



**Contract Year Ending 2025
Capitation Rate Certification
AHCCCS Complete Care and
AHCCCS Complete Care – Regional
Behavioral Health Agreement
Program**

October 1, 2024 through September 30, 2025

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

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CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Table of Contents

Introduction and Limitations	1
Section I Medicaid Managed Care Rates	2
I.1. General Information	5
I.1.A. Rate Development Standards	6
I.1.A.i. Standards and Documentation for Rate Ranges	6
I.1.A.ii. Rating Period.....	6
I.1.A.iii. Required Elements.....	6
I.1.A.iii.(a) Letter from Certifying Actuary.....	6
I.1.A.iii.(b) Final and Certified Capitation Rates	7
I.1.A.iii.(c) Program Information	7
I.1.A.iii.(c)(i) Summary of Program.....	7
I.1.A.iii.(c)(i)(A) Type and Number of Managed Care Plans	7
I.1.A.iii.(c)(i)(B) General Description of Benefits.....	8
I.1.A.iii.(c)(i)(C) Areas of State Covered and Length of Time Program in Operation	8
I.1.A.iii.(c)(ii) Rating Period Covered	8
I.1.A.iii.(c)(iii) Covered Populations.....	8
I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria.....	9
I.1.A.iii.(c)(v) Summary of Special Contract Provisions Related to Payment	10
I.1.A.iii.(c)(vi) Retroactive Capitation Rate Adjustments – Not Applicable.....	10
I.1.A.iv. Rate Development Standards and Federal Financial Participation (FFP)	10
I.1.A.v. Rate Cell Cross-Subsidization	10
I.1.A.vi. Effective Dates of Changes	10
I.1.A.vii. Minimum Medical Loss Ratio.....	10
I.1.A.viii. Conditions for Certifying Capitation Rate Range – Not Applicable.....	11
I.1.A.ix. Certifying Actuarially Sound Capitation Rate Range – Not Applicable	11
I.1.A.x. Generally Accepted Actuarial Principles and Practices.....	11
I.1.A.x.(a) Reasonable, Appropriate, and Attainable Costs.....	11
I.1.A.x.(b) Rate Setting Process	11
I.1.A.x.(c) Contracted Rates	11
I.1.A.xi. Rates from Previous Rating Periods – Not Applicable	11

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.1.A.xii. Evaluation of COVID-19 PHE and Unwinding	11
I.1.A.xiii. Rate Certification Procedures	12
I.1.A.xiii.(a) Timely Filing for Claiming Federal Financial Participation	12
I.1.A.xiii.(b) CMS Rate Certification Requirement for Rate Change.....	12
I.1.A.xiii.(c) CMS Rate Certification Requirement for No Rate Change – Not Applicable	12
I.1.A.xiii.(d) CMS Rate Certification Circumstances	12
I.1.A.xiii.(e) CMS Contract Amendment Requirement.....	13
I.1.A.xiii.(f) CMS Contract and Rate Amendment Requirement for Changes in Law	13
I.1.B. Appropriate Documentation.....	13
I.1.B.i. Capitation Rates or Rate Ranges.....	13
I.1.B.ii. Elements	13
I.1.B.iii. Medical Loss Ratio.....	13
I.1.B.iv. Capitation Rate Cell Assumptions	13
I.1.B.v. Capitation Rate Range Assumptions – Not Applicable	14
I.1.B.vi. Rate Certification Index.....	14
I.1.B.vii. Assurance Rate Assumptions Do Not Differ by Federal Financial Participation	14
I.1.B.viii. Differences in Federal Medical Assistance Percentage.....	14
I.1.B.ix. Comparison to Prior Rates	15
I.1.B.ix.(a) Comparison to Previous Rate Certification.....	15
I.1.B.ix.(b) Material Changes to Capitation Rate Development.....	16
I.1.B.ix.(c) <i>De Minimis</i> Changes to Previous Period Capitation Rates.....	16
I.1.B.x. Future Rate Amendments.....	16
I.1.B.xi. Addressing COVID-19 PHE and Unwinding Impacts.....	17
I.1.B.xi.(a) Available Applicable Data	17
I.1.B.xi.(b) Accounting for Direct and Indirect Impacts.....	18
I.1.B.xi.(c) COVID-19 Costs Paid Outside of Capitation Rates (Non-Risk) – Not Applicable	19
I.1.B.xi.(d) Risk Mitigation Strategies	19
I.2. Data	20
I.2.A. Rate Development Standards.....	20
I.2.A.i. Compliance with 42 CFR § 438.5(c)	20
I.2.B. Appropriate Documentation.....	20
I.2.B.i. Data Request.....	20

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.2.B.ii. Data Used for Rate Development	20
I.2.B.ii.(a) Description of Data	20
I.2.B.ii.(a)(i) Types of Data Used.....	20
I.2.B.ii.(a)(ii) Age of Data	21
I.2.B.ii.(a)(iii) Sources of Data.....	21
I.2.B.ii.(a)(iv) Sub-capitated Arrangements.....	21
I.2.B.ii.(a)(v) Base Data Exception – Not Applicable	21
I.2.B.ii.(b) Availability and Quality of the Data.....	21
I.2.B.ii.(b)(i) Data Validation Steps	21
I.2.B.ii.(b)(i)(A) Completeness of the Data	22
I.2.B.ii.(b)(i)(B) Accuracy of the Data	22
I.2.B.ii.(b)(i)(C) Consistency of the Data	23
I.2.B.ii.(b)(ii) Actuary’s Assessment of the Data.....	23
I.2.B.ii.(b)(iii) Data Concerns	23
I.2.B.ii.(c) Appropriate Data for Rate Development.....	24
I.2.B.ii.(c)(i) Not Using Encounter or Fee-for-Service Data	24
I.2.B.ii.(c)(ii) Not Using Managed Care Encounter Data – Not Applicable	24
I.2.B.ii.(d) Use of a Data Book – Not Applicable.....	24
I.2.B.iii. Adjustments to the Data	25
I.2.B.iii.(a) Credibility of the Data – Not Applicable	25
I.2.B.iii.(b) Completion Factors	25
I.2.B.iii.(c) Errors Found in the Data	25
I.2.B.iii.(d) Changes in the Program	26
I.2.B.iii.(e) Exclusions of Payments or Services	31
I.3. Projected Benefit Costs and Trends.....	32
I.3.A. Rate Development Standards.....	32
I.3.A.i. Compliance with 42 CFR § 438.3(c)(1)(ii) and 42 CFR § 438.3(e)	32
I.3.A.ii. Projected Benefit Cost Trend Assumptions	32
I.3.A.iii. In Lieu Of Services or Settings (ILOS)	32
I.3.A.iv. ILOS Cost Percentage – Not Applicable	32
I.3.A.v. Institution for Mental Disease	32
I.3.B. Appropriate Documentation.....	34

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.3.B.i. Projected Benefit Costs.....	34
I.3.B.ii. Projected Benefit Cost Development	34
I.3.B.ii.(a) Description of the Data, Assumptions, and Methodologies.....	34
I.3.B.ii.(b) Material Changes to the Data, Assumptions, and Methodologies	41
I.3.B.ii.(c) Recoveries of Overpayments to Providers	42
I.3.B.iii. Projected Benefit Cost Trends	42
I.3.B.iii.(a) Requirements	42
I.3.B.iii.(a)(i) Projected Benefit Cost Trends Data	42
I.3.B.iii.(a)(ii) Projected Benefit Cost Trends Methodologies	42
I.3.B.iii.(a)(iii) Projected Benefit Cost Trends Comparisons	43
I.3.B.iii.(a)(iv) Supporting Documentation for Trends.....	43
I.3.B.iii.(b) Projected Benefit Cost Trends by Component	44
I.3.B.iii.(b)(i) Changes in Price and Utilization.....	44
I.3.B.iii.(b)(ii) Alternative Methods – Not Applicable.....	44
I.3.B.iii.(b)(iii) Other Components	44
I.3.B.iii.(c) Variation in Trend	44
I.3.B.iii.(d) Any Other Material Adjustments	44
I.3.B.iii.(e) Any Other Adjustments	44
I.3.B.iv. Mental Health Parity and Addiction Equity Act Compliance	44
I.3.B.v. ILOS	45
I.3.B.vi. Retrospective Eligibility Periods.....	45
I.3.B.vi.(a) Managed Care Plan Responsibility	45
I.3.B.vi.(b) Claims Data Included in Base Data	45
I.3.B.vi.(c) Enrollment Data Included in Base Data	45
I.3.B.vi.(d) Adjustments, Assumptions and Methodology	45
I.3.B.vii. Impact of All Material Changes to Covered Benefits or Services.....	45
I.3.B.vii.(a) Covered Benefits.....	45
I.3.B.vii.(b) Recoveries of Overpayments.....	45
I.3.B.vii.(c) Provider Payment Requirements.....	46
I.3.B.vii.(d) Applicable Waivers	46
I.3.B.vii.(e) Applicable Litigation	46
I.3.B.viii. Impact of All Material and Non-Material Changes	46

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.4. Special Contract Provisions Related to Payment	47
I.4.A. Incentive Arrangements	47
I.4.A.i. Rate Development Standards	47
I.4.A.ii. Appropriate Documentation.....	47
I.4.A.ii.(a) Description of Any Incentive Arrangements	47
I.4.A.ii.(a)(i) Time Period	47
I.4.A.ii.(a)(ii) Enrollees, Services, and Providers Covered	47
I.4.A.ii.(a)(iii) Purpose.....	48
I.4.A.ii.(a)(iv) Attestation to Limit on Incentive Payments.....	48
I.4.A.ii.(a)(v) Effect on Capitation Rate Development.....	48
I.4.B. Withhold Arrangements	49
I.4.B.i. Rate Development Standards	49
I.4.B.ii. Appropriate Documentation.....	49
I.4.B.ii.(a) Description of Any Withhold Arrangements	49
I.4.B.ii.(a)(i) Time Period	49
I.4.B.ii.(a)(ii) Enrollees, Services, and Providers Covered	49
I.4.B.ii.(a)(iii) Purpose of the Withhold	49
I.4.B.ii.(a)(iv) Description of Percentage of Capitation Rates Withheld.....	49
I.4.B.ii.(a)(v) Percentage of the Withheld Amount Not Reasonably Achievable	49
I.4.B.ii.(a)(vi) Description of Reasonableness of Withhold Arrangement.....	49
I.4.B.ii.(a)(vii) Effect on Capitation Rate Development	50
I.4.B.ii.(b) Certifying Rates less Expected Unachieved Withhold as Actuarially Sound	50
I.4.C. Risk-Sharing Mechanisms	50
I.4.C.i. Rate Development Standards	50
I.4.C.ii. Appropriate Documentation.....	50
I.4.C.ii.(a) Description of Risk-Sharing Mechanisms.....	50
I.4.C.ii.(a)(i) Rationale for Risk-Sharing Mechanisms	50
I.4.C.ii.(a)(ii) Description of Risk-Sharing Mechanism Implementation.....	51
I.4.C.ii.(a)(iii) Effect of Risk-Sharing Mechanisms on Capitation Rates.....	51
I.4.C.ii.(a)(iv) Development in Accordance with Generally Accepted Actuarial Principles and Practices...	52
I.4.C.ii.(a)(v) Risk-Sharing Arrangements Consistent with Pricing Assumptions.....	52
I.4.C.ii.(a)(vi) Expected Remittance/Payment from Risk-Sharing Arrangements	52

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.4.C.ii.(b) Remittance/Payment Requirements for Specified Medical Loss Ratio – Not Applicable	52
I.4.C.ii.(c) Reinsurance Requirements	52
I.4.C.ii.(c)(i) Description of Reinsurance Requirements	52
I.4.C.ii.(c)(ii) Effect on Development of Capitation Rates	53
I.4.C.ii.(c)(iii) Development in Accordance with Generally Accepted Actuarial Principles and Practices... 53	
I.4.C.ii.(c)(iv) Data, Assumptions, Methodology to Develop the Reinsurance Offset.....	53
I.4.D. State Directed Payments	54
I.4.D.i. Rate Development Standards.....	54
I.4.D.ii. Appropriate Documentation	54
I.4.D.ii.(a) Description of State Directed Payments	54
I.4.D.ii.(a)(i) Type and Description of Directed Payment Arrangements	54
I.4.D.ii.(a)(ii) Directed Payments Incorporated in Capitation Rates	56
I.4.D.ii.(a)(ii)(A) Rate Cells Affected	56
I.4.D.ii.(a)(ii)(B) Impact on the Rate Cells.....	56
I.4.D.ii.(a)(ii)(C) Data, Assumptions, Methodology to Develop Directed Payment Adjustment.....	56
I.4.D.ii.(a)(ii)(D) Preprint Acknowledgement	56
I.4.D.ii.(a)(ii)(E) Maximum Fee Schedule – Not Applicable	57
I.4.D.ii.(a)(iii) Directed Payments Under Separate Payment Arrangement	57
I.4.D.ii.(a)(iii)(A) Aggregate Amount	57
I.4.D.ii.(a)(iii)(B) Actuarial Certification of the Amount of the Separate Payment Term.....	57
I.4.D.ii.(a)(iii)(C) Estimated Impact by Rate Cell	58
I.4.D.ii.(a)(iii)(D) Preprint Acknowledgement	58
I.4.D.ii.(a)(iii)(E) Future Documentation Requirements.....	59
I.4.D.ii.(b) Confirmation of No Other Directed Payments.....	59
I.4.D.ii.(c) Confirmation Regarding Required Reimbursement Rates	59
I.4.E. Pass-Through Payments – Not Applicable	59
I.5. Projected Non-Benefit Costs.....	60
I.5.A. Rate Development Standards.....	60
I.5.B. Appropriate Documentation.....	60
I.5.B.i. Description of the Development of Projected Non-Benefit Costs.....	60
I.5.B.i.(a) Data, Assumptions, and Methodology	60
I.5.B.i.(b) Changes Since the Previous Rate Certification.....	61

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.5.B.i.(c) Any Other Material Adjustments.....	61
I.5.B.ii. Projected Non-Benefit Costs by Category.....	61
I.5.B.ii.(a) Administrative Costs.....	61
I.5.B.ii.(b) Taxes and Other Fees	61
I.5.B.ii.(c) Contribution to Reserves, Risk Margin, and Cost of Capital	61
I.5.B.ii.(d) Other Material Non-Benefit Costs.....	62
I.5.B.iii. Historical Non-Benefit Costs	62
I.6. Risk Adjustment	63
I.6.A. Rate Development Standards.....	63
I.6.A.i. Risk Adjustment	63
I.6.A.ii. Budget Neutrality.....	64
I.6.B. Appropriate Documentation.....	64
I.6.B.i. Prospective Risk Adjustment	64
I.6.B.i.(a) Data and Data Adjustments.....	64
I.6.B.i.(b) Model and Model Adjustments.....	64
I.6.B.i.(c) Relative Risk Factor Methodology	65
I.6.B.i.(d) Magnitude of Adjustment by MCO	66
I.6.B.i.(e) Predictive Value Assessment.....	66
I.6.B.i.(f) Actuarial Concerns	67
I.6.B.ii. Retrospective Risk Adjustment – Not Applicable	67
I.6.B.iii. Additional Items on Risk Adjustment.....	67
I.6.B.iii.(a) Model Changes Since Last Rating Period.....	67
I.6.B.iii.(b) Budget Neutrality	67
I.7. Acuity Adjustments	68
I.7.A. Rate Development Standards.....	68
I.7.B. Appropriate Documentation.....	68
I.7.B.i. Acuity Adjustment Description	68
I.7.B.i.(a) Reason for Acuity Adjustment.....	68
I.7.B.i.(b) Acuity Adjustment Model.....	69
I.7.B.i.(c) Data and Source of Data	70
I.7.B.i.(d) Relationship.....	70
I.7.B.iv.(e) Frequency	70

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.7.B.i.(f) Description of Use of Acuity Adjustment Scores in Capitation Rates	70
I.7.B.i.(g) Development in Accordance with Generally Accepted Actuarial Principles and Practices.....	71
Section II Medicaid Managed Care Rates with Long-Term Services and Supports – Not Applicable.....	72
Section III New Adult Group Capitation Rates	73
III.1. Data	74
III.1.A. Description of Data for Rate Development	74
III.1.B. Documentation	74
III.1.B.i. New Data	74
III.1.B.ii. Monitoring of Costs and Experience.....	74
III.1.B.iii. Actual Experience vs. Projected Experience	74
III.1.B.iv. Adjustments Based Upon Actual Experience vs. Projected Experience	74
III.2. Projected Benefit Costs.....	76
III.2.A. Description of Projected Benefit Costs.....	76
III.2.A.i. Documentation if State Previously Covered the New Adult Group	76
III.2.A.i.(a) Previous Data and Experience Used.....	76
III.2.A.i.(b) Changes in Data Sources, Assumptions, and Methodologies	76
III.2.A.i.(c) Change in Key Assumptions.....	76
III.2.A.ii. Documentation if State Did Not Previously Cover the New Adult Group – Not Applicable.....	76
III.2.A.iii. Key Assumptions.....	76
III.2.B. Any Other Material Changes.....	77
III.3. Projected Non-Benefit Costs.....	78
III.3.A. Description of Issues.....	78
III.3.A.i. Changes in Data Sources, Assumptions, Methodologies.....	78
III.3.A.ii. Changes in Assumptions from Previous Rating Period.....	78
III.3.B. Differences between Populations – Not Applicable	78
III.4. Final Certified Rates	79
III.4.A. Documentation	79
III.4.A.i. Comparison of Rates.....	79
III.4.A.ii. Description of Material Changes	79
III.5. Risk Mitigation Strategies	80
III.5.A. New Adult Rates Risk Mitigation	80
III.5.B. Documentation	80

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 1: Actuarial Certification	81
Appendix 2: Certified Capitation Rates.....	84
Appendix 3: Fiscal Impact Summary and Comparison to Prior Rates.....	86
Appendix 4: Base Data and Base Data Adjustments.....	88
Appendix 5: Projected Benefit Cost Trends	116
Appendix 6: Development of Gross Medical Component	126
Appendix 7: Capitation Rate Development	157
Appendix 8a: State Directed Payments – CMS Prescribed Tables.....	168
Appendix 8b: State Directed Payments – Estimated PMPMs.....	172

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 actuarially sound capitation rates for Contract Year Ending 2025 (CYE 25) for the Arizona Health Cost Containment System (AHCCCS) Complete Care (ACC) and AHCCCS Complete Care – Regional Behavioral Health Agreement (ACC-RBHA) Program. Programs under AHCCCS and their respective contracts have been aligned with the federal fiscal year since October 1, 2018. All contract years referenced below cover the timeframe from October 1 of one year through September 30 of the following year (e.g., CYE 25 covers the timeframe from October 1, 2024, through September 30, 2025).

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 2024-2025 Medicaid Managed Care Rate Development Guide (2025 Guide), Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2025 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 2025 Guide to help facilitate the review of this rate certification by CMS.

Section I Medicaid Managed Care Rates

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4(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 25 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, 2020, and 2024 Medicaid and CHIP Managed Care Final Rules (CMS-2390-F, CMS-2408-F, and CMS-2439-F)
- FAQs related to payments to MCOs and PIHPs for IMD stays
- The 2024-2025 Medicaid Managed Care Rate Development Guide (2025 Guide) and the Addendum to 2024-2025 Medicaid Managed Care Rate Development Guide (Addendum) 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 25 Capitation Rate Certification – ACC and ACC-RBHA Program

As stated on page 4 of the 2025 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 2025 Guide.

The ACC and ACC-RBHA Program has four Contractors who serve only the ACC populations under the ACC contract and two additional Contractors who also serve the ACC populations and have expanded contractual responsibilities over and above those of the ACC contract in geographic service areas (GSAs) specific to each Contractor.

The additional responsibilities are covered under a Regional Behavioral Health Agreement (RBHA), awarded as the result of a competitive contract expansion (CCE) to the ACC contracts, 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 serve the ACC populations for all GSAs in which they are contracted. Within the specific GSA or GSAs where they are responsible for RBHA services, the ACC-RBHA Contractors 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 (including those members not enrolled with the ACC-RBHA Contractor for the rest of their Medicaid services), and provide mental health services prior period coverage (MH PPC) for non-Title XIX (state only) eligibility members who transition to Title XIX eligibility. Additional information on the specific GSAs and responsibilities by Contractor is discussed below in Section I.1.A.iii.(c)(i)(A).

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).

Table 1 on the following page provides a glossary with key phrases to assist when reading the capitation rate certification for the ACC and ACC-RBHA Program.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Table 1: Glossary of Key Phrases

Key Phrase	Describing	Covers
Rate cell	Specific	Population and set of benefits at the certified capitation rate level including risk adjustment, defined at 42 CFR § 438.2 “Rate cell”
Risk group	General	Population and set of benefits at a general level
ACC populations	Population	all risk groups except SMI, Crisis 24 Hour Group
RBHA populations	Population	SMI, Crisis 24 Hour Group
ACC Contract	Contract	ACC Contract in CYE 25 rating period
ACC-RBHA Contract	Contract	ACC-RBHA Contract in CYE 25 rating period
ACC Contractors	Contractors	Banner – University Family Care, Health Choice Arizona, Molina Healthcare of Arizona, UnitedHealthcare Community Plan
ACC-RBHA Contractors	Contractors	Arizona Complete Health – Complete Care Plan, Mercy Care
ACC and ACC-RBHA Contractors	Contractors	all Contractors for the CYE 25 rating period
Prior RBHA Contractors	Contractors (in past)	RBHA Contractors effective until September 30, 2022, Arizona Complete Health – Complete Care Plan, Health Choice Arizona, Mercy Care
ACC services	Services	base set of services
RBHA services	Services	additional SMI services and first 24 hours of crisis intervention services
ACC and ACC-RBHA Program	Program	effective for CYE 23 through CYE 27 rating periods

I.1.A. Rate Development Standards

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

This section of the 2025 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 25 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2024, through September 30, 2025.

I.1.A.iii. Required Elements

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

The actuarial certification letter for the CYE 25 capitation rates for the ACC and ACC-RBHA Program, signed by Matthew C. Varitek, FSA, MAAA and Luna Zong, ASA, MAAA, is in Appendix 1. Mr. Varitek and Ms. Zong 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.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Mr. Varitek and Ms. Zong certify that the CYE 25 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) to be consistent with the applicable provisions of 42 CFR Part 438 and the 2025 Guide and will use the term risk group when identifying a population not at the certified capitation rate level, e.g., 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 six managed care organizations, a change from CYE 24 due to Care1st Health Plan Arizona, Inc., merging with Arizona Complete Health – Complete Care Plan. The number of managed care organizations contracted with the Program varies by Geographical Service Area (GSA). Each ACC and ACC-RBHA Program Contractor must have a dual eligible special needs plan (D-SNP) certified by either AHCCCS or Arizona Department of Insurance and Financial Institutions.

Please see Table 2a for the counties and zip codes covered in each GSA. Table 2b provides information about the GSAs each Contractor is responsible for, as well as the associated D-SNP for each Contractor.

Table 2a: GSA and Counties

GSA	Counties
North	Apache, Coconino, Mohave, Navajo, and Yavapai
Central	Gila, Maricopa, and Pinal (excluding zip codes 85542, 85192, and 85550)
South	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma (including zip codes 85542, 85192, and 85550)

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Table 2b: GSA and D-SNP Information by Contractor

Contractor	GSAs	D-SNP
Arizona Complete Health – Complete Care Plan [†]	North [†] , Central, South [†]	Bridgeway Health Solutions of Arizona
Banner – University Family Care	Central, South	Banner – University Care Advantage
Health Choice Arizona, Inc.	North, Central	Health Choice Arizona
Mercy Care [†]	Central [†]	Mercy Care
Molina Healthcare of Arizona, Inc.	Central	Molina Healthcare of Arizona
UnitedHealthcare Community Plan	Central, South (Pima County Only)	Arizona Physicians IPA

[†]Contractor responsible for RBHA Services for the GSA

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

This certification covers the ACC and ACC-RBHA Program which offers physical and mental health 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.

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. At its implementation, the ACC Program expanded on the Acute Care Program, which had operated on a statewide basis in the State of Arizona since 1982, by bringing mental health services and Children’s Rehabilitative Services (CRS) from other separate distinct programs under an integrated services umbrella. With the addition of RBHA populations and services effective October 1, 2022, the ACC and ACC-RBHA Program has continued the tradition of integration of services for more Arizona Medicaid members.

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

The rate certification for the CYE 25 capitation rates for the ACC and ACC-RBHA Program is effective for the 12-month time period from October 1, 2024, through September 30, 2025.

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 Contractor reports 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 PMPM rate, the Delivery Supplement Payment capitation rate is, in practice, a per member per delivery (PMPD) rate. The certification may at times refer to the delivery supplemental members as member months (MMs)

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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

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.

Under 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 COVID-19 public health emergency (PHE), or who became eligible during the PHE, remained treated as eligible for such benefits until March 31, 2023, or later, based on the Arizona renewal plan submitted to CMS. Under the Consolidated Appropriations Act, 2023 (CAA) which ended the Medicaid continuous coverage protection as of March 31, 2023, states were allowed to resume disenrollment of people who are no longer eligible for Medicaid eligibility after a complete redetermination of each person's eligibility for all categories of Medicaid. The CYE 25 capitation rate development uses a base data year with six months of experience before and after the end date of the Medicaid continuous coverage requirement, along with adjustments to acuity based on actual disenrollments through May 2024.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 25 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 Health Clinics (FQHC/RHC) (42 CFR § 438.6(c)(1)(iii)(A))
- Vaccines for Children (VFC) (42 CFR § 438.6(c)(1)(iii)(A))
- Differential Adjusted Payments (DAP) (42 CFR § 438.6(c)(1)(iii)(D))
- Access to Professional Services Initiative (APSI) (42 CFR § 438.6(c)(1)(iii)(D))
- Pediatric Services Initiative (PSI) (42 CFR § 438.6(c)(1)(iii)(D))
- Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) (42 CFR § 438.6(c)(1)(iii)(D))
- Safety Net Services Initiative (SNSI) (42 CFR § 438.6(c)(1)(iii)(D))

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)

All proposed differences among the CYE 25 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.

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

The CYE 25 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 25 capitation rates for the ACC and ACC-RBHA Program.

I.1.A.vii. Minimum Medical Loss Ratio

The capitation rates were developed so each ACC and ACC-RBHA Program Contractor would reasonably achieve a medical loss ratio, as calculated under 42 CFR § 438.8, of at least 85 percent for CYE 25.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 described in this rate certification.

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 rate cell. The CYE 25 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 25 capitation rates for the ACC and ACC-RBHA Program.

I.1.A.xii. Evaluation of COVID-19 PHE and Unwinding

This section of the 2025 Guide includes CMS recommendations for risk mitigation strategies for rating periods following the end of the PHE until enrollment is expected to stabilize. 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 in accordance with the specific documentation requirements under 42 CFR § 438.6(b)(1).

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 and related unwinding 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.xi.(a)), to address the direct and indirect impacts of the COVID-19 PHE and related unwinding are described in each of the sections below:

- I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria
- I.1.B.xi.(a) Available Applicable Data
- I.1.B.xi.(b) Accounting for Direct and Indirect Impacts

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

- I.1.B.xi.(d) Risk Mitigation Strategies
- I.2.B.iii.(d) Changes in the Program
- I.3.B.iii.(a)(i) Projected Benefit Cost Trends Data
- I.3.B.iii.(a)(iii) Projected Benefit Cost Trends Comparisons
- I.7.B.i.(b) Acuity Adjustment Model
- I.7.B.i.(d) Relationship
- I.7.B.i.(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 and related unwinding which did not result in adjustments to the rate development for CYE 25 varies by program. In evaluating the impact of the PHE on the base data year for the ACC and ACC-RBHA Program, no categories of service (COS) were materially impacted in the base data year by the winter 2022 COVID-19 surge. 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. In a change from previous years' rate development processes, the actuaries did not include specific assumptions about COVID-19 test utilization or unit costs, nor specific growth utilization rates for any COVID-19 treatments. Additionally, the previously included non-risk cost settlement of COVID-19 vaccines and administrations has been removed from the contract, so those costs have not been excluded from the base data this year, but no assumptions were made specific to these services.

I.1.A.xiii. Rate Certification Procedures

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

This section of the 2025 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, 2024.

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, 2024.

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

This section of the 2025 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 25 capitation rates for the ACC and ACC-RBHA Program.

I.1.B.iii. Medical Loss Ratio

The capitation rates were developed so each Contractor would reasonably achieve a medical loss ratio (MLR) standard of at least 85 percent as required per 42 CFR § 438.4(b)(9). The AHCCCS Division of Business and Finance (DBF) Actuarial Team calculates a modified MLR where the only inclusion in the numerator is the projected gross medical expense component of the capitation rates (discounts related to pharmacy rebates are included in this calculation), ensuring the result of the calculation will be less than or equal to the actual MLR calculation because the modified MLR calculation does not include any considerations for the allowed additional expenses under 42 CFR § 438.8(e)(3)-(4) in the numerator. For CYE 25 capitation rates, the modified MLR for each ACC and ACC-RBHA Contractor was greater than 85 percent. Per 42 CFR § 438.5(b)(5) the AHCCCS DBF Actuarial Team reviewed past MLR results focusing in on the MLR results that correspond to the base period and for any Contractors performing below 85 percent the actuaries would make adjustments to assumptions in capitation rate setting where appropriate, however this was not necessary because all Contractors for all programs were above 85 percent MLR for the base period.

I.1.B.iv. Capitation Rate Cell Assumptions

This section of the 2025 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

adjustments underlying the capitation rates vary 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.v. Capitation Rate Range Assumptions – Not Applicable

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

I.1.B.vi. 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 2025 Guide. Sections of the 2025 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.vii. 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 25 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.viii. 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 received different FMAP for CYE 23 for the ACC and ACC-RBHA Program are provided below in Table 4a, along with the associated FMAP as of October 1, 2024.

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

Population	CYE 23 Percentage of Costs	CYE 25 FMAP
Adult Expansion	5.63%	90.00%
Child Expansion	1.55%	75.42%
Childless Adult Restoration	37.67%	90.00%
KidsCare (Title XXI)	1.53%	75.42%
Breast and Cervical Cancer	0.04%	75.42%
Populations not listed above	53.57%	64.89%

CYE 25 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 25 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 25 Capitation Rates

Risk Groups	Percentage of Capitation Rates
AGE < 1	0.00%
AGE 1-20	0.28%
AGE 21+	2.52%
Duals	0.10%
SSIWO	0.10%
Prop 204 Childless Adults	0.27%
Expansion Adults	0.97%
Delivery Supplemental Payments	0.00%
SMI	0.14%
Crisis 24 Hour Group	0.00%

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

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

The 2025 Guide requests a comparison to the final certified rates in the previous rate certification. Those comparisons are included in Appendix 3. Comparisons between the most recently certified CYE 24 ACC and ACC-RBHA Program capitation rates effective April 1, 2024, and the CYE 25 capitation rates being certified in this actuarial rate certification are available in Appendix 3.

The 2025 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 25 certification, the actuaries compared the weighted CYE 24 capitation rates by risk group and GSA to the weighted CYE 25 capitation rates by risk group and GSA rather than comparing the individual unweighted rate cells year over year. As in past years, the AHCCCS DBF Actuarial Team has thus 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 25 certified capitation rates to the CYE 24 certified capitation rates, applying the same weights applicable to CYE 25, as specified above and as shown in Appendix 3, as the measurement of change.

For the North, Central, and South GSAs, the Age 1-20 weighted capitation rates have increased more than 10% when compared to the CYE 24 weighted capitation rates. These increased rates are driven by large increases in the base data PMPMs in CYE 23 over the CYE 22 base data used for the prior year's

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

rate development, and by increases in the acuity adjustment described in Section I.7. when compared to the CYE 24 factors.

For the North GSA, the SSIWO weighted capitation rates have increased more than 10% when compared to the CYE 24 weighted capitation rates. These increased rates are driven by large increases in the base data PMPMs in CYE 23 over the CYE 22 base data used for the prior year's rate development, and by increases in the acuity adjustment described in Section I.7. when compared to the CYE 24 factors.

For the North GSA, the Expansion Adults weighted capitation rates and the SMI capitation rate reflect a negative change from the CYE 24 weighted capitation rate. These negatives are 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 North GSA, the Crisis 24 Hour Group capitation rate reflects a negative change from CYE 24 capitation rate. This negative is primarily driven by a decrease in projected crisis mobile team expenditures. Due to tribal sovereignty, tribal nations are provided with a choice of utilizing ACC-RBHA crisis services, including allowing right of entry for crisis mobile teams onto tribal lands. In the North GSA, our tribal partners have been working to utilize tribal based services or direct contracts with non-tribal providers versus utilization of ACC-RBHA contracted providers.

For the Central GSA, the Duals, Prop 204 Childless Adults, and Delivery Supplemental weighted capitation rates reflect a negative change from the CYE 24 weighted capitation rate. These negatives are 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 South GSA, the Age < 1 and Delivery Supplemental weighted capitation rates reflect a negative change from the CYE 24 weighted capitation rate. These negatives are 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.

I.1.B.ix.(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.ix.(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.x. 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
Targeted Investments 2.0	First quarter of CYE 25	AHCCCS is preparing to submit a multiple year preprint for Targeted Investments 2.0 in September 2024 that will cover years 2 and 3 (CYE 24 and CYE 25) under the assumption that the Targeted Investments 2.0 first year preprint will be approved by that point.

I.1.B.xi. Addressing COVID-19 PHE and Unwinding Impacts

I.1.B.xi.(a) Available Applicable Data

The AHCCCS DBF Actuarial Team and AHCCCS DBF financial analysts have reviewed data, regulations, and information from a variety of applicable sources to address the COVID-19 PHE and related unwinding in rate setting. For CYE 25 rate development, the AHCCCS DBF Actuarial Team has incorporated data and information related to disenrollments since the beginning of the unwinding as it impacts the base data and trend assumptions; furthermore, the acuity adjustment model methodology for CYE 25 was updated to incorporate information about all disenrolled members during the unwinding, rather than just projected disenrollments for those members on the AHCCCS override list as was done in previous years. The AHCCCS DBF Actuarial Team will continue to collaborate with the AHCCCS Division for Member and Provider Services (DMPS) to monitor and evaluate levels of churn in the AHCCCS population since all members’ eligibility redeterminations have been completed at the time of this rate certification. Further details about state specific and national data sources used for rate development over the course of the PHE or during and after the unwinding are listed below.

State Data Sources

- AHCCCS historical and current encounter data including utilization and costs by COS, 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
- Historical and ongoing COVID-19 case rates for Arizona (not restricted to Medicaid populations)
- 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
- Information on AHCCCS member eligibility during the PHE, see Section I.7. for additional detail
- Arizona Medicaid eligibility information, provided by the AHCCCS DMPS, which identified members who, if not for the MOE, would have been determined ineligible and disenrolled; this information was used in developing CYE 25 trend estimates, and in

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

prior years' evaluations of potential changes in acuity of the population covered under the ACC and ACC-RBHA Program population after March 31, 2023, when states could disenroll people no longer eligible for Medicaid

- National Data Sources
 - Daily case rate, death rate, and vaccination rate data for Arizona collated and cleaned by the Centers for Disease Control
 - Consumer and Producer price inflation data published by the Bureau of Labor Statistics
 - National webinars discussing various impacts of the response to the COVID-19 PHE and the end of continuous coverage protections
 - Policy memoranda and newsletters related to available PHE unwinding flexibilities and considerations published by various universities and government agencies (examples below):
 - [State Health Official Letter 23-002](#)
 - Princeton University State Health and Value Strategies (SHVS):
 - [Planning for the end of the Continuous Coverage Requirement](#)
 - [Best Practices for Publicly Reporting State Unwinding Data](#)
 - [State Reporting to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement](#)
 - [CMS Policy Guidance FAQ dated May 12, 2023, on unwinding the continuous enrollment requirement](#)
 - [State Medicaid Director Letter 23-004](#)

I.1.B.xi.(b) Accounting for Direct and Indirect 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 and related unwinding. A brief narrative summary of how the capitation rates account for the direct and indirect impacts of the COVID-19 PHE and related unwinding through the incorporation of the assumptions in the rate development, described in those sections of the certification, is provided below.

The CYE 25 capitation rates account for the direct and indirect impacts of the COVID-19 PHE and related unwinding by developing most risk groups' trend assumptions using the historical utilization and cost experience of members not on the COVID-19 override list (i.e., members who were not found to be ineligible at any point during the PHE), , and by addressing observed and projected changes in population acuity due to the unwinding and completed disenrollment activity by risk group with an acuity adjustment as described below in Section I.7. The rate development also captures the impact of the ending of governmental purchase/subsidization of two COVID-19 treatments, Paxlovid and Lagevrio, as addressed in I.2.B.iii.(d). The CYE 25 capitation rates also account for the impacts of the COVID-19 PHE by using a base data experience period that reflects changes in service delivery expected to continue beyond the unwinding of the pandemic, such as increased telehealth usage. AHCCCS will continue to monitor encounters and may adjust the acuity factors if the experience in the remainder of the current contract year (CYE 24) shows materially different results than indicated by the initial acuity adjustment modeling for CYE 25.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

I.1.B.xi.(c) COVID-19 Costs Paid Outside of Capitation Rates (Non-Risk) – Not Applicable

Not applicable. There are no COVID-19 costs covered on a non-risk basis outside of the CYE 25 capitation rates.

I.1.B.xi.(d) Risk Mitigation Strategies

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 25 contracts will continue AHCCCS' long-standing program policy and will include risk corridors. There are no risk mitigation strategies utilized specifically for COVID-19 costs for CYE 25. This is a change from previous contract years when COVID-19 vaccines and their administration costs were reimbursed through a cost settlement outside of the capitation rates on a non-risk basis.

I.2. Data

This section provides documentation for the Data section of the 2025 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 DBF Actuarial Team and the State. The AHCCCS DBF 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 25 capitation rates for the ACC and ACC-RBHA Program were:

- Adjudicated and approved encounter data submitted by the ACC, ACC-RBHA, and prior RBHA Contractors and provided from the AHCCCS Prepaid Medical Management Information System (PMMIS) mainframe
 - Incurred from October 2019 through February 2024
 - Adjudicated and approved through the second February 2024 encounter cycle
- Reinsurance payments made to the ACC, ACC-RBHA, and prior RBHA Contractors for services
 - Incurred from October 2020 through September 2023 paid through April 2024
- Enrollment data for the ACC and ACC-RBHA Program as well as the prior RBHA Program from the AHCCCS PMMIS mainframe
 - October 2019 through February 2024
- Annual and quarterly financial statements submitted by the ACC, ACC-RBHA, and prior RBHA Contractors and reviewed by the AHCCCS DBF Finance & Reinsurance Team
 - October 2019 through December 2023
- AHCCCS Fee-for-Service (FFS) fee schedules developed and maintained by AHCCCS DBF Rates & Reimbursement Team
- Data from AHCCCS DBF Rates & Reimbursement Team related to DAP, see Section I.4.D
- Data from AHCCCS DBF financial analysts related to program changes, see Sections I.2.B.iii.(d) and I.3.B.ii.(a)

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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
- Data provided by the CCE Offerors in regard to administrative components for the RBHA populations
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the Institution for Mental Disease (IMD) analysis, incurred in CYE 23
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from August 2021 through July 2023
- Contractors' enrollment as of June 2024 for use in risk adjustment
- Projected CYE 25 enrollment data provided by AHCCCS 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 sometimes use sub-capitation/block purchasing arrangements for some services. The sub-capitation 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/block purchased. These claims come into the system with a CN1 code = 05, which is an indicator for sub-capitated/block purchased encounters, and health plan paid amount equaling zero. After the encounter has been adjudicated and approved, there are repricing methodologies (i.e., formulas) for sub capitated/block purchased encounters to estimate a health plan valued amount in place of the health plan paid amount of zero. 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.(a)(v) Base Data Exception – Not Applicable

Not applicable. No exception to the base data requirements was necessary for capitation rate development.

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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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/block purchased encounters.

The AHCCCS DBF 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 DBF Actuarial Team reports the findings to the AHCCCS Information Services Division (ISD) Data Management and Oversight (DMO) Team, who then works with the Contractors to identify causes. In addition, the AHCCCS ISD 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 ISD 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 who was enrolled on the date that the service was provided. The process also checks to ensure that each adjudicated and approved encounter is for a covered service under the state plan and contains the codes necessary to map it into one of the COS used in the rate development process.

The AHCCCS DBF Actuarial Team reviewed the encounter data provided from the AHCCCS PMMIS mainframe and ensured that only encounter data with valid AHCCCS member IDs was used in developing the CYE 25 capitation rates for the ACC and ACC-RBHA Program. Additionally, the AHCCCS DBF Actuarial Team ensured that only services covered under the state plan were included.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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

The AHCCCS DBF Actuarial Team compared the CYE 23 encounter data for all services provided by the ACC and ACC-RBHA Contractors to the financial statement data for the same entities for CYE 23. The actuaries also compared the CYE 23 encounter data to the yearly supplemental data request from the ACC and ACC-RBHA Contractors. After adjustments to the encounter data for completion and encounter issues, the financial statements, the AHCCCS encounter data, and the ACC and ACC-RBHA Contractors' encounter data were judged to be consistent for capitation rate setting.

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

As required by ASOP No. 23, the AHCCCS DBF 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 DBF Finance & Reinsurance Team. The AHCCCS DBF 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 DBF Rates & Reimbursement Team with regard to DAP and fee schedule impacts,
- data provided by the AHCCCS DBF financial analysts with regard to some program changes,
- information and data provided by Milliman consultants with regard to the HEALTHII and SNSI State directed payments,
- 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 and ACC-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 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 and Innovation (DGI) Crisis Team, and
- data provided by the AHCCCS DBF Budget Team with regard to projected enrollment.

The actuaries have found the encounter data in total, with adjustments for encounter issues, and inclusion of additional data on contracted block payments for crisis intervention services, to be appropriate for the purposes of developing the CYE 25 capitation rates for the ACC and ACC-RBHA Program. The development of the encounter issue adjustments are described below in Section I.2.B.iii.(c).

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

Concerns related to potential fraud, waste, and abuse being included within the encounter data were identified, and specific adjustments to address those concerns have been made within the rate

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

development process. More detail on these concerns and adjustments are included below in Section I.2.B.iii.(d). Besides the encounter issue noted in the previous section, there were no other material concerns identified with the availability or quality of the data.

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

The AHCCCS DBF Actuarial Team determined that the CYE 23 encounter data in total, after adjustments noted in I.2.B.ii.(b)(iii), was appropriate to use as the base data for developing the CYE 25 capitation rates for the ACC populations and the RBHA SMI population with the encounter issue adjustments previously noted. The AHCCCS DBF Actuarial Team additionally determined that the CYE 23 encounter data, and contracted block payment information for CYE 23, CYE 24, and CYE 25, were appropriate to use as the base data for developing the CYE 25 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 25 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 25 capitation rates. The inclusion of data other than encounters for developing the CYE 25 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 DGI Crisis Team reviewed contracts and projected expenses for the block payments for the various crisis intervention services to develop the cost projections for these services for the Crisis 24 Hour Group rate cells. The capitation rates also include 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 projected forward to the rating period.

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 25 capitation rates for the ACC and ACC-RBHA Program.

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

Not applicable. The AHCCCS DBF Actuarial Team did not rely on a data book to develop the CYE 25 capitation rates for the ACC and ACC-RBHA Program.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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

This section describes adjustments made to the CYE 23 encounter data that was used as the base data for developing the CYE 25 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 23 encounter data.

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

The AHCCCS DBF Actuarial Team developed completion factors to apply to the encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 2019 through February 2024 and adjudicated and approved through the second encounter cycle for February 2024. The completion factors were developed by GSA, major COS and by month of service. The major COS 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 (2.28% of CYE 23 payments) were combined with Professional and Other Services. Nursing Facility Services (0.95% of CYE 23 payments) were combined with Inpatient Hospital. The monthly completion factors were applied to the encounter data on a monthly basis. Aggregated CYE 23 completion factors by risk group, GSA, and rate setting COS 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	\$368.17	\$379.30	3.02%
Central	\$388.33	\$403.72	3.96%
South	\$379.46	\$391.85	3.27%
Total	\$384.21	\$398.44	3.71%

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

During the rate development process, it was determined that during the base data year (CYE 23) one Contractor overpaid a provider of air ambulance services, and another Contractor improperly calculated Medicaid paid amounts when involving coordination of benefits with Medicare and other third-party payers. To correct these submission errors, the CYE 23 base data was adjusted to account for revised health plan valued amounts. Table 7 below displays the aggregate impact of the encounter issue by GSA.

Table 7: Impact of Encounter Issue Adjustments

GSA	Before Adjustment	After Adjustment	Impact
North	\$379.30	\$371.80	(1.98%)
Central	\$403.72	\$403.41	(0.08%)
South	\$391.85	\$391.39	(0.12%)
Total	\$398.44	\$397.41	(0.26%)

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, 2022, through September 30, 2023) are described below, or in Section I.3.A.v. for base data adjustments required with respect to IMD in lieu of services. Adjustments to address the concerns noted by the actuaries in Section I.2.B.ii.(b)(iii) are also described in this section. Additional adjustments to the base data for projected acuity changes are described below in Section I.7.B.i. All other program and fee schedule changes which occurred or are effective on or after October 1, 2023, are described in Section I.3.B.ii.(a).

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 DBF financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS Division of Managed Care Services (DMCS) 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 DBF 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 DBF financial analysts to understand at a high level how the estimated amounts were derived, and the data used for the amounts. The actuaries were unable to judge the reasonableness of the data, assumptions, and methodologies without performing a substantial amount of additional work.

Removal of Differential Adjusted Payments from Base Data

CYE 23 capitation rates funded DAP made from October 1, 2022, through September 30, 2023, 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, 2023, AHCCCS has removed the impact of CYE 23 DAP from the base period. To remove the impact, the AHCCCS DBF Actuarial Team requested provider IDs for the qualifying providers for the CYE 23 DAP by specific measure from the AHCCCS DBF Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 23 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 8a. Totals may not add up due to rounding.

See Section I.4.D. for information on adjustments included in CYE 25 capitation rates for DAP that are effective from October 1, 2024, through September 30, 2025.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Table 8a: Removal of DAP from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$7,623,814)	(\$3.49)
Central	(\$66,767,703)	(\$4.47)
South	(\$25,550,671)	(\$4.56)
Total	(\$99,942,188)	(\$4.40)

Removal of Ancillary Crisis Services from Base Data

While the ACC and ACC-RBHA Program covers most member mental health services, the first 24 hours of crisis intervention services for all TXIX and TXXI eligible members are the responsibility of a single ACC-RBHA Contractor within each GSA. In addition to the main crisis services (crisis phone lines, mobile crisis teams, and crisis stabilization services), the ACC-RBHA Contractor also covers some ancillary crisis services, such as non-emergency transportation to a crisis stabilization unit or laboratory services provided in the first 24 hours of a crisis episode. These services are not exclusively used by AHCCCS members experiencing a crisis episode, and so, while the base data obtained by the actuaries for rate development removed the main crisis services, an additional process was needed to identify those services which were ancillary crisis services based on the property of having been provided to a member during the first 24 hours of crisis services and paid for by the Contractor responsible for the first 24 hours of crisis services. These expenses are included in the development of the Crisis 24 Hour Group capitation rates. The impacts of removing the costs from the base data for these identified ancillary crisis services provided to ACC and ACC-RBHA population are displayed below in Table 8b. Totals may not add up due to rounding.

Table 8b: Removal of Ancillary Crisis Services from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$1,223,682)	(\$0.56)
Central	(\$15,765,010)	(\$1.06)
South	(\$6,798,258)	(\$1.21)
Total	(\$23,786,951)	(\$1.05)

Insulin Price Changes

The Medicaid Drug Rebate Program (MDRP) requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. Since 2010, regardless of the calculated rebate amount under the rules of the MDRP, a cap of 100% of the average manufacturer price (AMP) had limited the total rebate amounts paid by the drug manufacturers. However, the American Rescue Plan Act (ARPA), enacted in March 2021, eliminated the 100% AMP cap on Medicaid drug rebates as of January 1, 2024. In response, rather than pay higher rebate amounts, many drug manufacturers have instead reduced the prices of their drugs. A very specific instance of this has been a drastic cost reduction for insulin products at the point of sale since the start of 2024. To account for this change, the AHCCCS DBF Actuarial Team calculated reduction factors at the program and risk group level by comparing the average unit cost observed between January 2024 and March 2024 to the average unit cost observed between January 2023 and March 2023. The reduction factors were then applied to

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

the base period utilization to get the estimated savings associated with the reduced upfront pricing for these products.

The overall impact of Insulin repricing by GSA is displayed below in Table 8c. Totals may not add up due to rounding.

Table 8c: Insulin Pricing Change

GSA	Dollar Impact	PMPM Impact
North	(\$4,632,685)	(\$2.12)
Central	(\$31,183,778)	(\$2.09)
South	(\$10,674,268)	(\$1.90)
Total	(\$46,490,731)	(\$2.05)

Latuda to Lurasidone

In February 2023, a generic version of the drug Latuda, lurasidone, came to market from multiple manufacturers for use in the United States. AHCCCS, on the recommendation of the Pharmacy and Therapeutics (P&T) Committee, made policy changes to approve the generic drug lurasidone in place of the brand drug Latuda. This change was based on the P&T Committee’s determination and recommendation that the generic drug, lurasidone, is equally efficacious to Latuda, the most cost effective to the State and offers members the same clinical outcome. To account for the impact of the cost difference between the generic and brand versions, the AHCCCS DBF Actuarial Team analyzed pharmacy encounter data for Latuda and lurasidone for the time frame of October 2021 through March 2024. In this analysis, AHCCCS found that on average 99% of the Latuda utilization has shifted to lurasidone. AHCCCS therefore repriced 99% of the Latuda utilization data that was in the base year (prior to February 2023 and also during the transition after February 2023) to match the unit costs associated with the lurasidone utilization data. In this way, the actuaries were able to incorporate the cost difference between the two drugs to mimic what the costs would have been if the change had happened at the start of the contract year, instead of midway through it.

The reduction in costs associated with the shift from brand to generic for this drug is displayed by GSA below in Table 8d. Totals may not add up due to rounding.

Table 8d: Latuda to Lurasidone

GSA	Dollar Impact	PMPM Impact
North	(\$2,366,413)	(\$1.08)
Central	(\$15,806,721)	(\$1.06)
South	(\$5,010,702)	(\$0.89)
Total	(\$23,183,836)	(\$1.02)

Paxlovid and Lagevrio

Paxlovid and Lagevrio are two oral antiviral medications that are available for treating mild to moderate COVID-19. In November 2023, the transition from government-managed distribution to traditional commercial distribution of these medications began, which has resulted in increased ingredient costs to

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

the Contractors for these medications. To account for this change, the AHCCCS DBF Actuarial Team repriced the base data utilization to the average unit cost observed between March 2024 and May 2024 after the transition period was assumed to be complete.

The overall impact of Paxlovid and Lagevrio by GSA is displayed below in Table 8e. Totals may not add up due to rounding.

Table 8e: Paxlovid and Lagevrio

GSA	Dollar Impact	PMPM Impact
North	\$1,106,764	\$0.51
Central	\$7,871,243	\$0.53
South	\$3,595,093	\$0.64
Total	\$12,573,099	\$0.55

Humira Biosimilars

In recent years several biosimilar and interchangeable products have become available as a substitute for Humira. The interchangeable products are priced significantly lower than the Humira brand products. Effective August 1, 2024, AHCCCS will shift preferred status from Humira to the interchangeable biosimilar options. The AHCCCS DBF Actuarial Team worked with the AHCCCS Pharmacy Director and the Pharmacy Benefit Manager, Magellan, to develop an estimate for the impact of this shift on the capitation rates. The impact of this was modeled as a unit cost change to the base period utilization data.

The overall impact of the unit cost change to the base period utilization for the shift from Humira to the interchangeable products by GSA is displayed below in Table 8f. Totals may not add up due to rounding.

Table 8f: Humira Biosimilars

GSA	Dollar Impact	PMPM Impact
North	(\$9,328,010)	(\$4.27)
Central	(\$59,709,109)	(\$4.00)
South	(\$26,038,786)	(\$4.64)
Total	(\$95,075,905)	(\$4.18)

Fraud, Waste, and Abuse Adjustment

As noted in the prior year’s rate certification, the AHCCCS Office of Inspector General (OIG) and the Arizona Attorney General’s Office became aware of potential fraudulent billing practices including significant increases in billing for outpatient mental health services. These circumstances triggered a multi-agency review and investigation of potential fraud, waste, and abuse. Ultimately, this led AHCCCS to connect the irregular billing of these services with alleged criminal activity targeting American Indian/Alaskan Native (AI/AN), Indigenous peoples, and other vulnerable Arizonans. These investigations led to the May 2023 announcement that the AHCCCS OIG suspended payments to more than 100 unique, registered providers based on Credible Allegations of Fraud (CAF) related to billing activities. Since that time, there have been additional CAF provider suspensions. More information related to this

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

matter can be found on the AHCCCS website at <https://azahcccs.gov/Fraud/SoberLivingFraud.html> and at <https://azahcccs.gov/shared/News/PressRelease/PaymentSuspensions.html>.

While most of the services billed by CAF suspended providers were for AI/AN members enrolled in Arizona’s Fee-For-Service program, some of the services were billed for members enrolled in AHCCCS managed care programs. The AHCCCS DBF Actuarial Team has reviewed MCO encounters submitted by providers suspended and/or terminated as of May 2024, per the Provider Terminations & Active Suspensions list, for unit cost and quantity characteristics which are substantially different from the characteristics of encounters submitted by providers not identified on the publicly posted CAF list and adjusted the irregular encounters to bring them into alignment with reasonable utilization and cost patterns. In response to concerns about abusive billing practices using the H0015 procedure code, AHCCCS set a specific fee schedule rate for H0015 in May 2023. Additional information about the development of the impact of the H0015 fee schedule change for all programs is provided below in Section I.3.B.ii.(a).

The overall impacts to the ACC and ACC-RBHA Program by GSA for the fraud, waste, and abuse adjustment are displayed below in Table 8g. Totals may not add up due to rounding.

Table 8g: Fraud, Waste, and Abuse Adjustment

GSA	Dollar Impact	PMPM Impact
North	(\$465,395)	(\$0.21)
Central	(\$68,905,813)	(\$4.61)
South	(\$31,603,599)	(\$5.64)
Total	(\$100,974,806)	(\$4.44)

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 8h. Totals may not add up due to rounding. Brief descriptions of the individual program changes requiring base data adjustment are provided below.

- **Dental Cover Code D0364 ***

AHCCCS began reimbursing for cone beam CT capture for dental imaging, effective 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 requires prior authorization for fee-for-service coverage of cone beam CT capture.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

- Esketamine Evaluation and Management codes ***
 Effective January 1, 2023, AHCCCS adopted billing and coding guidance from CMS to fund two hours of patient observation after the administration of esketamine nasal spray. This product is indicated for use in conjunction with an oral antidepressant for treatment-resistant depression in adults. The product is administered under the direct supervision of a healthcare provider in a certified healthcare setting because of the risks of serious adverse outcomes.
- Sleep Study ***
 Effective January 1, 2023, AHCCCS added the WatchPAT system as a billable service, using CPT code 95800 (an unattended sleep study with analysis of airflow or peripheral arterial tone and recording of sleep time). The WatchPAT algorithm detects respiratory (apnea/hypopnea) events, sleep/wake status, and determines sleep stages.
- Long-Acting Reversible Contraception (LARC) ***
 Effective February 1, 2023, AHCCCS revised reimbursement rates for LARCs to equal the Wholesale Acquisition Cost (WAC) which reflects the costs providers pay for these medications.

Table 8h: Other Base Data Adjustments

GSA	Dollar Impact	PMPM Impact
North	\$68,731	\$0.03
Central	\$521,464	\$0.03
South	\$198,651	\$0.04
Total	\$788,847	\$0.03

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

The AHCCCS DBF Actuarial Team ensured that all non-covered services were excluded from the encounter data used for developing the CYE 25 capitation rates. Other base data adjustments which excluded services from the data (i.e., crisis 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 2025 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 or Settings (ILOS)

There are no in lieu of services or settings (ILOS) allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an 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.v.

I.3.A.iv. ILOS Cost Percentage – Not Applicable

Not applicable. There are no ILOS under the ACC and ACC-RBHA Program, except for short term stays in an IMD which are addressed in Section I.3.A.v. below.

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

The projected benefit costs include costs for members aged 21-64 that have a stay of no more than 15 cumulative days within a month in an IMD in accordance with 42 CFR § 438.6(e).

Costs Associated with an Institution for Mental Disease Stay

The AHCCCS DBF 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 DBF 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 DBF 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 DBF 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 23 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 23 encounter data, the AHCCCS DBF 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

non-IMD price-per-day used in the analysis was \$869.45 and was derived from the CYE 23 encounter data for similar IMD services that occurred within a non-IMD setting. The encounter data was used for the repricing analysis rather than the AHCCCS FFS fee schedule. This was selected because payments made by the health plans better reflect the intensity of the services within a non-IMD setting which may not be fully captured within the AHCCCS FFS fee schedule per diem rate. The costs associated with institutional stays at an IMD that were repriced in the base data are displayed by GSA below in Table 9a. Totals may not add up due to rounding.

Table 9a: Reprice of Costs for all IMD Stays

GSA	Dollar Impact	PMPM Impact
North	\$304,514	\$0.14
Central	\$6,311,539	\$0.42
South	\$1,978,053	\$0.35
Total	\$8,594,106	\$0.38

The AHCCCS DBF 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	(\$666,185)	(\$0.30)
Central	(\$18,923,858)	(\$1.27)
South	(\$5,791,604)	(\$1.03)
Total	(\$25,381,647)	(\$1.12)

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	(\$173,196)	(\$0.08)
Central	(\$4,338,534)	(\$0.29)
South	(\$935,518)	(\$0.17)
Total	(\$5,447,248)	(\$0.24)

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 25 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.v. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 23 time period to the midpoint of the CYE 25 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 DBF financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS DMCS CQM Team and the Office of the Director's Chief Medical Officer. The actuaries relied upon the professional judgment of the AHCCCS DBF 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 DBF 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.

AHCCCS FFS Fee Schedule Updates

AHCCCS typically makes annual updates to provider fee schedules used for AHCCCS FFS programs. The AHCCCS DBF Rates & Reimbursement Team and the AHCCCS DBF 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 DBF 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 25 FQHC/RHC PPS rates.

Effective October 1, 2024, AHCCCS added clarifying language in contracts requiring that the Contractor shall reimburse providers at no less than the regional maximum allowable rate as set by the Centers for Medicare and Medicaid, which is the fee schedule in the State Plan, for vaccines administered for the Vaccines for Children program.

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 or regulatory mandates. Additionally, effective January 1, 2024, and July 1, 2024, AHCCCS implemented quarterly rate adjustments for physician administered drugs (PADs) in alignment with updates to the State Plan. The CYE 25 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DBF Rates & Reimbursement Team used the CYE 23 encounter data to develop the impacts of fee schedule changes between the base year and the rating period. The AHCCCS DBF Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to calculate the adjustment to the CYE 23 base data. The AHCCCS DBF Actuarial Team then reviewed the results and applied aggregated percentage impacts by program, GSA, risk group, and rate setting COS.

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.

Effective May 1, 2023, AHCCCS set a fixed fee schedule rate for billing code H0015 of \$157.86 for one unit of billable service, a change from the prior “by report” rate methodology which paid 58.66% of the billed amount. The AHCCCS DBF Actuarial Team reviewed the encounter data before and after May 2023 and assessed that the change in cost did not have a long phasing in period. With that information in mind, the AHCCCS DBF Actuarial Team re-priced H0015 encounter data incurred before May 2023 using the unit costs of the services after May 2023 and included the impact of the repricing with the other fee schedule adjustment changes.

The overall impact of the AHCCCS Fee-for-Service fee schedule updates by GSA is illustrated below in Table 10a. Totals may not add up due to rounding.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Table 10a: Aggregate Fee Schedule Updates

GSA	Dollar Impact	PMPM Impact
North	\$8,792,164	\$4.02
Central	\$19,360,835	\$1.30
South	\$26,155,323	\$4.67
Total	\$54,308,321	\$2.39

Donor Milk *

Effective January 1, 2024, AHCCCS began coverage of procedure code T2101, human breast milk processing, storage, and distribution only, for cases where it is medically necessary where the infant is at high risk and where the mother’s own milk is absent or insufficient in quantity.

According to the American Academy of Pediatrics, pasteurized Human milk contains bioactive factors that are important to immune and intestinal development and protect against inflammatory disorders. Cost estimates were based on identifying a cohort of infants, with diagnosis codes that medical literature would list as strongly benefiting from the protective factors of Human milk compared to formula, born in a recently completed contract year. The infants were cross referenced with the mothers to identify conditions which would indicate the mother’s milk is likely to be absent or insufficient in quantity.

For CYE 25 rate development, the projected impact was allocated across risk groups and GSAs using the distribution of infants in the identified cohort. The overall impact of the changes by GSA is displayed below in Table 10b. Totals may not add up due to rounding.

Table 10b: Donor Milk

GSA	Dollar Impact	PMPM Impact
North	\$74,959	\$0.03
Central	\$451,978	\$0.03
South	\$193,784	\$0.03
Total	\$720,721	\$0.03

Rezdiffra *

In March 2024, AHCCCS began coverage of Rezdiffra in accordance with requirements of participation in the Medicaid Drug Rebate Program (MDRP) after the FDA gave accelerated approval to Rezdiffra, along with a Breakthrough Therapy designation, for the treatment of adults with noncirrhotic non-alcoholic steatohepatitis (NASH) with moderate to advanced liver scarring (fibrosis, severity levels F2 or F3). The MDRP requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers.

To estimate the prevalence of NASH in the AHCCCS membership, the AHCCCS DBF financial analysts first reviewed encounters including diagnosis codes for NASH for adults 18 years and older. The analysts consulted with the Chief of Hepatology with Arizona Liver Health to determine that approximately 39% of patients with NASH have fibrosis severity levels of F2 or F3. Due to potential questions of the drug’s efficacy, it was assumed that only 25% of drug candidates would begin treatment in CYE 25. After

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

forecasting the number of members that would use Rezdifra, the AHCCCS DBF financial analysts estimated annual costs of the drug.

For CYE 25 rate development, the projected impact of AHCCCS coverage of Rezdifra was allocated across risk groups and GSAs using base period distribution of members with a NASH diagnosis code. The overall impact of the changes by GSA is displayed below in Table 10c. Totals may not add up due to rounding.

Table 10c: Rezdifra

GSA	Dollar Impact	PMPM Impact
North	\$604,663	\$0.28
Central	\$7,129,947	\$0.48
South	\$3,326,858	\$0.59
Total	\$11,061,468	\$0.49

Assertive Community Treatment (ACT) Teams

The North and Central GSA ACC-RBHA Contractors have committed to additional Assertive Community Treatment (ACT) teams for the SMI population that were not in place during the base data year. 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 projected costs for each new ACT team are somewhat lower than the costs of ACT teams already in place, with the understanding that it takes some amount of time to ramp up to the full spectrum of services for a full complement of members.

The impacts for the ACT teams are displayed below in Table 10d. Totals may not add up due to rounding.

Table 10d: ACT Teams

GSA	Dollar Impact	PMPM Impact
North	\$1,606,927	\$0.74
Central	\$1,682,258	\$0.11
South	\$0	\$0.00
Total	\$3,289,185	\$0.14

Wegovy *

Wegovy, a semaglutide product FDA approved for weight loss, gained expanded approval by the FDA in March 2024 to reduce the risk of serious heart problems in obese or overweight adults. The Medicaid Drug Rebate Program (MDRP) requires state Medicaid coverage of most FDA approved drugs in exchange for national rebate agreements with drug manufacturers. In accordance with requirements of participation in the MDRP, AHCCCS began coverage of Wegovy for members without diabetes meeting certain criteria related to age, history of cardiovascular problems, and body mass index (BMI) measurements.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

AHCCCS clinical experts developed the specific criteria for coverage of Wegovy and the AHCCCS DBF financial analysts reviewed base year encounters to identify members who would be eligible for Wegovy based on the coverage criteria. GLP-1s, including Wegovy, have had unprecedented popularity across the country. However, the immense popularity has also led to severe supply shortages. Additionally, recent research published in the journal *Obesity* has shown that 40% of patients taking Wegovy are still persistent at 12 months, which is approximately three times more adherence than with other anti-obesity medications. The CYE 25 estimated impact was developed as a full year of utilization for all eligible individuals under the clinical criterion, and then a 50% reduction factor was applied in the analysis in recognition of both shortages and high expected adherence.

For CYE 25 rate development, the projected impact was allocated across risk groups and GSAs using base period distribution of members identified as meeting the criteria for coverage. The overall impact of the changes by GSA is displayed below in Table 10e. Totals may not add up due to rounding.

Table 10e: Wegovy

GSA	Dollar Impact	PMPM Impact
North	\$3,006,027	\$1.38
Central	\$17,963,531	\$1.20
South	\$6,655,626	\$1.19
Total	\$27,625,184	\$1.22

Diabetic Drug Class Utilization Changes

Glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose co-transporter-2 inhibitors (SGLT2) play a key role in the treatment of type 2 diabetes mellitus. These drugs may also lead to weight loss, and a reduced need for insulins. The AHCCCS DBF Actuarial Team viewed all historical adjudicated and approved encounters for these drug classes as well as the projected pharmacy trend assumptions to determine if the changing utilization patterns of these drug classes was appropriately accounted for by the trend assumptions, or if a specific adjustment would be more appropriate. After review, the AHCCCS actuaries judged a separate, specific adjustment to be appropriate, except for specific rate cells made up of only Dual eligible members.

The impacts to the ACC and ACC-RBHA Program of the separate, specific adjustments, accounting for the changing utilization patterns of the three diabetic drug classes, are displayed below in Table 10f. Totals may not add up due to rounding.

Table 10f: Diabetic Drug Class Utilization Changes

GSA	Dollar Impact	PMPM Impact
North	\$7,196,805	\$3.29
Central	\$37,189,680	\$2.49
South	\$23,324,615	\$4.16
Total	\$67,711,100	\$2.98

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Pharmacy and Therapeutics Committee Recommendations *

On the recommendations of the 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 25. 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 DBF 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. For CYE 25 rate development, the aggregate impact of adopted changes was allocated across risk groups and GSAs using CYE 23 encounter data for the affected drug classes.

For CYE 25 rate development, the actuaries also included other drug coverage decision impacts with the P&T Committee recommendations. Additionally, any drugs 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 gross medical component of the ACC and ACC-RBHA capitation rates of the adopted P&T Committee recommendations are displayed below in Table 10g. Totals may not add up due to rounding.

Table 10g: Pharmacy and Therapeutics Committee Recommendations

GSA	Dollar Impact	PMPM Impact
North	(\$479,383)	(\$0.22)
Central	(\$5,684,068)	(\$0.38)
South	(\$1,241,624)	(\$0.22)
Total	(\$7,405,076)	(\$0.33)

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 DBF Actuarial Team reviewed was the financial statement reports (from ACC, ACC-RBHA, and prior RBHA Contractors) listed in Section I.2.B.ii.(a)(i), and the CYE 23 supplemental rebate information provided by the ACC and ACC-RBHA Contractors. From this review, the AHCCCS DBF Actuarial Team determined that it would be reasonable to apply an adjustment to the Pharmacy data to reflect an average level of reported Rx Rebates. From the review of the above data, the AHCCCS DBF Actuarial Team assumed 1.37% for Rx Rebates for the ACC population, and 0.34% for Rx Rebates for the RBHA SMI population, which was applied to the projected CYE 25 Pharmacy COS. The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 10h. Totals may not add up due to rounding.

Table 10h: Rx Rebates Adjustment

GSA	Dollar Impact	PMPM Impact
North	(\$2,289,845)	(\$1.05)
Central	(\$16,560,625)	(\$1.11)
South	(\$5,638,510)	(\$1.01)
Total	(\$24,488,980)	(\$1.08)

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 10i. Totals may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- Community Health Workers/Community Health Representatives ***
 Effective April 1, 2023, AHCCCS received approval to implement a State plan amendment for a new Community Health Worker (CHW)/Community Health Representative (CHR) benefit which allows Medicaid reimbursement of CHW/CHR services billed under a qualified provider, within the employee CHW/CHR’s scope of practice. In March 2024, AHCCCS established a new provider type for CHW/CHR community-based organizations which is anticipated to increase billing for these services as most CHW/CHRs are employees of these organizations which had not historically been able to register as AHCCCS providers. A CHW/CHR is a non-physician, frontline public health worker who is a trusted member of the community with a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- Adolescent SUD Screening ***
 The American Academy of Pediatrics encourages primary care clinicians to follow the Screening, Brief Intervention and Referral to Treatment (SBIRT) model and recommends universal screening for substance use disorder (SUD) for adolescents. Effective October 1, 2023, AHCCCS began covering SUD screening for all 12- to 20- year-olds during EPSDT well-child visits.
- Adult SUD Screening ***
 Effective October 1, 2023, AHCCCS implemented universal screening for SUD for adults ages 21 and older using the Screening, Brief Intervention and Referral to Treatment (SBIRT) model recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Dental Varnish ***
 Previously, AHCCCS covered fluoride varnish for up to 4 times per year in Primary Care Physician (PCP) offices for children up to age 2. Effective October 1, 2023, AHCCCS expanded the use of

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

fluoride varnishes in primary care offices beyond the currently eligible 0-2-year olds to include 3-, 4-, and 5-year old children in compliance with recommendations from the U.S. Preventive Services Task Force and the American Academy of Pediatrics.

- **Group Prenatal Care ***

Group prenatal care is an alternative model of prenatal care delivery where a small cohort of pregnant women with similar due dates participate in a structured prenatal care program facilitated by a clinician. Effective October 1, 2023, AHCCCS added this as an additional service available to its members.

- **Corneal Cross-Linking ***

Effective January 1, 2024, AHCCCS began coverage of two procedure codes (0402T and J2787) for corneal cross-linking treatment used to prevent the progression of corneal ectasia.

- **Annual Syphilis Testing ***

In alignment with recommendations from The Centers for Disease Control and Prevention and the Arizona Department of Health Services, effective October 1, 2024, AHCCCS will begin requiring providers to offer annual Syphilis testing for members aged 15 years and older.

- **ASAM Continuum – U9 Modifier ***

Effective October 1, 2024, AHCCCS will implement a provider initiative that will require the American Society of Addiction Medicine (ASAM) CONTINUUM™ assessment tool to be used in the public mental health system. In order to provide additional reimbursement to help offset the annual subscription fees for access to the assessment tool, providers may include the U9 modifier when billing for HCPCS codes H0018, limited to twice per member stay, and H0035, limited to twice per member per year.

- **Doula Services ***

Effective October 1, 2024, AHCCCS is expanding its preventive services to include services provided by a state certified Doula, as defined in A.R.S. §36-766, which may include care coordination, social support, coaching, and emotional support.

Table 10i: Combined Miscellaneous

GSA	Dollar Impact	PMPM Impact
North	\$801,913	\$0.37
Central	\$6,728,271	\$0.45
South	\$2,305,982	\$0.41
Total	\$9,836,166	\$0.43

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.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 25 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 2019 through December 2023 and adjudicated and approved through the second February 2024 encounter cycle. The data for most risk groups was adjusted to account for some disenrollments following the end of the PHE by excluding the experience of all members on the COVID-19 override list who disenrolled from AHCCCS due to the PHE unwinding, as the observed trends during the experience period when all experience was considered were dampened by significant numbers of enrollees utilizing less care than those who are expected to remain enrolled in the program throughout the rating year. 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 COS, 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 23 (April 1, 2023) to the midpoint of the rating period for CYE 25 (April 1, 2025). 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 at a GSA and risk group level for the following trend COS: Physical Health Inpatient and LTC, Physical Health Practitioners, Mental Health Practitioners, Other Professional Services, Pharmacy, Outpatient Facility, and Emergency Facility. For the following trend COS, the projected benefit costs trends were developed by GSA but not at the risk group level: Mental Health Inpatient and LTC, Transportation, Laboratory and Radiology Services, Dental, and FQHC/RHC.

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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

For the RBHA SMI risk groups, six of the fifteen rate setting COS were aggregated with one or more other rate setting COS for the purposes of developing projected benefit cost trends. The aggregated trend COS are as follows: Outpatient and Emergency Facilities (Outpatient Facility and Emergency Facility), and Other Professional Services (Dental, FQHC/RHC, Laboratory and Radiology, and Other Professional Services). The remaining rate setting COS were analyzed without further aggregation for projected benefit cost trend development. There was no trend applied to the Crisis 24 Hour Group risk groups as the contracted block payment projections for CYE 25 for CPL, CMT, and CSU already incorporated expected increases in utilization and cost. Additional details on the development of the Crisis 24 Hour Group risk group capitation rates are 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 COS.

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. All PMPM trend assumptions were compared to similar assumptions made in CYE 24 capitation rates and judged reasonable to assume for projection to CYE 25, considering the change in the base data time period, the rating period, and the unwinding of the MOE. 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 2025 Guide requires explanation of outlier or negative trends. As in past years, the AHCCCS DBF Actuarial Team has defined outlier trends as utilization and unit cost trend combinations which resulted in a PMPM trend greater than 7%. No trends in the CYE 25 capitation rate development crossed the outlier threshold.

The actuaries assumed negative trends for the utilization trend for the following combinations of COS, GSA, and risk group:

- the Physical Health Inpatient and LTC COS in the South GSA for the Expansion Adults risk group,
- the Physical Health Practitioners COS in the North GSA for the Age 21+ risk group and the Prop 204 Childless Adults risk group,
- the Physician COS in the North GSA for the Delivery Supplemental Payment risk group, and
- the Other Professional Services COS in the Central GSA for all risk groups except Delivery Supplemental Payments and SMI.

The actuaries assumed negative trends for the unit cost trend for the following combinations of COS, GSA, and risk group:

- the Physical Health Inpatient and LTC COS in the South GSA for the Duals risk group,
- the Physical Health Practitioners COS in the South GSA for the Duals and Prop 204 Childless Adults risk groups, and
- the Outpatient Facility COS in the North GSA for the Duals risk group.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Each of the negative trend assumptions were based upon actuarial judgment after reviewing multiple moving averages and several linear regression lines. For all COS, GSA, and risk group combinations where a component of the trend (either utilization or unit cost) includes a negative assumption for projection, all regression lines for the relevant data are negatively sloped and the negative slopes are, by and large, more extreme than the component 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 COS 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 25 Annualized Trends

GSA	Utilization Per 1000	Unit Cost	PMPM
North	1.16%	1.61%	2.79%
Central	1.33%	1.63%	2.99%
South	2.14%	1.32%	3.48%
Total	1.51%	1.55%	3.09%

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 DMCS Medical Management Team reviews updated Contractor analysis to determine if additional services are necessary to comply with parity standards. As of August 26, 2024, no additional services have been identified as necessary services to comply with MHPAEA.

I.3.B.v. ILOS

There are no ILOS allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an 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.v.

I.3.B.vi. Retrospective Eligibility Periods

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

AHCCCS provides PPC for the period of time prior to the member's enrollment during which the member is eligible for covered services. PPC refers to the time frame from the effective date of eligibility (usually the first day of the month of application) until the date the member is enrolled with 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 25 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:

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

“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

Adjustments related to provider payment requirements under State directed payments, as defined in 42 CFR § 438.2, are discussed in Section I.4.D of this rate certification. Additionally, provider payment requirements related to FQHCs/RHCs and the VFC program 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 2025 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 25 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 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 incentive arrangement uses a ranked score to distribute available incentive dollars by each performance measure, but Contractors will not be ranked if they did not earn either a performance achievement score or a performance improvement score for a given measure. The maximum incentive pool possible is approximately \$94 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' provider contracts must include performance measures for quality and/or cost effectiveness. The Contractors are mandated to utilize the APM strategies in the

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Health Care Payment Learning and Action Network (LAN) Alternative Payment Model Framework with a focus on Categories 2, 3, and 4 as defined at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>.

Alternative Payment Model Initiative – Quality Measure Performance

The incentive arrangement includes performance measures that will be determined in late September 2024. All enrollees utilizing the services addressed in the performance measures, and providers of these services, are covered by the incentive arrangement unless specifically stated otherwise in contract or policy.

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 quantifiably 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, by aligning the incentives of the Contractor and provider through APM strategies.

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 25 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 25 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 25 capitation rates and had no effect on the development of the capitation rates for the ACC and ACC-RBHA Program. Incentive payments will be paid by AHCCCS to the Contractors through lump 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 2025 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 Program includes a percentage of capitation withhold arrangement which the Contractor may earn back. Each Contractor's earnings are based on their performance achievement score, using a threshold benchmark and a high-performance benchmark, and/or performance improvement score by measure.

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

The time period of the withhold arrangements described herein is twelve months.

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

All enrollees, services, and providers are covered by this withhold arrangement unless specifically stated otherwise in contract or policy.

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 by aligning the incentives of the Contractor and provider through APM strategies.

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 DBF Actuarial Team does not have the information needed to develop an estimate of the withheld amount that is not reasonably achievable, as a new policy governing the performance measure results became effective October 1, 2022, for CYE 23 and forward. The AHCCCS DBF Actuarial Team expects to have the first estimate of withhold not reasonably achievable under the new policy in the summer of 2025.

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

The actuaries relied upon the AHCCCS DBF 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 DBF Finance & Reinsurance Team's interpretation of financial operating needs relates to cash flow needs for the Contractors to pay

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

claims and administer benefits for its covered populations. The AHCCCS DBF 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 DBF 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 DBF 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 25 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 2025 Guide provides information on the requirements for risk-sharing mechanisms.

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 25 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 continuity, which is an additional intangible benefit to the stability of the Medicaid member. The CYE 25 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 2025 Guide. The ACC and ACC-RBHA contracts refer to the risk corridors as reconciliations.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 and sub-capitated/block purchased medical 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	Contractor Share	State Share	Max Contractor Profit	Cumulative Contractor Profit
<= 2%	100%	0%	2.00%	2.00%
2% < Profit <= 4%	75%	25%	1.50%	3.50%
4% < Profit <= 7%	25%	75%	0.75%	4.25%
x > 7%	0%	100%	0.00%	4.25%
Loss	Contractor Share	State Share	Max Contractor Loss	Cumulative Contractor Loss
<= 1%	100%	0%	1.00%	1.00%
1% < Loss <= 2%	75%	25%	0.75%	1.75%
2% < Loss <= 3%	50%	50%	0.50%	2.25%
3% < Loss <= 4%	25%	75%	0.25%	2.50%
> 4%	0%	100%	0.00%	2.50%

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; a reimbursement or recoupment will happen for all levels of discrepancy between actual ACC population member months and assumed ACC population member months.

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 25 capitation rates for the ACC and ACC-RBHA Program.

CYE 25 Capitation Rate Certification – 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 DBF Actuarial Team, the AHCCCS DBF 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. Additional information regarding the risk corridors can be found in the contract as well as in the AHCCCS Contractors Operations Manual (ACOM), in ACOMs 311 and 326.

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 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.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 25 Regular reinsurance cases is \$150,000, which is unchanged from the CYE 24 deductible but represents an increase from the base year CYE 23 Regular reinsurance case deductible of \$75,000. 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 expense component of the capitation rates.

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 not changed from the CYE 24 capitation rates. The data used to develop the reinsurance offset for CYE 25 are historical reinsurance payments to the Contractors for services incurred during CYE 23. For the Biologic and Catastrophic reinsurance case types, these reinsurance payments were divided by the CYE 23 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 \$75,000 (the base year deductible) to \$150,000 (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 23 member months to develop a PMPM offset before completion. The reinsurance PMPMs were then completed

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

and adjusted for any adjustments that impacted CYE 23 base encounter data as described above in Section I.2.B.iii.(d) and in Section I.7. The adjusted reinsurance PMPMs for each risk group and GSA were trended forward to CYE 25 using the assumed medical trend rates, as described above in Section I.3.B.iii.(a), 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 Mental Health Inpatient and LTC rate setting COS, the Biologic reinsurance case type used the Pharmacy category of service trend, and the Catastrophic reinsurance case type used aggregated trend rates across all COS.

The adjusted and trended reinsurance PMPMs were then further modified to account for changes to the reinsurance program from CYE 23 to CYE 25, 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 25 reinsurance PMPMs. Other changes to the reinsurance program from CYE 23 to CYE 25 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 were calculated by taking the projected costs for CYE 25 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 additional drugs added to the biologic case type for the ACC and ACC-RBHA Program is \$7.4 million.

Appendix 7 displays the reinsurance offset PMPMs included in the capitation rates by rate cell.

I.4.D. State Directed Payments

I.4.D.i. Rate Development Standards

This section of the 2025 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 two sets of providers, FQHC/RHCs and VFC 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). The State directed payments for FQHC/RHC and VFC providers do not require written approval prior to implementation per 42 CFR § 438.6(c)(2)(i). The State directed payments which require preprints for prior approval are DAP, APSI, PSI, HEALTHII, and SNSI. The 2025 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 Arizona Medicaid State plan as a minimum fee schedule for FQHC/RHC providers. The Arizona Medicaid State

plan describes the methodology for the calculation of PPS rates in Attachment 4.19-B starting on Page 3a.

Vaccines for Children

Through the VFC program, the Federal and State governments purchase, and make available at no cost, vaccines for AHCCCS children under age 19. A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(20)(C)(ii) of the Act. Contractors are required to adopt the payment rates in the Arizona Medicaid State plan, as described on Page 66b, as a minimum fee schedule for VFC providers.

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. All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP. The potential rate increases range from 0.5% to 20.0%, depending on the provider type.

Access to Professional Services Initiative

The APSI provides a uniform percentage increase of 75% to otherwise contracted rates for eligible practitioners, critical to professional training and education efforts, who deliver services to AHCCCS members. The uniform percentage increase is applicable only to services covered under the AHCCCS APSI policy. The rate increase is intended to supplement, not supplant, payments to eligible providers.

Pediatric Services Initiative

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

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.

Safety Net Services Initiative

The SNSI directed payment provides a uniform percentage increase for inpatient and outpatient services provided by the eligible public safety net hospital. The SNSI uniform percentage increase is based on a fixed total payment amount and is expected to fluctuate based on utilization in the contract year. This increase is intended to supplement, not supplant, payments to the eligible public safety net hospital.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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

The FQHC/RHC and VFC minimum fee schedules and the DAP initiative are the only directed payments incorporated in the capitation rates. The 2025 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 and VFC minimum fee schedule State directed payment impacts all ACC and ACC-RBHA rate cells except for the Crisis 24 Hour Group and Delivery Supplemental Payment. 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 and VFC minimum fee schedule impacts are included as part of the aggregate fee schedule changes shown in Appendix 6. For the total impact by rate cell for the FQHC/RHC and VFC minimum fee schedules 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).

Vaccines for Children

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

Differential Adjusted Payments

The AHCCCS DBF Rates & Reimbursement Team provided the AHCCCS DBF Actuarial Team with data for the impact of DAP. The data used to develop the DAP impacts was the CYE 23 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DBF 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 25 time period. The AHCCCS DBF Actuarial Team then reviewed the results and applied the percentage impacts by program and risk group to the applicable COS to come to the final dollar impact for CYE 25 (the data provided by the AHCCCS DBF Rates & Reimbursement Team was at a detailed rate code and COS level which the AHCCCS DBF Actuarial Team then aggregated to the specific risk groups for each program).

I.4.D.ii.(a)(ii)(D) Preprint Acknowledgement

AHCCCS has submitted the DAP 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each State directed payment preprint at the time the rates were certified. 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 preprint under CMS review.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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, SNSI, and HEALTHII are not included in the ACC and ACC-RBHA certified capitation rates and will be paid out via lump sum payments. The 2025 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 \$284.9 million for the ACC and ACC-RBHA Program. 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 \$46.6 million for the ACC and ACC-RBHA Program. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 25 utilization will be used to redistribute the payments.

Hospital Enhanced Access Leading to Health Improvements Initiative

Anticipated payments, including premium tax, for HEALTHII are approximately \$2.93 billion for the ACC and ACC-RBHA Program. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 25 utilization will be used to redistribute the payments.

Safety Net Services Initiative

Anticipated payments, including premium tax, for SNSI are approximately \$371 million for the ACC and ACC-RBHA Program. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 25 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.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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.

Safety Net 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.

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) Preprint Acknowledgement

Access to Professional Services Initiative

AHCCCS has submitted the APSI 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each State directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

Pediatric Services Initiative

AHCCCS has submitted the PSI 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each State directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

Hospital Enhanced Access Leading to Health Improvements Initiative

AHCCCS has submitted the HEALTHII 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each State directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

Safety Net Services Initiative

AHCCCS has submitted the HEALTHII 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each State directed payment preprint at the time the

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

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 preprint, 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 preprint, 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 preprint, and as if the payment information had been fully known when the rates were initially developed.

Safety Net Services Initiative

After the rating period is complete and the final SNSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the SNSI payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved State directed payment preprint, 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 or total published Medicare payment 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 2025 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 25 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 25 capitation rates for the RBHA populations was the administrative expense PMPM submitted by the Offerors during the CYE 24 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 COS 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 and ACC-RBHA Contractors' supplemental administrative data request included amounts for administrative expenses for CYE 24 Q1 (through December 31, 2023) actuals, actual/projected amounts for CYE 24, and projected amounts for CYE 25. The Contractors also provided CYE 23 actuals for the ACC risk groups. This data request included administrative breakouts into different categories, breakdowns of fixed and variable administrative costs for the ACC populations, and the ACC and ACC-RBHA Contractors' member months for each of the time frames. The CYE 23 financial statements and CYE 24 Q1 financial statements for all ACC and ACC-RBHA risk groups 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 S&P Global Market Intelligence Healthcare Cost Review.

The ACC population administrative PMPMs included in the capitation rates were developed primarily using the Contractors' supplemental administrative data and CYE 25 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, plus some added adjustments for increased contract requirements not known at the time of the Contractors' submissions, 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 25, with limits imposed on any Contractor whose 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 DBF Actuarial Team.

For the RBHA populations, the actuaries used the awarded ACC-RBHA Contractors' final administrative bids but adjusted the CYE 25 bid amounts to use a higher inflation factor for the third year than what

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

was bid since recent inflation trends are higher than what was anticipated when bids were made. 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, along with the noted adjustment, 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

With the exception of the noted adjustments in the previous section, there have been no material changes to the data, assumptions, and methodology used to develop the projected administrative costs since the last 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 25 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 25 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 25 capitation rates for the ACC and ACC-RBHA Program include a decreased provision (denoted as UW gain and expressed as a percentage) for contributions to reserves, risk margin, and cost of capital, compared to the CYE 24 capitation rates UW gain assumption. The decrease is primarily attributable to reduced uncertainty around which members will be disenrolled due to the unwinding of the MOE requirements after March 31, 2023 as the acuity adjustment captures actual disenrollments through May 2024.

There is still uncertainty related to the projected acuity of members during the rating period, returning rates of churn now that the MOE is no longer in place, and the potential for more volatile expenses associated with higher prior period coverage enrollment numbers as eligible people start enrolling again only once they have immediate health care needs. Additionally, the required equity per member thresholds have increased since the start of the ACC Program and cost of capital remains elevated compared to rating periods prior to CYE 24. For CYE 25, the actuaries have built in a provision of 1.4% for the UW gain to address the issues listed above.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 25 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

I.6.A. Rate Development Standards

I.6.A.i. Risk Adjustment

The table below provides definitions for a few AHCCCS standardized terms which will be used throughout this section.

Table 13: Definitions of Time Periods for Risk Adjustment

Time Period	Definition
Cost Relativity Period	The period of time from which member cost data is gathered for the purpose of formulating an observed cost relativity risk score. This can be set equal to the Marker Study Period (for concurrent risk adjustment) or after the Marker Study Period (for prospective risk adjustment).
Marker Study Period	The period of time from which member diagnostic and NDC information is gathered to formulate CDPS+Rx, social determinants of health (SDOH), and LT1 (for the Age < 1 risk group) diagnostic markers used as indicator variables in the risk score models. This is also the period of time from which enrollment data (in the form of member months) is gathered for identifying members as part of the long cohort or the short cohort.
Member Snapshot Period	The period of time from which member enrollment characteristics and associated demographic markers are gathered for assigning members into their prospective Contractor-GSA-risk group categories for risk score aggregation.

The CYE 25 capitation rates have risk adjustment factors applied to them. The AGE < 1 risk group is modeled differently than the other risk groups that receive risk adjustment factors. Both AGE < 1 and non-AGE < 1 risk groups have prospective risk adjustment factors applied to them. The non-AGE < 1 risk groups use prospective modeling to develop the risk weights with the Marker Study Period being one year prior to the Cost Relativity Period, and the AGE < 1 risk group use concurrent modeling to develop the risk weights using the same time frame for the Marker Study Period and Cost Relativity Period. For CYE 25, AHCCCS actuaries calibrated the risk adjustment model at an early point in the rate development cycle to validate all aspects of the model. The risk adjustment methodology and factors certified in this capitation rate certification were then updated by AHCCCS to include more recent enrollment information for the non-AGE < 1 risk groups.

For the non-AGE < 1 risk groups, the risk adjustment factors in this certification are based on a February 2024 Member Snapshot Period and a Marker Study Period of October 2022 through September 2023. For the AGE < 1 risk group, the risk adjustment factors in this certification are based on a Member Snapshot Period and Marker Study Period of October 2022 through September 2023.

AHCCCS does not intend to update the risk adjustment factors during the contract period. In the unlikely event that AHCCCS does update 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 would 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.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

Model for the non-AGE < 1 Risk Groups

AHCCCS is using risk scores resulting from the Combined Chronic Illness and Disability Payment System and Medicaid Rx (CDPS+Rx) Version 7.0 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.

The weights used in the prospective risk adjustment model were calibrated to be Arizona state specific for the ACC and ACC-RBHA Program using a Marker Study Period of August 2021 through July 2022 and Cost Relativity Period of August 2022 through July 2023.

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

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 7.0 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.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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 covering the following risk groups: 1) AGE 1-20, 2) AGE 21+, Expansion Adults, Prop 204 Childless Adults, and 3) SSI without Medicare. Only members with at least six months of experience in the Marker Study Period and at least one month of enrollment in the Cost Relativity 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 Cost Relativity Period. The AHCCCS risk adjustment model weights were based on statewide data.

When aggregating risk scores for each MCO, the risk scores calculated from the Marker Study Period (October 2022 through September 2023) will follow the individual during the rating period.

A credibility adjustment was applied to the CYE 25 risk adjustment factors, where applicable. To be fully credible, a rate cell had to have greater than 1,250 members during the Member Snapshot (February 2024). For any rate cell that is not fully credible, the risk factor is set to 1.00.

Model for the AGE < 1 Risk Group

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 Marker Study Period to the rating period, this approach assumes that Contractors attract newborns with a consistent health status mix.

Based on Arizona data for the newborn Medicaid populations, a series of conditions that resulted in material variations among newborns due to the frequency, cost, and nature of those conditions were identified. This analysis resulted in 11 general risk marker categories that are used to differentiate the health status, and therefore risk, of newborns. Calibration of the weights for the 11 selected newborn risk markers is based on a concurrent, rather than prospective, methodology. The newborn risk marker weights were recalibrated in 2024.

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 Marker Study Period ("long" cohort) are given a diagnosis-based risk adjustment factor (average State Specific risk score). Members with less than six months of enrollment during the Marker Study 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

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.

Risk Adjustment for AGE < 1

Newborns with sufficient experience during the Marker Study Period (October 2022 through September 2023) are assigned a risk score. Sufficient experience is defined as newborns enrolled in the Marker Study Period for at least three months of life in any combination of Contractors. Encounters incurred within the first 12 months of life were analyzed for the newborns meeting these criteria. The data excluded those enrolled under PPC. 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 1.00, the 'no adjustment' factor. 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 Marker Study 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.i.(d) Magnitude of Adjustment by MCO

The magnitude of risk adjustment on the CYE 25 capitation rates is displayed by Contractor below in Table 14. These values may change whenever risk adjustment is updated.

Table 14: Magnitude of Risk Adjustment

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	(1.88%)
Banner - University Family Care	(2.03%)
Health Choice Arizona, Inc.	(0.89%)
Mercy Care	1.91%
Molina Healthcare of Arizona, Inc.	(4.16%)
UnitedHealthcare Community Plan	2.15%

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

The actuaries 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 15: CDPS+RX 7.0 Recalibration R-Squared Results

Aggregated Risk Groups	R-Squared
AGE < 1	0.170
AGE 1-20	0.340
Adults	0.293
SSIWO	0.207

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

The R-squared statistics presented above are considered in the upper range for such types of models consistent with similar models in the industry¹ 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 – Not Applicable

Not applicable. The CYE 25 capitation rates do not apply risk adjustment factors retrospectively. This is unchanged from previous years; the difference in the location of the documentation of the AGE < 1 risk group methodology from the CYE 24 to the CYE 25 actuarial certifications is a correction of prior misplacements.

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

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

The AHCCCS DBF Actuarial Team calculated the risk adjustment factors from the models for CYE 25 capitation rates, instead of using risk adjustment factors calculated by Wakely as has been done in past years. The time frame of the data was changed to update the Marker Study Periods and the Member Snapshot Periods for each of the models. 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.

¹ For comparable statistics of other risk adjustment models in the industry, please refer to the Society of Actuaries 2016 research report titled “Accuracy of Claims-Based Risk Scoring Models”, Table 4.2.2: R-Squared and MAE, Prospective Models, available at: <https://www.soa.org/globalassets/assets/Files/Research/research-2016-accuracy-claims-based-risk-scoring-models.pdf>

I.7. Acuity Adjustments

I.7.A. Rate Development Standards

This section of the 2025 Guide provides information on acuity adjustments which account for significant uncertainty about the health status or risk of a population, which are permissible adjustments to the capitation rates under 42 CFR § 438.5(f).

I.7.B. Appropriate Documentation

I.7.B.i. Acuity Adjustment Description

The CYE 25 capitation rates include acuity adjustments developed and applied to the base data medical expenses to prospectively account for changes in the health status of the ACC and ACC-RBHA populations during and after the unwinding period for the COVID-19 PHE.

I.7.B.i.(a) Reason for Acuity Adjustment

The CYE 25 capitation rates use CYE 23 encounter data and enrollment information as the basis for the development of the capitation rates. The FFCRA included MOE requirements under which Arizona did not disenroll anyone who was eligible at the start of, or became eligible during, the PHE from AHCCCS programs, except in limited instances as allowed by the FFCRA. This growth in enrollment influenced the average PMPMs in each risk group in different ways. The CAA decoupled the MOE requirements from the end of the PHE, and Arizona began the process of redeterminations in February 2023, with the first disenrollments due to ineligibility happening in April 2023, as allowed under CAA. The acuity adjustment described here is intended to reverse some of the influence of the increased enrollment, account for changes in the average risk and health status of the members who will be enrolled during the rating period compared to those who were enrolled during the base period and reduce the likelihood of significant mismatches in projected medical expenses and actual medical expenses during the rating period.

Over the course of the PHE, the AHCCCS DBF Actuarial Team reviewed the encounter data from multiple years with the expectation that the total average PMPMs would be lower when considering all members enrolled in a risk group than when considering members in the same risk group who were likely to still be enrolled after all redeterminations had been completed for the AHCCCS population, under the a priori assumption that members who may no longer be eligible for Medicaid had the potential to be otherwise insured, or healthier on average than an “ordinary” Medicaid member. Using information obtained from AHCCCS DMPS, described more in Section I.7.B.i.(b), the actuaries compared the base data for each risk group using all enrolled membership to a smaller subset of the base data which removed the enrollment and experience of potentially ineligible members and observed a lower PMPM average in the total set compared to the smaller subset. This was done both before redeterminations and disenrollments began, and after. After the MOE ended and disenrollments began, the a priori assumption that disenrolling members would have lower average PMPM expenses was confirmed through an additional review which looked at members who had already been disenrolled due to the redetermination process. Some level of uncertainty remains as to how the overall PMPMs will be impacted by further runout of data from the end of the redetermination process, and the return of a

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

normal amount of churn during the intervening time period between the base data period, the end of the redetermination process, and the rating period for which capitation rates are being certified, hence the inclusion of an acuity adjustment.

The acuity adjustment factors included in the capitation rates project an increase in the health needs of the population in a return towards pre-pandemic churn and average acuity levels.

I.7.B.i.(b) Acuity Adjustment Model

Throughout the PHE, the AHCCCS DMPS continued the regular process of making initial eligibility determinations and renewals without disenrolling anyone (except those allowed under FFCRA) in accordance with MOE requirements in the FFCRA. AHCCCS DMPS kept records for all eligibility decisions by date, and categorized members who, if not for the MOE, would have been ineligible. There were two main categories, or groupings, of members on, what has been referred to by the agency as, the “COVID-19 override” list. These categories were eligibility failure (EF) for members who were potentially factually ineligible, meaning that at some point between March 2020 and December 2022 AHCCCS received information indicating that the member was no longer eligible, and verification failure (VF) for members who were non-compliant or not respondent to requests for information. In February 2023, AHCCCS DMPS began implementing the state renewal plan as submitted to CMS, which included processing renewals for all AHCCCS members, based on their annual enrollment date with additional prioritization of members on the COVID-19 override list such that those members would have their renewal processed and completed during the first nine months of redeterminations. The process prioritized the EF group and then the VF group, and within both groups, the agency worked from the oldest to the newest in terms of how long the member’s eligibility had been extended, with modifications to process redeterminations of households together to reduce administrative burden. At the same time, and continuing after the processing of all override members, the AHCCCS DMPS team continued to conduct eligibility determinations and renewals for the AHCCCS members who were not on the COVID-19 override list.

The AHCCCS DMPS provided the AHCCCS DBF Actuarial Team with the list of all AHCCCS members with an adverse redetermination decision and their redetermination reason in June 2024. The AHCCCS DBF 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 these, on average, less costly members.

Using the provided list, the AHCCCS DBF Actuarial Team extracted adjudicated and approved encounter data for all members on the list as well as membership information. The dates of service for the encounters correspond to the base data time period (CYE 23), paid through February 2024. The AHCCCS DBF Actuarial Team also extracted all adjudicated and approved encounter data for all ACC and ACC-RBHA members, paid through February 2024, as well as membership information for the same time frame.

The model developed to estimate acuity adjustment factors by risk group and GSA compares the PMPMs of the members remaining after determinations (“stayers”) compared to the total population of

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

the base year. This comparison was done by dividing the stayers PMPM amounts by the total population PMPM amounts to estimate how much the total population costs would have differed if the MOE was not in effect, which resulted in multiplicative figures that were then applied to the base data to reflect the increase in PMPMs needed to reach the likely acuity levels in a non-PHE environment. The population of stayers was determined by subtracting the “disenrolled population” from the total population. The disenrolled population was determined by pulling enrollment data for all members of the list provided by AHCCCS DMPS, filtered down to ACC and ACC-RBHA members, and isolating to members who were disenrolled, as long as they were disenrolled for more than 30 days and the reason for the change in their enrollment was not applicable to age changes (as in someone who turned 21 and moved from the AGE 1-20 to the AGE 21+ risk group), incarcerations, or death.

I.7.B.i.(c) Data and Source of Data

The sources of the data are listed above in Section I.7.B.i.(b).

I.7.B.i.(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 lead to a different result because the encounter data used to develop the acuity factors, though modified for completion factors, was not modified for any of the other base data adjustments applied to the rate setting data. 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.

I.7.B.iv.(e) Frequency

The AHCCCS DBF Actuarial Team will continue monitoring the experience of enrolled members and re-enrolled members (of those disenrolled since the end of the MOE period) and compare the results with the assumptions included within the model, but does not anticipate a need for adjustment given the data available at the time of this rate certification includes final redetermination decisions for all members who were on the override list and all but the final month of any appeals of any adverse redetermination decisions for the remainder of the AHCCCS population that was enrolled as of March 31, 2023.

I.7.B.i.(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 COS level.

The impacts to the ACC and ACC-RBHA Program of the acuity adjustment are displayed below in Table 16. Totals may not add up due to rounding.

Table 16: Impact of Acuity Adjustment on Benefit Costs

GSA	Dollar Impact	PMPM Impact
North	\$50,076,918	\$22.92
Central	\$362,289,505	\$24.25
South	\$131,025,336	\$23.37
Total	\$543,391,759	\$23.90

I.7.B.i.(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 actuaries 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 model using their professional judgement in determining what was appropriate for modeling the nature of the impact of the unwinding of the MOE on the base period experience of 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 and incorporates information gathered between the start of disenrollments in April 2023 and May 2024, and has been reviewed for accuracy, completeness, quality, and consistency with the data used as the basis of the capitation rates. The assumptions used in the model are consistent with the timing of redeterminations between the base period and the development of the capitation rates for the upcoming rating period.

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

Section II of the 2025 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 2025 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 37.0% 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 25 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 25 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 DBF Actuarial Team, along with the AHCCCS DBF 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 17 below displays the projected gross medical expense (GME) PMPM from CYE 23 capitation rate development for the new adult group risk groups and the actual CYE 23 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 23 encounter data includes impacts of the MOE requirements due to the PHE; the CYE 23 encounter data information below has not been adjusted for those impacts.

Table 17: Projected and Actual Gross Medical Expense (GME) PMPM for CYE 23

GSA	Risk Group	Projected GME in CYE 23 Cap Rates	Actual CYE 23 GME from Completed Encounter Data	Percentage Impact
North	Prop 204 Childless Adults	\$590.24	\$486.75	(17.53%)
North	Expansion Adults	\$434.29	\$334.53	(22.97%)
Central	Prop 204 Childless Adults	\$645.95	\$537.07	(16.86%)
Central	Expansion Adults	\$428.45	\$349.41	(18.45%)
South	Prop 204 Childless Adults	\$578.54	\$511.23	(11.63%)
South	Expansion Adults	\$410.89	\$337.93	(17.76%)

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

As described throughout Section I, the CYE 25 capitation rates were developed as a rebase using CYE 23 as the starting point for projections to CYE 25. Besides the base data adjustments described in I.2.B.iii.(d) and acuity adjustments as described in I.7.B.i., no other specific adjustments were made to the CYE 25 capitation rates for the ACC and 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,

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

in CYE 25 rate development, as CYE 23 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 25 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 23 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 25 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.7.B.i., 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 25 capitation rates for the ACC and ACC-RBHA Program used a base data time period of CYE 23. This time period has 12 months of actual experience for the new adult group. Additionally, the beginning of CYE 23 (October 1, 2022) is eight years and nine months past the effective date of the Adult Expansion population for Arizona. The CYE 25 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.7.B.i., which is applied to nearly all risk groups, including the new adult

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

group risk groups, but the comparison is between members who disenrolled following the end of the PHE in each risk group and GSA to members who remained enrolled 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 25 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 25 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 comparisons 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 25 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

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

We, Matthew C. Varitek, FSA, MAAA and Luna Zong, 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 25 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 25 capitation rates for the ACC and ACC-RBHA Program have been documented according to the guidelines established by CMS in the 2025 Guide. The CYE 25 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2024, through September 30, 2025.

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 26, 2024

Matthew C. Varitek

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

SIGNATURE ON FILE

August 26, 2024

Luna Zong

Date

Associate, Society of Actuaries

Member, American Academy of Actuaries

Appendix 2: Certified Capitation Rates

CYE 25 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	Arizona Complete Health - Complete Care Plan	\$734.00	\$252.57	\$406.26	\$147.54	\$1,311.28	\$604.56	\$458.84	\$7,271.29	\$1,628.83	\$6.42
North	Health Choice Arizona, Inc.	\$748.93	\$250.98	\$402.55	\$149.84	\$1,329.33	\$604.79	\$463.80	\$7,271.29	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$758.64	\$231.86	\$419.37	\$167.69	\$1,244.84	\$629.33	\$470.58	\$7,025.64	NA	NA
Central	Banner - University Family Care	\$781.18	\$228.68	\$412.46	\$165.58	\$1,254.21	\$631.57	\$464.22	\$7,025.64	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$748.33	\$251.29	\$432.09	\$198.00	\$1,347.63	\$641.10	\$500.47	\$7,025.64	NA	NA
Central	Mercy Care	\$778.27	\$234.48	\$455.52	\$157.32	\$1,409.47	\$660.71	\$486.88	\$7,025.64	\$2,863.55	\$9.77
Central	Health Choice Arizona, Inc.	\$819.05	\$238.84	\$427.37	\$169.89	\$1,299.92	\$625.41	\$458.86	\$7,025.64	NA	NA
Central	UnitedHealthcare Community Plan	\$760.70	\$235.67	\$441.51	\$162.94	\$1,369.50	\$649.41	\$485.56	\$7,025.64	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$787.09	\$255.00	\$435.84	\$167.17	\$1,409.79	\$623.54	\$471.98	\$7,176.93	\$1,849.48	\$9.10
South	Banner - University Family Care	\$850.06	\$259.13	\$443.58	\$165.52	\$1,387.56	\$623.94	\$469.27	\$7,176.93	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	\$841.11	\$280.79	\$481.41	\$162.13	\$1,415.12	\$636.38	\$487.44	\$7,176.93	NA	NA

Appendix 3: Fiscal Impact Summary and Comparison to Prior Rates

Appendix 3: Fiscal Impact Summary

GSA	Risk Group	CYE 25 Projected MMs	Weighted CYE 24 Cap Rate	CYE 24 Projected Expenditures	Weighted CYE 25 Cap Rate	CYE 25 Projected Expenditures	Percentage Impact
North	AGE < 1	42,512	\$732.49	\$31,139,987	\$742.76	\$31,576,551	1.40%
North	AGE 1-20	774,553	\$221.97	\$171,928,207	\$251.70	\$194,952,237	13.39%
North	AGE 21+	340,276	\$387.87	\$131,981,883	\$404.15	\$137,523,496	4.20%
North	Duals	194,580	\$138.00	\$26,852,789	\$148.73	\$28,939,252	7.77%
North	SSIWO	67,018	\$1,192.14	\$79,894,492	\$1,321.04	\$88,532,875	10.81%
North	Prop 204 Childless Adults	601,488	\$601.66	\$361,892,311	\$604.69	\$363,711,898	0.50%
North	Expansion Adults	98,853	\$468.28	\$46,291,049	\$461.67	\$45,637,422	(1.41%)
North	Delivery Supplemental Payments	2,867	\$7,157.44	\$20,520,391	\$7,271.29	\$20,846,802	1.59%
North	SMI	65,957	\$1,682.60	\$110,979,739	\$1,628.83	\$107,433,010	(3.20%)
North	Crisis 24 Hour Group	2,949,269	\$6.62	\$19,528,164	\$6.42	\$18,935,337	(3.04%)
North	Total ^{1,2}	2,185,237		\$1,001,009,011		\$1,038,088,880	3.70%
Central	AGE < 1	372,670	\$742.48	\$276,699,214	\$773.67	\$288,324,048	4.20%
Central	AGE 1-20	6,177,353	\$209.71	\$1,295,456,602	\$234.85	\$1,450,744,544	11.99%
Central	AGE 21+	2,355,353	\$431.65	\$1,016,682,680	\$437.69	\$1,030,904,080	1.40%
Central	Duals	886,887	\$184.14	\$163,314,232	\$164.12	\$145,552,317	(10.88%)
Central	SSIWO	389,923	\$1,292.99	\$504,167,659	\$1,340.87	\$522,837,838	3.70%
Central	Prop 204 Childless Adults	3,819,687	\$663.68	\$2,535,056,384	\$644.31	\$2,461,062,066	(2.92%)
Central	Expansion Adults	591,155	\$475.49	\$281,090,770	\$478.98	\$283,153,036	0.73%
Central	Delivery Supplemental Payments	23,301	\$7,258.84	\$169,138,246	\$7,025.64	\$163,704,484	(3.21%)
Central	SMI	348,938	\$2,652.80	\$925,664,106	\$2,863.55	\$999,201,254	7.94%
Central	Crisis 24 Hour Group	15,090,929	\$9.40	\$141,877,196	\$9.77	\$147,457,373	3.93%
Central	Total ^{1,2}	14,941,967		\$7,309,147,090		\$7,492,941,041	2.51%
South	AGE < 1	116,418	\$836.80	\$97,418,710	\$824.15	\$95,945,605	(1.51%)
South	AGE 1-20	2,017,079	\$221.44	\$446,652,509	\$263.31	\$531,120,253	18.91%
South	AGE 21+	905,495	\$424.77	\$384,624,897	\$450.33	\$407,767,583	6.02%
South	Duals	528,532	\$157.79	\$83,396,406	\$165.16	\$87,291,938	4.67%
South	SSIWO	174,331	\$1,345.41	\$234,545,342	\$1,402.65	\$244,525,005	4.25%
South	Prop 204 Childless Adults	1,455,925	\$600.49	\$874,272,321	\$627.20	\$913,157,838	4.45%
South	Expansion Adults	261,816	\$458.07	\$119,929,441	\$474.98	\$124,357,067	3.69%
South	Delivery Supplemental Payments	7,918	\$7,346.66	\$58,170,847	\$7,176.93	\$56,826,940	(2.31%)
South	SMI	146,572	\$1,733.29	\$254,050,541	\$1,849.48	\$271,081,435	6.70%
South	Crisis 24 Hour Group	5,693,510	\$8.68	\$49,413,769	\$9.10	\$51,805,481	4.84%
South	Total ^{1,2}	5,606,167		\$2,602,474,782		\$2,783,879,145	6.97%
Total	AGE < 1	531,600	\$762.34	\$405,257,911	\$782.25	\$415,846,204	2.61%
Total	AGE 1-20	8,968,985	\$213.41	\$1,914,037,318	\$242.70	\$2,176,817,034	13.73%
Total	AGE 21+	3,601,124	\$425.78	\$1,533,289,460	\$437.70	\$1,576,195,159	2.80%
Total	Duals	1,609,998	\$169.92	\$273,563,427	\$162.60	\$261,783,508	(4.31%)
Total	SSIWO	631,271	\$1,296.76	\$818,607,494	\$1,355.83	\$855,895,718	4.56%
Total	Prop 204 Childless Adults	5,877,101	\$641.68	\$3,771,221,016	\$636.02	\$3,737,931,802	(0.88%)
Total	Expansion Adults	951,825	\$469.95	\$447,311,260	\$476.08	\$453,147,525	1.30%
Total	Delivery Supplemental Payments	34,086	\$7,270.71	\$247,829,484	\$7,081.45	\$241,378,226	(2.60%)
Total	SMI	561,467	\$2,298.79	\$1,290,694,386	\$2,453.78	\$1,377,715,699	6.74%
Total	Crisis 24 Hour Group	23,733,708	\$8.88	\$210,819,129	\$9.19	\$218,198,191	3.50%
Total	Total ^{1,2}	22,733,371		\$10,912,630,883		\$11,314,909,066	3.69%

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

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: AGE < 1
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 42,934
 Projection Period Member Months: 42,512

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$337.26	0.9286	1.0002	\$363.09	(2.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$355.66
Mental Health Inpatient and LTC	\$2.77	0.9834	1.0000	\$2.82	(2.95%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.74
Outpatient Facility	\$16.20	0.9780	1.0003	\$16.56	(2.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.15
Emergency Facility	\$31.66	0.9807	1.0002	\$32.27	(2.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.61
Pharmacy	\$7.05	0.9999	1.0000	\$7.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.05
Transportation	\$55.92	0.9863	1.9422	\$29.19	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.19
Dental	\$0.69	0.9680	1.0000	\$0.71	(0.61%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.71
FQHC/RHC	\$36.58	0.9742	1.0000	\$37.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.54
Laboratory and Radiology Services	\$3.99	0.9799	1.0001	\$4.08	(0.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.07
Other Professional Services	\$21.45	0.9782	1.0002	\$21.93	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.92
Physical Health Practitioners	\$123.27	0.9771	1.0000	\$126.15	(0.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$125.87
Mental Health Practitioners	\$0.83	0.9723	1.0000	\$0.85	(1.66%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.84
Gross Medical	\$637.67	0.9519	1.0430	\$642.25	(1.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$633.35

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: AGE 1-20
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 834,825
 Projection Period Member Months: 774,553

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$15.48	0.9427	1.0002	\$16.42	(2.84%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$17.27
Mental Health Inpatient and LTC	\$11.92	0.9268	1.0002	\$12.86	(2.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$13.65
Outpatient Facility	\$9.67	0.9762	1.0011	\$9.89	(2.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$10.45
Emergency Facility	\$12.63	0.9776	1.0002	\$12.91	(2.41%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$13.64
Pharmacy	\$24.84	0.9998	1.0008	\$24.83	0.00%	0.00%	(1.87%)	(1.26%)	0.21%	(6.72%)	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$24.35
Transportation	\$11.58	0.9742	1.5977	\$7.44	(0.33%)	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$8.01
Dental	\$23.01	0.9734	1.0006	\$23.62	(0.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	8.26%	\$25.44
FQHC/RHC	\$9.32	0.9734	1.0005	\$9.57	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$10.36
Laboratory and Radiology Services	\$2.49	0.9758	1.0003	\$2.55	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.26%	\$2.76
Other Professional Services	\$11.35	0.9736	1.0007	\$11.65	(0.53%)	(0.56%)	0.00%	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	8.26%	\$12.48
Physical Health Practitioners	\$23.55	0.9724	1.0005	\$24.21	(0.29%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	8.26%	\$26.14
Mental Health Practitioners	\$32.61	0.9741	1.0001	\$33.47	(1.99%)	(0.32%)	0.00%	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	8.26%	\$35.39
Gross Medical	\$188.45	0.9716	1.0239	\$189.42	(1.20%)	(0.10%)	(0.25%)	(0.16%)	0.03%	(0.87%)	(0.00%)	0.02%	0.00%	0.00%	0.00%	8.26%	\$199.93

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: AGE 21+
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 386,792
 Projection Period Member Months: 340,276

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$30.79	0.9299	1.0003	\$33.10	(3.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$34.46
Mental Health Inpatient and LTC	\$6.75	0.9262	1.0000	\$7.29	(2.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.91%	0.00%	0.00%	8.02%	\$7.74
Outpatient Facility	\$35.80	0.9767	1.0001	\$36.65	(1.70%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$38.92
Emergency Facility	\$27.36	0.9760	1.0002	\$28.03	(2.33%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$29.57
Pharmacy	\$71.33	0.9998	1.0006	\$71.30	0.00%	0.00%	(3.41%)	(2.28%)	1.37%	(8.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$67.77
Transportation	\$20.20	0.9717	1.6842	\$12.34	(0.04%)	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$13.32
Dental	\$1.24	0.9739	1.0012	\$1.28	(0.66%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.00%	0.00%	0.00%	8.02%	\$1.37
FQHC/RHC	\$13.63	0.9740	1.0008	\$13.98	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$15.10
Laboratory and Radiology Services	\$14.57	0.9746	1.0003	\$14.94	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%	\$16.13
Other Professional Services	\$7.58	0.9750	1.0008	\$7.77	(0.19%)	(1.03%)	0.00%	0.00%	0.00%	0.00%	(0.03%)	0.05%	0.00%	0.00%	0.00%	8.02%	\$8.30
Physical Health Practitioners	\$50.95	0.9745	1.0007	\$52.24	(0.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	8.02%	\$56.33
Mental Health Practitioners	\$35.38	0.9733	1.0001	\$36.34	(1.15%)	(0.28%)	0.00%	0.00%	0.00%	0.00%	(0.26%)	0.01%	0.00%	0.00%	0.00%	8.02%	\$38.61
Gross Medical	\$315.59	0.9745	1.0272	\$315.28	(1.03%)	(0.06%)	(0.78%)	(0.51%)	0.30%	(1.77%)	(0.03%)	0.02%	0.02%	0.00%	0.00%	8.02%	\$327.63

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 196,363
 Projection Period Member Months: 194,580

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$13.57	0.9332	1.0061	\$14.46	(1.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$14.67
Mental Health Inpatient and LTC	\$1.43	0.9378	1.0000	\$1.53	(2.72%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.52%	0.00%	0.00%	3.03%	\$1.60
Outpatient Facility	\$19.52	0.9758	1.0024	\$19.96	(1.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$20.28
Emergency Facility	\$4.62	0.9770	1.0001	\$4.73	(2.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$4.77
Pharmacy	\$2.38	0.9999	1.0120	\$2.35	0.00%	0.00%	(1.02%)	0.00%	0.00%	(2.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$2.34
Transportation	\$11.57	0.9727	1.0726	\$11.09	(0.10%)	(0.23%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$11.38
Dental	\$0.29	0.9730	1.0008	\$0.29	(0.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	0.00%	0.00%	0.00%	3.03%	\$0.30
FQHC/RHC	\$5.27	0.9701	1.0126	\$5.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$5.52
Laboratory and Radiology Services	\$5.23	0.9758	1.0001	\$5.36	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$5.51
Other Professional Services	\$3.96	0.9765	1.0002	\$4.06	(0.58%)	(9.23%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	3.03%	\$3.77
Physical Health Practitioners	\$23.05	0.9771	1.0000	\$23.59	(0.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	\$24.26
Mental Health Practitioners	\$17.85	0.9747	1.0000	\$18.31	(1.64%)	(1.26%)	0.00%	0.00%	0.00%	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.00%	3.03%	\$18.32
Gross Medical	\$108.74	0.9698	1.0094	\$111.08	(0.92%)	(0.57%)	(0.02%)	0.00%	0.00%	(0.05%)	(0.01%)	0.01%	0.06%	0.00%	0.00%	3.03%	\$112.74

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: SSIWO
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 71,422
 Projection Period Member Months: 67,018

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$222.62	0.9284	1.0000	\$239.77	(1.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$244.20
Mental Health Inpatient and LTC	\$22.11	0.9321	1.0000	\$23.72	(2.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.45%	(4.47%)	0.00%	3.78%	\$23.00
Outpatient Facility	\$109.26	0.9771	1.0002	\$111.80	(1.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$114.17
Emergency Facility	\$43.95	0.9753	1.0001	\$45.06	(2.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$45.82
Pharmacy	\$372.72	0.9998	1.0001	\$372.74	0.00%	0.00%	(3.01%)	(2.01%)	0.39%	(1.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$362.62
Transportation	\$74.47	0.9695	1.3355	\$57.52	(0.11%)	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$59.61
Dental	\$4.45	0.9753	1.0006	\$4.56	(0.71%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	3.78%	\$4.71
FQHC/RHC	\$16.77	0.9727	1.0002	\$17.24	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$17.89
Laboratory and Radiology Services	\$23.31	0.9742	1.0001	\$23.92	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$24.81
Other Professional Services	\$53.31	0.9747	1.0003	\$54.67	(0.22%)	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	3.78%	\$56.46
Physical Health Practitioners	\$149.80	0.9733	1.0001	\$153.89	(0.16%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.78%	\$159.46
Mental Health Practitioners	\$58.39	0.9731	1.0001	\$60.00	(1.56%)	(0.60%)	0.00%	0.00%	0.00%	0.00%	(0.09%)	0.00%	0.00%	0.00%	(0.53%)	3.78%	\$60.56
Gross Medical	\$1,151.15	0.9720	1.0167	\$1,164.89	(0.79%)	(0.05%)	(0.97%)	(0.63%)	0.12%	(0.55%)	(0.00%)	0.00%	0.01%	(0.09%)	(0.03%)	3.78%	\$1,173.31

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: Prop 204 Childless Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 607,050
 Projection Period Member Months: 601,488

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$63.89	0.9275	1.0000	\$68.88	(1.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$72.07
Mental Health Inpatient and LTC	\$22.13	0.9171	1.0003	\$24.13	(2.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.21%	(2.74%)	0.00%	6.43%	\$24.65
Outpatient Facility	\$44.31	0.9766	1.0004	\$45.36	(1.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$47.56
Emergency Facility	\$27.83	0.9758	1.0001	\$28.51	(2.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$29.74
Pharmacy	\$113.61	0.9998	1.0007	\$113.55	0.00%	0.00%	(3.06%)	(1.41%)	0.77%	(6.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$108.47
Transportation	\$34.85	0.9725	1.4347	\$24.98	(0.08%)	(0.17%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$26.52
Dental	\$1.70	0.9734	1.0008	\$1.74	(0.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	6.43%	\$1.85
FQHC/RHC	\$11.06	0.9727	1.0006	\$11.36	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$12.09
Laboratory and Radiology Services	\$13.99	0.9741	1.0002	\$14.36	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.43%	\$15.28
Other Professional Services	\$15.17	0.9733	1.0002	\$15.58	(0.45%)	(1.07%)	0.00%	0.00%	0.00%	0.00%	(0.39%)	0.02%	0.00%	0.00%	0.00%	6.43%	\$16.27
Physical Health Practitioners	\$61.28	0.9741	1.0004	\$62.88	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	6.43%	\$66.81
Mental Health Practitioners	\$73.38	0.9729	1.0001	\$75.42	(0.94%)	(0.50%)	0.00%	0.00%	0.00%	0.00%	(0.67%)	0.00%	0.00%	0.00%	(0.26%)	6.43%	\$78.39
Gross Medical	\$483.20	0.9707	1.0226	\$486.75	(0.81%)	(0.12%)	(0.72%)	(0.33%)	0.18%	(1.56%)	(0.12%)	0.00%	0.06%	(0.14%)	(0.04%)	6.43%	\$499.71

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: Expansion Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 147,413
 Projection Period Member Months: 98,853

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$37.50	0.9318	1.0000	\$40.25	(1.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$46.64
Mental Health Inpatient and LTC	\$4.59	0.9324	1.0000	\$4.92	(2.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.62%	0.00%	0.00%	18.18%	\$5.77
Outpatient Facility	\$42.21	0.9774	1.0003	\$43.17	(1.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$50.25
Emergency Facility	\$19.54	0.9793	1.0005	\$19.94	(2.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$23.08
Pharmacy	\$96.30	0.9998	1.0008	\$96.24	0.00%	0.00%	(2.92%)	(1.86%)	0.93%	(8.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$100.07
Transportation	\$16.34	0.9788	1.5570	\$10.72	(0.03%)	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$12.66
Dental	\$1.38	0.9749	1.0014	\$1.41	(0.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.41%	0.00%	0.00%	0.00%	18.18%	\$1.67
FQHC/RHC	\$12.09	0.9759	1.0011	\$12.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$14.63
Laboratory and Radiology Services	\$13.05	0.9756	1.0008	\$13.36	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.18%	\$15.78
Other Professional Services	\$9.14	0.9773	1.0004	\$9.35	(0.17%)	(0.68%)	0.00%	0.00%	0.00%	0.00%	(0.15%)	0.06%	0.00%	0.00%	0.00%	18.18%	\$10.94
Physical Health Practitioners	\$56.99	0.9768	1.0010	\$58.28	(0.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	18.18%	\$68.75
Mental Health Practitioners	\$23.94	0.9766	1.0002	\$24.51	(1.31%)	(0.19%)	0.00%	0.00%	0.00%	0.00%	(0.65%)	0.00%	0.00%	0.00%	0.00%	18.18%	\$28.34
Gross Medical	\$333.07	0.9776	1.0184	\$334.53	(0.73%)	(0.03%)	(0.85%)	(0.53%)	0.26%	(2.40%)	(0.05%)	0.01%	0.02%	0.00%	0.00%	18.18%	\$378.60

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: Delivery Supplemental Payments
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 2,615
 Projection Period Member Months: 2,867

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Inpatient	\$3,458.36	0.9212	1.0000	\$3,754.35	(0.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,735.94
Outpatient Facility	\$14.04	0.9794	1.0000	\$14.34	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.33
Pharmacy	\$6.33	0.9999	1.0000	\$6.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.33
Transportation	\$295.51	0.9646	1.0000	\$306.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$306.36
FQHC/RHC	\$4.10	0.9786	1.0000	\$4.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.19
Laboratory and Radiology Services	\$34.49	0.9765	1.0000	\$35.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.32
Other Professional Services	\$2.27	0.9706	1.0000	\$2.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.34
Physician	\$2,375.42	0.9727	1.0000	\$2,442.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,442.11
Gross Medical	\$6,190.52	0.9429	1.0000	\$6,565.35	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6,546.91

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Risk Group: SMI
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 70,716
 Projection Period Member Months: 65,957

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$65.77	0.9502	1.0006	\$69.18	(1.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$70.03
Mental Health Inpatient and LTC	\$121.30	0.9481	1.0000	\$127.94	(3.33%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.92%	(2.27%)	0.00%	3.01%	\$125.66
Outpatient Facility	\$41.65	0.9664	1.0012	\$43.05	(1.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$43.71
Emergency Facility	\$42.58	0.9644	1.0003	\$44.14	(2.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$44.52
Pharmacy	\$291.25	0.9999	1.0015	\$290.83	0.00%	0.00%	(1.67%)	0.00%	0.39%	(2.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$287.51
Transportation	\$82.71	0.9670	1.0005	\$85.49	(0.35%)	(0.70%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$87.14
Dental	\$1.27	0.9693	1.0008	\$1.31	(0.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.44%	0.00%	0.00%	0.00%	3.01%	\$1.35
FQHC/RHC	\$16.06	0.9646	1.0046	\$16.57	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$17.07
Laboratory and Radiology Services	\$12.96	0.9705	1.0001	\$13.36	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$13.74
Other Professional Services	\$60.44	0.9691	1.0001	\$62.36	(0.88%)	(0.00%)	0.00%	0.00%	0.00%	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	3.01%	\$63.60
Physical Health Practitioners	\$68.02	0.9659	1.0004	\$70.39	(0.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	3.01%	\$72.22
Mental Health Practitioners	\$97.28	0.9690	1.0002	\$100.37	(1.66%)	(3.80%)	0.00%	0.00%	0.00%	0.00%	(0.04%)	0.00%	0.00%	0.00%	(0.52%)	3.01%	\$97.27
Case Management	\$82.03	0.9693	1.0000	\$84.62	(2.17%)	(3.46%)	0.00%	0.00%	0.00%	0.00%	(0.55%)	0.00%	0.00%	0.00%	0.00%	3.01%	\$81.88
Rehabilitation Services	\$85.42	0.9687	1.0000	\$88.17	(2.59%)	(0.43%)	0.00%	0.00%	0.00%	0.00%	(0.68%)	0.00%	0.00%	0.00%	0.00%	3.01%	\$87.49
Residential Services	\$212.00	0.9696	1.0000	\$218.65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.01%	\$225.23
Gross Medical	\$1,280.74	0.9723	1.0006	\$1,316.43	(1.06%)	(0.58%)	(0.37%)	0.00%	0.09%	(0.62%)	(0.09%)	0.00%	0.09%	(0.22%)	(0.04%)	3.01%	\$1,318.41

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: AGE < 1
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 367,273
 Projection Period Member Months: 372,670

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$373.56	0.9216	1.0002	\$405.26	(2.85%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$393.69
Mental Health Inpatient and LTC	\$5.10	0.9184	1.0000	\$5.55	(0.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.51
Outpatient Facility	\$20.85	0.9526	1.0002	\$21.89	(2.89%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.26
Emergency Facility	\$30.95	0.9557	1.0003	\$32.37	(2.87%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.44
Pharmacy	\$9.03	0.9993	1.0005	\$9.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.03
Transportation	\$7.61	0.9675	1.0000	\$7.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.86
Dental	\$0.45	0.9621	1.0000	\$0.47	(1.29%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.46
FQHC/RHC	\$46.12	0.9644	1.0005	\$47.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.79
Laboratory and Radiology Services	\$4.75	0.9684	1.0002	\$4.91	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.90
Other Professional Services	\$21.30	0.9637	1.0009	\$22.08	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.08
Physical Health Practitioners	\$146.24	0.9649	1.0002	\$151.53	(0.33%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$151.03
Mental Health Practitioners	\$0.98	0.9638	1.0002	\$1.01	(0.68%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.01
Gross Medical	\$666.93	0.9394	1.0002	\$709.75	(1.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$696.07

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: AGE 1-20
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 6,592,754
 Projection Period Member Months: 6,177,353

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$12.57	0.9248	1.0002	\$13.59	(3.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$14.07
Mental Health Inpatient and LTC	\$8.17	0.9163	1.0011	\$8.90	(2.61%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$9.28
Outpatient Facility	\$10.36	0.9523	1.0006	\$10.87	(3.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$11.29
Emergency Facility	\$12.51	0.9543	1.0004	\$13.10	(2.71%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$13.65
Pharmacy	\$24.70	0.9992	1.0013	\$24.68	0.00%	0.00%	(1.52%)	(0.91%)	0.23%	(5.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$24.54
Transportation	\$2.89	0.9646	1.0288	\$2.91	(0.06%)	(1.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$3.06
Dental	\$16.12	0.9640	1.0003	\$16.72	(1.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	7.06%	\$17.71
FQHC/RHC	\$11.42	0.9643	1.0006	\$11.84	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$12.67
Laboratory and Radiology Services	\$3.81	0.9663	1.0002	\$3.95	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	\$4.22
Other Professional Services	\$12.63	0.9650	1.0004	\$13.08	(0.20%)	(0.60%)	0.00%	0.00%	0.00%	0.00%	(0.87%)	0.00%	0.00%	0.00%	0.00%	7.06%	\$13.77
Physical Health Practitioners	\$30.47	0.9651	1.0006	\$31.56	(0.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	7.06%	\$33.67
Mental Health Practitioners	\$30.49	0.9637	1.0003	\$31.63	(1.10%)	(1.49%)	0.00%	0.00%	0.00%	0.00%	(0.61%)	0.00%	0.00%	0.00%	0.00%	7.06%	\$32.79
Gross Medical	\$176.14	0.9624	1.0010	\$182.83	(1.13%)	(0.33%)	(0.21%)	(0.12%)	0.03%	(0.68%)	(0.17%)	0.02%	0.00%	0.00%	0.00%	7.06%	\$190.72

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: AGE 21+
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 2,618,976
 Projection Period Member Months: 2,355,353

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$32.11	0.9168	1.0003	\$35.01	(5.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$35.71
Mental Health Inpatient and LTC	\$6.12	0.9125	1.0007	\$6.70	(3.15%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.58%	(3.52%)	0.00%	8.22%	\$6.95
Outpatient Facility	\$25.86	0.9517	1.0003	\$27.16	(2.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$28.61
Emergency Facility	\$25.78	0.9516	1.0006	\$27.08	(2.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$28.57
Pharmacy	\$80.56	0.9992	1.0007	\$80.57	0.00%	0.00%	(3.34%)	(1.21%)	1.33%	(8.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$77.32
Transportation	\$7.47	0.9636	1.0221	\$7.58	(0.01%)	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$8.19
Dental	\$1.56	0.9644	1.0007	\$1.61	(0.85%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	0.00%	8.22%	\$1.74
FQHC/RHC	\$19.17	0.9641	1.0010	\$19.87	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$21.50
Laboratory and Radiology Services	\$25.35	0.9642	1.0004	\$26.29	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	\$28.41
Other Professional Services	\$13.33	0.9654	1.0005	\$13.80	(0.08%)	(0.33%)	0.00%	0.00%	0.00%	0.00%	(6.95%)	0.09%	0.00%	0.00%	0.00%	8.22%	\$13.85
Physical Health Practitioners	\$73.37	0.9644	1.0011	\$75.99	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	8.22%	\$81.97
Mental Health Practitioners	\$28.65	0.9656	1.0003	\$29.67	(0.80%)	(0.97%)	0.00%	0.00%	0.00%	0.00%	(6.07%)	0.00%	0.00%	0.00%	(0.19%)	8.22%	\$29.57
Gross Medical	\$339.33	0.9648	1.0011	\$351.33	(1.20%)	(0.10%)	(0.78%)	(0.27%)	0.30%	(1.89%)	(0.81%)	0.02%	0.05%	(0.07%)	(0.02%)	8.22%	\$362.39

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 886,950
 Projection Period Member Months: 886,887

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$20.23	0.9196	1.0005	\$21.99	(2.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$21.91
Mental Health Inpatient and LTC	\$1.70	0.9115	1.0000	\$1.86	(5.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.70%	(38.31%)	0.00%	2.03%	\$1.22
Outpatient Facility	\$12.32	0.9537	1.0005	\$12.91	(1.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$12.96
Emergency Facility	\$4.48	0.9529	1.0001	\$4.70	(3.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$4.65
Pharmacy	\$2.66	0.9992	1.0130	\$2.63	0.00%	0.00%	(2.18%)	0.00%	0.16%	(2.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$2.55
Transportation	\$14.25	0.9649	1.0000	\$14.77	(0.01%)	(0.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$15.04
Dental	\$0.70	0.9654	1.0026	\$0.72	(0.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	0.00%	0.00%	0.00%	2.03%	\$0.74
FQHC/RHC	\$4.66	0.9651	1.0058	\$4.80	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$4.90
Laboratory and Radiology Services	\$7.48	0.9657	1.0004	\$7.75	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$7.89
Other Professional Services	\$11.22	0.9669	1.0001	\$11.60	(0.14%)	(2.05%)	0.00%	0.00%	0.00%	0.00%	(12.43%)	0.05%	0.00%	0.00%	0.00%	2.03%	\$10.14
Physical Health Practitioners	\$29.34	0.9676	1.0001	\$30.32	(0.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	\$30.83
Mental Health Practitioners	\$18.99	0.9682	1.0000	\$19.61	(1.08%)	(1.11%)	0.00%	0.00%	0.00%	0.00%	(15.00%)	0.00%	0.00%	0.00%	(0.45%)	2.03%	\$16.56
Gross Medical	\$128.02	0.9572	1.0007	\$133.65	(0.98%)	(0.36%)	(0.04%)	0.00%	0.00%	(0.06%)	(3.25%)	0.01%	0.13%	(0.58%)	(0.06%)	2.03%	\$129.39

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: SSIWO
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 419,667
 Projection Period Member Months: 389,923

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$185.70	0.9188	1.0001	\$202.09	(2.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$206.15
Mental Health Inpatient and LTC	\$19.40	0.9082	1.0008	\$21.34	(4.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.38%	(32.24%)	0.00%	4.81%	\$15.12
Outpatient Facility	\$102.78	0.9521	1.0001	\$107.95	(2.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$110.60
Emergency Facility	\$39.48	0.9519	1.0002	\$41.47	(2.75%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$42.26
Pharmacy	\$336.03	0.9992	1.0002	\$336.24	0.00%	0.00%	(3.28%)	(0.71%)	0.38%	(3.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$326.94
Transportation	\$32.77	0.9641	1.0115	\$33.61	(0.02%)	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$35.11
Dental	\$4.86	0.9637	1.0004	\$5.04	(1.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.00%	0.00%	4.81%	\$5.24
FQHC/RHC	\$26.57	0.9639	1.0003	\$27.55	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$28.88
Laboratory and Radiology Services	\$33.96	0.9643	1.0001	\$35.22	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$36.88
Other Professional Services	\$64.07	0.9651	1.0002	\$66.36	(0.14%)	(0.34%)	0.00%	0.00%	0.00%	0.00%	(4.44%)	0.02%	0.00%	0.00%	0.00%	4.81%	\$66.16
Physical Health Practitioners	\$189.61	0.9645	1.0004	\$196.51	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.81%	\$205.43
Mental Health Practitioners	\$83.75	0.9645	1.0003	\$86.81	(0.80%)	(1.02%)	0.00%	0.00%	0.00%	0.00%	(5.98%)	0.00%	0.00%	0.00%	(1.78%)	4.81%	\$82.50
Gross Medical	\$1,118.97	0.9639	1.0006	\$1,160.20	(0.97%)	(0.11%)	(0.96%)	(0.20%)	0.11%	(1.08%)	(0.71%)	0.00%	0.08%	(0.61%)	(0.13%)	4.81%	\$1,161.28

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: Prop 204 Childless Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 3,740,425
 Projection Period Member Months: 3,819,687

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$72.88	0.9165	1.0007	\$79.47	(2.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$82.96
Mental Health Inpatient and LTC	\$24.87	0.9113	1.0004	\$27.28	(3.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.87%	(8.57%)	0.00%	7.32%	\$26.67
Outpatient Facility	\$30.30	0.9509	1.0009	\$31.84	(2.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$33.31
Emergency Facility	\$26.47	0.9512	1.0005	\$27.81	(2.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$29.06
Pharmacy	\$126.65	0.9992	1.0006	\$126.68	0.00%	0.00%	(2.93%)	(0.87%)	0.80%	(5.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$124.79
Transportation	\$15.90	0.9635	1.0132	\$16.29	(0.01%)	(0.40%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$17.41
Dental	\$2.14	0.9637	1.0002	\$2.22	(0.90%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	7.32%	\$2.37
FQHC/RHC	\$17.54	0.9640	1.0007	\$18.18	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$19.51
Laboratory and Radiology Services	\$21.74	0.9639	1.0002	\$22.55	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.32%	\$24.19
Other Professional Services	\$25.57	0.9653	1.0003	\$26.48	(0.21%)	(0.50%)	0.00%	0.00%	0.00%	0.00%	(18.00%)	0.05%	0.00%	0.00%	0.00%	7.32%	\$23.15
Physical Health Practitioners	\$80.72	0.9640	1.0005	\$83.69	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	7.32%	\$89.58
Mental Health Practitioners	\$72.07	0.9662	1.0001	\$74.58	(0.57%)	(1.02%)	0.00%	0.00%	0.00%	0.00%	(12.09%)	0.00%	0.00%	0.00%	(0.65%)	7.32%	\$68.80
Gross Medical	\$516.85	0.9615	1.0009	\$537.07	(0.99%)	(0.18%)	(0.70%)	(0.20%)	0.18%	(1.25%)	(2.61%)	0.01%	0.15%	(0.46%)	(0.08%)	7.32%	\$541.78

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: Expansion Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 901,675
 Projection Period Member Months: 591,155

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$36.41	0.9197	1.0002	\$39.58	(2.95%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$46.16
Mental Health Inpatient and LTC	\$4.95	0.9196	1.0015	\$5.37	(3.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.85%	(2.27%)	0.00%	20.17%	\$6.29
Outpatient Facility	\$26.57	0.9546	1.0007	\$27.81	(2.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$32.59
Emergency Facility	\$18.71	0.9559	1.0010	\$19.56	(2.53%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$22.91
Pharmacy	\$102.16	0.9992	1.0013	\$102.11	0.00%	0.00%	(3.38%)	(0.90%)	1.10%	(6.53%)	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$111.02
Transportation	\$5.87	0.9658	1.0210	\$5.95	(0.00%)	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$7.13
Dental	\$1.70	0.9658	1.0002	\$1.76	(0.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	0.00%	0.00%	20.17%	\$2.11
FQHC/RHC	\$15.48	0.9664	1.0020	\$15.98	0.00%	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$19.20
Laboratory and Radiology Services	\$20.61	0.9660	1.0005	\$21.32	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.17%	\$25.60
Other Professional Services	\$14.55	0.9667	1.0011	\$15.04	(0.06%)	(0.32%)	0.00%	0.00%	0.00%	0.00%	(3.46%)	0.07%	0.00%	0.00%	0.00%	20.17%	\$17.39
Physical Health Practitioners	\$71.15	0.9659	1.0010	\$73.59	(0.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	20.17%	\$88.18
Mental Health Practitioners	\$20.64	0.9670	1.0005	\$21.33	(0.90%)	(1.47%)	0.00%	0.00%	0.00%	0.00%	(5.15%)	0.00%	0.00%	0.00%	(0.11%)	20.17%	\$23.71
Gross Medical	\$338.80	0.9684	1.0013	\$349.41	(0.86%)	(0.11%)	(1.00%)	(0.26%)	0.31%	(1.88%)	(0.47%)	0.01%	0.04%	(0.04%)	(0.01%)	20.17%	\$402.30

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: Delivery Supplemental Payments
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 20,978
 Projection Period Member Months: 23,301

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Inpatient	\$3,312.00	0.9150	1.0000	\$3,619.49	(0.56%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,599.05
Outpatient Facility	\$14.35	0.9539	1.0000	\$15.05	(0.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.00
Pharmacy	\$11.58	0.9991	1.0000	\$11.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.59
Transportation	\$37.79	0.9646	1.0000	\$39.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.18
FQHC/RHC	\$3.79	0.9635	1.0000	\$3.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.93
Laboratory and Radiology Services	\$31.21	0.9641	1.0000	\$32.37	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.37
Other Professional Services	\$4.64	0.9698	1.0000	\$4.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.78
Physician	\$2,731.14	0.9642	1.0000	\$2,832.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,832.51
Gross Medical	\$6,146.49	0.9371	1.0000	\$6,558.89	(0.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6,538.40

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Risk Group: SMI
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 356,873
 Projection Period Member Months: 348,938

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$129.50	0.9186	1.0000	\$140.98	(2.47%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$140.23
Mental Health Inpatient and LTC	\$348.07	0.9170	1.0000	\$379.59	(3.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.74%	(4.15%)	0.00%	1.99%	\$364.20
Outpatient Facility	\$41.02	0.9668	1.0000	\$42.43	(2.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$42.09
Emergency Facility	\$52.52	0.9662	1.0000	\$54.35	(2.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$53.88
Pharmacy	\$527.94	0.9998	1.0000	\$528.03	0.00%	0.00%	(1.05%)	(3.69%)	0.17%	(1.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$505.20
Transportation	\$126.54	0.9775	1.0000	\$129.45	(0.24%)	(1.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$129.90
Dental	\$1.55	0.9772	1.0000	\$1.59	(0.81%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	0.00%	0.00%	1.99%	\$1.61
FQHC/RHC	\$19.80	0.9782	1.0000	\$20.24	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$20.63
Laboratory and Radiology Services	\$24.57	0.9799	1.0000	\$25.08	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.99%	\$25.55
Other Professional Services	\$117.08	0.9789	1.0000	\$119.60	(1.29%)	(0.11%)	0.00%	0.00%	0.00%	0.00%	(0.63%)	0.01%	0.00%	0.00%	0.00%	1.99%	\$119.53
Physical Health Practitioners	\$106.83	0.9784	1.0000	\$109.19	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	1.99%	\$110.95
Mental Health Practitioners	\$194.71	0.9783	1.0000	\$199.02	(1.29%)	(4.60%)	0.00%	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	(2.37%)	1.99%	\$186.58
Case Management	\$197.52	0.9766	1.0000	\$202.25	(2.70%)	(3.59%)	0.00%	0.00%	0.00%	0.00%	(0.08%)	0.00%	0.00%	0.00%	0.00%	1.99%	\$193.36
Rehabilitation Services	\$135.18	0.9789	1.0000	\$138.10	(2.10%)	(0.70%)	0.00%	0.00%	0.00%	0.00%	(0.48%)	0.00%	0.00%	0.00%	0.00%	1.99%	\$136.27
Residential Services	\$267.17	0.9781	1.0000	\$273.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.54%)	0.00%	0.00%	0.00%	0.00%	1.99%	\$277.08
Gross Medical	\$2,289.98	0.9691	1.0000	\$2,363.04	(1.39%)	(0.81%)	(0.24%)	(0.84%)	0.04%	(0.38%)	(0.13%)	0.00%	0.28%	(0.68%)	(0.20%)	1.99%	\$2,307.06

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: AGE < 1
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 117,183
 Projection Period Member Months: 116,418

Category of Service	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$365.58	0.9328	1.0004	\$391.77	(2.92%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$380.35
Mental Health Inpatient and LTC	\$1.41	0.9379	1.0000	\$1.51	(2.94%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.46
Outpatient Facility	\$16.33	0.9564	1.0002	\$17.07	(3.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.55
Emergency Facility	\$23.99	0.9637	1.0014	\$24.86	(3.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.00
Pharmacy	\$11.67	0.9998	1.0006	\$11.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.66
Transportation	\$12.12	0.9744	1.0000	\$12.44	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.44
Dental	\$0.49	0.9712	1.0000	\$0.50	(1.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.50
FQHC/RHC	\$111.05	0.9737	1.0015	\$113.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$113.88
Laboratory and Radiology Services	\$4.45	0.9766	1.0001	\$4.56	(0.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.56
Other Professional Services	\$22.79	0.9722	1.0007	\$23.42	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.33
Physical Health Practitioners	\$129.07	0.9736	1.0004	\$132.52	(0.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$131.94
Mental Health Practitioners	\$1.04	0.9732	1.0004	\$1.07	(1.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.05
Gross Medical	\$700.00	0.9515	1.0006	\$735.27	(1.84%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$721.73

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: AGE 1-20
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 2,131,381
 Projection Period Member Months: 2,017,079

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$11.85	0.9238	1.0005	\$12.82	(3.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$13.16
Mental Health Inpatient and LTC	\$7.89	0.9302	1.0009	\$8.48	(2.84%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$8.78
Outpatient Facility	\$10.06	0.9572	1.0011	\$10.49	(2.98%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$10.85
Emergency Facility	\$10.43	0.9606	1.0011	\$10.85	(3.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$11.17
Pharmacy	\$23.35	0.9998	1.0018	\$23.31	0.00%	0.00%	(1.54%)	(0.61%)	0.34%	(3.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$23.61
Transportation	\$4.24	0.9733	1.0013	\$4.35	(0.15%)	(0.40%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$4.61
Dental	\$15.76	0.9723	1.0008	\$16.20	(1.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	0.00%	0.00%	0.00%	6.58%	\$17.11
FQHC/RHC	\$30.93	0.9733	1.0024	\$31.70	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$33.79
Laboratory and Radiology Services	\$3.15	0.9736	1.0006	\$3.24	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.58%	\$3.45
Other Professional Services	\$13.77	0.9727	1.0004	\$14.15	(0.70%)	(0.40%)	0.00%	0.00%	0.00%	0.00%	(0.41%)	0.00%	0.00%	0.00%	0.00%	6.58%	\$14.85
Physical Health Practitioners	\$23.77	0.9729	1.0011	\$24.40	(0.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	6.58%	\$25.88
Mental Health Practitioners	\$33.63	0.9723	1.0003	\$34.58	(1.46%)	(0.94%)	0.00%	0.00%	0.00%	0.00%	(0.31%)	0.00%	0.00%	0.00%	0.00%	6.58%	\$35.86
Gross Medical	\$188.82	0.9694	1.0011	\$194.57	(1.18%)	(0.21%)	(0.19%)	(0.07%)	0.04%	(0.39%)	(0.09%)	0.02%	0.00%	0.00%	0.00%	6.58%	\$203.13

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: AGE 21+
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 1,015,968
 Projection Period Member Months: 905,495

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$31.50	0.9302	1.0017	\$33.81	(5.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$34.25
Mental Health Inpatient and LTC	\$4.81	0.9237	1.0014	\$5.20	(3.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.13%	(3.62%)	0.00%	7.54%	\$5.36
Outpatient Facility	\$40.44	0.9577	1.0009	\$42.19	(2.72%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$44.13
Emergency Facility	\$23.76	0.9570	1.0011	\$24.80	(3.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$25.85
Pharmacy	\$70.81	0.9998	1.0018	\$70.70	0.00%	0.00%	(3.38%)	(1.18%)	1.84%	(11.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$65.59
Transportation	\$8.44	0.9724	1.0006	\$8.67	(0.00%)	(0.17%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$9.31
Dental	\$0.86	0.9729	1.0011	\$0.88	(0.81%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	0.00%	0.00%	0.00%	7.54%	\$0.94
FQHC/RHC	\$36.28	0.9728	1.0034	\$37.16	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$39.96
Laboratory and Radiology Services	\$21.08	0.9725	1.0008	\$21.66	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.54%	\$23.27
Other Professional Services	\$10.80	0.9732	1.0011	\$11.09	(0.15%)	(0.48%)	0.00%	0.00%	0.00%	0.00%	(7.95%)	0.07%	0.00%	0.00%	0.00%	7.54%	\$10.91
Physical Health Practitioners	\$55.20	0.9725	1.0024	\$56.62	(0.57%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	7.54%	\$60.60
Mental Health Practitioners	\$34.94	0.9733	1.0003	\$35.88	(1.09%)	(0.84%)	0.00%	0.00%	0.00%	0.00%	(4.77%)	0.00%	0.00%	0.00%	(0.08%)	7.54%	\$36.01
Gross Medical	\$338.91	0.9704	1.0016	\$348.66	(1.38%)	(0.11%)	(0.70%)	(0.24%)	0.37%	(2.27%)	(0.77%)	0.02%	0.05%	(0.06%)	(0.01%)	7.54%	\$356.20

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 513,196
 Projection Period Member Months: 528,532

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$16.14	0.9349	1.0015	\$17.24	(2.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$17.10
Mental Health Inpatient and LTC	\$1.49	0.9175	1.0000	\$1.63	(3.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.55%	(21.20%)	0.00%	1.58%	\$1.35
Outpatient Facility	\$16.44	0.9605	1.0022	\$17.08	(2.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$17.00
Emergency Facility	\$4.34	0.9589	1.0004	\$4.53	(3.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$4.44
Pharmacy	\$2.54	0.9998	1.0441	\$2.43	0.00%	0.00%	(2.28%)	0.00%	0.10%	(0.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$2.40
Transportation	\$16.75	0.9731	1.0000	\$17.21	(0.01%)	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$17.47
Dental	\$0.59	0.9731	1.0230	\$0.60	(0.71%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%	0.00%	0.00%	0.00%	1.58%	\$0.61
FQHC/RHC	\$15.32	0.9734	1.0198	\$15.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$15.68
Laboratory and Radiology Services	\$6.40	0.9731	1.0001	\$6.58	(0.14%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$6.67
Other Professional Services	\$6.87	0.9734	1.0000	\$7.06	(0.42%)	(3.40%)	0.00%	0.00%	0.00%	0.00%	(10.10%)	0.03%	0.00%	0.00%	0.00%	1.58%	\$6.20
Physical Health Practitioners	\$22.20	0.9754	1.0006	\$22.75	(0.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.58%	\$23.01
Mental Health Practitioners	\$19.99	0.9748	1.0000	\$20.50	(1.41%)	(2.11%)	0.00%	0.00%	0.00%	0.00%	(7.99%)	0.00%	0.00%	0.00%	(0.11%)	1.58%	\$18.47
Gross Medical	\$129.09	0.9666	1.0038	\$133.04	(1.05%)	(0.52%)	(0.04%)	0.00%	0.00%	(0.01%)	(1.73%)	0.01%	0.09%	(0.28%)	(0.02%)	1.58%	\$130.41

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: SSIWO
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 181,537
 Projection Period Member Months: 174,331

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$199.08	0.9288	1.0000	\$214.35	(2.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$216.98
Mental Health Inpatient and LTC	\$19.54	0.9239	1.0000	\$21.15	(4.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.18%	(32.45%)	0.00%	3.92%	\$14.43
Outpatient Facility	\$124.12	0.9576	1.0004	\$129.56	(2.23%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$131.64
Emergency Facility	\$39.84	0.9578	1.0004	\$41.58	(3.17%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$41.84
Pharmacy	\$341.86	0.9998	1.0005	\$341.77	0.00%	0.00%	(2.88%)	(0.76%)	0.45%	(5.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$326.64
Transportation	\$45.07	0.9733	1.0001	\$46.30	(0.03%)	(0.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$48.01
Dental	\$4.56	0.9712	1.0001	\$4.69	(1.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	3.92%	\$4.83
FQHC/RHC	\$49.80	0.9727	1.0007	\$51.16	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$53.17
Laboratory and Radiology Services	\$30.98	0.9729	1.0002	\$31.84	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$33.06
Other Professional Services	\$74.45	0.9730	1.0003	\$76.49	(0.61%)	(0.37%)	0.00%	0.00%	0.00%	0.00%	(2.08%)	0.01%	0.00%	0.00%	0.00%	3.92%	\$77.08
Physical Health Practitioners	\$155.17	0.9725	1.0003	\$159.50	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%	\$165.19
Mental Health Practitioners	\$105.60	0.9727	1.0001	\$108.56	(0.94%)	(1.36%)	0.00%	0.00%	0.00%	0.00%	(2.51%)	0.00%	0.00%	0.00%	(1.18%)	3.92%	\$106.21
Gross Medical	\$1,190.06	0.9696	1.0003	\$1,226.96	(1.05%)	(0.15%)	(0.81%)	(0.21%)	0.12%	(1.38%)	(0.36%)	0.00%	0.04%	(0.56%)	(0.10%)	3.92%	\$1,219.08

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: Prop 204 Childless Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 1,447,035
 Projection Period Member Months: 1,455,925

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$69.18	0.9252	1.0006	\$74.73	(2.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$78.28
Mental Health Inpatient and LTC	\$19.03	0.9223	1.0023	\$20.59	(3.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.26%	(8.58%)	0.00%	7.59%	\$20.20
Outpatient Facility	\$40.45	0.9575	1.0011	\$42.20	(2.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$44.28
Emergency Facility	\$24.28	0.9568	1.0007	\$25.36	(2.99%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$26.47
Pharmacy	\$104.57	0.9997	1.0013	\$104.46	0.00%	0.00%	(3.05%)	(1.02%)	1.08%	(7.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$100.74
Transportation	\$17.24	0.9728	1.0006	\$17.71	(0.01%)	(0.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$19.00
Dental	\$1.37	0.9729	1.0009	\$1.41	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	7.59%	\$1.51
FQHC/RHC	\$30.99	0.9726	1.0034	\$31.76	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$34.17
Laboratory and Radiology Services	\$19.86	0.9726	1.0005	\$20.41	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.59%	\$21.94
Other Professional Services	\$25.23	0.9725	1.0004	\$25.93	(0.33%)	(0.70%)	0.00%	0.00%	0.00%	0.00%	(22.05%)	0.03%	0.00%	0.00%	0.00%	7.59%	\$21.53
Physical Health Practitioners	\$63.70	0.9723	1.0010	\$65.44	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	7.59%	\$70.17
Mental Health Practitioners	\$79.13	0.9738	1.0002	\$81.24	(0.72%)	(1.20%)	0.00%	0.00%	0.00%	0.00%	(13.20%)	0.00%	0.00%	0.00%	(0.41%)	7.59%	\$74.11
Gross Medical	\$495.03	0.9673	1.0010	\$511.23	(1.06%)	(0.24%)	(0.63%)	(0.21%)	0.22%	(1.53%)	(3.28%)	0.00%	0.14%	(0.37%)	(0.06%)	7.59%	\$512.39

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: Expansion Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 383,134
 Projection Period Member Months: 261,816

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/ Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$31.20	0.9337	1.0017	\$33.36	(3.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$38.45
Mental Health Inpatient and LTC	\$3.54	0.9258	1.0039	\$3.81	(3.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.64%	(3.81%)	0.00%	18.83%	\$4.32
Outpatient Facility	\$38.07	0.9621	1.0018	\$39.50	(2.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$45.70
Emergency Facility	\$16.92	0.9614	1.0018	\$17.57	(3.20%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$20.21
Pharmacy	\$88.83	0.9998	1.0013	\$88.73	0.00%	0.00%	(3.51%)	(0.69%)	1.56%	(10.87%)	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$91.45
Transportation	\$7.04	0.9736	1.0022	\$7.22	(0.00%)	(0.19%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$8.56
Dental	\$1.22	0.9745	1.0037	\$1.25	(0.85%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	0.00%	18.83%	\$1.48
FQHC/RHC	\$33.27	0.9743	1.0074	\$33.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$40.28
Laboratory and Radiology Services	\$17.61	0.9741	1.0008	\$18.06	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.83%	\$21.45
Other Professional Services	\$11.54	0.9747	1.0011	\$11.83	(0.13%)	(0.44%)	0.00%	0.00%	0.00%	0.00%	(1.97%)	0.04%	0.00%	0.00%	0.00%	18.83%	\$13.70
Physical Health Practitioners	\$59.14	0.9743	1.0020	\$60.59	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	18.83%	\$71.75
Mental Health Practitioners	\$21.57	0.9741	1.0009	\$22.12	(1.19%)	(1.35%)	0.00%	0.00%	0.00%	0.00%	(1.58%)	0.01%	0.00%	0.00%	(0.19%)	18.83%	\$25.17
Gross Medical	\$329.96	0.9743	1.0022	\$337.93	(0.97%)	(0.11%)	(0.93%)	(0.18%)	0.40%	(2.83%)	(0.18%)	0.01%	0.03%	(0.04%)	(0.01%)	18.83%	\$382.51

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: Delivery Supplemental Payments
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 7,501
 Projection Period Member Months: 7,918

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Inpatient	\$3,430.67	0.9258	1.0000	\$3,705.45	(0.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,676.52
Outpatient Facility	\$21.65	0.9553	1.0000	\$22.67	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.58
Pharmacy	\$9.62	0.9998	1.0000	\$9.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.63
Transportation	\$60.96	0.9699	1.0000	\$62.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$62.85
FQHC/RHC	\$9.57	0.9739	1.0000	\$9.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.82
Laboratory and Radiology Services	\$19.38	0.9728	1.0000	\$19.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.92
Other Professional Services	\$4.03	0.9733	1.0000	\$4.14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.14
Physician	\$2,638.66	0.9726	1.0000	\$2,713.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,713.01
Gross Medical	\$6,194.54	0.9461	1.0000	\$6,547.48	(0.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6,518.47

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Risk Group: SMI
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 155,802
 Projection Period Member Months: 146,572

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Insulin	Latuda	Paxlovid/Lagevrio	Humira Biosimilars	Fraud, Waste, and Abuse	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$102.73	0.9413	1.0021	\$108.91	(2.41%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$108.99
Mental Health Inpatient and LTC	\$179.95	0.9385	1.0012	\$191.52	(3.53%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.43%	(5.23%)	0.00%	2.54%	\$183.92
Outpatient Facility	\$35.93	0.9655	1.0030	\$37.10	(2.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$37.04
Emergency Facility	\$41.07	0.9631	1.0012	\$42.60	(2.78%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$42.46
Pharmacy	\$280.42	0.9999	1.0025	\$279.76	0.00%	0.00%	(1.45%)	(4.68%)	0.36%	(2.55%)	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$263.57
Transportation	\$61.67	0.9804	1.0008	\$62.86	(0.00%)	(2.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$62.79
Dental	\$1.14	0.9807	1.0043	\$1.16	(0.90%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	2.54%	\$1.18
FQHC/RHC	\$49.29	0.9805	1.0110	\$49.72	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$50.98
Laboratory and Radiology Services	\$22.03	0.9806	1.0006	\$22.46	(0.14%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.54%	\$22.99
Other Professional Services	\$101.07	0.9811	1.0003	\$102.98	(2.61%)	(0.01%)	0.00%	0.00%	0.00%	0.00%	(8.16%)	0.00%	0.00%	0.00%	0.00%	2.54%	\$94.45
Physical Health Practitioners	\$74.25	0.9808	1.0016	\$75.59	(0.56%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	2.54%	\$77.09
Mental Health Practitioners	\$161.61	0.9818	1.0014	\$164.38	(0.86%)	(7.98%)	0.00%	0.00%	0.00%	0.00%	(4.02%)	0.01%	0.00%	0.00%	(0.73%)	2.54%	\$146.53
Case Management	\$161.35	0.9803	1.0001	\$164.58	(2.32%)	(3.61%)	0.00%	0.00%	0.00%	0.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	2.54%	\$158.70
Rehabilitation Services	\$105.47	0.9816	1.0004	\$107.39	(1.64%)	(1.13%)	0.00%	0.00%	0.00%	0.00%	(7.12%)	0.00%	0.00%	0.00%	0.00%	2.54%	\$99.47
Residential Services	\$165.46	0.9802	1.0000	\$168.80	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.76%)	0.00%	0.00%	0.00%	0.00%	2.54%	\$171.78
Gross Medical	\$1,543.45	0.9755	1.0015	\$1,579.82	(1.37%)	(1.39%)	(0.26%)	(0.84%)	0.06%	(0.44%)	(1.53%)	0.00%	0.30%	(0.66%)	(0.07%)	2.54%	\$1,521.96

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	0.00%	2.00%	2.00%
AGE < 1	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
AGE < 1	Outpatient and Emergency Facilities	0.00%	0.00%	0.00%
AGE < 1	Pharmacy	0.00%	0.00%	0.00%
AGE < 1	Transportation	5.00%	0.00%	5.00%
AGE < 1	Dental	4.00%	0.00%	4.00%
AGE < 1	FQHC/RHC	5.00%	0.50%	5.52%
AGE < 1	Laboratory and Radiology Services	0.50%	1.50%	2.01%
AGE < 1	Other Professional Services	0.00%	2.00%	2.00%
AGE < 1	Physical Health Practitioners	0.00%	0.00%	0.00%
AGE < 1	Mental Health Practitioners	0.00%	0.00%	0.00%
AGE 1-20	Physical Health Inpatient and LTC	0.00%	2.50%	2.50%
AGE 1-20	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
AGE 1-20	Outpatient and Emergency Facilities	0.00%	3.00%	3.00%
AGE 1-20	Pharmacy	0.00%	5.00%	5.00%
AGE 1-20	Transportation	5.00%	0.00%	5.00%
AGE 1-20	Dental	4.00%	0.00%	4.00%
AGE 1-20	FQHC/RHC	5.00%	0.50%	5.52%
AGE 1-20	Laboratory and Radiology Services	0.50%	1.50%	2.01%
AGE 1-20	Other Professional Services	0.00%	2.00%	2.00%
AGE 1-20	Physical Health Practitioners	0.00%	4.00%	4.00%
AGE 1-20	Mental Health Practitioners	5.00%	0.50%	5.52%
AGE 21+	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
AGE 21+	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
AGE 21+	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	5.00%	0.00%	5.00%
AGE 21+	Dental	4.00%	0.00%	4.00%
AGE 21+	FQHC/RHC	5.00%	0.50%	5.52%
AGE 21+	Laboratory and Radiology Services	0.50%	1.50%	2.01%
AGE 21+	Other Professional Services	0.00%	2.00%	2.00%
AGE 21+	Physical Health Practitioners	(1.00%)	2.00%	0.98%
AGE 21+	Mental Health Practitioners	3.00%	2.00%	5.06%

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	2.00%	0.00%	2.00%
Duals	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
Duals	Outpatient and Emergency Facilities	3.00%	(1.00%)	1.97%
Duals	Pharmacy	2.00%	0.00%	2.00%
Duals	Transportation	5.00%	0.00%	5.00%
Duals	Dental	4.00%	0.00%	4.00%
Duals	FQHC/RHC	5.00%	0.50%	5.52%
Duals	Laboratory and Radiology Services	0.50%	1.50%	2.01%
Duals	Other Professional Services	0.00%	2.00%	2.00%
Duals	Physical Health Practitioners	0.00%	0.00%	0.00%
Duals	Mental Health Practitioners	4.00%	0.50%	4.52%
SSIWO	Physical Health Inpatient and LTC	1.00%	2.00%	3.02%
SSIWO	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
SSIWO	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
SSIWO	Pharmacy	0.00%	4.00%	4.00%
SSIWO	Transportation	5.00%	0.00%	5.00%
SSIWO	Dental	4.00%	0.00%	4.00%
SSIWO	FQHC/RHC	5.00%	0.50%	5.52%
SSIWO	Laboratory and Radiology Services	0.50%	1.50%	2.01%
SSIWO	Other Professional Services	0.00%	2.00%	2.00%
SSIWO	Physical Health Practitioners	0.00%	3.00%	3.00%
SSIWO	Mental Health Practitioners	3.00%	2.00%	5.06%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Pharmacy	0.00%	3.00%	3.00%
Prop 204 Childless Adults	Transportation	5.00%	0.00%	5.00%
Prop 204 Childless Adults	Dental	4.00%	0.00%	4.00%
Prop 204 Childless Adults	FQHC/RHC	5.00%	0.50%	5.52%
Prop 204 Childless Adults	Laboratory and Radiology Services	0.50%	1.50%	2.01%
Prop 204 Childless Adults	Other Professional Services	0.00%	2.00%	2.00%
Prop 204 Childless Adults	Physical Health Practitioners	(2.00%)	1.00%	(1.02%)
Prop 204 Childless Adults	Mental Health Practitioners	4.00%	1.00%	5.04%

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Expansion Adults	Mental Health Inpatient and LTC	4.00%	2.00%	6.08%
Expansion Adults	Outpatient and Emergency Facilities	0.50%	1.00%	1.50%
Expansion Adults	Pharmacy	0.00%	3.00%	3.00%
Expansion Adults	Transportation	5.00%	0.00%	5.00%
Expansion Adults	Dental	4.00%	0.00%	4.00%
Expansion Adults	FQHC/RHC	5.00%	0.50%	5.52%
Expansion Adults	Laboratory and Radiology Services	0.50%	1.50%	2.01%
Expansion Adults	Other Professional Services	0.00%	2.00%	2.00%
Expansion Adults	Physical Health Practitioners	0.00%	0.50%	0.50%
Expansion Adults	Mental Health Practitioners	4.00%	0.50%	4.52%
Delivery Supplemental Payments	Inpatient	1.00%	0.00%	1.00%
Delivery Supplemental Payments	Outpatient Facility	0.00%	3.00%	3.00%
Delivery Supplemental Payments	Pharmacy	0.00%	3.00%	3.00%
Delivery Supplemental Payments	Transportation	0.00%	3.00%	3.00%
Delivery Supplemental Payments	FQHC/RHC	0.00%	3.00%	3.00%
Delivery Supplemental Payments	Laboratory and Radiology Services	0.00%	3.00%	3.00%
Delivery Supplemental Payments	Other Professional Services	0.00%	3.00%	3.00%
Delivery Supplemental Payments	Physician	(1.00%)	5.00%	3.95%
SMI	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SMI	Mental Health Inpatient and LTC	3.50%	0.50%	4.02%
SMI	Outpatient and Emergency Facilities	0.00%	0.00%	0.00%
SMI	Pharmacy	0.00%	4.00%	4.00%
SMI	Transportation	3.50%	0.00%	3.50%
SMI	Dental	0.00%	2.00%	2.00%
SMI	FQHC/RHC	0.00%	2.00%	2.00%
SMI	Laboratory and Radiology Services	0.00%	2.00%	2.00%
SMI	Other Professional Services	0.00%	2.00%	2.00%
SMI	Physical Health Practitioners	0.00%	0.00%	0.00%
SMI	Mental Health Practitioners	4.00%	1.50%	5.56%
SMI	Case Management	0.00%	2.00%	2.00%
SMI	Rehabilitation Services	1.00%	1.00%	2.01%
SMI	Residential Services	0.00%	2.00%	2.00%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	0.00%	2.00%	2.00%
AGE < 1	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE < 1	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
AGE < 1	Pharmacy	0.00%	0.00%	0.00%
AGE < 1	Transportation	2.00%	0.00%	2.00%
AGE < 1	Dental	1.50%	0.50%	2.01%
AGE < 1	FQHC/RHC	4.00%	0.00%	4.00%
AGE < 1	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE < 1	Other Professional Services	(1.00%)	2.00%	0.98%
AGE < 1	Physical Health Practitioners	0.00%	0.00%	0.00%
AGE < 1	Mental Health Practitioners	0.00%	0.00%	0.00%
AGE 1-20	Physical Health Inpatient and LTC	2.00%	0.50%	2.51%
AGE 1-20	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE 1-20	Outpatient and Emergency Facilities	3.00%	1.00%	4.03%
AGE 1-20	Pharmacy	1.00%	4.00%	5.04%
AGE 1-20	Transportation	2.00%	0.00%	2.00%
AGE 1-20	Dental	1.50%	0.50%	2.01%
AGE 1-20	FQHC/RHC	4.00%	0.00%	4.00%
AGE 1-20	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE 1-20	Other Professional Services	(1.00%)	2.00%	0.98%
AGE 1-20	Physical Health Practitioners	2.00%	0.50%	2.51%
AGE 1-20	Mental Health Practitioners	6.00%	0.00%	6.00%
AGE 21+	Physical Health Inpatient and LTC	1.00%	2.00%	3.02%
AGE 21+	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
AGE 21+	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	2.00%	0.00%	2.00%
AGE 21+	Dental	1.50%	0.50%	2.01%
AGE 21+	FQHC/RHC	4.00%	0.00%	4.00%
AGE 21+	Laboratory and Radiology Services	2.00%	0.50%	2.51%
AGE 21+	Other Professional Services	(1.00%)	2.00%	0.98%
AGE 21+	Physical Health Practitioners	1.00%	0.00%	1.00%
AGE 21+	Mental Health Practitioners	2.00%	3.00%	5.06%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	2.00%	1.00%	3.02%
Duals	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
Duals	Outpatient and Emergency Facilities	1.00%	2.00%	3.02%
Duals	Pharmacy	0.00%	4.00%	4.00%
Duals	Transportation	2.00%	0.00%	2.00%
Duals	Dental	1.50%	0.50%	2.01%
Duals	FQHC/RHC	4.00%	0.00%	4.00%
Duals	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Duals	Other Professional Services	(1.00%)	2.00%	0.98%
Duals	Physical Health Practitioners	1.00%	1.50%	2.51%
Duals	Mental Health Practitioners	1.00%	2.00%	3.02%
SSIWO	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SSIWO	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
SSIWO	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
SSIWO	Pharmacy	0.00%	5.00%	5.00%
SSIWO	Transportation	2.00%	0.00%	2.00%
SSIWO	Dental	1.50%	0.50%	2.01%
SSIWO	FQHC/RHC	4.00%	0.00%	4.00%
SSIWO	Laboratory and Radiology Services	2.00%	0.50%	2.51%
SSIWO	Other Professional Services	(1.00%)	2.00%	0.98%
SSIWO	Physical Health Practitioners	0.00%	1.00%	1.00%
SSIWO	Mental Health Practitioners	4.00%	2.00%	6.08%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	1.00%	2.00%	3.02%
Prop 204 Childless Adults	Pharmacy	0.00%	5.00%	5.00%
Prop 204 Childless Adults	Transportation	2.00%	0.00%	2.00%
Prop 204 Childless Adults	Dental	1.50%	0.50%	2.01%
Prop 204 Childless Adults	FQHC/RHC	4.00%	0.00%	4.00%
Prop 204 Childless Adults	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Prop 204 Childless Adults	Other Professional Services	(1.00%)	2.00%	0.98%
Prop 204 Childless Adults	Physical Health Practitioners	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Mental Health Practitioners	2.00%	2.00%	4.04%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
Expansion Adults	Mental Health Inpatient and LTC	4.00%	0.50%	4.52%
Expansion Adults	Outpatient and Emergency Facilities	0.00%	2.00%	2.00%
Expansion Adults	Pharmacy	1.00%	4.00%	5.04%
Expansion Adults	Transportation	2.00%	0.00%	2.00%
Expansion Adults	Dental	1.50%	0.50%	2.01%
Expansion Adults	FQHC/RHC	4.00%	0.00%	4.00%
Expansion Adults	Laboratory and Radiology Services	2.00%	0.50%	2.51%
Expansion Adults	Other Professional Services	(1.00%)	2.00%	0.98%
Expansion Adults	Physical Health Practitioners	0.50%	0.00%	0.50%
Expansion Adults	Mental Health Practitioners	0.50%	2.00%	2.51%
Delivery Supplemental Payments	Inpatient	1.00%	0.00%	1.00%
Delivery Supplemental Payments	Outpatient Facility	0.00%	0.00%	0.00%
Delivery Supplemental Payments	Pharmacy	0.00%	0.00%	0.00%
Delivery Supplemental Payments	Transportation	0.00%	0.00%	0.00%
Delivery Supplemental Payments	FQHC/RHC	0.00%	0.00%	0.00%
Delivery Supplemental Payments	Laboratory and Radiology Services	0.00%	0.00%	0.00%
Delivery Supplemental Payments	Other Professional Services	0.00%	0.00%	0.00%
Delivery Supplemental Payments	Physician	0.00%	0.00%	0.00%
SMI	Physical Health Inpatient and LTC	3.00%	2.00%	5.06%
SMI	Mental Health Inpatient and LTC	3.00%	2.00%	5.06%
SMI	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
SMI	Pharmacy	2.00%	3.00%	5.06%
SMI	Transportation	3.00%	1.00%	4.03%
SMI	Dental	0.00%	3.00%	3.00%
SMI	FQHC/RHC	0.00%	3.00%	3.00%
SMI	Laboratory and Radiology Services	0.00%	3.00%	3.00%
SMI	Other Professional Services	0.00%	3.00%	3.00%
SMI	Physical Health Practitioners	0.00%	1.00%	1.00%
SMI	Mental Health Practitioners	5.00%	0.50%	5.52%
SMI	Case Management	2.00%	3.00%	5.06%
SMI	Rehabilitation Services	3.00%	0.00%	3.00%
SMI	Residential Services	5.00%	1.00%	6.05%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
AGE < 1	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE < 1	Outpatient and Emergency Facilities	1.00%	2.00%	3.02%
AGE < 1	Pharmacy	0.00%	0.50%	0.50%
AGE < 1	Transportation	0.00%	4.00%	4.00%
AGE < 1	Dental	5.00%	0.00%	5.00%
AGE < 1	FQHC/RHC	3.50%	0.00%	3.50%
AGE < 1	Laboratory and Radiology Services	3.00%	0.00%	3.00%
AGE < 1	Other Professional Services	1.00%	2.50%	3.53%
AGE < 1	Physical Health Practitioners	0.50%	0.00%	0.50%
AGE < 1	Mental Health Practitioners	0.50%	0.00%	0.50%
AGE 1-20	Physical Health Inpatient and LTC	4.00%	0.00%	4.00%
AGE 1-20	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE 1-20	Outpatient and Emergency Facilities	3.00%	2.00%	5.06%
AGE 1-20	Pharmacy	2.00%	2.00%	4.04%
AGE 1-20	Transportation	0.00%	4.00%	4.00%
AGE 1-20	Dental	5.00%	0.00%	5.00%
AGE 1-20	FQHC/RHC	3.50%	0.00%	3.50%
AGE 1-20	Laboratory and Radiology Services	3.00%	0.00%	3.00%
AGE 1-20	Other Professional Services	1.00%	2.50%	3.53%
AGE 1-20	Physical Health Practitioners	4.00%	0.00%	4.00%
AGE 1-20	Mental Health Practitioners	6.50%	0.00%	6.50%
AGE 21+	Physical Health Inpatient and LTC	0.00%	2.00%	2.00%
AGE 21+	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE 21+	Outpatient and Emergency Facilities	1.00%	3.00%	4.03%
AGE 21+	Pharmacy	1.00%	5.00%	6.05%
AGE 21+	Transportation	0.00%	4.00%	4.00%
AGE 21+	Dental	5.00%	0.00%	5.00%
AGE 21+	FQHC/RHC	3.50%	0.00%	3.50%
AGE 21+	Laboratory and Radiology Services	3.00%	0.00%	3.00%
AGE 21+	Other Professional Services	1.00%	2.50%	3.53%
AGE 21+	Physical Health Practitioners	3.00%	0.00%	3.00%
AGE 21+	Mental Health Practitioners	1.00%	4.00%	5.04%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	3.50%	(3.00%)	0.39%
Duals	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
Duals	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
Duals	Pharmacy	2.00%	2.00%	4.04%
Duals	Transportation	0.00%	4.00%	4.00%
Duals	Dental	5.00%	0.00%	5.00%
Duals	FQHC/RHC	3.50%	0.00%	3.50%
Duals	Laboratory and Radiology Services	3.00%	0.00%	3.00%
Duals	Other Professional Services	1.00%	2.50%	3.53%
Duals	Physical Health Practitioners	1.00%	(2.00%)	(1.02%)
Duals	Mental Health Practitioners	2.00%	2.00%	4.04%
SSIWO	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SSIWO	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
SSIWO	Outpatient and Emergency Facilities	1.00%	1.00%	2.01%
SSIWO	Pharmacy	0.00%	4.00%	4.00%
SSIWO	Transportation	0.00%	4.00%	4.00%
SSIWO	Dental	5.00%	0.00%	5.00%
SSIWO	FQHC/RHC	3.50%	0.00%	3.50%
SSIWO	Laboratory and Radiology Services	3.00%	0.00%	3.00%
SSIWO	Other Professional Services	1.00%	2.50%	3.53%
SSIWO	Physical Health Practitioners	2.00%	0.00%	2.00%
SSIWO	Mental Health Practitioners	4.50%	2.00%	6.59%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
Prop 204 Childless Adults	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	2.00%	2.00%	4.04%
Prop 204 Childless Adults	Pharmacy	0.10%	5.00%	5.10%
Prop 204 Childless Adults	Transportation	0.00%	4.00%	4.00%
Prop 204 Childless Adults	Dental	5.00%	0.00%	5.00%
Prop 204 Childless Adults	FQHC/RHC	3.50%	0.00%	3.50%
Prop 204 Childless Adults	Laboratory and Radiology Services	3.00%	0.00%	3.00%
Prop 204 Childless Adults	Other Professional Services	1.00%	2.50%	3.53%
Prop 204 Childless Adults	Physical Health Practitioners	3.00%	(1.00%)	1.97%
Prop 204 Childless Adults	Mental Health Practitioners	0.50%	2.50%	3.01%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	(1.00%)	1.00%	(0.01%)
Expansion Adults	Mental Health Inpatient and LTC	5.00%	1.00%	6.05%
Expansion Adults	Outpatient and Emergency Facilities	2.00%	1.50%	3.53%
Expansion Adults	Pharmacy	1.00%	4.00%	5.04%
Expansion Adults	Transportation	0.00%	4.00%	4.00%
Expansion Adults	Dental	5.00%	0.00%	5.00%
Expansion Adults	FQHC/RHC	3.50%	0.00%	3.50%
Expansion Adults	Laboratory and Radiology Services	3.00%	0.00%	3.00%
Expansion Adults	Other Professional Services	1.00%	2.50%	3.53%
Expansion Adults	Physical Health Practitioners	2.00%	0.00%	2.00%
Expansion Adults	Mental Health Practitioners	0.50%	3.00%	3.52%
Delivery Supplemental Payments	Inpatient	1.00%	0.00%	1.00%
Delivery Supplemental Payments	Outpatient Facility	0.50%	1.00%	1.51%
Delivery Supplemental Payments	Pharmacy	0.50%	1.00%	1.51%
Delivery Supplemental Payments	Transportation	0.50%	1.00%	1.51%
Delivery Supplemental Payments	FQHC/RHC	0.50%	1.00%	1.51%
Delivery Supplemental Payments	Laboratory and Radiology Services	0.50%	1.00%	1.51%
Delivery Supplemental Payments	Other Professional Services	0.50%	1.00%	1.51%
Delivery Supplemental Payments	Physician	2.00%	1.00%	3.02%
SMI	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SMI	Mental Health Inpatient and LTC	2.50%	1.50%	4.04%
SMI	Outpatient and Emergency Facilities	1.00%	0.50%	1.50%
SMI	Pharmacy	0.50%	3.00%	3.51%
SMI	Transportation	0.00%	2.00%	2.00%
SMI	Dental	1.00%	2.00%	3.02%
SMI	FQHC/RHC	1.00%	2.00%	3.02%
SMI	Laboratory and Radiology Services	1.00%	2.00%	3.02%
SMI	Other Professional Services	1.00%	2.00%	3.02%
SMI	Physical Health Practitioners	0.00%	0.00%	0.00%
SMI	Mental Health Practitioners	4.00%	1.00%	5.04%
SMI	Case Management	2.00%	3.00%	5.06%
SMI	Rehabilitation Services	0.00%	2.50%	2.50%
SMI	Residential Services	3.50%	0.00%	3.50%

Appendix 6: Development of Gross Medical Component

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
 Risk Group: AGE < 1
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 42,934
 Projection Period Member Months: 42,512

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$355.66	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$370.03
Mental Health Inpatient and LTC	\$2.74	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.08
Outpatient Facility	\$16.15	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.16
Emergency Facility	\$31.61	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.62
Pharmacy	\$7.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	(1.37%)	0.00%	\$7.00
Transportation	\$29.19	5.00%	5.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.98
Dental	\$0.71	4.00%	1.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.78
FQHC/RHC	\$37.54	5.52%	18.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.74
Laboratory and Radiology Services	\$4.07	2.01%	(0.19%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.23
Other Professional Services	\$21.92	2.00%	2.07%	0.00%	0.00%	7.73%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.08
Physical Health Practitioners	\$125.87	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$125.83
Mental Health Practitioners	\$0.84	0.00%	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.83
Gross Medical	\$633.35	1.81%	1.55%	0.00%	0.00%	0.27%	0.00%	0.00%	0.01%	(0.01%)	0.00%	\$668.36

DAP PMPM	\$12.73
Gross Medical Plus DAP PMPM	\$681.09

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Risk Group: AGE 1-20 Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 834,825 Projection Period Member Months: 774,553
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$17.27	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.14
Mental Health Inpatient and LTC	\$13.65	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.36
Outpatient Facility	\$10.45	3.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.09
Emergency Facility	\$13.64	3.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.48
Pharmacy	\$24.35	5.00%	0.00%	0.00%	(0.23%)	0.00%	0.01%	0.00%	0.00%	(1.37%)	0.00%	\$26.42
Transportation	\$8.01	5.00%	6.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.38
Dental	\$25.44	4.00%	0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.73
FQHC/RHC	\$10.36	5.52%	22.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.16
Laboratory and Radiology Services	\$2.76	2.01%	(1.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.51%	\$2.84
Other Professional Services	\$12.48	2.00%	2.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	\$13.32
Physical Health Practitioners	\$26.14	4.00%	0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	\$28.61
Mental Health Practitioners	\$35.39	5.52%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	\$39.53
Gross Medical	\$199.93	4.26%	1.82%	0.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	(0.17%)	0.09%	\$221.04

DAP PMPM	\$3.31
Gross Medical Plus DAP PMPM	\$224.35

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Risk Group: AGE 21+ Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 386,792 Projection Period Member Months: 340,276

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$34.46	1.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.16
Mental Health Inpatient and LTC	\$7.74	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.71
Outpatient Facility	\$38.92	1.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.73
Emergency Facility	\$29.57	1.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.17
Pharmacy	\$67.77	4.00%	0.00%	0.00%	3.86%	0.00%	0.26%	0.81%	0.07%	(1.37%)	0.00%	\$75.94
Transportation	\$13.32	5.00%	6.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.67
Dental	\$1.37	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.49
FQHC/RHC	\$15.10	5.52%	22.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.64
Laboratory and Radiology Services	\$16.13	2.01%	(1.92%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.93%	\$16.61
Other Professional Services	\$8.30	2.00%	(2.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.76%	\$8.56
Physical Health Practitioners	\$56.33	0.98%	0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.41%	\$58.18
Mental Health Practitioners	\$38.61	5.06%	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	\$42.73
Gross Medical	\$327.63	2.69%	1.32%	0.00%	0.81%	0.00%	0.06%	0.17%	0.02%	(0.30%)	0.25%	\$353.60

DAP PMPM	\$4.43
Gross Medical Plus DAP PMPM	\$358.03

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 196,363
 Projection Period Member Months: 194,580

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$14.67	2.00%	0.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.32
Mental Health Inpatient and LTC	\$1.60	6.08%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.80
Outpatient Facility	\$20.28	1.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.09
Emergency Facility	\$4.77	1.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.96
Pharmacy	\$2.34	2.00%	0.00%	0.00%	0.00%	0.00%	5.65%	49.09%	41.32%	(1.37%)	0.00%	\$5.34
Transportation	\$11.38	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.55
Dental	\$0.30	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.33
FQHC/RHC	\$5.52	5.52%	1.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.22
Laboratory and Radiology Services	\$5.51	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	\$5.74
Other Professional Services	\$3.77	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$3.95
Physical Health Practitioners	\$24.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	\$24.32
Mental Health Practitioners	\$18.32	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	\$20.05
Gross Medical	\$112.74	2.53%	0.10%	0.00%	0.00%	0.00%	0.12%	1.06%	1.32%	(0.06%)	0.11%	\$121.67

DAP PMPM	\$0.09
Gross Medical Plus DAP PMPM	\$121.76

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Risk Group: SSIWO Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 71,422 Projection Period Member Months: 67,018

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$244.20	3.02%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$259.41
Mental Health Inpatient and LTC	\$23.00	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.88
Outpatient Facility	\$114.17	1.00%	0.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$117.07
Emergency Facility	\$45.82	1.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.75
Pharmacy	\$362.62	4.00%	0.00%	0.00%	4.20%	0.00%	0.06%	2.29%	(2.16%)	(1.37%)	0.00%	\$403.66
Transportation	\$59.61	5.00%	6.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$70.11
Dental	\$4.71	4.00%	0.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.11
FQHC/RHC	\$17.89	5.52%	22.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.49
Laboratory and Radiology Services	\$24.81	2.01%	(1.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	\$25.56
Other Professional Services	\$56.46	2.00%	(0.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	\$58.54
Physical Health Practitioners	\$159.46	3.00%	(0.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$167.61
Mental Health Practitioners	\$60.56	5.06%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	\$67.04
Gross Medical	\$1,173.31	3.29%	0.62%	0.00%	1.31%	0.00%	0.02%	0.73%	(0.70%)	(0.44%)	0.02%	\$1,271.24

DAP PMPM	\$13.27
Gross Medical Plus DAP PMPM	\$1,284.51

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Risk Group: Prop 204 Childless Adults Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 607,050 Projection Period Member Months: 601,488

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$72.07	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$72.14
Mental Health Inpatient and LTC	\$24.65	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.74
Outpatient Facility	\$47.56	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.64
Emergency Facility	\$29.74	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.74
Pharmacy	\$108.47	3.00%	0.00%	0.00%	6.28%	0.00%	0.54%	1.88%	(0.02%)	(1.37%)	0.00%	\$123.54
Transportation	\$26.52	5.00%	6.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.07
Dental	\$1.85	4.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.00
FQHC/RHC	\$12.09	5.52%	22.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.54
Laboratory and Radiology Services	\$15.28	2.01%	(1.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	\$15.72
Other Professional Services	\$16.27	2.00%	(0.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	\$16.83
Physical Health Practitioners	\$66.81	(1.02%)	(0.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$65.20
Mental Health Practitioners	\$78.39	5.04%	(0.82%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	\$85.96
Gross Medical	\$499.71	2.17%	0.70%	0.00%	1.38%	0.00%	0.12%	0.43%	(0.01%)	(0.32%)	0.06%	\$534.11

DAP PMPM	\$5.90
Gross Medical Plus DAP PMPM	\$540.02

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
 Risk Group: Expansion Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 147,413
 Projection Period Member Months: 98,853

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$46.64	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.66
Mental Health Inpatient and LTC	\$5.77	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.49
Outpatient Facility	\$50.25	1.50%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$51.84
Emergency Facility	\$23.08	1.50%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.78
Pharmacy	\$100.07	3.00%	0.00%	0.00%	1.38%	0.00%	0.43%	2.89%	(0.15%)	(1.37%)	0.00%	\$109.54
Transportation	\$12.66	5.00%	6.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.91
Dental	\$1.67	4.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.80
FQHC/RHC	\$14.63	5.52%	22.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.93
Laboratory and Radiology Services	\$15.78	2.01%	(1.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$16.24
Other Professional Services	\$10.94	2.00%	(1.98%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$11.22
Physical Health Practitioners	\$68.75	0.50%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	\$69.53
Mental Health Practitioners	\$28.34	4.52%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	\$31.06
Gross Medical	\$378.60	2.16%	1.08%	0.00%	0.37%	0.00%	0.12%	0.78%	(0.04%)	(0.38%)	0.06%	\$403.00

DAP PMPM	\$4.74
Gross Medical Plus DAP PMPM	\$407.74

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Risk Group: Delivery Supplemental Payments Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 2,615 Projection Period Member Months: 2,867
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Inpatient	\$3,735.94	1.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,811.80
Outpatient Facility	\$14.33	3.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.21
Pharmacy	\$6.33	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.37%)	0.00%	\$6.62
Transportation	\$306.36	3.00%	6.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$347.43
FQHC/RHC	\$4.19	3.00%	25.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.59
Laboratory and Radiology Services	\$35.32	3.00%	(1.98%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.73
Other Professional Services	\$2.34	3.00%	(2.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.42
Physician	\$2,442.11	3.95%	0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,658.22
Gross Medical	\$6,546.91	2.22%	0.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.00%)	0.00%	\$6,884.02

DAP PMPM	\$142.08
Gross Medical Plus DAP PMPM	\$7,026.11

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
Risk Group: SMI
Base Period: October 1, 2022, through September 30, 2023
Projection Period: October 1, 2024, through September 30, 2025
Base Period Member Months: 70,716
Projection Period Member Months: 65,957

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$70.03	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$70.10	
Mental Health Inpatient and LTC	\$125.66	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$135.96	
Outpatient Facility	\$43.71	0.00%	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.84	
Emergency Facility	\$44.52	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.52	
Pharmacy	\$287.51	4.00%	0.00%	0.00%	2.73%	0.00%	0.32%	1.25%	(0.47%)	(0.34%)	0.00%	\$321.86	
Transportation	\$87.14	3.50%	4.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$97.84	
Dental	\$1.35	2.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.40	
FQHC/RHC	\$17.07	2.00%	18.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.09	
Laboratory and Radiology Services	\$13.74	2.00%	(1.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	\$14.18	
Other Professional Services	\$63.60	2.00%	(1.80%)	9.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$71.07	
Physical Health Practitioners	\$72.22	0.00%	(1.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$71.33	
Mental Health Practitioners	\$97.27	5.56%	0.97%	9.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	\$120.97	
Case Management	\$81.88	2.00%	(0.04%)	9.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$93.11	
Rehabilitation Services	\$87.49	2.01%	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$91.00	
Residential Services	\$225.23	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$234.33	
Gross Medical	\$1,318.41	2.65%	0.48%	1.74%	0.60%	0.00%	0.07%	0.28%	(0.11%)	(0.08%)	0.10%	\$1,432.62	

DAP PMPM	\$12.96
Gross Medical Plus DAP PMPM	\$1,445.58

Appendix 6: Development of Gross Medical Component

GSA: North
Risk Group: Crisis 24 Hour Group
Base Period: October 1, 2022, through September 30, 2023
Projection Period: October 1, 2024, through September 30, 2025
Base Period Member Months: 3,331,569
Projection Period Member Months: 2,949,269

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$0.70	0.9685	\$0.72	\$1.00	\$1.72
Crisis Phone Line	\$0.25	0.9685	\$0.26	\$0.56	\$0.82
Crisis Stabilization Units	\$0.86	0.9685	\$0.89	\$1.84	\$2.73
Ancillary Crisis Services	\$0.41	0.9685	\$0.42	\$0.00	\$0.42
Gross Medical	\$2.22		\$2.29	\$3.41	\$5.70

DAP PMPM	\$0.01
Gross Medical Plus DAP PMPM	\$5.70

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Risk Group: AGE < 1 Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 367,273 Projection Period Member Months: 372,670

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$393.69	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$409.60
Mental Health Inpatient and LTC	\$5.51	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.02
Outpatient Facility	\$21.26	1.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.70
Emergency Facility	\$31.44	1.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.08
Pharmacy	\$9.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.52%)	(1.37%)	0.00%	\$8.77
Transportation	\$7.86	2.00%	4.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.56
Dental	\$0.46	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.48
FQHC/RHC	\$47.79	4.00%	6.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$55.11
Laboratory and Radiology Services	\$4.90	2.51%	(0.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.12
Other Professional Services	\$22.08	0.98%	(2.28%)	0.00%	0.00%	5.36%	0.00%	0.00%	0.00%	0.00%	0.02%	\$23.18
Physical Health Practitioners	\$151.03	0.00%	(0.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$149.73
Mental Health Practitioners	\$1.01	0.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.01
Gross Medical	\$696.07	1.60%	0.28%	0.00%	0.00%	0.16%	0.00%	0.00%	(0.02%)	(0.02%)	0.00%	\$721.37

DAP PMPM	\$14.74
Gross Medical Plus DAP PMPM	\$736.11

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Risk Group: AGE 1-20 Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 6,592,754 Projection Period Member Months: 6,177,353
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$14.07	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.78
Mental Health Inpatient and LTC	\$9.28	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.14
Outpatient Facility	\$11.29	4.03%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.22
Emergency Facility	\$13.65	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.77
Pharmacy	\$24.54	5.04%	0.00%	0.00%	(0.11%)	0.00%	0.02%	0.00%	(0.02%)	(1.37%)	0.00%	\$26.68
Transportation	\$3.06	2.00%	4.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.33
Dental	\$17.71	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.43
FQHC/RHC	\$12.67	4.00%	7.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.78
Laboratory and Radiology Services	\$4.22	2.51%	(2.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	\$4.34
Other Professional Services	\$13.77	0.98%	2.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	\$14.43
Physical Health Practitioners	\$33.67	2.51%	0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	\$35.80
Mental Health Practitioners	\$32.79	6.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	\$36.98
Gross Medical	\$190.72	3.68%	0.88%	0.00%	(0.01%)	0.00%	0.00%	0.00%	(0.00%)	(0.18%)	0.13%	\$206.69

DAP PMPM	\$2.97
Gross Medical Plus DAP PMPM	\$209.66

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Risk Group: AGE 21+ Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 2,618,976 Projection Period Member Months: 2,355,353

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$35.71	3.02%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.92
Mental Health Inpatient and LTC	\$6.95	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.59
Outpatient Facility	\$28.61	1.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.20
Emergency Facility	\$28.57	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.14
Pharmacy	\$77.32	4.00%	0.00%	0.00%	4.18%	0.00%	0.72%	0.91%	(0.73%)	(1.37%)	0.00%	\$86.70
Transportation	\$8.19	2.00%	4.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.88
Dental	\$1.74	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.81
FQHC/RHC	\$21.50	4.00%	5.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.49
Laboratory and Radiology Services	\$28.41	2.51%	(2.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.85%	\$29.46
Other Professional Services	\$13.85	0.98%	(0.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.29%	\$14.18
Physical Health Practitioners	\$81.97	1.00%	0.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	\$84.57
Mental Health Practitioners	\$29.57	5.06%	(2.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.55%	\$32.37
Gross Medical	\$362.39	2.57%	0.19%	0.00%	0.91%	0.00%	0.16%	0.21%	(0.17%)	(0.31%)	0.32%	\$386.30

DAP PMPM	\$4.24
Gross Medical Plus DAP PMPM	\$390.54

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 886,950
 Projection Period Member Months: 886,887

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) Aggregate Fee Schedule Changes	I.3.B.ii.(a) ACT Teams	I.3.B.ii.(a) Diabetes Drug Class Changes	I.3.B.ii.(a) Donor Milk	I.3.B.ii.(a) Rezdiffra	I.3.B.ii.(a) Wegovy	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Rx Rebates	I.3.B.ii.(a) Combined Misc. Changes	Subtotal Gross Medical
Physical Health Inpatient and LTC	\$21.91	3.02%	0.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.34
Mental Health Inpatient and LTC	\$1.22	4.52%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.33
Outpatient Facility	\$12.96	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.75
Emergency Facility	\$4.65	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.93
Pharmacy	\$2.55	4.00%	0.00%	0.00%	0.00%	0.00%	7.04%	48.67%	39.89%	(1.37%)	0.00%	\$6.05
Transportation	\$15.04	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.64
Dental	\$0.74	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.77
FQHC/RHC	\$4.90	4.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.30
Laboratory and Radiology Services	\$7.89	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$8.30
Other Professional Services	\$10.14	0.98%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	\$10.36
Physical Health Practitioners	\$30.83	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	\$32.46
Mental Health Practitioners	\$16.56	3.02%	(2.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	\$17.17
Gross Medical	\$129.39	2.66%	(0.24%)	0.00%	0.00%	0.00%	0.14%	1.05%	1.27%	(0.06%)	0.07%	\$139.43

DAP PMPM	\$0.15
Gross Medical Plus DAP PMPM	\$139.58

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
 Risk Group: SSIWO
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 419,667
 Projection Period Member Months: 389,923

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) Aggregate Fee Schedule Changes	I.3.B.ii.(a) ACT Teams	I.3.B.ii.(a) Diabetes Drug Class Changes	I.3.B.ii.(a) Donor Milk	I.3.B.ii.(a) Rezdiffra	I.3.B.ii.(a) Wegovy	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Rx Rebates	I.3.B.ii.(a) Combined Misc. Changes	Subtotal Gross Medical
Physical Health Inpatient and LTC	\$206.15	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$206.42
Mental Health Inpatient and LTC	\$15.12	4.52%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.52
Outpatient Facility	\$110.60	2.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$115.40
Emergency Facility	\$42.26	2.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.98
Pharmacy	\$326.94	5.00%	0.00%	0.00%	4.63%	0.00%	0.74%	2.38%	(0.74%)	(1.37%)	0.00%	\$380.82
Transportation	\$35.11	2.00%	3.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.87
Dental	\$5.24	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.45
FQHC/RHC	\$28.88	4.00%	7.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.61
Laboratory and Radiology Services	\$36.88	2.51%	(1.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	\$38.25
Other Professional Services	\$66.16	0.98%	(0.03%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.06%	\$67.49
Physical Health Practitioners	\$205.43	1.00%	1.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$213.39
Mental Health Practitioners	\$82.50	6.08%	(1.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	\$91.80
Gross Medical	\$1,161.28	2.66%	0.52%	0.00%	1.36%	0.00%	0.22%	0.72%	(0.23%)	(0.42%)	0.02%	\$1,251.00

DAP PMPM	\$12.21
Gross Medical Plus DAP PMPM	\$1,263.21

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
 Risk Group: Prop 204 Childless Adults
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 3,740,425
 Projection Period Member Months: 3,819,687

Category of Service	Appendix 4 Adjusted Base PMPM	I.3.B.iii. Trend	I.3.B.ii.(a) Aggregate Fee Schedule Changes	I.3.B.ii.(a) ACT Teams	I.3.B.ii.(a) Diabetes Drug Class Changes	I.3.B.ii.(a) Donor Milk	I.3.B.ii.(a) Rezdiffra	I.3.B.ii.(a) Wegovy	I.3.B.ii.(a) P & T Committee	I.3.B.ii.(a) Rx Rebates	I.3.B.ii.(a) Combined Misc. Changes	Subtotal Gross Medical
Physical Health Inpatient and LTC	\$82.96	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$83.05
Mental Health Inpatient and LTC	\$26.67	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.14
Outpatient Facility	\$33.31	3.02%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.40
Emergency Facility	\$29.06	3.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.84
Pharmacy	\$124.79	5.00%	0.00%	0.00%	3.89%	0.00%	0.59%	1.52%	(0.63%)	(1.37%)	0.00%	\$143.05
Transportation	\$17.41	2.00%	3.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.84
Dental	\$2.37	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.47
FQHC/RHC	\$19.51	4.00%	5.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.31
Laboratory and Radiology Services	\$24.19	2.51%	(1.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	\$25.06
Other Professional Services	\$23.15	0.98%	(0.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	\$23.53
Physical Health Practitioners	\$89.58	0.00%	0.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	\$89.99
Mental Health Practitioners	\$68.80	4.04%	(2.57%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	\$72.66
Gross Medical	\$541.78	2.63%	(0.01%)	0.00%	0.94%	0.00%	0.15%	0.38%	(0.16%)	(0.34%)	0.06%	\$576.33

DAP PMPM	\$6.31
Gross Medical Plus DAP PMPM	\$582.64

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Risk Group: Expansion Adults Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 901,675 Projection Period Member Months: 591,155
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$46.16	1.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.12
Mental Health Inpatient and LTC	\$6.29	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.87
Outpatient Facility	\$32.59	2.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.94
Emergency Facility	\$22.91	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.83
Pharmacy	\$111.02	5.04%	0.00%	0.00%	(1.21%)	0.00%	1.00%	2.30%	(0.97%)	(1.37%)	0.00%	\$122.13
Transportation	\$7.13	2.00%	4.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.73
Dental	\$2.11	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.19
FQHC/RHC	\$19.20	4.00%	4.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.74
Laboratory and Radiology Services	\$25.60	2.51%	(2.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.66%	\$26.53
Other Professional Services	\$17.39	0.98%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.48%	\$17.83
Physical Health Practitioners	\$88.18	0.50%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.17%	\$89.71
Mental Health Practitioners	\$23.71	2.51%	(1.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	\$24.67
Gross Medical	\$402.30	2.56%	0.23%	0.00%	(0.35%)	0.00%	0.29%	0.66%	(0.28%)	(0.40%)	0.11%	\$424.29

DAP PMPM	\$4.51
Gross Medical Plus DAP PMPM	\$428.80

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Risk Group: Delivery Supplemental Payments Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 20,978 Projection Period Member Months: 23,301
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Inpatient	\$3,599.05	1.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,672.20
Outpatient Facility	\$15.00	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.00
Pharmacy	\$11.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.37%)	0.00%	\$11.43
Transportation	\$39.18	0.00%	4.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.01
FQHC/RHC	\$3.93	0.00%	6.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.20
Laboratory and Radiology Services	\$32.37	0.00%	(2.43%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.58
Other Professional Services	\$4.78	0.00%	(0.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.75
Physician	\$2,832.51	0.00%	0.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,856.10
Gross Medical	\$6,538.40	0.55%	0.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.00%)	0.00%	\$6,636.27

DAP PMPM	\$152.46
Gross Medical Plus DAP PMPM	\$6,788.74

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
Risk Group: SMI
Base Period: October 1, 2022, through September 30, 2023
Projection Period: October 1, 2024, through September 30, 2025
Base Period Member Months: 356,873
Projection Period Member Months: 348,938

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$140.23	5.06%	0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$155.16
Mental Health Inpatient and LTC	\$364.20	5.06%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$402.16
Outpatient Facility	\$42.09	1.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.97
Emergency Facility	\$53.88	1.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$54.97
Pharmacy	\$505.20	5.06%	0.00%	0.00%	1.30%	0.00%	0.32%	0.72%	(0.04%)	(0.34%)	0.00%	\$568.58
Transportation	\$129.90	4.03%	1.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$143.19
Dental	\$1.61	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.71
FQHC/RHC	\$20.63	3.00%	9.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.90
Laboratory and Radiology Services	\$25.55	3.00%	(1.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	\$26.96
Other Professional Services	\$119.53	3.00%	0.67%	0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$128.79
Physical Health Practitioners	\$110.95	1.00%	0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$114.03
Mental Health Practitioners	\$186.58	5.52%	0.72%	0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.38%	\$211.89
Case Management	\$193.36	5.06%	(0.01%)	0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$215.27
Rehabilitation Services	\$136.27	3.00%	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$144.27
Residential Services	\$277.08	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$311.62
Gross Medical	\$2,307.06	4.53%	0.31%	0.19%	0.29%	0.00%	0.07%	0.16%	(0.01%)	(0.08%)	0.04%	\$2,545.47

DAP PMPM	\$25.21
Gross Medical Plus DAP PMPM	\$2,570.68

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
 Risk Group: Crisis 24 Hour Group
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 16,822,266
 Projection Period Member Months: 15,090,929

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$0.73	0.9781	\$0.74	\$0.49	\$1.24
Crisis Phone Line	\$0.21	0.9781	\$0.21	\$0.54	\$0.75
Crisis Stabilization Units	\$2.51	0.9781	\$2.57	\$3.23	\$5.79
Ancillary Crisis Services	\$1.01	0.9781	\$1.03	\$0.00	\$1.03
Gross Medical	\$4.45		\$4.55	\$4.25	\$8.81

DAP PMPM	\$0.05
Gross Medical Plus DAP PMPM	\$8.85

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Risk Group: AGE < 1 Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 117,183 Projection Period Member Months: 116,418

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$380.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$380.35
Mental Health Inpatient and LTC	\$1.46	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.64
Outpatient Facility	\$16.55	3.02%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.58
Emergency Facility	\$24.00	3.02%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.47
Pharmacy	\$11.66	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.49%)	(1.37%)	0.00%	\$11.56
Transportation	\$12.44	4.00%	5.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.16
Dental	\$0.50	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.55
FQHC/RHC	\$113.88	3.50%	15.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$140.71
Laboratory and Radiology Services	\$4.56	3.00%	(1.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.78
Other Professional Services	\$23.33	3.53%	(1.79%)	0.00%	0.00%	6.54%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.17
Physical Health Practitioners	\$131.94	0.50%	(1.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$131.24
Mental Health Practitioners	\$1.05	0.50%	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.06
Gross Medical	\$721.73	1.05%	2.29%	0.00%	0.00%	0.21%	0.00%	0.00%	(0.01%)	(0.02%)	0.00%	\$755.28

DAP PMPM	\$13.90
Gross Medical Plus DAP PMPM	\$769.18

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Risk Group: AGE 1-20
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 2,131,381
 Projection Period Member Months: 2,017,079

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$13.16	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.24
Mental Health Inpatient and LTC	\$8.78	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.87
Outpatient Facility	\$10.85	5.06%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.98
Emergency Facility	\$11.17	5.06%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.34
Pharmacy	\$23.61	4.04%	0.00%	0.00%	0.14%	0.00%	0.01%	0.00%	0.01%	(1.37%)	0.00%	\$25.25
Transportation	\$4.61	4.00%	4.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.23
Dental	\$17.11	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.86
FQHC/RHC	\$33.79	3.50%	13.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.13
Laboratory and Radiology Services	\$3.45	3.00%	(2.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.80%	\$3.58
Other Professional Services	\$14.85	3.53%	3.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$16.50
Physical Health Practitioners	\$25.88	4.00%	0.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$28.31
Mental Health Practitioners	\$35.86	6.50%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	\$40.81
Gross Medical	\$203.13	4.60%	2.66%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	(0.15%)	0.10%	\$228.10

DAP PMPM	\$3.27
Gross Medical Plus DAP PMPM	\$231.37

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Risk Group: AGE 21+
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 1,015,968
 Projection Period Member Months: 905,495

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$34.25	2.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.65
Mental Health Inpatient and LTC	\$5.36	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.03
Outpatient Facility	\$44.13	4.03%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.78
Emergency Facility	\$25.85	4.03%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.98
Pharmacy	\$65.59	6.05%	0.00%	0.00%	7.84%	0.00%	0.92%	0.97%	(0.36%)	(1.37%)	0.00%	\$79.67
Transportation	\$9.31	4.00%	4.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.55
Dental	\$0.94	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.04
FQHC/RHC	\$39.96	3.50%	12.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$48.18
Laboratory and Radiology Services	\$23.27	3.00%	(2.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.81%	\$24.29
Other Professional Services	\$10.91	3.53%	(1.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.25%	\$11.72
Physical Health Practitioners	\$60.60	3.00%	0.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.41%	\$64.82
Mental Health Practitioners	\$36.01	5.04%	(1.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.12%	\$39.44
Gross Medical	\$356.20	4.03%	1.22%	0.00%	1.48%	0.00%	0.19%	0.20%	(0.07%)	(0.28%)	0.26%	\$397.14

DAP PMPM	\$4.98
Gross Medical Plus DAP PMPM	\$402.13

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Risk Group: Duals
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 513,196
 Projection Period Member Months: 528,532

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$17.10	0.39%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.32
Mental Health Inpatient and LTC	\$1.35	6.05%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.52
Outpatient Facility	\$17.00	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.04
Emergency Facility	\$4.44	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.71
Pharmacy	\$2.40	4.04%	0.00%	0.00%	0.00%	0.00%	3.79%	43.50%	36.47%	(1.37%)	0.00%	\$5.22
Transportation	\$17.47	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.89
Dental	\$0.61	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.67
FQHC/RHC	\$15.68	3.50%	0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.90
Laboratory and Radiology Services	\$6.67	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	\$7.08
Other Professional Services	\$6.20	3.53%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	\$6.65
Physical Health Practitioners	\$23.01	(1.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	\$22.59
Mental Health Practitioners	\$18.47	4.04%	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	\$19.95
Gross Medical	\$130.41	2.39%	0.08%	0.00%	0.00%	0.00%	0.07%	0.86%	1.02%	(0.05%)	0.06%	\$139.53

DAP PMPM	\$0.11
Gross Medical Plus DAP PMPM	\$139.64

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Risk Group: SSIWO
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 181,537
 Projection Period Member Months: 174,331

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$216.98	0.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$217.28
Mental Health Inpatient and LTC	\$14.43	6.05%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.23
Outpatient Facility	\$131.64	2.01%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$137.27
Emergency Facility	\$41.84	2.01%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.55
Pharmacy	\$326.64	4.00%	0.00%	0.00%	4.86%	0.00%	0.54%	2.13%	(0.76%)	(1.37%)	0.00%	\$372.31
Transportation	\$48.01	4.00%	3.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$53.93
Dental	\$4.83	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.33
FQHC/RHC	\$53.17	3.50%	12.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$64.06
Laboratory and Radiology Services	\$33.06	3.00%	(1.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	\$34.57
Other Professional Services	\$77.08	3.53%	(0.58%)	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.02%	\$82.16
Physical Health Practitioners	\$165.19	2.00%	0.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	\$173.38
Mental Health Practitioners	\$106.21	6.59%	(0.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	\$119.70
Gross Medical	\$1,219.08	2.93%	0.69%	0.00%	1.32%	0.00%	0.15%	0.60%	(0.22%)	(0.39%)	0.03%	\$1,319.79

DAP PMPM	\$14.85
Gross Medical Plus DAP PMPM	\$1,334.64

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Risk Group: Prop 204 Childless Adults Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 1,447,035 Projection Period Member Months: 1,455,925

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$78.28	1.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$79.94
Mental Health Inpatient and LTC	\$20.20	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.72
Outpatient Facility	\$44.28	4.04%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.97
Emergency Facility	\$26.47	4.04%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.66
Pharmacy	\$100.74	5.10%	0.00%	0.00%	7.06%	0.00%	0.78%	1.73%	(0.44%)	(1.37%)	0.00%	\$119.95
Transportation	\$19.00	4.00%	4.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.45
Dental	\$1.51	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.66
FQHC/RHC	\$34.17	3.50%	11.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.97
Laboratory and Radiology Services	\$21.94	3.00%	(2.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	\$22.91
Other Professional Services	\$21.53	3.53%	(0.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$22.94
Physical Health Practitioners	\$70.17	1.97%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	\$73.08
Mental Health Practitioners	\$74.11	3.01%	(2.70%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	\$76.64
Gross Medical	\$512.39	3.34%	0.49%	0.00%	1.43%	0.00%	0.17%	0.37%	(0.10%)	(0.30%)	0.06%	\$558.89

DAP PMPM	\$6.64
Gross Medical Plus DAP PMPM	\$565.52

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Risk Group: Expansion Adults Base Period: October 1, 2022, through September 30, 2023 Projection Period: October 1, 2024, through September 30, 2025 Base Period Member Months: 383,134 Projection Period Member Months: 261,816
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	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$38.45	(0.01%)	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.48
Mental Health Inpatient and LTC	\$4.32	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.86
Outpatient Facility	\$45.70	3.53%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.01
Emergency Facility	\$20.21	3.53%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.66
Pharmacy	\$91.45	5.04%	0.00%	0.00%	6.84%	0.00%	2.47%	2.14%	(0.37%)	(1.37%)	0.00%	\$110.86
Transportation	\$8.56	4.00%	4.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.68
Dental	\$1.48	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.63
FQHC/RHC	\$40.28	3.50%	12.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$48.46
Laboratory and Radiology Services	\$21.45	3.00%	(2.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	\$22.39
Other Professional Services	\$13.70	3.53%	(1.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	\$14.46
Physical Health Practitioners	\$71.75	2.00%	0.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	\$75.41
Mental Health Practitioners	\$25.17	3.52%	(1.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	\$26.58
Gross Medical	\$382.51	3.27%	1.27%	0.00%	1.67%	0.00%	0.63%	0.56%	(0.10%)	(0.36%)	0.10%	\$423.49

DAP PMPM	\$4.88
Gross Medical Plus DAP PMPM	\$428.38

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Risk Group: Delivery Supplemental Payments
 Base Period: October 1, 2022, through September 30, 2023
 Projection Period: October 1, 2024, through September 30, 2025
 Base Period Member Months: 7,501
 Projection Period Member Months: 7,918

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Inpatient	\$3,676.52	1.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,751.19
Outpatient Facility	\$22.58	1.51%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.28
Pharmacy	\$9.63	1.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.37%)	0.00%	\$9.78
Transportation	\$62.85	1.51%	5.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$68.09
FQHC/RHC	\$9.82	1.51%	14.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.54
Laboratory and Radiology Services	\$19.92	1.51%	(2.61%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.98
Other Professional Services	\$4.14	1.51%	(0.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.24
Physician	\$2,713.01	3.02%	0.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,893.06
Gross Medical	\$6,518.47	1.86%	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.00%)	0.00%	\$6,781.17

DAP PMPM	\$153.75
Gross Medical Plus DAP PMPM	\$6,934.92

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
Risk Group: SMI
Base Period: October 1, 2022, through September 30, 2023
Projection Period: October 1, 2024, through September 30, 2025
Base Period Member Months: 155,802
Projection Period Member Months: 146,572

	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)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	ACT Teams	Diabetes Drug Class Changes	Donor Milk	Rezdiffra	Wegovy	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$108.99	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$109.23	
Mental Health Inpatient and LTC	\$183.92	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$199.08	
Outpatient Facility	\$37.04	1.50%	0.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.22	
Emergency Facility	\$42.46	1.50%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.76	
Pharmacy	\$263.57	3.51%	0.00%	0.00%	3.14%	0.00%	0.97%	1.11%	(0.52%)	(0.34%)	0.00%	\$294.82	
Transportation	\$62.79	2.00%	3.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$67.78	
Dental	\$1.18	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.26	
FQHC/RHC	\$50.98	3.02%	8.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$58.94	
Laboratory and Radiology Services	\$22.99	3.02%	(0.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	\$24.28	
Other Professional Services	\$94.45	3.02%	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$101.04	
Physical Health Practitioners	\$77.09	0.00%	0.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	\$77.31	
Mental Health Practitioners	\$146.53	5.04%	0.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	\$163.45	
Case Management	\$158.70	5.06%	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$175.13	
Rehabilitation Services	\$99.47	2.50%	(2.19%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$102.22	
Residential Services	\$171.78	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$184.02	
Gross Medical	\$1,521.96	3.18%	0.43%	0.00%	0.54%	0.00%	0.17%	0.20%	(0.09%)	(0.06%)	0.06%	\$1,640.52	

DAP PMPM	\$19.20
Gross Medical Plus DAP PMPM	\$1,659.72

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Rate Cell: Crisis 24 Hour Group
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 6,224,609
 Projection Period Member Months: 5,564,574

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$1.14	0.9809	\$1.17	\$0.27	\$1.44
Crisis Phone Line	\$0.27	0.9809	\$0.27	\$0.62	\$0.89
Crisis Stabilization Units	\$4.03	0.9809	\$4.11	\$0.60	\$4.71
Ancillary Crisis Services	\$1.15	0.9809	\$1.17	\$0.00	\$1.17
Gross Medical	\$6.59		\$6.71	\$1.49	\$8.20

DAP PMPM	\$0.09
Gross Medical Plus DAP PMPM	\$8.29

Appendix 7: Capitation Rate Development

Appendix 7: Capitation Rate Development

Risk Group: AGE < 1

GSA	Contractor	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	Net Medical						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Arizona Complete Health - Complete Care Plan	\$681.09	(\$18.49)	0.9836	\$669.93	(\$18.19)	\$651.74	\$57.51	1.40%	\$10.07	\$14.68	\$734.00	
North	Health Choice Arizona, Inc.	\$681.09	(\$18.49)	1.0115	\$688.94	(\$18.71)	\$670.23	\$53.44	1.40%	\$10.28	\$14.98	\$748.93	
Central	Arizona Complete Health - Complete Care Plan	\$736.11	(\$47.27)	0.9760	\$718.44	(\$46.13)	\$672.30	\$60.76	1.40%	\$10.41	\$15.17	\$758.64	
Central	Banner - University Family Care	\$736.11	(\$47.27)	1.0038	\$738.94	(\$47.45)	\$691.49	\$63.35	1.40%	\$10.72	\$15.62	\$781.18	
Central	Molina Healthcare of Arizona, Inc.	\$736.11	(\$47.27)	0.9402	\$692.12	(\$44.44)	\$647.68	\$75.42	1.40%	\$10.27	\$14.97	\$748.33	
Central	Mercy Care	\$736.11	(\$47.27)	1.0071	\$741.33	(\$47.60)	\$693.73	\$58.30	1.40%	\$10.68	\$15.57	\$778.27	
Central	Health Choice Arizona, Inc.	\$736.11	(\$47.27)	1.0632	\$782.64	(\$50.25)	\$732.38	\$59.05	1.40%	\$11.24	\$16.38	\$819.05	
Central	UnitedHealthcare Community Plan	\$736.11	(\$47.27)	0.9903	\$729.00	(\$46.81)	\$682.19	\$52.86	1.40%	\$10.44	\$15.21	\$760.70	
South	Arizona Complete Health - Complete Care Plan	\$769.18	(\$33.75)	0.9529	\$732.96	(\$32.16)	\$700.80	\$59.76	1.40%	\$10.80	\$15.74	\$787.09	
South	Banner - University Family Care	\$769.18	(\$33.75)	1.0257	\$788.92	(\$34.62)	\$754.31	\$67.09	1.40%	\$11.66	\$17.00	\$850.06	
South	UnitedHealthcare Community Plan (Pima Only)	\$769.18	(\$33.75)	1.0331	\$794.65	(\$34.87)	\$759.78	\$52.97	1.40%	\$11.54	\$16.82	\$841.11	

Notes

Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: AGE 1-20

GSA	Contractor	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	Net Medical						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset		Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Arizona Complete Health - Complete Care Plan	\$224.35	(\$10.77)	1.0059	\$225.66	(\$10.83)	\$214.83	\$29.23	1.40%	\$3.47	\$5.05	\$252.57	
North	Health Choice Arizona, Inc.	\$224.35	(\$10.77)	0.9952	\$223.27	(\$10.72)	\$212.55	\$29.96	1.40%	\$3.44	\$5.02	\$250.98	
Central	Arizona Complete Health - Complete Care Plan	\$209.66	(\$7.42)	0.9700	\$203.38	(\$7.19)	\$196.18	\$27.86	1.40%	\$3.18	\$4.64	\$231.86	
Central	Banner - University Family Care	\$209.66	(\$7.42)	0.9636	\$202.03	(\$7.15)	\$194.88	\$26.08	1.40%	\$3.14	\$4.57	\$228.68	
Central	Molina Healthcare of Arizona, Inc.	\$209.66	(\$7.42)	0.9272	\$194.40	(\$6.88)	\$187.53	\$55.29	1.40%	\$3.45	\$5.03	\$251.29	
Central	Mercy Care	\$209.66	(\$7.42)	1.0247	\$214.84	(\$7.60)	\$207.24	\$19.33	1.40%	\$3.22	\$4.69	\$234.48	
Central	Health Choice Arizona, Inc.	\$209.66	(\$7.42)	0.9954	\$208.70	(\$7.38)	\$201.31	\$29.48	1.40%	\$3.28	\$4.78	\$238.84	
Central	UnitedHealthcare Community Plan	\$209.66	(\$7.42)	1.0106	\$211.88	(\$7.49)	\$204.39	\$23.33	1.40%	\$3.23	\$4.71	\$235.67	
South	Arizona Complete Health - Complete Care Plan	\$231.37	(\$4.09)	0.9591	\$221.90	(\$3.93)	\$217.97	\$28.43	1.40%	\$3.50	\$5.10	\$255.00	
South	Banner - University Family Care	\$231.37	(\$4.09)	0.9791	\$226.54	(\$4.01)	\$222.53	\$27.86	1.40%	\$3.56	\$5.18	\$259.13	
South	UnitedHealthcare Community Plan (Pima Only)	\$231.37	(\$4.09)	1.0865	\$251.37	(\$4.45)	\$246.92	\$24.40	1.40%	\$3.85	\$5.62	\$280.79	

Notes

Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: AGE 21+

GSA	Contractor	Before Risk Adjustment		I.6.B.i.	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)		Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Arizona Complete Health - Complete Care Plan	\$358.03	(\$4.66)	1.0041	\$359.49	(\$4.67)	\$354.81	\$37.75	1.40%	\$5.57	\$8.13	\$406.26
North	Health Choice Arizona, Inc.	\$358.03	(\$4.66)	0.9969	\$356.91	(\$4.64)	\$352.27	\$36.70	1.40%	\$5.52	\$8.05	\$402.55
Central	Arizona Complete Health - Complete Care Plan	\$390.54	(\$4.14)	0.9490	\$370.62	(\$3.92)	\$366.69	\$38.54	1.40%	\$5.75	\$8.39	\$419.37
Central	Banner - University Family Care	\$390.54	(\$4.14)	0.9347	\$365.02	(\$3.87)	\$361.16	\$37.40	1.40%	\$5.66	\$8.25	\$412.46
Central	Molina Healthcare of Arizona, Inc.	\$390.54	(\$4.14)	0.9202	\$359.37	(\$3.81)	\$355.56	\$61.96	1.40%	\$5.93	\$8.64	\$432.09
Central	Mercy Care	\$390.54	(\$4.14)	1.0516	\$410.68	(\$4.35)	\$406.33	\$33.83	1.40%	\$6.25	\$9.11	\$455.52
Central	Health Choice Arizona, Inc.	\$390.54	(\$4.14)	0.9698	\$378.74	(\$4.01)	\$374.73	\$38.24	1.40%	\$5.86	\$8.55	\$427.37
Central	UnitedHealthcare Community Plan	\$390.54	(\$4.14)	1.0164	\$396.93	(\$4.20)	\$392.73	\$33.90	1.40%	\$6.06	\$8.83	\$441.51
South	Arizona Complete Health - Complete Care Plan	\$402.13	(\$4.82)	0.9629	\$387.22	(\$4.64)	\$382.58	\$38.56	1.40%	\$5.98	\$8.72	\$435.84
South	Banner - University Family Care	\$402.13	(\$4.82)	0.9793	\$393.81	(\$4.72)	\$389.09	\$39.53	1.40%	\$6.09	\$8.87	\$443.58
South	UnitedHealthcare Community Plan (Pima Only)	\$402.13	(\$4.82)	1.0849	\$436.28	(\$5.22)	\$431.06	\$34.13	1.40%	\$6.61	\$9.63	\$481.41

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Duals

GSA	Contractor	Before Risk Adjustment		I.6.B.i.(c)	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)		Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Arizona Complete Health - Complete Care Plan	\$121.76	(\$1.81)	1.0000	\$121.76	(\$1.81)	\$119.95	\$22.61	1.40%	\$2.02	\$2.95	\$147.54
North	Health Choice Arizona, Inc.	\$121.76	(\$1.81)	1.0000	\$121.76	(\$1.81)	\$119.95	\$24.84	1.40%	\$2.06	\$3.00	\$149.84
Central	Arizona Complete Health - Complete Care Plan	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$23.78	1.40%	\$2.30	\$3.35	\$167.69
Central	Banner - University Family Care	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$21.75	1.40%	\$2.27	\$3.31	\$165.58
Central	Molina Healthcare of Arizona, Inc.	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$53.07	1.40%	\$2.72	\$3.96	\$198.00
Central	Mercy Care	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$13.77	1.40%	\$2.16	\$3.15	\$157.32
Central	Health Choice Arizona, Inc.	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$25.92	1.40%	\$2.33	\$3.40	\$169.89
Central	UnitedHealthcare Community Plan	\$139.58	(\$1.33)	1.0000	\$139.58	(\$1.33)	\$138.25	\$19.20	1.40%	\$2.24	\$3.26	\$162.94
South	Arizona Complete Health - Complete Care Plan	\$139.64	(\$1.50)	1.0000	\$139.64	(\$1.50)	\$138.14	\$23.39	1.40%	\$2.29	\$3.34	\$167.17
South	Banner - University Family Care	\$139.64	(\$1.50)	1.0000	\$139.64	(\$1.50)	\$138.14	\$21.80	1.40%	\$2.27	\$3.31	\$165.52
South	UnitedHealthcare Community Plan (Pima Only)	\$139.64	(\$1.50)	1.0000	\$139.64	(\$1.50)	\$138.14	\$18.52	1.40%	\$2.22	\$3.24	\$162.13

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: SSI Without Medicare

GSA	Contractor	Before Risk Adjustment		I.6.B.i.	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)		Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Arizona Complete Health - Complete Care Plan	\$1,284.51	(\$97.43)	0.9869	\$1,267.66	(\$96.16)	\$1,171.51	\$95.55	1.40%	\$17.99	\$26.23	\$1,311.28
North	Health Choice Arizona, Inc.	\$1,284.51	(\$97.43)	1.0111	\$1,298.83	(\$98.52)	\$1,200.31	\$84.19	1.40%	\$18.24	\$26.59	\$1,329.33
Central	Arizona Complete Health - Complete Care Plan	\$1,263.21	(\$59.54)	0.9250	\$1,168.44	(\$55.07)	\$1,113.37	\$89.50	1.40%	\$17.08	\$24.90	\$1,244.84
Central	Banner - University Family Care	\$1,263.21	(\$59.54)	0.9291	\$1,173.70	(\$55.32)	\$1,118.39	\$93.53	1.40%	\$17.21	\$25.08	\$1,254.21
Central	Molina Healthcare of Arizona, Inc.	\$1,263.21	(\$59.54)	1.0000	\$1,263.21	(\$59.54)	\$1,203.68	\$98.52	1.40%	\$18.49	\$26.95	\$1,347.63
Central	Mercy Care	\$1,263.21	(\$59.54)	1.0473	\$1,322.96	(\$62.35)	\$1,260.61	\$101.34	1.40%	\$19.34	\$28.19	\$1,409.47
Central	Health Choice Arizona, Inc.	\$1,263.21	(\$59.54)	0.9753	\$1,231.95	(\$58.06)	\$1,173.89	\$82.19	1.40%	\$17.83	\$26.00	\$1,299.92
Central	UnitedHealthcare Community Plan	\$1,263.21	(\$59.54)	1.0284	\$1,299.14	(\$61.23)	\$1,237.91	\$85.42	1.40%	\$18.79	\$27.39	\$1,369.50
South	Arizona Complete Health - Complete Care Plan	\$1,334.64	(\$74.91)	1.0044	\$1,340.49	(\$75.23)	\$1,265.26	\$96.99	1.40%	\$19.34	\$28.20	\$1,409.79
South	Banner - University Family Care	\$1,334.64	(\$74.91)	0.9822	\$1,310.86	(\$73.57)	\$1,237.28	\$103.49	1.40%	\$19.04	\$27.75	\$1,387.56
South	UnitedHealthcare Community Plan (Pima Only)	\$1,334.64	(\$74.91)	1.0198	\$1,361.03	(\$76.39)	\$1,284.64	\$82.76	1.40%	\$19.42	\$28.30	\$1,415.12

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Prop 204 Childless Adults

GSA	Contractor	Before Risk Adjustment		I.6.B.i.	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)		Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Arizona Complete Health - Complete Care Plan	\$540.02	(\$3.11)	0.9965	\$538.15	(\$3.10)	\$535.06	\$49.12	1.40%	\$8.29	\$12.09	\$604.56
North	Health Choice Arizona, Inc.	\$540.02	(\$3.11)	1.0028	\$541.51	(\$3.12)	\$538.39	\$46.01	1.40%	\$8.30	\$12.10	\$604.79
Central	Arizona Complete Health - Complete Care Plan	\$582.64	(\$9.21)	0.9715	\$566.04	(\$8.95)	\$557.09	\$51.02	1.40%	\$8.63	\$12.59	\$629.33
Central	Banner - University Family Care	\$582.64	(\$9.21)	0.9745	\$567.77	(\$8.97)	\$558.80	\$51.47	1.40%	\$8.67	\$12.63	\$631.57
Central	Molina Healthcare of Arizona, Inc.	\$582.64	(\$9.21)	0.9582	\$558.30	(\$8.82)	\$549.47	\$70.01	1.40%	\$8.80	\$12.82	\$641.10
Central	Mercy Care	\$582.64	(\$9.21)	1.0299	\$600.07	(\$9.48)	\$590.59	\$47.84	1.40%	\$9.06	\$13.21	\$660.71
Central	Health Choice Arizona, Inc.	\$582.64	(\$9.21)	0.9704	\$565.40	(\$8.94)	\$556.46	\$47.85	1.40%	\$8.58	\$12.51	\$625.41
Central	UnitedHealthcare Community Plan	\$582.64	(\$9.21)	1.0158	\$591.84	(\$9.35)	\$582.48	\$45.03	1.40%	\$8.91	\$12.99	\$649.41
South	Arizona Complete Health - Complete Care Plan	\$565.52	(\$7.32)	0.9912	\$560.57	(\$7.25)	\$553.32	\$49.19	1.40%	\$8.55	\$12.47	\$623.54
South	Banner - University Family Care	\$565.52	(\$7.32)	0.9886	\$559.08	(\$7.23)	\$551.84	\$51.06	1.40%	\$8.56	\$12.48	\$623.94
South	UnitedHealthcare Community Plan (Pima Only)	\$565.52	(\$7.32)	1.0269	\$580.71	(\$7.51)	\$573.20	\$41.72	1.40%	\$8.73	\$12.73	\$636.38

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Expansion Adults

GSA	Contractor	Before Risk Adjustment		I.6.B.i.	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)		Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Arizona Complete Health - Complete Care Plan	\$407.74	(\$1.55)	0.9916	\$404.31	(\$1.54)	\$402.77	\$40.60	1.40%	\$6.30	\$9.18	\$458.84
North	Health Choice Arizona, Inc.	\$407.74	(\$1.55)	1.0063	\$410.33	(\$1.56)	\$408.77	\$39.39	1.40%	\$6.36	\$9.28	\$463.80
Central	Arizona Complete Health - Complete Care Plan	\$428.80	(\$5.03)	0.9749	\$418.04	(\$4.90)	\$413.14	\$41.57	1.40%	\$6.46	\$9.41	\$470.58
Central	Banner - University Family Care	\$428.80	(\$5.03)	0.9624	\$412.70	(\$4.84)	\$407.86	\$40.71	1.40%	\$6.37	\$9.28	\$464.22
Central	Molina Healthcare of Arizona, Inc.	\$428.80	(\$5.03)	0.9888	\$423.99	(\$4.97)	\$419.02	\$64.57	1.40%	\$6.87	\$10.01	\$500.47
Central	Mercy Care	\$428.80	(\$5.03)	1.0253	\$439.64	(\$5.15)	\$434.49	\$35.97	1.40%	\$6.68	\$9.74	\$486.88
Central	Health Choice Arizona, Inc.	\$428.80	(\$5.03)	0.9524	\$408.41	(\$4.79)	\$403.62	\$39.77	1.40%	\$6.30	\$9.18	\$458.86
Central	UnitedHealthcare Community Plan	\$428.80	(\$5.03)	1.0216	\$438.07	(\$5.14)	\$432.94	\$36.25	1.40%	\$6.66	\$9.71	\$485.56
South	Arizona Complete Health - Complete Care Plan	\$428.38	(\$8.84)	0.9898	\$424.00	(\$8.75)	\$415.25	\$40.82	1.40%	\$6.48	\$9.44	\$471.98
South	Banner - University Family Care	\$428.38	(\$8.84)	0.9821	\$420.72	(\$8.68)	\$412.04	\$41.41	1.40%	\$6.44	\$9.39	\$469.27
South	UnitedHealthcare Community Plan (Pima Only)	\$428.38	(\$8.84)	1.0402	\$445.58	(\$9.19)	\$436.39	\$34.61	1.40%	\$6.69	\$9.75	\$487.44

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Delivery Supplemental Payments

GSA	Contractor	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	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPD	UW Gain Percent	UW Gain PMPD	Premium Tax	Capitation Rate PMPD
North	Arizona Complete Health - Complete Care Plan	\$7,026.11	\$0.00	1.0000	\$7,026.11	\$0.00	\$7,026.11	\$0.00	1.40%	\$99.76	\$145.43	\$7,271.29
North	Health Choice Arizona, Inc.	\$7,026.11	\$0.00	1.0000	\$7,026.11	\$0.00	\$7,026.11	\$0.00	1.40%	\$99.76	\$145.43	\$7,271.29
Central	Arizona Complete Health - Complete Care Plan	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
Central	Banner - University Family Care	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
Central	Molina Healthcare of Arizona, Inc.	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
Central	Mercy Care	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
Central	Health Choice Arizona, Inc.	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
Central	UnitedHealthcare Community Plan	\$6,788.74	\$0.00	1.0000	\$6,788.74	\$0.00	\$6,788.74	\$0.00	1.40%	\$96.39	\$140.51	\$7,025.64
South	Arizona Complete Health - Complete Care Plan	\$6,934.92	\$0.00	1.0000	\$6,934.92	\$0.00	\$6,934.92	\$0.00	1.40%	\$98.47	\$143.54	\$7,176.93
South	Banner - University Family Care	\$6,934.92	\$0.00	1.0000	\$6,934.92	\$0.00	\$6,934.92	\$0.00	1.40%	\$98.47	\$143.54	\$7,176.93
South	UnitedHealthcare Community Plan (Pima Only)	\$6,934.92	\$0.00	1.0000	\$6,934.92	\$0.00	\$6,934.92	\$0.00	1.40%	\$98.47	\$143.54	\$7,176.93

Notes
 Underwriting (UW) Gain is equal to 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: SMI

GSA	Contractor	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	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical						
North	Arizona Complete Health - Complete Care Plan	\$1,445.58	(\$0.97)	1.0000	\$1,445.58	(\$0.97)	\$1,444.61	\$129.29	1.40%	\$22.35	\$32.58	\$1,628.83	
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	\$2,570.68	(\$12.64)	1.0000	\$2,570.68	(\$12.64)	\$2,558.04	\$208.95	1.40%	\$39.29	\$57.27	\$2,863.55	
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	\$1,659.72	(\$1.90)	1.0000	\$1,659.72	(\$1.90)	\$1,657.82	\$129.29	1.40%	\$25.37	\$36.99	\$1,849.48	
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 1.40% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Crisis 24 Hour Group

GSA	Contractor	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	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical						
North	Arizona Complete Health - Complete Care Plan	\$5.70	\$0.00	1.0000	\$5.70	\$0.00	\$5.70	\$0.50	1.40%	\$0.09	\$0.13	\$6.42	
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	\$8.85	\$0.00	1.0000	\$8.85	\$0.00	\$8.85	\$0.59	1.40%	\$0.13	\$0.20	\$9.77	
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	\$8.29	\$0.00	1.0000	\$8.29	\$0.00	\$8.29	\$0.50	1.40%	\$0.12	\$0.18	\$9.10	
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 1.40% 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 25 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)
Centers and Rural Health Clinics (FQHC/RHC)	Minimum Fee Schedule	Contractors are required to adopt Prospective Payment System (PPS) rates as defined in the Arizona Medicaid State plan as a minimum fee schedule for FQHC/RHC providers.	Rate Adjustment
Vaccines for Children (VFC)	Minimum Fee Schedule	Contractors are required to adopt the payment rates in the Arizona Medicaid State plan as a minimum fee schedule for VFC providers.	Rate Adjustment
AZ_Fee_IPH.OPH.PC.SP.NF.HCBS.BHI.BHO.D_Renewal_20241001-20250930 (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_20241001-20250930 (APSI)	Uniform Percentage Increase	75% increase to otherwise contracted rates for professional services provided by eligible practitioners, applicable only to services covered under the AHCCCS APSI policy.	Separate Payment Term
AZ_Fee_IPH.OPH1_Renewal_20241001-20250930 (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_IPH.OPH2_Renewal_20241001-20250930 (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' aggregate targeted pay to cost ratio for Medicaid Managed Care services.	Separate Payment Term
AZ_Fee_IPH.OPH3_Renewal_20241001-20250930 (SNSI)	Uniform Percentage Increase	Uniform percentage increase to the Contractor's rates for inpatient and outpatient services provided by the public safety net hospital. 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

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 Qualified 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.	The impact of the minimum fee schedule requirement for FQHC/RHC providers is addressed as part of the fee schedule updates. The AHCCCS DBF Rates & Reimbursement Team developed the impacts of bringing the base FQHC/RHC encounter data up to the projected CYE 25 FQHC/RHC PPS rates, by applying the change in PPS rates as a unit cost change to the CYE 23 base data. The AHCCCS DBF 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.	Not applicable.	Not applicable.
Vaccines for Children (VFC)	All rate cells, except the Crisis 24 Hour Group rate cells, are affected.	See Appendix 6 for medical impact by risk group. See Appendix 8b for total impact by rate cell.	The impact of the minimum fee schedule requirement for VFC providers is addressed as part of the fee schedule updates. The AHCCCS DBF financial analyst developed the impacts of bringing vaccines administered for the VFC program to the minimum fee schedule using CYE 23 encounter data. The AHCCCS DBF Actuarial Team then reviewed these results and applied to the rate cell level as part of the overall fee schedule update.	Not applicable.	Not applicable.
AZ_Fee_IP.OP.PC.SP.NF.HC.BS.BHI.BHO.D_Renewal_20241001-20250930 (DAP)	All rate cells are affected.	See Appendix 6 for medical impact by risk group. See Appendix 8b for total impact by rate cell.	The AHCCCS DBF Rates & Reimbursement Team provided the AHCCCS DBF Actuarial Team with data for the impact of DAP. The data used to develop the DAP impacts was the CYE 23 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DBF 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 25 time period. The AHCCCS DBF 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 25 (the data provided by the AHCCCS DBF Rates & Reimbursement Team was at a detailed rate code and category of service level which the AHCCCS DBF Actuarial Team then aggregated to the specific rate cells for each program).	AHCCCS has submitted the DAP \$438.6(c) preprint 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 preprint under CMS review.	Not applicable.

CYE 25 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_20241001-20250930 (APSI)	\$284,859,894	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) preprint to CMS, but has not yet received approval. The APSI payment arrangement is accounted for in a manner consistent with the preprint 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 preprint, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IPH.OPH1_Renewal_20241001-20250930 (PSI)	\$46,582,822	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) preprint to CMS, but has not yet received approval. The PSI payment arrangement is accounted for in a manner consistent with the preprint 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 preprint, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IPH.OPH2_Renewal_20241001-20250930 (HEALTHII)	\$2,925,969,823	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) preprint to CMS, but has not yet received approval. The HEALTHII payment arrangement is accounted for in a manner consistent with the preprint 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 preprint, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IPH.OPH3_Renewal_20241001-20250930 (SNSI)	\$371,008,587	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 Safety Net Services Initiative (SNSI) 42 CFR § 438.6(c) preprint to CMS, but has not yet received approval. The SNSI payment arrangement is accounted for in a manner consistent with the preprint under CMS review.	After the rating period is complete and the final SNSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the SNSI payments into the rate certification’s rate cells, consistent with the distribution methodology included in the approved State directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.

Appendix 8b: State Directed Payments – Estimated PMPMs

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	Contractor	CYE 25 FQHC/RHC PPS PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Arizona Complete Health - Complete Care Plan	\$8.07	\$2.74	\$3.97	\$0.07	\$4.66	\$3.17	\$3.73	\$1.19	\$3.45	\$0.00
North	Health Choice Arizona, Inc.	\$8.30	\$2.71	\$3.94	\$0.07	\$4.78	\$3.19	\$3.79	\$1.19	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$3.45	\$1.08	\$1.21	\$0.01	\$2.27	\$1.22	\$0.97	\$0.28	NA	NA
Central	Banner - University Family Care	\$3.55	\$1.07	\$1.19	\$0.01	\$2.28	\$1.22	\$0.96	\$0.28	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$3.33	\$1.03	\$1.18	\$0.01	\$2.46	\$1.20	\$0.99	\$0.28	NA	NA
Central	Mercy Care	\$3.56	\$1.14	\$1.34	\$0.01	\$2.57	\$1.29	\$1.02	\$0.28	\$2.08	\$0.00
Central	Health Choice Arizona, Inc.	\$3.76	\$1.11	\$1.24	\$0.01	\$2.40	\$1.21	\$0.95	\$0.28	NA	NA
Central	UnitedHealthcare Community Plan	\$3.50	\$1.12	\$1.30	\$0.01	\$2.53	\$1.27	\$1.02	\$0.28	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$18.46	\$4.90	\$5.35	\$0.10	\$7.39	\$4.49	\$5.45	\$1.47	\$4.99	\$0.00
South	Banner - University Family Care	\$19.87	\$5.00	\$5.44	\$0.10	\$7.23	\$4.47	\$5.41	\$1.47	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$20.01	\$5.55	\$6.02	\$0.10	\$7.50	\$4.65	\$5.73	\$1.47	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 23 to CYE 25.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	Contractor	CYE 25 DAP PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Arizona Complete Health - Complete Care Plan	\$12.96	\$3.44	\$4.60	\$0.09	\$13.56	\$6.09	\$4.86	\$147.04	\$13.41	\$0.00
North	Health Choice Arizona, Inc.	\$13.33	\$3.41	\$4.57	\$0.09	\$13.89	\$6.13	\$4.94	\$147.04	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$14.89	\$2.98	\$4.16	\$0.16	\$11.69	\$6.34	\$4.55	\$157.78	NA	NA
Central	Banner - University Family Care	\$15.32	\$2.96	\$4.10	\$0.16	\$11.74	\$6.36	\$4.49	\$157.78	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$14.35	\$2.85	\$4.04	\$0.16	\$12.64	\$6.26	\$4.62	\$157.78	NA	NA
Central	Mercy Care	\$15.37	\$3.15	\$4.61	\$0.16	\$13.24	\$6.72	\$4.79	\$157.78	\$26.09	\$0.00
Central	Health Choice Arizona, Inc.	\$16.22	\$3.06	\$4.25	\$0.16	\$12.33	\$6.33	\$4.45	\$157.78	NA	NA
Central	UnitedHealthcare Community Plan	\$15.11	\$3.11	\$4.46	\$0.16	\$13.00	\$6.63	\$4.77	\$157.78	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$13.71	\$3.24	\$4.97	\$0.11	\$15.43	\$6.81	\$5.00	\$159.12	\$19.87	\$0.00
South	Banner - University Family Care	\$14.76	\$3.31	\$5.05	\$0.11	\$15.09	\$6.79	\$4.96	\$159.12	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$14.87	\$3.67	\$5.60	\$0.11	\$15.67	\$7.05	\$5.26	\$159.12	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 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 25 Vaccines for Children PMPM ¹									
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	Arizona Complete Health - Complete Care Plan	\$1.78	\$0.12	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
North	Health Choice Arizona, Inc.	\$1.83	\$0.11	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$0.85	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	NA	NA
Central	Banner - University Family Care	\$0.87	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$0.82	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	NA	NA
Central	Mercy Care	\$0.87	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Central	Health Choice Arizona, Inc.	\$0.92	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$0.86	\$0.06	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$0.36	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
South	Banner - University Family Care	\$0.39	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$0.39	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	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 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	Contractor	CYE 25 Estimated APSI PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Arizona Complete Health - Complete Care Plan	\$29.67	\$5.47	\$6.93	\$0.79	\$17.04	\$5.95	\$6.75	\$0.00	\$10.67	\$0.00
North	Health Choice Arizona, Inc.	\$28.52	\$5.33	\$10.39	\$0.92	\$24.77	\$9.05	\$10.41	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$47.43	\$8.06	\$9.38	\$1.10	\$34.58	\$11.61	\$13.43	\$0.00	NA	NA
Central	Banner - University Family Care	\$47.59	\$7.94	\$11.70	\$1.30	\$35.17	\$13.91	\$16.03	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$39.47	\$6.56	\$10.52	\$1.57	\$30.95	\$13.87	\$13.37	\$0.00	NA	NA
Central	Mercy Care	\$48.67	\$8.55	\$13.20	\$2.13	\$38.78	\$13.43	\$15.44	\$0.00	\$27.55	\$0.00
Central	Health Choice Arizona, Inc.	\$52.02	\$7.79	\$9.44	\$1.05	\$29.05	\$11.50	\$10.62	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$48.34	\$8.59	\$10.93	\$0.98	\$38.99	\$11.36	\$13.25	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$65.20	\$7.79	\$22.09	\$2.14	\$43.87	\$17.01	\$21.00	\$0.00	\$30.12	\$0.00
South	Banner - University Family Care	\$75.62	\$8.76	\$25.72	\$2.23	\$48.63	\$20.49	\$22.97	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$76.37	\$9.46	\$21.70	\$1.28	\$42.72	\$16.01	\$17.96	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	Contractor	CYE 25 Estimated PSI PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Arizona Complete Health - Complete Care Plan	\$13.88	\$3.90	\$0.02	\$0.00	\$5.42	\$0.05	\$0.05	\$0.00	\$0.02	NA
North	Health Choice Arizona, Inc.	\$14.21	\$2.39	\$0.00	\$0.13	\$17.19	\$0.16	\$0.05	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$18.29	\$4.09	\$0.05	\$0.02	\$7.91	\$0.16	\$0.04	\$0.00	NA	NA
Central	Banner - University Family Care	\$20.30	\$3.07	\$0.08	\$0.02	\$11.52	\$0.08	\$0.15	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$12.40	\$3.63	\$0.05	\$0.01	\$8.54	\$0.13	\$0.26	\$0.00	NA	NA
Central	Mercy Care	\$24.10	\$4.33	\$0.04	\$0.01	\$7.83	\$0.14	\$0.28	\$0.00	\$0.11	NA
Central	Health Choice Arizona, Inc.	\$41.71	\$3.72	\$0.04	\$0.00	\$7.24	\$0.28	\$0.13	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$29.36	\$4.09	\$0.04	\$0.01	\$11.62	\$0.38	\$0.17	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$18.30	\$1.06	\$0.01	\$0.00	\$1.95	\$0.05	\$0.10	\$0.00	\$0.00	NA
South	Banner - University Family Care	\$8.73	\$0.95	\$0.01	\$0.00	\$3.02	\$0.02	\$0.08	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$4.13	\$1.00	\$0.03	\$0.00	\$1.54	\$0.01	\$0.00	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 25 Estimated HEALTHII PMPM ¹									
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	Arizona Complete Health - Complete Care Plan	\$450.78	\$46.49	\$195.47	\$43.74	\$430.75	\$190.23	\$230.79	\$0.00	\$285.51	\$0.00
North	Health Choice Arizona, Inc.	\$480.62	\$50.95	\$207.52	\$46.65	\$491.83	\$209.00	\$219.24	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$319.13	\$28.40	\$128.96	\$26.99	\$313.58	\$141.01	\$151.69	\$0.00	NA	NA
Central	Banner - University Family Care	\$400.46	\$31.65	\$144.29	\$30.57	\$348.97	\$157.72	\$145.35	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$284.77	\$29.96	\$138.77	\$37.22	\$296.88	\$159.14	\$161.55	\$0.00	NA	NA
Central	Mercy Care	\$440.02	\$34.75	\$175.16	\$50.01	\$427.92	\$180.68	\$184.84	\$0.00	\$379.59	\$0.00
Central	Health Choice Arizona, Inc.	\$461.68	\$37.27	\$170.80	\$41.45	\$356.45	\$165.90	\$153.79	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$390.84	\$30.99	\$162.12	\$16.99	\$414.99	\$165.47	\$164.20	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$375.30	\$49.06	\$193.74	\$44.83	\$491.87	\$185.86	\$207.17	\$0.00	\$345.64	\$0.00
South	Banner - University Family Care	\$486.36	\$51.94	\$211.34	\$37.79	\$518.56	\$240.04	\$207.47	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$564.34	\$53.29	\$185.38	\$24.04	\$462.68	\$171.15	\$151.99	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

CYE 25 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	MCO	CYE 25 Estimated SNSI PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Arizona Complete Health - Complete Care Plan	\$3.68	\$0.44	\$1.44	\$0.03	\$33.04	\$4.39	\$0.06	\$0.00	\$14.95	NA
North	Health Choice Arizona, Inc.	\$12.72	\$0.86	\$0.93	\$0.05	\$1.10	\$2.36	\$0.63	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$53.86	\$5.85	\$16.39	\$3.03	\$37.61	\$23.60	\$15.67	\$0.00	NA	NA
Central	Banner - University Family Care	\$45.47	\$4.38	\$12.68	\$1.82	\$51.23	\$23.72	\$16.41	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$90.02	\$6.02	\$20.86	\$3.30	\$38.76	\$42.95	\$21.10	\$0.00	NA	NA
Central	Mercy Care	\$59.05	\$6.54	\$22.73	\$3.85	\$57.02	\$31.97	\$24.69	\$0.00	\$335.69	NA
Central	Health Choice Arizona, Inc.	\$52.25	\$6.83	\$14.60	\$3.45	\$87.76	\$21.61	\$10.79	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$63.51	\$6.79	\$21.13	\$4.15	\$49.93	\$19.68	\$14.86	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$0.06	\$0.14	\$0.59	\$1.53	\$1.72	\$1.42	\$1.15	\$0.00	\$13.57	NA
South	Banner - University Family Care	\$4.46	\$0.36	\$1.42	\$0.05	\$6.94	\$4.81	\$0.89	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$1.05	\$0.10	\$0.39	\$0.02	\$0.44	\$1.95	\$0.14	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.