

# Rudd and Wisdom, Inc.

## CONSULTING ACTUARIES

Mitchell L. Bilbe, F.S.A.  
Evan L. Dial, F.S.A.  
Philip S. Dial, F.S.A.  
Philip J. Ellis, A.S.A.  
Charles V. Faerber, F.S.A., A.C.A.S.  
Mark R. Fenlaw, F.S.A.  
Brandon L. Fuller, A.S.A.

Christopher S. Johnson, F.S.A.  
Sheryl Kadakia, A.S.A.  
Oliver B. Kiel, F.S.A.  
Robert M. May, F.S.A.  
Edward A. Mire, F.S.A.  
Rebecca B. Morris, A.S.A.

Amanda L. Murphy, F.S.A.  
Michael J. Muth, F.S.A.  
Khiem Ngo, F.S.A., A.C.A.S.  
Elizabeth A. O'Brien, A.S.A.  
Raymond W. Tilotta  
Ronald W. Tobleman, F.S.A.  
David G. Wilkes, F.S.A.

March 4, 2016

Ms. Rachel Butler  
Chief Actuary  
Health and Human Services Commission  
1100 W. 49th Street  
Austin, Texas 78756

Re: UMCC 529-12-0002 V2.18, STAR+PLUS Expansion 529-10-0020 V1.23,  
STAR+PLUS MRSA 529-13-0042 V1.9

Dear Ms. Butler:

This letter amends the report titled State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting Nursing Facility Carve-In State Fiscal Year 2016 and dated June 26, 2015. The amended FY2016 capitation rates were developed using identical methods and assumptions as the rates described in that report. The amended rates are assumed to be payable for the period June 1, 2016 through August 31, 2016. The reason for these revisions is included below:

### **Minimum Payment for Qualified Nursing Facilities (MPAP)**

Effective September 1, 2015, 250 nursing facilities were eligible for and participating in the MPAP initiative. The period September 1, 2015 through August 31, 2015 is known as Period 2. Effective December 1, 2015 an additional 29 nursing facilities became eligible for the MPAP program. The period December 1, 2015 through August 31, 2015 is known as Period 2A.

This mid-year rate adjustment updates the MPAP portion of the rates for two issues:

1. Correction to the Period 2 MPAP data.

After the rates effective September 1, 2015 were finalized, HHSC identified issues with the data provided to the actuaries for the MPAP adjustment factor calculations. HHSC identified one facility that did not meet the eligibility requirements, three facilities who were inadvertently omitted from the analysis and forty facilities whose data had not been properly annualized when determining the enhanced reimbursement levels. The data used for the original enhanced reimbursement calculations included less than twelve months of data for these forty facilities therefore did not properly represent the increased cost that would impact

the program during the FY2016 (twelve month) rating period. These corrections have been made by HHSC and a revised dataset has been provided to the actuaries for the Period 2 facilities.

2. Inclusion of the Period 2A MPAP facilities.

Effective December 1, 2015, 29 new facilities became eligible for enhanced reimbursement under the MPAP initiative. HHSC provided an updated dataset which included these 29 facilities and recognized that they would only be eligible for enhanced reimbursement during nine of the twelve months during the FY2016 rating period.

Attachment 6 – Revised details the impact of the corrections outlined in #1 and the new facilities in #2. This exhibit includes the revised MPAP adjustment factor for the FY2016 rating period.

Attachment 3 – Revised amends the original community rating exhibits to include the newly calculated MPAP adjustment factors found in Attachment 6 – Revised.

Both Attachments 3 and 6 have been recalculated for the entire FY2016 rating period, i.e. the adjustment factors and rates applicable to the period September 1, 2015 through August 31, 2016.

Given that the current rates will be in place for the period September 1, 2015 through May 31, 2016, adjustments have been made to the June 1, 2016 through August 31, 2016 rates to ensure the appropriate premium is paid in aggregate for the entire fiscal year. Exhibit A provides a summary of the MPAP premium rates in place for the period September 1, 2015 through May 31, 2016, the recalculated MPAP premiums based on the revised MPAP adjustment factors and the MPAP premiums necessary for the period June 1, 2016 through August 31, 2016.

The calculations of the June 1, 2016 through August 31, 2016 MPAP premiums have been done as follows.

Definitions:

- a. Original MPAP – premium rates in place as of September 1, 2015
- b. Revised MPAP – recalculated premium rates that would have been in place as of September 1, 2015 based on updated MPAP data.
- c. Mid-Year MPAP – premium rates that will be in place June 1, 2016

$$\text{Mid-Year MPAP} = \frac{12 \times \text{Revised MPAP} - 9 \times \text{Original MPAP}}{3}$$

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In the above formula 12 represents the number of months in the entire rating period, 9 equals the number of months in which the current MPAP premium will be paid and 3 equals the number of months in which the mid-year MPAP premium will be paid.

The attached Exhibit B presents the amended FY2016 capitation rates payable for the period June 1, 2016 through August 31, 2016. The exhibit presents the total capitation rate along with all components of the premium – acute care non-inpatient, acute care inpatient, nursing facility, prescription drugs and MPAP add on. Aside from the discussed change to the MPAP portion of the premium no other component of the premium is impacted by these changes and will correspondingly remain unchanged for the period June 1, 2016 through August 31, 2016.

Sincerely,

A handwritten signature in black ink that reads "Evan Dial". The signature is written in a cursive style with a large, sweeping "E" and a long, trailing "l" at the end.

Evan Dial

Enclosure

I, Evan L. Dial, am a principal with the firm of Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom). I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion.

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of their state fiscal year 2016 (FY2016) managed care rate-setting methodology, assumptions and resulting premium rates and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.6(c).

I certify that the FY2016 premium rates to be revised June 1, 2016 as described herein and developed by HHSC and Rudd and Wisdom satisfy the following:

- (a) The premium rates have been developed in accordance with generally accepted actuarial principals and practices;
- (b) The premium rates are appropriate for the populations and services covered under the managed care contract; and
- (c) The premium rates are actuarially sound as defined in the regulations.

We have relied on historical experience data and program information provided to us by HHSC. We have reviewed the data for reasonableness but have not audited the data.

Please note that actual health plan contractor experience will differ from these projections. Rudd and Wisdom has developed these rates on behalf of the State to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c). Any health plan contracting with the State should analyze its own projected premium needs before deciding whether to contract with the State.



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Evan L. Dial, F.S.A., M.A.A.A.

FY2016 STAR+PLUS Nursing Facility Rating Summary  
 Minimum Payment to Qualified Nursing Facilities

	Reimbursement Increase (1)			Total Nursing Facility Claims (2)	Rate Adjustment (3)
	Period 2 (4)	Period 2A (5)	Total		
Bexar	47,757,747	7,307,910	55,065,657	215,083,156	1.2560
Dallas	74,121,884	10,080,633	84,202,517	296,970,172	1.2835
El Paso	-	-	-	44,403,461	1.0000
Harris	71,203,215	17,015,944	88,219,159	360,189,038	1.2449
Hidalgo	25,837,148	3,304,495	29,141,643	149,593,253	1.1948
Jefferson	22,237,708	2,236,018	24,473,726	92,710,358	1.2640
Lubbock	33,184,033	1,705,659	34,889,692	78,891,905	1.4422
Nueces	32,644,942	-	32,644,942	97,401,796	1.3352
Tarrant	74,729,749	-	74,729,749	247,488,815	1.3020
Travis	38,079,633	11,378,741	49,458,374	146,521,686	1.3375
MRSA Central	66,381,897	2,901,638	69,283,535	202,618,190	1.3419
MRSA Northeast	39,474,502	2,605,623	42,080,125	301,144,407	1.1397
MRSA West	84,829,712	7,308,403	92,138,115	212,873,535	1.4328
Total	610,482,170	65,845,064	676,327,234	2,445,889,773	1.2765

## Footnotes

- (1) Increased reimbursement to eligible facilities to reach Medicare level.  
 (2) Equals 11/2013-10/2014 nursing facility claims.  
 (3) Equals Reimbursement Increase divided by Total Nursing Facility Claims.  
 (4) Includes corrections to original data provided.  
 (5) 29 new facilities effective 12/1/15 will receive enhanced reimbursement 12/1/15-8/31/16.

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Bexar SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	7,197		57,659		64,856	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	28,931,242	4,019.90	186,151,914	3,228.50	215,083,156	3,316.32
Acute Care (Non-Inpatient)	2,663,158	370.04	0	0.00	2,663,158	41.06
Acute Care (Inpatient)	3,143,672	436.80	0	0.00	3,143,672	48.47
Total	34,738,072	4,826.74	186,151,914	3,228.50	220,889,986	3,405.85
Projected FY2016 Member Months	7,197		57,659		64,856	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0324		1.0325			
Excluded Facility & Seasonality Adjustment	0.9988		0.9988			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0007		1.0000			
Other Adjustments - Acute Care Data Completion	1.4450		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0674		1.0000			
Other Adjustments - Acute Care Data Completion	1.5582		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	31,494,050	4,376.00	202,661,387	3,514.83	234,155,438	3,610.39
Acute Care (Non-Inpatient)	3,799,317	527.90	0	0.00	3,799,317	58.58
Acute Care (Inpatient)	4,550,374	632.26	0	0.00	4,550,374	70.16
Total	39,843,742	5,536.16	202,661,387	3,514.83	242,505,129	3,739.13
Service Coordination Expense	123,357	17.14	988,275	17.14	1,111,632	17.14
Administrative Expenses						
Fixed Amount	1,000,383	139.00	8,014,601	139.00	9,014,984	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	1,000,383	139.00	8,014,601	139.00	9,014,984	139.00
Risk Margin	851,283	2.00%	4,398,302	2.00%	5,249,585	2.00%
Premium Tax	744,872	1.75%	3,848,515	1.75%	4,593,387	1.75%
Maintenance Tax	504	0.07	4,036	0.07	4,540	0.07
Projected Total Cost						
Nursing Facility	33,671,218	4,678.51	219,915,117	3,814.06	253,586,334	3,909.99
Acute Care (Non-Inpatient)	4,046,501	562.25	0	0.00	4,046,501	62.39
Acute Care (Inpatient)	4,846,422	673.39	0	0.00	4,846,422	74.73
Total	42,564,141	5,914.15	219,915,117	3,814.06	262,479,257	4,047.11
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.2560		1.2560			
Add-On PMPM	8,646,088	1,201.35	55,636,799	964.93	64,282,887	991.16

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Dallas SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	10,799		78,898		89,697	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	42,307,740	3,917.75	254,662,432	3,227.74	296,970,172	3,310.81
Acute Care (Non-Inpatient)	4,444,574	411.57	0	0.00	4,444,574	49.55
Acute Care (Inpatient)	5,298,877	490.68	0	0.00	5,298,877	59.08
Total	52,051,191	4,820.00	254,662,432	3,227.74	306,713,622	3,419.44
Projected FY2016 Member Months	10,799		78,898		89,697	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0322		1.0323			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	0.9998		1.0000			
Other Adjustments - Acute Care Data Completion	1.5025		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0889		1.0000			
Other Adjustments - Acute Care Data Completion	1.6552		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	46,055,774	4,264.82	277,249,779	3,514.03	323,305,553	3,604.42
Acute Care (Non-Inpatient)	6,587,106	609.97	0	0.00	6,587,106	73.44
Acute Care (Inpatient)	8,311,546	769.66	0	0.00	8,311,546	92.66
Total	60,954,425	5,644.45	277,249,779	3,514.03	338,204,204	3,770.52
Service Coordination Expense	185,095	17.14	1,352,312	17.14	1,537,407	17.14
Administrative Expenses						
Fixed Amount	1,501,061	139.00	10,966,822	139.00	12,467,883	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	1,501,061	139.00	10,966,822	139.00	12,467,883	139.00
Risk Margin	1,301,638	2.00%	6,017,131	2.00%	7,318,769	2.00%
Premium Tax	1,138,933	1.75%	5,264,990	1.75%	6,403,923	1.75%
Maintenance Tax	756	0.07	5,523	0.07	6,279	0.07
Projected Total Cost						
Nursing Facility	49,221,410	4,557.96	300,856,557	3,813.23	350,077,967	3,902.89
Acute Care (Non-Inpatient)	7,012,365	649.35	0	0.00	7,012,365	78.18
Acute Care (Inpatient)	8,848,133	819.35	0	0.00	8,848,133	98.64
Total	65,081,908	6,026.66	300,856,557	3,813.23	365,938,465	4,079.72
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,2835		1,2835			
Add-On PMPM	14,001,943	1,296.60	84,289,879	1,068.34	98,291,822	1,095.82

FY2016 STAR+PLUS Nursing Facility Rating Summary  
El Paso SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	723		11,811		12,534	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	3,268,969	4,521.40	41,134,492	3,482.73	44,403,461	3,542.64
Acute Care (Non-Inpatient)	229,460	317.37	0	0.00	229,460	18.31
Acute Care (Inpatient)	230,553	318.88	0	0.00	230,553	18.39
Total	3,728,982	5,157.65	41,134,492	3,482.73	44,863,474	3,579.34
Projected FY2016 Member Months	723		11,811		12,534	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0314		1.0325			
Excluded Facility & Seasonality Adjustment	1.0019		1.0019			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	0.9991		1.0000			
Other Adjustments - Acute Care Data Completion	1.5156		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.1304		1.0000			
Other Adjustments - Acute Care Data Completion	1.7365		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	3,566,130	4,932.41	44,921,628	3,803.37	48,487,759	3,868.50
Acute Care (Non-Inpatient)	342,797	474.13	0	0.00	342,797	27.35
Acute Care (Inpatient)	393,855	544.75	0	0.00	393,855	31.42
Total	4,302,783	5,951.29	44,921,628	3,803.37	49,224,411	3,927.27
Service Coordination Expense	12,392	17.14	202,441	17.14	214,833	17.14
Administrative Expenses						
Fixed Amount	100,497	139.00	1,641,729	139.00	1,742,226	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	100,497	139.00	1,641,729	139.00	1,742,226	139.00
Risk Margin	91,755	2.00%	971,774	2.00%	1,063,529	2.00%
Premium Tax	80,286	1.75%	850,302	1.75%	930,588	1.75%
Maintenance Tax	51	0.07	827	0.07	877	0.07
Projected Total Cost						
Nursing Facility	3,804,526	5,262.14	48,588,701	4,113.85	52,393,227	4,180.09
Acute Care (Non-Inpatient)	364,476	504.12	0	0.00	364,476	29.08
Acute Care (Inpatient)	418,763	579.20	0	0.00	418,763	33.41
Total	4,587,764	6,345.45	48,588,701	4,113.85	53,176,465	4,242.58
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.0000		1.0000			
Add-On PMPM	0	0.00	0	0.00	0	0.00



FY2016 STAR+PLUS Nursing Facility Rating Summary  
Harris SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	11,908		99,436		111,344	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	48,215,302	4,048.98	311,973,737	3,137.43	360,189,038	3,234.92
Acute Care (Non-Inpatient)	5,602,652	470.49	0	0.00	5,602,652	50.32
Acute Care (Inpatient)	5,519,885	463.54	0	0.00	5,519,885	49.58
Total	59,337,838	4,983.02	311,973,737	3,137.43	371,311,575	3,334.81
Projected FY2016 Member Months	11,908		99,436		111,344	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0322		1.0325			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	0.9997		1.0000			
Other Adjustments - Acute Care Data Completion	1.3464		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0490		1.0000			
Other Adjustments - Acute Care Data Completion	1.5080		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	52,486,685	4,407.68	339,710,128	3,416.37	392,196,813	3,522.39
Acute Care (Non-Inpatient)	7,440,024	624.79	0	0.00	7,440,024	66.82
Acute Care (Inpatient)	7,599,173	638.16	0	0.00	7,599,173	68.25
Total	67,525,882	5,670.63	339,710,128	3,416.37	407,236,010	3,657.46
Service Coordination Expense	204,103	17.14	1,704,333	17.14	1,908,436	17.14
Administrative Expenses						
Fixed Amount	1,655,212	139.00	13,821,604	139.00	15,476,816	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	1,655,212	139.00	13,821,604	139.00	15,476,816	139.00
Risk Margin	1,441,788	2.00%	7,381,673	2.00%	8,823,461	2.00%
Premium Tax	1,261,564	1.75%	6,458,964	1.75%	7,720,528	1.75%
Maintenance Tax	834	0.07	6,961	0.07	7,794	0.07
Projected Total Cost						
Nursing Facility	56,081,042	4,709.53	369,083,663	3,711.77	425,164,705	3,818.48
Acute Care (Non-Inpatient)	7,919,468	665.05	0	0.00	7,919,468	71.13
Acute Care (Inpatient)	8,088,872	679.28	0	0.00	8,088,872	72.65
Total	72,089,383	6,053.86	369,083,663	3,711.77	441,173,046	3,962.25
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,2449		1,2449			
Add-On PMPM	13,784,439	1,157.58	89,217,169	897.23	103,001,608	925.08

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Hidalgo SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	2,885		37,796		40,681	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	13,222,868	4,583.32	136,370,385	3,608.06	149,593,253	3,677.23
Acute Care (Non-Inpatient)	1,471,446	510.03	0	0.00	1,471,446	36.17
Acute Care (Inpatient)	1,223,162	423.97	0	0.00	1,223,162	30.07
Total	15,917,476	5,517.32	136,370,385	3,608.06	152,287,861	3,743.46
Projected FY2016 Member Months	2,885		37,796		40,681	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0318		1.0324			
Excluded Facility & Seasonality Adjustment	0.9995		0.9995			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0029		1.0000			
Other Adjustments - Acute Care Data Completion	1.6187		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0751		1.0000			
Other Adjustments - Acute Care Data Completion	1.9108		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	14,395,902	4,989.91	148,554,487	3,930.43	162,950,389	4,005.56
Acute Care (Non-Inpatient)	2,356,705	816.88	0	0.00	2,356,705	57.93
Acute Care (Inpatient)	2,186,792	757.99	0	0.00	2,186,792	53.75
Total	18,939,400	6,564.78	148,554,487	3,930.43	167,493,887	4,117.25
Service Coordination Expense	49,449	17.14	647,823	17.14	697,272	17.14
Administrative Expenses						
Fixed Amount	401,015	139.00	5,253,644	139.00	5,654,659	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	401,015	139.00	5,253,644	139.00	5,654,659	139.00
Risk Margin	402,910	2.00%	3,209,529	2.00%	3,612,440	2.00%
Premium Tax	352,547	1.75%	2,808,338	1.75%	3,160,885	1.75%
Maintenance Tax	202	0.07	2,646	0.07	2,848	0.07
Projected Total Cost						
Nursing Facility	15,325,005	5,311.96	160,476,468	4,245.86	175,801,473	4,321.46
Acute Care (Non-Inpatient)	2,500,395	866.69	0	0.00	2,500,395	61.46
Acute Care (Inpatient)	2,320,122	804.20	0	0.00	2,320,122	57.03
Total	20,145,523	6,982.85	160,476,468	4,245.86	180,621,990	4,439.96
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,1948		1,1948			
Add-On PMPM	3,007,316	1,042.40	31,033,152	821.07	34,040,467	836.77

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Jefferson SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	3,003		26,889		29,892	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	12,126,905	4,038.26	80,583,453	2,996.89	92,710,358	3,101.51
Acute Care (Non-Inpatient)	1,186,749	395.19	0	0.00	1,186,749	39.70
Acute Care (Inpatient)	1,629,047	542.47	0	0.00	1,629,047	54.50
Total	14,942,700	4,975.92	80,583,453	2,996.89	95,526,153	3,195.71
Projected FY2016 Member Months	3,003		26,889		29,892	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0323		1.0325			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0074		1.0000			
Other Adjustments - Acute Care Data Completion	1.3530		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0383		1.0000			
Other Adjustments - Acute Care Data Completion	1.3061		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	13,202,503	4,396.44	87,747,820	3,263.34	100,950,323	3,377.17
Acute Care (Non-Inpatient)	1,595,863	531.42	0	0.00	1,595,863	53.39
Acute Care (Inpatient)	1,922,615	640.23	0	0.00	1,922,615	64.32
Total	16,720,981	5,568.09	87,747,820	3,263.34	104,468,800	3,494.87
Service Coordination Expense	51,471	17.14	460,877	17.14	512,349	17.14
Administrative Expenses						
Fixed Amount	417,417	139.00	3,737,571	139.00	4,154,988	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	417,417	139.00	3,737,571	139.00	4,154,988	139.00
Risk Margin	357,196	2.00%	1,910,611	2.00%	2,267,807	2.00%
Premium Tax	312,547	1.75%	1,671,785	1.75%	1,984,331	1.75%
Maintenance Tax	210	0.07	1,882	0.07	2,092	0.07
Projected Total Cost						
Nursing Facility	14,112,960	4,699.62	95,530,546	3,552.77	109,643,505	3,667.99
Acute Care (Non-Inpatient)	1,699,451	565.92	0	0.00	1,699,451	56.85
Acute Care (Inpatient)	2,047,412	681.79	0	0.00	2,047,412	68.49
Total	17,859,823	5,947.33	95,530,546	3,552.77	113,390,368	3,793.33
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,2640		1,2640			
Add-On PMPM	3,737,760	1,244.68	24,842,278	923.88	28,580,038	956.11

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Lubbock SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	2,971		22,333		25,304	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	11,733,732	3,949.42	67,158,173	3,007.13	78,891,905	3,117.76
Acute Care (Non-Inpatient)	1,086,139	365.58	0	0.00	1,086,139	42.92
Acute Care (Inpatient)	1,793,032	603.51	0	0.00	1,793,032	70.86
Total	14,612,903	4,918.51	67,158,173	3,007.13	81,771,076	3,231.55
Projected FY2016 Member Months	2,971		22,333		25,304	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0327		1.0324			
Excluded Facility & Seasonality Adjustment	0.9984		0.9984			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0032		1.0000			
Other Adjustments - Acute Care Data Completion	1.3751		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.1138		1.0000			
Other Adjustments - Acute Care Data Completion	1.3354		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	12,771,733	4,298.80	73,077,949	3,272.20	85,849,682	3,392.73
Acute Care (Non-Inpatient)	1,478,237	497.56	0	0.00	1,478,237	58.42
Acute Care (Inpatient)	2,320,952	781.20	0	0.00	2,320,952	91.72
Total	16,570,922	5,577.56	73,077,949	3,272.20	89,648,871	3,542.87
Service Coordination Expense	50,923	17.14	382,788	17.14	433,711	17.14
Administrative Expenses						
Fixed Amount	412,969	139.00	3,104,287	139.00	3,517,256	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	412,969	139.00	3,104,287	139.00	3,517,256	139.00
Risk Margin	353,974	2.00%	1,590,994	2.00%	1,944,969	2.00%
Premium Tax	309,728	1.75%	1,392,120	1.75%	1,701,847	1.75%
Maintenance Tax	208	0.07	1,563	0.07	1,771	0.07
Projected Total Cost						
Nursing Facility	13,653,095	4,595.45	79,549,701	3,561.98	93,202,796	3,683.32
Acute Care (Non-Inpatient)	1,574,125	529.83	0	0.00	1,574,125	62.21
Acute Care (Inpatient)	2,471,504	831.88	0	0.00	2,471,504	97.67
Total	17,698,724	5,957.16	79,549,701	3,561.98	97,248,425	3,843.20
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.4422		1.4422			
Add-On PMPM	6,056,472	2,038.53	34,654,230	1,551.71	40,710,702	1,608.86

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Nueces SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	2,639		27,385		30,024	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	10,167,728	3,852.87	87,234,068	3,185.47	97,401,796	3,244.13
Acute Care (Non-Inpatient)	770,261	291.88	0	0.00	770,261	25.65
Acute Care (Inpatient)	934,317	354.04	0	0.00	934,317	31.12
Total	11,872,307	4,498.79	87,234,068	3,185.47	99,106,375	3,300.91
Projected FY2016 Member Months	2,639		27,385		30,024	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0322		1.0324			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0071		1.0000			
Other Adjustments - Acute Care Data Completion	1.5444		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0990		1.0000			
Other Adjustments - Acute Care Data Completion	1.8935		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	11,068,485	4,194.20	94,980,515	3,468.34	106,049,000	3,532.14
Acute Care (Non-Inpatient)	1,181,973	447.89	0	0.00	1,181,973	39.37
Acute Care (Inpatient)	1,692,065	641.18	0	0.00	1,692,065	56.36
Total	13,942,522	5,283.26	94,980,515	3,468.34	108,923,038	3,627.87
Service Coordination Expense	45,232	17.14	469,379	17.14	514,611	17.14
Administrative Expenses						
Fixed Amount	366,821	139.00	3,806,515	139.00	4,173,336	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	366,821	139.00	3,806,515	139.00	4,173,336	139.00
Risk Margin	298,281	2.00%	2,062,511	2.00%	2,360,791	2.00%
Premium Tax	260,996	1.75%	1,804,697	1.75%	2,065,692	1.75%
Maintenance Tax	185	0.07	1,917	0.07	2,102	0.07
Projected Total Cost						
Nursing Facility	11,849,424	4,490.12	103,125,534	3,765.77	114,974,958	3,829.44
Acute Care (Non-Inpatient)	1,260,348	477.59	0	0.00	1,260,348	41.98
Acute Care (Inpatient)	1,804,264	683.69	0	0.00	1,804,264	60.09
Total	14,914,037	5,651.40	103,125,534	3,765.77	118,039,570	3,931.51
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.3352		1.3352			
Add-On PMPM	3,978,720	1,507.66	34,142,058	1,246.74	38,120,777	1,269.68

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Tarrant SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	8,660		69,050		77,710	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	34,144,639	3,942.80	213,344,176	3,089.71	247,488,815	3,184.77
Acute Care (Non-Inpatient)	3,062,151	353.60	0	0.00	3,062,151	39.40
Acute Care (Inpatient)	3,296,966	380.71	0	0.00	3,296,966	42.43
Total	40,503,757	4,677.11	213,344,176	3,089.71	253,847,933	3,266.61
Projected FY2016 Member Months	8,660		69,050		77,710	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0323		1.0324			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0005		1.0000			
Other Adjustments - Acute Care Data Completion	1.3523		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0877		1.0000			
Other Adjustments - Acute Care Data Completion	1.5012		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	37,173,107	4,292.51	232,289,291	3,364.07	269,462,397	3,467.54
Acute Care (Non-Inpatient)	4,087,462	471.99	0	0.00	4,087,462	52.60
Acute Care (Inpatient)	4,685,130	541.01	0	0.00	4,685,130	60.29
Total	45,945,698	5,305.51	232,289,291	3,364.07	278,234,989	3,580.43
Service Coordination Expense	148,432	17.14	1,183,517	17.14	1,331,949	17.14
Administrative Expenses						
Fixed Amount	1,203,740	139.00	9,597,950	139.00	10,801,690	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	1,203,740	139.00	9,597,950	139.00	10,801,690	139.00
Risk Margin	982,825	2.00%	5,050,921	2.00%	6,033,747	2.00%
Premium Tax	859,972	1.75%	4,419,556	1.75%	5,279,529	1.75%
Maintenance Tax	606	0.07	4,834	0.07	5,440	0.07
Projected Total Cost						
Nursing Facility	39,787,984	4,594.46	252,546,069	3,657.44	292,334,053	3,761.86
Acute Care (Non-Inpatient)	4,358,030	503.24	0	0.00	4,358,030	56.08
Acute Care (Inpatient)	4,995,260	576.82	0	0.00	4,995,260	64.28
Total	49,141,275	5,674.51	252,546,069	3,657.44	301,687,343	3,882.22
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.3020		1.3020			
Add-On PMPM	12,038,904	1,390.17	75,229,347	1,089.49	87,268,251	1,123.00

FY2016 STAR+PLUS Nursing Facility Rating Summary  
Travis SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	4,418		40,988		45,406	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	17,228,555	3,899.63	129,293,132	3,154.41	146,521,686	3,226.92
Acute Care (Non-Inpatient)	1,637,467	370.64	0	0.00	1,637,467	36.06
Acute Care (Inpatient)	1,702,658	385.39	0	0.00	1,702,658	37.50
Total	20,568,680	4,655.65	129,293,132	3,154.41	149,861,811	3,300.48
Projected FY2016 Member Months	4,418		40,988		45,406	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0323		1.0324			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0011		1.0000			
Other Adjustments - Acute Care Data Completion	1.3727		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0744		1.0000			
Other Adjustments - Acute Care Data Completion	1.3090		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	18,756,646	4,245.51	140,774,454	3,434.53	159,531,099	3,513.44
Acute Care (Non-Inpatient)	2,220,050	502.50	0	0.00	2,220,050	48.89
Acute Care (Inpatient)	2,083,975	471.70	0	0.00	2,083,975	45.90
Total	23,060,670	5,219.71	140,774,454	3,434.53	163,835,124	3,608.23
Service Coordination Expense	75,725	17.14	702,534	17.14	778,259	17.14
Administrative Expenses						
Fixed Amount	614,102	139.00	5,697,332	139.00	6,311,434	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	614,102	139.00	5,697,332	139.00	6,311,434	139.00
Risk Margin	493,523	2.00%	3,058,227	2.00%	3,551,751	2.00%
Premium Tax	431,833	1.75%	2,675,949	1.75%	3,107,782	1.75%
Maintenance Tax	309	0.07	2,869	0.07	3,178	0.07
Projected Total Cost						
Nursing Facility	20,085,307	4,546.24	152,911,366	3,730.64	172,996,673	3,810.00
Acute Care (Non-Inpatient)	2,367,999	535.99	0	0.00	2,367,999	52.15
Acute Care (Inpatient)	2,222,856	503.14	0	0.00	2,222,856	48.96
Total	24,676,162	5,585.37	152,911,366	3,730.64	177,587,527	3,911.10
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.3375		1.3375			
Add-On PMPM	6,788,598	1,536.58	50,950,540	1,243.06	57,739,138	1,271.62

FY2016 STAR+PLUS Nursing Facility Rating Summary  
MRSA Central SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	5,886		59,910		65,796	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	22,392,394	3,804.35	180,225,796	3,008.28	202,618,190	3,079.49
Acute Care (Non-Inpatient)	1,772,273	301.10	0	0.00	1,772,273	26.94
Acute Care (Inpatient)	2,133,367	362.45	0	0.00	2,133,367	32.42
Total	26,298,035	4,467.90	180,225,796	3,008.28	206,523,830	3,138.85
Projected FY2016 Member Months	5,886		59,910		65,796	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0319		1.0327			
Excluded Facility & Seasonality Adjustment	0.9990		0.9990			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0012		1.0000			
Other Adjustments - Acute Care Data Completion	1.4202		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0703		1.0000			
Other Adjustments - Acute Care Data Completion	1.5405		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	24,369,047	4,140.17	196,286,996	3,276.36	220,656,043	3,353.64
Acute Care (Non-Inpatient)	2,486,210	422.39	0	0.00	2,486,210	37.79
Acute Care (Inpatient)	3,061,205	520.08	0	0.00	3,061,205	46.53
Total	29,916,462	5,082.65	196,286,996	3,276.36	226,203,458	3,437.95
Service Coordination Expense	100,886	17.14	1,026,857	17.14	1,127,743	17.14
Administrative Expenses						
Fixed Amount	818,154	139.00	8,327,490	139.00	9,145,644	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	818,154	139.00	8,327,490	139.00	9,145,644	139.00
Risk Margin	640,746	2.00%	4,273,154	2.00%	4,913,900	2.00%
Premium Tax	560,653	1.75%	3,739,010	1.75%	4,299,663	1.75%
Maintenance Tax	412	0.07	4,194	0.07	4,606	0.07
Projected Total Cost						
Nursing Facility	26,116,065	4,436.98	213,657,701	3,566.31	239,773,766	3,644.20
Acute Care (Non-Inpatient)	2,653,753	450.86	0	0.00	2,653,753	40.33
Acute Care (Inpatient)	3,267,496	555.13	0	0.00	3,267,496	49.66
Total	32,037,314	5,442.97	213,657,701	3,566.31	245,695,014	3,734.19
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,3419		1,3419			
Add-On PMPM	8,934,882	1,517.99	71,968,390	1,201.28	80,903,272	1,229.61



FY2016 STAR+PLUS Nursing Facility Rating Summary  
MRSA Northeast SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	9,555		82,980		92,535	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	41,110,045	4,302.46	260,034,363	3,133.70	301,144,407	3,254.38
Acute Care (Non-Inpatient)	3,347,491	350.34	0	0.00	3,347,491	36.18
Acute Care (Inpatient)	5,514,735	577.16	0	0.00	5,514,735	59.60
Total	49,972,271	5,229.96	260,034,363	3,133.70	310,006,634	3,350.16
Projected FY2016 Member Months	9,555		82,980		92,535	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0320		1.0325			
Excluded Facility & Seasonality Adjustment	0.9142		0.9960			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0012		1.0000			
Other Adjustments - Acute Care Data Completion	1.4202		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0703		1.0000			
Other Adjustments - Acute Care Data Completion	1.5405		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	40,945,273	4,285.22	282,302,714	3,402.06	323,247,987	3,493.25
Acute Care (Non-Inpatient)	4,695,985	491.47	0	0.00	4,695,985	50.75
Acute Care (Inpatient)	7,913,186	828.17	0	0.00	7,913,186	85.52
Total	53,554,444	5,604.86	282,302,714	3,402.06	335,857,158	3,629.51
Service Coordination Expense	163,773	17.14	1,422,277	17.14	1,586,050	17.14
Administrative Expenses						
Fixed Amount	1,328,145	139.00	11,534,220	139.00	12,862,365	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	1,328,145	139.00	11,534,220	139.00	12,862,365	139.00
Risk Margin	1,143,834	2.00%	6,135,377	2.00%	7,279,211	2.00%
Premium Tax	1,000,855	1.75%	5,368,455	1.75%	6,369,310	1.75%
Maintenance Tax	669	0.07	5,809	0.07	6,477	0.07
Projected Total Cost						
Nursing Facility	43,766,230	4,580.45	306,768,852	3,696.90	350,535,081	3,788.14
Acute Care (Non-Inpatient)	5,000,004	523.29	0	0.00	5,000,004	54.03
Acute Care (Inpatient)	8,425,487	881.79	0	0.00	8,425,487	91.05
Total	57,191,720	5,985.53	306,768,852	3,696.90	363,960,572	3,933.22
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1,1397		1,1397			
Add-On PMPM	6,134,107	641.98	42,292,428	509.67	48,426,535	523.33

FY2016 STAR+PLUS Nursing Facility Rating Summary  
MRSA West SDA

	Medicaid Only		Dual Eligible		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
11/2013-10/2014 Experience Period						
Member Months	6,049		62,312		68,361	
11/2013-10/2014 Estimated Incurred Claims						
Nursing Facility	24,435,281	4,039.56	188,438,254	3,024.11	212,873,535	3,113.96
Acute Care (Non-Inpatient)	1,715,010	283.52	0	0.00	1,715,010	25.09
Acute Care (Inpatient)	2,401,368	396.99	0	0.00	2,401,368	35.13
Total	28,551,659	4,720.06	188,438,254	3,024.11	216,989,913	3,174.18
Projected FY2016 Member Months	6,049		62,312		68,361	
Annual Cost Trend Assumptions						
Nursing Facility	3.0 %		3.0 %			
Acute Care (Non-Inpatient)	1.1 %		1.1 %			
Acute Care (Inpatient)	1.1 %		1.1 %			
Adjustment Factors - Nursing Facility						
Provider Reimbursement Increase	1.0321		1.0325			
Excluded Facility & Seasonality Adjustment	0.9992		0.9992			
Managed Care Savings Adjustment	1.0000		1.0000			
Adjustment Factors - Acute Care (Non-Inpatient)						
Provider Reimbursement Adjustment	1.0012		1.0000			
Other Adjustments - Acute Care Data Completion	1.4202		1.0000			
Managed Care Savings Adjustment	0.9670		0.9670			
Adjustment Factors - Acute Care (Inpatient)						
Provider Reimbursement Adjustment	1.0703		1.0000			
Other Adjustments - Acute Care Data Completion	1.5405		1.0000			
Managed Care Savings Adjustment	0.8530		0.8530			
Projected Incurred Claims						
Nursing Facility	26,602,745	4,397.87	205,232,657	3,293.63	231,835,403	3,391.34
Acute Care (Non-Inpatient)	2,405,880	397.73	0	0.00	2,405,880	35.19
Acute Care (Inpatient)	3,445,764	569.64	0	0.00	3,445,764	50.41
Total	32,454,389	5,365.25	205,232,657	3,293.63	237,687,046	3,476.94
Service Coordination Expense	103,680	17.14	1,068,028	17.14	1,171,708	17.14
Administrative Expenses						
Fixed Amount	840,811	139.00	8,661,368	139.00	9,502,179	139.00
Percentage of Premium	0	0.00%	0	0.00%	0	0.00%
Total	840,811	139.00	8,661,368	139.00	9,502,179	139.00
Risk Margin	694,011	2.00%	4,466,835	2.00%	5,160,846	2.00%
Premium Tax	607,260	1.75%	3,908,480	1.75%	4,515,740	1.75%
Maintenance Tax	423	0.07	4,362	0.07	4,785	0.07
Projected Total Cost						
Nursing Facility	28,463,358	4,705.47	223,341,730	3,584.25	251,805,088	3,683.46
Acute Care (Non-Inpatient)	2,564,407	423.94	0	0.00	2,564,407	37.51
Acute Care (Inpatient)	3,672,810	607.18	0	0.00	3,672,810	53.73
Total	34,700,575	5,736.58	223,341,730	3,584.25	258,042,304	3,774.70
Minimum Payment for Qualified Nursing Facilities						
Reimbursement Adjustment	1.4328		1.4328			
Add-On PMPM	12,347,097	2,041.18	95,254,364	1,528.67	107,601,461	1,574.02

FY2016 STAR+PLUS Nursing Facility  
MPAP Calculation - Mid Year

	MPAP Premium	
	Medicaid Only	Dual Eligible
Effective 9/1/2015 (1)		
Bexar	979.38	786.64
Dallas	1,133.32	933.81
El Paso	0.00	0.00
Harris	870.67	674.85
Hidalgo	924.14	727.92
Jefferson	967.92	718.46
Lubbock	1,938.95	1,475.91
Nueces	1,507.66	1,246.74
Tarrant	962.53	754.35
Travis	1,067.18	863.33
MRSA Central	1,302.66	1,030.87
MRSA Northeast	616.70	489.60
MRSA West	1,748.77	1,309.68
Effective 9/1/2015 - with revised adjustment factors (2)		
Bexar	1,201.35	964.93
Dallas	1,296.60	1,068.34
El Paso	0.00	0.00
Harris	1,157.58	897.23
Hidalgo	1,042.40	821.07
Jefferson	1,244.68	923.88
Lubbock	2,038.53	1,551.71
Nueces	1,507.66	1,246.74
Tarrant	1,390.17	1,089.49
Travis	1,536.58	1,243.06
MRSA Central	1,517.99	1,201.28
MRSA Northeast	641.98	509.67
MRSA West	2,041.18	1,528.67
Effective 6/1/2016 (3)		
Bexar	1,867.26	1,499.80
Dallas	1,786.44	1,471.93
El Paso	0.00	0.00
Harris	2,018.31	1,564.37
Hidalgo	1,397.18	1,100.52
Jefferson	2,074.96	1,540.14
Lubbock	2,337.27	1,779.11
Nueces	1,507.66	1,246.74
Tarrant	2,673.09	2,094.91
Travis	2,944.78	2,382.25
MRSA Central	2,163.98	1,712.51
MRSA Northeast	717.82	569.88
MRSA West	2,918.41	2,185.64

## Footnotes:

(1) From Attachment 3 of original actuarial report.

(2) From Attachment 3 - Revised.

(3) MPAP premium rates effective 6/1/2016 through August 31, 2016  
given that current MPAP premium will be effective 9/1/2015 through 5/31/2016.

## FY2016 STAR+PLUS Nursing Facility Mid-Year Rating Summary

June 1, 2016 - August 31, 2016	
Medicaid	Dual
Only	Eligible

## Acute Care (Non-Inpatient) Premium Rates pmpm

Bexar	562.25	0.00
Dallas	649.35	0.00
El Paso	504.12	0.00
Harris	665.05	0.00
Hidalgo	866.69	0.00
Jefferson	565.92	0.00
Lubbock	529.83	0.00
Nueces	477.59	0.00
Tarrant	503.24	0.00
Travis	535.99	0.00
MRSA Central	450.86	0.00
MRSA Northeast	523.29	0.00
MRSA West	423.94	0.00

## Acute Care (Inpatient) Premium Rates pmpm

Bexar	673.39	0.00
Dallas	819.35	0.00
El Paso	579.19	0.00
Harris	679.28	0.00
Hidalgo	804.20	0.00
Jefferson	681.79	0.00
Lubbock	831.88	0.00
Nueces	683.69	0.00
Tarrant	576.81	0.00
Travis	503.14	0.00
MRSA Central	555.13	0.00
MRSA Northeast	881.79	0.00
MRSA West	607.17	0.00

## Nursing Facility Care Premium Rates pmpm

Bexar	4,678.51	3,814.06
Dallas	4,557.96	3,813.23
El Paso	5,262.14	4,113.85
Harris	4,709.53	3,711.77
Hidalgo	5,311.96	4,245.86
Jefferson	4,699.62	3,552.77
Lubbock	4,595.45	3,561.98
Nueces	4,490.12	3,765.77
Tarrant	4,594.46	3,657.44
Travis	4,546.24	3,730.64
MRSA Central	4,436.98	3,566.31
MRSA Northeast	4,580.45	3,696.90
MRSA West	4,705.47	3,584.25

## FY2016 STAR+PLUS Nursing Facility Mid-Year Rating Summary

June 1, 2016 - August 31, 2016	
Medicaid	Dual
Only	Eligible

## Prescription Drug Premium Rates pmpm

Bexar	768.19	0.00
Dallas	754.94	0.00
El Paso	553.30	0.00
Harris	782.85	0.00
Hidalgo	846.86	0.00
Jefferson	740.04	0.00
Lubbock	837.50	0.00
Nueces	776.99	0.00
Tarrant	793.00	0.00
Travis	1,025.61	0.00
MRSA Central	673.93	0.00
MRSA Northeast	768.20	0.00
MRSA West	700.87	0.00

## Minimum Payment for Qualified Nursing Facility Premium Rates pmpm

Bexar	1,867.26	1,499.80
Dallas	1,786.44	1,471.93
El Paso	0.00	0.00
Harris	2,018.31	1,564.37
Hidalgo	1,397.18	1,100.52
Jefferson	2,074.96	1,540.14
Lubbock	2,337.27	1,779.11
Nueces	1,507.66	1,246.74
Tarrant	2,673.09	2,094.91
Travis	2,944.78	2,382.25
MRSA Central	2,163.98	1,712.51
MRSA Northeast	717.82	569.88
MRSA West	2,918.41	2,185.64

## Total Premium Rates pmpm

Bexar	8,549.60	5,313.86
Dallas	8,568.04	5,285.16
El Paso	6,898.75	4,113.85
Harris	8,855.02	5,276.14
Hidalgo	9,226.89	5,346.38
Jefferson	8,762.33	5,092.91
Lubbock	9,131.93	5,341.09
Nueces	7,936.05	5,012.51
Tarrant	9,140.60	5,752.35
Travis	9,555.76	6,112.89
MRSA Central	8,280.88	5,278.82
MRSA Northeast	7,471.55	4,266.78
MRSA West	9,355.86	5,769.89