>\$110.49</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: SSIWO  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 70,329  
 Projection Period Member Months: 71,464

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$177.96	0.9348	1.0000	1.0000	\$190.36	(2.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$185.45
Behavioral Health Inpatient and LTC	\$19.06	0.9351	1.0000	1.0000	\$20.38	0.00%	0.00%	0.00%	0.00%	0.80%	(1.18%)	0.00%	0.00%	0.29%	\$20.36
Outpatient Facility	\$127.06	0.9453	1.0000	0.9951	\$135.08	(3.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$130.41
Emergency Facility	\$44.95	0.9419	1.0000	0.9951	\$47.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$48.09
Pharmacy	\$351.07	0.9970	1.0000	1.0000	\$352.13	0.00%	0.00%	(0.22%)	0.00%	0.00%	0.00%	0.00%	0.37%	0.29%	\$353.67
Transportation	\$47.93	0.9614	1.0000	1.0000	\$49.85	0.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$49.94
Dental	\$4.07	0.9638	0.9328	1.0000	\$4.52	(0.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$4.52
FQHC/RHC	\$14.76	0.9628	0.9966	1.0000	\$15.38	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$15.37
Laboratory and Radiology Services	\$21.85	0.9635	1.0000	1.0000	\$22.68	0.00%	0.00%	0.00%	(7.14%)	0.00%	0.00%	0.00%	0.00%	0.29%	\$21.12
Other Professional Services	\$42.00	0.9630	1.0000	1.0000	\$43.61	(0.00%)	(2.62%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$42.59
Physical Health Practitioners	\$161.53	0.9628	1.0000	1.0000	\$167.76	(0.02%)	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$168.02
Behavioral Health Practitioners	\$49.93	0.9632	1.0000	1.0000	\$51.84	(1.18%)	(0.67%)	0.00%	0.00%	0.00%	0.00%	(0.17%)	0.00%	0.29%	\$50.94
<b>Gross Medical</b>	<b>\$1,062.16</b>				<b>\$1,101.55</b>										<b>\$1,090.50</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 482,897  
 Projection Period Member Months: 568,366

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$97.60	0.9315	1.0000	1.0000	\$104.77	(3.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$102.21
Behavioral Health Inpatient and LTC	\$21.38	0.9277	1.0000	1.0000	\$23.05	0.00%	0.00%	0.00%	0.00%	2.61%	(3.03%)	0.00%	0.00%	0.60%	\$23.07
Outpatient Facility	\$49.62	0.9435	1.0000	0.9846	\$53.42	(4.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$51.10
Emergency Facility	\$32.50	0.9429	1.0000	0.9846	\$35.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$35.22
Pharmacy	\$110.05	0.9969	1.0000	1.0000	\$110.39	0.00%	0.00%	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.55%	0.60%	\$111.06
Transportation	\$27.71	0.9621	1.0000	1.0000	\$28.80	0.00%	(0.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$28.90
Dental	\$1.85	0.9624	0.9434	1.0000	\$2.03	(0.29%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$2.04
FQHC/RHC	\$10.90	0.9625	0.9969	1.0000	\$11.36	(0.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$11.38
Laboratory and Radiology Services	\$14.98	0.9624	1.0000	1.0000	\$15.56	0.00%	0.00%	0.00%	(11.37%)	0.00%	0.00%	0.00%	0.08%	0.60%	\$13.89
Other Professional Services	\$12.10	0.9620	1.0000	1.0000	\$12.57	(0.00%)	(11.89%)	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$11.14
Physical Health Practitioners	\$77.72	0.9621	1.0000	1.0000	\$80.79	(0.03%)	0.00%	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	\$81.08
Behavioral Health Practitioners	\$58.56	0.9613	1.0000	1.0000	\$60.91	(0.44%)	(0.54%)	(0.00%)	0.00%	0.00%	0.00%	(0.19%)	0.00%	0.60%	\$60.57
<b>Gross Medical</b>	<b>\$514.96</b>				<b>\$538.67</b>										<b>\$531.68</b>



CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 162,751  
 Projection Period Member Months: 144,155

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$61.55	0.9264	1.0000	1.0000	\$66.44	(2.81%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$67.75
Behavioral Health Inpatient and LTC	\$6.29	0.9241	1.0000	1.0000	\$6.81	0.00%	0.00%	0.00%	0.00%	2.02%	(1.27%)	0.00%	0.00%	4.92%	\$7.20
Outpatient Facility	\$47.61	0.9401	1.0000	1.0000	\$50.65	(4.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$50.85
Emergency Facility	\$21.78	0.9421	1.0000	1.0000	\$23.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$24.25
Pharmacy	\$97.86	0.9969	1.0000	1.0000	\$98.16	0.00%	0.00%	(0.66%)	0.00%	0.00%	0.00%	0.00%	0.55%	4.92%	\$102.87
Transportation	\$11.85	0.9610	1.0000	1.0000	\$12.33	0.00%	(0.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$12.90
Dental	\$1.72	0.9630	0.9375	1.0000	\$1.90	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$1.99
FQHC/RHC	\$10.55	0.9624	0.9974	1.0000	\$10.99	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$11.49
Laboratory and Radiology Services	\$14.55	0.9629	1.0000	1.0000	\$15.11	0.00%	0.00%	0.00%	(16.07%)	0.00%	0.00%	0.00%	0.00%	4.92%	\$13.31
Other Professional Services	\$8.60	0.9626	1.0000	1.0000	\$8.94	(0.00%)	(4.93%)	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.92%	\$8.91
Physical Health Practitioners	\$67.56	0.9622	1.0000	1.0000	\$70.22	(0.04%)	0.00%	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.01%	4.92%	\$73.46
Behavioral Health Practitioners	\$23.68	0.9626	1.0000	1.0000	\$24.59	(0.60%)	(0.49%)	0.00%	0.00%	0.00%	0.00%	(0.04%)	0.00%	4.92%	\$25.51
<b>Gross Medical</b>	<b>\$373.59</b>				<b>\$389.25</b>										<b>\$400.48</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: North  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 2,810  
 Projection Period Member Months: 2,364

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPD	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPD	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPD
Inpatient	\$3,168.96	0.9273	1.0000	1.0000	\$3,417.32	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,387.78
Outpatient Facility	\$13.50	0.9242	1.0000	1.0000	\$14.61	(0.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.51
Pharmacy	\$5.73	0.9966	1.0000	1.0000	\$5.74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.74
Transportation	\$132.51	0.9600	1.0000	1.0000	\$138.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$138.03
FQHC/RHC	\$2.53	0.9603	1.0000	1.0000	\$2.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.64
Laboratory and Radiology Services	\$31.91	0.9602	1.0000	1.0000	\$33.23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.23
Other Professional Services	\$2.16	0.9643	1.0000	1.0000	\$2.24	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.24
Physician	\$1,748.21	0.9621	1.0000	1.0000	\$1,817.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,817.13
<b>Gross Medical</b>	<b>\$5,105.51</b>				<b>\$5,430.95</b>										<b>\$5,401.31</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: SMI  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 69,544  
 Projection Period Member Months: 72,634

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

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$76.79	0.9528	1.0000	1.0000	\$80.59	(3.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$78.78
Behavioral Health Inpatient and LTC	\$112.70	0.9528	1.0000	1.0000	\$118.29	(3.19%)	0.00%	0.00%	0.00%	1.22%	(2.45%)	0.00%	0.00%	1.02%	\$114.23
Outpatient Facility	\$48.41	0.9650	1.0000	1.0142	\$50.88	(7.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$47.50
Emergency Facility	\$45.19	0.9650	1.0000	1.0142	\$47.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$47.99
Pharmacy	\$291.17	0.9999	1.0000	1.0000	\$291.19	0.00%	0.00%	(0.19%)	0.00%	0.00%	0.00%	0.00%	0.21%	1.02%	\$294.23
Transportation	\$69.48	0.9854	1.0000	1.0000	\$70.51	0.00%	(0.99%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$70.53
Dental	\$1.64	0.9854	1.0000	1.0000	\$1.67	(0.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$1.68
FQHC/RHC	\$14.58	0.9854	1.0000	1.0000	\$14.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$14.95
Laboratory and Radiology Services	\$12.40	0.9854	1.0000	1.0000	\$12.58	0.00%	0.00%	0.00%	(9.80%)	0.00%	0.00%	0.00%	0.00%	1.02%	\$11.47
Other Professional Services	\$61.81	0.9854	1.0000	1.0000	\$62.73	0.00%	(23.15%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$48.70
Physical Health Practitioners	\$79.76	0.9854	1.0000	1.0000	\$80.94	(0.00%)	0.00%	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$81.60
Behavioral Health Practitioners	\$79.15	0.9854	1.0000	1.0000	\$80.32	(5.02%)	(4.02%)	0.00%	0.00%	0.00%	0.00%	(0.92%)	0.00%	1.02%	\$73.29
Case Management	\$89.22	0.9854	1.0000	1.0000	\$90.55	0.00%	(5.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$86.88
Rehabilitation Services	\$96.48	0.9854	1.0000	1.0000	\$97.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$98.92
Residential Services	\$204.56	0.9854	1.0000	1.0000	\$207.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.02%	\$209.72
<b>Gross Medical</b>	<b>\$1,283.35</b>				<b>\$1,308.05</b>										<b>\$1,280.45</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 352,217  
 Projection Period Member Months: 360,750

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$291.12	0.9222	1.0000	1.0000	\$315.67	(3.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$306.17
Behavioral Health Inpatient and LTC	\$1.45	0.9231	1.0000	1.0000	\$1.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.57
Outpatient Facility	\$18.51	0.9431	1.0000	0.8937	\$21.96	(6.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.58
Emergency Facility	\$22.15	0.9370	1.0000	0.8937	\$26.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.45
Pharmacy	\$7.72	0.9950	1.0000	1.0000	\$7.76	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	0.00%	\$7.78
Transportation	\$4.32	0.9593	1.0000	1.0000	\$4.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.50
Dental	\$0.41	0.9609	0.7902	1.0000	\$0.54	(0.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.53
FQHC/RHC	\$39.95	0.9624	0.9995	1.0000	\$41.54	(0.44%)	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.35
Laboratory and Radiology Services	\$7.30	0.9603	1.0000	1.0000	\$7.60	0.00%	0.00%	0.00%	(25.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.64
Other Professional Services	\$16.39	0.9604	1.0000	1.0000	\$17.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.07
Physical Health Practitioners	\$135.30	0.9610	1.0000	1.0000	\$140.79	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$140.54
Behavioral Health Practitioners	\$0.81	0.9603	1.0000	1.0000	\$0.84	(1.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.83
<b>Gross Medical</b>	<b>\$545.41</b>				<b>\$586.27</b>										<b>\$573.01</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 6,221,666  
 Projection Period Member Months: 6,499,644

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$12.17	0.9176	1.0000	1.0000	\$13.26	(5.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$12.63
Behavioral Health Inpatient and LTC	\$7.38	0.9239	1.0000	1.0000	\$7.98	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$8.03
Outpatient Facility	\$9.41	0.9422	1.0000	0.9309	\$10.73	(6.41%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$10.10
Emergency Facility	\$10.60	0.9384	1.0000	0.9309	\$12.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$12.20
Pharmacy	\$22.36	0.9950	1.0000	1.0000	\$22.47	0.00%	0.00%	(1.31%)	0.00%	0.00%	0.00%	0.00%	0.59%	0.54%	\$22.42
Transportation	\$1.96	0.9608	1.0000	1.0000	\$2.04	0.00%	(0.16%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$2.05
Dental	\$13.77	0.9610	0.8130	1.0000	\$17.62	(0.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$17.60
FQHC/RHC	\$9.25	0.9593	0.9983	1.0000	\$9.66	(0.36%)	0.00%	(0.00%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.54%	\$9.68
Laboratory and Radiology Services	\$6.19	0.9578	1.0000	1.0000	\$6.46	0.00%	0.00%	0.00%	(57.68%)	0.00%	0.00%	0.00%	0.00%	0.54%	\$2.75
Other Professional Services	\$10.92	0.9613	1.0000	1.0000	\$11.36	(0.01%)	(1.96%)	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$11.19
Physical Health Practitioners	\$26.44	0.9597	1.0000	1.0000	\$27.55	(0.22%)	0.00%	(0.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$27.53
Behavioral Health Practitioners	\$20.90	0.9618	1.0000	1.0000	\$21.73	(1.24%)	(0.38%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$21.49
<b>Gross Medical</b>	<b>\$151.33</b>				<b>\$162.99</b>										<b>\$157.66</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 2,327,936  
 Projection Period Member Months: 2,576,272

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$41.31	0.9203	1.0000	1.0000	\$44.89	(4.56%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$43.51
Behavioral Health Inpatient and LTC	\$6.77	0.9194	1.0000	1.0000	\$7.37	0.00%	0.00%	0.00%	0.00%	4.25%	(1.58%)	0.00%	0.00%	1.56%	\$7.68
Outpatient Facility	\$27.48	0.9411	1.0000	0.9743	\$29.98	(5.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$28.68
Emergency Facility	\$27.38	0.9408	1.0000	0.9743	\$29.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$30.34
Pharmacy	\$77.78	0.9950	1.0000	1.0000	\$78.16	0.00%	0.00%	(0.70%)	0.00%	0.00%	0.00%	0.00%	0.50%	1.56%	\$79.22
Transportation	\$6.24	0.9608	1.0000	1.0000	\$6.49	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$6.59
Dental	\$1.68	0.9624	0.8168	1.0000	\$2.14	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$2.16
FQHC/RHC	\$18.28	0.9613	0.9999	1.0000	\$19.01	(0.36%)	0.00%	(0.01%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	1.56%	\$19.24
Laboratory and Radiology Services	\$29.77	0.9615	1.0000	1.0000	\$30.96	0.00%	0.00%	0.00%	(18.15%)	0.00%	0.00%	0.00%	0.05%	1.56%	\$25.75
Other Professional Services	\$12.00	0.9614	1.0000	1.0000	\$12.49	(0.00%)	(3.95%)	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.56%	\$12.15
Physical Health Practitioners	\$74.92	0.9613	1.0000	1.0000	\$77.93	(0.27%)	0.00%	(0.24%)	0.00%	0.00%	0.00%	0.00%	0.07%	1.56%	\$78.79
Behavioral Health Practitioners	\$24.07	0.9612	1.0000	1.0000	\$25.05	(0.50%)	(0.62%)	(0.00%)	0.00%	0.00%	0.00%	(0.09%)	0.00%	1.56%	\$25.13
<b>Gross Medical</b>	<b>\$347.68</b>				<b>\$364.34</b>										<b>\$359.23</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: Duals  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 811,405  
 Projection Period Member Months: 883,674

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$20.74	0.9263	1.0000	1.0000	\$22.39	(2.66%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$21.91
Behavioral Health Inpatient and LTC	\$1.20	0.9246	1.0000	1.0000	\$1.30	0.00%	0.00%	0.00%	0.00%	28.92%	(7.79%)	0.00%	0.00%	0.52%	\$1.56
Outpatient Facility	\$15.02	0.9447	1.0000	0.9873	\$16.10	(2.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$15.74
Emergency Facility	\$4.18	0.9433	1.0000	0.9873	\$4.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$4.51
Pharmacy	\$2.82	0.9950	1.0000	1.0000	\$2.84	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.25%	0.52%	\$2.86
Transportation	\$9.62	0.9611	1.0000	1.0000	\$10.01	0.00%	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$10.06
Dental	\$5.67	0.9581	0.8541	1.0000	\$6.94	(0.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$6.93
FQHC/RHC	\$4.22	0.9617	0.9989	1.0000	\$4.40	(0.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$4.40
Laboratory and Radiology Services	\$7.60	0.9630	1.0000	1.0000	\$7.90	0.00%	0.00%	0.00%	(2.18%)	0.00%	0.00%	0.00%	0.00%	0.52%	\$7.76
Other Professional Services	\$9.80	0.9617	1.0000	1.0000	\$10.19	(0.02%)	(9.64%)	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$9.25
Physical Health Practitioners	\$40.07	0.9633	1.0000	1.0000	\$41.60	(0.20%)	0.00%	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$41.69
Behavioral Health Practitioners	\$13.25	0.9616	1.0000	1.0000	\$13.78	(0.76%)	(1.06%)	0.00%	0.00%	0.00%	0.00%	(0.04%)	0.00%	0.52%	\$13.60
<b>Gross Medical</b>	<b>\$134.21</b>				<b>\$141.93</b>										<b>\$140.26</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: SSIWO  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 411,912  
 Projection Period Member Months: 420,224

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$244.92	0.9248	1.0000	1.0000	\$264.83	(3.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$257.32
Behavioral Health Inpatient and LTC	\$18.29	0.9252	1.0000	1.0000	\$19.77	0.00%	0.00%	0.00%	0.00%	2.96%	(5.03%)	0.00%	0.00%	0.29%	\$19.39
Outpatient Facility	\$109.01	0.9435	1.0000	0.9833	\$117.51	(3.57%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$113.64
Emergency Facility	\$40.16	0.9414	1.0000	0.9833	\$43.39	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$43.51
Pharmacy	\$325.68	0.9951	1.0000	1.0000	\$327.30	0.00%	0.00%	(0.19%)	0.00%	0.00%	0.00%	0.00%	0.43%	0.29%	\$329.05
Transportation	\$27.03	0.9611	1.0000	1.0000	\$28.13	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$28.18
Dental	\$4.70	0.9617	0.8271	1.0000	\$5.91	(0.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$5.88
FQHC/RHC	\$25.30	0.9619	0.9998	1.0000	\$26.30	(0.37%)	0.00%	(0.01%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.29%	\$26.28
Laboratory and Radiology Services	\$35.21	0.9617	1.0000	1.0000	\$36.61	0.00%	0.00%	0.00%	(9.14%)	0.00%	0.00%	0.00%	0.00%	0.29%	\$33.36
Other Professional Services	\$58.81	0.9617	1.0000	1.0000	\$61.15	(0.01%)	(3.47%)	(0.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$59.13
Physical Health Practitioners	\$184.83	0.9618	1.0000	1.0000	\$192.17	(0.19%)	0.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$192.11
Behavioral Health Practitioners	\$58.11	0.9622	1.0000	1.0000	\$60.39	(0.76%)	(0.89%)	(0.00%)	0.00%	0.00%	0.00%	(0.46%)	0.00%	0.29%	\$59.30
<b>Gross Medical</b>	<b>\$1,132.05</b>				<b>\$1,183.45</b>										<b>\$1,167.16</b>



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 2,764,840  
 Projection Period Member Months: 3,419,225

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

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$104.30	0.9214	1.0000	1.0000	\$113.20	(3.75%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$109.93
Behavioral Health Inpatient and LTC	\$30.07	0.9213	1.0000	1.0000	\$32.64	0.00%	0.00%	0.00%	0.00%	4.12%	(4.20%)	0.00%	0.00%	0.90%	\$32.85
Outpatient Facility	\$34.47	0.9422	1.0000	0.9859	\$37.10	(5.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$35.32
Emergency Facility	\$32.09	0.9408	1.0000	0.9859	\$34.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$34.91
Pharmacy	\$125.54	0.9950	1.0000	1.0000	\$126.17	0.00%	0.00%	(0.43%)	0.00%	0.00%	0.00%	0.00%	0.44%	0.90%	\$127.31
Transportation	\$15.45	0.9612	1.0000	1.0000	\$16.07	0.00%	(0.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$16.18
Dental	\$2.18	0.9611	0.8352	1.0000	\$2.72	(0.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$2.73
FQHC/RHC	\$18.80	0.9612	0.9999	1.0000	\$19.56	(0.34%)	0.00%	(0.01%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.90%	\$19.66
Laboratory and Radiology Services	\$26.37	0.9613	1.0000	1.0000	\$27.44	0.00%	0.00%	0.00%	(14.49%)	0.00%	0.00%	0.00%	0.04%	0.90%	\$23.68
Other Professional Services	\$22.47	0.9607	1.0000	1.0000	\$23.39	(0.00%)	(11.84%)	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	\$20.75
Physical Health Practitioners	\$95.27	0.9611	1.0000	1.0000	\$99.13	(0.24%)	0.00%	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.01%	0.90%	\$99.60
Behavioral Health Practitioners	\$60.48	0.9603	1.0000	1.0000	\$62.98	(0.27%)	(1.10%)	(0.00%)	0.00%	0.00%	0.00%	(0.46%)	0.00%	0.90%	\$62.39
<b>Gross Medical</b>	<b>\$567.48</b>				<b>\$594.98</b>										<b>\$585.32</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 1,004,875  
 Projection Period Member Months: 891,638

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$49.52	0.9207	1.0000	1.0000	\$53.78	(3.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$54.35
Behavioral Health Inpatient and LTC	\$7.56	0.9220	1.0000	1.0000	\$8.20	0.00%	0.00%	0.00%	0.00%	4.59%	(2.15%)	0.00%	0.00%	4.66%	\$8.79
Outpatient Facility	\$29.45	0.9415	1.0000	0.9724	\$32.17	(4.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$32.03
Emergency Facility	\$21.09	0.9404	1.0000	0.9724	\$23.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$24.14
Pharmacy	\$102.50	0.9950	1.0000	1.0000	\$103.01	0.00%	0.00%	(0.60%)	0.00%	0.00%	0.00%	0.00%	0.59%	4.66%	\$107.80
Transportation	\$5.97	0.9606	1.0000	1.0000	\$6.21	0.00%	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$6.49
Dental	\$2.17	0.9619	0.8233	1.0000	\$2.74	(0.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$2.85
FQHC/RHC	\$15.88	0.9606	0.9999	1.0000	\$16.53	(0.33%)	0.00%	(0.01%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	4.66%	\$17.24
Laboratory and Radiology Services	\$25.11	0.9608	1.0000	1.0000	\$26.13	0.00%	0.00%	0.00%	(19.87%)	0.00%	0.00%	0.00%	0.04%	4.66%	\$21.92
Other Professional Services	\$14.09	0.9607	1.0000	1.0000	\$14.67	(0.00%)	(4.44%)	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	\$14.61
Physical Health Practitioners	\$76.59	0.9609	1.0000	1.0000	\$79.70	(0.24%)	0.00%	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.02%	4.66%	\$83.00
Behavioral Health Practitioners	\$20.01	0.9609	1.0000	1.0000	\$20.83	(0.43%)	(0.91%)	(0.00%)	0.00%	0.00%	0.00%	(0.23%)	0.00%	4.66%	\$21.46
<b>Gross Medical</b>	<b>\$369.94</b>				<b>\$387.05</b>										<b>\$394.69</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: Central  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 21,198  
 Projection Period Member Months: 17,833

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPD	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPD	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPD
Inpatient	\$3,245.16	0.9199	1.0000	1.0000	\$3,527.63	(0.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,505.21
Outpatient Facility	\$9.51	0.9343	1.0000	1.0000	\$10.18	(0.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.10
Pharmacy	\$8.32	0.9950	1.0000	1.0000	\$8.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.36
Transportation	\$30.35	0.9619	1.0000	1.0000	\$31.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.55
FQHC/RHC	\$4.07	0.9611	1.0000	1.0000	\$4.23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.23
Laboratory and Radiology Services	\$32.38	0.9609	1.0000	1.0000	\$33.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.70
Other Professional Services	\$1.60	0.9633	1.0000	1.0000	\$1.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.66
Physician	\$1,846.53	0.9616	1.0000	1.0000	\$1,920.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,920.29
<b>Gross Medical</b>	<b>\$5,177.91</b>				<b>\$5,537.60</b>										<b>\$5,515.10</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central  
 Rate Cell: SMI  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 334,074  
 Projection Period Member Months: 346,627

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

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$114.19	0.9439	1.0000	1.0000	\$120.98	(6.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$115.29
Behavioral Health Inpatient and LTC	\$297.95	0.9438	1.0000	1.0000	\$315.69	(1.91%)	0.00%	0.00%	0.00%	3.59%	(4.32%)	0.00%	0.00%	1.41%	\$311.26
Outpatient Facility	\$36.67	0.9585	1.0000	1.0041	\$38.41	(6.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$36.31
Emergency Facility	\$52.58	0.9587	1.0000	1.0041	\$55.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$55.84
Pharmacy	\$457.90	0.9997	1.0000	1.0000	\$458.03	0.00%	0.00%	(0.17%)	0.00%	0.00%	0.00%	0.00%	0.17%	1.41%	\$464.50
Transportation	\$97.52	0.9783	1.0000	1.0000	\$99.69	0.00%	(0.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$100.20
Dental	\$1.60	0.9781	1.0000	1.0000	\$1.64	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$1.65
FQHC/RHC	\$20.61	0.9770	1.0000	1.0000	\$21.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$21.39
Laboratory and Radiology Services	\$22.65	0.9780	1.0000	1.0000	\$23.16	0.00%	0.00%	0.00%	(10.41%)	0.00%	0.00%	0.00%	0.00%	1.41%	\$21.04
Other Professional Services	\$138.39	0.9784	1.0000	1.0000	\$141.45	(0.04%)	(31.89%)	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$97.64
Physical Health Practitioners	\$107.22	0.9783	1.0000	1.0000	\$109.60	(0.03%)	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$110.99
Behavioral Health Practitioners	\$191.21	0.9786	1.0000	1.0000	\$195.39	(1.33%)	(6.75%)	0.00%	0.00%	0.00%	0.00%	(2.09%)	0.00%	1.41%	\$178.51
Case Management	\$194.12	0.9785	1.0000	1.0000	\$198.39	0.00%	(4.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$192.21
Rehabilitation Services	\$128.43	0.9785	1.0000	1.0000	\$131.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$133.10
Residential Services	\$203.52	0.9779	1.0000	1.0000	\$208.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$211.04
<b>Gross Medical</b>	<b>\$2,064.56</b>				<b>\$2,117.94</b>										<b>\$2,050.98</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 112,712  
 Projection Period Member Months: 114,634

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

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$274.07	0.9159	1.0000	1.0000	\$299.23	(2.68%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$291.20
Behavioral Health Inpatient and LTC	\$1.77	0.9081	1.0000	1.0000	\$1.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.95
Outpatient Facility	\$13.52	0.9293	1.0000	0.8683	\$16.75	(5.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.87
Emergency Facility	\$13.19	0.9194	1.0000	0.8683	\$16.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.52
Pharmacy	\$28.50	0.9962	1.0000	1.0000	\$28.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	\$28.62
Transportation	\$9.39	0.9557	1.0000	1.0000	\$9.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.82
Dental	\$0.34	0.9535	0.9141	1.0000	\$0.39	(0.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.39
FQHC/RHC	\$97.72	0.9546	0.9998	1.0000	\$102.39	(0.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$102.00
Laboratory and Radiology Services	\$7.10	0.9554	1.0000	1.0000	\$7.44	0.00%	0.00%	0.00%	(22.55%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.76
Other Professional Services	\$12.98	0.9538	1.0000	1.0000	\$13.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.61
Physical Health Practitioners	\$119.13	0.9552	1.0000	1.0000	\$124.72	(0.33%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$124.30
Behavioral Health Practitioners	\$1.33	0.9539	1.0000	1.0000	\$1.40	(1.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.38
<b>Gross Medical</b>	<b>\$579.05</b>				<b>\$622.83</b>										<b>\$611.42</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: AGE 1-20  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 2,025,418  
 Projection Period Member Months: 2,095,449

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$11.82	0.9126	1.0000	1.0000	\$12.95	(4.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$12.43
Behavioral Health Inpatient and LTC	\$6.96	0.9138	1.0000	1.0000	\$7.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$7.68
Outpatient Facility	\$7.66	0.9285	1.0000	0.9285	\$8.89	(6.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$8.39
Emergency Facility	\$8.15	0.9218	1.0000	0.9285	\$9.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$9.61
Pharmacy	\$21.64	0.9952	1.0000	1.0000	\$21.75	0.00%	0.00%	(1.03%)	0.00%	0.00%	0.00%	0.00%	0.39%	0.83%	\$21.79
Transportation	\$2.84	0.9555	1.0000	1.0000	\$2.97	0.00%	(0.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$2.98
Dental	\$13.55	0.9538	0.9503	1.0000	\$14.95	(0.57%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$14.99
FQHC/RHC	\$28.65	0.9517	0.9996	1.0000	\$30.11	(0.29%)	0.00%	(0.04%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.83%	\$30.27
Laboratory and Radiology Services	\$4.75	0.9536	1.0000	1.0000	\$4.98	0.00%	0.00%	0.00%	(47.19%)	0.00%	0.00%	0.00%	0.00%	0.83%	\$2.65
Other Professional Services	\$12.30	0.9541	1.0000	1.0000	\$12.89	(0.01%)	(4.28%)	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$12.41
Physical Health Practitioners	\$19.98	0.9532	1.0000	1.0000	\$20.96	(0.56%)	0.00%	(0.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$20.96
Behavioral Health Practitioners	\$22.89	0.9550	1.0000	1.0000	\$23.97	(1.05%)	(0.71%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$23.74
<b>Gross Medical</b>	<b>\$161.20</b>				<b>\$171.56</b>										<b>\$167.89</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 921,572  
 Projection Period Member Months: 1,005,350

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$34.88	0.9141	1.0000	1.0000	\$38.16	(4.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$37.03
Behavioral Health Inpatient and LTC	\$4.36	0.9095	1.0000	1.0000	\$4.79	0.00%	0.00%	0.00%	0.00%	4.06%	(2.99%)	0.00%	0.00%	1.41%	\$4.90
Outpatient Facility	\$37.18	0.9263	1.0000	0.9573	\$41.92	(5.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$40.39
Emergency Facility	\$23.75	0.9250	1.0000	0.9573	\$26.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$27.19
Pharmacy	\$63.41	0.9952	1.0000	1.0000	\$63.71	0.00%	0.00%	(0.58%)	0.00%	0.00%	0.00%	0.00%	0.50%	1.41%	\$64.56
Transportation	\$7.16	0.9558	1.0000	1.0000	\$7.49	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$7.59
Dental	\$0.73	0.9502	0.9589	1.0000	\$0.80	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$0.81
FQHC/RHC	\$37.87	0.9548	1.0000	1.0000	\$39.67	(0.33%)	0.00%	(0.10%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	1.41%	\$40.05
Laboratory and Radiology Services	\$23.15	0.9551	1.0000	1.0000	\$24.24	0.00%	0.00%	0.00%	(14.62%)	0.00%	0.00%	0.00%	0.07%	1.41%	\$21.00
Other Professional Services	\$10.14	0.9542	1.0000	1.0000	\$10.62	(0.00%)	(7.34%)	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	\$9.94
Physical Health Practitioners	\$54.95	0.9543	1.0000	1.0000	\$57.58	(0.67%)	0.00%	(0.32%)	0.00%	0.00%	0.00%	0.00%	0.07%	1.41%	\$57.85
Behavioral Health Practitioners	\$28.88	0.9541	1.0000	1.0000	\$30.27	(0.34%)	(0.58%)	0.00%	0.00%	0.00%	0.00%	(0.05%)	0.00%	1.41%	\$30.39
<b>Gross Medical</b>	<b>\$326.45</b>				<b>\$346.07</b>										<b>\$341.71</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: Duals  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 462,591  
 Projection Period Member Months: 506,223

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$14.55	0.9183	1.0000	1.0000	\$15.84	(2.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$15.50
Behavioral Health Inpatient and LTC	\$1.16	0.9040	1.0000	1.0000	\$1.28	0.00%	0.00%	0.00%	0.00%	32.28%	(11.99%)	0.00%	0.00%	0.52%	\$1.50
Outpatient Facility	\$16.50	0.9292	1.0000	0.9935	\$17.88	(3.33%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$17.37
Emergency Facility	\$3.89	0.9269	1.0000	0.9935	\$4.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$4.24
Pharmacy	\$2.30	0.9951	1.0000	1.0000	\$2.31	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.16%	0.52%	\$2.32
Transportation	\$8.95	0.9607	1.0000	1.0000	\$9.32	0.00%	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$9.36
Dental	\$2.71	0.9518	0.9334	1.0000	\$3.05	(0.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$3.05
FQHC/RHC	\$10.34	0.9564	0.9996	1.0000	\$10.81	(0.37%)	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$10.83
Laboratory and Radiology Services	\$5.61	0.9556	1.0000	1.0000	\$5.87	0.00%	0.00%	0.00%	(1.67%)	0.00%	0.00%	0.00%	0.00%	0.52%	\$5.80
Other Professional Services	\$6.94	0.9543	1.0000	1.0000	\$7.27	(0.00%)	(21.33%)	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$5.74
Physical Health Practitioners	\$26.44	0.9559	1.0000	1.0000	\$27.66	(0.48%)	0.00%	(0.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$27.61
Behavioral Health Practitioners	\$14.68	0.9552	1.0000	1.0000	\$15.37	(0.52%)	(1.22%)	0.00%	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.52%	\$15.18
<b>Gross Medical</b>	<b>\$114.05</b>				<b>\$120.87</b>										<b>\$118.51</b>



CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: SSIWO  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 173,711  
 Projection Period Member Months: 179,728

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$198.80	0.9128	1.0000	1.0000	\$217.79	(2.98%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$212.03
Behavioral Health Inpatient and LTC	\$17.85	0.9150	1.0000	1.0000	\$19.50	0.00%	0.00%	0.00%	0.00%	2.33%	(2.30%)	0.00%	0.00%	0.35%	\$19.57
Outpatient Facility	\$121.71	0.9252	1.0000	0.9723	\$135.30	(3.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$131.03
Emergency Facility	\$39.41	0.9257	1.0000	0.9723	\$43.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$43.94
Pharmacy	\$324.02	0.9953	1.0000	1.0000	\$325.57	0.00%	0.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.34%	0.35%	\$327.40
Transportation	\$35.15	0.9560	1.0000	1.0000	\$36.77	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$36.86
Dental	\$3.59	0.9529	0.9644	1.0000	\$3.90	(0.53%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$3.90
FQHC/RHC	\$49.82	0.9546	0.9999	1.0000	\$52.20	(0.32%)	0.00%	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$52.18
Laboratory and Radiology Services	\$32.11	0.9553	1.0000	1.0000	\$33.61	0.00%	0.00%	0.00%	(7.32%)	0.00%	0.00%	0.00%	0.00%	0.35%	\$31.26
Other Professional Services	\$68.88	0.9550	1.0000	1.0000	\$72.13	(0.00%)	(4.70%)	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$68.94
Physical Health Practitioners	\$153.69	0.9555	1.0000	1.0000	\$160.85	(0.42%)	0.00%	(0.14%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	\$160.50
Behavioral Health Practitioners	\$62.67	0.9551	1.0000	1.0000	\$65.61	(0.55%)	(1.05%)	0.00%	0.00%	0.00%	0.00%	(0.19%)	0.00%	0.35%	\$64.67
<b>Gross Medical</b>	<b>\$1,107.70</b>				<b>\$1,167.02</b>										<b>\$1,152.29</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: Prop 204 Childless Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 1,103,569  
 Projection Period Member Months: 1,342,980

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$87.40	0.9116	1.0000	1.0000	\$95.88	(3.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$93.27
Behavioral Health Inpatient and LTC	\$21.00	0.9123	1.0000	1.0000	\$23.02	0.00%	0.00%	0.00%	0.00%	3.65%	(3.40%)	0.00%	0.00%	0.82%	\$23.24
Outpatient Facility	\$41.87	0.9265	1.0000	0.9779	\$46.21	(5.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$44.23
Emergency Facility	\$27.90	0.9258	1.0000	0.9779	\$30.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$31.06
Pharmacy	\$98.47	0.9952	1.0000	1.0000	\$98.94	0.00%	0.00%	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.42%	0.82%	\$99.79
Transportation	\$16.97	0.9553	1.0000	1.0000	\$17.76	0.00%	(0.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$17.86
Dental	\$1.41	0.9527	0.9540	1.0000	\$1.55	(0.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$1.55
FQHC/RHC	\$33.05	0.9541	1.0000	1.0000	\$34.64	(0.33%)	0.00%	(0.09%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.82%	\$34.78
Laboratory and Radiology Services	\$21.86	0.9546	1.0000	1.0000	\$22.90	0.00%	0.00%	0.00%	(10.83%)	0.00%	0.00%	0.00%	0.10%	0.82%	\$20.61
Other Professional Services	\$22.22	0.9542	1.0000	1.0000	\$23.29	(0.00%)	(15.30%)	(0.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$19.83
Physical Health Practitioners	\$70.19	0.9538	1.0000	1.0000	\$73.59	(0.46%)	0.00%	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.01%	0.82%	\$73.67
Behavioral Health Practitioners	\$61.85	0.9538	1.0000	1.0000	\$64.85	(0.23%)	(1.24%)	0.00%	0.00%	0.00%	0.00%	(0.22%)	0.00%	0.82%	\$64.28
<b>Gross Medical</b>	<b>\$504.18</b>				<b>\$533.45</b>										<b>\$524.17</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 426,361  
 Projection Period Member Months: 372,948

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$42.64	0.9159	1.0000	1.0000	\$46.55	(3.14%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$47.02
Behavioral Health Inpatient and LTC	\$4.51	0.9120	1.0000	1.0000	\$4.95	0.00%	0.00%	0.00%	0.00%	3.67%	(4.40%)	0.00%	0.00%	4.28%	\$5.11
Outpatient Facility	\$39.66	0.9264	1.0000	0.9893	\$43.28	(4.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$43.17
Emergency Facility	\$18.34	0.9247	1.0000	0.9893	\$20.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$20.91
Pharmacy	\$89.19	0.9952	1.0000	1.0000	\$89.62	0.00%	0.00%	(0.45%)	0.00%	0.00%	0.00%	0.00%	0.30%	4.28%	\$93.31
Transportation	\$5.94	0.9563	1.0000	1.0000	\$6.21	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$6.47
Dental	\$1.30	0.9523	0.9439	1.0000	\$1.45	(0.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$1.51
FQHC/RHC	\$34.89	0.9544	1.0000	1.0000	\$36.55	(0.32%)	0.00%	(0.09%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	4.28%	\$37.96
Laboratory and Radiology Services	\$20.03	0.9550	1.0000	1.0000	\$20.97	0.00%	0.00%	0.00%	(15.55%)	0.00%	0.00%	0.00%	0.10%	4.28%	\$18.49
Other Professional Services	\$12.75	0.9534	1.0000	1.0000	\$13.37	(0.00%)	(5.69%)	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$13.10
Physical Health Practitioners	\$58.07	0.9538	1.0000	1.0000	\$60.88	(0.48%)	0.00%	(0.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.28%	\$62.93
Behavioral Health Practitioners	\$23.25	0.9538	1.0000	1.0000	\$24.38	(0.30%)	(0.82%)	0.00%	0.00%	0.00%	0.00%	(0.13%)	0.00%	4.28%	\$25.10
<b>Gross Medical</b>	<b>\$350.57</b>				<b>\$368.26</b>										<b>\$375.09</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 7,372  
 Projection Period Member Months: 6,202

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPD	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPD	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPD
Inpatient	\$3,210.19	0.9124	1.0000	1.0000	\$3,518.30	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,488.22
Outpatient Facility	\$14.74	0.9372	1.0000	1.0000	\$15.73	(0.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.59
Pharmacy	\$11.16	0.9953	1.0000	1.0000	\$11.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.22
Transportation	\$63.08	0.9587	1.0000	1.0000	\$65.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$65.79
FQHC/RHC	\$7.89	0.9552	1.0000	1.0000	\$8.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.26
Laboratory and Radiology Services	\$25.39	0.9551	1.0000	1.0000	\$26.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.58
Other Professional Services	\$2.24	0.9552	1.0000	1.0000	\$2.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.34
Physician	\$1,832.58	0.9548	1.0000	1.0000	\$1,919.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,919.33
<b>Gross Medical</b>	<b>\$5,167.27</b>				<b>\$5,567.56</b>										<b>\$5,537.33</b>

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

GSA: South  
 Rate Cell: SMI  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 153,378  
 Projection Period Member Months: 159,760

Appendix 4: Base Data and Base Data Adjustments

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	I.2.B.iii.(d)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.iv.	I.3.A.iv.	I.3.A.iv.	I.2.B.iii.(d)	I.6.B.iv.	Subtotal
Category of Service	PMPM	Completion Factors	Encounter Issue Adjustment	COVID-19 Base Data Adjustment	Adjusted PMPM	Removal of DAP	Removal of Crisis	Removal of COVID-19 Vaccines	Removal of COVID-19 Tests	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Other Base Data Adjustments	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$100.23	0.9434	1.0000	1.0000	\$106.24	(4.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$103.18
Behavioral Health Inpatient and LTC	\$159.54	0.9434	1.0000	1.0000	\$169.11	(3.09%)	0.00%	0.00%	0.00%	4.82%	(3.39%)	0.00%	0.00%	1.18%	\$167.93
Outpatient Facility	\$36.48	0.9253	1.0000	1.0315	\$40.67	(7.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$38.22
Emergency Facility	\$41.90	0.9253	1.0000	1.0315	\$46.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$47.26
Pharmacy	\$256.14	0.9999	1.0000	1.0000	\$256.17	0.00%	0.00%	(0.25%)	0.00%	0.00%	0.00%	0.00%	0.26%	1.18%	\$259.22
Transportation	\$59.33	0.9634	1.0000	1.0000	\$61.58	0.00%	(1.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$61.53
Dental	\$1.08	0.9634	1.0000	1.0000	\$1.12	(0.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$1.13
FQHC/RHC	\$39.91	0.9634	1.0000	1.0000	\$41.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$41.92
Laboratory and Radiology Services	\$22.47	0.9634	1.0000	1.0000	\$23.32	0.00%	0.00%	0.00%	(8.49%)	0.00%	0.00%	0.00%	0.11%	1.18%	\$21.61
Other Professional Services	\$126.68	0.9634	1.0000	1.0000	\$131.49	(0.00%)	(42.01%)	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$77.12
Physical Health Practitioners	\$76.08	0.9634	1.0000	1.0000	\$78.97	(1.11%)	0.00%	(0.24%)	0.00%	0.00%	0.00%	0.00%	0.01%	1.18%	\$78.84
Behavioral Health Practitioners	\$106.49	0.9634	1.0000	1.0000	\$110.53	(1.55%)	(9.30%)	0.00%	0.00%	0.00%	0.00%	(0.85%)	0.00%	1.18%	\$99.02
Case Management	\$120.07	0.9634	1.0000	1.0000	\$124.63	0.00%	(4.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$120.37
Rehabilitation Services	\$69.93	0.9634	1.0000	1.0000	\$72.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$73.44
Residential Services	\$137.40	0.9634	1.0000	1.0000	\$142.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$144.30
<b>Gross Medical</b>	<b>\$1,353.73</b>				<b>\$1,407.15</b>										<b>\$1,335.08</b>

**Appendix 5: Projected Benefit Cost Trends**

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	1.50%	(0.50%)	0.99%
AGE < 1	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
AGE < 1	Outpatient and Emergency Facilities	4.00%	1.00%	5.04%
AGE < 1	Pharmacy	0.50%	2.50%	3.01%
AGE < 1	Transportation	0.50%	2.00%	2.51%
AGE < 1	Dental	0.00%	1.50%	1.50%
AGE < 1	FQHC/RHC	2.50%	0.00%	2.50%
AGE < 1	Laboratory and Radiology Services	1.50%	0.50%	2.01%
AGE < 1	Other Professional Services	0.00%	0.50%	0.50%
AGE < 1	Physical Health Practitioners	4.00%	1.50%	5.56%
AGE < 1	Behavioral Health Practitioners	4.00%	1.50%	5.56%
AGE 1-20	Physical Health Inpatient and LTC	3.00%	0.00%	3.00%
AGE 1-20	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
AGE 1-20	Outpatient and Emergency Facilities	4.00%	1.00%	5.04%
AGE 1-20	Pharmacy	1.50%	3.50%	5.05%
AGE 1-20	Transportation	0.50%	2.00%	2.51%
AGE 1-20	Dental	0.00%	1.50%	1.50%
AGE 1-20	FQHC/RHC	2.50%	0.00%	2.50%
AGE 1-20	Laboratory and Radiology Services	1.50%	0.50%	2.01%
AGE 1-20	Other Professional Services	0.00%	0.50%	0.50%
AGE 1-20	Physical Health Practitioners	3.50%	2.00%	5.57%
AGE 1-20	Behavioral Health Practitioners	1.00%	0.00%	1.00%
AGE 21+	Physical Health Inpatient and LTC	3.00%	0.50%	3.52%
AGE 21+	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
AGE 21+	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	0.50%	2.00%	2.51%
AGE 21+	Dental	0.00%	1.50%	1.50%
AGE 21+	FQHC/RHC	2.50%	0.00%	2.50%
AGE 21+	Laboratory and Radiology Services	1.50%	0.50%	2.01%
AGE 21+	Other Professional Services	0.00%	0.50%	0.50%
AGE 21+	Physical Health Practitioners	3.50%	0.50%	4.02%
AGE 21+	Behavioral Health Practitioners	2.50%	0.50%	3.01%
Duals	Physical Health Inpatient and LTC	2.00%	1.00%	3.02%
Duals	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
Duals	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
Duals	Pharmacy	0.00%	6.50%	6.50%
Duals	Transportation	0.50%	2.00%	2.51%
Duals	Dental	0.00%	1.50%	1.50%
Duals	FQHC/RHC	2.50%	0.00%	2.50%
Duals	Laboratory and Radiology Services	1.50%	0.50%	2.01%
Duals	Other Professional Services	0.00%	0.50%	0.50%
Duals	Physical Health Practitioners	2.50%	0.00%	2.50%
Duals	Behavioral Health Practitioners	0.00%	0.50%	0.50%

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
SSIWO	Physical Health Inpatient and LTC	0.50%	0.00%	0.50%
SSIWO	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
SSIWO	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
SSIWO	Pharmacy	0.00%	4.00%	4.00%
SSIWO	Transportation	0.50%	2.00%	2.51%
SSIWO	Dental	0.00%	1.50%	1.50%
SSIWO	FQHC/RHC	2.50%	0.00%	2.50%
SSIWO	Laboratory and Radiology Services	1.50%	0.50%	2.01%
SSIWO	Other Professional Services	0.00%	0.50%	0.50%
SSIWO	Physical Health Practitioners	0.50%	3.00%	3.51%
SSIWO	Behavioral Health Practitioners	1.00%	0.00%	1.00%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	3.00%	0.50%	3.51%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
Prop 204 Childless Adults	Pharmacy	0.00%	4.00%	4.00%
Prop 204 Childless Adults	Transportation	0.50%	2.00%	2.51%
Prop 204 Childless Adults	Dental	0.00%	1.50%	1.50%
Prop 204 Childless Adults	FQHC/RHC	2.50%	0.00%	2.50%
Prop 204 Childless Adults	Laboratory and Radiology Services	1.50%	0.50%	2.01%
Prop 204 Childless Adults	Other Professional Services	0.00%	0.50%	0.50%
Prop 204 Childless Adults	Physical Health Practitioners	1.50%	2.50%	4.04%
Prop 204 Childless Adults	Behavioral Health Practitioners	3.50%	0.00%	3.50%
Expansion Adults	Physical Health Inpatient and LTC	0.50%	1.00%	1.50%
Expansion Adults	Behavioral Health Inpatient and LTC	4.50%	0.50%	5.02%
Expansion Adults	Outpatient and Emergency Facilities	4.00%	0.00%	4.00%
Expansion Adults	Pharmacy	0.00%	4.00%	4.00%
Expansion Adults	Transportation	0.50%	2.00%	2.51%
Expansion Adults	Dental	0.00%	1.50%	1.50%
Expansion Adults	FQHC/RHC	2.50%	0.00%	2.50%
Expansion Adults	Laboratory and Radiology Services	1.50%	0.50%	2.01%
Expansion Adults	Other Professional Services	0.00%	0.50%	0.50%
Expansion Adults	Physical Health Practitioners	3.00%	0.00%	3.00%
Expansion Adults	Behavioral Health Practitioners	1.00%	0.50%	1.50%
Delivery Supplemental Payments	Inpatient	1.50%	1.00%	2.52%
Delivery Supplemental Payments	Outpatient Facility	3.00%	1.00%	4.03%
Delivery Supplemental Payments	Pharmacy	3.00%	1.00%	4.03%
Delivery Supplemental Payments	Transportation	3.00%	1.00%	4.03%
Delivery Supplemental Payments	FQHC	3.00%	1.00%	4.03%
Delivery Supplemental Payments	Laboratory and Radiology Services	3.00%	1.00%	4.03%
Delivery Supplemental Payments	Other Professional Services	3.00%	1.00%	4.03%
Delivery Supplemental Payments	Physician	3.00%	0.00%	3.00%
SMI	Physical Health Inpatient and LTC	2.00%	0.00%	2.00%
SMI	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
SMI	Outpatient and Emergency Facilities	2.80%	0.00%	2.80%
SMI	Pharmacy	0.00%	4.00%	4.00%
SMI	Transportation	1.00%	0.00%	1.00%
SMI	Other Professional Services	1.00%	0.00%	1.00%
SMI	Physical Health Practitioners	2.00%	0.00%	2.00%
SMI	Behavioral Health Practitioners	0.50%	0.50%	1.00%
SMI	Rehabilitation Services	(0.20%)	0.00%	(0.20%)
SMI	Residential Services	5.80%	0.50%	6.33%



Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	2.00%	(0.50%)	1.49%
AGE < 1	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE < 1	Outpatient and Emergency Facilities	3.00%	2.00%	5.06%
AGE < 1	Pharmacy	2.00%	2.50%	4.55%
AGE < 1	Transportation	0.50%	2.00%	2.51%
AGE < 1	Dental	0.00%	1.50%	1.50%
AGE < 1	FQHC/RHC	4.00%	0.00%	4.00%
AGE < 1	Laboratory and Radiology Services	2.00%	1.00%	3.02%
AGE < 1	Other Professional Services	0.50%	1.00%	1.50%
AGE < 1	Physical Health Practitioners	5.00%	0.50%	5.52%
AGE < 1	Behavioral Health Practitioners	5.00%	0.50%	5.52%
AGE 1-20	Physical Health Inpatient and LTC	2.00%	1.00%	3.02%
AGE 1-20	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE 1-20	Outpatient and Emergency Facilities	2.00%	2.50%	4.55%
AGE 1-20	Pharmacy	1.50%	3.00%	4.54%
AGE 1-20	Transportation	0.50%	2.00%	2.51%
AGE 1-20	Dental	0.00%	1.50%	1.50%
AGE 1-20	FQHC/RHC	4.00%	0.00%	4.00%
AGE 1-20	Laboratory and Radiology Services	2.00%	1.00%	3.02%
AGE 1-20	Other Professional Services	0.50%	1.00%	1.50%
AGE 1-20	Physical Health Practitioners	4.00%	1.50%	5.56%
AGE 1-20	Behavioral Health Practitioners	0.50%	0.00%	0.50%
AGE 21+	Physical Health Inpatient and LTC	3.00%	1.00%	4.03%
AGE 21+	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE 21+	Outpatient and Emergency Facilities	3.50%	1.00%	4.53%
AGE 21+	Pharmacy	0.50%	3.00%	3.51%
AGE 21+	Transportation	0.50%	2.00%	2.51%
AGE 21+	Dental	0.00%	1.50%	1.50%
AGE 21+	FQHC/RHC	4.00%	0.00%	4.00%
AGE 21+	Laboratory and Radiology Services	2.00%	1.00%	3.02%
AGE 21+	Other Professional Services	0.50%	1.00%	1.50%
AGE 21+	Physical Health Practitioners	1.50%	1.50%	3.02%
AGE 21+	Behavioral Health Practitioners	2.00%	0.50%	2.51%
Duals	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
Duals	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
Duals	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
Duals	Pharmacy	0.00%	5.00%	5.00%
Duals	Transportation	0.50%	2.00%	2.51%
Duals	Dental	0.00%	1.50%	1.50%
Duals	FQHC/RHC	4.00%	0.00%	4.00%
Duals	Laboratory and Radiology Services	2.00%	1.00%	3.02%
Duals	Other Professional Services	0.50%	1.00%	1.50%
Duals	Physical Health Practitioners	2.00%	0.00%	2.00%
Duals	Behavioral Health Practitioners	0.00%	1.00%	1.00%

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
SSIWO	Physical Health Inpatient and LTC	1.00%	0.00%	1.00%
SSIWO	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
SSIWO	Outpatient and Emergency Facilities	2.50%	0.50%	3.01%
SSIWO	Pharmacy	0.00%	2.00%	2.00%
SSIWO	Transportation	0.50%	2.00%	2.51%
SSIWO	Dental	0.00%	1.50%	1.50%
SSIWO	FQHC/RHC	4.00%	0.00%	4.00%
SSIWO	Laboratory and Radiology Services	2.00%	1.00%	3.02%
SSIWO	Other Professional Services	0.50%	1.00%	1.50%
SSIWO	Physical Health Practitioners	0.50%	1.50%	2.01%
SSIWO	Behavioral Health Practitioners	1.00%	0.00%	1.00%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	1.50%	1.00%	2.51%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	2.50%	1.00%	3.53%
Prop 204 Childless Adults	Pharmacy	0.00%	4.00%	4.00%
Prop 204 Childless Adults	Transportation	0.50%	2.00%	2.51%
Prop 204 Childless Adults	Dental	0.00%	1.50%	1.50%
Prop 204 Childless Adults	FQHC/RHC	4.00%	0.00%	4.00%
Prop 204 Childless Adults	Laboratory and Radiology Services	2.00%	1.00%	3.02%
Prop 204 Childless Adults	Other Professional Services	0.50%	1.00%	1.50%
Prop 204 Childless Adults	Physical Health Practitioners	1.00%	3.00%	4.03%
Prop 204 Childless Adults	Behavioral Health Practitioners	3.00%	0.00%	3.00%
Expansion Adults	Physical Health Inpatient and LTC	0.00%	1.50%	1.50%
Expansion Adults	Behavioral Health Inpatient and LTC	4.00%	0.50%	4.52%
Expansion Adults	Outpatient and Emergency Facilities	3.50%	0.50%	4.02%
Expansion Adults	Pharmacy	0.00%	3.00%	3.00%
Expansion Adults	Transportation	0.50%	2.00%	2.51%
Expansion Adults	Dental	0.00%	1.50%	1.50%
Expansion Adults	FQHC/RHC	4.00%	0.00%	4.00%
Expansion Adults	Laboratory and Radiology Services	2.00%	1.00%	3.02%
Expansion Adults	Other Professional Services	0.50%	1.00%	1.50%
Expansion Adults	Physical Health Practitioners	2.00%	1.00%	3.02%
Expansion Adults	Behavioral Health Practitioners	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Inpatient	2.00%	1.00%	3.02%
Delivery Supplemental Payments	Outpatient Facility	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Pharmacy	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Transportation	1.00%	2.00%	3.02%
Delivery Supplemental Payments	FQHC	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Laboratory and Radiology Services	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Other Professional Services	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Physician	0.00%	2.50%	2.50%
SMI	Physical Health Inpatient and LTC	4.00%	0.00%	4.00%
SMI	Behavioral Health Inpatient and LTC	2.50%	0.60%	3.12%
SMI	Outpatient and Emergency Facilities	1.80%	1.50%	3.33%
SMI	Pharmacy	0.00%	4.00%	4.00%
SMI	Transportation	1.00%	0.00%	1.00%
SMI	Other Professional Services	1.00%	0.00%	1.00%
SMI	Physical Health Practitioners	0.00%	0.80%	0.80%
SMI	Behavioral Health Practitioners	0.00%	1.50%	1.50%
SMI	Rehabilitation Services	0.00%	0.00%	0.00%
SMI	Residential Services	5.00%	1.50%	6.57%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	2.50%	(0.50%)	1.99%
AGE < 1	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
AGE < 1	Outpatient and Emergency Facilities	4.00%	1.50%	5.56%
AGE < 1	Pharmacy	1.00%	2.50%	3.52%
AGE < 1	Transportation	0.50%	1.00%	1.50%
AGE < 1	Dental	0.50%	1.50%	2.01%
AGE < 1	FQHC/RHC	3.00%	0.00%	3.00%
AGE < 1	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE < 1	Other Professional Services	1.00%	0.00%	1.00%
AGE < 1	Physical Health Practitioners	4.00%	1.00%	5.04%
AGE < 1	Behavioral Health Practitioners	4.00%	1.00%	5.04%
AGE 1-20	Physical Health Inpatient and LTC	2.50%	0.50%	3.01%
AGE 1-20	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
AGE 1-20	Outpatient and Emergency Facilities	3.00%	2.00%	5.06%
AGE 1-20	Pharmacy	1.50%	2.50%	4.04%
AGE 1-20	Transportation	0.50%	1.00%	1.50%
AGE 1-20	Dental	0.50%	1.50%	2.01%
AGE 1-20	FQHC/RHC	3.00%	0.00%	3.00%
AGE 1-20	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE 1-20	Other Professional Services	1.00%	0.00%	1.00%
AGE 1-20	Physical Health Practitioners	3.50%	2.50%	6.09%
AGE 1-20	Behavioral Health Practitioners	0.50%	0.00%	0.50%
AGE 21+	Physical Health Inpatient and LTC	2.00%	1.00%	3.02%
AGE 21+	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
AGE 21+	Outpatient and Emergency Facilities	3.50%	0.50%	4.02%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	0.50%	1.00%	1.50%
AGE 21+	Dental	0.50%	1.50%	2.01%
AGE 21+	FQHC/RHC	3.00%	0.00%	3.00%
AGE 21+	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE 21+	Other Professional Services	1.00%	0.00%	1.00%
AGE 21+	Physical Health Practitioners	3.00%	1.00%	4.03%
AGE 21+	Behavioral Health Practitioners	3.00%	0.50%	3.52%
Duals	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
Duals	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
Duals	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
Duals	Pharmacy	0.00%	6.00%	6.00%
Duals	Transportation	0.50%	1.00%	1.50%
Duals	Dental	0.50%	1.50%	2.01%
Duals	FQHC/RHC	3.00%	0.00%	3.00%
Duals	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Duals	Other Professional Services	1.00%	0.00%	1.00%
Duals	Physical Health Practitioners	2.00%	0.50%	2.51%
Duals	Behavioral Health Practitioners	0.00%	0.50%	0.50%

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
SSIWO	Physical Health Inpatient and LTC	1.50%	0.00%	1.50%
SSIWO	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
SSIWO	Outpatient and Emergency Facilities	4.00%	0.50%	4.52%
SSIWO	Pharmacy	0.00%	4.50%	4.50%
SSIWO	Transportation	0.50%	1.00%	1.50%
SSIWO	Dental	0.50%	1.50%	2.01%
SSIWO	FQHC/RHC	3.00%	0.00%	3.00%
SSIWO	Laboratory and Radiology Services	2.00%	0.50%	2.51%
SSIWO	Other Professional Services	1.00%	0.00%	1.00%
SSIWO	Physical Health Practitioners	0.50%	2.00%	2.51%
SSIWO	Behavioral Health Practitioners	2.00%	0.00%	2.00%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	2.00%	1.00%	3.02%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	4.00%	(0.50%)	3.48%
Prop 204 Childless Adults	Pharmacy	0.00%	4.00%	4.00%
Prop 204 Childless Adults	Transportation	0.50%	1.00%	1.50%
Prop 204 Childless Adults	Dental	0.50%	1.50%	2.01%
Prop 204 Childless Adults	FQHC/RHC	3.00%	0.00%	3.00%
Prop 204 Childless Adults	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Prop 204 Childless Adults	Other Professional Services	1.00%	0.00%	1.00%
Prop 204 Childless Adults	Physical Health Practitioners	3.50%	0.50%	4.02%
Prop 204 Childless Adults	Behavioral Health Practitioners	3.00%	0.00%	3.00%
Expansion Adults	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
Expansion Adults	Behavioral Health Inpatient and LTC	3.50%	0.50%	4.02%
Expansion Adults	Outpatient and Emergency Facilities	4.00%	0.50%	4.52%
Expansion Adults	Pharmacy	0.00%	4.50%	4.50%
Expansion Adults	Transportation	0.50%	1.00%	1.50%
Expansion Adults	Dental	0.50%	1.50%	2.01%
Expansion Adults	FQHC/RHC	3.00%	0.00%	3.00%
Expansion Adults	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Expansion Adults	Other Professional Services	1.00%	0.00%	1.00%
Expansion Adults	Physical Health Practitioners	3.00%	0.00%	3.00%
Expansion Adults	Behavioral Health Practitioners	2.50%	1.00%	3.53%
Delivery Supplemental Payments	Inpatient	3.50%	0.50%	4.02%
Delivery Supplemental Payments	Outpatient Facility	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Pharmacy	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Transportation	2.00%	0.00%	2.00%
Delivery Supplemental Payments	FQHC	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Laboratory and Radiology Services	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Other Professional Services	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Physician	0.00%	4.00%	4.00%
SMI	Physical Health Inpatient and LTC	1.00%	1.00%	2.01%
SMI	Behavioral Health Inpatient and LTC	4.50%	0.00%	4.50%
SMI	Outpatient and Emergency Facilities	2.50%	0.00%	2.50%
SMI	Pharmacy	0.00%	4.80%	4.80%
SMI	Transportation	1.00%	0.00%	1.00%
SMI	Other Professional Services	1.10%	0.00%	1.10%
SMI	Physical Health Practitioners	0.50%	0.50%	1.00%
SMI	Behavioral Health Practitioners	0.00%	0.70%	0.70%
SMI	Rehabilitation Services	(0.20%)	0.00%	(0.20%)
SMI	Residential Services	5.50%	0.00%	5.50%

**Appendix 6: Development of Gross Medical Component**

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 42,480  
 Projection Period Member Months: 42,186

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$316.96	0.99%	0.00%	0.00%	4.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$338.92	
Behavioral Health Inpatient and LTC	\$4.31	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.76	
Outpatient Facility	\$14.95	5.04%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.75%)	0.00%	\$16.23	
Emergency Facility	\$22.01	5.04%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.31	
Pharmacy	\$10.86	3.01%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$11.41	
Transportation	\$24.08	2.51%	0.00%	0.00%	7.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.46%	0.00%	\$27.75	
Dental	\$0.38	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.70%	0.00%	\$0.47	
FQHC/RHC	\$28.80	2.50%	0.00%	0.00%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.79	
Laboratory and Radiology Services	\$5.42	2.01%	9.80%	0.00%	0.13%	0.00%	117.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.48	
Other Professional Services	\$13.27	0.50%	0.00%	0.00%	1.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.00%	\$13.63	
Physical Health Practitioners	\$124.55	5.56%	0.00%	0.00%	(0.48%)	0.00%	0.00%	0.00%	1.93%	0.00%	0.00%	0.00%	(0.27%)	0.00%	\$140.40	
Behavioral Health Practitioners	\$0.93	5.56%	0.00%	0.00%	2.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.07	
<b>Gross Medical</b>	<b>\$566.53</b>	<b>2.50%</b>	<b>0.19%</b>	<b>0.00%</b>	<b>2.90%</b>	<b>0.00%</b>	<b>1.11%</b>	<b>0.00%</b>	<b>0.44%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>(0.02%)</b>	<b>\$623.23</b>	

DAP PMPM	\$10.21
Gross Medical Plus DAP PMPM	\$633.43

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North Rate Cell: AGE 1-20 Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 785,009 Projection Period Member Months: 818,889
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$10.05	3.00%	0.00%	0.00%	5.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.24
Behavioral Health Inpatient and LTC	\$11.18	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.33
Outpatient Facility	\$9.32	5.04%	0.00%	0.00%	0.14%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(2.20%)	0.00%	\$10.07
Emergency Facility	\$11.57	5.04%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.79
Pharmacy	\$21.02	5.05%	0.00%	(1.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$22.73
Transportation	\$6.14	2.51%	0.00%	0.00%	7.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.87%	0.00%	\$7.10
Dental	\$19.11	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%	0.00%	\$19.80
FQHC/RHC	\$6.68	2.50%	0.00%	0.00%	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.41
Laboratory and Radiology Services	\$1.74	2.01%	97.17%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.57
Other Professional Services	\$13.92	0.50%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.81%	0.00%	\$14.34
Physical Health Practitioners	\$21.21	5.57%	0.00%	0.00%	0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	0.00%	\$24.16
Behavioral Health Practitioners	\$27.26	1.00%	0.00%	0.00%	2.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.60
<b>Gross Medical</b>	<b>\$159.21</b>	<b>3.25%</b>	<b>1.02%</b>	<b>(0.14%)</b>	<b>1.47%</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>0.38%</b>	<b>(0.13%)</b>	<b>\$174.15</b>

DAP PMPM	\$2.18
Gross Medical Plus DAP PMPM	\$176.32

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: AGE 21+  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 354,613  
 Projection Period Member Months: 385,108

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$39.76	3.52%	0.00%	0.00%	9.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.45	
Behavioral Health Inpatient and LTC	\$5.83	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.43	
Outpatient Facility	\$38.13	3.00%	0.00%	0.00%	0.14%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.79%)	0.00%	\$40.32	
Emergency Facility	\$31.10	3.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.03	
Pharmacy	\$66.27	4.00%	0.00%	(0.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$70.65	
Transportation	\$13.08	2.51%	0.00%	0.00%	9.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.53%	0.00%	\$15.30	
Dental	\$1.41	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.91%	0.00%	\$1.47	
FQHC/RHC	\$12.56	2.50%	0.00%	0.00%	8.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.26	
Laboratory and Radiology Services	\$12.37	2.01%	21.16%	0.00%	(0.90%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.46	
Other Professional Services	\$6.28	0.50%	0.00%	0.00%	0.44%	0.00%	0.00%	9.11%	0.00%	0.00%	0.00%	0.00%	2.19%	0.00%	\$7.10	
Physical Health Practitioners	\$57.60	4.02%	0.00%	0.00%	3.05%	0.32%	0.00%	0.92%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	\$65.21	
Behavioral Health Practitioners	\$30.32	3.01%	0.00%	0.00%	3.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$33.16	
<b>Gross Medical</b>	<b>\$314.70</b>	<b>3.37%</b>	<b>0.78%</b>	<b>(0.09%)</b>	<b>2.72%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.34%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>(0.20%)</b>	<b>\$348.84</b>	

DAP PMPM	\$4.34
Gross Medical Plus DAP PMPM	\$353.18



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North Rate Cell: Duals Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 176,016 Projection Period Member Months: 194,671
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$14.85	3.02%	0.00%	0.00%	7.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.95
Behavioral Health Inpatient and LTC	\$1.63	5.02%	0.00%	0.00%	1.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.82
Outpatient Facility	\$22.20	3.00%	0.00%	0.00%	0.00%	0.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.82%)	0.00%	\$23.47
Emergency Facility	\$4.77	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.06
Pharmacy	\$2.86	6.50%	0.00%	9.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$3.53
Transportation	\$11.35	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.76%	0.00%	\$12.02
Dental	\$0.56	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.80%	0.00%	\$0.58
FQHC/RHC	\$1.69	2.50%	0.00%	0.00%	1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.80
Laboratory and Radiology Services	\$4.33	2.01%	1.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.01%	0.00%	\$4.76
Other Professional Services	\$4.24	0.50%	0.00%	0.00%	0.11%	0.00%	0.00%	4.74%	0.00%	0.00%	0.00%	0.00%	2.22%	0.00%	\$4.59
Physical Health Practitioners	\$26.64	2.50%	0.00%	0.00%	0.00%	0.58%	0.00%	0.74%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	\$28.48
Behavioral Health Practitioners	\$15.37	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$15.53
<b>Gross Medical</b>	<b>\$110.49</b>	<b>2.46%</b>	<b>0.06%</b>	<b>0.28%</b>	<b>1.06%</b>	<b>0.23%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.26%</b>	<b>(0.03%)</b>	<b>\$118.59</b>

DAP PMPM	\$1.30
Gross Medical Plus DAP PMPM	\$119.90

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: SSIWO  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 70,329  
 Projection Period Member Months: 71,464

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$185.45	0.50%	0.00%	0.00%	5.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$198.24	
Behavioral Health Inpatient and LTC	\$20.36	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.46	
Outpatient Facility	\$130.41	3.00%	0.00%	0.00%	0.35%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.48%)	0.00%	\$138.62	
Emergency Facility	\$48.09	3.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$51.09	
Pharmacy	\$353.67	4.00%	0.00%	(0.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$375.75	
Transportation	\$49.94	2.51%	0.00%	0.00%	8.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.00%	\$57.29	
Dental	\$4.52	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.81%	0.00%	\$4.70	
FQHC/RHC	\$15.37	2.50%	0.00%	0.00%	7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.30	
Laboratory and Radiology Services	\$21.12	2.01%	7.90%	0.00%	(1.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.87%	0.00%	\$23.90	
Other Professional Services	\$42.59	0.50%	0.00%	0.00%	0.53%	0.00%	0.00%	2.69%	0.00%	0.00%	0.00%	0.00%	3.43%	0.00%	\$45.93	
Physical Health Practitioners	\$168.02	3.51%	0.00%	0.00%	8.41%	0.37%	0.00%	0.61%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	\$197.50	
Behavioral Health Practitioners	\$50.94	1.00%	0.00%	0.00%	2.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	\$53.49	
<b>Gross Medical</b>	<b>\$1,090.50</b>	<b>2.78%</b>	<b>0.14%</b>	<b>(0.26%)</b>	<b>2.95%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.20%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.16%</b>	<b>(0.32%)</b>	<b>\$1,186.29</b>	

DAP PMPM	\$10.77
Gross Medical Plus DAP PMPM	\$1,197.06

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North Rate Cell: Prop 204 Childless Adults Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 482,897 Projection Period Member Months: 568,366
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$102.21	3.51%	0.00%	0.00%	4.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$114.40
Behavioral Health Inpatient and LTC	\$23.07	5.02%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.46
Outpatient Facility	\$51.10	3.00%	0.00%	0.00%	0.18%	0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.74%)	0.00%	\$54.08
Emergency Facility	\$35.22	3.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.41
Pharmacy	\$111.06	4.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$118.98
Transportation	\$28.90	2.51%	0.00%	0.00%	9.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	0.00%	\$33.34
Dental	\$2.04	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.69%	0.00%	\$2.12
FQHC/RHC	\$11.38	2.50%	0.00%	0.00%	7.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.91
Laboratory and Radiology Services	\$13.89	2.01%	12.75%	0.00%	(1.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.00%	\$16.24
Other Professional Services	\$11.14	0.50%	0.00%	0.00%	0.84%	0.00%	0.00%	5.15%	0.00%	0.00%	0.00%	0.00%	1.58%	0.00%	\$12.12
Physical Health Practitioners	\$81.08	4.04%	0.00%	0.00%	1.96%	0.29%	0.00%	0.66%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	\$90.54
Behavioral Health Practitioners	\$60.57	3.50%	0.00%	0.00%	2.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$66.73
<b>Gross Medical</b>	<b>\$531.68</b>	<b>3.49%</b>	<b>0.31%</b>	<b>0.01%</b>	<b>2.16%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.20%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.05%</b>	<b>(0.21%)</b>	<b>\$584.33</b>

DAP PMPM	\$6.46
Gross Medical Plus DAP PMPM	\$590.79

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 162,751  
 Projection Period Member Months: 144,155

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$67.75	1.50%	0.00%	0.00%	5.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$73.34	
Behavioral Health Inpatient and LTC	\$7.20	5.02%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.95	
Outpatient Facility	\$50.85	4.00%	0.00%	0.00%	0.17%	0.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.45%)	0.00%	\$54.93	
Emergency Facility	\$24.25	4.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.26	
Pharmacy	\$102.87	4.00%	0.00%	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$109.76	
Transportation	\$12.90	2.51%	0.00%	0.00%	9.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.87%	0.00%	\$14.93	
Dental	\$1.99	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.86%	0.00%	\$2.07	
FQHC/RHC	\$11.49	2.50%	0.00%	0.00%	7.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.01	
Laboratory and Radiology Services	\$13.31	2.01%	18.29%	0.00%	(0.90%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.23	
Other Professional Services	\$8.91	0.50%	0.00%	0.00%	0.45%	0.00%	0.00%	8.83%	0.00%	0.00%	0.00%	0.00%	2.83%	0.00%	\$10.12	
Physical Health Practitioners	\$73.46	3.00%	0.00%	0.00%	2.28%	0.16%	0.00%	1.03%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	\$80.79	
Behavioral Health Practitioners	\$25.51	1.50%	0.00%	0.00%	3.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$27.11	
<b>Gross Medical</b>	<b>\$400.48</b>	<b>3.01%</b>	<b>0.58%</b>	<b>(0.09%)</b>	<b>1.97%</b>	<b>0.05%</b>	<b>0.00%</b>	<b>0.38%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>(0.25%)</b>	<b>\$436.50</b>	

DAP PMPM	\$4.38
Gross Medical Plus DAP PMPM	\$440.88

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 2,810  
 Projection Period Member Months: 2,364

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPD	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPD
Inpatient	\$3,387.78	2.52%	0.00%	0.00%	8.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,879.31
Outpatient Facility	\$14.51	4.03%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.73
Pharmacy	\$5.74	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%	\$6.22
Transportation	\$138.03	4.03%	0.00%	0.00%	9.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$163.83
FQHC/RHC	\$2.64	4.03%	0.00%	0.00%	8.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.09
Laboratory and Radiology Services	\$33.23	4.03%	0.00%	0.00%	(0.90%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.64
Other Professional Services	\$2.24	4.03%	0.00%	0.00%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.44
Physician	\$1,817.13	3.00%	0.00%	0.00%	57.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,027.99
<b>Gross Medical</b>	<b>\$5,401.31</b>	<b>2.73%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>25.15%</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>\$7,134.24</b>

DAP PMPD	\$22.41
Gross Medical Plus DAP PMPD	\$7,156.65

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North Rate Cell: SMI Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 69,544 Projection Period Member Months: 72,634
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Fee Screening	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$78.78	2.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$86.79	
Behavioral Health Inpatient and LTC	\$114.23	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.61%	0.00%	0.00%	0.00%	\$134.27	
Outpatient Facility	\$47.50	2.80%	0.00%	0.00%	0.28%	0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$50.63	
Emergency Facility	\$47.99	2.80%	0.00%	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(5.08%)	0.00%	\$48.19	
Pharmacy	\$294.23	4.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.40%)	\$317.08	
Transportation	\$70.53	1.00%	0.00%	0.00%	6.48%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	0.00%	0.11%	0.00%	\$77.59	
Dental	\$1.68	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	0.00%	\$1.73	
FQHC/RHC	\$14.95	1.00%	0.00%	0.00%	7.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.34	
Laboratory and Radiology Services	\$11.47	1.00%	12.61%	0.00%	(0.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	5.70%	0.00%	\$13.82	
Other Professional Services	\$48.70	1.00%	0.00%	0.00%	2.99%	0.00%	0.00%	2.70%	0.00%	7.36%	3.65%	21.49%	0.47%	0.00%	\$71.38	
Physical Health Practitioners	\$81.60	2.00%	0.00%	0.00%	3.93%	0.51%	0.00%	1.58%	0.00%	0.00%	0.35%	0.00%	0.92%	0.00%	\$91.23	
Behavioral Health Practitioners	\$73.29	1.00%	0.00%	0.00%	2.43%	0.00%	0.00%	0.00%	0.00%	0.00%	7.39%	22.50%	0.06%	0.00%	\$100.81	
Case Management	\$86.88	1.00%	0.00%	0.00%	0.85%	0.00%	0.00%	0.00%	0.00%	0.00%	8.71%	22.57%	0.00%	0.00%	\$119.11	
Rehabilitation Services	\$98.92	(0.20%)	0.00%	0.00%	1.39%	0.00%	0.00%	0.00%	0.00%	0.00%	6.37%	0.00%	0.06%	0.00%	\$106.32	
Residential Services	\$209.72	6.33%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.27%	0.00%	0.00%	0.00%	\$247.30	
<b>Gross Medical</b>	<b>\$1,280.45</b>	<b>3.11%</b>	<b>0.11%</b>	<b>0.01%</b>	<b>1.61%</b>	<b>0.05%</b>	<b>0.00%</b>	<b>0.20%</b>	<b>0.00%</b>	<b>0.28%</b>	<b>2.82%</b>	<b>3.71%</b>	<b>(0.04%)</b>	<b>(0.09%)</b>	<b>\$1,482.58</b>	

DAP PMPM	\$14.47
Gross Medical Plus DAP PMPM	\$1,497.05

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: North Rate Cell: Crisis 24 Hour Group Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 3,105,413 Projection Period Member Months: 3,162,017
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**Appendix 6: Development of Gross Medical Component**

Category of Service	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal	Change in GSA, Expansion of Services, 9-8-8 Impact	Subtotal
	PMPM	Base Completion	Adjusted Base PMPM		Gross Medical PMPM
Crisis Mobile Teams	\$0.41	0.98540	\$0.42	\$1.30	\$1.72
Crisis Phone Line	\$0.14	0.98540	\$0.14	\$0.60	\$0.74
Crisis Stabilization Units	\$0.59	0.98540	\$0.60	\$2.18	\$2.78
Ancillary Crisis Services	\$0.34	0.98540	\$0.34	\$0.03	\$0.38
<b>Gross Medical</b>	<b>\$1.48</b>		<b>\$1.50</b>	<b>\$4.11</b>	<b>\$5.61</b>

DAP PMPM	\$0.02
<b>Gross Medical Plus DAP PMPM</b>	<b>\$5.64</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: AGE < 1 Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 352,217 Projection Period Member Months: 360,750
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$306.17	1.49%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$318.51
Behavioral Health Inpatient and LTC	\$1.57	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%	\$1.71
Outpatient Facility	\$20.58	5.06%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.23%)	0.00%	\$22.47
Emergency Facility	\$26.45	5.06%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.23
Pharmacy	\$7.78	4.55%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$8.43
Transportation	\$4.50	2.51%	0.00%	0.00%	9.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.30%	0.00%	\$5.89
Dental	\$0.53	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.84%	0.00%	\$0.68
FQHC/RHC	\$41.35	4.00%	0.00%	0.00%	7.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$48.30
Laboratory and Radiology Services	\$5.64	3.02%	16.64%	0.00%	0.17%	0.00%	101.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.10
Other Professional Services	\$17.07	1.50%	0.00%	0.00%	0.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.76%	0.00%	\$17.84
Physical Health Practitioners	\$140.54	5.52%	0.00%	0.00%	(0.17%)	0.00%	0.00%	0.00%	1.77%	0.00%	0.00%	0.00%	(0.43%)	0.00%	\$158.33
Behavioral Health Practitioners	\$0.83	5.52%	0.00%	0.00%	2.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.95
<b>Gross Medical</b>	<b>\$573.01</b>	<b>3.05%</b>	<b>0.32%</b>	<b>0.00%</b>	<b>1.17%</b>	<b>0.00%</b>	<b>1.00%</b>	<b>0.00%</b>	<b>0.45%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>(0.01%)</b>	<b>(0.01%)</b>	<b>\$626.44</b>

<b>DAP PMPM</b>	<b>\$11.95</b>
<b>Gross Medical Plus DAP PMPM</b>	<b>\$638.39</b>



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: AGE 1-20 Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 6,221,666 Projection Period Member Months: 6,499,644
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$12.63	3.02%	0.00%	0.00%	2.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.75
Behavioral Health Inpatient and LTC	\$8.03	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%	\$8.77
Outpatient Facility	\$10.10	4.55%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.77%)	0.00%	0.00%	\$10.85
Emergency Facility	\$12.20	4.55%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.35
Pharmacy	\$22.42	4.54%	0.00%	(0.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	0.00%	\$24.14
Transportation	\$2.05	2.51%	0.00%	0.00%	8.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.25%	0.00%	0.00%	\$2.53
Dental	\$17.60	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.45%	0.00%	0.00%	\$18.21
FQHC/RHC	\$9.68	4.00%	0.00%	0.00%	8.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.32
Laboratory and Radiology Services	\$2.75	3.02%	130.69%	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.72
Other Professional Services	\$11.19	1.50%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	\$11.56
Physical Health Practitioners	\$27.53	5.56%	0.00%	0.00%	0.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.51%	0.00%	0.00%	\$31.44
Behavioral Health Practitioners	\$21.49	0.50%	0.00%	0.00%	2.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.27
<b>Gross Medical</b>	<b>\$157.66</b>	<b>3.42%</b>	<b>2.22%</b>	<b>(0.07%)</b>	<b>1.36%</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>0.33%</b>	<b>(0.14%)</b>	<b>\$174.93</b>	

<b>DAP PMPM</b>	<b>\$2.41</b>
<b>Gross Medical Plus DAP PMPM</b>	<b>\$177.35</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: AGE 21+ Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 2,327,936 Projection Period Member Months: 2,576,272
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$43.51	4.03%	0.00%	0.00%	1.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.74
Behavioral Health Inpatient and LTC	\$7.68	4.52%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.39
Outpatient Facility	\$28.68	4.53%	0.00%	0.00%	0.14%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.76%)	0.00%	\$31.26
Emergency Facility	\$30.34	4.53%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.20
Pharmacy	\$79.22	3.51%	0.00%	(0.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$83.40
Transportation	\$6.59	2.51%	0.00%	0.00%	8.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.05%	0.00%	\$7.68
Dental	\$2.16	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.00%	\$2.24
FQHC/RHC	\$19.24	4.00%	0.00%	0.00%	8.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.57
Laboratory and Radiology Services	\$25.75	3.02%	21.25%	0.00%	(0.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.83
Other Professional Services	\$12.15	1.50%	0.00%	0.00%	(0.19%)	0.00%	0.00%	5.13%	0.00%	0.00%	0.00%	0.00%	1.42%	0.00%	\$13.32
Physical Health Practitioners	\$78.79	3.02%	0.00%	0.00%	3.07%	0.20%	0.00%	0.75%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	\$87.20
Behavioral Health Practitioners	\$25.13	2.51%	0.00%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	\$27.26
<b>Gross Medical</b>	<b>\$359.23</b>	<b>3.48%</b>	<b>1.47%</b>	<b>(0.17%)</b>	<b>1.63%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.33%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>(0.21%)</b>	<b>\$397.07</b>

<b>DAP PMPM</b>	<b>\$4.97</b>
<b>Gross Medical Plus DAP PMPM</b>	<b>\$402.04</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: Duals Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 811,405 Projection Period Member Months: 883,674
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$21.91	1.00%	0.00%	0.00%	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.47	
Behavioral Health Inpatient and LTC	\$1.56	4.52%	0.00%	0.00%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.70	
Outpatient Facility	\$15.74	1.00%	0.00%	0.00%	0.00%	1.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.18%)	0.00%	\$16.03	
Emergency Facility	\$4.51	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%	\$4.60	
Pharmacy	\$2.86	5.00%	0.00%	12.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$3.51	
Transportation	\$10.06	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.27%)	0.00%	\$10.54	
Dental	\$6.93	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.33%	0.00%	\$7.16	
FQHC/RHC	\$4.40	4.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.78	
Laboratory and Radiology Services	\$7.76	3.02%	2.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.63%	0.00%	\$8.47	
Other Professional Services	\$9.25	1.50%	0.00%	0.00%	0.93%	0.00%	0.00%	2.07%	0.00%	0.00%	0.00%	0.00%	1.54%	0.00%	\$9.97	
Physical Health Practitioners	\$41.69	2.00%	0.00%	0.00%	0.00%	0.59%	0.00%	0.46%	0.00%	0.00%	0.00%	0.00%	0.66%	0.00%	\$44.12	
Behavioral Health Practitioners	\$13.60	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	\$13.94	
<b>Gross Medical</b>	<b>\$140.26</b>	<b>1.79%</b>	<b>0.12%</b>	<b>0.27%</b>	<b>0.84%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.27%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.24%</b>	<b>(0.02%)</b>	<b>\$148.30</b>	

DAP PMPM	\$1.62
Gross Medical Plus DAP PMPM	\$149.92

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: SSIWO Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 411,912 Projection Period Member Months: 420,224
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$257.32	1.00%	0.00%	0.00%	2.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$268.41
Behavioral Health Inpatient and LTC	\$19.39	4.52%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.20
Outpatient Facility	\$113.64	3.01%	0.00%	0.00%	0.25%	0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.41%)	0.00%	\$121.14
Emergency Facility	\$43.51	3.01%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.23
Pharmacy	\$329.05	2.00%	0.00%	(0.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$335.64
Transportation	\$28.18	2.51%	0.00%	0.00%	7.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	\$31.73
Dental	\$5.88	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.62%	0.00%	\$6.10
FQHC/RHC	\$26.28	4.00%	0.00%	0.00%	8.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.86
Laboratory and Radiology Services	\$33.36	3.02%	9.81%	0.00%	(1.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.40
Other Professional Services	\$59.13	1.50%	0.00%	0.00%	0.37%	0.00%	0.00%	1.46%	0.00%	0.00%	0.00%	0.00%	0.88%	0.00%	\$62.59
Physical Health Practitioners	\$192.11	2.01%	0.00%	0.00%	4.88%	0.56%	0.00%	0.42%	0.00%	0.00%	0.00%	0.00%	0.30%	0.00%	\$212.36
Behavioral Health Practitioners	\$59.30	1.00%	0.00%	0.00%	2.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	\$62.16
<b>Gross Medical</b>	<b>\$1,167.16</b>	<b>1.97%</b>	<b>0.28%</b>	<b>(0.27%)</b>	<b>1.81%</b>	<b>0.15%</b>	<b>0.00%</b>	<b>0.15%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>(0.27%)</b>	<b>\$1,236.83</b>

DAP PMPM	\$14.37
Gross Medical Plus DAP PMPM	\$1,251.20

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: Prop 204 Childless Adults Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 2,764,840 Projection Period Member Months: 3,419,225
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$109.93	2.51%	0.00%	0.00%	1.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$117.48
Behavioral Health Inpatient and LTC	\$32.85	4.52%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.90
Outpatient Facility	\$35.32	3.53%	0.00%	0.00%	0.18%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	0.00%	0.00%	\$37.71
Emergency Facility	\$34.91	3.53%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.46
Pharmacy	\$127.31	4.00%	0.00%	(0.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	0.00%	\$135.75
Transportation	\$16.18	2.51%	0.00%	0.00%	7.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	\$18.40
Dental	\$2.73	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.66%	0.00%	0.00%	\$2.83
FQHC/RHC	\$19.66	4.00%	0.00%	0.00%	8.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.07
Laboratory and Radiology Services	\$23.68	3.02%	16.40%	0.00%	(1.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	\$28.97
Other Professional Services	\$20.75	1.50%	0.00%	0.00%	0.23%	0.00%	0.00%	2.56%	0.00%	0.00%	0.00%	0.00%	0.92%	0.00%	0.00%	\$22.18
Physical Health Practitioners	\$99.60	4.03%	0.00%	0.00%	3.25%	0.22%	0.00%	0.49%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	\$112.42
Behavioral Health Practitioners	\$62.39	3.00%	0.00%	0.00%	2.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	\$68.12
<b>Gross Medical</b>	<b>\$585.32</b>	<b>3.41%</b>	<b>0.64%</b>	<b>(0.09%)</b>	<b>1.66%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.17%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.04%</b>	<b>(0.21%)</b>	<b>0.00%</b>	<b>\$640.28</b>

<b>DAP PMPM</b>	<b>\$7.55</b>
<b>Gross Medical Plus DAP PMPM</b>	<b>\$647.83</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 1,004,875  
 Projection Period Member Months: 891,638

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$54.35	1.50%	0.00%	0.00%	1.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.71
Behavioral Health Inpatient and LTC	\$8.79	4.52%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.60
Outpatient Facility	\$32.03	4.02%	0.00%	0.00%	0.16%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.45%)	0.00%	0.00%	\$34.70
Emergency Facility	\$24.14	4.02%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.15
Pharmacy	\$107.80	3.00%	0.00%	(1.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	0.00%	\$112.02
Transportation	\$6.49	2.51%	0.00%	0.00%	8.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	0.00%	0.00%	\$7.48
Dental	\$2.85	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	0.00%	0.00%	\$2.96
FQHC/RHC	\$17.24	4.00%	0.00%	0.00%	8.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.22
Laboratory and Radiology Services	\$21.92	3.02%	23.15%	0.00%	(1.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	\$28.38
Other Professional Services	\$14.61	1.50%	0.00%	0.00%	0.20%	0.00%	0.00%	4.77%	0.00%	0.00%	0.00%	0.00%	1.81%	0.00%	0.00%	\$16.09
Physical Health Practitioners	\$83.00	3.02%	0.00%	0.00%	3.58%	0.26%	0.00%	0.80%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	\$92.37
Behavioral Health Practitioners	\$21.46	2.00%	0.00%	0.00%	3.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	\$23.07
<b>Gross Medical</b>	<b>\$394.69</b>	<b>2.90%</b>	<b>1.25%</b>	<b>(0.29%)</b>	<b>1.59%</b>	<b>0.09%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>(0.26%)</b>	<b>0.00%</b>	<b>\$429.76</b>

DAP PMPM	\$4.41
Gross Medical Plus DAP PMPM	\$434.17

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central  
 Rate Cell: Delivery Supplemental Payments  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 21,198  
 Projection Period Member Months: 17,833

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPD	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPD
Inpatient	\$3,505.21	3.02%	0.00%	0.00%	1.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,770.02
Outpatient Facility	\$10.10	3.02%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.74
Pharmacy	\$8.36	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.87
Transportation	\$31.55	3.02%	0.00%	0.00%	8.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.42
FQHC/RHC	\$4.23	3.02%	0.00%	0.00%	8.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.87
Laboratory and Radiology Services	\$33.70	3.02%	0.00%	0.00%	(0.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.43
Other Professional Services	\$1.66	3.02%	0.00%	0.00%	(0.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.76
Physician	\$1,920.29	2.50%	0.00%	0.00%	54.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,126.83
<b>Gross Medical</b>	<b>\$5,515.10</b>	<b>2.84%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>19.93%</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>\$6,994.93</b>

DAP PMPD	\$19.59
Gross Medical Plus DAP PMPD	\$7,014.52

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: SMI Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 334,074 Projection Period Member Months: 346,627
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Fee Screening	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$115.29	4.00%	0.00%	0.00%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$128.44
Behavioral Health Inpatient and LTC	\$311.26	3.12%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$332.57
Outpatient Facility	\$36.31	3.33%	0.00%	0.00%	0.18%	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.94
Emergency Facility	\$55.84	3.33%	0.00%	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(4.39%)	0.00%	0.00%	\$57.07
Pharmacy	\$464.50	4.00%	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.60%)	0.00%	\$498.84
Transportation	\$100.20	1.00%	0.00%	0.00%	4.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.85%)	0.00%	0.00%	\$104.61
Dental	\$1.65	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.76%	0.00%	0.00%	\$1.71
FQHC/RHC	\$21.39	1.00%	0.00%	0.00%	7.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.39
Laboratory and Radiology Services	\$21.04	1.00%	12.96%	0.00%	(1.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	0.00%	0.00%	\$24.14
Other Professional Services	\$97.64	1.00%	0.00%	0.00%	4.58%	0.00%	0.00%	1.10%	0.00%	4.54%	0.00%	0.00%	0.27%	0.00%	0.00%	\$110.38
Physical Health Practitioners	\$110.99	0.80%	0.00%	0.00%	1.82%	0.19%	0.00%	0.97%	0.00%	0.00%	0.00%	0.00%	1.24%	0.00%	0.00%	\$117.60
Behavioral Health Practitioners	\$178.51	1.50%	0.00%	0.00%	2.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.69%	0.00%	0.00%	\$190.43
Case Management	\$192.21	1.50%	0.00%	0.00%	0.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$198.71
Rehabilitation Services	\$133.10	0.00%	0.00%	0.00%	1.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.63%	0.00%	0.00%	\$135.38
Residential Services	\$211.04	6.57%	0.00%	0.00%	1.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$242.41
<b>Gross Medical</b>	<b>\$2,050.98</b>	<b>2.88%</b>	<b>0.13%</b>	<b>(0.03%)</b>	<b>1.28%</b>	<b>0.01%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.22%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>(0.02%)</b>	<b>(0.14%)</b>	<b>\$2,204.61</b>	

DAP PMPM	\$32.98
Gross Medical Plus DAP PMPM	\$2,237.60



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: Central Rate Cell: Crisis 24 Hour Group Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 15,100,349 Projection Period Member Months: 15,377,847
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**Appendix 6: Development of Gross Medical Component**

Category of Service	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal	Change in GSA, Expansion of Services, 9-8-8 Impact	Subtotal
	PMPM	Base Completion	Adjusted Base PMPM		Gross Medical PMPM
Crisis Mobile Teams	\$0.39	0.97892	\$0.40	\$0.69	\$1.08
Crisis Phone Line	\$0.20	0.97892	\$0.21	\$0.54	\$0.75
Crisis Stabilization Units	\$1.78	0.97892	\$1.81	\$3.02	\$4.84
Ancillary Crisis Services	\$0.77	0.97892	\$0.79	\$0.07	\$0.86
<b>Gross Medical</b>	<b>\$3.14</b>		<b>\$3.21</b>	<b>\$4.33</b>	<b>\$7.53</b>

DAP PMPM	\$0.05
<b>Gross Medical Plus DAP PMPM</b>	<b>\$7.59</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South  
 Rate Cell: AGE < 1  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 112,712  
 Projection Period Member Months: 114,634

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$291.20	1.99%	0.00%	0.00%	1.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$306.49	
Behavioral Health Inpatient and LTC	\$1.95	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%	\$2.11	
Outpatient Facility	\$15.87	5.56%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.50%)	0.00%	\$17.44	
Emergency Facility	\$16.52	5.56%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.43	
Pharmacy	\$28.62	3.52%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$30.38	
Transportation	\$9.82	1.50%	0.00%	0.00%	7.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.02%	0.00%	\$11.50	
Dental	\$0.39	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	107.19%	0.00%	\$0.85	
FQHC/RHC	\$102.00	3.00%	0.00%	0.00%	9.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$118.31	
Laboratory and Radiology Services	\$5.76	2.51%	13.93%	0.00%	0.11%	0.00%	103.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.06	
Other Professional Services	\$13.61	1.00%	0.00%	0.00%	1.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.88%	0.00%	\$14.20	
Physical Health Practitioners	\$124.30	5.04%	0.00%	0.00%	(0.27%)	0.00%	0.00%	0.00%	1.81%	0.00%	0.00%	0.00%	(0.21%)	0.00%	\$138.97	
Behavioral Health Practitioners	\$1.38	5.04%	0.00%	0.00%	2.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.56	
<b>Gross Medical</b>	<b>\$611.42</b>	<b>3.04%</b>	<b>0.26%</b>	<b>0.00%</b>	<b>2.19%</b>	<b>0.00%</b>	<b>0.97%</b>	<b>0.00%</b>	<b>0.38%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.09%</b>	<b>(0.05%)</b>	<b>\$674.29</b>	

DAP PMPM	\$10.61
Gross Medical Plus DAP PMPM	\$684.91

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: AGE 1-20 Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 2,025,418 Projection Period Member Months: 2,095,449
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM
Physical Health Inpatient and LTC	\$12.43	3.01%	0.00%	0.00%	3.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.60
Behavioral Health Inpatient and LTC	\$7.68	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%	\$8.30
Outpatient Facility	\$8.39	5.06%	0.00%	0.00%	0.13%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.50%)	0.00%	\$9.14
Emergency Facility	\$9.61	5.06%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.62
Pharmacy	\$21.79	4.04%	0.00%	(0.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$23.24
Transportation	\$2.98	1.50%	0.00%	0.00%	8.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.68%	0.00%	\$3.52
Dental	\$14.99	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	\$15.70
FQHC/RHC	\$30.27	3.00%	0.00%	0.00%	12.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.00
Laboratory and Radiology Services	\$2.65	2.51%	86.68%	0.00%	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.19
Other Professional Services	\$12.41	1.00%	0.00%	0.00%	0.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.00%	\$12.83
Physical Health Practitioners	\$20.96	6.09%	0.00%	0.00%	0.44%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%	0.00%	\$24.04
Behavioral Health Practitioners	\$23.74	0.50%	0.00%	0.00%	2.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.66
<b>Gross Medical</b>	<b>\$167.89</b>	<b>3.18%</b>	<b>1.31%</b>	<b>(0.06%)</b>	<b>3.02%</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>0.00%</b>	<b>0.34%</b>	<b>(0.13%)</b>	<b>\$186.84</b>

DAP PMPM	\$2.16
Gross Medical Plus DAP PMPM	\$188.99

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: AGE 21+ Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 921,572 Projection Period Member Months: 1,005,350
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	Contractor Change - Health Homes	Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$37.03	3.02%	0.00%	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.39	
Behavioral Health Inpatient and LTC	\$4.90	4.02%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.31	
Outpatient Facility	\$40.39	4.02%	0.00%	0.00%	0.13%	0.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.49%)	0.00%	\$43.69	
Emergency Facility	\$27.19	4.02%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.46	
Pharmacy	\$64.56	4.00%	0.00%	(0.72%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$68.63	
Transportation	\$7.59	1.50%	0.00%	0.00%	8.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.16%	0.00%	\$8.70	
Dental	\$0.81	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.99%	0.00%	\$0.85	
FQHC/RHC	\$40.05	3.00%	0.00%	0.00%	11.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.54	
Laboratory and Radiology Services	\$21.00	2.51%	16.60%	0.00%	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.51	
Other Professional Services	\$9.94	1.00%	0.00%	0.00%	0.50%	0.00%	0.00%	5.98%	0.00%	0.00%	0.00%	0.00%	1.85%	0.00%	\$11.00	
Physical Health Practitioners	\$57.85	4.03%	0.00%	0.00%	2.64%	0.36%	0.00%	0.96%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	\$65.26	
Behavioral Health Practitioners	\$30.39	3.52%	0.00%	0.00%	3.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$33.69	
<b>Gross Medical</b>	<b>\$341.71</b>	<b>3.51%</b>	<b>0.96%</b>	<b>(0.14%)</b>	<b>2.62%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.33%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>(0.18%)</b>	<b>\$380.05</b>	

DAP PMPM	\$4.67
Gross Medical Plus DAP PMPM	\$384.72

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: Duals Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 462,591 Projection Period Member Months: 506,223
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**Appendix 6: Development of Gross Medical Component**

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) COVID-19 Tests	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Aggregate Fee Schedule Updates	I.3.B.ii.(a) Reimbursement for Discarded Drugs	I.3.B.ii.(a) Newborn Screening Fee	I.3.B.ii.(a) Adult Chiropractic Services	I.3.B.ii.(a) Maternal Postpartum Depression Screening	I.3.B.ii.(a) Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	I.3.B.ii.(a) North GSA Contractor Change - Health Homes	I.3.B.ii.(a) North GSA Contractor Change - ACT Teams	I.3.B.ii.(a) Combined Misc. Changes	I.3.B.ii.(a) Rx Rebates	Subtotal Gross Medical PMPM
Physical Health Inpatient and LTC	\$15.50	1.00%	0.00%	0.00%	6.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.83
Behavioral Health Inpatient and LTC	\$1.50	4.02%	0.00%	0.00%	2.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.66
Outpatient Facility	\$17.37	2.00%	0.00%	0.00%	0.00%	1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.05%)	0.00%	\$18.08
Emergency Facility	\$4.24	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%	\$4.41
Pharmacy	\$2.32	6.00%	0.00%	6.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$2.76
Transportation	\$9.36	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	\$9.66
Dental	\$3.05	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	\$3.19
FQHC/RHC	\$10.83	3.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.55
Laboratory and Radiology Services	\$5.80	2.51%	1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.00%	\$6.23
Other Professional Services	\$5.74	1.00%	0.00%	0.00%	0.18%	0.00%	0.00%	2.89%	0.00%	0.00%	0.00%	0.00%	2.38%	0.00%	\$6.18
Physical Health Practitioners	\$27.61	2.51%	0.00%	0.00%	0.00%	1.00%	0.00%	0.59%	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	\$29.63
Behavioral Health Practitioners	\$15.18	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	\$15.35
<b>Gross Medical</b>	<b>\$118.51</b>	<b>1.93%</b>	<b>0.08%</b>	<b>0.14%</b>	<b>0.91%</b>	<b>0.39%</b>	<b>0.00%</b>	<b>0.28%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.16%</b>	<b>(0.02%)</b>	<b>\$125.54</b>

DAP PMPM	\$1.44
Gross Medical Plus DAP PMPM	\$126.98

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: SSIWO Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 173,711 Projection Period Member Months: 179,728
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	Contractor Change - Health Homes	Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$212.03	1.50%	0.00%	0.00%	2.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$224.26
Behavioral Health Inpatient and LTC	\$19.57	4.02%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.21
Outpatient Facility	\$131.03	4.52%	0.00%	0.00%	0.21%	0.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.31%)	0.00%	\$144.42	
Emergency Facility	\$43.94	4.52%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$48.06	
Pharmacy	\$327.40	4.50%	0.00%	(0.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$351.11	
Transportation	\$36.86	1.50%	0.00%	0.00%	7.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	\$40.96	
Dental	\$3.90	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	\$4.08	
FQHC/RHC	\$52.18	3.00%	0.00%	0.00%	11.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$61.66	
Laboratory and Radiology Services	\$31.26	2.51%	7.76%	0.00%	(1.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.94	
Other Professional Services	\$68.94	1.00%	0.00%	0.00%	0.81%	0.00%	0.00%	1.28%	0.00%	0.00%	0.00%	0.00%	0.79%	0.00%	\$72.37	
Physical Health Practitioners	\$160.50	2.51%	0.00%	0.00%	6.81%	1.26%	0.00%	0.50%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	\$183.77	
Behavioral Health Practitioners	\$64.67	2.00%	0.00%	0.00%	2.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	\$69.13	
<b>Gross Medical</b>	<b>\$1,152.29</b>	<b>3.10%</b>	<b>0.20%</b>	<b>(0.23%)</b>	<b>2.37%</b>	<b>0.29%</b>	<b>0.00%</b>	<b>0.15%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.05%</b>	<b>(0.28%)</b>	<b>\$1,255.97</b>	

DAP PMPM	\$13.33
Gross Medical Plus DAP PMPM	\$1,269.31

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: Prop 204 Childless Adults Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 1,103,569 Projection Period Member Months: 1,342,980
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$93.27	3.02%	0.00%	0.00%	1.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$100.88
Behavioral Health Inpatient and LTC	\$23.24	4.02%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.17
Outpatient Facility	\$44.23	3.48%	0.00%	0.00%	0.15%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.70%)	0.00%	\$47.37	
Emergency Facility	\$31.06	3.48%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.31	
Pharmacy	\$99.79	4.00%	0.00%	(0.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$106.53	
Transportation	\$17.86	1.50%	0.00%	0.00%	8.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	\$20.09	
Dental	\$1.55	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.78%	0.00%	\$1.63	
FQHC/RHC	\$34.78	3.00%	0.00%	0.00%	10.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.82	
Laboratory and Radiology Services	\$20.61	2.51%	11.86%	0.00%	(1.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	\$23.99	
Other Professional Services	\$19.83	1.00%	0.00%	0.00%	0.51%	0.00%	0.00%	2.47%	0.00%	0.00%	0.00%	0.00%	1.02%	0.00%	\$21.05	
Physical Health Practitioners	\$73.67	4.02%	0.00%	0.00%	1.74%	0.48%	0.00%	0.62%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	\$82.20	
Behavioral Health Practitioners	\$64.28	3.00%	0.00%	0.00%	3.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$70.27	
<b>Gross Medical</b>	<b>\$524.17</b>	<b>3.30%</b>	<b>0.44%</b>	<b>(0.06%)</b>	<b>1.95%</b>	<b>0.12%</b>	<b>0.00%</b>	<b>0.18%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.04%</b>	<b>(0.19%)</b>	<b>\$573.31</b>	

DAP PMPM	\$6.75
Gross Medical Plus DAP PMPM	\$580.05

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South  
 Rate Cell: Expansion Adults  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 426,361  
 Projection Period Member Months: 372,948

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	Contractor Change - Health Homes	Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$47.02	1.00%	0.00%	0.00%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$48.83	
Behavioral Health Inpatient and LTC	\$5.11	4.02%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.53	
Outpatient Facility	\$43.17	4.52%	0.00%	0.00%	0.14%	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.32%)	0.00%	\$47.44	
Emergency Facility	\$20.91	4.52%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.87	
Pharmacy	\$93.31	4.50%	0.00%	(0.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.00%)	\$100.10	
Transportation	\$6.47	1.50%	0.00%	0.00%	8.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%	0.00%	\$7.37	
Dental	\$1.51	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	0.00%	\$1.58	
FQHC/RHC	\$37.96	3.00%	0.00%	0.00%	11.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.79	
Laboratory and Radiology Services	\$18.49	2.51%	17.39%	0.00%	(0.99%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	0.00%	\$22.63	
Other Professional Services	\$13.10	1.00%	0.00%	0.00%	0.50%	0.00%	0.00%	5.25%	0.00%	0.00%	0.00%	0.00%	2.21%	0.00%	\$14.45	
Physical Health Practitioners	\$62.93	3.00%	0.00%	0.00%	2.69%	0.82%	0.00%	1.04%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	\$69.96	
Behavioral Health Practitioners	\$25.10	3.53%	0.00%	0.00%	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$27.85	
<b>Gross Medical</b>	<b>\$375.09</b>	<b>3.32%</b>	<b>0.81%</b>	<b>(0.20%)</b>	<b>2.17%</b>	<b>0.23%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>(0.24%)</b>	<b>\$413.40</b>	

DAP PMPM	\$4.06
Gross Medical Plus DAP PMPM	\$417.46



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: Delivery Supplemental Payments Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 7,372 Projection Period Member Months: 6,202
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**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPD	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Screening Fee	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPD	
Inpatient	\$3,488.22	4.02%	0.00%	0.00%	2.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,876.95
Outpatient Facility	\$15.59	2.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.24
Pharmacy	\$11.22	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%	\$11.67
Transportation	\$65.79	2.00%	0.00%	0.00%	8.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$74.58
FQHC/RHC	\$8.26	2.00%	0.00%	0.00%	11.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.62
Laboratory and Radiology Services	\$26.58	2.00%	0.00%	0.00%	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.42
Other Professional Services	\$2.34	2.00%	0.00%	0.00%	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.45
Physician	\$1,919.33	4.00%	0.00%	0.00%	51.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,152.39
<b>Gross Medical</b>	<b>\$5,537.33</b>	<b>3.96%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>19.82%</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>\$7,171.32</b>

DAP PMPD	\$26.13
Gross Medical Plus DAP PMPD	\$7,197.45

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South  
 Rate Cell: SMI  
 Base Period: October 1, 2020 through September 30, 2021  
 Projection Period: October 1, 2022 through September 30, 2023  
 Base Period Member Months: 153,378  
 Projection Period Member Months: 159,760

**Appendix 6: Development of Gross Medical Component**

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	COVID-19 Tests	P & T Committee	Aggregate Fee Schedule Updates	Reimbursement for Discarded Drugs	Newborn Fee Screening	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Extension of Limited HCBS to Non-ALTCS 65+ w/ SMI	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Combined Misc. Changes	Rx Rebates	Gross Medical PMPM	
Physical Health Inpatient and LTC	\$103.18	2.01%	0.00%	0.00%	2.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$110.51	
Behavioral Health Inpatient and LTC	\$167.93	4.50%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$183.51	
Outpatient Facility	\$38.22	2.50%	0.00%	0.00%	0.15%	0.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.51	
Emergency Facility	\$47.26	2.50%	0.00%	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(5.04%)	0.00%	\$47.20	
Pharmacy	\$259.22	4.80%	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.40%)	\$283.73	
Transportation	\$61.53	1.00%	0.00%	0.00%	7.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.74%)	0.00%	\$66.69	
Dental	\$1.13	1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	0.00%	\$1.17	
FQHC/RHC	\$41.92	1.10%	0.00%	0.00%	8.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.33	
Laboratory and Radiology Services	\$21.61	1.10%	10.31%	0.00%	(0.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	\$24.21	
Other Professional Services	\$77.12	1.10%	0.00%	0.00%	1.45%	0.00%	0.00%	1.34%	0.00%	6.85%	0.00%	0.00%	0.34%	0.00%	\$86.89	
Physical Health Practitioners	\$78.84	1.00%	0.00%	0.00%	1.31%	0.62%	0.00%	1.31%	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%	\$84.01	
Behavioral Health Practitioners	\$99.02	0.70%	0.00%	0.00%	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	\$103.71	
Case Management	\$120.37	0.70%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$122.63	
Rehabilitation Services	\$73.44	(0.20%)	0.00%	0.00%	1.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	\$74.35	
Residential Services	\$144.30	5.50%	0.00%	0.00%	1.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$162.85	
<b>Gross Medical</b>	<b>\$1,335.08</b>	<b>2.75%</b>	<b>0.16%</b>	<b>0.01%</b>	<b>1.43%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.15%</b>	<b>0.00%</b>	<b>0.39%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>(0.09%)</b>	<b>(0.08%)</b>	<b>\$1,438.30</b>	

DAP PMPM	\$20.81
Gross Medical Plus DAP PMPM	\$1,459.11

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

GSA: South Rate Cell: Crisis 24 Hour Group Base Period: October 1, 2020 through September 30, 2021 Projection Period: October 1, 2022 through September 30, 2023 Base Period Member Months: 5,799,571 Projection Period Member Months: 5,905,409
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**Appendix 6: Development of Gross Medical Component**

Category of Service	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal	Change in GSA, Expansion of Services, 9-8-8 Impact	Subtotal
	PMPM	Base Completion	Adjusted Base PMPM		Gross Medical PMPM
Crisis Mobile Teams	\$0.82	0.96343	\$0.85	\$0.49	\$1.34
Crisis Phone Line	\$0.64	0.96343	\$0.67	\$0.16	\$0.83
Crisis Stabilization Units	\$2.35	0.96343	\$2.44	\$1.63	\$4.07
Ancillary Crisis Services	\$0.78	0.96343	\$0.81	\$0.08	\$0.89
<b>Gross Medical</b>	<b>\$4.59</b>		<b>\$4.77</b>	<b>\$2.36</b>	<b>\$7.13</b>

DAP PMPM	\$0.03
<b>Gross Medical Plus DAP PMPM</b>	<b>\$7.16</b>

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: AGE < 1**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.ii.	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$633.43	(\$34.68)	0.9681	\$613.22	(\$33.57)	\$579.65	\$47.32	1.00%	\$6.33	\$12.92	\$646.22
North	Health Choice Arizona, Inc.	\$633.43	(\$34.68)	1.0225	\$647.69	(\$35.46)	\$612.23	\$48.94	1.00%	\$6.68	\$13.63	\$681.48
Central	Arizona Complete Health - Complete Care Plan	\$638.39	(\$35.73)	1.0462	\$667.87	(\$37.39)	\$630.49	\$50.75	1.00%	\$6.88	\$14.04	\$702.16
Central	Banner - University Family Care	\$638.39	(\$35.73)	0.9875	\$630.43	(\$35.29)	\$595.14	\$47.58	1.00%	\$6.49	\$13.25	\$662.47
Central	Molina Healthcare of Arizona, Inc.	\$638.39	(\$35.73)	1.0684	\$682.04	(\$38.18)	\$643.86	\$75.36	1.00%	\$7.26	\$14.83	\$741.31
Central	Mercy Care	\$638.39	(\$35.73)	0.9974	\$636.71	(\$35.64)	\$601.07	\$54.08	1.00%	\$6.62	\$13.51	\$675.27
Central	Health Choice Arizona, Inc.	\$638.39	(\$35.73)	0.9658	\$616.56	(\$34.51)	\$582.05	\$47.70	1.00%	\$6.36	\$12.98	\$649.09
Central	UnitedHealthcare Community Plan	\$638.39	(\$35.73)	0.9787	\$624.77	(\$34.97)	\$589.80	\$42.45	1.00%	\$6.39	\$13.03	\$651.66
South	Arizona Complete Health - Complete Care Plan	\$684.91	(\$54.52)	0.9565	\$655.10	(\$52.15)	\$602.95	\$49.64	1.00%	\$6.59	\$13.45	\$672.63
South	Banner - University Family Care	\$684.91	(\$54.52)	0.9941	\$680.88	(\$54.20)	\$626.67	\$52.23	1.00%	\$6.86	\$14.00	\$699.75
South	UnitedHealthcare Community Plan (Pima Only)	\$684.91	(\$54.52)	1.0688	\$732.03	(\$58.28)	\$673.76	\$47.23	1.00%	\$7.28	\$14.86	\$743.13

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**Appendix 7: Capitation Rate Development**

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: AGE 1-20**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$176.32	(\$3.76)	1.0171	\$179.34	(\$3.82)	\$175.51	\$31.07	1.00%	\$2.09	\$4.26	\$212.93
North	Health Choice Arizona, Inc.	\$176.32	(\$3.76)	0.9860	\$173.85	(\$3.70)	\$170.15	\$23.61	1.00%	\$1.96	\$3.99	\$199.71
Central	Arizona Complete Health - Complete Care Plan	\$177.35	(\$7.14)	0.9435	\$167.33	(\$6.73)	\$160.59	\$21.06	1.00%	\$1.83	\$3.74	\$187.23
Central	Banner - University Family Care	\$177.35	(\$7.14)	0.9725	\$172.46	(\$6.94)	\$165.52	\$22.26	1.00%	\$1.90	\$3.87	\$193.55
Central	Molina Healthcare of Arizona, Inc.	\$177.35	(\$7.14)	1.0036	\$177.99	(\$7.16)	\$170.83	\$45.67	1.00%	\$2.19	\$4.46	\$223.15
Central	Mercy Care	\$177.35	(\$7.14)	1.0239	\$181.59	(\$7.31)	\$174.28	\$17.51	1.00%	\$1.94	\$3.95	\$197.68
Central	Health Choice Arizona, Inc.	\$177.35	(\$7.14)	0.9982	\$177.02	(\$7.12)	\$169.90	\$23.91	1.00%	\$1.96	\$4.00	\$199.76
Central	UnitedHealthcare Community Plan	\$177.35	(\$7.14)	1.0161	\$180.20	(\$7.25)	\$172.95	\$17.32	1.00%	\$1.92	\$3.92	\$196.11
South	Arizona Complete Health - Complete Care Plan	\$188.99	(\$5.69)	0.9716	\$183.64	(\$5.53)	\$178.11	\$21.92	1.00%	\$2.02	\$4.12	\$206.18
South	Banner - University Family Care	\$188.99	(\$5.69)	0.9842	\$186.00	(\$5.60)	\$180.40	\$23.54	1.00%	\$2.06	\$4.20	\$210.21
South	UnitedHealthcare Community Plan (Pima Only)	\$188.99	(\$5.69)	1.0593	\$200.20	(\$6.02)	\$194.17	\$18.10	1.00%	\$2.14	\$4.38	\$218.79

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: AGE 21+**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$353.18	(\$3.81)	1.0057	\$355.18	(\$3.84)	\$351.34	\$37.65	1.00%	\$3.93	\$8.02	\$400.95
North	Health Choice Arizona, Inc.	\$353.18	(\$3.81)	0.9957	\$351.67	(\$3.80)	\$347.87	\$33.11	1.00%	\$3.85	\$7.85	\$392.68
Central	Arizona Complete Health - Complete Care Plan	\$402.04	(\$5.89)	0.9413	\$378.46	(\$5.54)	\$372.92	\$33.58	1.00%	\$4.11	\$8.38	\$418.98
Central	Banner - University Family Care	\$402.04	(\$5.89)	0.9177	\$368.94	(\$5.40)	\$363.54	\$33.13	1.00%	\$4.01	\$8.18	\$408.85
Central	Molina Healthcare of Arizona, Inc.	\$402.04	(\$5.89)	0.8904	\$357.97	(\$5.24)	\$352.72	\$56.27	1.00%	\$4.13	\$8.43	\$421.56
Central	Mercy Care	\$402.04	(\$5.89)	1.0527	\$423.21	(\$6.20)	\$417.01	\$36.92	1.00%	\$4.59	\$9.36	\$467.88
Central	Health Choice Arizona, Inc.	\$402.04	(\$5.89)	0.9880	\$397.20	(\$5.82)	\$391.38	\$35.83	1.00%	\$4.32	\$8.81	\$440.33
Central	UnitedHealthcare Community Plan	\$402.04	(\$5.89)	1.0203	\$410.21	(\$6.01)	\$404.20	\$30.32	1.00%	\$4.39	\$8.96	\$447.87
South	Arizona Complete Health - Complete Care Plan	\$384.72	(\$4.24)	0.9702	\$373.26	(\$4.11)	\$369.15	\$33.07	1.00%	\$4.06	\$8.29	\$414.58
South	Banner - University Family Care	\$384.72	(\$4.24)	0.9766	\$375.73	(\$4.14)	\$371.60	\$34.54	1.00%	\$4.10	\$8.37	\$418.61
South	UnitedHealthcare Community Plan (Pima Only)	\$384.72	(\$4.24)	1.0738	\$413.10	(\$4.55)	\$408.56	\$29.76	1.00%	\$4.43	\$9.04	\$451.78

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: Duals**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product	Net Medical PMPM						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM		Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM	
North	Care1st Health Plan Arizona, Inc.	\$119.90	(\$0.00)	1.0000	\$119.90	(\$0.00)	\$119.89	\$28.84	1.00%	\$1.50	\$3.07	\$153.31	
North	Health Choice Arizona, Inc.	\$119.90	(\$0.00)	1.0000	\$119.90	(\$0.00)	\$119.89	\$20.72	1.00%	\$1.42	\$2.90	\$144.94	
Central	Arizona Complete Health - Complete Care Plan	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$20.03	1.00%	\$1.71	\$3.49	\$174.51	
Central	Banner - University Family Care	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$21.02	1.00%	\$1.72	\$3.51	\$175.53	
Central	Molina Healthcare of Arizona, Inc.	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$44.02	1.00%	\$1.95	\$3.98	\$199.24	
Central	Mercy Care	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$14.96	1.00%	\$1.66	\$3.39	\$169.29	
Central	Health Choice Arizona, Inc.	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$22.44	1.00%	\$1.73	\$3.54	\$177.00	
Central	UnitedHealthcare Community Plan	\$149.92	(\$0.63)	1.0000	\$149.92	(\$0.63)	\$149.29	\$15.61	1.00%	\$1.67	\$3.40	\$169.96	
South	Arizona Complete Health - Complete Care Plan	\$126.98	(\$0.62)	1.0000	\$126.98	(\$0.62)	\$126.36	\$18.59	1.00%	\$1.46	\$2.99	\$149.41	
South	Banner - University Family Care	\$126.98	(\$0.62)	1.0000	\$126.98	(\$0.62)	\$126.36	\$20.12	1.00%	\$1.48	\$3.02	\$150.98	
South	UnitedHealthcare Community Plan (Pima Only)	\$126.98	(\$0.62)	1.0000	\$126.98	(\$0.62)	\$126.36	\$14.08	1.00%	\$1.42	\$2.90	\$144.76	

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.



**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: SSI Without Medicare**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product							
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM	
North	Care1st Health Plan Arizona, Inc.	\$1,197.06	(\$48.58)	0.9850	\$1,179.11	(\$47.86)	\$1,131.26	\$68.51	1.00%	\$12.12	\$24.73	\$1,236.62	
North	Health Choice Arizona, Inc.	\$1,197.06	(\$48.58)	1.0128	\$1,212.34	(\$49.20)	\$1,163.14	\$79.12	1.00%	\$12.55	\$25.61	\$1,280.41	
Central	Arizona Complete Health - Complete Care Plan	\$1,251.20	(\$71.29)	0.8904	\$1,114.08	(\$63.48)	\$1,050.60	\$77.22	1.00%	\$11.39	\$23.25	\$1,162.46	
Central	Banner - University Family Care	\$1,251.20	(\$71.29)	0.9292	\$1,162.59	(\$66.24)	\$1,096.35	\$77.01	1.00%	\$11.85	\$24.19	\$1,209.40	
Central	Molina Healthcare of Arizona, Inc.	\$1,251.20	(\$71.29)	1.0000	\$1,251.20	(\$71.29)	\$1,179.92	\$108.87	1.00%	\$13.02	\$26.57	\$1,328.38	
Central	Mercy Care	\$1,251.20	(\$71.29)	1.0706	\$1,339.56	(\$76.32)	\$1,263.23	\$110.55	1.00%	\$13.88	\$28.32	\$1,415.98	
Central	Health Choice Arizona, Inc.	\$1,251.20	(\$71.29)	0.9648	\$1,207.19	(\$68.78)	\$1,138.41	\$79.68	1.00%	\$12.30	\$25.11	\$1,255.50	
Central	UnitedHealthcare Community Plan	\$1,251.20	(\$71.29)	1.0290	\$1,287.55	(\$73.36)	\$1,214.19	\$79.90	1.00%	\$13.07	\$26.68	\$1,333.83	
South	Arizona Complete Health - Complete Care Plan	\$1,269.31	(\$60.80)	0.9988	\$1,267.77	(\$60.73)	\$1,207.04	\$85.66	1.00%	\$13.06	\$26.65	\$1,332.40	
South	Banner - University Family Care	\$1,269.31	(\$60.80)	0.9755	\$1,238.19	(\$59.31)	\$1,178.88	\$84.53	1.00%	\$12.76	\$26.04	\$1,302.21	
South	UnitedHealthcare Community Plan (Pima Only)	\$1,269.31	(\$60.80)	1.0375	\$1,316.88	(\$63.08)	\$1,253.79	\$79.27	1.00%	\$13.47	\$27.48	\$1,374.01	

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: Prop 204 Childless Adults**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product							
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM	
North	Care1st Health Plan Arizona, Inc.	\$590.79	(\$10.83)	1.0186	\$601.79	(\$11.03)	\$590.76	\$46.89	1.00%	\$6.44	\$13.14	\$657.23	
North	Health Choice Arizona, Inc.	\$590.79	(\$10.83)	0.9853	\$582.10	(\$10.67)	\$571.43	\$45.43	1.00%	\$6.23	\$12.72	\$635.81	
Central	Arizona Complete Health - Complete Care Plan	\$647.83	(\$12.51)	0.9538	\$617.87	(\$11.93)	\$605.93	\$47.78	1.00%	\$6.60	\$13.48	\$673.79	
Central	Banner - University Family Care	\$647.83	(\$12.51)	0.9277	\$600.99	(\$11.61)	\$589.39	\$45.96	1.00%	\$6.42	\$13.10	\$654.86	
Central	Molina Healthcare of Arizona, Inc.	\$647.83	(\$12.51)	0.9558	\$619.18	(\$11.96)	\$607.22	\$71.65	1.00%	\$6.86	\$13.99	\$699.72	
Central	Mercy Care	\$647.83	(\$12.51)	1.0678	\$691.74	(\$13.36)	\$678.38	\$58.50	1.00%	\$7.44	\$15.19	\$759.51	
Central	Health Choice Arizona, Inc.	\$647.83	(\$12.51)	0.9746	\$631.40	(\$12.19)	\$619.21	\$48.51	1.00%	\$6.74	\$13.76	\$688.22	
Central	UnitedHealthcare Community Plan	\$647.83	(\$12.51)	1.0053	\$651.29	(\$12.58)	\$638.71	\$43.94	1.00%	\$6.90	\$14.07	\$703.62	
South	Arizona Complete Health - Complete Care Plan	\$580.05	(\$9.84)	0.9838	\$570.66	(\$9.68)	\$560.98	\$44.68	1.00%	\$6.12	\$12.49	\$624.26	
South	Banner - University Family Care	\$580.05	(\$9.84)	0.9872	\$572.63	(\$9.72)	\$562.91	\$45.95	1.00%	\$6.15	\$12.55	\$627.56	
South	UnitedHealthcare Community Plan (Pima Only)	\$580.05	(\$9.84)	1.0367	\$601.32	(\$10.20)	\$591.11	\$40.07	1.00%	\$6.38	\$13.01	\$650.57	

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: Expansion Adults**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$440.88	(\$9.13)	0.9975	\$439.80	(\$9.10)	\$430.70	\$40.82	1.00%	\$4.76	\$9.72	\$486.00
North	Health Choice Arizona, Inc.	\$440.88	(\$9.13)	1.0020	\$441.74	(\$9.14)	\$432.60	\$37.93	1.00%	\$4.75	\$9.70	\$484.98
Central	Arizona Complete Health - Complete Care Plan	\$434.17	(\$8.07)	0.9489	\$412.00	(\$7.66)	\$404.35	\$35.57	1.00%	\$4.44	\$9.07	\$453.43
Central	Banner - University Family Care	\$434.17	(\$8.07)	0.9786	\$424.87	(\$7.90)	\$416.97	\$36.22	1.00%	\$4.58	\$9.34	\$467.11
Central	Molina Healthcare of Arizona, Inc.	\$434.17	(\$8.07)	0.9925	\$430.91	(\$8.01)	\$422.90	\$60.57	1.00%	\$4.88	\$9.97	\$498.32
Central	Mercy Care	\$434.17	(\$8.07)	1.0327	\$448.37	(\$8.33)	\$440.03	\$38.94	1.00%	\$4.84	\$9.87	\$493.69
Central	Health Choice Arizona, Inc.	\$434.17	(\$8.07)	0.9619	\$417.63	(\$7.76)	\$409.86	\$36.93	1.00%	\$4.51	\$9.21	\$460.52
Central	UnitedHealthcare Community Plan	\$434.17	(\$8.07)	1.0192	\$442.49	(\$8.23)	\$434.26	\$32.14	1.00%	\$4.71	\$9.61	\$480.73
South	Arizona Complete Health - Complete Care Plan	\$417.46	(\$11.47)	0.9698	\$404.84	(\$11.12)	\$393.72	\$34.93	1.00%	\$4.33	\$8.84	\$441.81
South	Banner - University Family Care	\$417.46	(\$11.47)	0.9945	\$415.16	(\$11.41)	\$403.75	\$36.82	1.00%	\$4.45	\$9.08	\$454.11
South	UnitedHealthcare Community Plan (Pima Only)	\$417.46	(\$11.47)	1.0434	\$435.59	(\$11.97)	\$423.62	\$30.99	1.00%	\$4.59	\$9.37	\$468.57

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: Delivery Supplemental Payments**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product							
		Gross Medical Plus DAP PMPD	RI Offset PMPD	Risk Adj Factor	Gross Medical Plus DAP PMPD	RI Offset PMPD	Net Medical PMPD	Admin PMPD	UW Gain Percent	UW Gain PMPD	Premium Tax PMPD	Certified Capitation Rate PMPD	
North	Care1st Health Plan Arizona, Inc.	\$7,156.65	\$0.00	1.0000	\$7,156.65	\$0.00	\$7,156.65	\$0.00	1.00%	\$72.29	\$147.53	\$7,376.47	
North	Health Choice Arizona, Inc.	\$7,156.65	\$0.00	1.0000	\$7,156.65	\$0.00	\$7,156.65	\$0.00	1.00%	\$72.29	\$147.53	\$7,376.47	
Central	Arizona Complete Health - Complete Care Plan	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
Central	Banner - University Family Care	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
Central	Molina Healthcare of Arizona, Inc.	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
Central	Mercy Care	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
Central	Health Choice Arizona, Inc.	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
Central	UnitedHealthcare Community Plan	\$7,014.52	\$0.00	1.0000	\$7,014.52	\$0.00	\$7,014.52	\$0.00	1.00%	\$70.85	\$144.60	\$7,229.97	
South	Arizona Complete Health - Complete Care Plan	\$7,197.45	\$0.00	1.0000	\$7,197.45	\$0.00	\$7,197.45	\$0.00	1.00%	\$72.70	\$148.37	\$7,418.52	
South	Banner - University Family Care	\$7,197.45	\$0.00	1.0000	\$7,197.45	\$0.00	\$7,197.45	\$0.00	1.00%	\$72.70	\$148.37	\$7,418.52	
South	UnitedHealthcare Community Plan (Pima Only)	\$7,197.45	\$0.00	1.0000	\$7,197.45	\$0.00	\$7,197.45	\$0.00	1.00%	\$72.70	\$148.37	\$7,418.52	

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 7: Capitation Rate Development**

**Risk Group: SMI**

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$1,497.05	(\$6.67)	1.0000	\$1,497.05	(\$6.67)	\$1,490.39	\$123.98	1.00%	\$16.31	\$33.28	\$1,663.96
North	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Arizona Complete Health - Complete Care Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Molina Healthcare of Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Mercy Care	\$2,237.60	(\$10.56)	1.0000	\$2,237.60	(\$10.56)	\$2,227.03	\$197.92	1.00%	\$24.49	\$49.99	\$2,499.44
Central	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	UnitedHealthcare Community Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$1,459.11	(\$7.08)	1.0000	\$1,459.11	(\$7.08)	\$1,452.03	\$123.98	1.00%	\$15.92	\$32.49	\$1,624.42
South	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 7: Capitation Rate Development

Risk Group: Crisis 24 Hour Group

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product						
		Gross Medical Plus DAP PMPM	RI Offset PMPM	Risk Adj Factor	Gross Medical Plus DAP PMPM	RI Offset PMPM	Net Medical PMPM	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax PMPM	Certified Capitation Rate PMPM
North	Care1st Health Plan Arizona, Inc.	\$5.64	\$0.00	1.0000	\$5.64	\$0.00	\$5.64	\$0.48	1.00%	\$0.06	\$0.13	\$6.30
North	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Arizona Complete Health - Complete Care Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Molina Healthcare of Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Mercy Care	\$7.59	\$0.00	1.0000	\$7.59	\$0.00	\$7.59	\$0.56	1.00%	\$0.08	\$0.17	\$8.40
Central	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	UnitedHealthcare Community Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$7.16	\$0.00	1.0000	\$7.16	\$0.00	\$7.16	\$0.48	1.00%	\$0.08	\$0.16	\$7.87
South	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Notes**

Underwriting (UW) Gain is equal to 1.0% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

**Appendix 8a: State Directed Payments – CMS Prescribed Tables**

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8a: State Directed Payments - CMS Prescribed Tables

**CMS Prescribed Table for I.4.D.ii.(a)(i)**

Control name of the state directed payment	Type of payment Section I.4.D.ii.(a)(i)(A)	Brief description Section I.4.D.ii.(a)(i)(B)	Is the payment included as a rate adjustment or separate payment term? Sections I.4.D.ii.(a)(ii) and I.4.D.ii.(a)(iii)
Federally Qualified Health Centers and Rural Health Clinics (FQHC/RHC)	Minimum Fee Schedule	Contractors are required to adopt Prospective Payment System (PPS) rates as defined in the Medicaid State plan as a minimum fee schedule for FQHC/RHC providers.	Rate Adjustment
AZ_Fee_IP.OP.PC.SP.NF.HC BS.BHI.BHO.D_Renewal_20 221001-20230930 (DAP)	Uniform Percentage Increase	Uniform percentage increase (which varies by provider class and qualifications met) to otherwise contracted rates. All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.	Rate Adjustment
AZ_Fee_AMC_Renewal_20 221001-20230930 (APSI)	Uniform Percentage Increase	70% increase to otherwise contracted rates for professional services provided by qualified practitioners affiliated with designated hospitals.	Separate Payment Term
AZ_Fee_IP.OP1 _Renewal_20221001- 20230930 (PSI)	Uniform Percentage Increase	Uniform percentage increase for inpatient and outpatient services provided by the state's freestanding children's hospitals with more than 100 beds. The uniform percentage increase is based on a fixed total payment amount, and is expected to fluctuate based on utilization in the contract year.	Separate Payment Term
AZ_Fee_IP.OP2 _Renewal_20221001- 20230930 (HEALTHII)	Uniform Percentage Increase	Uniform percentage increase for acute inpatient and ambulatory outpatient contracted Medicaid Managed Care services. The 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's aggregate targeted pay to cost ratio for Medicaid Managed Care services.	Separate Payment Term



Appendix 8a: State Directed Payments - CMS Prescribed Tables

CMS Prescribed Table for I.4.D.ii.(a)(ii)

Control name of the state directed payment	Rate cells affected Section I.4.D.ii.(a)(ii)(A)	Impact Section I.4.D.ii.(a)(ii)(B)	Description of the adjustment Section I.4.D.ii.(a)(ii)(C)	Confirmation the rates are consistent with the preprint Section I.4.D.ii.(a)(ii)(D)	For maximum fee schedules, requested information Section I.4.D.ii.(a)(ii)(E)
Federally Qualifeid Health Centers and Rural Health Clinics (FQHC/RHC)	All rate cells, except the Crisis 24 Hour Group rate cells, are affected.	See Appendix 8b for total impact by rate cell.	<p>The impact of the minimum fee schedule requirement for FQHC/RHC providers is addressed as part of the fee schedule updates, described in Section I.3.B.ii.(a).</p> <p>The AHCCCS DHCM Rates &amp; Reimbursement Team developed the impacts of bringing the base FQHC/RHC encounter data up to the projected CYE 23 FQHC/RHC PPS rates, by applying the change in PPS rates as a unit cost change to the CYE 21 base data. The AHCCCS DHCM Actuarial Team then reviewed the FQHC/RHC results and applied aggregated percentage impacts by program, GSA, risk group, and rate setting category of service as part of the overall fee schedule update.</p>	Not applicable.	Not applicable.
AZ_Fee_IP.OP.PC.SP.NF.HC BS.BHI.BHO.D_Renewal_20221001-20230930 (DAP)	All rate cells are affected.	<p>See Appendix 6 for medical impact by risk group.</p> <p>See Appendix 8b for total impact by rate cell.</p>	<p>The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for up to 3.25% increase), Critical Access Hospitals (eligible for up to 10.75 % increase), other hospitals and inpatient facilities (eligible for up to 5.0% increase), rehabilitation and long term acute care hospitals (eligible for a 0.25% increase), nursing facilities (eligible for up to 2.0% increase), integrated clinics (eligible for up to a 1.0% increase), behavioral health outpatient clinics (eligible for a 1.0% increase), behavioral health outpatient clinics and integrated clinics (eligible for up to 8.5% increase), physicians, physician assistants, and registered nurse practitioners (eligible for up to 3.5% increase), physicians, physician assistants, and registered nurse practitioners specialty types (obstetrics and gynecology, pediatrics, cardiology and nephrology) (eligible for a 1.0% increase), behavioral health providers (eligible for up to 1.0% increase), dental providers (eligible for up to 2.0% increase), HCBS providers (eligible for up to 3.0% increase), therapeutic foster homes (eligible for up to 20.0% increase), specific provider types that have or plan to have a workforce development plan (eligible for a 1.0% increase), specific provider types that meet employment staff training requirements (eligible for a 2.0% increase), and crisis providers (eligible for a 3.0% increase). All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.</p> <p>The AHCCCS DHCM Rates &amp; Reimbursement Team provided the AHCCCS DHCM Actuarial Team with data for the impact of DAP. The data used by the AHCCCS DHCM Rates &amp; Reimbursement Team to develop the DAP impacts was the CYE 21 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DHCM Rates &amp; 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 23 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the percentage impacts by program and rate cell to the applicable categories of service to come to the final dollar impact for CYE 23 (the data provided by the AHCCCS DHCM Rates &amp; Reimbursement Team was at a detailed rate code and category of service level which the AHCCCS DHCM Actuarial Team then aggregated to the specific rate cells for each program).</p>	AHCCCS has submitted the DAP 42 CFR §438.6(c) pre-print to CMS, but has not yet received approval. The DAP payment arrangement accounted for in the capitation rates, and described here, is included in the capitation rates in a manner consistent with the pre-print under CMS review.	Not applicable.

**CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program**

**Appendix 8a: State Directed Payments - CMS Prescribed Tables**

**CMS Prescribed Table for I.4.D.ii.(a)(iii)**

Control name of the state directed payment	Aggregate amount included in the certification Section I.4.D.ii.(a)(iii)(A)	Statement that the actuary is certifying the separate payment term Section I.4.D.ii.(a)(iii)(B)	The magnitude on a PMPM basis Section I.4.D.ii.(a)(iii)(C)	Confirmation the rate development is consistent with the preprint Section I.4.D.ii.(a)(iii)(D)	Confirmation that the state and actuary will submit required documentation at the end of the rating period (as applicable) Section I.4.D.ii.(a)(iii)(E)
AZ_Fee_AMC_Renewal_20221001-20230930 (APSI)	\$185,968,585	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Access to Professional Services Initiative (APSI) 42 CFR § 438.6(c) pre-print to CMS, but has not yet received approval. The APSI payment arrangement is accounted for in a manner consistent with the pre-print under CMS review.	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 included in the approved state directed payment pre-print, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IP.OP1_Renewal_20221001-20230930 (PSI)	\$57,744,950	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Pediatric Service Initiative (PSI) 42 CFR § 438.6(c) pre-print to CMS, but has not yet received approval. The PSI payment arrangement is accounted for in a manner consistent with the pre-print under CMS review.	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 included in the approved state directed payment pre-print, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IP.OP2_Renewal_20221001-20230930 (HEALTHII)	\$1,827,414,740	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) 42 CFR § 438.6(c) pre-print to CMS, but has not yet received approval. The HEALTHII payment arrangement is accounted for in a manner consistent with the pre-print under CMS review.	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 included in the approved state directed payment pre-print, and as if the payment information had been fully known when the rates were initially developed.

**Appendix 8b: State Directed Payments – Estimated PMPMs**

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 23 FQHC/RHC PPS PMPM <sup>1</sup>									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$0.53	\$0.41	\$1.11	\$0.02	\$1.17	\$1.00	\$0.97	\$0.24	\$1.13	\$0.00
North	Health Choice Arizona, Inc.	\$0.56	\$0.40	\$1.09	\$0.02	\$1.20	\$0.97	\$0.97	\$0.24	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$3.85	\$0.83	\$1.71	\$0.01	\$2.24	\$1.77	\$1.53	\$0.39	NA	NA
Central	Banner - University Family Care	\$3.64	\$0.86	\$1.66	\$0.01	\$2.33	\$1.72	\$1.58	\$0.39	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$3.94	\$0.89	\$1.61	\$0.01	\$2.51	\$1.77	\$1.60	\$0.39	NA	NA
Central	Mercy Care	\$3.67	\$0.91	\$1.91	\$0.01	\$2.69	\$1.98	\$1.67	\$0.39	\$1.61	\$0.00
Central	Health Choice Arizona, Inc.	\$3.56	\$0.88	\$1.79	\$0.01	\$2.42	\$1.81	\$1.55	\$0.39	NA	NA
Central	UnitedHealthcare Community Plan	\$3.60	\$0.90	\$1.85	\$0.01	\$2.58	\$1.87	\$1.65	\$0.39	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$9.96	\$3.90	\$5.05	\$0.07	\$6.49	\$3.98	\$4.51	\$1.05	\$3.59	\$0.00
South	Banner - University Family Care	\$10.35	\$3.95	\$5.08	\$0.07	\$6.34	\$4.00	\$4.63	\$1.05	NA	NA
South	UnitedHealthcare Community Plan (Pima County Onl	\$11.13	\$4.25	\$5.58	\$0.07	\$6.74	\$4.20	\$4.85	\$1.05	NA	NA

1) The PMPMs here are inclusive of premium tax, underwriting gain and risk adjustment and represent the change in PPS rates from CYE 21 to CYE 23.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 23 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	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$10.19	\$2.28	\$4.50	\$1.34	\$10.94	\$6.79	\$4.50	\$23.10	\$14.91	\$0.02
North	Health Choice Arizona, Inc.	\$10.76	\$2.21	\$4.46	\$1.34	\$11.24	\$6.56	\$4.52	\$23.10	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$12.89	\$2.35	\$4.82	\$1.67	\$13.19	\$7.42	\$4.31	\$20.19	NA	NA
Central	Banner - University Family Care	\$12.17	\$2.42	\$4.70	\$1.67	\$13.77	\$7.22	\$4.45	\$20.19	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$13.16	\$2.50	\$4.56	\$1.67	\$14.81	\$7.43	\$4.51	\$20.19	NA	NA
Central	Mercy Care	\$12.29	\$2.55	\$5.39	\$1.67	\$15.86	\$8.31	\$4.69	\$20.19	\$34.00	\$0.05
Central	Health Choice Arizona, Inc.	\$11.90	\$2.48	\$5.06	\$1.67	\$14.29	\$7.58	\$4.37	\$20.19	NA	NA
Central	UnitedHealthcare Community Plan	\$12.06	\$2.53	\$5.22	\$1.67	\$15.24	\$7.82	\$4.63	\$20.19	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$10.46	\$2.16	\$4.67	\$1.48	\$13.73	\$6.84	\$4.06	\$26.94	\$21.45	\$0.03
South	Banner - University Family Care	\$10.88	\$2.19	\$4.70	\$1.48	\$13.41	\$6.87	\$4.16	\$26.94	NA	NA
South	UnitedHealthcare Community Plan (Pima County Onl	\$11.69	\$2.35	\$5.17	\$1.48	\$14.26	\$7.21	\$4.36	\$26.94	NA	NA

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 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 23 Estimated APSI PMPM <sup>1</sup>									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$22.82	\$3.23	\$1.72	\$0.06	\$7.30	\$2.96	\$1.62	\$0.00	\$2.69	\$0.00
North	Health Choice Arizona, Inc.	\$14.99	\$2.17	\$1.46	\$0.10	\$6.84	\$3.19	\$1.69	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$40.16	\$5.75	\$7.00	\$0.59	\$24.39	\$9.94	\$7.92	\$0.00	NA	NA
Central	Banner - University Family Care	\$34.62	\$5.66	\$9.35	\$0.57	\$25.16	\$13.40	\$11.63	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$48.74	\$5.20	\$8.48	\$0.61	\$23.77	\$14.10	\$9.31	\$0.00	NA	NA
Central	Mercy Care	\$38.82	\$6.14	\$8.16	\$0.65	\$25.67	\$11.96	\$9.31	\$0.00	\$18.04	\$0.00
Central	Health Choice Arizona, Inc.	\$35.42	\$5.80	\$6.83	\$0.64	\$22.08	\$9.87	\$7.44	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$42.24	\$6.29	\$7.30	\$0.39	\$24.30	\$9.33	\$7.61	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$50.73	\$4.69	\$9.66	\$0.62	\$25.18	\$13.07	\$9.54	\$0.00	\$22.09	\$0.00
South	Banner - University Family Care	\$61.43	\$5.74	\$13.29	\$0.68	\$31.92	\$16.46	\$13.21	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Onl	\$77.86	\$7.37	\$17.25	\$0.40	\$33.70	\$17.47	\$14.41	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 23 Estimated PSI PMPM <sup>1</sup>									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$16.24	\$3.68	\$0.02	\$0.00	\$4.21	\$0.28	\$0.04	\$0.00	\$0.01	\$0.00
North	Health Choice Arizona, Inc.	\$12.31	\$2.82	\$0.02	\$0.00	\$9.43	\$0.09	\$0.02	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$27.19	\$4.56	\$0.06	\$0.00	\$12.27	\$0.58	\$0.05	\$0.00	NA	NA
Central	Banner - University Family Care	\$11.35	\$3.23	\$0.03	\$0.04	\$13.07	\$0.10	\$0.14	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$16.72	\$4.82	\$0.09	\$0.00	\$6.19	\$0.25	\$0.11	\$0.00	NA	NA
Central	Mercy Care	\$29.45	\$5.38	\$0.07	\$0.47	\$24.79	\$0.37	\$0.31	\$0.00	\$0.09	\$0.00
Central	Health Choice Arizona, Inc.	\$17.11	\$4.92	\$0.13	\$0.00	\$11.66	\$0.38	\$0.13	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$31.31	\$6.63	\$0.09	\$0.00	\$22.47	\$0.28	\$0.24	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$3.88	\$0.89	\$0.00	\$0.00	\$3.36	\$0.11	\$0.38	\$0.00	\$0.00	\$0.00
South	Banner - University Family Care	\$16.20	\$1.31	\$0.05	\$0.00	\$1.67	\$0.04	\$0.00	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$7.07	\$0.73	\$0.03	\$0.00	\$5.86	\$0.01	\$0.01	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

## CYE 23 Capitation Rate Certification – ACC and ACC-RBHA Program

### Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 23 Estimated HEALTHII PMPM <sup>1</sup>									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$338.05	\$22.50	\$121.28	\$24.33	\$301.51	\$155.89	\$144.84	\$0.00	\$170.35	\$0.00
North	Health Choice Arizona, Inc.	\$272.23	\$22.02	\$116.52	\$27.01	\$301.70	\$160.38	\$138.39	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$242.41	\$17.27	\$95.36	\$16.16	\$238.92	\$121.24	\$96.59	\$0.00	NA	NA
Central	Banner - University Family Care	\$234.79	\$20.04	\$100.04	\$19.21	\$253.66	\$127.48	\$111.31	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$356.44	\$21.96	\$99.37	\$36.45	\$302.05	\$158.70	\$117.84	\$0.00	NA	NA
Central	Mercy Care	\$245.18	\$17.81	\$105.09	\$29.30	\$289.35	\$140.49	\$104.61	\$0.00	\$186.79	\$0.00
Central	Health Choice Arizona, Inc.	\$250.00	\$19.88	\$106.67	\$30.12	\$263.47	\$132.14	\$95.96	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$270.17	\$16.29	\$98.29	\$13.46	\$239.21	\$118.39	\$85.87	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$252.33	\$24.98	\$106.38	\$24.79	\$281.39	\$134.91	\$106.00	\$0.00	\$205.37	\$0.00
South	Banner - University Family Care	\$287.68	\$26.67	\$113.77	\$24.22	\$299.69	\$142.20	\$120.65	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Onl	\$345.89	\$23.02	\$96.64	\$12.65	\$295.49	\$115.83	\$96.69	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.