

**STATE OF TEXAS
CHILDREN'S HEALTH INSURANCE
PROGRAM
CHIP RATE SETTING
STATE FISCAL YEAR 2022**

Prepared for:

Texas Health and Human Services Commission

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I. Introduction

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to develop the state fiscal year 2022 (FY2022, September 1, 2021 through August 31, 2022) premium rates for health plans participating in the Texas Children's Health Insurance Program (CHIP). This report presents the rating methodology and assumptions used in developing the premium rates.

CHIP is a managed care program that provides primary and preventive health care to low-income, uninsured children through age 18 with household incomes up to 201 percent of the federal poverty level (FPL) who do not qualify for Medicaid. The CHIP program expanded to provide benefits for unborn children of pregnant women on January 1, 2007 under the program name CHIP Perinate. CHIP Perinate services include prenatal visits, prescription prenatal vitamins, labor and delivery and postpartum care. CHIP Perinate members are exempt from the 90-day waiting period and all cost-sharing for the duration of their coverage period.

There are ten CHIP service delivery areas (SDAs). CHIP members can select from at least two managed care plans (MCOs) in each SDA. There are 15 MCOs serving numerous SDAs throughout the state.

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 30 years. We have participated in the state's Medicaid managed care rating process since its inception in 1993 and in developing premium rates for CHIP plans since that program's inception in 2000. This year, as in previous years, we have worked closely with HHSC in developing the FY2022 CHIP premium rates.

Rudd and Wisdom has relied on the following data sources as provided by HHSC, the participating health plans and the agency's External Quality Review Organization (EQRO):

- Monthly enrollment by age group for each health plan. This includes historical enrollment since September 2017 and a projection of future enrollment through August 2022. These projections were prepared by HHS Forecasting staff.
- Detailed MCO encounter data for FY2019 and FY2020. The encounter data is a dataset that includes detail claim information for every claim incurred during FY2019 and paid through November 30, 2019 and incurred during FY2020 and paid through November 30, 2020. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, health plan; (2) provider information – type of provider, NPI, bill type, taxonomy code; (3) procedure information – diagnosis, procedure code, claim modifier; and (4) payment information – paid amount, billed amount. This information is used to identify the providers and services which will receive or have received reimbursement changes in order to determine the cost impact of such changes.
- Claim lag reports by age group for each health plan for the period September 2017 through February 2021. These reports were provided by the health plans and include monthly paid claims by month of service.
- Financial Statistical Reports (FSR) for each MCO participating in the CHIP program for

FY2018, FY2019, FY2020 and the first six months of FY2021. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses as reported by the health plan. These reports are prepared by the health plans and are audited by an external audit organization. A health plan that participates in multiple programs and/or service areas submits a separate FSR for each individual service area and program combination.

- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2021) premium rates for each health plan.
- The number of maternity deliveries by health plan and risk group for the period September 2017 through February 2021.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the State Medicaid and CHIP programs.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
- March 2019 through February 2020 acuity risk adjustment analysis provided by the EQRO for each participating health plan.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2019 and FY2020 CHIP health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information from HHSC regarding FY2021 and proposed FY2022 Medicaid provider reimbursement rates.

After accumulating all of the information to be used in the rate setting process, a comparison of the various sources of claims data was performed to check for consistency. We compared (i) the claim lag reports provided by the MCOs, (ii) the claim amounts reported in the FSRs and (iii) the claim amounts in the encounter data files. The three data sources are compared to ensure consistent results such that the three are considered interchangeable in aggregate. Although interchangeable in total, each data source has a unique role in the analysis. FSR data provides high level summary information of claims data, subcapitated expenses, reinsurance expenses and administrative costs. In some cases, this information is available at the risk group level while for others it is only provided at an aggregated level. MCO summary reports provide HHSC-specified data points at a more granular level such as subcapitated expenses by service, claim lag data by service, other medical expenses and large claimant information. The detail encounter data provides claim data at the most granular level including information for individual claims such as provider, procedure code, diagnostic information, etc. The use of these multiple data sources allows for a dynamic, flexible rating model that is not constrained to the data limitation of a single source.

All data requested by the actuary was provided by HHSC and the participating MCOs. Although the above data was reviewed for reasonableness, Rudd and Wisdom did not audit the data.

In addition to the review for reasonableness performed by Rudd and Wisdom, HHSC employs the Institute for Child Health Policy (ICHP) as an External Quality Review Organization (EQRO). ICHP reviews the detail encounter data and provides certification of the data quality. Below is an excerpt from their data certification report:

The EQRO considers the required data elements for all MCO-SA combinations in all programs to be accurate and complete, meeting the following components of Texas Government Code § 533.0131 for data certification purposes:

- 1. The encounter data for the most recent measurement year are complete, accurate, and reliable.*
- 2. No statistically significant variability in the encounter data is attributable to incompleteness, inaccuracy, or other deficiency as compared to equivalent data for similar populations and when evaluated against professionally accepted standards.*

Based on the review of the data by the EQRO, HHSC and Rudd and Wisdom, we have concluded that all data sources are consistent, complete and accurate. It is our opinion that the data collected for the rate development is high quality and we have no concerns over the availability or applicability to the FY2022 rate development. The accumulation of data sources noted above have been assigned full credibility.

Given the history of managed care data available for the CHIP program, the rate development is based exclusively on managed care data.

II. Overview of the Rate Setting Methodology

This report details the development of the medical and prescription drug components of the CHIP premium rate. The two components are developed separately but follow similar methodologies in their calculations. Information regarding the CHIP Dental program can be found in the report titled “State of Texas Medicaid and CHIP Managed Care Dental Rate Setting FY2022”.

The actuarial model used to derive the FY2022 CHIP premium rates relies primarily on historical health plan experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. Due to the significant impact of COVID-19 and the public health emergency (PHE) we have made adjustments to the standard base periods used in prior rate setting. Beginning March 2020, all programs experienced significant declines in the average cost due to large scale shutdowns and deferral of services. As a result, we have determined that the March 2020 through August 2020 data is not indicative of future cost patterns. The base period for all rating components was defined as March 2019 through February 2020, which is the most recent twelve-month period which includes claims not impacted by COVID-19 and the subsequent PHE. Estimates of the base period included an evaluation of incurred but unpaid claims (IBNR). Given the extensive runout beyond the base period, the IBNR estimates are immaterial. The IBNR estimate is based on claims paid through February 2021 and represents the following percentage of claims by type of service:

- Medical – 0.0%
- Prescription Drug – 0.0%

These estimates were then projected forward to FY2022 using assumed trend rates. Other plan expenditures such as capitated amounts, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2022 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan in each service area. The results of this analysis were then combined for all health plans in a service area in order to develop a set of community rates for each service area.

The health plans under review are located in the following service areas:

- Bexar County Service Area (San Antonio)
- Dallas County Service Area (Dallas)
- El Paso County Service Area (El Paso)
- Harris County Service Area (Houston)
- Jefferson County Service Area (Jefferson)
- Lubbock County Service Area (Lubbock)
- Nueces County Service Area (Corpus Christi)
- Tarrant County Service Area (Fort Worth)
- Travis County Service Area (Austin)
- Rural County Service Area (All other Texas regions)

Premium rates were determined for the following age groups:

- Children Under Age One Year
- Children Ages 1 to 5 Years
- Children Ages 6 to 14 Years
- Children Ages 15 to 18 Years
- Perinate Newborn 198%-202%
- Perinate Mother <198%
- Perinate Mother 198%-202%

The services used in the analysis include the following:

- Inpatient Hospital
- Outpatient Hospital
- Physician Services
- Other Professional Services
- Lab, X-ray and Radiology Services
- Medical Supplies
- Behavioral Health Services
- EPSDT Medical Services
- Family Planning and Genetics Services
- Hearing Services
- Home Health Services
- Emergency Room Services
- Ambulance Services
- Vision Services
- Prescription Drugs

Services specifically excluded from the analysis include:

- Dental and Orthodontia Services
- Certain High Cost Carve-out Drugs

We projected the FY2022 cost for each individual health plan by estimating their base period average claims cost and then applying trend and other adjustment factors. (These adjustment factors are described in more detail in Section III.) We added capitation expenses for services capitated by the health plan (such as vision and behavioral health), a net cost of reinsurance, a reasonable provision for administrative expenses and a risk margin. Attachment 2 presents a description and an example of the experience analysis for a sample health plan. This type of analysis was conducted on the experience of each participating CHIP health plan.

The analysis of base period claims experience for each health plan attempted to identify and adjust for any distortions in the data. Significant variations in experience, including the impact from unusually large individual claims, were investigated and it was determined that no such adjustments were necessary.

HHSC utilized the combination of two rating methodologies in setting the FY2022 CHIP premium rates – individual plan experience rating and community rating. The individual

plan experience rating method is described above and documented in Attachment 2. The community rates are developed by a weighted average of the projected FY2022 cost for each health plan in the service area (from the individual plan experience rating method). The weights used in this formula are the projected FY2022 number of members enrolled in each health plan by age group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

The projected FY2022 average total per-capita cost in a service area is called the unadjusted premium rate. This rate includes provision for all health care and administrative services to be provided by the health plan. This rate is then separated into two components – (i) non-maternity related expenses and (ii) maternity expenses. The premium rate for non-maternity expenses is called the adjusted premium rate. These are the monthly rates paid to the health plan. The amount paid for maternity expenses is called the Delivery Supplemental Payment (DSP). Additional information regarding DSP is included in Attachment 7.

The base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships. Additional information regarding risk adjustment is included in Section III below under Risk Adjustment and in Attachment 6.

The FY2022 CHIP health plan premium rates were then defined as the following: the minimum of (a) 108% of the rate developed using the individual experience of the plan and (b) community rate with risk adjustment. The enrollment for children under age one, Perinate Newborn 198%-202% and Perinate Mother 198%-202% risk groups was so small that credible rates could not be set by area. As a result, the rates for these risk groups were calculated on a statewide basis. By limiting the final premium rates to no greater than 108% of the rate developed using the individual experience of the plan, the CHIP rates continue to incentivize the efficient provision of services while preventing a relatively low-cost plan from benefiting excessively from the higher community average premium rates. The 108% minimum impacts ten of the thirty-two health plan/SDA options in the CHIP program. This methodology prevents a lower cost health plan from being excessively profitable as a result of a significantly different cost structure in comparison to their competition.

III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2022 CHIP rate setting process.

Trend Factors - Medical

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The cost trend factors used in this analysis are a combination of utilization and inflation components. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the CHIP program. A single trend assumption applies to all service areas but varies by CHIP Perinate versus CHIP non-Perinate programs.

The historical claims cost and trend experience was reviewed separately by service area and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights. The experience trends for all time periods were adjusted to remove the impact of provider reimbursement changes and other changes that have impacted the cost of the program. CHIP experience on or after March 1, 2020 has been excluded from the trend analysis due to the significant reduction in cost caused by the COVID-19 pandemic and the corresponding PHE declaration. These patterns are not expected to continue into FY2022 and therefore the trends for this time period are not assigned any credibility.

The trend assumptions were then developed from an average of the FY2017, FY2018, FY2019 and September 2019 through February 2020 trends. The weighting of each time period was based on the number of months within each time period.

Attachment 4 – Exhibit A presents the derivation of the medical trend assumption. The trend analysis resulted in an annual trend assumption of 5.3% for CHIP non-Perinate program and 3.5% for CHIP Perinate program.

Trend Factors - Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period claims cost to the rating period (FY2022). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the CHIP program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumption is the same for all CHIP risk groups and service areas.

Attachment 4 – Exhibit B presents the derivation of the pharmacy trend assumption. The trend analysis resulted in an annual trend assumption of 5.6%.

Provider Reimbursement Adjustments

Medicaid provider reimbursement changes were recognized for the following services: hospital inpatient reimbursement revisions, potentially preventable readmission (PPR) reimbursement revisions, potentially preventable complications (PPC) reimbursement revisions, therapy reimbursement revisions, rural hospital outpatient reimbursement

revisions and private duty nursing reimbursement revisions.

The rating adjustments for these provider reimbursement changes were calculated by applying actual health plan encounter data to the old and new reimbursement bases and the resulting impact determined. Attachment 5 presents a summary of the derivation of these adjustment factors.

DRG Grouper Revision

Retroactive to October 1, 2019 the DRG Grouper used to reimburse inpatient claims was revised from Version 37 to Version 36. A portion of the base period, October 2019 through February 2020 was reimbursed under Version 37 and must be adjusted. Exhibit E of Attachment 5 presents a summary of the derivation of these adjustment factors.

Related Party Adjustments

HHSC excludes from the base period claims experience any amounts paid by a health plan to a related party in excess of 100% of Medicaid. HHSC discussed with the health plans individually to determine (i) which providers had an owner-relationship to the health plan and (ii) the basis on which the health plan reimbursed the provider. All health plans in the affected service areas are impacted because the related party adjustment lowers the community rate applicable to all of the plans in that area. The rating methodology excludes from the claims experience base any amounts paid by a health plan to a related party in excess of 100% of Medicaid. Exhibit F of Attachment 5 presents a summary of the derivation of the rating adjustment factors.

Potentially Preventable Readmission Quality Improvement

Effective September 1, 2019 HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a hospital admission. An expected reduction of PPR events of 10% has been applied for FY2022. Exhibit D of Attachment 5 presents a summary of the derivation of these adjustment factors.

Readmissions are an indicator of quality of care because they may reflect poor clinical care and poor coordination of services either during hospitalization or in the immediate post discharge period. A potentially preventable readmission is a readmission (return hospitalization within the specified readmission time interval) that is clinically related to the initial hospital admission. HHSC expects the MCOs to provide their members with timely access to appropriate care at the proper level by coordinating care across the entire continuum of the health care spectrum. Preventable readmissions should be avoided through high-quality outpatient care thus improving efficiency of the managed care programs.

Federally Qualified Health Center (FQHC) Wrap Payment Removal

Effective March 1, 2018, MCOs were no longer required to reimburse FQHCs the full encounter rate. The MCOs are expected to reimburse FQHCs at a rate that is comparable to the reimbursement of all other non-FQHC providers providing similar services. Subsequently, the FQHC will be reimbursed up to their full encounter rate outside of the capitation rate. The rating adjustment was calculated by collecting the FQHC wrap payments paid by the MCOs during the base period. Exhibit K of Attachment 5 presents a summary of the derivation of these adjustment factors.

Removal of Invalid Clinician Administered Drugs (CADs)

By HHSC rule, all outpatient medical claims for clinician-administered drugs must contain a Healthcare Common Procedure Coding System (HCPCS) code, an NDC number, the NDC unit of measure, and the NDC quantity. The MCO must edit claims using the Texas HHSC NDC to HCPCS Crosswalk file. If such a claim is missing the NDC information, or the NDC is not valid for the corresponding HCPCS code, then the drug is not considered a covered Medicaid benefit and the MCO must deny or reject the entire claim or claim line item. As a result, the base period data was reviewed and clinician administered drugs which were submitted under an invalid NDC were excluded from the rating analysis. Exhibit J of Attachment 5 presents a summary of the derivation of this adjustment factor.

Hemostatic Drug Carve-Out

Effective September 1, 2020, HHSC carved out all hemostatic drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but are funded through a non-risk arrangement. Hemostatic drugs are rare and extremely high cost. In one example, the cost of a single hemophilia drug for a single plan participant is over \$10 million per year. The purpose of this carveout is to improve the balance of risk between various MCOs. The hemostatic carve out adjustment factors are based on actual experience of the program and is determined by comparing the hemostatic drug experience to the base period claims cost by service area and risk group. Exhibit L of Attachment 5 presents the hemostatic carve-out adjustment factors for medical services. Exhibit M of Attachment 5 presents the hemostatic carve-out adjustment factors for prescription drug services.

Risk Adjustment

Several risk adjustment techniques are employed in the rate setting methodology. Premium rates are established separately by area and age group in order to recognize the inherent geographical and demographical variation in the cost of delivering care. In an attempt to treat the health plans more equitably regarding maternity expenses, the methodology includes a separate payment for maternity services. The rating methodology also includes a health status adjustment.

The base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective members. The risk analysis

was performed by the University of Florida’s Institute for Child Health Policy (ICHP). The methodology used to incorporate the acuity risk adjustment is the Chronic Illness and Disability Payment System (CDPS). Additional information regarding risk adjustment is included in Attachment 6.

Although the results of the risk adjustment analysis were reviewed for reasonableness, Rudd and Wisdom did not audit the risk adjustment data or the results of ICHP’s analysis.

COVID-19

The most significant impact that COVID-19 and the resulting public health emergency (PHE) had on the FY2022 rate development was the significant reduction in claims during FY2020. As a result, the base period was altered such that all data beyond February 2020 was deemed to have no credibility and was excluded from the base period and all trend and adjustment factor calculations. The duration of the cost reduction and expectations for FY2022 vary significantly by program. For the CHIP program, the most significant reductions occurred in acute care services during the period March 2020 through August 2020. During the first half of FY2021 the average cost per member per month and average trends by quarter returned to more normal levels and it is expected that the impact of the pandemic and the PHE on the CHIP program during FY2022 will be immaterial.

Other than adjusting the base period used in the FY2022 rate development, no further adjustments have been made to the FY2022 rates as a result of COVID-19. In order to mitigate the risk to both HHSC and the MCOs resulting from COVID-19, the following actions will be implemented for FY2022:

- COVID-19 related expenditures such as testing and treatment will be excluded from the capitation rates and paid via non-risk arrangements.
- HHSC and its actuaries will collect additional information from the participating MCOs during the summer and fall of 2021 to determine if a retroactive adjustment is necessary to properly account for COVID-19 related impacts to program expenditures.
- HHSC is making revisions to the experience rebate tiers for FY2022 only. The revised structure will limit the opportunity for excessive profitability should the reduction in cost associated with the PHE extend longer than anticipated. The table below presents the revised experience rebate structure.

Pre-tax Income as a % of Revenues	MCO Share	HHSC Share
≤ 3%	100%	0%
> 3% and ≤ 5%	80%	20%
> 5% and ≤ 7%	0%	100%
> 7% and ≤ 9%	0%	100%
> 9% and ≤ 12%	0%	100%
> 12%	0%	100%

IV. Administrative Fees, Taxes and Risk Margin

The rating methodology includes an explicit provision for administrative services. The amount allocated for administrative expenses is \$9.00 pmpm for CHIP non-Perinate and \$13.50 pmpm for CHIP Perinate plus 5.25% of gross premium for medical services and \$1.60 pmpm for pharmacy services. This amount is intended to provide for all administrative-related services performed by the MCO. The administrative allowance is split between a fixed and variable component in order to allocate a larger percentage of the administrative dollars to the higher cost risk groups.

The data used in developing the administrative expense assumption are the detailed administrative costs reported by the health plans in their audited financial statistical reports (FSRs) for the past three fiscal years. These reports provide a detailed breakdown of monthly administrative expenses by category including salaries, technology, equipment, marketing, legal, PBM and other expenses. These reports are provided quarterly and audited annually by an external auditor.

The table below summarizes the reported per capita administrative expenses for the past two fiscal years for the CHIP program.

	Average
FY20	17.85
FY21 (thru Feb 21)	17.32

Based on the administrative formula included in the rate development the average administrative expense included in the capitation rates is approximately \$18 which is in line with the historical averages. The fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption is intended to be a reasonable amount to cover all administrative costs. This formula is reviewed annually to ensure consistency with the reported administrative costs. For informational purposes the fixed component of the medical administrative expense formula breaks down into two categories:

- Quality Improvement - \$3.00
- General Administration - \$6.00 for CHIP non-Perinate and \$10.50 for CHIP Perinate.

The quality improvement amount includes services such as disease management, health information technology and wellness service among other items.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.0725 pmpm) and a risk margin (1.50% of premium). The premium tax and maintenance tax are based on Texas Department of Insurance requirements.

The capitation rates included in this document do not include provision for the Affordable Care Act (ACA) Health Insurance Providers Fee, which terminated in 2020.

V. CHIP Dental

This report details the development of the medical and prescription drug component of the premium. Further information regarding the dental premium rate can be found in the report titled “State of Texas Medicaid and CHIP Managed Care Dental Rate Setting FY2022.”

VI. Summary

The chart below presents the results of the FY2022 CHIP rating analysis and includes all components of the premium – medical and prescription drug.

Health Plan	CHIP - Medical & Prescription Drug Rates				
	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	DSP
FY2022 CHIP Premium Rates pmpm					
Aetna - Bexar	291.26	121.82	103.07	134.76	3,100.00
Amerigroup - Bexar	291.26	127.47	139.32	108.95	3,100.00
CFHP - Bexar	291.26	145.12	137.85	144.13	3,100.00
Superior - Bexar	291.26	186.08	129.02	135.66	3,100.00
Amerigroup - Dallas	291.26	183.63	147.29	162.58	3,100.00
Molina - Dallas	291.26	152.12	97.54	145.74	3,100.00
Parkland - Dallas	291.26	194.86	150.52	160.04	3,100.00
El Paso Health - El Paso	291.26	136.63	127.43	136.37	3,100.00
Superior - El Paso	291.26	126.93	107.98	139.51	3,100.00
Amerigroup - Harris	291.26	156.39	130.82	160.69	3,100.00
CHC - Harris	291.26	208.44	141.82	193.17	3,100.00
Molina - Harris	291.26	143.43	98.60	129.28	3,100.00
TCHP - Harris	291.26	212.97	162.42	225.58	3,100.00
United - Harris	291.26	206.55	144.11	164.01	3,100.00
Amerigroup - Jefferson	291.26	117.20	151.83	243.09	3,100.00
CHC - Jefferson	291.26	175.19	160.68	200.56	3,100.00
Molina - Jefferson	291.26	74.88	84.81	78.95	3,100.00
TCHP - Jefferson	291.26	172.18	156.34	309.15	3,100.00
United - Jefferson	291.26	164.09	146.46	175.64	3,100.00
Firstcare - Lubbock	291.26	137.98	122.14	128.19	3,100.00
Superior - Lubbock	291.26	137.25	120.71	130.77	3,100.00
Driscoll - Nueces	291.26	193.86	215.13	239.00	3,100.00
Superior - Nueces	291.26	196.32	170.91	434.23	3,100.00
United - Nueces	291.26	71.47	72.48	148.50	3,100.00
Aetna - Tarrant	291.26	169.79	104.72	134.85	3,100.00
Amerigroup - Tarrant	291.26	179.40	113.75	188.74	3,100.00
Cook - Tarrant	291.26	172.32	142.60	189.55	3,100.00
BCBS - Travis	291.26	210.31	116.72	140.84	3,100.00
DCHP - Travis	291.26	164.14	118.56	144.93	3,100.00
Superior - Travis	291.26	144.39	118.24	150.19	3,100.00
Molina - RSA	291.26	133.29	116.26	140.13	3,100.00
Superior - RSA	291.26	139.66	110.93	131.47	3,100.00

CHIP Perinate - Medical & Prescription Drug Rates

Health Plan	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 CHIP Perinate Premium Rates pmpm				
Aetna - Bexar	520.03	429.55	369.49	3,100.00
Amerigroup - Bexar	520.03	366.14	369.49	3,100.00
CFHP - Bexar	520.03	487.13	369.49	3,100.00
Superior - Bexar	520.03	456.89	369.49	3,100.00
Amerigroup - Dallas	520.03	428.87	369.49	3,100.00
Molina - Dallas	520.03	425.58	369.49	3,100.00
Parkland - Dallas	520.03	427.23	369.49	3,100.00
El Paso Health - El Paso	520.03	465.08	369.49	3,100.00
Superior - El Paso	520.03	464.22	369.49	3,100.00
Amerigroup - Harris	520.03	481.45	369.49	3,100.00
CHC - Harris	520.03	570.40	369.49	3,100.00
Molina - Harris	520.03	526.90	369.49	3,100.00
TCHP - Harris	520.03	586.31	369.49	3,100.00
United - Harris	520.03	570.60	369.49	3,100.00
Amerigroup - Jefferson	520.03	567.48	369.49	3,100.00
CHC - Jefferson	520.03	614.08	369.49	3,100.00
Molina - Jefferson	520.03	585.70	369.49	3,100.00
TCHP - Jefferson	520.03	569.81	369.49	3,100.00
United - Jefferson	520.03	660.40	369.49	3,100.00
Firstcare - Lubbock	520.03	403.14	369.49	3,100.00
Superior - Lubbock	520.03	410.25	369.49	3,100.00
Driscoll - Nueces	520.03	547.63	369.49	3,100.00
Superior - Nueces	520.03	409.24	369.49	3,100.00
United - Nueces	520.03	376.99	369.49	3,100.00
Aetna - Tarrant	520.03	432.49	369.49	3,100.00
Amerigroup - Tarrant	520.03	450.79	369.49	3,100.00
Cook - Tarrant	520.03	449.52	369.49	3,100.00
BCBS - Travis	520.03	421.27	369.49	3,100.00
DCHP - Travis	520.03	412.75	369.49	3,100.00
Superior - Travis	520.03	419.51	369.49	3,100.00
Molina - RSA	520.03	445.36	369.49	3,100.00
Superior - RSA	520.03	465.99	369.49	3,100.00

The chart below presents the results of the FY2022 CHIP Dental rating analysis.

Health Plan	CHIP Dental Rates			
	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18
FY2022 Premium Rates pmpm	3.46	17.32	24.37	23.75

Attachment 1 presents additional information regarding the FY2022 CHIP medical and pharmacy rates including a comparison to current (FY2021) rates. This report details the development of the medical and prescription drug component of the premium. Further information regarding the CHIP dental premium rate can be found in the report titled “State of Texas Medicaid and CHIP Managed Care Dental Rate Setting FY2022”.

Attachment 9 presents the required rating index summarizing the applicable sections from the 2021-2022 Medicaid Managed Care Rate Development Guide.

VII. Actuarial Certification of FY2022 CHIP HMO Premium Rates

We, Evan L. Dial, Khiem D. Ngo, David G. Wilkes and Dustin J. Kim are with the firm of Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom). Three are Fellows of the Society of Actuaries (FSAs) and one is an Associate of the Society of Actuaries (ASA). We are all members of the American Academy of Actuaries and 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 the CHIP premium rate for the period September 1, 2021 through August 31, 2022 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the CHIP premium rate developed by HHSC and Rudd and Wisdom satisfies the following:

- (a) The premium rate has been developed in accordance with generally accepted actuarial principles and practices;
- (b) The premium rate is appropriate for the populations and services covered under the managed care contract; and
- (c) The premium rate is 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.

The assumptions, methodologies and factors used in developing the certified capitation rates are based on valid rate development standards and 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. All rates have been developed based on the actual managed care experience of the covered populations. Any services subject to varying FFP have been separately identified and documented throughout this report.

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 438.3(c), 438.3(e), 438.4, 438.5, 438.6 and 438.7. Any health plan contracting with the State should analyze its own projected premium needs before deciding whether to contract with the State.



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



David G. Wilkes, F.S.A., M.A.A.A.



Khiem D. Ngo, F.S.A., M.A.A.A.



Dustin J. Kim, A.S.A., M.A.A.A.

VIII. Attachments

Attachment 1 – Summary of FY2022 CHIP Medical and Pharmacy Rating Analysis

Attachment 2 – Individual Health Plan Experience Analysis

Attachment 3 – Community Experience Analysis

Attachment 4 – Trend Analysis

Attachment 5 – Provider Reimbursement and Benefit Adjustment Factors

Attachment 6 – Acuity Risk Adjustment

Attachment 7 – Delivery Supplemental Payment

Attachment 8 – Pay-for-Quality (P4Q) Program

Attachment 9 – Index for 2021-2022 Medicaid Managed Care Rate Development Guide

Attachment 1

Summary of FY2022 CHIP Medical and Pharmacy Rating Analysis

Exhibit A presents summary information regarding the FY2022 CHIP health plan rates. Included on the exhibit are current (FY2021) premium rates, split between medical, prescription drug, and delivery supplemental payment (DSP) components; FY2022 premium rates, split between medical, prescription drug and DSP components; and a comparison of FY2021 and FY2022 premium rates.

Exhibit B presents a comparison of the projected expenditures under the current (FY2021) premium rates and the FY2022 premium rates. The projection is split by medical (includes DSP), pharmacy and dental.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall medical and pharmacy premium rates increased by an average of 2.5% which is slightly lower than the annual trend and is primarily driven by reduction in the pharmacy component of the premium rates.

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
Current (9/1/20-8/31/21) Medical Premium Rates pmpm								
Aetna - Bexar	500.76	113.80	69.35	84.00	563.18	355.33	271.23	3,100.00
Amerigroup - Bexar	500.76	114.45	66.35	67.47	563.18	306.15	271.23	3,100.00
CFHP - Bexar	500.76	126.40	98.83	100.79	563.18	373.29	271.23	3,100.00
Superior - Bexar	500.76	144.44	87.79	102.25	563.18	366.22	271.23	3,100.00
Amerigroup - Dallas	500.76	169.69	107.34	123.52	563.18	393.08	271.23	3,100.00
Molina - Dallas	500.76	134.13	81.44	97.93	563.18	379.82	271.23	3,100.00
Parkland - Dallas	500.76	169.35	106.82	115.94	563.18	409.93	271.23	3,100.00
El Paso Health - El Paso	500.76	113.77	91.20	108.50	563.18	356.71	271.23	3,100.00
Superior - El Paso	500.76	122.57	77.15	93.27	563.18	352.95	271.23	3,100.00
Amerigroup - Harris	500.76	153.27	98.94	114.05	563.18	449.86	271.23	3,100.00
CHC - Harris	500.76	187.79	117.41	168.74	563.18	477.48	271.23	3,100.00
Molina - Harris	500.76	133.41	52.09	46.79	563.18	489.58	271.23	3,100.00
TCHP - Harris	500.76	180.17	130.37	179.95	563.18	480.02	271.23	3,100.00
United - Harris	500.76	176.71	130.34	135.11	563.18	487.34	271.23	3,100.00
Amerigroup - Jefferson	500.76	109.97	260.33	134.50	563.18	510.38	271.23	3,100.00
CHC - Jefferson	500.76	164.71	93.60	124.23	563.18	549.93	271.23	3,100.00
Molina - Jefferson	500.76	53.39	58.77	65.07	563.18	541.58	271.23	3,100.00
TCHP - Jefferson	500.76	183.05	96.28	185.97	563.18	512.64	271.23	3,100.00
United - Jefferson	500.76	156.90	115.80	128.56	563.18	498.35	271.23	3,100.00
Firstcare - Lubbock	500.76	120.42	80.99	76.19	563.18	326.70	271.23	3,100.00
Superior - Lubbock	500.76	117.65	82.17	85.03	563.18	341.01	271.23	3,100.00
Driscoll - Nueces	500.76	169.10	144.76	188.05	563.18	387.77	271.23	3,100.00
Superior - Nueces	500.76	159.42	111.36	253.63	563.18	330.75	271.23	3,100.00
United - Nueces	500.76	117.52	57.55	116.88	563.18	272.22	271.23	3,100.00
Aetna - Tarrant	500.76	128.93	73.30	91.40	563.18	319.11	271.23	3,100.00
Amerigroup - Tarrant	500.76	126.45	80.48	140.14	563.18	333.10	271.23	3,100.00
Cook - Tarrant	500.76	138.54	95.59	142.86	563.18	337.24	271.23	3,100.00
BCBS - Travis	500.76	157.06	81.07	103.92	563.18	395.17	271.23	3,100.00
DCHP - Travis	500.76	120.02	80.26	99.81	563.18	363.21	271.23	3,100.00
Superior - Travis	500.76	130.46	88.23	108.05	563.18	410.32	271.23	3,100.00
Molina - RSA	500.76	122.26	76.92	94.07	563.18	358.23	271.23	3,100.00
Superior - RSA	500.76	121.28	81.90	98.90	563.18	376.38	271.23	3,100.00

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
Current (9/1/20-8/31/21) Prescription Drug Premium Rates pmpm								
Aetna - Bexar	19.36	17.54	24.02	31.23	7.25	58.11	81.87	
Amerigroup - Bexar	19.36	20.65	63.12	52.27	7.25	72.39	81.87	
CFHP - Bexar	19.36	19.48	34.23	37.48	7.25	61.05	81.87	
Superior - Bexar	19.36	22.26	30.41	38.02	7.25	59.89	81.87	
Amerigroup - Dallas	19.36	15.78	30.83	39.79	7.25	30.87	81.87	
Molina - Dallas	19.36	12.47	23.39	31.55	7.25	29.83	81.87	
Parkland - Dallas	19.36	15.75	30.69	37.35	7.25	32.20	81.87	
El Paso Health - El Paso	19.36	11.88	33.57	36.35	7.25	72.67	81.87	
Superior - El Paso	19.36	12.80	28.40	31.25	7.25	71.91	81.87	
Amerigroup - Harris	19.36	13.33	34.43	32.27	7.25	78.58	81.87	
CHC - Harris	19.36	18.13	29.24	32.26	7.25	82.65	81.87	
Molina - Harris	19.36	14.08	21.74	10.11	7.25	65.34	81.87	
TCHP - Harris	19.36	17.40	32.47	34.40	7.25	83.09	81.87	
United - Harris	19.36	17.06	32.46	25.83	7.25	84.35	81.87	
Amerigroup - Jefferson	19.36	10.99	65.11	30.16	7.25	73.63	81.87	
CHC - Jefferson	19.36	13.57	51.98	32.60	7.25	72.66	81.87	
Molina - Jefferson	19.36	14.19	27.19	8.36	7.25	55.48	81.87	
TCHP - Jefferson	19.36	16.01	32.88	32.33	7.25	85.30	81.87	
United - Jefferson	19.36	22.44	42.24	37.28	7.25	83.86	81.87	
Firstcare - Lubbock	19.36	13.80	37.88	35.24	7.25	53.65	81.87	
Superior - Lubbock	19.36	10.87	36.07	42.78	7.25	49.91	81.87	
Driscoll - Nueces	19.36	17.77	56.41	43.81	7.25	77.30	81.87	
Superior - Nueces	19.36	15.01	54.09	62.63	7.25	59.72	81.87	
United - Nueces	19.36	14.56	22.04	54.11	7.25	67.94	81.87	
Aetna - Tarrant	19.36	13.52	26.74	28.78	7.25	101.07	81.87	
Amerigroup - Tarrant	19.36	13.25	29.35	44.13	7.25	105.50	81.87	
Cook - Tarrant	19.36	14.52	34.86	44.99	7.25	106.81	81.87	
BCBS - Travis	19.36	14.47	36.30	35.63	7.25	33.31	81.87	
DCHP - Travis	19.36	12.60	37.30	48.74	7.25	27.45	81.87	
Superior - Travis	19.36	12.02	39.50	37.05	7.25	34.58	81.87	
Molina - RSA	19.36	18.93	31.49	28.28	7.25	76.12	81.87	
Superior - RSA	19.36	18.78	33.53	29.73	7.25	79.98	81.87	

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
Current Total Premium Rates pmpm								
Aetna - Bexar	520.12	131.34	93.37	115.23	570.43	413.44	353.10	3,100.00
Amerigroup - Bexar	520.12	135.10	129.47	119.74	570.43	378.54	353.10	3,100.00
CFHP - Bexar	520.12	145.88	133.06	138.27	570.43	434.34	353.10	3,100.00
Superior - Bexar	520.12	166.70	118.20	140.27	570.43	426.11	353.10	3,100.00
Amerigroup - Dallas	520.12	185.47	138.17	163.31	570.43	423.95	353.10	3,100.00
Molina - Dallas	520.12	146.60	104.83	129.48	570.43	409.65	353.10	3,100.00
Parkland - Dallas	520.12	185.10	137.51	153.29	570.43	442.13	353.10	3,100.00
El Paso Health - El Paso	520.12	125.65	124.77	144.85	570.43	429.38	353.10	3,100.00
Superior - El Paso	520.12	135.37	105.55	124.52	570.43	424.86	353.10	3,100.00
Amerigroup - Harris	520.12	166.60	133.37	146.32	570.43	528.44	353.10	3,100.00
CHC - Harris	520.12	205.92	146.65	201.00	570.43	560.13	353.10	3,100.00
Molina - Harris	520.12	147.49	73.83	56.90	570.43	554.92	353.10	3,100.00
TCHP - Harris	520.12	197.57	162.84	214.35	570.43	563.11	353.10	3,100.00
United - Harris	520.12	193.77	162.80	160.94	570.43	571.69	353.10	3,100.00
Amerigroup - Jefferson	520.12	120.96	325.44	164.66	570.43	584.01	353.10	3,100.00
CHC - Jefferson	520.12	178.28	145.58	156.83	570.43	622.59	353.10	3,100.00
Molina - Jefferson	520.12	67.58	85.96	73.43	570.43	597.06	353.10	3,100.00
TCHP - Jefferson	520.12	199.06	129.16	218.30	570.43	597.94	353.10	3,100.00
United - Jefferson	520.12	179.34	158.04	165.84	570.43	582.21	353.10	3,100.00
Firstcare - Lubbock	520.12	134.22	118.87	111.43	570.43	380.35	353.10	3,100.00
Superior - Lubbock	520.12	128.52	118.24	127.81	570.43	390.92	353.10	3,100.00
Driscoll - Nueces	520.12	186.87	201.17	231.86	570.43	465.07	353.10	3,100.00
Superior - Nueces	520.12	174.43	165.45	316.26	570.43	390.47	353.10	3,100.00
United - Nueces	520.12	132.08	79.59	170.99	570.43	340.16	353.10	3,100.00
Aetna - Tarrant	520.12	142.45	100.04	120.18	570.43	420.18	353.10	3,100.00
Amerigroup - Tarrant	520.12	139.70	109.83	184.27	570.43	438.60	353.10	3,100.00
Cook - Tarrant	520.12	153.06	130.45	187.85	570.43	444.05	353.10	3,100.00
BCBS - Travis	520.12	171.53	117.37	139.55	570.43	428.48	353.10	3,100.00
DCHP - Travis	520.12	132.62	117.56	148.55	570.43	390.66	353.10	3,100.00
Superior - Travis	520.12	142.48	127.73	145.10	570.43	444.90	353.10	3,100.00
Molina - RSA	520.12	141.19	108.41	122.35	570.43	434.35	353.10	3,100.00
Superior - RSA	520.12	140.06	115.43	128.63	570.43	456.36	353.10	3,100.00

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Medical Premium Rates pmpm								
Aetna - Bexar	282.42	106.47	78.04	100.07	511.53	368.94	299.69	3,100.00
Amerigroup - Bexar	282.42	107.79	80.49	59.54	511.53	299.82	299.69	3,100.00
CFHP - Bexar	282.42	126.83	104.38	107.03	511.53	418.40	299.69	3,100.00
Superior - Bexar	282.42	162.63	97.69	100.74	511.53	392.43	299.69	3,100.00
Amerigroup - Dallas	282.42	169.32	117.81	124.49	511.53	397.17	299.69	3,100.00
Molina - Dallas	282.42	120.09	72.96	116.46	511.53	399.29	299.69	3,100.00
Parkland - Dallas	282.42	179.67	120.39	122.55	511.53	395.65	299.69	3,100.00
El Paso Health - El Paso	282.42	124.07	92.43	100.92	511.53	388.00	299.69	3,100.00
Superior - El Paso	282.42	115.26	78.32	103.24	511.53	387.28	299.69	3,100.00
Amerigroup - Harris	282.42	144.89	96.63	125.55	511.53	406.08	299.69	3,100.00
CHC - Harris	282.42	191.38	112.91	162.10	511.53	489.35	299.69	3,100.00
Molina - Harris	282.42	131.69	78.50	108.49	511.53	452.03	299.69	3,100.00
TCHP - Harris	282.42	195.53	129.31	189.30	511.53	503.00	299.69	3,100.00
United - Harris	282.42	189.64	114.73	137.63	511.53	489.52	299.69	3,100.00
Amerigroup - Jefferson	282.42	107.98	117.28	217.40	511.53	494.84	299.69	3,100.00
CHC - Jefferson	282.42	162.47	101.51	161.91	511.53	530.84	299.69	3,100.00
Molina - Jefferson	282.42	62.84	59.53	70.26	511.53	530.71	299.69	3,100.00
TCHP - Jefferson	282.42	158.64	120.76	276.48	511.53	496.87	299.69	3,100.00
United - Jefferson	282.42	147.23	105.66	139.87	511.53	570.50	299.69	3,100.00
Firstcare - Lubbock	282.42	125.44	85.13	88.50	511.53	352.71	299.69	3,100.00
Superior - Lubbock	282.42	128.03	86.40	91.74	511.53	362.05	299.69	3,100.00
Driscoll - Nueces	282.42	177.65	158.04	192.53	511.53	469.51	299.69	3,100.00
Superior - Nueces	282.42	181.63	117.12	358.01	511.53	352.25	299.69	3,100.00
United - Nueces	282.42	59.50	54.83	97.66	511.53	320.21	299.69	3,100.00
Aetna - Tarrant	282.42	156.15	78.52	102.14	511.53	330.61	299.69	3,100.00
Amerigroup - Tarrant	282.42	164.99	85.29	142.96	511.53	344.60	299.69	3,100.00
Cook - Tarrant	282.42	158.48	106.92	143.57	511.53	343.63	299.69	3,100.00
BCBS - Travis	282.42	194.89	79.07	106.18	511.53	388.71	299.69	3,100.00
DCHP - Travis	282.42	151.04	81.37	98.10	511.53	387.44	299.69	3,100.00
Superior - Travis	282.42	133.80	80.10	113.23	511.53	387.08	299.69	3,100.00
Molina - RSA	282.42	115.30	82.44	108.35	511.53	369.39	299.69	3,100.00
Superior - RSA	282.42	120.81	78.66	101.66	511.53	386.50	299.69	3,100.00

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Prescription Drug Premium Rates pmpm								
Aetna - Bexar	8.84	15.35	25.03	34.69	8.50	60.61	69.80	
Amerigroup - Bexar	8.84	19.68	58.83	49.41	8.50	66.32	69.80	
CFHP - Bexar	8.84	18.29	33.47	37.10	8.50	68.73	69.80	
Superior - Bexar	8.84	23.45	31.33	34.92	8.50	64.46	69.80	
Amerigroup - Dallas	8.84	14.31	29.48	38.09	8.50	31.70	69.80	
Molina - Dallas	8.84	32.03	24.58	29.28	8.50	26.29	69.80	
Parkland - Dallas	8.84	15.19	30.13	37.49	8.50	31.58	69.80	
El Paso Health - El Paso	8.84	12.56	35.00	35.45	8.50	77.08	69.80	
Superior - El Paso	8.84	11.67	29.66	36.27	8.50	76.94	69.80	
Amerigroup - Harris	8.84	11.50	34.19	35.14	8.50	75.37	69.80	
CHC - Harris	8.84	17.06	28.91	31.07	8.50	81.05	69.80	
Molina - Harris	8.84	11.74	20.10	20.79	8.50	74.87	69.80	
TCHP - Harris	8.84	17.44	33.11	36.28	8.50	83.31	69.80	
United - Harris	8.84	16.91	29.38	26.38	8.50	81.08	69.80	
Amerigroup - Jefferson	8.84	9.22	34.55	25.69	8.50	72.64	69.80	
CHC - Jefferson	8.84	12.72	59.17	38.65	8.50	83.24	69.80	
Molina - Jefferson	8.84	12.04	25.28	8.69	8.50	54.99	69.80	
TCHP - Jefferson	8.84	13.54	35.58	32.67	8.50	72.94	69.80	
United - Jefferson	8.84	16.86	40.80	35.77	8.50	89.90	69.80	
Firstcare - Lubbock	8.84	12.54	37.01	39.69	8.50	50.43	69.80	
Superior - Lubbock	8.84	9.22	34.31	39.03	8.50	48.20	69.80	
Driscoll - Nueces	8.84	16.21	57.09	46.47	8.50	78.12	69.80	
Superior - Nueces	8.84	14.69	53.79	76.22	8.50	56.99	69.80	
United - Nueces	8.84	11.97	17.65	50.84	8.50	56.78	69.80	
Aetna - Tarrant	8.84	13.64	26.20	32.71	8.50	101.88	69.80	
Amerigroup - Tarrant	8.84	14.41	28.46	45.78	8.50	106.19	69.80	
Cook - Tarrant	8.84	13.84	35.68	45.98	8.50	105.89	69.80	
BCBS - Travis	8.84	15.42	37.65	34.66	8.50	32.56	69.80	
DCHP - Travis	8.84	13.10	37.19	46.83	8.50	25.31	69.80	
Superior - Travis	8.84	10.59	38.14	36.96	8.50	32.43	69.80	
Molina - RSA	8.84	17.99	33.82	31.78	8.50	75.97	69.80	
Superior - RSA	8.84	18.85	32.27	29.81	8.50	79.49	69.80	

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Total Premium Rates pmpm								
Aetna - Bexar	291.26	121.82	103.07	134.76	520.03	429.55	369.49	3,100.00
Amerigroup - Bexar	291.26	127.47	139.32	108.95	520.03	366.14	369.49	3,100.00
CFHP - Bexar	291.26	145.12	137.85	144.13	520.03	487.13	369.49	3,100.00
Superior - Bexar	291.26	186.08	129.02	135.66	520.03	456.89	369.49	3,100.00
Amerigroup - Dallas	291.26	183.63	147.29	162.58	520.03	428.87	369.49	3,100.00
Molina - Dallas	291.26	152.12	97.54	145.74	520.03	425.58	369.49	3,100.00
Parkland - Dallas	291.26	194.86	150.52	160.04	520.03	427.23	369.49	3,100.00
El Paso Health - El Paso	291.26	136.63	127.43	136.37	520.03	465.08	369.49	3,100.00
Superior - El Paso	291.26	126.93	107.98	139.51	520.03	464.22	369.49	3,100.00
Amerigroup - Harris	291.26	156.39	130.82	160.69	520.03	481.45	369.49	3,100.00
CHC - Harris	291.26	208.44	141.82	193.17	520.03	570.40	369.49	3,100.00
Molina - Harris	291.26	143.43	98.60	129.28	520.03	526.90	369.49	3,100.00
TCHP - Harris	291.26	212.97	162.42	225.58	520.03	586.31	369.49	3,100.00
United - Harris	291.26	206.55	144.11	164.01	520.03	570.60	369.49	3,100.00
Amerigroup - Jefferson	291.26	117.20	151.83	243.09	520.03	567.48	369.49	3,100.00
CHC - Jefferson	291.26	175.19	160.68	200.56	520.03	614.08	369.49	3,100.00
Molina - Jefferson	291.26	74.88	84.81	78.95	520.03	585.70	369.49	3,100.00
TCHP - Jefferson	291.26	172.18	156.34	309.15	520.03	569.81	369.49	3,100.00
United - Jefferson	291.26	164.09	146.46	175.64	520.03	660.40	369.49	3,100.00
Firstcare - Lubbock	291.26	137.98	122.14	128.19	520.03	403.14	369.49	3,100.00
Superior - Lubbock	291.26	137.25	120.71	130.77	520.03	410.25	369.49	3,100.00
Driscoll - Nueces	291.26	193.86	215.13	239.00	520.03	547.63	369.49	3,100.00
Superior - Nueces	291.26	196.32	170.91	434.23	520.03	409.24	369.49	3,100.00
United - Nueces	291.26	71.47	72.48	148.50	520.03	376.99	369.49	3,100.00
Aetna - Tarrant	291.26	169.79	104.72	134.85	520.03	432.49	369.49	3,100.00
Amerigroup - Tarrant	291.26	179.40	113.75	188.74	520.03	450.79	369.49	3,100.00
Cook - Tarrant	291.26	172.32	142.60	189.55	520.03	449.52	369.49	3,100.00
BCBS - Travis	291.26	210.31	116.72	140.84	520.03	421.27	369.49	3,100.00
DCHP - Travis	291.26	164.14	118.56	144.93	520.03	412.75	369.49	3,100.00
Superior - Travis	291.26	144.39	118.24	150.19	520.03	419.51	369.49	3,100.00
Molina - RSA	291.26	133.29	116.26	140.13	520.03	445.36	369.49	3,100.00
Superior - RSA	291.26	139.66	110.93	131.47	520.03	465.99	369.49	3,100.00

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Medical Premium Rate Change								
Aetna - Bexar	-43.6%	-6.4%	12.5%	19.1%	-9.2%	3.8%	10.5%	0.0%
Amerigroup - Bexar	-43.6%	-5.8%	21.3%	-11.8%	-9.2%	-2.1%	10.5%	0.0%
CFHP - Bexar	-43.6%	0.3%	5.6%	6.2%	-9.2%	12.1%	10.5%	0.0%
Superior - Bexar	-43.6%	12.6%	11.3%	-1.5%	-9.2%	7.2%	10.5%	0.0%
Amerigroup - Dallas	-43.6%	-0.2%	9.8%	0.8%	-9.2%	1.0%	10.5%	0.0%
Molina - Dallas	-43.6%	-10.5%	-10.4%	18.9%	-9.2%	5.1%	10.5%	0.0%
Parkland - Dallas	-43.6%	6.1%	12.7%	5.7%	-9.2%	-3.5%	10.5%	0.0%
El Paso Health - El Paso	-43.6%	9.1%	1.3%	-7.0%	-9.2%	8.8%	10.5%	0.0%
Superior - El Paso	-43.6%	-6.0%	1.5%	10.7%	-9.2%	9.7%	10.5%	0.0%
Amerigroup - Harris	-43.6%	-5.5%	-2.3%	10.1%	-9.2%	-9.7%	10.5%	0.0%
CHC - Harris	-43.6%	1.9%	-3.8%	-3.9%	-9.2%	2.5%	10.5%	0.0%
Molina - Harris	-43.6%	-1.3%	50.7%	131.9%	-9.2%	-7.7%	10.5%	0.0%
TCHP - Harris	-43.6%	8.5%	-0.8%	5.2%	-9.2%	4.8%	10.5%	0.0%
United - Harris	-43.6%	7.3%	-12.0%	1.9%	-9.2%	0.4%	10.5%	0.0%
Amerigroup - Jefferson	-43.6%	-1.8%	-54.9%	61.6%	-9.2%	-3.0%	10.5%	0.0%
CHC - Jefferson	-43.6%	-1.4%	8.5%	30.3%	-9.2%	-3.5%	10.5%	0.0%
Molina - Jefferson	-43.6%	17.7%	1.3%	8.0%	-9.2%	-2.0%	10.5%	0.0%
TCHP - Jefferson	-43.6%	-13.3%	25.4%	48.7%	-9.2%	-3.1%	10.5%	0.0%
United - Jefferson	-43.6%	-6.2%	-8.8%	8.8%	-9.2%	14.5%	10.5%	0.0%
Firstcare - Lubbock	-43.6%	4.2%	5.1%	16.2%	-9.2%	8.0%	10.5%	0.0%
Superior - Lubbock	-43.6%	8.8%	5.1%	7.9%	-9.2%	6.2%	10.5%	0.0%
Driscoll - Nueces	-43.6%	5.1%	9.2%	2.4%	-9.2%	21.1%	10.5%	0.0%
Superior - Nueces	-43.6%	13.9%	5.2%	41.2%	-9.2%	6.5%	10.5%	0.0%
United - Nueces	-43.6%	-49.4%	-4.7%	-16.4%	-9.2%	17.6%	10.5%	0.0%
Aetna - Tarrant	-43.6%	21.1%	7.1%	11.8%	-9.2%	3.6%	10.5%	0.0%
Amerigroup - Tarrant	-43.6%	30.5%	6.0%	2.0%	-9.2%	3.5%	10.5%	0.0%
Cook - Tarrant	-43.6%	14.4%	11.9%	0.5%	-9.2%	1.9%	10.5%	0.0%
BCBS - Travis	-43.6%	24.1%	-2.5%	2.2%	-9.2%	-1.6%	10.5%	0.0%
DCHP - Travis	-43.6%	25.8%	1.4%	-1.7%	-9.2%	6.7%	10.5%	0.0%
Superior - Travis	-43.6%	2.6%	-9.2%	4.8%	-9.2%	-5.7%	10.5%	0.0%
Molina - RSA	-43.6%	-5.7%	7.2%	15.2%	-9.2%	3.1%	10.5%	0.0%
Superior - RSA	-43.6%	-0.4%	-4.0%	2.8%	-9.2%	2.7%	10.5%	0.0%

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Prescription Drug Premium Rate Change								
Aetna - Bexar	-54.3%	-12.5%	4.2%	11.1%	17.2%	4.3%	-14.7%	
Amerigroup - Bexar	-54.3%	-4.7%	-6.8%	-5.5%	17.2%	-8.4%	-14.7%	
CFHP - Bexar	-54.3%	-6.1%	-2.2%	-1.0%	17.2%	12.6%	-14.7%	
Superior - Bexar	-54.3%	5.3%	3.0%	-8.2%	17.2%	7.6%	-14.7%	
Amerigroup - Dallas	-54.3%	-9.3%	-4.4%	-4.3%	17.2%	2.7%	-14.7%	
Molina - Dallas	-54.3%	156.9%	5.1%	-7.2%	17.2%	-11.9%	-14.7%	
Parkland - Dallas	-54.3%	-3.6%	-1.8%	0.4%	17.2%	-1.9%	-14.7%	
El Paso Health - El Paso	-54.3%	5.7%	4.3%	-2.5%	17.2%	6.1%	-14.7%	
Superior - El Paso	-54.3%	-8.8%	4.4%	16.1%	17.2%	7.0%	-14.7%	
Amerigroup - Harris	-54.3%	-13.7%	-0.7%	8.9%	17.2%	-4.1%	-14.7%	
CHC - Harris	-54.3%	-5.9%	-1.1%	-3.7%	17.2%	-1.9%	-14.7%	
Molina - Harris	-54.3%	-16.6%	-7.5%	105.6%	17.2%	14.6%	-14.7%	
TCHP - Harris	-54.3%	0.2%	2.0%	5.5%	17.2%	0.3%	-14.7%	
United - Harris	-54.3%	-0.9%	-9.5%	2.1%	17.2%	-3.9%	-14.7%	
Amerigroup - Jefferson	-54.3%	-16.1%	-46.9%	-14.8%	17.2%	-1.3%	-14.7%	
CHC - Jefferson	-54.3%	-6.3%	13.8%	18.6%	17.2%	14.6%	-14.7%	
Molina - Jefferson	-54.3%	-15.2%	-7.0%	3.9%	17.2%	-0.9%	-14.7%	
TCHP - Jefferson	-54.3%	-15.4%	8.2%	1.1%	17.2%	-14.5%	-14.7%	
United - Jefferson	-54.3%	-24.9%	-3.4%	-4.1%	17.2%	7.2%	-14.7%	
Firstcare - Lubbock	-54.3%	-9.1%	-2.3%	12.6%	17.2%	-6.0%	-14.7%	
Superior - Lubbock	-54.3%	-15.2%	-4.9%	-8.8%	17.2%	-3.4%	-14.7%	
Driscoll - Nueces	-54.3%	-8.8%	1.2%	6.1%	17.2%	1.1%	-14.7%	
Superior - Nueces	-54.3%	-2.1%	-0.6%	21.7%	17.2%	-4.6%	-14.7%	
United - Nueces	-54.3%	-17.8%	-19.9%	-6.0%	17.2%	-16.4%	-14.7%	
Aetna - Tarrant	-54.3%	0.9%	-2.0%	13.7%	17.2%	0.8%	-14.7%	
Amerigroup - Tarrant	-54.3%	8.8%	-3.0%	3.7%	17.2%	0.7%	-14.7%	
Cook - Tarrant	-54.3%	-4.7%	2.4%	2.2%	17.2%	-0.9%	-14.7%	
BCBS - Travis	-54.3%	6.6%	3.7%	-2.7%	17.2%	-2.3%	-14.7%	
DCHP - Travis	-54.3%	4.0%	-0.3%	-3.9%	17.2%	-7.8%	-14.7%	
Superior - Travis	-54.3%	-11.9%	-3.4%	-0.2%	17.2%	-6.2%	-14.7%	
Molina - RSA	-54.3%	-5.0%	7.4%	12.4%	17.2%	-0.2%	-14.7%	
Superior - RSA	-54.3%	0.4%	-3.8%	0.3%	17.2%	-0.6%	-14.7%	

FY2022 CHIP Rating Summary

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborns 198%-202%	Perinate <198%	Perinate 198%-202%	DSP
FY2022 Total Premium Rate Change								
Aetna - Bexar	-44.0%	-7.2%	10.4%	16.9%	-8.8%	3.9%	4.6%	0.0%
Amerigroup - Bexar	-44.0%	-5.6%	7.6%	-9.0%	-8.8%	-3.3%	4.6%	0.0%
CFHP - Bexar	-44.0%	-0.5%	3.6%	4.2%	-8.8%	12.2%	4.6%	0.0%
Superior - Bexar	-44.0%	11.6%	9.2%	-3.3%	-8.8%	7.2%	4.6%	0.0%
Amerigroup - Dallas	-44.0%	-1.0%	6.6%	-0.4%	-8.8%	1.2%	4.6%	0.0%
Molina - Dallas	-44.0%	3.8%	-7.0%	12.6%	-8.8%	3.9%	4.6%	0.0%
Parkland - Dallas	-44.0%	5.3%	9.5%	4.4%	-8.8%	-3.4%	4.6%	0.0%
El Paso Health - El Paso	-44.0%	8.7%	2.1%	-5.9%	-8.8%	8.3%	4.6%	0.0%
Superior - El Paso	-44.0%	-6.2%	2.3%	12.0%	-8.8%	9.3%	4.6%	0.0%
Amerigroup - Harris	-44.0%	-6.1%	-1.9%	9.8%	-8.8%	-8.9%	4.6%	0.0%
CHC - Harris	-44.0%	1.2%	-3.3%	-3.9%	-8.8%	1.8%	4.6%	0.0%
Molina - Harris	-44.0%	-2.8%	33.6%	127.2%	-8.8%	-5.0%	4.6%	0.0%
TCHP - Harris	-44.0%	7.8%	-0.3%	5.2%	-8.8%	4.1%	4.6%	0.0%
United - Harris	-44.0%	6.6%	-11.5%	1.9%	-8.8%	-0.2%	4.6%	0.0%
Amerigroup - Jefferson	-44.0%	-3.1%	-53.3%	47.6%	-8.8%	-2.8%	4.6%	0.0%
CHC - Jefferson	-44.0%	-1.7%	10.4%	27.9%	-8.8%	-1.4%	4.6%	0.0%
Molina - Jefferson	-44.0%	10.8%	-1.3%	7.5%	-8.8%	-1.9%	4.6%	0.0%
TCHP - Jefferson	-44.0%	-13.5%	21.0%	41.6%	-8.8%	-4.7%	4.6%	0.0%
United - Jefferson	-44.0%	-8.5%	-7.3%	5.9%	-8.8%	13.4%	4.6%	0.0%
Firstcare - Lubbock	-44.0%	2.8%	2.8%	15.0%	-8.8%	6.0%	4.6%	0.0%
Superior - Lubbock	-44.0%	6.8%	2.1%	2.3%	-8.8%	4.9%	4.6%	0.0%
Driscoll - Nueces	-44.0%	3.7%	6.9%	3.1%	-8.8%	17.8%	4.6%	0.0%
Superior - Nueces	-44.0%	12.5%	3.3%	37.3%	-8.8%	4.8%	4.6%	0.0%
United - Nueces	-44.0%	-45.9%	-8.9%	-13.2%	-8.8%	10.8%	4.6%	0.0%
Aetna - Tarrant	-44.0%	19.2%	4.7%	12.2%	-8.8%	2.9%	4.6%	0.0%
Amerigroup - Tarrant	-44.0%	28.4%	3.6%	2.4%	-8.8%	2.8%	4.6%	0.0%
Cook - Tarrant	-44.0%	12.6%	9.3%	0.9%	-8.8%	1.2%	4.6%	0.0%
BCBS - Travis	-44.0%	22.6%	-0.6%	0.9%	-8.8%	-1.7%	4.6%	0.0%
DCHP - Travis	-44.0%	23.8%	0.9%	-2.4%	-8.8%	5.7%	4.6%	0.0%
Superior - Travis	-44.0%	1.3%	-7.4%	3.5%	-8.8%	-5.7%	4.6%	0.0%
Molina - RSA	-44.0%	-5.6%	7.2%	14.5%	-8.8%	2.5%	4.6%	0.0%
Superior - RSA	-44.0%	-0.3%	-3.9%	2.2%	-8.8%	2.1%	4.6%	0.0%

FY2022 CHIP Rating Summary
Projected Expenditures

	Projected PMPM		Projected FY2022 Premium		% Rate Change
	<u>FY2021 Rates</u>	<u>FY2022 Rates</u>	<u>FY2021 Rates</u>	<u>FY2022 Rates</u>	
Medical (1)	140.46	144.93	530,940,258	547,807,474	3.2%
Pharmacy	32.83	32.72	124,095,075	123,692,625	-0.3%
Dental	22.73	22.62	78,932,914	78,574,322	-0.5%
Total			733,968,247	750,074,421	2.2%

Notes:
(1) Includes Delivery Supplemental Payments.

Attachment 2

Individual Health Plan Experience Analysis

The following exhibits present a summary of the experience analysis performed for each participating health plan. These exhibits use hypothetical experience data from a sample health plan. The actual analysis is based on experience data provided by each plan. This data was checked for reasonableness by comparing to other data sources provided by HHSC, the EQRO and the health plan. Below is a brief description of each of the exhibits contained in this attachment.

Exhibit A. This exhibit shows monthly enrollment and earned premium by age group for the period September 2017 through February 2021. This information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report. This report includes claim amounts by payment month and month of service. We analyzed claims experience for each plan by age group for the period September 2017 through February 2021.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims. The exhibit includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 28, 2021, (iii) estimated proportion of that month's incurred claims paid through February 28, 2021 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2022 cost based on the plan's actual experience. The top of the exhibit shows summary base period enrollment, premium and claims experience. Trend assumptions for FY2021 and FY2022 are used to project the average base period claims cost to FY2022. Following that are several adjustments for benefit and provider reimbursement changes.

In addition to incurred claims, provision is also made for services that are capitated by the health plan, such as vision and behavioral health services. The cost of reinsurance is also considered. In developing the cost of reinsurance, an assumption is made regarding how much the plan is expected to receive in reinsurance recoveries (reimbursements from the reinsurance company for large claims). We have assumed that the net cost of reinsurance (reinsurance premium less reinsurance recoveries) is the minimum of (a) the actual reinsurance premium rate and (b) \$0.50 pmpm.

The rating methodology includes an explicit provision for administrative expenses. The amount allocated for administrative expenses is \$9.00 per member per month (pmpm) for the CHIP non-Perinate program and \$13.50 pmpm for the CHIP Perinate program plus 5.25% of gross premium. Provisions are also included for risk margin (1.50% of gross premium), premium tax (1.75%) and maintenance tax (\$.0725 pmpm).

At the bottom of Exhibit D is a summary of the projected FY2022 cost based on the above assumptions.

Sample Health Plan
Enrollment and Premium Experience

Month	Number of Members				Total Members	Premium	Premium pmpm
	<1	1-5	6-14	15-18			
Sep-17	124	5,188	15,901	5,132	26,345	1,912,339	72.59
Oct-17	114	4,896	15,278	4,918	25,206	1,827,852	72.52
Nov-17	104	4,410	14,441	4,721	23,676	1,719,029	72.61
Dec-17	98	4,151	13,842	4,541	22,632	1,643,508	72.62
Jan-18	84	3,945	13,248	4,363	21,640	1,569,212	72.51
Feb-18	80	3,778	12,940	4,286	21,084	1,529,380	72.54
Mar-18	85	3,602	12,610	4,236	20,533	1,493,965	72.76
Apr-18	72	3,458	12,326	4,107	19,963	1,448,064	72.54
May-18	68	3,360	12,063	4,013	19,504	1,413,847	72.49
Jun-18	57	3,315	11,940	3,987	19,299	1,396,455	72.36
Jul-18	54	3,298	11,968	4,010	19,330	1,398,322	72.34
Aug-18	48	3,276	11,957	4,033	19,314	1,396,413	72.30
Sep-18	52	3,228	11,979	4,045	19,304	1,497,835	77.59
Oct-18	44	3,134	11,888	3,989	19,055	1,473,875	77.35
Nov-18	45	3,062	11,636	3,994	18,737	1,453,300	77.56
Dec-18	46	3,004	11,658	3,966	18,674	1,446,630	77.47
Jan-19	43	2,927	11,618	3,986	18,574	1,438,250	77.43
Feb-19	42	2,904	11,562	3,948	18,456	1,428,000	77.37
Mar-19	45	2,878	11,497	3,941	18,361	1,422,305	77.46
Apr-19	45	2,910	11,557	3,950	18,463	1,430,030	77.46
May-19	45	2,927	11,645	3,985	18,603	1,440,864	77.45
Jun-19	46	2,950	11,747	4,021	18,764	1,453,372	77.46
Jul-19	46	2,982	11,862	4,058	18,949	1,467,683	77.45
Aug-19	47	3,013	11,992	4,103	19,155	1,483,648	77.45
Sep-19	46	3,002	11,971	4,090	19,109	1,449,030	75.83
Oct-19	45	2,991	11,950	4,077	19,063	1,444,963	75.80
Nov-19	44	2,980	11,929	4,064	19,017	1,440,896	75.77
Dec-19	43	2,969	11,908	4,051	18,971	1,436,829	75.74
Jan-20	42	2,958	11,887	4,038	18,925	1,432,762	75.71
Feb-20	41	2,947	11,866	4,025	18,879	1,428,695	75.67
Mar-20	40	2,936	11,845	4,012	18,833	1,424,628	75.64
Apr-20	44	2,964	11,847	4,040	18,895	1,431,973	75.79
May-20	44	2,994	11,965	4,080	19,083	1,446,064	75.78
Jun-20	43	3,024	12,085	4,121	19,273	1,459,960	75.75
Jul-20	43	3,039	12,145	4,142	19,369	1,467,176	75.75
Aug-20	47	3,059	12,226	4,170	19,502	1,478,560	75.82
Sep-20	47	3,065	12,252	4,179	19,543	1,561,595	79.91
Oct-20	47	3,068	12,264	4,183	19,562	1,563,110	79.91
Nov-20	47	3,075	12,292	4,193	19,607	1,566,706	79.91
Dec-20	45	3,078	12,304	4,197	19,624	1,567,980	79.90
Jan-21	48	3,081	12,316	4,201	19,646	1,569,858	79.91
Feb-21	46	3,084	12,328	4,205	19,663	1,571,132	79.90
FY2018	988	46,677	158,514	52,347	258,526	18,748,386	72.52
FY2019	547	35,920	140,641	47,987	225,095	17,435,792	77.46
FY2020	520	35,865	143,623	48,913	228,922	17,341,535	75.75
3/19-2/20	534	35,510	141,811	48,407	226,262	17,331,077	76.60

Sample Health Plan
 CHIP Incurred Claims Summary Lag Report

Month Incurred	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Ages 6-14															
Sep-17	98,844	301,670	120,017	19,287	3,265	6,474	1,850	2,341	1,704	316	1,347	807	306	0	160
Oct-17		86,099	328,120	197,976	18,651	12,689	-1,201	-254	838	990	146	7,384	0	0	1,735
Nov-17			17,351	367,907	68,405	39,292	5,651	3,370	7,579	1,947	657	-57	0	-43	32
Dec-17				79,890	251,389	123,262	19,456	6,304	2,806	2,392	107	-157	-1,160	66	-30
Jan-18					17,198	383,437	95,120	15,460	4,917	5,241	94	3	849	301	371
Feb-18						58,788	330,673	63,094	25,904	8,509	2,334	-1,095	466	0	0
Mar-18							37,050	375,045	87,951	25,614	3,633	1,463	902	-2,288	956
Apr-18								49,356	358,033	79,963	16,664	7,310	348	3,833	720
May-18									50,126	340,480	109,840	31,914	7,497	6,509	1,813
Jun-18										43,481	290,289	255,510	13,292	7,486	1,683
Jul-18											20,983	305,586	130,515	70,186	4,511
Aug-18												32,812	371,147	109,441	16,108
Sep-18													50,488	529,966	240,552
Oct-18														6,091	398,876
Nov-18															14,019

Sample Health Plan
 Estimated Claims Experience

Month	Ages 6-14						Ages 15-18					
	Members	Inc & Pd Claims	Compl Factor	Est. Inc. Claims	Est. Inc. pmpm	Trend Factor	Members	Inc & Pd Claims	Compl Factor	Est. Inc. Claims	Est. Inc. pmpm	Trend Factor
Sep-17	15,901	558,351	1.000	558,351	35.11		5,132	197,614	1.000	197,614	38.51	
Oct-17	15,278	654,945	1.000	654,945	42.87		4,918	219,280	1.000	219,280	44.59	
Nov-17	14,441	512,126	1.000	512,126	35.46		4,721	145,363	1.000	145,363	30.79	
Dec-17	13,842	481,758	1.000	481,758	34.80		4,541	173,388	1.000	173,388	38.18	
Jan-18	13,248	524,336	1.000	524,336	39.58		4,363	152,657	1.000	152,657	34.99	
Feb-18	12,940	488,266	1.000	488,266	37.73		4,286	162,354	1.000	162,354	37.88	
Mar-18	12,610	530,040	1.000	530,040	42.03		4,236	194,139	1.000	194,139	45.83	
Apr-18	12,326	517,116	1.000	517,116	41.95		4,107	157,314	1.000	157,314	38.30	
May-18	12,063	546,601	1.000	546,601	45.31		4,013	124,140	1.000	124,140	30.93	
Jun-18	11,940	626,076	1.000	626,076	52.44		3,987	109,522	1.000	109,522	27.47	
Jul-18	11,968	543,697	1.000	543,697	45.43		4,010	164,529	1.000	164,529	41.03	
Aug-18	11,957	545,204	1.000	545,204	45.60		4,033	148,171	1.000	148,171	36.74	
Sep-18	11,979	883,569	1.000	883,569	73.76	2.101	4,045	121,542	1.000	121,542	30.05	0.780
Oct-18	11,888	726,038	1.000	726,038	61.07	1.425	3,989	136,479	1.000	136,479	34.21	0.767
Nov-18	11,636	689,010	1.000	689,010	59.21	1.670	3,994	131,288	1.000	131,288	32.87	1.068
Dec-18	11,658	631,106	1.000	631,106	54.14	1.555	3,966	112,702	1.000	112,702	28.42	0.744
Jan-19	11,618	673,253	1.000	673,253	57.95	1.464	3,986	156,610	1.000	156,610	39.29	1.123
Feb-19	11,562	920,872	1.000	920,872	79.65	2.111	3,948	174,974	1.000	174,974	44.32	1.170
Mar-19	11,497	905,576	1.000	905,576	78.77	1.874	3,941	123,638	1.000	123,638	31.37	0.685
Apr-19	11,557	721,089	1.000	721,089	62.40	1.487	3,950	133,668	1.000	133,668	33.84	0.883
May-19	11,645	807,072	1.000	807,072	69.30	1.529	3,985	107,791	1.000	107,791	27.05	0.874
Jun-19	11,747	688,476	1.000	688,476	58.61	1.118	4,021	157,910	1.000	157,910	39.27	1.430
Jul-19	11,862	608,947	1.000	608,947	51.33	1.130	4,058	160,277	1.000	160,277	39.50	0.963
Aug-19	11,992	569,289	1.000	569,289	47.47	1.041	4,103	172,673	1.000	172,673	42.08	1.145
Sep-19	11,971	663,520	1.000	663,520	55.43	0.751	4,090	138,374	1.000	138,374	33.83	1.126
Oct-19	11,950	598,716	1.000	598,716	50.10	0.820	4,077	150,967	1.000	150,967	37.02	1.082
Nov-19	11,929	660,770	1.000	660,770	55.39	0.935	4,064	149,593	1.000	149,593	36.81	1.120
Dec-19	11,908	573,589	1.000	573,589	48.17	0.890	4,051	143,090	1.000	143,090	35.32	1.243
Jan-20	11,887	635,506	1.000	635,506	53.46	0.923	4,038	184,225	1.000	184,225	45.62	1.161
Feb-20	11,866	521,422	1.000	521,422	43.94	0.552	4,025	166,286	1.000	166,286	41.31	0.932
Mar-20	11,845	753,968	1.000	753,968	63.65	0.808	4,012	168,218	1.000	168,218	41.92	1.336
Apr-20	11,847	789,166	1.000	789,166	66.61	1.068	4,040	181,051	1.000	181,051	44.81	1.324
May-20	11,965	530,716	1.000	530,716	44.36	0.640	4,080	182,148	1.000	182,148	44.64	1.651
Jun-20	12,085	493,401	1.000	493,401	40.83	0.697	4,121	227,718	1.000	227,718	55.26	1.407
Jul-20	12,145	603,945	1.000	603,945	49.73	0.969	4,142	154,049	1.000	154,049	37.19	0.942
Aug-20	12,226	734,285	1.000	734,285	60.06	1.265	4,170	282,268	0.998	282,833	67.83	1.612
Sep-20	12,252	601,308	1.000	601,308	49.08	0.885	4,179	186,424	0.996	187,173	44.79	1.324
Oct-20	12,264	574,896	0.999	575,471	46.92	0.937	4,183	167,963	0.992	169,318	40.48	1.093

Sample Health Plan
 Estimated Claims Experience

Month	Ages 6-14						Ages 15-18					
	Members	Inc & Pd Claims	Compl Factor	Est. Inc. Claims	Est. Inc. pmpm	Trend Factor	Members	Inc & Pd Claims	Compl Factor	Est. Inc. Claims	Est. Inc. pmpm	Trend Factor
Nov-20	12,292	568,615	0.998	569,754	46.35	0.837	4,193	160,190	0.988	162,135	38.67	1.051
Dec-20	12,304	527,662	0.992	531,917	43.23	0.897	4,197	140,761	0.980	143,634	34.22	0.969
Jan-21	12,316	480,186	0.956	502,287	40.78	0.763	4,201	120,835	0.930	129,930	30.93	0.678
Feb-21	12,328	37,308	0.758	49,220	3.99	0.091	4,205	117,532	0.650	180,819	43.00	1.041
FY2018	158,514			6,528,516	41.19		52,347			1,948,470	37.22	
FY2019	140,641			8,824,296	62.74	1.523	47,987			1,689,551	35.21	0.946
FY2020	143,623			7,559,003	52.63	0.839	48,913			2,128,554	43.52	1.236
3/18-2/19	143,205			7,832,581	54.69		48,314			1,731,409	35.84	
3/19-2/20	141,811			7,953,971	56.09	1.025	48,407			1,788,492	36.95	1.031

Sample Health Plan
 Experienced Based Renewal Rating
 Projection Period: FY2022 (9/1/2021 - 8/31/2022)

	<1		1-5		6-14		15-18		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience 3/1/2019 - 2/28/2020										
Member Months	534		35,510		141,811		48,407		226,262	
Premium Revenue	227,376	425.65	3,044,618	85.74	8,544,104	60.25	5,335,867	110.23	17,151,966	75.81
Adjusted Premium (Current Rates)	64,503	120.75	3,027,573	85.26	10,632,978	74.98	4,354,664	89.96	18,079,718	79.91
Estimated Incurred Claims	48,251	90.33	2,254,965	63.50	7,953,971	56.09	1,788,492	36.95	12,045,679	53.24
Projected FY2022 Member Months	335		27,561		119,625		44,598		192,119	
Projected FY2022 Premium Current Rates	40,451	120.75	2,349,851	85.26	8,969,483	74.98	4,012,036	89.96	15,371,821	80.01
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %			
Provider Reimbursement Adjustment	1.0009		1.0105		1.0023		1.0003			
Other Reimbursement Changes	1.0000		1.0000		1.0000		0.9997			
Inpatient Reimbursement Changes	0.9784		0.9879		0.9903		0.9857			
FQHC & Other Adjustments	0.9493		0.9697		0.9631		0.9726			
Projected Incurred Claims	32,006	95.54	1,927,794	69.95	7,298,333	61.01	1,797,409	40.30	11,055,542	57.55
Capitation Expenses										
Vision		1.00		1.00		1.00		1.00		
Behavioral Health		2.50		2.50		2.50		2.50		
Other		0.50		0.50		0.50		0.50		
Total	1,340	4.00	110,244	4.00	478,500	4.00	178,392	4.00	768,476	4.00
Reinsurance Expenses										
Gross Premium		1.25		1.25		1.25		1.25		
Projected Reinsurance Recoveries		0.75		0.75		0.75		0.75		
Net Reinsurance Cost	168	0.50	13,781	0.50	59,813	0.50	22,299	0.50	96,060	0.50

Sample Health Plan
 Experienced Based Renewal Rating
 Projection Period: FY2022 (9/1/2021 - 8/31/2022)

	<1		1-5		6-14		15-18		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Administrative Expenses										
Fixed Amount	3,015	9.00	248,049	9.00	1,076,625	9.00	401,382	9.00	1,729,071	9.00
Percentage of Premium	5.25 %	6.26	5.25 %	4.79	5.25 %	4.28	5.25 %	3.09	5.25 %	4.08
Risk Margin	1.50 %	1.79	1.50 %	1.37	1.50 %	1.22	1.50 %	0.88	1.50 %	1.17
Premium Tax	1.75 %	2.09	1.75 %	1.60	1.75 %	1.43	1.75 %	1.03	1.75 %	1.36
Maintenance Tax	24	0.0725	1,998	0.0725	8,673	0.0725	3,233	0.0725	13,929	0.0725
Projected Total Cost	39,948	119.25	2,515,700	91.28	9,750,758	81.51	2,625,919	58.88	14,932,324	77.72
Experience Rate Increase		-1.2%		7.1%		8.7%		-34.5%		-2.9%

Attachment 3

Community Experience Analysis - Medical

The following exhibits present a summary of the experience analysis performed for each service area. HHSC utilizes an adjusted community rating methodology in setting the CHIP premium rates. The base community rates by age group vary by service area but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2022 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2022 members enrolled in each health plan.

Below is a brief description of each of the exhibits contained in the attachment. The exhibits present the derivation of the FY2022 CHIP medical community premium rates for the following service areas:

- Exhibit A.1 – Bexar Area
- Exhibit B.1 – Dallas Area
- Exhibit C.1 – El Paso Area
- Exhibit D.1 – Harris Area
- Exhibit E.1 – Jefferson Area
- Exhibit F.1 – Lubbock Area
- Exhibit G.1 – Nueces Area
- Exhibit H.1 – Rural Service Area (RSA)
- Exhibit I.1 – Tarrant Area
- Exhibit J.1 – Travis Area
- Exhibit K.1 – Statewide

These exhibits show projected FY2022 experience for each of the service areas. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual HMOs is described in Attachment 2. The top of the exhibit shows summary base period enrollment, premium and claims experience. Trend assumptions are used to project the average base period claims cost to FY2022. Following that are several adjustments to the base period claims cost to account for benefit and provider reimbursement changes.

In addition to incurred claims, provision is also made for services that are capitated by the HMOs, such as vision and behavioral health services. The cost of reinsurance is also considered. In developing the cost of reinsurance we make an assumption regarding how much the HMO is expected to receive in reinsurance recoveries (reimbursements from the reinsurance company for large claims). We have assumed that the net cost of reinsurance (reinsurance premium less reinsurance recoveries) is the minimum of (a) the actual reinsurance premium rate and (b) \$0.50 pmpm.

The rating methodology includes an explicit provision for administrative expenses. The amount allocated for administrative expenses is \$9.00 per member per month (pmpm) for the CHIP non-Perinate program and \$13.50 pmpm for the CHIP Perinate program plus 5.25% of gross premium. Provisions are also included for risk margin (1.50% of gross premium), premium tax (1.75%) and maintenance tax (\$.0725 pmpm).

At the bottom of the exhibit is a summary of the projected FY2022 cost based on these assumptions. Cost projections are presented both with and without the inclusion of maternity expenses.

Community Experience Analysis – Pharmacy

The following exhibits present a summary of the pharmacy experience analysis performed for each CHIP service area for pharmacy services. As with medical, HHSC utilizes a community rating methodology in setting the pharmacy capitation rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2022 CHIP pharmacy community capitation rates for the following service areas:

- Exhibit A.2 – Bexar Area
- Exhibit B.2 – Dallas Area
- Exhibit C.2 – El Paso Area
- Exhibit D.2 – Harris Area
- Exhibit E.2 – Jefferson Area
- Exhibit F.2 – Lubbock Area
- Exhibit G.2 – Nueces Area
- Exhibit H.2 – Rural Service Area (RSA)
- Exhibit I.2 – Tarrant Area
- Exhibit J.2 – Travis Area
- Exhibit K.2 – Statewide

These exhibits present projected FY2022 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The top portion of the exhibit shows summary base period experience and projected FY2022 enrollment and incurred claims experience.

A provision for administrative expenses is included in the amount of \$1.60 pmpm. Additional provisions are also included for premium tax (1.75% of premium) and risk margin (1.50% of premium).

The bottom of the exhibit shows a summary of the projected FY2022 cost based on these assumptions.

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	62		86,984		199,238		69,368	
Estimated Incurred Claims								
Professional	3,317	53.51	4,993,325	57.41	6,528,444	32.77	2,471,864	35.63
Emergency Room	16	0.26	376,165	4.32	602,697	3.03	282,372	4.07
Outpatient Facility	830	13.38	1,206,282	13.87	2,538,644	12.74	1,264,695	18.23
Inpatient Facility	262	4.22	1,236,905	14.22	3,561,543	17.88	756,788	10.91
Others	0	0.00	1,176,669	13.53	1,347,094	6.76	540,865	7.80
Total	4,425	71.37	8,989,346	103.34	14,578,422	73.17	5,316,585	76.64
Projected FY2022 Member Months	15		43,272		133,620		50,700	
Projected FY2022 Premiums								
Current Rates	7,511	500.76	5,703,410	131.80	12,218,897	91.45	5,024,187	99.10
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0197		1.0072		1.0103	
Other Reimbursement Changes	1.0000		1.0000		1.0000		0.9950	
Inpatient Reimbursement Changes	1.0000		0.9970		0.9969		0.9962	
FQHC & Other Adjustments	0.9451		0.9743		0.9695		0.9763	
Projected Incurred Claims	1,151	76.75	5,039,918	116.47	10,829,743	81.05	4,322,836	85.26
Capitation & Other Expenses/Refunds								
Total	4	0.28	53,241	1.23	173,393	1.30	71,619	1.41
Reinsurance Expenses								
Net Reinsurance Cost	1	0.04	10,866	0.25	37,177	0.28	15,015	0.30
Administrative Expenses								
Fixed Amount	135	9.00	389,448	9.00	1,202,580	9.00	456,300	9.00
Percentage of Premium	5.25 %	4.94	5.25 %	7.29	5.25 %	5.26	5.25 %	5.51
Risk Margin	1.50 %	1.41	1.50 %	2.08	1.50 %	1.50	1.50 %	1.57
Premium Tax	1.75 %	1.65	1.75 %	2.43	1.75 %	1.75	1.75 %	1.84
Maintenance Tax	1	0.0725	3,137	0.0725	9,687	0.0725	3,676	0.0725
Projected Total Cost	1,412	94.15	6,007,225	138.82	13,390,799	100.22	5,321,799	104.97
Adjusted Total Cost	1,412	94.15	6,007,225	138.82	13,390,799	100.22	5,321,799	104.97
Experience Rate Increase		-81.2 %		5.3 %		9.6 %		5.9 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	109		16,178		373		372,312	
Estimated Incurred Claims								
Professional	36,406	334.00	3,682,375	227.62	51,527	138.14		
Emergency Room	173	1.59	21,502	1.33	0	0.00		
Outpatient Facility	6,431	59.00	1,329,553	82.18	9,604	25.75		
Inpatient Facility	232,001	2,128.45	186,032	11.50	23,178	62.14		
Others	2,159	19.81	544,076	33.63	6,287	16.85		
Total	277,171	2,542.85	5,763,538	356.26	90,595	242.88	35,020,082	94.06
Projected FY2022 Member Months	157		14,280		276		242,320	
Projected FY2022 Premiums								
Current Rates	88,419	563.18	5,108,205	357.72	74,859	271.23	28,225,489	116.48
Current DSP Rates	0	0.00	0	0.00	33,540	121.52	33,540	0.14
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0008		1.0000			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9995		1.0014		0.9991			
FQHC & Other Adjustments	0.9933		0.9020		0.3268			
Projected Incurred Claims	431,930	2,751.15	5,011,713	350.96	23,852	86.42	25,661,144	105.90
Capitation & Other Expenses/Refunds								
Total	-176	-1.12	-24,839	-1.74	-427	-1.55	272,815	1.13
Reinsurance Expenses								
Net Reinsurance Cost	1	0.00	936	0.07	12	0.04	64,008	0.26
Administrative Expenses								
Fixed Amount	2,120	13.50	192,780	13.50	3,726	13.50	2,247,089	9.27
Percentage of Premium	5.25 %	158.57	5.25 %	20.82	5.25 %	5.65	5.25 %	6.69
Risk Margin	1.50 %	45.30	1.50 %	5.95	1.50 %	1.61	1.50 %	1.91
Premium Tax	1.75 %	52.86	1.75 %	6.94	1.75 %	1.88	1.75 %	2.23
Maintenance Tax	11	0.0725	1,035	0.0725	20	0.0725	17,568	0.0725
Projected Total Cost	474,192	3,020.33	5,662,978	396.57	29,708	107.64	30,888,113	127.47
Adjusted Total Cost	474,192	3,020.33	5,662,978	396.57	-3,831	-13.88	30,854,573	127.33
Experience Rate Increase		436.3 %		10.9 %		-105.1 %		9.3 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	138		165,604		404,048		134,327	
Estimated Incurred Claims								
Professional	10,271	74.43	7,184,524	43.38	9,840,035	24.35	2,944,826	21.92
Emergency Room	1,810	13.12	4,341,006	26.21	6,054,051	14.98	2,055,649	15.30
Outpatient Facility	14,585	105.69	5,555,819	33.55	9,393,245	23.25	3,882,269	28.90
Inpatient Facility	0	0.00	1,648,814	9.96	5,834,182	14.44	1,987,390	14.80
Others	24	0.18	2,607,601	15.75	3,104,403	7.68	1,262,761	9.40
Total	26,690	193.41	21,337,763	128.85	34,225,915	84.71	12,132,895	90.32
Projected FY2022 Member Months	38		87,948		278,976		101,712	
Projected FY2022 Premiums								
Current Rates	19,029	500.76	14,679,918	166.92	29,419,892	105.46	12,119,864	119.16
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0127		1.0028		1.0008	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	0.9638		0.9939		1.0045		0.9878	
FQHC & Other Adjustments	0.9960		0.9912		0.9902		0.9922	
Projected Incurred Claims	8,027	211.23	12,863,689	146.26	26,819,918	96.14	10,253,335	100.81
Capitation & Other Expenses/Refunds								
Total	137	3.59	223,710	2.54	708,948	2.54	257,222	2.53
Reinsurance Expenses								
Net Reinsurance Cost	1	0.01	3,270	0.04	9,096	0.03	3,174	0.03
Administrative Expenses								
Fixed Amount	342	9.00	791,532	9.00	2,510,784	9.00	915,408	9.00
Percentage of Premium	5.25 %	12.85	5.25 %	9.06	5.25 %	6.18	5.25 %	6.45
Risk Margin	1.50 %	3.67	1.50 %	2.59	1.50 %	1.77	1.50 %	1.84
Premium Tax	1.75 %	4.28	1.75 %	3.02	1.75 %	2.06	1.75 %	2.15
Maintenance Tax	3	0.0725	6,376	0.0725	20,226	0.0725	7,374	0.0725
Projected Total Cost	9,299	244.72	15,178,773	172.59	32,862,264	117.80	12,498,921	122.89
Adjusted Total Cost	9,299	244.72	15,178,773	172.59	32,862,264	117.80	12,498,921	122.89
Experience Rate Increase		-51.1 %		3.4 %		11.7 %		3.1 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	272		69,168		840		774,397	
Estimated Incurred Claims								
Professional	26,585	97.74	11,963,778	172.97	179,349	213.51		
Emergency Room	6,005	22.08	157,221	2.27	22,688	27.01		
Outpatient Facility	2,048	7.53	12,027,084	173.88	137,387	163.56		
Inpatient Facility	47,238	173.67	88,017	1.27	67,785	80.70		
Others	2,857	10.50	1,036,577	14.99	11,439	13.62		
Total	84,733	311.52	25,272,677	365.38	418,647	498.39	93,499,319	120.74
Projected FY2022 Member Months	360		57,432		408		526,874	
Projected FY2022 Premiums								
Current Rates	202,745	563.18	22,655,478	394.47	110,662	271.23	79,207,587	150.33
Current DSP Rates	0	0.00	0	0.00	121,004	296.58	121,004	0.23
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0003		1.0000		1.0000			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9999		0.8829		0.9456			
FQHC & Other Adjustments	0.9238		0.9703		0.9613			
Projected Incurred Claims	112,925	313.68	19,591,975	341.13	201,448	493.75	69,851,317	132.58
Capitation & Other Expenses/Refunds								
Total	297	0.82	42,081	0.73	383	0.94	1,232,777	2.34
Reinsurance Expenses								
Net Reinsurance Cost	24	0.07	8,538	0.15	78	0.19	24,181	0.05
Administrative Expenses								
Fixed Amount	4,860	13.50	775,332	13.50	5,508	13.50	5,003,766	9.50
Percentage of Premium	5.25 %	18.83	5.25 %	20.40	5.25 %	29.17	5.25 %	8.29
Risk Margin	1.50 %	5.38	1.50 %	5.83	1.50 %	8.34	1.50 %	2.37
Premium Tax	1.75 %	6.28	1.75 %	6.80	1.75 %	9.72	1.75 %	2.76
Maintenance Tax	26	0.0725	4,164	0.0725	30	0.0725	38,198	0.0725
Projected Total Cost	129,106	358.63	22,319,224	388.62	226,718	555.68	83,224,306	157.96
Adjusted Total Cost	129,106	358.63	22,319,224	388.62	105,714	259.10	83,103,302	157.73
Experience Rate Increase		-36.3 %		-1.5 %		-4.5 %		4.9 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	9		33,328		88,347		35,154	
Estimated Incurred Claims								
Professional	828	92.02	1,944,884	58.36	3,384,205	38.31	1,415,800	40.27
Emergency Room	0	0.00	183,368	5.50	327,283	3.70	181,024	5.15
Outpatient Facility	0	0.00	414,493	12.44	735,620	8.33	402,652	11.45
Inpatient Facility	928	103.06	230,071	6.90	648,916	7.35	334,356	9.51
Others	0	0.00	85,414	2.56	203,174	2.30	192,793	5.48
Total	1,756	195.07	2,858,230	85.76	5,299,198	59.98	2,526,625	71.87
Projected FY2022 Member Months	2		18,444		60,480		25,104	
Projected FY2022 Premiums								
Current Rates	1,002	500.76	2,155,187	116.85	5,248,545	86.78	2,604,442	103.75
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0160		1.0055		1.0007	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0089		0.9992		1.0031		0.9995	
FQHC & Other Adjustments	1.0000		0.9955		0.9927		0.9881	
Projected Incurred Claims	448	223.93	1,818,870	98.62	4,132,820	68.33	2,028,865	80.82
Capitation & Other Expenses/Refunds								
Total	5	2.37	49,567	2.69	167,158	2.76	69,510	2.77
Reinsurance Expenses								
Net Reinsurance Cost	1	0.25	5,994	0.32	20,730	0.34	8,634	0.34
Administrative Expenses								
Fixed Amount	18	9.00	165,996	9.00	544,320	9.00	225,936	9.00
Percentage of Premium	5.25 %	13.52	5.25 %	6.35	5.25 %	4.62	5.25 %	5.34
Risk Margin	1.50 %	3.86	1.50 %	1.81	1.50 %	1.32	1.50 %	1.52
Premium Tax	1.75 %	4.51	1.75 %	2.12	1.75 %	1.54	1.75 %	1.78
Maintenance Tax	0	0.0725	1,337	0.0725	4,385	0.0725	1,820	0.0725
Projected Total Cost	515	257.50	2,231,436	120.98	5,321,763	87.99	2,551,656	101.64
Adjusted Total Cost	515	257.50	2,231,436	120.98	5,321,763	87.99	2,551,656	101.64
Experience Rate Increase		-48.6 %		3.5 %		1.4 %		-2.0 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	53		7,021		133		164,045	
Estimated Incurred Claims								
Professional	5,693	107.42	1,939,942	276.31	34,626	260.35		
Emergency Room	0	0.00	10,877	1.55	785	5.90		
Outpatient Facility	275	5.19	251,062	35.76	2,517	18.93		
Inpatient Facility	552	10.42	2,879	0.41	16,655	125.23		
Others	300	5.65	2,019	0.29	0	0.00		
Total	6,820	128.68	2,206,778	314.31	54,584	410.40	12,953,990	78.97
Projected FY2022 Member Months	96		5,412		120		109,658	
Projected FY2022 Premiums								
Current Rates	54,065	563.18	1,920,859	354.93	32,548	271.23	12,016,647	109.58
Current DSP Rates	0	0.00	0	0.00	50,127	417.73	50,127	0.46
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0118		1.0000		1.0000			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	1.0000		1.0000		1.0027			
FQHC & Other Adjustments	1.0000		0.9942		1.0000			
Projected Incurred Claims	13,622	141.89	1,843,004	340.54	53,816	448.47	9,891,445	90.20
Capitation & Other Expenses/Refunds								
Total	36	0.38	1,777	0.33	1	0.01	288,054	2.63
Reinsurance Expenses								
Net Reinsurance Cost	24	0.25	1,422	0.26	42	0.35	36,847	0.34
Administrative Expenses								
Fixed Amount	1,296	13.50	73,062	13.50	1,620	13.50	1,012,248	9.23
Percentage of Premium	5.25 %	8.96	5.25 %	20.35	5.25 %	26.53	5.25 %	5.88
Risk Margin	1.50 %	2.56	1.50 %	5.81	1.50 %	7.58	1.50 %	1.68
Premium Tax	1.75 %	2.99	1.75 %	6.78	1.75 %	8.84	1.75 %	1.96
Maintenance Tax	7	0.0725	392	0.0725	9	0.0725	7,950	0.0725
Projected Total Cost	16,377	170.59	2,097,986	387.65	60,643	505.36	12,280,376	111.99
Adjusted Total Cost	16,377	170.59	2,097,986	387.65	10,516	87.63	12,230,249	111.53
Experience Rate Increase		-69.7 %		9.2 %		-67.7 %		1.8 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	253		270,029		633,942		220,457	
Estimated Incurred Claims								
Professional	28,703	113.45	16,927,576	62.69	19,841,500	31.30	7,255,975	32.91
Emergency Room	5,053	19.97	5,850,512	21.67	9,664,068	15.24	5,192,440	23.55
Outpatient Facility	4,747	18.76	9,474,918	35.09	16,535,820	26.08	9,720,772	44.09
Inpatient Facility	64,533	255.07	7,452,047	27.60	9,853,782	15.54	5,840,736	26.49
Others	781	3.09	1,197,207	4.43	3,948,122	6.23	2,293,270	10.40
Total	103,818	410.35	40,902,260	151.47	59,843,292	94.40	30,303,194	137.46
Projected FY2022 Member Months	122		136,188		422,532		163,080	
Projected FY2022 Premiums								
Current Rates	61,093	500.76	24,486,909	179.80	52,447,478	124.13	27,134,935	166.39
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0006		1.0073		1.0022		1.0005	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	0.9668		0.9714		0.9698		0.9671	
FQHC & Other Adjustments	0.9817		0.9733		0.9616		0.9730	
Projected Incurred Claims	54,093	443.38	22,353,373	164.14	42,416,646	100.39	24,012,749	147.25
Capitation & Other Expenses/Refunds								
Total	270	2.22	313,373	2.30	945,360	2.24	347,318	2.13
Reinsurance Expenses								
Net Reinsurance Cost	15	0.12	15,285	0.11	46,975	0.11	17,599	0.11
Administrative Expenses								
Fixed Amount	1,098	9.00	1,225,692	9.00	3,802,788	9.00	1,467,720	9.00
Percentage of Premium	5.25 %	26.09	5.25 %	10.08	5.25 %	6.42	5.25 %	9.10
Risk Margin	1.50 %	7.46	1.50 %	2.88	1.50 %	1.83	1.50 %	2.60
Premium Tax	1.75 %	8.70	1.75 %	3.36	1.75 %	2.14	1.75 %	3.03
Maintenance Tax	9	0.0725	9,874	0.0725	30,634	0.0725	11,823	0.0725
Projected Total Cost	60,639	497.04	26,139,450	191.94	51,631,041	122.19	28,259,245	173.28
Adjusted Total Cost	60,639	497.04	26,139,450	191.94	51,631,041	122.19	28,259,245	173.28
Experience Rate Increase		-0.7 %		6.7 %		-1.6 %		4.1 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	550		123,625		1,340		1,250,196	
Estimated Incurred Claims								
Professional	65,325	118.77	40,769,156	329.78	388,966	290.27		
Emergency Room	7,241	13.16	732,937	5.93	7,771	5.80		
Outpatient Facility	40,166	73.03	11,542,938	93.37	90,431	67.49		
Inpatient Facility	62,352	113.37	53,328	0.43	400,275	298.71		
Others	289	0.53	2,265,676	18.33	3,434	2.56		
Total	175,373	318.86	55,364,035	447.84	890,876	664.83	187,582,848	150.04
Projected FY2022 Member Months	456		98,220		1,056		821,654	
Projected FY2022 Premiums								
Current Rates	256,810	563.18	46,824,712	476.73	286,419	271.23	151,498,356	184.38
Current DSP Rates	0	0.00	0	0.00	306,420	290.17	306,420	0.37
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0003		1.0002			
Other Reimbursement Changes	0.9999		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9667		0.9977		0.9982			
FQHC & Other Adjustments	0.9715		0.8819		0.9492			
Projected Incurred Claims	148,803	326.32	42,192,585	429.57	725,085	686.63	131,903,334	160.53
Capitation & Other Expenses/Refunds								
Total	306	0.67	34,362	0.35	394	0.37	1,641,382	2.00
Reinsurance Expenses								
Net Reinsurance Cost	57	0.13	15,268	0.16	163	0.15	95,363	0.12
Administrative Expenses								
Fixed Amount	6,156	13.50	1,325,970	13.50	14,256	13.50	7,843,680	9.55
Percentage of Premium	5.25 %	19.55	5.25 %	25.46	5.25 %	40.21	5.25 %	9.88
Risk Margin	1.50 %	5.59	1.50 %	7.27	1.50 %	11.49	1.50 %	2.82
Premium Tax	1.75 %	6.52	1.75 %	8.49	1.75 %	13.40	1.75 %	3.29
Maintenance Tax	33	0.0725	7,121	0.0725	77	0.0725	59,570	0.0725
Projected Total Cost	169,787	372.34	47,623,285	484.86	808,715	765.83	154,692,163	188.27
Adjusted Total Cost	169,787	372.34	47,623,285	484.86	502,295	475.66	154,385,742	187.90
Experience Rate Increase		-33.9 %		1.7 %		75.4 %		1.9 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	15		20,623		49,657		15,939	
Estimated Incurred Claims								
Professional	1,918	127.84	1,187,873	57.60	1,565,807	31.53	592,555	37.18
Emergency Room	1,921	128.04	298,532	14.48	415,050	8.36	162,556	10.20
Outpatient Facility	296	19.71	577,811	28.02	981,091	19.76	626,698	39.32
Inpatient Facility	0	0.00	269,336	13.06	1,464,233	29.49	1,687,339	105.86
Others	0	0.00	57,797	2.80	180,520	3.64	129,217	8.11
Total	4,134	275.59	2,391,350	115.96	4,606,700	92.77	3,198,365	200.66
Projected FY2022 Member Months	16		10,068		33,432		12,540	
Projected FY2022 Premiums								
Current Rates	8,012	500.76	1,661,318	165.01	3,534,309	105.72	1,901,155	151.61
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0113		1.0074		1.0089	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0000		0.9852		0.9857		0.9684	
FQHC & Other Adjustments	0.9901		0.9777		0.9786		0.9844	
Projected Incurred Claims	4,967	310.47	1,294,023	128.53	3,429,211	102.57	2,753,796	219.60
Capitation & Other Expenses/Refunds								
Total	28	1.76	17,728	1.76	59,380	1.78	20,918	1.67
Reinsurance Expenses								
Net Reinsurance Cost	2	0.09	1,118	0.11	3,737	0.11	1,212	0.10
Administrative Expenses								
Fixed Amount	144	9.00	90,612	9.00	300,888	9.00	112,860	9.00
Percentage of Premium	5.25 %	18.44	5.25 %	8.00	5.25 %	6.51	5.25 %	13.22
Risk Margin	1.50 %	5.27	1.50 %	2.29	1.50 %	1.86	1.50 %	3.78
Premium Tax	1.75 %	6.15	1.75 %	2.67	1.75 %	2.17	1.75 %	4.41
Maintenance Tax	1	0.0725	730	0.0725	2,424	0.0725	909	0.0725
Projected Total Cost	5,620	351.25	1,534,657	152.43	4,148,241	124.08	3,158,138	251.85
Adjusted Total Cost	5,620	351.25	1,534,657	152.43	4,148,241	124.08	3,158,138	251.85
Experience Rate Increase		-29.9 %		-7.6 %		17.4 %		66.1 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	45		6,053		121		92,453	
Estimated Incurred Claims								
Professional	2,909	64.64	1,454,027	240.22	16,513	136.47		
Emergency Room	0	0.00	31,539	5.21	119	0.98		
Outpatient Facility	144	3.20	942,908	155.78	7,503	62.00		
Inpatient Facility	2,940	65.33	5,217	0.86	33,429	276.27		
Others	0	0.00	117,614	19.43	0	0.00		
Total	5,993	133.17	2,551,304	421.49	57,563	475.73	12,815,409	138.62
Projected FY2022 Member Months	38		5,100		72		61,266	
Projected FY2022 Premiums								
Current Rates	21,401	563.18	2,662,729	522.10	19,529	271.23	9,808,453	160.10
Current DSP Rates	0	0.00	0	0.00	13,567	188.43	13,567	0.22
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0014		1.0000			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	1.0112		0.9992		1.0073			
FQHC & Other Adjustments	0.9557		0.9439		0.9882			
Projected Incurred Claims	5,330	140.26	2,212,546	433.83	37,159	516.09	9,737,033	158.93
Capitation & Other Expenses/Refunds								
Total	159	4.19	23,134	4.54	410	5.70	121,758	1.99
Reinsurance Expenses								
Net Reinsurance Cost	2	0.04	716	0.14	11	0.15	6,798	0.11
Administrative Expenses								
Fixed Amount	513	13.50	68,850	13.50	972	13.50	574,839	9.38
Percentage of Premium	5.25 %	9.07	5.25 %	25.94	5.25 %	30.73	5.25 %	9.78
Risk Margin	1.50 %	2.59	1.50 %	7.41	1.50 %	8.78	1.50 %	2.79
Premium Tax	1.75 %	3.02	1.75 %	8.65	1.75 %	10.24	1.75 %	3.26
Maintenance Tax	3	0.0725	370	0.0725	5	0.0725	4,442	0.0725
Projected Total Cost	6,564	172.74	2,519,800	494.08	42,139	585.26	11,415,158	186.32
Adjusted Total Cost	6,564	172.74	2,519,800	494.08	28,572	396.83	11,401,591	186.10
Experience Rate Increase		-69.3 %		-5.4 %		46.3 %		16.2 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	31		25,686		59,999		20,489	
Estimated Incurred Claims								
Professional	2,076	66.97	1,069,391	41.63	1,759,785	29.33	602,626	29.41
Emergency Room	460	14.84	139,569	5.43	221,941	3.70	119,047	5.81
Outpatient Facility	2,597	83.77	616,289	23.99	631,894	10.53	285,828	13.95
Inpatient Facility	0	0.00	201,800	7.86	561,499	9.36	362,733	17.70
Others	0	0.00	338,020	13.16	371,756	6.20	114,453	5.59
Total	5,133	165.58	2,365,069	92.08	3,546,875	59.12	1,484,687	72.46
Projected FY2022 Member Months	25		12,468		39,756		14,508	
Projected FY2022 Premiums								
Current Rates	12,519	500.76	1,484,112	119.03	3,243,896	81.60	1,171,558	80.75
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0230		1.0146		1.0185	
Other Reimbursement Changes	1.0000		1.0000		1.0000		0.9999	
Inpatient Reimbursement Changes	1.0000		1.0071		0.9967		1.0118	
FQHC & Other Adjustments	1.0000		0.9744		0.9585		0.9642	
Projected Incurred Claims	4,710	188.40	1,311,350	105.18	2,591,951	65.20	1,188,383	81.91
Capitation & Other Expenses/Refunds								
Total	33	1.31	11,466	0.92	36,147	0.91	13,151	0.91
Reinsurance Expenses								
Net Reinsurance Cost	12	0.48	3,114	0.25	9,684	0.24	3,510	0.24
Administrative Expenses								
Fixed Amount	225	9.00	112,212	9.00	357,804	9.00	130,572	9.00
Percentage of Premium	5.25 %	11.43	5.25 %	6.62	5.25 %	4.33	5.25 %	5.29
Risk Margin	1.50 %	3.27	1.50 %	1.89	1.50 %	1.24	1.50 %	1.51
Premium Tax	1.75 %	3.81	1.75 %	2.21	1.75 %	1.44	1.75 %	1.76
Maintenance Tax	2	0.0725	904	0.0725	2,882	0.0725	1,052	0.0725
Projected Total Cost	5,444	217.76	1,572,727	126.14	3,277,014	82.43	1,460,839	100.69
Adjusted Total Cost	5,444	217.76	1,572,727	126.14	3,277,014	82.43	1,460,839	100.69
Experience Rate Increase		-56.5 %		6.0 %		1.0 %		24.7 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	42		4,349		126		110,722	
Estimated Incurred Claims								
Professional	2,009	47.83	999,784	229.89	16,623	131.93		
Emergency Room	205	4.87	28,545	6.56	1,116	8.85		
Outpatient Facility	245	5.84	309,235	71.10	9,232	73.27		
Inpatient Facility	313	7.46	2,940	0.68	14,793	117.41		
Others	0	0.00	85,926	19.76	0	0.00		
Total	2,772	65.99	1,426,429	327.99	41,764	331.46	8,872,729	80.14
Projected FY2022 Member Months	48		3,516		60		70,381	
Projected FY2022 Premiums								
Current Rates	27,033	563.18	1,177,870	335.00	16,274	271.23	7,133,262	101.35
Current DSP Rates	0	0.00	0	0.00	15,944	265.73	15,944	0.23
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0231		1.0152			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9955		0.9999		1.0741			
FQHC & Other Adjustments	1.0000		0.8550		0.9759			
Projected Incurred Claims	3,437	71.59	1,099,321	312.66	23,065	384.42	6,222,216	88.41
Capitation & Other Expenses/Refunds								
Total	29	0.61	2,393	0.68	40	0.67	63,258	0.90
Reinsurance Expenses								
Net Reinsurance Cost	6	0.13	738	0.21	12	0.20	17,076	0.24
Administrative Expenses								
Fixed Amount	648	13.50	47,466	13.50	810	13.50	649,737	9.23
Percentage of Premium	5.25 %	4.93	5.25 %	18.77	5.25 %	22.89	5.25 %	5.67
Risk Margin	1.50 %	1.41	1.50 %	5.36	1.50 %	6.54	1.50 %	1.62
Premium Tax	1.75 %	1.64	1.75 %	6.26	1.75 %	7.63	1.75 %	1.89
Maintenance Tax	3	0.0725	255	0.0725	4	0.0725	5,103	0.0725
Projected Total Cost	4,506	93.88	1,257,019	357.51	26,155	435.92	7,603,705	108.04
Adjusted Total Cost	4,506	93.88	1,257,019	357.51	10,211	170.19	7,587,761	107.81
Experience Rate Increase		-83.3 %		6.7 %		-37.3 %		6.4 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	6		23,454		54,351		19,217	
Estimated Incurred Claims								
Professional	282	47.03	1,079,168	46.01	1,598,784	29.42	604,467	31.45
Emergency Room	0	0.00	555,871	23.70	1,052,150	19.36	408,734	21.27
Outpatient Facility	0	0.00	843,773	35.98	1,477,107	27.18	686,187	35.71
Inpatient Facility	0	0.00	178,430	7.61	432,440	7.96	432,899	22.53
Others	0	0.00	120,180	5.12	380,066	6.99	459,342	23.90
Total	282	47.03	2,777,421	118.42	4,940,547	90.90	2,591,630	134.86
Projected FY2022 Member Months	3		11,220		36,132		14,736	
Projected FY2022 Premiums								
Current Rates	1,502	500.76	1,868,582	166.54	4,966,988	137.47	2,889,882	196.11
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0101		1.0086		1.0115	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0000		0.9979		1.0007		0.9999	
FQHC & Other Adjustments	0.6653		0.9948		0.9957		0.9978	
Projected Incurred Claims	107	35.60	1,515,901	135.11	3,755,731	103.94	2,281,935	154.85
Capitation & Other Expenses/Refunds								
Total	32	10.62	298,357	26.59	956,291	26.47	388,303	26.35
Reinsurance Expenses								
Net Reinsurance Cost	1	0.17	4,620	0.41	14,808	0.41	6,012	0.41
Administrative Expenses								
Fixed Amount	27	9.00	100,980	9.00	325,188	9.00	132,624	9.00
Percentage of Premium	5.25 %	3.18	5.25 %	9.82	5.25 %	8.03	5.25 %	10.94
Risk Margin	1.50 %	0.91	1.50 %	2.81	1.50 %	2.29	1.50 %	3.13
Premium Tax	1.75 %	1.06	1.75 %	3.27	1.75 %	2.68	1.75 %	3.65
Maintenance Tax	0	0.0725	813	0.0725	2,620	0.0725	1,068	0.0725
Projected Total Cost	182	60.61	2,099,095	187.09	5,524,194	152.89	3,070,976	208.40
Adjusted Total Cost	182	60.61	2,099,095	187.09	5,524,194	152.89	3,070,976	208.40
Experience Rate Increase		-87.9 %		12.3 %		11.2 %		6.3 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	61		2,679		106		99,874	
Estimated Incurred Claims								
Professional	4,927	80.78	768,855	286.99	33,365	314.77		
Emergency Room	33	0.55	26,081	9.74	1,248	11.78		
Outpatient Facility	2,304	37.77	61,506	22.96	194	1.83		
Inpatient Facility	2,679	43.91	45,455	16.97	11,154	105.23		
Others	0	0.00	60,582	22.61	540	5.10		
Total	9,944	163.01	962,479	359.27	46,502	438.70	11,328,805	113.43
Projected FY2022 Member Months	14		1,992		37		64,134	
Projected FY2022 Premiums								
Current Rates	7,885	563.18	711,087	356.97	10,036	271.23	10,455,962	163.03
Current DSP Rates	0	0.00	0	0.00	20,639	557.82	20,639	0.32
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0104		1.0066			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9998		1.0007		0.9999			
FQHC & Other Adjustments	1.0000		0.9840		0.9992			
Projected Incurred Claims	2,487	177.61	776,001	389.56	17,790	480.80	8,349,952	130.20
Capitation & Other Expenses/Refunds								
Total	21	1.49	39,392	19.78	783	21.16	1,683,180	26.24
Reinsurance Expenses								
Net Reinsurance Cost	1	0.04	612	0.31	12	0.32	26,065	0.41
Administrative Expenses								
Fixed Amount	189	13.50	26,892	13.50	500	13.50	586,400	9.14
Percentage of Premium	5.25 %	11.06	5.25 %	24.28	5.25 %	29.60	5.25 %	9.53
Risk Margin	1.50 %	3.16	1.50 %	6.94	1.50 %	8.46	1.50 %	2.72
Premium Tax	1.75 %	3.69	1.75 %	8.09	1.75 %	9.87	1.75 %	3.18
Maintenance Tax	1	0.0725	144	0.0725	3	0.0725	4,650	0.0725
Projected Total Cost	2,949	210.62	921,357	462.53	20,860	563.78	11,639,614	181.49
Adjusted Total Cost	2,949	210.62	921,357	462.53	221	5.96	11,618,974	181.17
Experience Rate Increase		-62.6 %		29.6 %		-97.8 %		11.1 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	245		229,763		526,574		188,544	
Estimated Incurred Claims								
Professional	20,981	85.64	11,075,692	48.20	16,461,913	31.26	6,008,907	31.87
Emergency Room	598	2.44	1,356,559	5.90	2,284,227	4.34	1,287,404	6.83
Outpatient Facility	6,768	27.62	2,981,121	12.97	4,198,544	7.97	3,293,949	17.47
Inpatient Facility	0	0.00	2,280,017	9.92	4,244,235	8.06	2,431,022	12.89
Others	896	3.66	3,140,897	13.67	3,030,106	5.75	1,287,005	6.83
Total	29,243	119.36	20,834,286	90.68	30,219,026	57.39	14,308,286	75.89
Projected FY2022 Member Months	84		119,004		364,968		142,488	
Projected FY2022 Premiums								
Current Rates	42,064	500.76	14,454,349	121.46	29,521,383	80.89	13,936,093	97.81
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0090		1.0240		1.0196		1.0222	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0000		0.9986		1.0040		1.0034	
FQHC & Other Adjustments	0.9103		0.9433		0.9362		0.9518	
Projected Incurred Claims	10,478	124.74	11,843,098	99.52	22,839,002	62.58	12,011,500	84.30
Capitation & Other Expenses/Refunds								
Total	78	0.93	110,105	0.93	337,134	0.92	131,355	0.92
Reinsurance Expenses								
Net Reinsurance Cost	6	0.07	10,992	0.09	37,098	0.10	16,146	0.11
Administrative Expenses								
Fixed Amount	756	9.00	1,071,036	9.00	3,284,712	9.00	1,282,392	9.00
Percentage of Premium	5.25 %	7.74	5.25 %	6.29	5.25 %	4.17	5.25 %	5.42
Risk Margin	1.50 %	2.21	1.50 %	1.80	1.50 %	1.19	1.50 %	1.55
Premium Tax	1.75 %	2.58	1.75 %	2.10	1.75 %	1.39	1.75 %	1.81
Maintenance Tax	6	0.0725	8,628	0.0725	26,460	0.0725	10,330	0.0725
Projected Total Cost	12,377	147.34	14,255,583	119.79	28,988,422	79.43	14,701,337	103.18
Adjusted Total Cost	12,377	147.34	14,255,583	119.79	28,988,422	79.43	14,701,337	103.18
Experience Rate Increase		-70.6 %		-1.4 %		-1.8 %		5.5 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	424		68,397		958		1,014,905	
Estimated Incurred Claims								
Professional	66,381	156.56	20,222,182	295.66	249,324	260.25		
Emergency Room	3,233	7.62	343,644	5.02	6,071	6.34		
Outpatient Facility	3,033	7.15	2,276,551	33.28	31,732	33.12		
Inpatient Facility	65,150	153.66	75,952	1.11	141,370	147.57		
Others	1,150	2.71	344,960	5.04	2,357	2.46		
Total	138,947	327.70	23,263,289	340.12	430,854	449.74	89,223,930	87.91
Projected FY2022 Member Months	324		53,976		624		681,468	
Projected FY2022 Premiums								
Current Rates	182,470	563.18	19,927,803	369.20	169,248	271.23	78,233,410	114.80
Current DSP Rates	0	0.00	0	0.00	161,619	259.01	161,619	0.24
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0033		1.0108		1.0095			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	1.0143		1.0009		1.0598			
FQHC & Other Adjustments	0.9295		0.8841		0.9366			
Projected Incurred Claims	109,451	337.81	17,894,855	331.53	306,467	491.13	65,014,850	95.40
Capitation & Other Expenses/Refunds								
Total	597	1.84	115,885	2.15	1,538	2.47	696,694	1.02
Reinsurance Expenses								
Net Reinsurance Cost	48	0.15	10,680	0.20	156	0.25	75,126	0.11
Administrative Expenses								
Fixed Amount	4,374	13.50	728,676	13.50	8,424	13.50	6,380,370	9.36
Percentage of Premium	5.25 %	20.28	5.25 %	19.94	5.25 %	29.11	5.25 %	6.08
Risk Margin	1.50 %	5.79	1.50 %	5.70	1.50 %	8.32	1.50 %	1.74
Premium Tax	1.75 %	6.76	1.75 %	6.65	1.75 %	9.70	1.75 %	2.03
Maintenance Tax	23	0.0725	3,913	0.0725	45	0.0725	49,406	0.0725
Projected Total Cost	125,130	386.20	20,496,185	379.73	346,044	554.56	78,925,078	115.82
Adjusted Total Cost	125,130	386.20	20,496,185	379.73	184,425	295.55	78,763,459	115.58
Experience Rate Increase		-31.4 %		2.9 %		9.0 %		0.7 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	101		125,780		286,987		91,861	
Estimated Incurred Claims								
Professional	6,771	67.04	4,974,216	39.55	6,045,497	21.07	2,052,165	22.34
Emergency Room	1,554	15.39	2,578,483	20.50	3,429,932	11.95	1,281,277	13.95
Outpatient Facility	5,435	53.81	2,546,007	20.24	3,736,792	13.02	2,282,290	24.85
Inpatient Facility	0	0.00	2,791,404	22.19	3,075,767	10.72	2,206,482	24.02
Others	924	9.15	2,233,031	17.75	3,396,708	11.84	1,604,566	17.47
Total	14,685	145.39	15,123,141	120.23	19,684,698	68.59	9,426,780	102.62
Projected FY2022 Member Months	61		66,636		198,996		70,608	
Projected FY2022 Premiums								
Current Rates	30,546	500.76	8,838,607	132.64	17,182,903	86.35	9,474,614	134.19
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0000		1.0118		1.0036		1.0028	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0000		0.9958		0.9909		0.9995	
FQHC & Other Adjustments	0.9997		0.9983		0.9983		0.9977	
Projected Incurred Claims	10,088	165.38	9,169,364	137.60	15,417,971	77.48	8,243,909	116.76
Capitation & Other Expenses/Refunds								
Total	-111	-1.82	-18,810	-0.28	-74,347	-0.37	-25,728	-0.36
Reinsurance Expenses								
Net Reinsurance Cost	6	0.10	5,664	0.09	16,273	0.08	5,609	0.08
Administrative Expenses								
Fixed Amount	549	9.00	599,724	9.00	1,790,964	9.00	635,472	9.00
Percentage of Premium	5.25 %	9.91	5.25 %	8.40	5.25 %	4.95	5.25 %	7.20
Risk Margin	1.50 %	2.83	1.50 %	2.40	1.50 %	1.41	1.50 %	2.06
Premium Tax	1.75 %	3.30	1.75 %	2.80	1.75 %	1.65	1.75 %	2.40
Maintenance Tax	4	0.0725	4,831	0.0725	14,427	0.0725	5,119	0.0725
Projected Total Cost	11,515	188.78	10,667,512	160.09	18,759,878	94.27	9,687,848	137.21
Adjusted Total Cost	11,515	188.78	10,667,512	160.09	18,759,878	94.27	9,687,848	137.21
Experience Rate Increase		-62.3 %		20.7 %		9.2 %		2.3 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	223		33,893		751		539,596	
Estimated Incurred Claims								
Professional	18,537	83.13	6,183,108	182.43	186,752	248.67		
Emergency Room	1,344	6.03	73,273	2.16	10,115	13.47		
Outpatient Facility	386	1.73	2,088,349	61.62	51,601	68.71		
Inpatient Facility	7,826	35.10	5,072	0.15	39,718	52.89		
Others	421	1.89	1,319,339	38.93	2,618	3.49		
Total	28,515	127.87	9,669,140	285.28	290,804	387.22	54,237,762	100.52
Projected FY2022 Member Months	312		26,340		420		363,373	
Projected FY2022 Premiums								
Current Rates	175,712	563.18	8,689,269	329.89	113,917	271.23	44,505,568	122.48
Current DSP Rates	0	0.00	0	0.00	89,310	212.64	89,310	0.25
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0014		1.0011			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	1.0025		1.0001		1.0020			
FQHC & Other Adjustments	0.9748		0.9604		0.9478			
Projected Incurred Claims	42,488	136.18	7,876,985	299.05	168,508	401.21	40,929,314	112.64
Capitation & Other Expenses/Refunds								
Total	-4,075	-13.06	-43,982	-1.67	-763	-1.82	-167,816	-0.46
Reinsurance Expenses								
Net Reinsurance Cost	80	0.26	5,079	0.19	103	0.25	32,815	0.09
Administrative Expenses								
Fixed Amount	4,212	13.50	355,590	13.50	5,670	13.50	3,392,181	9.34
Percentage of Premium	5.25 %	7.86	5.25 %	17.85	5.25 %	23.71	5.25 %	6.98
Risk Margin	1.50 %	2.25	1.50 %	5.10	1.50 %	6.77	1.50 %	1.99
Premium Tax	1.75 %	2.62	1.75 %	5.95	1.75 %	7.90	1.75 %	2.33
Maintenance Tax	23	0.0725	1,910	0.0725	30	0.0725	26,345	0.0725
Projected Total Cost	46,697	149.67	8,956,920	340.05	189,671	451.60	48,320,041	132.98
Adjusted Total Cost	46,697	149.67	8,956,920	340.05	100,361	238.96	48,230,731	132.73
Experience Rate Increase		-73.4 %		3.1 %		-11.9 %		8.4 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	63		72,046		157,105		50,825	
Estimated Incurred Claims								
Professional	11,340	180.01	4,067,654	56.46	5,766,189	36.70	2,033,083	40.00
Emergency Room	0	0.00	505,933	7.02	711,688	4.53	302,815	5.96
Outpatient Facility	18	0.29	1,350,963	18.75	1,017,944	6.48	475,263	9.35
Inpatient Facility	0	0.00	2,187,198	30.36	1,302,538	8.29	1,484,877	29.22
Others	121	1.93	1,251,739	17.37	1,279,764	8.15	387,361	7.62
Total	11,480	182.22	9,363,486	129.97	10,078,123	64.15	4,683,399	92.15
Projected FY2022 Member Months	14		38,244		111,612		38,568	
Projected FY2022 Premiums								
Current Rates	7,011	500.76	5,131,928	134.19	9,370,443	83.96	4,032,656	104.56
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0024		1.0112		1.0061		1.0044	
Other Reimbursement Changes	1.0000		1.0000		1.0000		1.0000	
Inpatient Reimbursement Changes	1.0000		0.9887		0.9955		0.9929	
FQHC & Other Adjustments	0.0421		0.8952		0.8497		0.9004	
Projected Incurred Claims	122	8.74	5,061,832	132.36	6,932,946	62.12	3,630,849	94.14
Capitation & Other Expenses/Refunds								
Total	41	2.93	66,284	1.73	189,064	1.69	64,358	1.67
Reinsurance Expenses								
Net Reinsurance Cost	1	0.04	6,378	0.17	17,484	0.16	5,904	0.15
Administrative Expenses								
Fixed Amount	126	9.00	344,196	9.00	1,004,508	9.00	347,112	9.00
Percentage of Premium	5.25 %	1.19	5.25 %	8.22	5.25 %	4.19	5.25 %	6.03
Risk Margin	1.50 %	0.34	1.50 %	2.35	1.50 %	1.20	1.50 %	1.72
Premium Tax	1.75 %	0.40	1.75 %	2.74	1.75 %	1.40	1.75 %	2.01
Maintenance Tax	1	0.0725	2,773	0.0725	8,092	0.0725	2,796	0.0725
Projected Total Cost	318	22.71	5,990,669	156.64	8,909,391	79.82	4,427,343	114.79
Adjusted Total Cost	318	22.71	5,990,669	156.64	8,909,391	79.82	4,427,343	114.79
Experience Rate Increase		-95.5 %		16.7 %		-4.9 %		9.8 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	101		24,469		307		304,916	
Estimated Incurred Claims								
Professional	40,702	402.99	10,288,627	420.48	103,713	337.83		
Emergency Room	2,106	20.85	134,091	5.48	819	2.67		
Outpatient Facility	50	0.50	278,080	11.36	1,956	6.37		
Inpatient Facility	35,909	355.53	397,728	16.25	31,370	102.18		
Others	0	0.00	1,594,995	65.18	8,339	27.16		
Total	78,766	779.87	12,693,520	518.76	146,196	476.21	37,054,971	121.53
Projected FY2022 Member Months	108		18,312		312		207,170	
Projected FY2022 Premiums								
Current Rates	60,823	563.18	7,190,974	392.69	84,624	271.23	25,878,459	124.91
Current DSP Rates	0	0.00	0	0.00	68,083	218.22	68,083	0.33
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0000		1.0011		1.0004			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	1.0175		1.0000		0.9982			
FQHC & Other Adjustments	0.0133		0.6035		0.7896			
Projected Incurred Claims	1,245	11.53	6,254,367	341.54	127,679	409.23	22,009,039	106.24
Capitation & Other Expenses/Refunds								
Total	263	2.44	-16,935	-0.92	-138	-0.44	302,937	1.46
Reinsurance Expenses								
Net Reinsurance Cost	6	0.06	2,388	0.13	36	0.12	32,197	0.16
Administrative Expenses								
Fixed Amount	1,458	13.50	247,212	13.50	4,212	13.50	1,948,824	9.41
Percentage of Premium	5.25 %	1.58	5.25 %	20.33	5.25 %	24.24	5.25 %	6.73
Risk Margin	1.50 %	0.45	1.50 %	5.81	1.50 %	6.93	1.50 %	1.92
Premium Tax	1.75 %	0.53	1.75 %	6.78	1.75 %	8.08	1.75 %	2.24
Maintenance Tax	8	0.0725	1,328	0.0725	23	0.0725	15,020	0.0725
Projected Total Cost	3,257	30.16	7,091,103	387.24	144,056	461.72	26,566,138	128.23
Adjusted Total Cost	3,257	30.16	7,091,103	387.24	75,973	243.50	26,498,055	127.90
Experience Rate Increase		-94.6 %		-1.4 %		-10.2 %		2.4 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	923		1,053,297		2,460,248		846,181	
Estimated Incurred Claims								
Professional	85,789	92.95	54,379,821	51.63	72,753,265	29.57	25,934,438	30.65
Emergency Room	15,794	17.11	16,204,366	15.38	24,657,462	10.02	11,272,360	13.32
Outpatient Facility	35,275	38.22	25,491,799	24.20	40,989,736	16.66	22,912,297	27.08
Inpatient Facility	76,240	82.60	18,434,958	17.50	30,851,964	12.54	17,607,913	20.81
Others	3,100	3.36	12,297,354	11.68	17,278,929	7.02	8,301,609	9.81
Total	216,198	234.23	126,808,297	120.39	186,531,356	75.82	86,028,616	101.67
Projected FY2022 Member Months	380		543,492		1,680,504		634,044	
Projected FY2022 Premiums								
Current Rates	190,289	500.76	80,464,321	148.05	167,154,733	99.47	80,289,385	126.63
Current DSP Rates	0	0.00	0	0.00	0	0.00	0	0.00
Annual Trend Assumptions	5.3 %		5.3 %		5.3 %		5.3 %	
Provider Reimbursement Adj.	1.0014		1.0133		1.0065		1.0062	
Other Reimbursement Changes	1.0000		1.0000		1.0000		0.9997	
Inpatient Reimbursement Changes	0.9784		0.9880		0.9903		0.9857	
FQHC & Other Adjustments	0.9493		0.9697		0.9630		0.9725	
Projected Incurred Claims	94,192	247.87	72,271,418	132.98	139,165,940	82.81	70,728,157	111.55
Capitation & Other Expenses/Refunds								
Total	516	1.36	1,125,020	2.07	3,498,528	2.08	1,338,027	2.11
Reinsurance Expenses								
Net Reinsurance Cost	43	0.11	67,302	0.12	213,062	0.13	82,816	0.13
Administrative Expenses								
Fixed Amount	3,420	9.00	4,891,428	9.00	15,124,536	9.00	5,706,396	9.00
Percentage of Premium	5.25 %	14.83	5.25 %	8.28	5.25 %	5.40	5.25 %	7.05
Risk Margin	1.50 %	4.24	1.50 %	2.36	1.50 %	1.54	1.50 %	2.01
Premium Tax	1.75 %	4.94	1.75 %	2.76	1.75 %	1.80	1.75 %	2.35
Maintenance Tax	28	0.0725	39,403	0.0725	121,837	0.0725	45,968	0.0725
Projected Total Cost	107,321	282.42	85,677,127	157.64	172,813,008	102.83	85,138,103	134.28
Adjusted Total Cost	107,321	282.42	85,677,127	157.64	172,813,008	102.83	85,138,103	134.28
Experience Rate Increase		-43.6 %		6.5 %		3.4 %		6.0 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	1,880		355,832		5,055		4,723,416	
Estimated Incurred Claims								
Professional	273,363	145.41	97,703,342	274.58	1,291,214	255.43		
Emergency Room	20,681	11.00	1,547,657	4.35	43,804	8.67		
Outpatient Facility	48,761	25.94	31,562,214	88.70	310,344	61.39		
Inpatient Facility	542,449	288.54	855,229	2.40	832,614	164.71		
Others	8,984	4.78	7,311,443	20.55	36,702	7.26		
Total	894,237	475.66	138,979,886	390.58	2,514,678	497.46	541,973,268	114.74
Projected FY2022 Member Months	1,913		284,580		3,385		3,148,298	
Projected FY2022 Premiums								
Current Rates	1,077,363	563.18	116,868,986	410.67	918,114	271.23	446,963,191	141.97
Current DSP Rates	0	0.00	0	0.00	880,253	260.05	880,253	0.28
Annual Trend Assumptions	3.5 %		3.5 %		3.5 %			
Provider Reimbursement Adj.	1.0006		1.0025		1.0021			
Other Reimbursement Changes	1.0000		1.0000		1.0000			
Inpatient Reimbursement Changes	0.9979		0.9773		1.0039			
FQHC & Other Adjustments	0.8804		0.8827		0.9127			
Projected Incurred Claims	871,716	455.68	104,753,352	368.10	1,684,869	497.75	389,569,644	123.74
Capitation & Other Expenses/Refunds								
Total	-2,543	-1.33	173,269	0.61	2,222	0.66	6,135,040	1.95
Reinsurance Expenses								
Net Reinsurance Cost	248	0.13	46,378	0.16	625	0.18	410,473	0.13
Administrative Expenses								
Fixed Amount	25,826	13.50	3,841,830	13.50	45,698	13.50	29,639,133	9.41
Percentage of Premium	5.25 %	26.86	5.25 %	21.94	5.25 %	29.39	5.25 %	7.76
Risk Margin	1.50 %	7.67	1.50 %	6.27	1.50 %	8.40	1.50 %	2.22
Premium Tax	1.75 %	8.95	1.75 %	7.31	1.75 %	9.80	1.75 %	2.59
Maintenance Tax	139	0.0725	20,632	0.0725	245	0.0725	228,252	0.0725
Projected Total Cost	978,563	511.53	118,945,860	417.97	1,894,709	559.74	465,554,691	147.88
Adjusted Total Cost	978,563	511.53	118,945,860	417.97	1,014,456	299.69	464,674,438	147.60
Experience Rate Increase		-9.2 %		1.8 %		10.5 %		4.0 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	62		86,984		199,238		69,368	
Estimated Pharmacy Claims								
Incurred Claims	28	0.46	1,549,701	17.82	5,313,471	26.67	2,050,905	29.57
Other Pharmacy Cost	-45	-0.72	-23,576	-0.27	-50,160	-0.25	-16,919	-0.24
Total	-16	-0.26	1,526,125	17.54	5,263,311	26.42	2,033,986	29.32
Projected FY2022 Member Months	15		43,272		133,620		50,700	
Projected FY2022 Premiums								
Current Rates	290	19.36	883,135	20.41	4,379,608	32.78	1,900,197	37.48
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.8839		0.9743		1.0000	
Projected Incurred Claims	-4	-0.30	768,966	17.77	3,940,998	29.49	1,703,557	33.60
Administrative Expenses	24	1.60	69,235	1.60	213,792	1.60	81,120	1.60
Risk Margin	1.50 %	0.02	1.50 %	0.30	1.50 %	0.48	1.50 %	0.55
Premium Tax	1.75 %	0.02	1.75 %	0.35	1.75 %	0.56	1.75 %	0.64
Projected Total Cost	20	1.34	866,358	20.02	4,294,356	32.14	1,844,627	36.38
Experience Rate Increase		-93.1 %		-1.9 %		-1.9 %		-2.9 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	109		16,178		373		372,312	
Estimated Pharmacy Claims								
Incurred Claims	115	1.05	875,829	54.14	35,503	95.18		
Other Pharmacy Cost	-73	-0.67	-8,637	-0.53	-229	-0.61		
Total	42	0.38	867,191	53.60	35,274	94.57	9,725,913	26.12
Projected FY2022 Member Months	157		14,280		276		242,320	
Projected FY2022 Premiums								
Current Rates	1,138	7.25	886,024	62.05	22,596	81.87	8,072,988	33.32
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	69	0.44	877,159	61.43	29,910	108.37	7,320,653	30.21
Administrative Expenses	251	1.60	22,848	1.60	442	1.60	387,712	1.60
Risk Margin	1.50 %	0.03	1.50 %	0.98	1.50 %	1.70	1.50 %	0.49
Premium Tax	1.75 %	0.04	1.75 %	1.14	1.75 %	1.99	1.75 %	0.58
Projected Total Cost	331	2.11	930,239	65.14	31,371	113.66	7,967,303	32.88
Experience Rate Increase		-71.0 %		5.0 %		38.8 %		-1.3 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	138		165,604		404,048		134,327	
Estimated Pharmacy Claims								
Incurred Claims	1,253	9.08	2,221,324	13.41	10,345,734	25.61	4,170,091	31.04
Other Pharmacy Cost	1	0.00	-66,069	-0.40	-165,693	-0.41	-56,218	-0.42
Total	1,254	9.09	2,155,255	13.01	10,180,041	25.20	4,113,872	30.63
Projected FY2022 Member Months	38		87,948		278,976		101,712	
Projected FY2022 Premiums								
Current Rates	736	19.36	1,365,165	15.52	8,450,884	30.29	3,904,308	38.39
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.8390		0.9324		0.9909	
Projected Incurred Claims	396	10.41	1,100,475	12.51	7,510,494	26.92	3,536,990	34.77
Administrative Expenses	61	1.60	140,717	1.60	446,362	1.60	162,739	1.60
Risk Margin	1.50 %	0.19	1.50 %	0.22	1.50 %	0.44	1.50 %	0.56
Premium Tax	1.75 %	0.22	1.75 %	0.26	1.75 %	0.52	1.75 %	0.66
Projected Total Cost	472	12.42	1,282,885	14.59	8,224,141	29.48	3,824,010	37.60
Experience Rate Increase		-35.9 %		-6.0 %		-2.7 %		-2.1 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	272		69,168		840		774,397	
Estimated Pharmacy Claims								
Incurred Claims	1,153	4.24	1,740,915	25.17	30,029	35.75		
Other Pharmacy Cost	-131	-0.48	-26,259	-0.38	-269	-0.32		
Total	1,023	3.76	1,714,655	24.79	29,760	35.43	18,195,860	23.50
Projected FY2022 Member Months	360		57,432		408		526,874	
Projected FY2022 Premiums								
Current Rates	2,610	7.25	1,779,362	30.98	33,403	81.87	15,536,468	29.49
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	1,551	4.31	1,631,494	28.41	16,565	40.60	13,797,964	26.19
Administrative Expenses	576	1.60	91,891	1.60	653	1.60	842,998	1.60
Risk Margin	1.50 %	0.09	1.50 %	0.47	1.50 %	0.65	1.50 %	0.43
Premium Tax	1.75 %	0.11	1.75 %	0.54	1.75 %	0.76	1.75 %	0.50
Projected Total Cost	2,198	6.11	1,781,276	31.02	17,796	43.62	15,132,778	28.72
Experience Rate Increase		-15.8 %		0.1 %		-46.7 %		-2.6 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	9		33,328		88,347		35,154	
Estimated Pharmacy Claims								
Incurred Claims	72	7.97	359,139	10.78	2,387,262	27.02	1,610,413	45.81
Other Pharmacy Cost	-3	-0.35	-9,949	-0.30	-25,399	-0.29	-10,081	-0.29
Total	69	7.62	349,191	10.48	2,361,863	26.73	1,600,332	45.52
Projected FY2022 Member Months	2		18,444		60,480		25,104	
Projected FY2022 Premiums								
Current Rates	39	19.36	225,054	12.20	1,931,980	31.94	872,567	34.76
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.8538		1.0000		0.6315	
Projected Incurred Claims	17	8.73	189,061	10.25	1,852,826	30.64	827,024	32.94
Administrative Expenses	3	1.60	29,510	1.60	96,768	1.60	40,166	1.60
Risk Margin	1.50 %	0.16	1.50 %	0.18	1.50 %	0.50	1.50 %	0.54
Premium Tax	1.75 %	0.19	1.75 %	0.21	1.75 %	0.58	1.75 %	0.62
Projected Total Cost	21	10.68	225,914	12.25	2,015,084	33.32	896,321	35.70
Experience Rate Increase		-44.8 %		0.4 %		4.3 %		2.7 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	53		7,021		133		164,045	
Estimated Pharmacy Claims								
Incurred Claims	59	1.12	453,707	64.62	6,678	50.21		
Other Pharmacy Cost	-51	-0.97	-6,979	-0.99	-154	-1.16		
Total	8	0.15	446,729	63.63	6,524	49.05	4,764,715	29.05
Projected FY2022 Member Months	96		5,412		120		109,658	
Projected FY2022 Premiums								
Current Rates	696	7.25	391,338	72.31	9,824	81.87	3,431,499	31.29
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	16	0.17	394,605	72.91	6,745	56.21	3,270,295	29.82
Administrative Expenses	154	1.60	8,659	1.60	192	1.60	175,453	1.60
Risk Margin	1.50 %	0.03	1.50 %	1.16	1.50 %	0.90	1.50 %	0.49
Premium Tax	1.75 %	0.03	1.75 %	1.35	1.75 %	1.05	1.75 %	0.57
Projected Total Cost	175	1.83	416,810	77.02	7,170	59.75	3,561,496	32.48
Experience Rate Increase		-74.8 %		6.5 %		-27.0 %		3.8 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	253		270,029		633,942		220,457	
Estimated Pharmacy Claims								
Incurred Claims	1,983	7.84	3,650,738	13.52	16,270,433	25.67	6,640,123	30.12
Other Pharmacy Cost	-79	-0.31	-83,159	-0.31	-196,119	-0.31	-69,890	-0.32
Total	1,904	7.53	3,567,579	13.21	16,074,314	25.36	6,570,233	29.80
Projected FY2022 Member Months	122		136,188		422,532		163,080	
Projected FY2022 Premiums								
Current Rates	2,362	19.36	2,354,756	17.29	13,386,846	31.68	5,331,883	32.69
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.9880		0.9868		0.8939	
Projected Incurred Claims	1,052	8.63	2,037,161	14.96	12,115,792	28.67	4,978,731	30.53
Administrative Expenses	195	1.60	217,901	1.60	676,051	1.60	260,928	1.60
Risk Margin	1.50 %	0.16	1.50 %	0.26	1.50 %	0.47	1.50 %	0.50
Premium Tax	1.75 %	0.18	1.75 %	0.30	1.75 %	0.55	1.75 %	0.58
Projected Total Cost	1,289	10.57	2,330,813	17.11	13,221,544	31.29	5,415,668	33.21
Experience Rate Increase		-45.4 %		-1.0 %		-1.2 %		1.6 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	550		123,625		1,340		1,250,196	
Estimated Pharmacy Claims								
Incurred Claims	1,267	2.30	8,307,745	67.20	89,196	66.56		
Other Pharmacy Cost	-427	-0.78	-98,415	-0.80	-1,068	-0.80		
Total	840	1.53	8,209,330	66.41	88,128	65.77	34,512,329	27.61
Projected FY2022 Member Months	456		98,220		1,056		821,654	
Projected FY2022 Premiums								
Current Rates	3,306	7.25	7,877,735	80.20	86,455	81.87	29,043,343	35.35
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	798	1.75	7,474,138	76.10	79,586	75.37	26,687,258	32.48
Administrative Expenses	730	1.60	157,152	1.60	1,690	1.60	1,314,646	1.60
Risk Margin	1.50 %	0.05	1.50 %	1.20	1.50 %	1.19	1.50 %	0.53
Premium Tax	1.75 %	0.06	1.75 %	1.41	1.75 %	1.39	1.75 %	0.62
Projected Total Cost	1,579	3.46	7,887,638	80.31	84,005	79.55	28,942,537	35.22
Experience Rate Increase		-52.2 %		0.1 %		-2.8 %		-0.3 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	15		20,623		49,657		15,939	
Estimated Pharmacy Claims								
Incurred Claims	331	22.09	205,004	9.94	11,322,904	228.02	405,146	25.42
Other Pharmacy Cost	-5	-0.32	-7,211	-0.35	-17,450	-0.35	-5,745	-0.36
Total	327	21.77	197,793	9.59	11,305,454	227.67	399,401	25.06
Projected FY2022 Member Months	16		10,068		33,432		12,540	
Projected FY2022 Premiums								
Current Rates	310	19.36	164,667	16.36	1,352,138	40.44	413,454	32.97
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		0.1294		0.9469	
Projected Incurred Claims	399	24.95	110,653	10.99	1,128,898	33.77	340,965	27.19
Administrative Expenses	26	1.60	16,109	1.60	53,491	1.60	20,064	1.60
Risk Margin	1.50 %	0.41	1.50 %	0.20	1.50 %	0.55	1.50 %	0.45
Premium Tax	1.75 %	0.48	1.75 %	0.23	1.75 %	0.64	1.75 %	0.52
Projected Total Cost	439	27.44	131,020	13.01	1,222,108	36.56	373,156	29.76
Experience Rate Increase		41.7 %		-20.4 %		-9.6 %		-9.7 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	45		6,053		121		92,453	
Estimated Pharmacy Claims								
Incurred Claims	-2	-0.04	364,801	60.27	6,643	54.90		
Other Pharmacy Cost	-24	-0.54	-2,610	-0.43	-55	-0.45		
Total	-26	-0.58	362,191	59.84	6,589	54.45	12,271,728	132.73
Projected FY2022 Member Months	38		5,100		72		61,266	
Projected FY2022 Premiums								
Current Rates	276	7.25	388,884	76.25	5,895	81.87	2,325,622	37.96
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	-25	-0.67	349,701	68.57	4,493	62.40	1,935,083	31.58
Administrative Expenses	61	1.60	8,160	1.60	115	1.60	98,026	1.60
Risk Margin	1.50 %	0.01	1.50 %	1.09	1.50 %	0.99	1.50 %	0.51
Premium Tax	1.75 %	0.02	1.75 %	1.27	1.75 %	1.16	1.75 %	0.60
Projected Total Cost	37	0.96	369,882	72.53	4,763	66.15	2,101,404	34.30
Experience Rate Increase		-86.7 %		-4.9 %		-19.2 %		-9.6 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	31		25,686		59,999		20,489	
Estimated Pharmacy Claims								
Incurred Claims	21	0.67	246,910	9.61	1,922,487	32.04	760,069	37.10
Other Pharmacy Cost	-7	-0.21	-9,379	-0.37	-22,154	-0.37	-7,588	-0.37
Total	14	0.46	237,531	9.25	1,900,334	31.67	752,482	36.73
Projected FY2022 Member Months	25		12,468		39,756		14,508	
Projected FY2022 Premiums								
Current Rates	484	19.36	153,775	12.33	1,469,055	36.95	567,721	39.13
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		0.9111		1.0000	
Projected Incurred Claims	13	0.53	132,123	10.60	1,314,592	33.07	610,580	42.09
Administrative Expenses	40	1.60	19,949	1.60	63,610	1.60	23,213	1.60
Risk Margin	1.50 %	0.03	1.50 %	0.19	1.50 %	0.54	1.50 %	0.68
Premium Tax	1.75 %	0.04	1.75 %	0.22	1.75 %	0.63	1.75 %	0.79
Projected Total Cost	55	2.20	157,181	12.61	1,424,498	35.83	655,083	45.15
Experience Rate Increase		-88.6 %		2.2 %		-3.0 %		15.4 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	42		4,349		126		110,722	
Estimated Pharmacy Claims								
Incurred Claims	572	13.62	183,308	42.15	3,269	25.94		
Other Pharmacy Cost	-19	-0.45	-1,702	-0.39	-50	-0.40		
Total	553	13.18	181,606	41.76	3,219	25.55	3,075,739	27.78
Projected FY2022 Member Months	48		3,516		60		70,381	
Projected FY2022 Premiums								
Current Rates	348	7.25	181,004	51.48	4,912	81.87	2,377,300	33.78
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	725	15.10	168,248	47.85	1,756	29.27	2,228,038	31.66
Administrative Expenses	77	1.60	5,626	1.60	96	1.60	112,610	1.60
Risk Margin	1.50 %	0.26	1.50 %	0.77	1.50 %	0.48	1.50 %	0.52
Premium Tax	1.75 %	0.30	1.75 %	0.89	1.75 %	0.56	1.75 %	0.60
Projected Total Cost	829	17.26	179,714	51.11	1,915	31.91	2,419,274	34.37
Experience Rate Increase		138.1 %		-0.7 %		-61.0 %		1.8 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	6		23,454		54,351		19,217	
Estimated Pharmacy Claims								
Incurred Claims	20	3.30	436,496	18.61	2,754,861	50.69	792,902	41.26
Other Pharmacy Cost	-5	-0.79	-4,193	-0.18	-9,999	-0.18	-3,654	-0.19
Total	15	2.51	432,303	18.43	2,744,862	50.50	789,248	41.07
Projected FY2022 Member Months	3		11,220		36,132		14,736	
Projected FY2022 Premiums								
Current Rates	58	19.36	193,812	17.27	1,995,782	55.24	692,943	47.02
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.7063		0.8957		1.0000	
Projected Incurred Claims	9	2.87	167,372	14.92	1,872,880	51.83	693,533	47.06
Administrative Expenses	5	1.60	17,952	1.60	57,811	1.60	23,578	1.60
Risk Margin	1.50 %	0.07	1.50 %	0.26	1.50 %	0.83	1.50 %	0.75
Premium Tax	1.75 %	0.08	1.75 %	0.30	1.75 %	0.97	1.75 %	0.88
Projected Total Cost	14	4.62	191,550	17.07	1,995,547	55.23	741,200	50.30
Experience Rate Increase		-76.1 %		-1.2 %		0.0 %		7.0 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	61		2,679		106		99,874	
Estimated Pharmacy Claims								
Incurred Claims	15	0.24	171,514	64.02	5,947	56.11		
Other Pharmacy Cost	-57	-0.93	-1,193	-0.45	-53	-0.50		
Total	-42	-0.69	170,320	63.58	5,894	55.61	4,142,601	41.48
Projected FY2022 Member Months	14		1,992		37		64,134	
Projected FY2022 Premiums								
Current Rates	102	7.25	142,946	71.76	3,029	81.87	3,028,673	47.22
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	-11	-0.79	145,125	72.85	2,358	63.72	2,881,266	44.93
Administrative Expenses	22	1.60	3,187	1.60	59	1.60	102,614	1.60
Risk Margin	1.50 %	0.01	1.50 %	1.15	1.50 %	1.01	1.50 %	0.72
Premium Tax	1.75 %	0.01	1.75 %	1.35	1.75 %	1.18	1.75 %	0.84
Projected Total Cost	12	0.84	153,295	76.96	2,498	67.52	3,084,114	48.09
Experience Rate Increase		-88.5 %		7.2 %		-17.5 %		1.8 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	245		229,763		526,574		188,544	
Estimated Pharmacy Claims								
Incurred Claims	1,867	7.62	3,845,960	16.74	14,706,607	27.93	5,052,024	26.79
Other Pharmacy Cost	-131	-0.53	-119,929	-0.52	-272,314	-0.52	-96,360	-0.51
Total	1,736	7.09	3,726,031	16.22	14,434,292	27.41	4,955,663	26.28
Projected FY2022 Member Months	84		119,004		364,968		142,488	
Projected FY2022 Premiums								
Current Rates	1,626	19.36	2,238,193	18.81	12,086,017	33.12	4,189,345	29.40
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.8869		0.9528		0.9188	
Projected Incurred Claims	682	8.12	1,961,375	16.48	10,923,021	29.93	3,943,107	27.67
Administrative Expenses	134	1.60	190,406	1.60	583,949	1.60	227,981	1.60
Risk Margin	1.50 %	0.15	1.50 %	0.28	1.50 %	0.49	1.50 %	0.45
Premium Tax	1.75 %	0.18	1.75 %	0.33	1.75 %	0.57	1.75 %	0.53
Projected Total Cost	844	10.05	2,224,064	18.69	11,893,509	32.59	4,311,202	30.26
Experience Rate Increase		-48.1 %		-0.6 %		-1.6 %		2.9 %

FY2022 CHIP Rating
Rural Service Area SDA Total
Pharmacy

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	424		68,397		958		1,014,905	
Estimated Pharmacy Claims								
Incurred Claims	1,006	2.37	4,457,061	65.16	45,035	47.01		
Other Pharmacy Cost	-258	-0.61	-42,505	-0.62	-608	-0.64		
Total	748	1.76	4,414,556	64.54	44,427	46.37	27,577,454	27.17
Projected FY2022 Member Months	324		53,976		624		681,468	
Projected FY2022 Premiums								
Current Rates	2,349	7.25	4,234,551	78.45	51,087	81.87	22,803,168	33.46
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	655	2.02	3,992,183	73.96	33,161	53.14	20,854,185	30.60
Administrative Expenses	518	1.60	86,362	1.60	998	1.60	1,090,349	1.60
Risk Margin	1.50 %	0.06	1.50 %	1.17	1.50 %	0.85	1.50 %	0.50
Premium Tax	1.75 %	0.07	1.75 %	1.37	1.75 %	0.99	1.75 %	0.58
Projected Total Cost	1,213	3.74	4,215,550	78.10	35,307	56.58	22,681,688	33.28
Experience Rate Increase		-48.4 %		-0.4 %		-30.9 %		-0.5 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	101		125,780		286,987		91,861	
Estimated Pharmacy Claims								
Incurred Claims	62	0.61	1,486,042	11.81	7,394,590	25.77	3,440,444	37.45
Other Pharmacy Cost	-8	-0.08	-41,134	-0.33	-118,065	-0.41	-41,930	-0.46
Total	53	0.53	1,444,907	11.49	7,276,525	25.35	3,398,513	37.00
Projected FY2022 Member Months	61		66,636		198,996		70,608	
Projected FY2022 Premiums								
Current Rates	1,181	19.36	926,389	13.90	6,266,620	31.49	2,983,644	42.26
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.9062		0.9925		0.9650	
Projected Incurred Claims	37	0.60	794,959	11.93	5,738,473	28.84	2,888,775	40.91
Administrative Expenses	98	1.60	106,618	1.60	318,394	1.60	112,973	1.60
Risk Margin	1.50 %	0.03	1.50 %	0.21	1.50 %	0.47	1.50 %	0.66
Premium Tax	1.75 %	0.04	1.75 %	0.24	1.75 %	0.55	1.75 %	0.77
Projected Total Cost	139	2.28	931,862	13.98	6,260,327	31.46	3,102,582	43.94
Experience Rate Increase		-88.2 %		0.6 %		-0.1 %		4.0 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	223		33,893		751		539,596	
Estimated Pharmacy Claims								
Incurred Claims	224	1.01	2,982,009	87.98	57,716	76.85		
Other Pharmacy Cost	-57	-0.26	-30,869	-0.91	-1,757	-2.34		
Total	167	0.75	2,951,140	87.07	55,959	74.51	15,127,266	28.03
Projected FY2022 Member Months	312		26,340		420		363,373	
Projected FY2022 Premiums								
Current Rates	2,262	7.25	2,752,079	104.48	34,385	81.87	12,966,561	35.68
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	268	0.86	2,628,182	99.78	35,862	85.39	12,086,556	33.26
Administrative Expenses	499	1.60	42,144	1.60	672	1.60	581,397	1.60
Risk Margin	1.50 %	0.04	1.50 %	1.57	1.50 %	1.35	1.50 %	0.54
Premium Tax	1.75 %	0.04	1.75 %	1.83	1.75 %	1.57	1.75 %	0.63
Projected Total Cost	793	2.54	2,760,027	104.78	37,762	89.91	13,093,491	36.03
Experience Rate Increase		-65.0 %		0.3 %		9.8 %		1.0 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	63		72,046		157,105		50,825	
Estimated Pharmacy Claims								
Incurred Claims	166	2.63	698,364	9.69	5,565,905	35.43	1,549,700	30.49
Other Pharmacy Cost	-3	-0.04	-16,227	-0.23	-38,085	-0.24	-12,767	-0.25
Total	163	2.59	682,138	9.47	5,527,821	35.19	1,536,933	30.24
Projected FY2022 Member Months	14		38,244		111,612		38,568	
Projected FY2022 Premiums								
Current Rates	271	19.36	492,493	12.88	4,243,079	38.02	1,554,149	40.30
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.9577		0.8723		1.0000	
Projected Incurred Claims	42	2.97	397,388	10.39	3,925,505	35.17	1,336,486	34.65
Administrative Expenses	22	1.60	61,190	1.60	178,579	1.60	61,709	1.60
Risk Margin	1.50 %	0.07	1.50 %	0.19	1.50 %	0.57	1.50 %	0.56
Premium Tax	1.75 %	0.08	1.75 %	0.22	1.75 %	0.67	1.75 %	0.66
Projected Total Cost	66	4.72	473,983	12.39	4,241,948	38.01	1,445,163	37.47
Experience Rate Increase		-75.6 %		-3.8 %		0.0 %		-7.0 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	101		24,469		307		304,916	
Estimated Pharmacy Claims								
Incurred Claims	7,059	69.89	641,193	26.20	11,035	35.94		
Other Pharmacy Cost	-12	-0.12	-5,181	-0.21	-80	-0.26		
Total	7,047	69.77	636,012	25.99	10,955	35.68	8,401,069	27.55
Projected FY2022 Member Months	108		18,312		312		207,170	
Projected FY2022 Premiums								
Current Rates	783	7.25	590,977	32.27	25,543	81.87	6,907,295	33.34
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	8,635	79.96	545,437	29.79	12,758	40.89	6,226,251	30.05
Administrative Expenses	173	1.60	29,299	1.60	499	1.60	331,472	1.60
Risk Margin	1.50 %	1.26	1.50 %	0.49	1.50 %	0.66	1.50 %	0.49
Premium Tax	1.75 %	1.48	1.75 %	0.57	1.75 %	0.77	1.75 %	0.57
Projected Total Cost	9,104	84.30	594,042	32.44	13,703	43.92	6,778,009	32.72
Experience Rate Increase		1062.7 %		0.5 %		-46.4 %		-1.9 %

	<1		1-5		6-14		15-18	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	923		1,053,297		2,460,248		846,181	
Estimated Pharmacy Claims								
Incurred Claims	5,874	6.36	14,669,480	13.93	77,867,958	31.65	26,453,816	31.26
Other Pharmacy Cost	-273	-0.30	-381,524	-0.36	-917,755	-0.37	-321,991	-0.38
Total	5,601	6.07	14,287,955	13.56	76,950,203	31.28	26,131,825	30.88
Projected FY2022 Member Months	380		543,492		1,680,504		634,044	
Projected FY2022 Premiums								
Current Rates	7,357	19.36	8,997,438	16.55	55,562,010	33.06	22,410,211	35.34
Annual Trend Assumption	5.6 %		5.6 %		5.6 %		5.6 %	
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		0.9066		0.8355		0.9297	
Projected Incurred Claims	2,642	6.95	7,659,533	14.09	50,323,480	29.95	20,859,749	32.90
Administrative Expenses	608	1.60	869,587	1.60	2,688,806	1.60	1,014,470	1.60
Risk Margin	1.50 %	0.13	1.50 %	0.24	1.50 %	0.49	1.50 %	0.53
Premium Tax	1.75 %	0.15	1.75 %	0.28	1.75 %	0.57	1.75 %	0.62
Projected Total Cost	3,359	8.84	8,815,628	16.22	54,793,060	32.61	22,609,012	35.66
Experience Rate Increase		-54.3 %		-2.0 %		-1.4 %		0.9 %

	Newborn 198%+		Perinate <198%		Perinate 198%+		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Estimated Experience - 3/19-2/20								
Member Months	1,880		355,832		5,055		4,723,416	
Estimated Pharmacy Claims								
Incurred Claims	11,927	6.34	20,089,263	56.46	295,065	58.37		
Other Pharmacy Cost	-1,052	-0.56	-223,656	-0.63	-4,205	-0.83		
Total	10,875	5.78	19,865,607	55.83	290,861	57.54	137,542,926	29.12
Projected FY2022 Member Months	1,913		284,580		3,385		3,148,298	
Projected FY2022 Premiums								
Current Rates	13,869	7.25	19,224,900	67.56	277,130	81.87	106,492,916	33.83
Annual Trend Assumption	5.6 %		5.6 %		5.6 %			
Pharmacy Adjustments								
Adjustment #1 - Hemostatic Carveout	1.0000		1.0000		1.0000			
Projected Incurred Claims	12,680	6.63	18,206,271	63.98	223,194	65.94	97,287,550	30.90
Administrative Expenses	3,061	1.60	455,328	1.60	5,416	1.60	5,037,277	1.60
Risk Margin	1.50 %	0.13	1.50 %	1.02	1.50 %	1.05	1.50 %	0.50
Premium Tax	1.75 %	0.15	1.75 %	1.19	1.75 %	1.22	1.75 %	0.59
Projected Total Cost	16,270	8.50	19,288,475	67.78	236,289	69.80	105,762,095	33.59
Experience Rate Increase		17.3 %		0.3 %		-14.7 %		-0.7 %

Attachment 4

Trend Analysis – Medical

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The cost trend factors used in this analysis are a combination of utilization and inflation components. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the CHIP program. A single trend assumption applies to all service areas but varies by CHIP Perinate versus CHIP non-Perinate programs.

The trend analysis included a review of health plan claims experience data through February 2021. The historical claims cost and trend experience was reviewed separately by service area and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights. CHIP experience after February 2020 has been excluded from the trend analysis due to the significant reduction in cost caused by the COVID-19 pandemic and the corresponding PHE declaration. These patterns are not expected to continue into FY2022 and therefore the trends for this time period are not assigned any credibility. All historical trends have been calculated as the average cost per member per month during a specified time period (monthly, quarterly or annually) compared to the same time period from the prior year. For example, the FY2019 trend has been calculated as the change in average cost per member per month during the period September 1, 2018 through August 31, 2019 (FY2019) compared to the average cost per member per month during the period September 1, 2017 through August 31, 2018 (FY2018). The experience trends for all time periods were adjusted to remove the impact of various provider reimbursement changes and other revisions that have impacted the cost of the program.

The trend assumptions were then developed from an average of the FY2017, FY2018, FY2019 and September 2019 through February 2020 trends. The weighting of each time period was based on the number of months within each time period via the following formula:

$$\text{Trend Assumption} = \frac{\text{FY17 Trend} * 12 + \text{FY18 Trend} * 12 + \text{FY19 Trend} * 12 + 9/19-2/20 \text{ Trend} * 6}{42}$$

Attachment 4 – Exhibit A presents the derivation of the medical trend assumption. The trend analysis resulted in an annual trend assumption of 5.3% for CHIP non-Perinate program and 3.5% for CHIP Perinate program.

Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (March 2019 through February 2020) claims cost to the rating period (FY2022). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the CHIP program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumption is the same for all risk groups and service areas.

The trend analysis included a review of CHIP utilization and cost experience data paid through March 2021. Incurred monthly utilization (days supply per member) and cost per service (plan

payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2021. From this experience, the average annual utilization and cost per service were determined for each of the five 12-month periods ending February 2021.

Due to the impact on healthcare utilization and cost from the COVID-19 pandemic and the PHE, experience after February 2020 was deemed unusable for purposes of developing trend projections. As a result, we have used the four 12-month periods ending February 2020 in our trend analysis in order to exclude pandemic-related experience.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Direct-acting antivirals (DAA) used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. Please note that effective March 1, 2021, Hepatitis C DAAs have been carved out of the managed care arrangement due to significant changes to the prior authorization criteria for these medications. In addition to these drugs, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Beginning this rate cycle, hemostatic agents are also excluded from the pharmacy trend analysis. Effective September 1, 2020, hemophilia medications were carved out of the managed care arrangement. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates. Factors were later applied to adjust for the carve-out to exclude Hepatitis C DAAs and hemostatics.

The CHIP pharmacy trend assumptions for the remainder of FY2020 and all of FY2021 and FY2022 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption.

Attachment 4 Exhibit B includes a summary of the CHIP pharmacy trend analysis and the derivation of the trend assumptions used in the rating analysis. The trend analysis resulted in a pharmacy annual trend rate assumption of 5.6%.

Please note that the MCOs were provided a detailed trend analysis file which included the historical utilization and cost experience as well as all of the formulas and assumptions used in developing the trend assumptions.

FY2022 CHIP Rating
Trend Analysis
Medical

	Actual Trends (1)				Selected (3)
	FY2017	FY2018	FY2019	FY2020Q2 (2)	
Traditional CHIP					
Bexar	-5.1%	7.9%	2.3%	16.6%	
Dallas	20.2%	4.7%	1.9%	11.0%	
El Paso	1.2%	12.6%	9.1%	-1.2%	
Harris	8.6%	-1.2%	14.4%	0.6%	
Jefferson	5.2%	29.5%	-1.6%	10.2%	
Lubbock	-0.6%	8.4%	-4.6%	11.6%	
Nueces	-8.7%	3.6%	4.1%	17.9%	
RSA	3.9%	5.7%	3.5%	2.3%	
Tarrant	1.8%	-4.7%	8.0%	22.1%	
Travis	-11.8%	6.5%	-0.3%	21.8%	
Total	5.3%	3.5%	6.2%	8.2%	
Case-Mix Adj.	5.0%	3.2%	6.3%	8.3%	5.3%
CHIP Perinate					
Bexar	2.7%	9.2%	3.6%	30.0%	
Dallas	0.9%	-0.1%	6.2%	-4.3%	
El Paso	-0.9%	6.4%	11.0%	7.4%	
Harris	4.2%	6.7%	1.8%	6.2%	
Jefferson	-5.3%	-4.0%	0.1%	4.6%	
Lubbock	5.3%	1.7%	2.4%	3.2%	
Nueces	-5.2%	2.6%	3.1%	0.4%	
RSA	4.5%	0.5%	3.5%	2.4%	
Tarrant	-3.2%	2.9%	-1.0%	3.4%	
Travis	5.3%	3.2%	8.8%	4.9%	
Total	2.9%	3.7%	3.7%	4.3%	
Case-Mix Adj.	2.9%	3.5%	3.6%	4.1%	3.5%

Notes:

- (1) Actual trends adjusted to remove various reimbursement changes that have impacted the program.
(2) FY2020 trends through February 28, 2020.
(3) Weighted average trend using number of months as weights for each fiscal year.

FY2022 Prescription Drug Rating Analysis
CHIP Pharmacy Trends

	<u>Age</u> <u><1</u>	<u>Age</u> <u>1-5</u>	<u>Age</u> <u>6-14</u>	<u>Age</u> <u>15-18</u>	<u>CHIP</u> <u>Perinatal</u>	<u>Total</u>	<u>Case-Mix</u> <u>Adjusted</u>
Annual Trend in Number of Scripts per Member per Month							
Brand Drugs							
3/2013-2/2014	-21.9 %	-28.6 %	-16.8 %	-11.6 %	1.9 %	-15.3 %	-14.8 %
3/2014-2/2015	16.9 %	-6.3 %	-8.7 %	-11.2 %	6.8 %	-4.1 %	-6.1 %
3/2015-2/2016	36.2 %	-0.5 %	-8.3 %	-7.7 %	14.3 %	-1.5 %	-2.7 %
3/2016-2/2017	-31.4 %	-11.3 %	-15.3 %	-14.4 %	13.4 %	-9.3 %	-7.8 %
3/2017-2/2018	-22.2 %	-24.4 %	-6.8 %	-10.3 %	-0.7 %	-10.3 %	-7.4 %
3/2018-2/2019	-28.8 %	-18.5 %	-14.3 %	-11.5 %	-1.8 %	-11.3 %	-10.4 %
3/2019-2/2020	8.3 %	-5.7 %	-4.1 %	-5.3 %	-3.7 %	-3.5 %	-4.3 %
3/2020-2/2021	-67.4 %	-45.1 %	-33.5 %	-21.3 %	-7.1 %	-22.2 %	-23.6 %
Use**	-9.2 %	-13.1 %	-7.9 %	-8.2 %	-2.6 %	-5.0 %	-6.4 %
Generic Drugs							
3/2013-2/2014	-2.9 %	-2.0 %	1.4 %	2.7 %	-6.7 %	0.3 %	0.0 %
3/2014-2/2015	49.4 %	7.8 %	6.0 %	0.5 %	13.2 %	6.9 %	6.0 %
3/2015-2/2016	5.4 %	-4.4 %	-1.1 %	-0.7 %	4.6 %	0.0 %	-1.2 %
3/2016-2/2017	-27.1 %	-11.5 %	-1.4 %	0.9 %	10.7 %	-2.4 %	-2.0 %
3/2017-2/2018	13.5 %	7.2 %	6.8 %	8.3 %	-0.7 %	6.1 %	6.3 %
3/2018-2/2019	-3.6 %	0.4 %	-1.5 %	2.4 %	7.6 %	0.5 %	0.6 %
3/2019-2/2020	2.3 %	2.0 %	4.4 %	4.0 %	1.7 %	3.6 %	3.5 %
3/2020-2/2021	-43.1 %	-47.8 %	-30.7 %	-15.8 %	1.0 %	-28.3 %	-27.6 %
Use**	2.2 %	2.4 %	2.8 %	4.2 %	3.2 %	3.0 %	3.0 %
Specialty Drugs							
3/2013-2/2014	4.1 %	-4.2 %	-7.0 %	5.4 %	35.0 %	-2.2 %	-1.4 %
3/2014-2/2015	-30.7 %	7.0 %	1.2 %	-4.5 %	22.4 %	1.0 %	2.2 %
3/2015-2/2016	61.1 %	10.2 %	5.0 %	7.4 %	21.2 %	6.6 %	7.7 %
3/2016-2/2017	93.9 %	-5.2 %	1.3 %	0.7 %	5.1 %	0.4 %	0.9 %
3/2017-2/2018	464.3 %	3.1 %	1.1 %	11.1 %	27.0 %	5.7 %	6.6 %
3/2018-2/2019	-92.1 %	-4.9 %	8.4 %	-0.4 %	34.1 %	7.5 %	8.4 %
3/2019-2/2020	14.6 %	14.4 %	6.0 %	22.3 %	-20.7 %	6.1 %	5.8 %
3/2020-2/2021	-100.0 %	-22.4 %	-6.2 %	-3.2 %	-18.1 %	-7.4 %	-8.6 %
Use**	54.0 %	6.1 %	6.0 %	12.9 %	5.5 %	8.8 %	7.7 %
All Drugs							
3/2013-2/2014	-5.4 %	-7.2 %	-4.6 %	-1.0 %	-3.2 %	-4.3 %	-4.3 %
3/2014-2/2015	45.5 %	5.7 %	1.9 %	-2.3 %	10.6 %	4.0 %	2.8 %
3/2015-2/2016	8.2 %	-3.8 %	-2.8 %	-2.1 %	8.6 %	-0.3 %	-1.5 %
3/2016-2/2017	-27.8 %	-11.4 %	-4.6 %	-2.2 %	11.8 %	-4.0 %	-3.3 %
3/2017-2/2018	13.8 %	2.9 %	3.9 %	5.1 %	-0.5 %	2.5 %	3.3 %
3/2018-2/2019	-8.9 %	-1.5 %	-3.8 %	0.3 %	3.8 %	-1.7 %	-1.5 %
3/2019-2/2020	3.0 %	1.4 %	3.0 %	3.0 %	-0.7 %	2.3 %	2.1 %
3/2020-2/2021	-44.8 %	-47.4 %	-30.8 %	-16.3 %	-2.3 %	-27.0 %	-26.7 %
Use**	1.8 %	1.4 %	1.3 %	2.9 %	1.0 %	1.8 %	1.6 %

FY2022 Prescription Drug Rating Analysis
CHIP Pharmacy Trends

	Age <1	Age 1-5	Age 6-14	Age 15-18	CHIP Perinatal	Total	Case-Mix Adjusted
Annual Trend in Days Supply per Member per Month							
Brand Drugs							
3/2013-2/2014	-23.7 %	-25.8 %	-14.9 %	-11.4 %	1.8 %	-13.2 %	-12.5 %
3/2014-2/2015	6.2 %	-5.3 %	-7.8 %	-10.1 %	8.4 %	-2.3 %	-4.7 %
3/2015-2/2016	72.4 %	-2.1 %	-9.0 %	-8.0 %	14.1 %	-1.7 %	-2.9 %
3/2016-2/2017	-32.8 %	-14.6 %	-16.2 %	-15.0 %	12.4 %	-9.9 %	-8.1 %
3/2017-2/2018	-14.4 %	-16.9 %	-6.2 %	-9.6 %	0.5 %	-8.6 %	-5.3 %
3/2018-2/2019	-20.5 %	-19.9 %	-14.2 %	-10.8 %	-1.9 %	-10.9 %	-9.8 %
3/2019-2/2020	-15.9 %	-5.8 %	-5.3 %	-8.7 %	-4.0 %	-4.4 %	-5.3 %
3/2020-2/2021	-71.2 %	-39.0 %	-34.3 %	-23.7 %	-1.5 %	-18.6 %	-20.5 %
Use**	-17.2 %	-12.4 %	-8.4 %	-9.5 %	-2.5 %	-4.8 %	-6.4 %
Generic Drugs							
3/2013-2/2014	-3.7 %	6.4 %	11.4 %	9.4 %	-9.4 %	8.7 %	8.2 %
3/2014-2/2015	49.3 %	6.9 %	6.0 %	2.8 %	19.8 %	6.4 %	6.5 %
3/2015-2/2016	18.7 %	-2.1 %	3.5 %	2.9 %	9.2 %	2.9 %	2.8 %
3/2016-2/2017	-30.7 %	-9.6 %	2.2 %	2.5 %	16.0 %	1.0 %	1.3 %
3/2017-2/2018	15.5 %	7.8 %	7.0 %	9.5 %	0.9 %	6.8 %	7.1 %
3/2018-2/2019	-11.0 %	3.0 %	2.2 %	6.3 %	8.7 %	3.7 %	3.8 %
3/2019-2/2020	4.2 %	3.1 %	3.9 %	5.7 %	4.5 %	4.1 %	4.2 %
3/2020-2/2021	-47.6 %	-35.8 %	-16.6 %	-3.4 %	11.3 %	-14.2 %	-14.0 %
Use**	1.1 %	3.8 %	3.8 %	6.6 %	5.3 %	4.9 %	4.6 %
Specialty Drugs							
3/2013-2/2014	9.2 %	-6.7 %	-6.9 %	7.2 %	41.7 %	-1.7 %	-0.9 %
3/2014-2/2015	-77.3 %	9.8 %	0.4 %	-6.5 %	20.7 %	-0.7 %	1.0 %
3/2015-2/2016	222.3 %	9.4 %	4.7 %	6.2 %	25.9 %	5.6 %	7.4 %
3/2016-2/2017	93.9 %	1.6 %	6.0 %	9.6 %	10.8 %	6.5 %	7.0 %
3/2017-2/2018	544.9 %	6.3 %	1.9 %	11.8 %	21.6 %	5.9 %	6.9 %
3/2018-2/2019	-98.6 %	-1.2 %	9.4 %	-1.5 %	31.9 %	8.0 %	8.8 %
3/2019-2/2020	759.7 %	13.5 %	7.3 %	25.4 %	-13.8 %	8.5 %	8.4 %
3/2020-2/2021	-87.7 %	-9.4 %	-2.5 %	-1.0 %	-17.3 %	-2.8 %	-4.5 %
Use**	437.8 %	7.4 %	7.1 %	14.2 %	7.3 %	10.5 %	9.1 %
All Drugs							
3/2013-2/2014	-7.0 %	-2.3 %	-0.2 %	2.0 %	-2.7 %	-0.3 %	-0.4 %
3/2014-2/2015	42.9 %	4.4 %	0.8 %	-1.3 %	12.9 %	3.2 %	2.4 %
3/2015-2/2016	24.3 %	-2.1 %	-0.7 %	-0.2 %	12.2 %	1.4 %	0.9 %
3/2016-2/2017	-31.1 %	-10.5 %	-3.5 %	-1.9 %	13.8 %	-2.5 %	-1.7 %
3/2017-2/2018	14.6 %	3.5 %	3.4 %	5.2 %	0.8 %	2.2 %	3.3 %
3/2018-2/2019	-14.4 %	-0.3 %	-1.8 %	2.9 %	2.8 %	-0.2 %	0.1 %
3/2019-2/2020	2.7 %	2.1 %	2.0 %	3.6 %	-0.5 %	2.1 %	1.9 %
3/2020-2/2021	-49.6 %	-36.0 %	-19.9 %	-6.3 %	4.1 %	-15.0 %	-15.4 %
Use**	9.1 %	2.3 %	1.6 %	4.6 %	1.3 %	2.9 %	2.3 %

FY2022 Prescription Drug Rating Analysis
CHIP Pharmacy Trends

	<u>Age <1</u>	<u>Age 1-5</u>	<u>Age 6-14</u>	<u>Age 15-18</u>	<u>CHIP Perinatal</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Annual Trend in Incurred Claims per Days Supply							
Brand Drugs							
3/2013-2/2014	16.6 %	2.0 %	7.7 %	12.9 %	16.8 %	7.2 %	10.0 %
3/2014-2/2015	3.5 %	9.4 %	11.8 %	11.4 %	17.4 %	5.5 %	12.7 %
3/2015-2/2016	-37.8 %	1.0 %	10.5 %	13.4 %	31.6 %	6.9 %	15.0 %
3/2016-2/2017	62.1 %	0.6 %	4.1 %	4.8 %	16.6 %	3.3 %	7.1 %
3/2017-2/2018	38.4 %	12.0 %	4.3 %	3.4 %	9.0 %	6.2 %	5.9 %
3/2018-2/2019	-69.4 %	5.6 %	1.6 %	2.2 %	-2.7 %	-0.3 %	0.7 %
3/2019-2/2020	106.3 %	-1.5 %	5.2 %	10.5 %	-5.3 %	2.1 %	2.8 %
3/2020-2/2021	-65.6 %	11.3 %	26.5 %	43.0 %	-5.0 %	11.7 %	20.7 %
Use**	36.4 %	3.1 %	3.9 %	6.6 %	-2.1 %	1.3 %	2.9 %
Generic Drugs							
3/2013-2/2014	4.6 %	-4.6 %	-6.2 %	7.3 %	12.2 %	-2.1 %	-2.1 %
3/2014-2/2015	-12.7 %	-4.8 %	2.0 %	5.3 %	31.1 %	1.3 %	3.6 %
3/2015-2/2016	3.5 %	-8.1 %	0.9 %	4.3 %	7.9 %	-0.3 %	1.0 %
3/2016-2/2017	-37.0 %	-18.2 %	-6.4 %	-9.3 %	-5.4 %	-8.2 %	-8.5 %
3/2017-2/2018	-18.3 %	-10.9 %	-11.0 %	-10.4 %	-9.3 %	-10.8 %	-10.7 %
3/2018-2/2019	13.9 %	-7.4 %	-0.6 %	-1.7 %	5.9 %	-1.5 %	-1.0 %
3/2019-2/2020	-45.2 %	-20.5 %	-18.6 %	-19.0 %	-14.2 %	-18.5 %	-18.5 %
3/2020-2/2021	22.6 %	14.5 %	-11.8 %	-12.5 %	-10.7 %	-7.4 %	-9.1 %
Use**	-21.0 %	-14.5 %	-11.3 %	-11.8 %	-6.7 %	-10.7 %	-11.2 %
Specialty Drugs							
3/2013-2/2014	-98.8 %	49.4 %	15.3 %	15.1 %	-14.3 %	16.0 %	14.1 %
3/2014-2/2015	473.6 %	12.5 %	12.7 %	1.1 %	-21.3 %	4.0 %	5.9 %
3/2015-2/2016	-100.0 %	15.8 %	17.2 %	22.9 %	-3.1 %	14.4 %	18.4 %
3/2016-2/2017	-100.0 %	-13.9 %	1.6 %	-17.0 %	27.9 %	-3.6 %	-5.7 %
3/2017-2/2018	680.3 %	20.4 %	14.5 %	17.9 %	-15.9 %	14.2 %	14.5 %
3/2018-2/2019	-100.0 %	55.1 %	2.5 %	0.7 %	0.7 %	3.2 %	4.4 %
3/2019-2/2020	-100.0 %	31.5 %	23.8 %	6.8 %	33.6 %	22.8 %	18.7 %
3/2020-2/2021	-100.0 %	8.9 %	8.0 %	23.6 %	-4.4 %	12.9 %	12.5 %
Use**	30.1 %	37.5 %	15.2 %	6.6 %	14.4 %	14.6 %	14.7 %
All Drugs							
3/2013-2/2014	-1.4 %	-9.6 %	-3.0 %	6.4 %	18.5 %	-0.5 %	0.1 %
3/2014-2/2015	-15.2 %	-0.3 %	4.9 %	2.3 %	15.5 %	1.1 %	4.6 %
3/2015-2/2016	-6.4 %	-0.7 %	5.6 %	10.5 %	25.5 %	5.1 %	8.2 %
3/2016-2/2017	-0.7 %	-9.2 %	-3.7 %	-7.6 %	11.9 %	-3.0 %	-3.4 %
3/2017-2/2018	6.4 %	-5.3 %	-2.5 %	-1.3 %	5.2 %	-1.4 %	-1.4 %
3/2018-2/2019	-47.0 %	-1.5 %	-1.6 %	-5.7 %	-2.2 %	-2.7 %	-2.7 %
3/2019-2/2020	-8.7 %	-0.5 %	2.0 %	3.2 %	-7.0 %	0.6 %	0.8 %
3/2020-2/2021	-35.2 %	24.1 %	10.3 %	16.2 %	-10.6 %	10.9 %	10.1 %
Use**	-7.4 %	11.2 %	3.6 %	2.2 %	-2.2 %	3.8 %	3.2 %

FY2022 Prescription Drug Rating Analysis
CHIP Pharmacy Trends

	Age <1	Age 1-5	Age 6-14	Age 15-18	CHIP Perinatal	Total	Case-Mix Adjusted
Annual Trend in Incurred Claims per Member per Month							
Brand Drugs							
3/2013-2/2014	-11.1 %	-24.3 %	-8.4 %	0.1 %	18.9 %	-7.0 %	-6.8 %
3/2014-2/2015	9.9 %	3.6 %	3.0 %	0.1 %	27.3 %	3.1 %	4.4 %
3/2015-2/2016	7.3 %	-1.0 %	0.5 %	4.3 %	50.1 %	5.0 %	6.1 %
3/2016-2/2017	8.9 %	-14.1 %	-12.8 %	-10.9 %	31.0 %	-6.9 %	-6.3 %
3/2017-2/2018	18.5 %	-6.9 %	-2.1 %	-6.5 %	9.6 %	-2.9 %	-1.1 %
3/2018-2/2019	-75.7 %	-15.4 %	-12.8 %	-8.8 %	-4.5 %	-11.2 %	-10.5 %
3/2019-2/2020	73.4 %	-7.2 %	-0.4 %	0.9 %	-9.1 %	-2.4 %	-2.7 %
3/2020-2/2021	-90.1 %	-32.1 %	-16.9 %	9.0 %	-6.5 %	-9.1 %	-10.7 %
Use**	12.9 %	-9.7 %	-4.8 %	-3.5 %	-4.5 %	-3.5 %	-4.8 %
Generic Drugs							
3/2013-2/2014	0.7 %	1.5 %	4.5 %	17.4 %	1.6 %	6.5 %	6.3 %
3/2014-2/2015	30.4 %	1.8 %	8.1 %	8.2 %	57.0 %	7.8 %	9.2 %
3/2015-2/2016	22.8 %	-10.0 %	4.5 %	7.3 %	17.8 %	2.6 %	3.5 %
3/2016-2/2017	-56.4 %	-26.0 %	-4.3 %	-7.0 %	9.8 %	-7.4 %	-7.0 %
3/2017-2/2018	-5.7 %	-3.9 %	-4.8 %	-1.9 %	-8.6 %	-4.7 %	-4.4 %
3/2018-2/2019	1.4 %	-4.7 %	1.6 %	4.6 %	15.1 %	2.1 %	2.6 %
3/2019-2/2020	-42.9 %	-18.1 %	-15.4 %	-14.3 %	-10.4 %	-15.2 %	-15.0 %
3/2020-2/2021	-35.7 %	-26.6 %	-26.5 %	-15.4 %	-0.6 %	-20.6 %	-21.4 %
Use**	-20.1 %	-11.3 %	-7.9 %	-6.0 %	-1.8 %	-6.4 %	-7.2 %
Specialty Drugs							
3/2013-2/2014	-98.7 %	39.4 %	7.4 %	23.4 %	21.4 %	14.0 %	14.5 %
3/2014-2/2015	30.3 %	23.6 %	13.1 %	-5.5 %	-5.0 %	3.3 %	6.4 %
3/2015-2/2016	-100.0 %	26.6 %	22.7 %	30.5 %	21.9 %	20.8 %	25.4 %
3/2016-2/2017		-12.6 %	7.7 %	-9.0 %	41.7 %	2.6 %	2.2 %
3/2017-2/2018		28.0 %	16.6 %	31.8 %	2.3 %	20.9 %	21.0 %
3/2018-2/2019	-100.0 %	53.2 %	12.2 %	-0.8 %	32.9 %	11.5 %	11.2 %
3/2019-2/2020		49.3 %	32.8 %	33.9 %	15.1 %	33.3 %	33.6 %
3/2020-2/2021		-1.4 %	5.3 %	22.4 %	-21.0 %	9.8 %	8.5 %
Use**	599.7 %	47.7 %	23.4 %	21.7 %	22.8 %	26.6 %	25.3 %
All Drugs							
3/2013-2/2014	-8.3 %	-11.7 %	-3.2 %	8.5 %	15.3 %	-0.8 %	-0.8 %
3/2014-2/2015	21.1 %	4.1 %	5.7 %	1.0 %	30.3 %	4.4 %	6.1 %
3/2015-2/2016	16.4 %	-2.8 %	4.8 %	10.4 %	40.8 %	6.6 %	8.1 %
3/2016-2/2017	-31.6 %	-18.7 %	-7.0 %	-9.4 %	27.4 %	-5.5 %	-5.1 %
3/2017-2/2018	21.9 %	-2.0 %	0.8 %	3.9 %	6.1 %	0.8 %	2.0 %
3/2018-2/2019	-54.6 %	-1.8 %	-3.3 %	-3.0 %	0.5 %	-3.0 %	-2.6 %
3/2019-2/2020	-6.3 %	1.6 %	4.1 %	6.9 %	-7.5 %	2.8 %	2.7 %
3/2020-2/2021	-67.4 %	-20.5 %	-11.7 %	8.8 %	-6.9 %	-5.7 %	-7.1 %
Use**	1.1 %	13.7 %	5.3 %	6.9 %	-1.0 %	6.8 %	5.6 %

** Exclude 3/20-2/21 experience

Attachment 5

Provider Reimbursement and Benefit Revisions Effective During FY2020, FY2021 and FY2022

This attachment presents information regarding rating adjustments for the various provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting and before the end of FY2022.

All adjustments have been calculated through an analysis of encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable March 2019 through February 2020 encounter data was repriced using the FFS reimbursement in place during this base period, the FFS reimbursement that will be in place during FY2022 and the applicable percentage change determined. Although the MCOs are not required to change their reimbursement levels based on changes implemented by HHSC, the Medicaid fee schedule serves as a primary negotiating tool for both MCOs and providers in Texas. Many MCO/provider reimbursement contracts are directly tied to the Medicaid FFS fee schedule through established percentages (e.g. 100%, 102%, 95% etc.). As a result, MCO reimbursement has historically changed in conjunction with Medicaid FFS fee schedule changes, both increases and decreases. Furthermore, it is common for provider reimbursement contracts that are directly tied to the Medicaid fee schedule (i.e. set at a percentage of Medicaid) to automatically adjust when the Medicaid fee schedule changes with no further need for recontracting. The correlation between managed care reimbursement and FFS fee schedules has been consistently observed throughout the history of the Texas managed care programs and is reiterated through discussions with the MCOs.

The attached exhibits present a summary of the derivation of these adjustment factors.

Exhibit A – Hospital Inpatient Reimbursement Changes. As a result of annual evaluations, several hospitals have had their Standard Dollar Amount (SDA) revised between the base period and FY2022. In addition, the SDAs for all rural and children’s hospitals were increased effective September 1, 2019. The increases for children’s hospitals were limited in FY2020 and were restored to the pre-September 1, 2019 levels on September 1, 2020.

Exhibit B – Potentially Preventable Complications (PPC) Reimbursement Change. Effective March 1, 2014, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital’s performance during the evaluation period and can change from one fiscal year to the next. A new PPC reduction list will become effective September 1, 2021. As a result, the adjustment factors represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2022.

Exhibit C – Potentially Preventable Readmissions (PPR) Reimbursement Change. Beginning May 1, 2013, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital’s performance during the evaluation period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2021. As a result, the adjustment factors represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2022.

Exhibit D – Potentially Preventable Readmissions (PPR) Quality Improvement. Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2022. The 10% PPR adjustment is intended to be an introductory step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods.

Exhibit E – DRG Grouper Change. Retroactive to October 1, 2019, the DRG Grouper utilized for pricing inpatient claims reverted from Version 37 to Version 36. A portion of the base period, October 2019 through February 2020, includes data prior to the retroactive change and therefore is based on Grouper 37 logic. The adjustment presents the impact of the Version 36 restoration and the corresponding rating adjustment factors associated with this revision.

Exhibit F – Limit Related Party Reimbursement to 100% of Medicaid. The rating methodology excludes from the base period claims experience any amounts paid by a health plan to a related party in excess of 100% of Medicaid.

Exhibit G – Therapy Reimbursement Change. Effective September 1, 2019, HHSC made revisions to the reimbursement rates for therapy services.

Exhibit H – Private Duty Nursing Reimbursement Change. Effective September 1, 2019, HHSC increased the reimbursement for private duty nursing (PDN) by 2.5%.

Exhibit I – Rural Hospital Outpatient Reimbursement Change. Effective September 1, 2021, HHSC will make revisions to the reimbursement for outpatient services provided at rural hospitals.

Exhibit J – Invalid Clinician Administered Drug Adjustment. Invalid clinician administered drugs have been removed from the base period. HHSC has provided guidance to the MCOs which specifies the reporting requirements for a CAD to be considered a valid claim.

Exhibit K – FQHC Wrap Payment Removal. Effective March 1, 2018, FQHC wrap payments were carved out of managed care. HHSC has developed policy language to ensure that FQHCs are reimbursed their full encounter rate; however, the MCO will only be responsible for reimbursing the FQHC an amount no less than the rate paid to non-FQHC providers providing similar services. This adjustment was calculated by collecting the FQHC wrap payments paid by the MCOs during the base period.

Exhibit L & M – Hemostatic Drug Carve-out. Effective September 1, 2020, HHSC carved out all hemostatic drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but are now funded through a non-risk arrangement. Hemostatic drugs are rare and extremely high cost. In one example, the cost of a single hemophilia drug for a single plan participant is over \$10 million per year. The purpose of this carveout is to improve the balance of risk between various MCOs. The hemostatic carve out adjustment factors are based on actual experience of the program and are determined by

comparing the hemostatic drug experience to the base period claims cost by service area and risk group. Exhibit L presents the hemostatic carve-out adjustment factors for medical service. Exhibit M presents the hemostatic carve-out adjustment factors for prescription drug service.

For ease of reporting purposes, the numerous provider reimbursement adjustments described above have been consolidated in the community rating exhibits included in Attachment 3. The key below includes a description of where each adjustment has been included in Attachment 3.

Attachment 3 Rating Adjustment Heading

Attachment 5 Exhibits

Medical – Inpatient Reimbursement Change
Medical - Provider Reimbursement Change
Medical - Other Reimbursement Change
Medical – Other Adjustments
Pharmacy – Hemostatic Carve-out

Exhibits A, B, C, D, E and F
Exhibits G, H and I
Exhibits J
Exhibit K and L
Exhibit M

Attachment 5 Exhibit N presents the consolidated adjustment factors that are used in the community rating exhibits included in Attachment 3.

Please note that the incurred claims reported on Attachment 5 are developed from the FY2019 detail encounter data which only includes claims paid through November 2019 and the FY2020 detail encounter data which only includes claims paid through November 2020. As a result, the incurred claims reported on Attachment 3 vary slightly from Attachment 5 amounts for several reasons including: (i) Attachment 3 incurred claims include claims paid through February 2021, (ii) Attachment 3 incurred claims include a small amount of IBNR and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 incurred claims but not available in the detailed encounter data files. As noted on pages 1-3 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors presented in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

All adjustments were calculated independently by both HHSC and the Rudd and Wisdom actuaries to ensure consistent results.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Change
 Hospital Reimbursement Changes - Standard Dollar Amount

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	-13,990	-32,306	-12,633	-189	8,232	-57	-50,942
Dallas	0	-82,484	-217,866	-102,825	80	172	309	-402,614
El Paso	28	-6,988	-17,837	-4,681	0	0	104	-29,375
Harris	-256	-207,007	-195,297	-122,794	-155	-36	-102	-525,648
Jefferson	0	-356	-454	-22,419	39	-9	172	-23,027
Lubbock	0	1,292	-19,258	-5,841	0	-191	3,338	-20,660
Nueces	0	-10,614	-16,685	-8,230	9	1,208	-5	-34,318
RSA	0	-13,088	10,321	30,342	1,392	21,460	16,549	66,976
Tarrant	0	-113,010	-193,807	-39,513	-16	682	223	-345,441
Travis	0	-102,244	-46,365	-16,863	221	1,687	251	-163,312
Total	-229	-548,489	-729,554	-305,459	1,381	33,205	20,784	-1,528,360
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	-0.15 %	-0.26 %	-0.27 %	-0.04 %	0.15 %	-0.07 %	-0.16 %
Dallas	0.00 %	-0.39 %	-0.67 %	-0.86 %	0.18 %	0.00 %	0.11 %	-0.43 %
El Paso	0.89 %	-0.25 %	-0.35 %	-0.19 %	0.00 %	0.00 %	0.22 %	-0.23 %
Harris	-0.29 %	-0.54 %	-0.33 %	-0.42 %	-0.10 %	0.00 %	-0.01 %	-0.29 %
Jefferson	0.00 %	-0.02 %	-0.01 %	-0.75 %	0.53 %	0.00 %	0.38 %	-0.18 %
Lubbock	0.00 %	0.05 %	-0.56 %	-0.40 %	0.00 %	-0.01 %	7.56 %	-0.24 %
Nueces	0.00 %	-0.38 %	-0.34 %	-0.32 %	0.03 %	0.13 %	-0.01 %	-0.30 %
RSA	0.00 %	-0.06 %	0.04 %	0.22 %	1.32 %	0.09 %	5.96 %	0.08 %
Tarrant	0.00 %	-0.75 %	-0.99 %	-0.43 %	-0.05 %	0.01 %	0.14 %	-0.64 %
Travis	0.00 %	-1.13 %	-0.47 %	-0.38 %	1.95 %	0.01 %	0.19 %	-0.45 %
Total	-0.14 %	-0.44 %	-0.41 %	-0.37 %	0.15 %	0.02 %	1.08 %	-0.29 %

Footnotes:

- (1) Equals the cost impact from application of the revised hospital Standard Dollar Amounts.
 (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
 (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Changes
 Potentially Preventable Complications (PPC) Reimbursement Change

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	-3,480	-10,545	-4,891	-40	-455	-105	-19,516
Dallas	0	0	-442	-1,141	59	25	309	-1,190
El Paso	0	4,635	6,111	3,911	0	12	23	14,692
Harris	-1,396	-66,479	-92,352	-44,708	-323	-85	-1,485	-206,827
Jefferson	0	-1,887	-7,529	-26,708	79	0	332	-35,713
Lubbock	0	2,550	5,271	607	-21	56	-78	8,385
Nueces	0	-96	-423	-1,564	-15	-111	0	-2,209
RSA	0	-536	-8,995	-11,709	160	122	177	-20,780
Tarrant	0	-5	-286	515	36	0	-111	149
Travis	0	-45,678	-24,706	-23,340	-10	3,272	-47	-90,508
Total	-1,396	-110,974	-133,895	-109,027	-74	2,836	-986	-353,517
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	-0.04 %	-0.09 %	-0.10 %	-0.01 %	-0.01 %	-0.13 %	-0.06 %
Dallas	0.00 %	0.00 %	0.00 %	-0.01 %	0.14 %	0.00 %	0.11 %	0.00 %
El Paso	0.00 %	0.16 %	0.12 %	0.16 %	0.00 %	0.00 %	0.05 %	0.12 %
Harris	-1.55 %	-0.17 %	-0.16 %	-0.15 %	-0.21 %	0.00 %	-0.18 %	-0.12 %
Jefferson	0.00 %	-0.08 %	-0.16 %	-0.90 %	1.05 %	0.00 %	0.72 %	-0.29 %
Lubbock	0.00 %	0.11 %	0.15 %	0.04 %	-0.45 %	0.00 %	-0.18 %	0.10 %
Nueces	0.00 %	0.00 %	-0.01 %	-0.06 %	-0.05 %	-0.01 %	0.00 %	-0.02 %
RSA	0.00 %	0.00 %	-0.03 %	-0.09 %	0.15 %	0.00 %	0.06 %	-0.02 %
Tarrant	0.00 %	0.00 %	0.00 %	0.01 %	0.12 %	0.00 %	-0.07 %	0.00 %
Travis	0.00 %	-0.50 %	-0.25 %	-0.52 %	-0.09 %	0.03 %	-0.03 %	-0.25 %
Total	-0.83 %	-0.09 %	-0.07 %	-0.13 %	-0.01 %	0.00 %	-0.05 %	-0.07 %

Footnotes:

(1) Equals the cost impact resulting from PPC adjustments.

(2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).

(3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Changes
 Potentially Preventable Readmissions (PPR) Reimbursement Change

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	0	4,658	3,237	4	126	21	8,045
Dallas	0	216	2,904	7,183	95	67	70	10,534
El Paso	0	1,126	1,698	292	0	0	0	3,115
Harris	0	-3,906	-4,009	3,313	-33	64	810	-3,761
Jefferson	0	-202	-1,220	-442	-34	-23	-169	-2,091
Lubbock	0	-161	828	551	0	0	19	1,236
Nueces	0	39	2,372	2,138	0	-383	0	4,166
RSA	0	-1,891	10,176	574	-38	-17	-124	8,679
Tarrant	0	95	7,455	3,076	55	0	-81	10,599
Travis	0	21,518	13,419	10,614	-13	-5,536	-453	39,550
Total	0	16,833	38,280	30,535	36	-5,702	92	80,074
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.00 %	0.04 %	0.07 %	0.00 %	0.00 %	0.02 %	0.02 %
Dallas	0.00 %	0.00 %	0.01 %	0.06 %	0.22 %	0.00 %	0.02 %	0.01 %
El Paso	0.00 %	0.04 %	0.03 %	0.01 %	0.00 %	0.00 %	0.00 %	0.02 %
Harris	0.00 %	-0.01 %	-0.01 %	0.01 %	-0.02 %	0.00 %	0.10 %	0.00 %
Jefferson	0.00 %	-0.01 %	-0.03 %	-0.01 %	-0.46 %	0.00 %	-0.37 %	-0.02 %
Lubbock	0.00 %	-0.01 %	0.02 %	0.04 %	0.00 %	0.00 %	0.04 %	0.01 %
Nueces	0.00 %	0.00 %	0.05 %	0.08 %	0.00 %	-0.04 %	0.00 %	0.04 %
RSA	0.00 %	-0.01 %	0.04 %	0.00 %	-0.04 %	0.00 %	-0.04 %	0.01 %
Tarrant	0.00 %	0.00 %	0.04 %	0.03 %	0.18 %	0.00 %	-0.05 %	0.02 %
Travis	0.00 %	0.24 %	0.13 %	0.24 %	-0.11 %	-0.04 %	-0.34 %	0.11 %
Total	0.00 %	0.01 %	0.02 %	0.04 %	0.00 %	0.00 %	0.00 %	0.02 %

Footnotes:

(1) Equals the cost impact resulting from PPR adjustments.

(2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).

(3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Change
 Potentially Preventable Readmission (PPR) Quality Improvement Reduction

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	-25,260	-14,329	-4,959	0	0	0	-44,547
Dallas	0	-5,382	-29,631	-14,876	0	0	0	-49,890
El Paso	0	0	-2,019	-1,512	0	0	0	-3,531
Harris	-1,103	-13,963	-61,250	-41,108	-380	0	-271	-118,075
Jefferson	0	0	-1,860	-2,409	0	0	0	-4,269
Lubbock	0	0	-964	-2,744	0	0	0	-3,708
Nueces	0	0	-1,858	-1,405	0	0	0	-3,263
RSA	0	-10,439	-15,524	-7,779	0	0	0	-33,743
Tarrant	0	-5,649	-11,925	-9,564	0	0	0	-27,138
Travis	0	-13,169	-5,730	-7,578	0	-164	0	-26,641
Total	-1,103	-73,861	-145,091	-93,936	-380	-164	-271	-314,806
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	-0.28 %	-0.12 %	-0.10 %	0.00 %	0.00 %	0.00 %	-0.14 %
Dallas	0.00 %	-0.03 %	-0.09 %	-0.12 %	0.00 %	0.00 %	0.00 %	-0.05 %
El Paso	0.00 %	0.00 %	-0.04 %	-0.06 %	0.00 %	0.00 %	0.00 %	-0.03 %
Harris	-1.23 %	-0.04 %	-0.11 %	-0.14 %	-0.25 %	0.00 %	-0.03 %	-0.07 %
Jefferson	0.00 %	0.00 %	-0.04 %	-0.08 %	0.00 %	0.00 %	0.00 %	-0.03 %
Lubbock	0.00 %	0.00 %	-0.03 %	-0.19 %	0.00 %	0.00 %	0.00 %	-0.04 %
Nueces	0.00 %	0.00 %	-0.04 %	-0.05 %	0.00 %	0.00 %	0.00 %	-0.03 %
RSA	0.00 %	-0.05 %	-0.05 %	-0.06 %	0.00 %	0.00 %	0.00 %	-0.04 %
Tarrant	0.00 %	-0.04 %	-0.06 %	-0.10 %	0.00 %	0.00 %	0.00 %	-0.05 %
Travis	0.00 %	-0.15 %	-0.06 %	-0.17 %	0.00 %	0.00 %	0.00 %	-0.07 %
Total	-0.66 %	-0.06 %	-0.08 %	-0.11 %	-0.04 %	0.00 %	-0.01 %	-0.06 %

Footnotes:

(1) Equals the cost impact from a 10 percent reduction in PPR events.

(2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).

(3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Changes
 Hospital Reimbursement Changes - DRG Grouper Update

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	15,440	14,423	1,163	0	0	71	31,098
Dallas	0	40,984	515,195	77,741	0	0	370	634,290
El Paso	0	-726	28,156	711	0	0	0	28,141
Harris	0	32,649	73,530	26,280	0	0	964	133,422
Jefferson	0	14,296	0	0	0	0	0	14,296
Lubbock	0	13,271	3,203	24,619	0	0	0	41,093
Nueces	0	4,823	19,994	8,982	0	-104	0	33,695
RSA	0	-4,810	115,067	37,215	0	0	0	147,472
Tarrant	0	56,203	18,653	40,327	0	0	288	115,472
Travis	0	37,398	19,400	5,181	0	0	0	61,979
Total	0	209,529	807,622	222,218	0	-104	1,694	1,240,958
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.17 %	0.12 %	0.02 %	0.00 %	0.00 %	0.09 %	0.10 %
Dallas	0.00 %	0.19 %	1.58 %	0.65 %	0.00 %	0.00 %	0.13 %	0.68 %
El Paso	0.00 %	-0.03 %	0.55 %	0.03 %	0.00 %	0.00 %	0.00 %	0.22 %
Harris	0.00 %	0.08 %	0.13 %	0.09 %	0.00 %	0.00 %	0.12 %	0.07 %
Jefferson	0.00 %	0.62 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.11 %
Lubbock	0.00 %	0.56 %	0.09 %	1.70 %	0.00 %	0.00 %	0.00 %	0.47 %
Nueces	0.00 %	0.17 %	0.41 %	0.34 %	0.00 %	-0.01 %	0.00 %	0.30 %
RSA	0.00 %	-0.02 %	0.40 %	0.27 %	0.00 %	0.00 %	0.00 %	0.17 %
Tarrant	0.00 %	0.37 %	0.10 %	0.44 %	0.00 %	0.00 %	0.18 %	0.22 %
Travis	0.00 %	0.41 %	0.20 %	0.12 %	0.00 %	0.00 %	0.00 %	0.17 %
Total	0.00 %	0.17 %	0.45 %	0.27 %	0.00 %	0.00 %	0.09 %	0.24 %

Footnotes:

- (1) Equals the cost impact from adjustments for DRG grouper updates.
- (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
- (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Inpatient Hospital Reimbursement Change
 Limit Reimbursement to Related Parties

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Provider Reimbursement Reduction (1)								
Parkland - Dallas	-322	-80,405	-119,714	-110,278	-704	-3,733,011	-20,966	-4,065,399
TCHP - Harris	-244	-842,516	-1,457,698	-768,013	-3,336	-95,407	-1,145	-3,168,359
TCHP - Jefferson	0	-39,707	-51,040	-42,962	0	-1,970	0	-135,679
All Other	0	0	0	0	0	0	0	0
Total	-565	-962,629	-1,628,452	-921,252	-4,040	-3,830,388	-22,111	-7,369,437
3/19 - 2/20 Total Incurred Claims (2)								
Parkland - Dallas	8,573	8,935,470	12,351,343	4,405,767	17,242	13,967,925	130,363	39,816,683
TCHP - Harris	18,296	21,946,716	36,300,414	18,655,497	51,299	12,246,383	243,458	89,462,064
TCHP - Jefferson	1,338	1,171,577	1,662,709	2,174,699	3,493	621,221	11,683	5,646,720
All Other	139,369	91,893,081	129,581,493	57,275,293	848,422	109,569,497	1,542,973	390,850,128
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment by Plan (3)								
Parkland - Dallas	-3.76 %	-0.90 %	-0.97 %	-2.50 %	-4.08 %	-26.73 %	-16.08 %	-10.21 %
TCHP - Harris	-1.33 %	-3.84 %	-4.02 %	-4.12 %	-6.50 %	-0.78 %	-0.47 %	-3.54 %
TCHP - Jefferson	0.00 %	-3.39 %	-3.07 %	-1.98 %	0.00 %	-0.32 %	0.00 %	-2.40 %
All Others	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Total	-0.34 %	-0.78 %	-0.91 %	-1.12 %	-0.44 %	-2.81 %	-1.15 %	-1.40 %
Rate Adjustment by SDA (4)								
Bexar	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
Dallas	-3.62 %	-0.38 %	-0.36 %	-0.94 %	-0.55 %	-11.71 %	-5.78 %	
El Paso	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
Harris	-0.29 %	-2.20 %	-2.55 %	-2.70 %	-2.77 %	-0.23 %	-0.18 %	
Jefferson	0.00 %	-1.98 %	-1.19 %	-1.45 %	0.00 %	-0.08 %	0.00 %	
Lubbock	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
Nueces	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
RSA	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
Tarrant	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
Travis	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	

Footnotes:

- (1) Equals the cost impact from limiting reimbursement to a related party to 100% of Medicaid.
 (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (IHP provided encounter data).
 (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.
 (4) Adjustment factor applied by service delivery area.

FY2022 CHIP Rating
 Provider Reimbursement Change
 Therapy Assistant Adjustments

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	169,869	39,899	4,012	0	0	0	213,780
Dallas	0	267,236	83,474	4,762	0	0	0	355,472
El Paso	0	44,716	28,101	1,388	82	0	0	74,287
Harris	50	260,748	92,400	2,305	0	0	0	355,503
Jefferson	0	17,406	3,452	194	0	0	0	21,052
Lubbock	0	40,275	7,698	314	0	0	0	48,287
Nueces	0	11,789	3,120	929	0	0	0	15,838
RSA	133	219,859	76,958	8,105	0	0	0	305,055
Tarrant	0	165,366	50,040	1,382	0	0	0	216,787
Travis	14	90,505	24,345	1,613	0	0	0	116,477
Total	197	1,287,769	409,487	25,004	82	0	0	1,722,540
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	1.88 %	0.33 %	0.08 %	0.00 %	0.00 %	0.00 %	0.66 %
Dallas	0.00 %	1.25 %	0.26 %	0.04 %	0.00 %	0.00 %	0.00 %	0.38 %
El Paso	0.00 %	1.59 %	0.55 %	0.06 %	1.18 %	0.00 %	0.00 %	0.58 %
Harris	0.06 %	0.68 %	0.16 %	0.01 %	0.00 %	0.00 %	0.00 %	0.20 %
Jefferson	0.00 %	0.75 %	0.07 %	0.01 %	0.00 %	0.00 %	0.00 %	0.17 %
Lubbock	0.00 %	1.71 %	0.22 %	0.02 %	0.00 %	0.00 %	0.00 %	0.55 %
Nueces	0.00 %	0.42 %	0.06 %	0.04 %	0.00 %	0.00 %	0.00 %	0.14 %
RSA	0.46 %	1.07 %	0.26 %	0.06 %	0.00 %	0.00 %	0.00 %	0.35 %
Tarrant	0.00 %	1.10 %	0.26 %	0.02 %	0.00 %	0.00 %	0.00 %	0.40 %
Travis	0.24 %	1.00 %	0.24 %	0.04 %	0.00 %	0.00 %	0.00 %	0.32 %
Total	0.12 %	1.04 %	0.23 %	0.03 %	0.01 %	0.00 %	0.00 %	0.33 %

Footnotes:

- (1) Equals the cost impact resulting from reimbursement changes for therapy assistants.
 (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
 (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Provider Reimbursement Change
 Private Duty Nursing (PDN) Adjustments

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	578	41	0	0	0	0	618
Dallas	0	3,044	1,984	0	0	0	0	5,028
El Paso	0	0	238	0	0	0	0	238
Harris	0	5,511	1,191	0	0	0	0	6,702
Jefferson	0	0	0	0	0	0	0	0
Lubbock	0	0	497	0	0	0	0	497
Nueces	0	0	0	1,703	0	0	0	1,703
RSA	0	2,758	2,807	0	0	0	0	5,566
Tarrant	0	2,894	548	144	0	0	0	3,585
Travis	0	0	0	0	0	0	0	0
Total	0	14,785	7,306	1,847	0	0	0	23,938
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Dallas	0.00 %	0.01 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.01 %
El Paso	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Harris	0.00 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Jefferson	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Lubbock	0.00 %	0.00 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.01 %
Nueces	0.00 %	0.00 %	0.00 %	0.07 %	0.00 %	0.00 %	0.00 %	0.02 %
RSA	0.00 %	0.01 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.01 %
Tarrant	0.00 %	0.02 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.01 %
Travis	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Total	0.00 %	0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %

Footnotes:

(1) Equals the cost impact from reimbursement changes for PDN services.

(2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).

(3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Provider Reimbursement Change
 Rural Hospital Outpatient Reimbursement Changes

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	7,471	47,910	45,094	0	4,593	0	105,068
Dallas	0	2,873	4,705	4,481	14	792	0	12,864
El Paso	0	317	57	369	0	0	0	743
Harris	0	14,129	33,254	11,394	0	17,712	181	76,670
Jefferson	0	8,699	30,805	25,988	0	3,507	0	69,000
Lubbock	0	13,709	42,559	26,499	0	32,626	669	116,062
Nueces	0	16,399	39,427	27,185	0	9,520	261	92,793
RSA	125	270,097	491,553	296,860	351	248,168	2,626	1,309,780
Tarrant	0	8,746	19,042	23,613	0	13,411	184	64,997
Travis	0	11,313	36,993	17,840	0	13,973	59	80,178
Total	125	353,753	746,306	479,323	365	344,303	3,979	1,928,154
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.08 %	0.39 %	0.95 %	0.00 %	0.08 %	0.00 %	0.33 %
Dallas	0.00 %	0.01 %	0.01 %	0.04 %	0.03 %	0.00 %	0.00 %	0.01 %
El Paso	0.00 %	0.01 %	0.00 %	0.01 %	0.00 %	0.00 %	0.00 %	0.01 %
Harris	0.00 %	0.04 %	0.06 %	0.04 %	0.00 %	0.03 %	0.02 %	0.04 %
Jefferson	0.00 %	0.38 %	0.67 %	0.88 %	0.00 %	0.14 %	0.00 %	0.55 %
Lubbock	0.00 %	0.58 %	1.23 %	1.83 %	0.00 %	2.31 %	1.52 %	1.33 %
Nueces	0.00 %	0.59 %	0.80 %	1.04 %	0.00 %	1.04 %	0.66 %	0.82 %
RSA	0.44 %	1.31 %	1.69 %	2.16 %	0.33 %	1.08 %	0.95 %	1.51 %
Tarrant	0.00 %	0.06 %	0.10 %	0.26 %	0.00 %	0.14 %	0.11 %	0.12 %
Travis	0.00 %	0.12 %	0.37 %	0.40 %	0.00 %	0.11 %	0.04 %	0.22 %
Total	0.07 %	0.29 %	0.41 %	0.58 %	0.04 %	0.25 %	0.21 %	0.37 %

Footnotes:

- (1) Equals the cost impact from rural outpatient reimbursement changes.
 (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
 (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Other Reimbursement Change
 Remove Invalid Clinician Administered Drug (CAD) Encounters

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	-22	-122	-23,696	0	-53	0	-23,894
Dallas	0	-4	-372	-39	0	-227	0	-641
El Paso	0	0	0	0	0	0	0	0
Harris	0	-509	-2,426	-1,416	-14	-784	0	-5,148
Jefferson	0	-110	0	-65	0	-64	0	-239
Lubbock	0	-12	-69	-73	0	0	0	-154
Nueces	0	0	0	0	0	0	0	0
RSA	0	-10	-17	-4	0	0	0	-32
Tarrant	0	-8	-176	-24	0	0	0	-208
Travis	0	0	-16	0	0	0	0	-16
Total	0	-675	-3,198	-25,318	-14	-1,128	0	-30,333
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.00 %	0.00 %	-0.50 %	0.00 %	0.00 %	0.00 %	-0.07 %
Dallas	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
El Paso	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Harris	0.00 %	0.00 %	0.00 %	0.00 %	-0.01 %	0.00 %	0.00 %	0.00 %
Jefferson	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Lubbock	0.00 %	0.00 %	0.00 %	-0.01 %	0.00 %	0.00 %	0.00 %	0.00 %
Nueces	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
RSA	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Tarrant	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Travis	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Total	0.00 %	0.00 %	0.00 %	-0.03 %	0.00 %	0.00 %	0.00 %	-0.01 %

Footnotes:

- (1) Equals the cost impact from removing invalid CADs.
 (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
 (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Other Adjustments
 FQHC Wrap Payment Carve Out

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
FQHC Wrap Payment Carve Out (1)								
Bexar	-278	-232,726	-371,244	-112,485	-3,569	-548,634	-56,057	-1,324,994
Dallas	-83	-186,672	-316,998	-93,139	-3,297	-784,242	-10,930	-1,395,362
El Paso	0	-12,681	-37,530	-29,439	0	-13,108	0	-92,758
Harris	-1,645	-1,026,083	-1,831,438	-692,757	-4,336	-6,173,728	-41,248	-9,771,235
Jefferson	-57	-51,611	-98,794	-40,375	-332	-142,586	-540	-334,294
Lubbock	0	-60,353	-143,619	-51,948	0	-204,926	-1,062	-461,908
Nueces	-142	-14,554	-21,077	-5,736	0	-14,579	-33	-56,121
RSA	-2,568	-1,167,311	-1,853,886	-662,964	-7,447	-2,659,100	-17,600	-6,370,876
Tarrant	-2	-25,597	-33,533	-12,295	-758	-384,200	-8,456	-464,841
Travis	-5,495	-948,671	-1,494,862	-446,054	-11,199	-4,887,828	-28,258	-7,822,368
Total	-10,271	-3,726,260	-6,202,982	-2,147,192	-30,939	-15,812,931	-164,183	-28,094,757
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	-5.49 %	-2.57 %	-3.04 %	-2.37 %	-0.67 %	-9.80 %	-67.32 %	-4.11 %
Dallas	-0.40 %	-0.88 %	-0.97 %	-0.78 %	-7.62 %	-2.97 %	-3.87 %	-1.50 %
El Paso	0.00 %	-0.45 %	-0.73 %	-1.19 %	0.00 %	-0.58 %	0.00 %	-0.73 %
Harris	-1.83 %	-2.66 %	-3.14 %	-2.40 %	-2.85 %	-11.81 %	-5.08 %	-5.46 %
Jefferson	-0.99 %	-2.23 %	-2.14 %	-1.36 %	-4.43 %	-5.61 %	-1.18 %	-2.67 %
Lubbock	0.00 %	-2.56 %	-4.15 %	-3.58 %	0.00 %	-14.50 %	-2.41 %	-5.29 %
Nueces	-33.47 %	-0.52 %	-0.43 %	-0.22 %	0.00 %	-1.60 %	-0.08 %	-0.50 %
RSA	-8.97 %	-5.67 %	-6.38 %	-4.82 %	-7.05 %	-11.59 %	-6.34 %	-7.34 %
Tarrant	-0.03 %	-0.17 %	-0.17 %	-0.13 %	-2.52 %	-3.96 %	-5.22 %	-0.87 %
Travis	-95.79 %	-10.48 %	-15.03 %	-9.96 %	-98.67 %	-39.65 %	-21.04 %	-21.76 %
Total	-6.13 %	-3.01 %	-3.45 %	-2.60 %	-3.36 %	-11.59 %	-8.51 %	-5.34 %

Footnotes:

- (1) Equals the cost impact from carving out the wrap payment portion of FQHC reimbursement.
- (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (IHP provided encounter data).
- (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
 Other Adjustments
 Hemostatic Drug Carve-Out

	Age <1	Age 1-5	Age 6-14	Age 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Impact of Adjustment (1)								
Bexar	0	0	-1,184	0	0	0	0	-1,184
Dallas	0	0	-3,776	0	0	0	0	-3,776
El Paso	0	0	0	0	0	0	0	0
Harris	0	-2,035	-420,466	-90,760	0	0	0	-513,261
Jefferson	0	0	0	-5,985	0	0	0	-5,985
Lubbock	0	0	0	0	0	0	0	0
Nueces	0	0	0	0	0	0	0	0
RSA	0	-666	0	0	0	0	0	-666
Tarrant	0	0	0	-9,360	0	0	0	-9,360
Travis	0	0	0	0	0	0	0	0
Total	0	-2,701	-425,425	-106,106	0	0	0	-534,232
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	5,071	9,052,829	12,230,779	4,752,083	528,847	5,596,095	83,267	32,248,971
Dallas	20,638	21,322,085	32,629,889	12,012,170	43,279	26,441,915	282,400	92,752,376
El Paso	3,098	2,818,613	5,142,892	2,467,074	6,997	2,245,984	47,249	12,731,907
Harris	89,819	38,562,441	58,314,180	28,901,318	152,175	52,279,568	812,007	179,111,508
Jefferson	5,800	2,318,772	4,617,329	2,969,754	7,492	2,542,887	45,863	12,507,896
Lubbock	2,441	2,361,304	3,460,669	1,449,654	4,644	1,413,727	44,132	8,736,572
Nueces	423	2,792,972	4,935,070	2,605,899	29,978	912,626	39,669	11,316,638
RSA	28,647	20,581,934	29,055,982	13,765,367	105,613	22,937,109	277,587	86,752,238
Tarrant	5,903	15,079,393	19,563,533	9,111,477	30,080	9,708,712	161,978	53,661,075
Travis	5,737	9,056,501	9,945,636	4,476,459	11,351	12,326,403	134,325	35,956,411
Total	167,577	123,946,845	179,895,959	82,511,255	920,456	136,405,026	1,928,477	525,775,594
Rate Adjustment (3)								
Bexar	0.00 %	0.00 %	-0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Dallas	0.00 %	0.00 %	-0.01 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
El Paso	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Harris	0.00 %	-0.01 %	-0.72 %	-0.31 %	0.00 %	0.00 %	0.00 %	-0.29 %
Jefferson	0.00 %	0.00 %	0.00 %	-0.20 %	0.00 %	0.00 %	0.00 %	-0.05 %
Lubbock	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Nueces	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
RSA	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Tarrant	0.00 %	0.00 %	0.00 %	-0.10 %	0.00 %	0.00 %	0.00 %	-0.02 %
Travis	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Total	0.00 %	0.00 %	-0.24 %	-0.13 %	0.00 %	0.00 %	0.00 %	-0.10 %

Footnotes:

- (1) Equals the cost impact from carving out hemostatic drugs.
- (2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).
- (3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

FY2022 CHIP Rating
Pharmacy Rating Adjustment
Hemostatic Carve-Out

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%	Total
Hemostatic Carve Out (1)								
Bexar	0	-182,968	-136,445	0	0	0	0	-319,413
Dallas	0	-351,987	-692,713	-37,221	0	0	0	-1,081,921
El Paso	0	-53,299	0	-602,197	0	0	0	-655,496
Harris	0	-43,216	-214,878	-691,331	0	0	0	-949,425
Jefferson	0	0	-10,651,528	-21,229	0	0	0	-10,672,757
Lubbock	0	0	-175,159	0	0	0	0	-175,159
Nueces	0	-128,345	-287,015	0	0	0	0	-415,360
RSA	0	-426,764	-694,293	-409,840	0	0	0	-1,530,897
Tarrant	0	-147,119	-57,280	-107,513	0	0	0	-311,912
Travis	0	-29,387	-728,103	0	0	0	0	-757,491
Total	0	-1,363,085	-13,637,414	-1,869,331	0	0	0	-16,869,830
3/19 - 2/20 Total Incurred Claims (2)								
Bexar	9	1,575,590	5,306,971	2,019,278	101	838,618	31,334	9,771,900
Dallas	541	2,186,369	10,254,745	4,074,507	989	1,688,335	15,788	18,221,274
El Paso	143	364,459	2,381,290	1,634,229	55	448,202	5,912	4,834,290
Harris	1,883	3,605,865	16,335,815	6,517,400	888	8,321,038	78,867	34,861,756
Jefferson	131	208,218	12,235,078	399,784	0	366,220	7,589	13,217,020
Lubbock	10	256,697	1,969,210	749,697	259	180,728	2,299	3,158,900
Nueces	14	436,919	2,750,877	786,750	39	159,731	5,056	4,139,386
RSA	1,547	3,773,217	14,703,015	5,046,030	1,206	4,356,917	22,091	27,904,023
Tarrant	268	1,569,251	7,636,933	3,074,727	149	2,909,661	35,082	15,226,072
Travis	58	694,727	5,701,226	1,537,751	904	625,089	7,449	8,567,204
Total	4,605	14,671,311	79,275,161	25,840,153	4,591	19,894,538	211,467	139,901,826
Rate Adjustment (3)								
Bexar	0.00 %	-11.61 %	-2.57 %	0.00 %	0.00 %	0.00 %	0.00 %	-3.27 %
Dallas	0.00 %	-16.10 %	-6.76 %	-0.91 %	0.00 %	0.00 %	0.00 %	-5.94 %
El Paso	0.00 %	-14.62 %	0.00 %	-36.85 %	0.00 %	0.00 %	0.00 %	-13.56 %
Harris	0.00 %	-1.20 %	-1.32 %	-10.61 %	0.00 %	0.00 %	0.00 %	-2.72 %
Jefferson	0.00 %	0.00 %	-87.06 %	-5.31 %	0.00 %	0.00 %	0.00 %	-80.75 %
Lubbock	0.00 %	0.00 %	-8.89 %	0.00 %	0.00 %	0.00 %	0.00 %	-5.54 %
Nueces	0.00 %	-29.37 %	-10.43 %	0.00 %	0.00 %	0.00 %	0.00 %	-10.03 %
RSA	0.00 %	-11.31 %	-4.72 %	-8.12 %	0.00 %	0.00 %	0.00 %	-5.49 %
Tarrant	0.00 %	-9.38 %	-0.75 %	-3.50 %	0.00 %	0.00 %	0.00 %	-2.05 %
Travis	0.00 %	-4.23 %	-12.77 %	0.00 %	0.00 %	0.00 %	0.00 %	-8.84 %
Total	0.00 %	-9.29 %	-17.20 %	-7.23 %	0.00 %	0.00 %	0.00 %	-12.06 %

Footnotes:

(1) Equals the cost impact from carving out Hemostatic drugs.

(2) Equals 3/19 - 2/20 health plan fee-for-service claims for all services (ICHP provided encounter data).

(3) Cost impact divided by 3/19 - 2/20 Total Incurred Claims.

	< 1	1-5	6-14	15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%
Medical - Inpatient Reimbursement Change Factor (1)							
Bexar	1.0000	0.9970	0.9969	0.9962	0.9995	1.0014	0.9991
Dallas	0.9638	0.9939	1.0045	0.9878	0.9999	0.8829	0.9456
El Paso	1.0089	0.9992	1.0031	0.9995	1.0000	1.0000	1.0027
Harris	0.9668	0.9714	0.9698	0.9671	0.9667	0.9977	0.9982
Jefferson	1.0000	0.9852	0.9857	0.9684	1.0112	0.9992	1.0073
Lubbock	1.0000	1.0071	0.9967	1.0118	0.9955	0.9999	1.0741
Nueces	1.0000	0.9979	1.0007	0.9999	0.9998	1.0007	0.9999
RSA	1.0000	0.9986	1.0040	1.0034	1.0143	1.0009	1.0598
Tarrant	1.0000	0.9958	0.9909	0.9995	1.0025	1.0001	1.0020
Travis	1.0000	0.9887	0.9955	0.9929	1.0175	1.0000	0.9982
Medical - Provider Reimbursement Change Factor (2)							
Bexar	1.0000	1.0197	1.0072	1.0103	1.0000	1.0008	1.0000
Dallas	1.0000	1.0127	1.0028	1.0008	1.0003	1.0000	1.0000
El Paso	1.0000	1.0160	1.0055	1.0007	1.0118	1.0000	1.0000
Harris	1.0006	1.0073	1.0022	1.0005	1.0000	1.0003	1.0002
Jefferson	1.0000	1.0113	1.0074	1.0089	1.0000	1.0014	1.0000
Lubbock	1.0000	1.0230	1.0146	1.0185	1.0000	1.0231	1.0152
Nueces	1.0000	1.0101	1.0086	1.0115	1.0000	1.0104	1.0066
RSA	1.0090	1.0240	1.0196	1.0222	1.0033	1.0108	1.0095
Tarrant	1.0000	1.0118	1.0036	1.0028	1.0000	1.0014	1.0011
Travis	1.0024	1.0112	1.0061	1.0044	1.0000	1.0011	1.0004
Medical - Other Reimbursement Change Factor (3)							
Bexar	1.0000	1.0000	1.0000	0.9950	1.0000	1.0000	1.0000
Dallas	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
El Paso	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Harris	1.0000	1.0000	1.0000	1.0000	0.9999	1.0000	1.0000
Jefferson	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Lubbock	1.0000	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000
Nueces	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
RSA	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tarrant	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Travis	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Medical - Other Adjustments (4)							
Bexar	0.9451	0.9743	0.9695	0.9763	0.9933	0.9020	0.3268
Dallas	0.9960	0.9912	0.9902	0.9922	0.9238	0.9703	0.9613
El Paso	1.0000	0.9955	0.9927	0.9881	1.0000	0.9942	1.0000
Harris	0.9817	0.9733	0.9616	0.9730	0.9715	0.8819	0.9492
Jefferson	0.9901	0.9777	0.9786	0.9844	0.9557	0.9439	0.9882
Lubbock	1.0000	0.9744	0.9585	0.9642	1.0000	0.8550	0.9759
Nueces	0.6653	0.9948	0.9957	0.9978	1.0000	0.9840	0.9992
RSA	0.9103	0.9433	0.9362	0.9518	0.9295	0.8841	0.9366
Tarrant	0.9997	0.9983	0.9983	0.9977	0.9748	0.9604	0.9478
Travis	0.0421	0.8952	0.8497	0.9004	0.0133	0.6035	0.7896

Footnotes:

- (1) The Medical Inpatient Reimbursement Change Factor consolidates the following adjustments from Exhibit A-F
 - Exhibit A - Hospital Reimbursement Changes - Standard Dollar Amount
 - Exhibit B - Potentially Preventable Complications (PPC) Reimbursement Change
 - Exhibit C - Potentially Preventable Readmissions (PPR) Reimbursement Change
 - Exhibit D - Potentially Preventable Readmissions (PPR) Quality Improvement
 - Exhibit E - DRG Grouper Change
 - Exhibit F - Limit Reimbursement to Related Parties

- (2) The Medical Provider Reimbursement Change Factor consolidates the following adjustments from Exhibit G-I
 - Exhibit G - Therapy Reimbursement Change
 - Exhibit H - Private Duty Nursing Reimbursement Change
 - Exhibit I - Rural Hospital Reimbursement Change

- (3) The Medical Other Reimbursement Change Factor consolidates the following adjustments from Exhibit J
 - Exhibit J - Invalid Clinician Administered Drug Adjustment

- (4) The Medical Other Adjustments consolidates the following adjustments from Exhibit K-L
 - Exhibit K - FQHC Wrap Carve-out
 - Exhibit L - Hemostatic Drug Carve-out

Attachment 6

Acuity Risk Adjustment

The rate setting methodology incorporates a risk adjustment technique that is designed to adjust the base community rate in each service area to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective members. The risk analysis was performed by the University of Florida's Institute for Child Health Policy (ICHP). The methodology used to incorporate the risk adjustment is the Chronic Illness and Disability Payment System (CDPS). The attached exhibits (provided by ICHP) present a summary of the risk adjustment analysis. There is a separate exhibit for each age group (Exhibit A-D).

The column titled Case Mix on the chart is the risk adjustment factor. It is the ratio of the predicted average cost of the individual health plan's membership divided by the predicted average cost of the entire service area's membership.

If necessary, an additional adjustment was made to the risk adjustment factors to ensure that, in total, they produce the same premium as the community rates (budget neutral). Exhibit E summarizes the raw, unadjusted risk adjustment factors (case-mix), the budget neutral adjustment applied equally to each risk group within each service area along with the resulting adjusted risk adjustment factors which are used to calculate the risk adjusted community rates.

The risk adjustment factors determined by ICHP for the Under Age 1, Newborn 198%-202% and Perinate 198%-202% risk groups were not applied in developing the FY2022 premium rates due to the small size and the resulting variation in acuity scores.

TEXAS CHIP						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
Age 1-5	101,025	100.00	139.64	139.64	1.00	1.00
Bexar	8,372	100.00	137.50	148.15	1.00	0.93
Aetna - Bexar	693	8.28	105.16	113.10	0.76	0.93
Amerigroup - Bexar	226	2.70	88.55	137.50	0.93	0.64
CFHP - Bexar	4,077	48.70	110.05	134.74	0.91	0.82
Superior - Bexar	3,376	40.32	181.56	172.76	1.17	1.05
Dallas	15,878	100.00	149.01	131.84	1.00	1.13
Amerigroup - Dallas	8,867	55.84	141.16	129.31	0.98	1.09
Molina - Dallas	1,029	6.48	116.61	122.27	0.93	0.95
Parkland - Dallas	5,982	37.67	166.07	137.21	1.04	1.21
El Paso	3,141	100.00	100.34	124.70	1.00	0.80
El Paso Health - El Paso	1,931	61.48	108.44	128.13	1.03	0.85
Superior - El Paso	1,210	38.52	86.96	119.03	0.95	0.73
Harris	25,884	100.00	167.01	142.41	1.00	1.17
Amerigroup - Harris	1,706	6.59	131.95	127.66	0.90	1.03
CHC - Harris	6,998	27.04	178.50	142.04	1.00	1.26
Molina - Harris	228	0.88	68.00	97.74	0.69	0.70
TCHP - Harris	14,902	57.57	164.50	145.12	1.02	1.13
United - Harris	2,050	7.92	185.86	140.75	0.99	1.32
Jefferson	1,990	100.00	127.70	130.36	1.00	0.98
Amerigroup - Jefferson	100	5.03	93.65	92.23	0.71	1.02
CHC - Jefferson	472	23.72	118.08	121.46	0.93	0.97
Molina - Jefferson	82	4.12	59.17	70.47	0.54	0.84
TCHP - Jefferson	919	46.18	146.44	135.50	1.04	1.08
United - Jefferson	417	20.95	118.58	149.84	1.15	0.79
Lubbock	2,514	100.00	110.41	138.52	1.00	0.80
Firstcare - Lubbock	1,338	53.22	119.72	137.81	0.99	0.87
Superior - Lubbock	1,176	46.78	99.67	139.34	1.01	0.72
Nueces	2,245	100.00	138.83	135.92	1.00	1.02
Driscoll - Nueces	1,862	82.94	137.55	129.02	0.95	1.07
Superior - Nueces	356	15.86	152.78	175.27	1.29	0.87
United - Nueces	27	1.20	51.98	110.92	0.82	0.47
RSA	21,935	100.00	111.94	139.32	1.00	0.80
Molina - RSA	3,684	16.80	120.41	134.02	0.96	0.90
Superior - RSA	18,251	83.20	110.18	140.42	1.01	0.78
Tarrant	12,137	100.00	137.23	133.02	1.00	1.03
Aetna - Tarrant	2,430	20.02	134.11	129.69	0.97	1.03
Amerigroup - Tarrant	4,004	32.99	153.81	137.02	1.03	1.12
Cook - Tarrant	5,703	46.99	126.96	131.61	0.99	0.96
Travis	6,929	100.00	142.28	160.52	1.00	0.89
BCBS - Travis	1,777	25.65	216.36	200.96	1.25	1.08
DCHP - Travis	2,278	32.88	123.80	157.40	0.98	0.79
Superior - Travis	2,874	41.48	111.43	137.97	0.86	0.81

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for those enrollees who had been in the program for at least 1 months (age<1) and for those who had been in the program for at least 4 continuous months (age ≥1) (permitting one month lapse in enrollment within the 4 months period).

2. Small numbers of enrollees in a row mean that great care should be taken in interpreting the case-mix index and any associated year-to-year changes.

TEXAS CHIP						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
Age 6-14	257,862	100.00	104.49	104.49	1.00	1.00
Bexar	20,875	100.00	92.54	110.04	1.00	0.84
Aetna - Bexar	1,738	8.33	62.25	85.46	0.78	0.73
Amerigroup - Bexar	537	2.57	86.60	137.31	1.25	0.63
CFHP - Bexar	11,576	55.45	95.36	114.30	1.04	0.83
Superior - Bexar	7,024	33.65	95.87	106.97	0.97	0.90
Dallas	42,263	100.00	115.35	102.37	1.00	1.13
Amerigroup - Dallas	24,160	57.17	117.47	102.29	1.00	1.15
Molina - Dallas	2,499	5.91	66.25	89.25	0.87	0.74
Parkland - Dallas	15,604	36.92	119.73	104.53	1.02	1.15
El Paso	8,962	100.00	87.24	102.10	1.00	0.85
El Paso Health - El Paso	5,870	65.50	89.76	107.68	1.05	0.83
Superior - El Paso	3,092	34.50	82.34	91.25	0.89	0.90
Harris	66,446	100.00	120.02	102.69	1.00	1.17
Amerigroup - Harris	5,545	8.35	102.76	92.61	0.90	1.11
CHC - Harris	17,144	25.80	112.95	95.03	0.93	1.19
Molina - Harris	677	1.02	56.74	66.07	0.64	0.86
TCHP - Harris	38,570	58.05	129.49	108.83	1.06	1.19
United - Harris	4,510	6.79	95.48	96.56	0.94	0.99
Jefferson	5,291	100.00	131.89	105.45	1.00	1.25
Amerigroup - Jefferson	271	5.12	637.74	99.57	0.94	6.41
CHC - Jefferson	1,283	24.25	123.36	105.45	1.00	1.17
Molina - Jefferson	208	3.93	52.05	83.95	0.80	0.62
TCHP - Jefferson	2,388	45.13	100.63	102.52	0.97	0.98
United - Jefferson	1,141	21.56	107.59	116.67	1.11	0.92
Lubbock	6,295	100.00	92.42	105.37	1.00	0.88
Firstcare - Lubbock	3,284	52.17	98.45	108.56	1.03	0.91
Superior - Lubbock	3,011	47.83	85.74	101.84	0.97	0.84
Nueces	5,797	100.00	141.46	114.67	1.00	1.23
Driscoll - Nueces	4,709	81.23	146.61	118.32	1.03	1.24
Superior - Nueces	987	17.03	125.53	101.95	0.89	1.23
United - Nueces	101	1.74	49.19	63.66	0.56	0.77
RSA	54,987	100.00	85.18	104.77	1.00	0.81
Molina - RSA	10,955	19.92	95.25	108.74	1.04	0.88
Superior - RSA	44,032	80.08	82.61	103.76	0.99	0.80
Tarrant	30,318	100.00	96.51	102.39	1.00	0.94
Aetna - Tarrant	4,617	15.23	79.12	84.97	0.83	0.93
Amerigroup - Tarrant	11,292	37.25	91.18	92.30	0.90	0.99
Cook - Tarrant	14,409	47.53	106.11	115.71	1.13	0.92
Travis	16,628	100.00	100.80	110.33	1.00	0.91
BCBS - Travis	3,715	22.34	96.24	109.24	0.99	0.88
DCHP - Travis	5,001	30.08	91.81	110.57	1.00	0.83
Superior - Travis	7,912	47.58	108.74	110.67	1.00	0.98

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for those enrollees who had been in the program for at least 1 months (age<1) and for those who had been in the program for at least 4 continuous months (age ≥1) (permitting one month lapse in enrollment within the 4 months period).

2. Small numbers of enrollees in a row mean that great care should be taken in interpreting the case-mix index and any associated year-to-year changes.

TEXAS CHIP						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
Age 15-18	104,998	100.00	132.71	132.71	1.00	1.00
Bexar	8,684	100.00	110.19	125.76	1.00	0.88
Aetna - Bexar	672	7.74	119.42	119.70	0.95	1.00
Amerigroup - Bexar	245	2.82	86.04	152.89	1.22	0.56
CFHP - Bexar	5,066	58.34	111.30	128.01	1.02	0.87
Superior - Bexar	2,701	31.10	107.80	120.50	0.96	0.89
Dallas	16,704	100.00	122.02	130.28	1.00	0.94
Amerigroup - Dallas	9,613	57.55	119.74	132.00	1.01	0.91
Molina - Dallas	1,105	6.62	109.06	116.83	0.90	0.93
Parkland - Dallas	5,986	35.84	128.05	129.94	1.00	0.99
El Paso	4,239	100.00	106.17	155.36	1.00	0.68
El Paso Health - El Paso	2,793	65.89	114.61	154.17	0.99	0.74
Superior - El Paso	1,446	34.11	89.34	157.72	1.02	0.57
Harris	27,301	100.00	165.66	135.48	1.00	1.22
Amerigroup - Harris	2,707	9.92	127.52	109.12	0.81	1.17
CHC - Harris	6,580	24.10	158.72	127.25	0.94	1.25
Molina - Harris	381	1.40	62.16	85.17	0.63	0.73
TCHP - Harris	15,401	56.41	183.41	148.60	1.10	1.23
United - Harris	2,232	8.18	124.77	108.04	0.80	1.15
Jefferson	2,031	100.00	207.37	135.80	1.00	1.53
Amerigroup - Jefferson	117	5.76	74.01	117.48	0.87	0.63
CHC - Jefferson	473	23.29	125.77	150.32	1.11	0.84
Molina - Jefferson	87	4.28	49.83	59.83	0.44	0.83
TCHP - Jefferson	852	41.95	340.10	149.40	1.10	2.28
United - Jefferson	502	24.72	112.73	116.00	0.85	0.97
Lubbock	2,528	100.00	110.41	134.84	1.00	0.82
Firstcare - Lubbock	1,307	51.70	125.94	119.37	0.89	1.06
Superior - Lubbock	1,221	48.30	93.96	151.22	1.12	0.62
Nueces	2,348	100.00	177.15	167.86	1.00	1.06
Driscoll - Nueces	1,911	81.39	158.04	154.56	0.92	1.02
Superior - Nueces	383	16.31	290.94	249.14	1.48	1.17
United - Nueces	54	2.30	86.64	90.02	0.54	0.96
RSA	23,312	100.00	104.40	129.12	1.00	0.81
Molina - RSA	5,182	22.23	116.15	135.58	1.05	0.86
Superior - RSA	18,130	77.77	100.92	127.20	0.99	0.79
Tarrant	11,504	100.00	145.42	127.69	1.00	1.14
Aetna - Tarrant	1,657	14.40	81.36	94.79	0.74	0.86
Amerigroup - Tarrant	4,562	39.66	149.86	132.67	1.04	1.13
Cook - Tarrant	5,285	45.94	160.73	133.24	1.04	1.21
Travis	6,347	100.00	117.27	128.58	1.00	0.91
BCBS - Travis	1,419	22.36	119.98	118.83	0.92	1.01
DCHP - Travis	1,905	30.01	106.96	138.49	1.08	0.77
Superior - Travis	3,023	47.63	122.69	126.73	0.99	0.97

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for those enrollees who had been in the program for at least 1 months (age<1) and for those who had been in the program for at least 4 continuous months (age ≥1) (permitting one month lapse in enrollment within the 4 months period).

2. Small numbers of enrollees in a row mean that great care should be taken in interpreting the case-mix index and any associated year-to-year changes.

TEXAS CHIP						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
Perinatal <= 198% FPL	47,410	100.00	442.75	442.75	1.00	1.00
Bexar	2,161	100.00	400.88	440.23	1.00	0.91
Aetna - Bexar	204	9.44	368.36	407.22	0.93	0.90
Amerigroup - Bexar	258	11.94	314.86	420.34	0.95	0.75
CFHP - Bexar	815	37.71	454.80	461.81	1.05	0.98
Superior - Bexar	884	40.91	382.59	433.14	0.98	0.88
Dallas	9,291	100.00	399.58	458.68	1.00	0.87
Amerigroup - Dallas	3,223	34.69	324.86	466.48	1.02	0.70
Molina - Dallas	2,075	22.33	322.97	434.62	0.95	0.74
Parkland - Dallas	3,993	42.98	499.41	464.70	1.01	1.07
El Paso	921	100.00	387.39	458.21	1.00	0.85
El Paso Health - El Paso	620	67.32	403.53	458.49	1.00	0.88
Superior - El Paso	301	32.68	353.75	457.63	1.00	0.77
Harris	16,464	100.00	494.68	443.06	1.00	1.12
Amerigroup - Harris	2,174	13.20	432.91	425.84	0.96	1.02
CHC - Harris	5,882	35.73	549.92	445.34	1.01	1.23
Molina - Harris	1,578	9.58	487.46	411.38	0.93	1.18
TCHP - Harris	4,648	28.23	456.38	457.76	1.03	1.00
United - Harris	2,182	13.25	493.98	445.50	1.01	1.11
Jefferson	809	100.00	483.06	454.46	1.00	1.06
Amerigroup - Jefferson	108	13.35	497.92	456.32	1.00	1.09
CHC - Jefferson	183	22.62	508.57	469.43	1.03	1.08
Molina - Jefferson	98	12.11	459.91	432.93	0.95	1.06
TCHP - Jefferson	235	29.05	451.86	458.20	1.01	0.99
United - Jefferson	185	22.87	501.49	445.51	0.98	1.13
Lubbock	560	100.00	370.08	444.39	1.00	0.83
Firstcare - Lubbock	269	48.04	405.60	439.01	0.99	0.92
Superior - Lubbock	291	51.96	337.61	449.31	1.01	0.75
Nueces	360	100.00	405.68	426.30	1.00	0.95
Driscoll - Nueces	194	53.89	459.54	434.15	1.02	1.06
Superior - Nueces	106	29.44	340.66	410.05	0.96	0.83
United - Nueces	60	16.67	340.67	428.87	1.01	0.79
RSA	9,043	100.00	407.49	424.20	1.00	0.96
Molina - RSA	2,997	33.14	410.88	411.47	0.97	1.00
Superior - RSA	6,046	66.86	405.79	430.53	1.01	0.94
Tarrant	4,512	100.00	383.22	459.50	1.00	0.83
Aetna - Tarrant	1,067	23.65	330.81	445.61	0.97	0.74
Amerigroup - Tarrant	1,886	41.80	384.03	464.46	1.01	0.83
Cook - Tarrant	1,559	34.55	418.49	463.15	1.01	0.90
Travis	3,289	100.00	533.97	419.92	1.00	1.27
BCBS - Travis	1,141	34.69	581.20	421.47	1.00	1.38
DCHP - Travis	742	22.56	537.26	417.96	1.00	1.29
Superior - Travis	1,406	42.75	493.69	419.70	1.00	1.18

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for those enrollees who had been in the program for at least 1 months (age<1) and for those who had been in the program for at least 4 continuous months (age ≥1) (permitting one month lapse in enrollment within the 4 months period).

2. Small numbers of enrollees in a row mean that great care should be taken in interpreting the case-mix index and any associated year-to-year changes.

FY2022 CHIP Rating Summary
Adjusted Acuity Scores

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%
Raw Unadjusted Acuity Scores (1)							
Aetna - Bexar	1.000	0.763	0.777	0.952	1.000	0.925	1.000
Amerigroup - Bexar	1.000	0.928	1.248	1.216	1.000	0.955	1.000
CFHP - Bexar	1.000	0.909	1.039	1.018	1.000	1.049	1.000
Superior - Bexar	1.000	1.166	0.972	0.958	1.000	0.984	1.000
Amerigroup - Dallas	1.000	0.981	0.999	1.013	1.000	1.017	1.000
Molina - Dallas	1.000	0.927	0.872	0.897	1.000	0.948	1.000
Parkland - Dallas	1.000	1.041	1.021	0.997	1.000	1.013	1.000
El Paso Health - El Paso	1.000	1.028	1.055	0.992	1.000	1.001	1.000
Superior - El Paso	1.000	0.955	0.894	1.015	1.000	0.999	1.000
Amerigroup - Harris	1.000	0.896	0.902	0.805	1.000	0.961	1.000
CHC - Harris	1.000	0.997	0.925	0.939	1.000	1.005	1.000
Molina - Harris	1.000	0.686	0.643	0.629	1.000	0.928	1.000
TCHP - Harris	1.000	1.019	1.060	1.097	1.000	1.033	1.000
United - Harris	1.000	0.988	0.940	0.797	1.000	1.005	1.000
Amerigroup - Jefferson	1.000	0.707	0.944	0.865	1.000	1.004	1.000
CHC - Jefferson	1.000	0.932	1.000	1.107	1.000	1.033	1.000
Molina - Jefferson	1.000	0.541	0.796	0.441	1.000	0.953	1.000
TCHP - Jefferson	1.000	1.039	0.972	1.100	1.000	1.008	1.000
United - Jefferson	1.000	1.149	1.106	0.854	1.000	0.980	1.000
Firstcare - Lubbock	1.000	0.995	1.030	0.885	1.000	0.988	1.000
Superior - Lubbock	1.000	1.006	0.966	1.121	1.000	1.011	1.000
United - Nueces	1.000	0.816	0.555	0.536	1.000	1.006	1.000
Driscoll - Nueces	1.000	0.949	1.032	0.921	1.000	1.018	1.000
Superior - Nueces	1.000	1.289	0.889	1.484	1.000	0.962	1.000
Aetna - Tarrant	1.000	0.975	0.830	0.742	1.000	0.970	1.000
Amerigroup - Tarrant	1.000	1.030	0.901	1.039	1.000	1.011	1.000
Cook - Tarrant	1.000	0.989	1.130	1.043	1.000	1.008	1.000
BCBS - Travis	1.000	1.252	0.990	0.924	1.000	1.004	1.000
DCHP - Travis	1.000	0.981	1.002	1.077	1.000	0.995	1.000
Superior - Travis	1.000	0.860	1.003	0.986	1.000	0.999	1.000
Molina - RSA	1.000	0.962	1.038	1.050	1.000	0.970	1.000
Superior - RSA	1.000	1.008	0.990	0.985	1.000	1.015	1.000

FY2022 CHIP Rating Summary
Adjusted Acuity Scores

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%
Budget Neutrality Adjustment Factor (2)							
Aetna - Bexar	1.000	1.005	1.003	1.002	1.000	1.006	1.000
Amerigroup - Bexar	1.000	1.005	1.003	1.002	1.000	1.006	1.000
CFHP - Bexar	1.000	1.005	1.003	1.002	1.000	1.006	1.000
Superior - Bexar	1.000	1.005	1.003	1.002	1.000	1.006	1.000
Amerigroup - Dallas	1.000	1.000	1.001	1.000	1.000	1.005	1.000
Molina - Dallas	1.000	1.000	1.001	1.000	1.000	1.005	1.000
Parkland - Dallas	1.000	1.000	1.001	1.000	1.000	1.005	1.000
El Paso Health - El Paso	1.000	0.998	0.996	1.000	1.000	1.000	1.000
Superior - El Paso	1.000	0.998	0.996	1.000	1.000	1.000	1.000
Amerigroup - Harris	1.000	1.000	0.998	0.996	1.000	1.004	1.000
CHC - Harris	1.000	1.000	0.998	0.996	1.000	1.004	1.000
Molina - Harris	1.000	1.000	0.998	0.996	1.000	1.004	1.000
TCHP - Harris	1.000	1.000	0.998	0.996	1.000	1.004	1.000
United - Harris	1.000	1.000	0.998	0.996	1.000	1.004	1.000
Amerigroup - Jefferson	1.000	1.001	1.001	0.998	1.000	0.997	1.000
CHC - Jefferson	1.000	1.001	1.001	0.998	1.000	0.997	1.000
Molina - Jefferson	1.000	1.001	1.001	0.998	1.000	0.997	1.000
TCHP - Jefferson	1.000	1.001	1.001	0.998	1.000	0.997	1.000
United - Jefferson	1.000	1.001	1.001	0.998	1.000	0.997	1.000
Firstcare - Lubbock	1.000	1.000	1.002	0.993	1.000	0.999	1.000
Superior - Lubbock	1.000	1.000	1.002	0.993	1.000	0.999	1.000
United - Nueces	1.000	1.000	1.002	1.003	1.000	0.997	1.000
Driscoll - Nueces	1.000	1.000	1.002	1.003	1.000	0.997	1.000
Superior - Nueces	1.000	1.000	1.002	1.003	1.000	0.997	1.000
Aetna - Tarrant	1.000	1.000	1.004	1.003	1.000	1.003	1.000
Amerigroup - Tarrant	1.000	1.000	1.004	1.003	1.000	1.003	1.000
Cook - Tarrant	1.000	1.000	1.004	1.003	1.000	1.003	1.000
BCBS - Travis	1.000	0.994	1.000	1.001	1.000	1.000	1.000
DCHP - Travis	1.000	0.994	1.000	1.001	1.000	1.000	1.000
Superior - Travis	1.000	0.994	1.000	1.001	1.000	1.000	1.000
Molina - RSA	1.000	1.001	1.000	1.000	1.000	1.003	1.000
Superior - RSA	1.000	1.001	1.000	1.000	1.000	1.003	1.000

FY2022 CHIP Rating Summary
Adjusted Acuity Scores

Health Plan	Under Age 1	Ages 1-5	Ages 6-14	Ages 15-18	Newborn 198%-202%	Perinate <198%	Perinate 198%-202%
Budget Neutral Acuity Scores (3)							
Aetna - Bexar	1.000	0.767	0.779	0.953	1.000	0.930	1.000
Amerigroup - Bexar	1.000	0.932	1.251	1.218	1.000	0.960	1.000
CFHP - Bexar	1.000	0.914	1.042	1.020	1.000	1.055	1.000
Superior - Bexar	1.000	1.171	0.975	0.960	1.000	0.990	1.000
Amerigroup - Dallas	1.000	0.981	1.000	1.013	1.000	1.022	1.000
Molina - Dallas	1.000	0.928	0.873	0.897	1.000	0.952	1.000
Parkland - Dallas	1.000	1.041	1.022	0.997	1.000	1.018	1.000
El Paso Health - El Paso	1.000	1.025	1.050	0.993	1.000	1.001	1.000
Superior - El Paso	1.000	0.953	0.890	1.016	1.000	0.999	1.000
Amerigroup - Harris	1.000	0.896	0.900	0.802	1.000	0.965	1.000
CHC - Harris	1.000	0.997	0.924	0.935	1.000	1.009	1.000
Molina - Harris	1.000	0.686	0.642	0.626	1.000	0.932	1.000
TCHP - Harris	1.000	1.019	1.058	1.092	1.000	1.037	1.000
United - Harris	1.000	0.988	0.939	0.794	1.000	1.010	1.000
Amerigroup - Jefferson	1.000	0.708	0.945	0.863	1.000	1.002	1.000
CHC - Jefferson	1.000	0.933	1.001	1.105	1.000	1.030	1.000
Molina - Jefferson	1.000	0.541	0.797	0.440	1.000	0.950	1.000
TCHP - Jefferson	1.000	1.041	0.973	1.098	1.000	1.006	1.000
United - Jefferson	1.000	1.151	1.108	0.852	1.000	0.978	1.000
Firstcare - Lubbock	1.000	0.994	1.033	0.879	1.000	0.987	1.000
Superior - Lubbock	1.000	1.006	0.969	1.113	1.000	1.010	1.000
United - Nueces	1.000	0.816	0.556	0.538	1.000	1.003	1.000
Driscoll - Nueces	1.000	0.950	1.034	0.924	1.000	1.015	1.000
Superior - Nueces	1.000	1.290	0.891	1.489	1.000	0.959	1.000
Aetna - Tarrant	1.000	0.975	0.833	0.744	1.000	0.972	1.000
Amerigroup - Tarrant	1.000	1.031	0.905	1.042	1.000	1.013	1.000
Cook - Tarrant	1.000	0.990	1.134	1.046	1.000	1.011	1.000
BCBS - Travis	1.000	1.244	0.991	0.925	1.000	1.004	1.000
DCHP - Travis	1.000	0.974	1.003	1.078	1.000	0.995	1.000
Superior - Travis	1.000	0.854	1.003	0.986	1.000	1.000	1.000
Molina - RSA	1.000	0.963	1.038	1.050	1.000	0.973	1.000
Superior - RSA	1.000	1.008	0.990	0.985	1.000	1.018	1.000

Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits A-D.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2022 Community Rates.

Attachment 7

Delivery Supplemental Payment

The rate setting methodology includes a risk adjustment technique designed to provide uniform treatment of the health plans for costs related to maternity services. In order to recognize the potential inequity that might arise between health plans with respect to the proportion of maternity cases, HHSC reimburses each plan \$3,100 for each birth.

Attachment 8

Pay for Quality Program

The medical Pay-for-Quality (P4Q) Program creates incentives and disincentives for managed care organizations based on their performance on certain quality measures. Health plans that excel on meeting the measures are eligible for a bonus while health plans that don't meet their measures are subject to a penalty.

The table below provides a description of the at risk and bonus measures and the calendar year(s) to which each applies for each program. The 2020 medical P4Q program was suspended; MCOs will not be subject to any recoupments or distributions based on calendar year 2020 performance.

At-Risk Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2021	2018 2019 2021	2021	2018 2019 2021
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019 2021		2018 2019 2021
Prenatal and Postpartum Care (PPC)		2018 2021 ⁱ		
Well Child Visits in the First 30 months of Life (W30), First 15 Months of Life ⁱⁱ		2018 2019 2021		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2021			
Controlling High Blood Pressure (CBP)	2021			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)	2018 2019 2021			
Cervical cancer screening (CCS)	2018 2019 2021			
Child and Adolescent Well-Care Visits (WCV), 12-21 years of age ⁱⁱⁱ			2021	2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			2021 ^{iv}	2018 ^v 2019 [‡] 2021 ^v
Follow-up After Hospitalization for Mental Illness (FUH)			2021	
Immunizations for Adolescents (IMA) Combination 2		2021		2021
Getting Specialized Services composite			2021	

Bonus Pool Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially preventable readmissions (PPR)	2018 2019 2021			
Potentially preventable admissions (PPA)		2018 2019 2021		
Prevention Quality Indicator (PQI) Composite	2018 2019 2021			
Potentially preventable complications (PPC)	2018 2019 2021			
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation submeasure		2021		2021
Low Birth Weight		2018 2019 2021		
Childhood Immunization Status (CIS) Combination 10		2021		2018 2019 2021
Immunizations for Adolescents (IMA) Combination 2			2021	
Good access to urgent care	2018 2019 2021	2018 2019		2018 2019
Getting Care Quickly composite		2020		
Rating health plan a 9 or 10	2018 2019	2018 2019		2018 2019
Rating their child's personal doctor a 9 or 10				2021
Getting care quickly composite				2021
Transition to care as an adult			2021	
Help with care coordination			2021	
Potentially preventable readmissions (PPR)	2018 2019 2021			

The medical P4Q program assesses MCOs based on three categories:

- Performance Against Benchmarks
- Performance Against Self (comparison of an MCO's performance to their prior year performance)
- Bonus pool measures

The performance against self and performance against benchmarks measures are the at-risk components of the program: MCOs can lose money based on their performance on these measures. Utilizing both the performance against self and performance against benchmarks rewards high performing MCOs while still incentivizing improvement regardless of current level performance. The total percent capitation earned/lost for each at-risk measure in a program is added to determine the total capitation earned/lost for each MCO across all at-risk measures for that program.

The bonus pool measures provide an additional way for MCOs to earn rewards, without the risk of losing money. Bonus pool measures encourage improvement in new areas with no financial risk to the health MCOs. Bonus pool incentives are only available if penalties exceed rewards on the at-risk measures.

Three percent of the MCOs' capitation is at-risk. The MCO's at-risk capitation is distributed equally across the at-risk measures. Some HEDIS quality measures have submeasures. The capitation at-risk for that measure will be divided evenly across the submeasures.

Overall penalties are limited to 3% and bonuses are limited to 5%. However, historically the impact of the P4Q program on total premium has been immaterial. In 2018 the maximum loss any MCO experienced was less than 1.5% and the most earned by any MCO was less than 0.1%. In 2019, the maximum loss any MCO experienced was less than 0.7% and the most earned by any MCO was less than 0.5%. As a result, we do not believe the P4Q program has a material impact on the premium rate development. As a result, it is confirmed that any bonus payments will not exceed 105 percent of the capitation payments.

ⁱ For 2021, only the postpartum care submeasure is used.

ⁱⁱ For Measurement Years 2018 and 2019 this measure was Well Child Visits in the first 15 Months of Life (W15).

ⁱⁱⁱ For Measurement Years 2018 and 2019 this measure was Adolescent Well Care (AWC).

^{iv} For 2021, only the counseling for nutrition submeasure is used.

^v For 2018 and 2019 the counseling for nutrition and counseling for physical activity submeasures are used.

Attachment 9

FY2022 CHIP Rate Certification Index

The index below includes the pages of this report that correspond to the applicable sections of the 2021-2022 Medicaid Managed Care Rate Development Guide, dated June 2021.

Section I. Medicaid Managed Care Rates

1. General Information

A. Rate Development Standards

- i. Rate ranges are not being utilized in this rate development.
- ii. Rates are for the period September 1, 2021 through August 31, 2022 (FY2022).
- iii.
 - (a) The certification letter is on page 16 of the report.
 - (b) The final capitation rates are shown on pages 13-14 of the report.
 - (c)
 - (i) See pages 1 through 6 of the report.
 - (ii) See page 1 through 6 of the report.
 - (iii) See page 1 through 6 of the report.
 - (iv) There have been no changes to program eligibility.
 - (v) See Attachment 8 pages 117 through 119 of the report.
 - (vi) Not applicable.
- iv. Acknowledged.
- v. Acknowledged.
- vi. Acknowledged.
- vii. Acknowledged.
- viii. Not applicable.

- ix. Not applicable.
- x. Acknowledged.
- xi. Acknowledged.
- xii. See page 10 for discussion on how COVID-19 and the PHE have been accounted for in the FY2022 rate development.
- xiii. Acknowledged.

B. Appropriate Documentation

- i. The actuary is certifying capitation rates. See page 16 of the report.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 16 of the report.
- vii. Not applicable.
- viii. a) See Attachment 1 pages 18 through 28 of the report.
 - b) Not applicable. All rating adjustment factors have been included in the report.
 - c) FY2021 rates were not adjusted by a *de minimis* amount using the authority in 42 C.F.R. 438.7(c)(3).
- ix. Not applicable. There are no known amendments at this time.
- x. (a) Texas Medicaid Managed Care data has been studied for all programs, risk groups and service delivery areas through December 2020 to study the impact of COVID and the PHE.
 - (b) See page 10 the report.

(c) See page 10 the report.

2. Data

A. Rate Development Standards

- i. (a) Acknowledged.
- (b) Acknowledged.
- (c) Acknowledged.
- (d) Not applicable.

B. Appropriate Documentation

- i. (a) See pages 1 through 3 of the report.
- ii. (a) See pages 1 through 3 of the report.
- (b) See pages 1 through 3 of the report.
- (c) See pages 1 through 3 of the report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 4 of the report.
- (c) No errors found in the data.
- (d) See pages 7 through 10 of the report.
- (e) See page 5 of the report. In addition, value added services and non-capitated services have been excluded from the analysis.

3. Projected Benefit Costs and Trends

A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.

iv. Not applicable. IMD regulation does not impact the CHIP program.

B. Appropriate Documentation

i. See pages 13 through 14 and Attachment 1 pages 18 through 28 of the report.

ii. (a) See Attachment 3 pages 37 through 82 of the report.

(b) There have been no significant changes in the development of the benefit cost since the last certification.

(c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjusted for in the submitted encounter data are excluded from the base period as a negative add-on payment.

iii. (a) See Attachment 4 pages 83 through 89 of the report.

(b) See Attachment 4 pages 83 through 89 of the report.

(c) See Attachment 4 pages 83 through 89 of the report.

(d) See Attachment 4 pages 83 through 89 of the report.

(e) Not applicable.

iv. Not applicable.

v. Not applicable.

vi. (a) Restorative enrollment can occur when an individual is deemed to have been CHIP eligible during a prior period. If the individual was eligible for and enrolled in CHIP managed care during the prior period, then the individual is retrospectively enrolled in the same managed care plan as their prior enrollment segment. The managed care plan is then retrospectively responsible for all CHIP expenses incurred during this retrospective period and is also paid a retrospective premium for this time period.

(b) All claims paid during retroactive enrollment periods are included in the base period data used to develop the FY2022 premium rate.

(c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2022 premium rate.

(d) No adjustments are necessary to account for retroactive enrollment periods because the enrollment criteria have not changed from the base period to the rating period. All retroactive enrollment and claims information has been included in the base period data, the trend calculations and all other adjustment factors.

vii. See Attachment 5 pages 90 through 107 of the report.

viii. See Attachment 5 pages 90 through 107 of the report.

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 8 pages 117 through 119 of the report.

B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 8 pages 117 through 119 of the report.

(b) Acknowledged.

C. Risk-Sharing Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

HHSC includes an experience rebate provision in its uniform managed care contracts which requires the MCOs to return a portion of net income before taxes if greater than the specified percentages. The net income is measured by the financial statistical reports (FSRs) submitted by the MCOs and audited by

an external auditor. Net income is aggregated across all programs and service delivery areas. The aggregated net income is shared as follows:

Pre-tax Income as a % of Revenues	MCO Share	HHSC Share
≤ 3%	100%	0%
> 3% and ≤ 5%	80%	20%
> 5% and ≤ 7%	0%	100%
> 7% and ≤ 9%	0%	100%
> 9% and ≤ 12%	0%	100%
> 12%	0%	100%

D. State Directed Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) Not applicable.

E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) Not applicable.

5. Projected Non-Benefit Costs

A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

iii. Acknowledged.

iv. Acknowledged.

B. Appropriate Documentation

- i. See page 11 of the report.
- ii. See page 11 of the report.
- iii. See page 11 of the report.

6. Risk Adjustment and Acuity Adjustments

A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.

B. Appropriate Documentation

- i. See Attachment 6 pages 108 through 115 of the report.
- ii. Not applicable, risk adjustment is only applied on a prospective basis.
- iii. No material changes have been made to the risk adjustment model other than annual updates of the data since the last rating period.
- iv. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).