

**STATE OF TEXAS  
MEDICAID MANAGED CARE  
STAR+PLUS PROGRAM RATE SETTING  
STATE FISCAL YEAR 2014**

Prepared for:  
Texas Health and Human Services Commission  
UMCC V2.6 and STAR+PLUS EXP V1.11

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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 2014 (FY2014, September 1, 2013 through August 31, 2014) premium rates for HMOs participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 25 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2014 HMO premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2009 and a projection of future enrollment through August 2014. These projections were prepared by HHS System Forecasting staff.
- Claim lag reports by risk group for each health plan for the period September 2009 through February 2013. These reports include monthly paid claims by month of service.
- Inpatient claims data by health plan and risk group for the period September 2009 through February 2012. Prior to March 1, 2012 these services were carved out of the STAR+PLUS program and paid on a fee-for-service basis.
- Financial Statistical Reports (FSR) for each participating HMO for FY2011, FY2012 and the first six months of FY2013. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the HMO.
- Reports from the EQRO summarizing their analysis of the HMO's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2013) premium rates by risk group for each HMO.
- Information from both HHSC and the HMOs regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the HMOs regarding current and projected payment rates for certain capitated services, such as mental health and vision.
- Information from the HMOs regarding attendant care enhanced payments and service coordination expenses
- FY2012 acuity risk adjustment analysis provided by the EQRO for each participating health plan.
- Information from the HMOs regarding current and projected reinsurance premium rates.

- Historical enrollment and claims experience data for the Medicaid Fee-For-Service (FFS) and Primary Care Case Management (PCCM) plans.
- Information provided by HHSC regarding FY2012 health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information provided by HHSC regarding proposed FY2014 Medicaid provider reimbursement rates.
- Information provided by HHSC regarding newly capitated services previously paid by HHSC.

Although the above data was reviewed for reasonableness, Rudd and Wisdom did not audit the data.

## II. Overview of the Rate Setting Methodology

The actuarial model used to derive the FY2014 STAR+PLUS HMO premium rates relies primarily on health plan financial experience. The historical claims experience for each HMO (by area) was analyzed and estimates for the base period (FY2012) were developed. These estimates were then projected forward to FY2014 using assumed trend rates. Other plan expenditures such as capitated amounts, service coordination, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2014 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan. The results of this analysis were then combined for all HMOs in a service area in order to develop a set of community rates for each service area.

The managed care service areas used in the analysis were as follows:

- Bexar County Service Area (San Antonio)
- Dallas County Service Area (Dallas)
- El Paso County Service Area (El Paso)
- Harris County Service Area (Houston)
- Hidalgo County Service Area (Hidalgo)
- Jefferson County Service Area (Beaumont)
- Lubbock County Service Area (Lubbock)
- Nueces County Service Area (Corpus Christi)
- Tarrant County Service Area (Fort Worth)
- Travis County Service Area (Austin)

The risk groups (or rating populations) used in the analysis are as follows:

- Medicaid Only – Other Community Care (OCC)
- Medicaid Only – Home and Community Based Services (HCBS)
- Dual Eligible - OCC
- Dual Eligible - HCBS

The services used in the analysis include the following:

### Acute Care Services

- Ambulance Services
- Audiology Services
- Behavioral Health Services
- Birthing Center Services
- Chiropractic Services
- Dialysis
- Durable Medical Equipment and Supplies
- Emergency Services
- Family Planning Services
- Home Health Services
- Hospital Services - outpatient
- Lab, X-ray and Radiology Services
- Medical Check-ups and CCP Services for children under age 21

- Optometry
- Podiatry
- Prenatal Care
- Primary Care Services
- Specialty Physician Services
- Therapies – physical, occupational and speech
- Transplantation of Organs and Tissues
- Vision
- Inpatient Facility Services
- Prescription Drugs

#### Long Term Care Services

- Adult Foster Care
- Adaptive Aids and Medical Equipment
- Assisted Living
- Emergency Response Services
- Home Delivered Meals
- Medical Supplies
- Minor Home Modifications
- Nursing Services (in home)
- Personal Attendant Services
- Therapies – physical, occupational and speech
- Transition Services

Services specifically excluded from the analysis include:

- Nursing Facilities
- Dental and Orthodontia Services

Further information regarding the carve-in of prescription drugs into the STAR+PLUS program can be found in the report titled State of Texas Medicaid Managed Care Rate Setting Pharmacy Carve-in State Fiscal Year 2014.

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 HMOs, (ii) the claim amounts reported in the FSRs and (iii) the claim amounts in the encounter data files as provided by the EQRO. There was satisfactory consistency between the three claims data sources for each of the health plans.

We projected the FY2014 cost for each individual HMO by estimating their base period (FY2012) average claims cost and then applying trend and other adjustment factors. (These adjustment factors are described in Section III.) We added capitation expenses for services capitated by the HMO (such as vision and behavioral health), service coordinator expenses for care coordination services, 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 HMO. This type of analysis was conducted for each 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 adjustments were made if deemed appropriate.

HHSC utilizes a community rating methodology in setting the STAR+PLUS base premium rates. The base rates vary by service area and risk group but are the same for each HMO in a service area. The community rates are developed by a weighted average of the projected FY2014 cost for each health plan in the service area. The weights used in this formula are the projected FY2014 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

The acute care portion of 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 10. The final FY2014 premium rates were defined as the community rates with acuity risk adjustment for acute care services and community rates for long term care services.

### III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2014 STAR+PLUS rate setting process.

#### ***Trend Factors***

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. Separate trend factors were developed by type of service – acute care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various HMO plans. A single trend assumption applied to all service areas but varies by risk group, type of service and projection year (FY2013 and FY2014).

The trend analysis included a review of HMO claims experience data through February 28, 2013. Based on this information, estimates of monthly incurred claims were made through December 2012. The claims cost and trend experience were reviewed separately by service area, risk group and type of service. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights.

The FY2013 non-inpatient acute care trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2012 through December 2012 and (ii) the projected trend for the period January 2013 through August 2013. 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 program. The trends for the final eight months of FY2013 were projected using experience from FY2010 (3/10 weight), FY2011 (3/10 weight), FY2012 (3/10 weight) and the first four months of FY2013 (1/10 weight). The FY2014 non-inpatient acute care trend assumptions were developed based on an average of the HMO trends for the most recent four fiscal years (FY2010, FY2011, FY2012 and FY2013).

The inpatient facility trend assumptions were developed from an analysis of inpatient claims previously paid on a fee-for-service basis for clients enrolled in the STAR+PLUS program as well as those clients enrolled in the Primary Care Case Management (PCCM) program outside of STAR+PLUS service areas. Based on this analysis the FY2013 and FY2014 trend assumptions were developed based on an average of the trends for the most recent three fiscal years (FY2010, FY2011 and FY2012). Only claims prior to the carve-in of inpatient services on March 1, 2012 were considered during the FY2012 time period. Inpatient claims after March 1, 2012 were not considered in the trend analysis due to the significant programmatic changes that impacted inpatient claims once carved into the STAR+PLUS program.

The FY2013 long term care trend assumptions by risk group were developed from two components: (i) the actual estimated trend for the period September 2012 through December 2012 and (ii) the projected trend for the period January 2013 through August 2013. The experience trends for FY2010 were adjusted to remove the impact of the minimum wage increases effective during that time period. The trends for the final eight

months of FY2013 were projected using experience from FY2010 (3/10 weight), FY2011 (3/10 weight), FY2012 (3/10 weight) and the first four months of FY2013 (1/10 weight). The FY2014 long term care trend assumptions were developed based on an average of the HMO trends for the most recent four fiscal years (FY2010, FY2011, FY2012 and FY2013).

Attachment 5 is a summary of the cost trend analysis. The chart below presents the assumed annual trend rates for FY2013 and FY2014.

	<u>FY2013</u>	<u>FY2014</u>
<u>Acute Care (non-inpatient)</u>		
Medicaid Only - OCC	0.9%	3.3%
Medicaid Only - HCBS	-3.1%	0.0%
<u>Acute Care (inpatient)</u>		
Medicaid Only - OCC	2.9%	2.9%
Medicaid Only - HCBS	2.9%	2.9%
<u>Long Term Care</u>		
Medicaid Only - OCC	10.7%	12.4%
Medicaid Only - HCBS	1.1 %	0.0%
Dual Eligible - OCC	6.6 %	7.4 %
Dual Eligible - HCBS	-0.5 %	0.0 %

### ***Provider Reimbursement Adjustments***

Medicaid provider reimbursement changes were included for the following services: APR DRG implementation, Potentially Preventable Readmission reimbursement reductions, 10% reimbursement reduction for inpatient outlier reimbursement, revisions to the therapy and DME fee schedules, outpatient facility reimbursement reductions, outpatient imaging reimbursement reductions, ambulance reimbursement reductions, reduction of Medicaid rates in excess of Medicare and revisions to emergency room reimbursement provisions for non emergent services.

The rating adjustments for these provider reimbursement changes were calculated by applying actual health plan encounter data to the old and new reimbursement basis and the resulting impact determined. Attachment 6 presents a summary of the derivation of these adjustment factors.

### ***Amount, Duration and Scope***

The following cost containment initiatives have been implemented:

- Effective October 1, 2012, hearing aids for adults were limited to one per client. In addition, a variety of reimbursement changes for various hearing-related services were implemented.

- Effective January 1, 2012, renal dialysis services became reimbursable on an outpatient basis.
- Effective July 1, 2012, coverage of adjustable cranial helmets became limited to aiding the correction of congenital skull anomalies such as synostotic plagiocephaly.

Exhibit B of attachment 6 presents a summary of the derivation of this adjustment factor.

### ***Impact of Newly Capitated Services***

Effective March 1, 2012 certain early childhood intervention services along with hearing and audiology services for children became capitated services. Prior to March 1, 2012 these services were carved out of the STAR+PLUS program and paid on a fee-for-service basis. The adjustment factor for these changes can be found in Exhibits C and D of Attachment 6.

### ***APR DRG Adjustments***

Effective September 1, 2012, HHSC implemented the APR DRG reimbursement system for most hospitals. Effective September 1, 2013 rural hospital and children's hospitals will transition to the APR DRG reimbursement system. HHSC staff has utilized the FY2012 encounter data to determine the cost impact from the APR DRG implementation on each service area and risk group. Exhibit L of Attachment 6 presents a summary of the resulting adjustment factors.

### ***Attendant Care Rate Changes***

Effective September 1, 2013 the minimum wage paid to attendant care providers will be increasing for various Personal Assistance Services (PAS) and Day Activity Health Services (DAHS). In addition, effective September 1, 2013 attendant care enhanced payments will be increasing to allow attendant care providers to qualify for increased enhanced payment levels. Exhibits A and B of Attachment 7 presents a summary of the adjustment factors.

### ***Service Coordination Enhancement***

Effective September 1, 2013 the STAR+PLUS health plans will be required to enhance their service coordination services. The enhancement requirements will include increased member outreach along with an increase in the number of face to face visits with high priority members. These increased requirements will increase the current service coordination costs by an estimated \$2.45 per member per month. This increased cost has been reflected through an increase in the assumed care coordination expense included in the base period.

### ***End Stage Renal Disease and Ventilator Dependent Members***

Effective September 1, 2013 STAR+PLUS HMOs will no longer be permitted to disenroll members with end stage renal disease or members who are ventilator dependent. Transitioning these previously disenrolled members back to the STAR+PLUS program and preventing future disenrollment will increase the average cost as these tend to be very high cost members. Attachment 8 presents a summary of the resulting adjustment factors for acute care and long term care separately.

### ***Spell of Illness***

Effective September 1, 2013 STAR+PLUS HMOs will be permitted to include the spell of illness policy provisions in their inpatient reimbursement contracts. Due to this policy revision reimbursement for adults in the STAR+PLUS program will be limited to the first 30 days of inpatient care for a spell of illness. Attachment 9 presents a summary of the policy change and the resulting adjustment factors.

### ***Seasonality Adjustment***

The base period used in calculating the FY2014 premium rates for the El Paso, Hidalgo and Lubbock service areas and the inpatient rates for all service areas only included managed care claims incurred during the period March 2012 through August 2012. Managed care did not exist in these areas prior to March 2012 thus a full year of data was unavailable. The seasonal differences in the cost of medical care throughout the year were studied and it was determined that an adjustment for seasonality was not necessary for these populations and services.

### ***Risk Adjustment***

Several risk adjustment techniques are employed in the rate setting methodology. Premium rates are established separately by area of the state and risk group in order to recognize the inherent geographical and demographical variation in the cost of delivering care. In addition, the rating methodology includes a health status adjustment.

The acute care portion of 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. 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 acuity risk adjustment is included in Attachment 10.

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.

#### IV. Administrative Fees and Risk Margin

The rating methodology includes an explicit provision for administrative services. The amount allocated for administrative expenses is \$12.50 pmpm plus 5.75% of gross premium. This amount is intended to provide for all administrative-related services performed by the HMO.

The administrative fee amounts were determined based on a review of (i) the administrative fee provision included in Medicaid HMO premium rates in other states, (ii) the reported administrative expenses of the STAR+PLUS HMOs and (iii) the fees paid for similar services for other large Texas health plans.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.1025 pmpm) and a risk margin (2.0% of premium).

## V. Summary

The chart below presents the results of the FY2014 STAR+PLUS rating analysis and includes all components of the premium – acute care non-inpatient, acute care inpatient, long term care and prescription drugs. This report details the development of the acute care (non-inpatient and inpatient) and long term care components of the premium. Further information regarding the prescription drug component of the premium rate can be found in the report titled State of Texas Medicaid Managed Care Rate Setting Pharmacy Carve-in State Fiscal Year 2014.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,162.60	\$3,982.68	\$338.71	\$1,729.07
Molina - Bexar	\$1,084.26	\$4,010.35	\$338.71	\$1,729.07
Superior - Bexar	\$1,231.43	\$4,000.93	\$338.71	\$1,729.07
Molina - Dallas	\$1,040.82	\$3,933.47	\$258.52	\$1,536.41
Superior - Dallas	\$1,067.19	\$4,020.24	\$258.52	\$1,536.41
Amerigroup - El Paso	\$1,117.01	\$4,351.43	\$380.43	\$2,079.20
Molina - El Paso	\$1,213.16	\$4,065.16	\$380.43	\$2,079.20
Amerigroup - Harris	\$1,314.96	\$4,856.94	\$318.53	\$1,532.27
Molina - Harris	\$1,248.28	\$4,821.36	\$318.53	\$1,532.27
United - Harris	\$1,469.64	\$4,546.21	\$318.53	\$1,532.27
Health Spring - Hidalgo	\$1,414.76	\$3,727.71	\$907.66	\$2,010.46
Molina - Hidalgo	\$1,405.57	\$3,973.18	\$907.66	\$2,010.46
Superior - Hidalgo	\$1,473.42	\$3,808.59	\$907.66	\$2,010.46
Amerigroup - Jefferson	\$1,042.16	\$3,440.47	\$197.69	\$1,413.79
Molina - Jefferson	\$1,147.09	\$3,372.68	\$197.69	\$1,413.79
United - Jefferson	\$1,183.86	\$4,056.32	\$197.69	\$1,413.79
Amerigroup - Lubbock	\$1,058.05	\$3,086.79	\$143.59	\$1,221.83
Superior - Lubbock	\$1,086.78	\$3,324.11	\$143.59	\$1,221.83
Superior - Nueces	\$1,378.31	\$4,012.40	\$437.79	\$1,605.55
United - Nueces	\$1,295.83	\$3,798.23	\$437.79	\$1,605.55
Amerigroup - Tarrant	\$1,154.73	\$4,159.51	\$195.28	\$1,481.52
Health Spring - Tarrant	\$1,024.10	\$4,400.54	\$195.28	\$1,481.52
Amerigroup - Travis	\$1,300.05	\$4,546.06	\$233.37	\$1,678.42
United - Travis	\$1,205.91	\$4,265.05	\$233.37	\$1,678.42

Attachment 1 presents additional information regarding the FY2014 rates including a comparison to current (FY2013) rates.

## VI. Actuarial Certification of FY2014 STAR+PLUS HMO Premium Rates

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

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of their state fiscal year 2014 (FY2014) managed care rate-setting methodology, assumptions and resulting premium rates and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.6(c).

I certify that the FY2014 HMO premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

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

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

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



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

## VII. Attachments

## ***Attachment 1***

### Summary of FY2014 STAR+PLUS Rating Analysis

The attached exhibit presents summary information regarding the FY2014 rates. Included on the exhibit are current premium rates by component, FY2014 premium rates by component and the percentage rate change by component.

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Current (9/1/12-8/31/13) Acute Care (Non-Inpatient) Premium Rates pmpm				
Amerigroup - Bexar	399.43	1,153.88	0.00	0.00
Molina - Bexar	367.51	1,114.41	0.00	0.00
Superior - Bexar	436.41	1,266.71	0.00	0.00
Molina - Dallas	384.55	1,185.68	0.00	0.00
Superior - Dallas	384.55	1,185.68	0.00	0.00
Amerigroup - El Paso	330.92	1,075.48	0.00	0.00
Molina - El Paso	330.92	1,075.48	0.00	0.00
Amerigroup - Harris	463.78	1,669.59	0.00	0.00
Molina - Harris	519.36	1,417.96	0.00	0.00
United - Harris	438.94	1,564.18	0.00	0.00
Health Spring - Hidalgo	373.66	1,214.40	0.00	0.00
Molina - Hidalgo	373.66	1,214.40	0.00	0.00
Superior - Hidalgo	373.66	1,214.40	0.00	0.00
Amerigroup - Jefferson	331.65	1,077.86	0.00	0.00
Molina - Jefferson	331.65	1,077.86	0.00	0.00
United - Jefferson	331.65	1,077.86	0.00	0.00
Amerigroup - Lubbock	417.73	1,357.61	0.00	0.00
Superior - Lubbock	417.73	1,357.61	0.00	0.00
Superior - Nueces	446.61	1,037.18	0.00	0.00
United - Nueces	505.13	1,225.80	0.00	0.00
Amerigroup - Tarrant	439.35	825.92	0.00	0.00
Health Spring - Tarrant	439.35	825.92	0.00	0.00
Amerigroup - Travis	530.59	1,218.91	0.00	0.00
United - Travis	485.69	1,005.82	0.00	0.00
Current (6/1/13-8/31/13) Acute Care (Inpatient) Premium Rates pmpm				
Amerigroup - Bexar	143.24	421.39	0.00	0.00
Molina - Bexar	143.24	421.39	0.00	0.00
Superior - Bexar	153.65	442.48	0.00	0.00
Molina - Dallas	168.95	466.61	0.00	0.00
Superior - Dallas	168.95	466.61	0.00	0.00
Amerigroup - El Paso	169.44	501.55	0.00	0.00
Molina - El Paso	169.44	501.55	0.00	0.00
Amerigroup - Harris	207.91	677.67	0.00	0.00
Molina - Harris	242.13	606.44	0.00	0.00
United - Harris	207.91	677.67	0.00	0.00
Health Spring - Hidalgo	113.92	337.21	0.00	0.00
Molina - Hidalgo	113.92	337.21	0.00	0.00
Superior - Hidalgo	113.92	337.21	0.00	0.00
Amerigroup - Jefferson	166.23	492.05	0.00	0.00
Molina - Jefferson	166.23	492.05	0.00	0.00
United - Jefferson	166.23	492.05	0.00	0.00
Amerigroup - Lubbock	248.07	734.29	0.00	0.00
Superior - Lubbock	248.07	734.29	0.00	0.00
Superior - Nueces	151.07	433.69	0.00	0.00
United - Nueces	163.82	482.63	0.00	0.00
Amerigroup - Tarrant	197.84	446.94	0.00	0.00
Health Spring - Tarrant	197.84	446.94	0.00	0.00
Amerigroup - Travis	206.48	540.72	0.00	0.00
United - Travis	193.82	457.83	0.00	0.00

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Current (9/1/12-8/31/13) Long Term Care Premium Rates pmpm				
Amerigroup - Bexar	184.15	1,492.69	300.91	1,735.33
Molina - Bexar	184.15	1,492.69	300.91	1,735.33
Superior - Bexar	184.15	1,492.69	300.91	1,735.33
Molina - Dallas	121.53	1,662.44	225.99	1,615.12
Superior - Dallas	121.53	1,662.44	225.99	1,615.12
Amerigroup - El Paso	173.44	1,881.81	199.40	1,292.10
Molina - El Paso	173.44	1,881.81	199.40	1,292.10
Amerigroup - Harris	191.56	1,449.15	269.30	1,498.29
Molina - Harris	191.56	1,449.15	269.30	1,498.29
United - Harris	191.56	1,449.15	269.30	1,498.29
Health Spring - Hidalgo	325.29	3,529.36	603.53	3,910.87
Molina - Hidalgo	325.29	3,529.36	603.53	3,910.87
Superior - Hidalgo	325.29	3,529.36	603.53	3,910.87
Amerigroup - Jefferson	79.03	857.48	225.06	1,458.38
Molina - Jefferson	79.03	857.48	225.06	1,458.38
United - Jefferson	79.03	857.48	225.06	1,458.38
Amerigroup - Lubbock	59.29	643.29	157.43	1,020.18
Superior - Lubbock	59.29	643.29	157.43	1,020.18
Superior - Nueces	275.37	1,535.96	427.59	1,651.42
United - Nueces	275.37	1,535.96	427.59	1,651.42
Amerigroup - Tarrant	79.66	1,814.21	144.60	1,511.19
Health Spring - Tarrant	79.66	1,814.21	144.60	1,511.19
Amerigroup - Travis	125.76	1,758.18	200.51	1,715.53
United - Travis	125.76	1,758.18	200.51	1,715.53

Current (6/1/13-8/31/13) Prescription Drug Premium Rates pmpm				
Amerigroup - Bexar	399.55	766.39	0.00	0.00
Molina - Bexar	399.55	766.39	0.00	0.00
Superior - Bexar	428.60	804.75	0.00	0.00
Molina - Dallas	328.19	747.52	0.00	0.00
Superior - Dallas	328.19	747.52	0.00	0.00
Amerigroup - El Paso	365.41	721.12	0.00	0.00
Molina - El Paso	365.41	721.12	0.00	0.00
Amerigroup - Harris	378.70	784.69	0.00	0.00
Molina - Harris	441.03	702.21	0.00	0.00
United - Harris	378.70	784.69	0.00	0.00
Health Spring - Hidalgo	367.92	745.86	0.00	0.00
Molina - Hidalgo	367.92	745.86	0.00	0.00
Superior - Hidalgo	367.92	745.86	0.00	0.00
Amerigroup - Jefferson	325.77	633.66	0.00	0.00
Molina - Jefferson	325.77	633.66	0.00	0.00
United - Jefferson	325.77	633.66	0.00	0.00
Amerigroup - Lubbock	328.99	707.22	0.00	0.00
Superior - Lubbock	328.99	707.22	0.00	0.00
Superior - Nueces	407.45	731.97	0.00	0.00
United - Nueces	441.85	814.57	0.00	0.00
Amerigroup - Tarrant	403.27	832.47	0.00	0.00
Health Spring - Tarrant	403.27	832.47	0.00	0.00
Amerigroup - Travis	422.52	1,055.28	0.00	0.00
United - Travis	396.61	893.51	0.00	0.00

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Current Total Premium Rates pmpm				
Amerigroup - Bexar	1,126.37	3,834.35	300.91	1,735.33
Molina - Bexar	1,094.45	3,794.88	300.91	1,735.33
Superior - Bexar	1,202.81	4,006.63	300.91	1,735.33
Molina - Dallas	1,003.22	4,062.25	225.99	1,615.12
Superior - Dallas	1,003.22	4,062.25	225.99	1,615.12
Amerigroup - El Paso	1,039.21	4,179.96	199.40	1,292.10
Molina - El Paso	1,039.21	4,179.96	199.40	1,292.10
Amerigroup - Harris	1,241.95	4,581.10	269.30	1,498.29
Molina - Harris	1,394.08	4,175.76	269.30	1,498.29
United - Harris	1,217.11	4,475.69	269.30	1,498.29
Health Spring - Hidalgo	1,180.79	5,826.83	603.53	3,910.87
Molina - Hidalgo	1,180.79	5,826.83	603.53	3,910.87
Superior - Hidalgo	1,180.79	5,826.83	603.53	3,910.87
Amerigroup - Jefferson	902.68	3,061.05	225.06	1,458.38
Molina - Jefferson	902.68	3,061.05	225.06	1,458.38
United - Jefferson	902.68	3,061.05	225.06	1,458.38
Amerigroup - Lubbock	1,054.08	3,442.41	157.43	1,020.18
Superior - Lubbock	1,054.08	3,442.41	157.43	1,020.18
Superior - Nueces	1,280.50	3,738.80	427.59	1,651.42
United - Nueces	1,386.17	4,058.96	427.59	1,651.42
Amerigroup - Tarrant	1,120.12	3,919.54	144.60	1,511.19
Health Spring - Tarrant	1,120.12	3,919.54	144.60	1,511.19
Amerigroup - Travis	1,285.35	4,573.09	200.51	1,715.53
United - Travis	1,201.88	4,115.34	200.51	1,715.53

## FY2014 Acute Care (Non-Inpatient) Premium Rates pmpm (Community Rates with Risk Adjustment)

Amerigroup - Bexar	372.75	1,027.96	0.00	0.00
Molina - Bexar	341.76	1,040.16	0.00	0.00
Superior - Bexar	399.98	1,036.01	0.00	0.00
Molina - Dallas	352.66	984.91	0.00	0.00
Superior - Dallas	363.16	1,021.99	0.00	0.00
Amerigroup - El Paso	344.13	921.26	0.00	0.00
Molina - El Paso	380.05	802.13	0.00	0.00
Amerigroup - Harris	422.78	1,370.61	0.00	0.00
Molina - Harris	396.68	1,355.67	0.00	0.00
United - Harris	483.32	1,240.12	0.00	0.00
Health Spring - Hidalgo	414.26	733.27	0.00	0.00
Molina - Hidalgo	409.91	837.59	0.00	0.00
Superior - Hidalgo	442.04	767.64	0.00	0.00
Amerigroup - Jefferson	355.17	768.59	0.00	0.00
Molina - Jefferson	394.61	742.64	0.00	0.00
United - Jefferson	408.42	1,004.33	0.00	0.00
Amerigroup - Lubbock	359.51	698.87	0.00	0.00
Superior - Lubbock	370.12	800.41	0.00	0.00
Superior - Nueces	449.65	1,035.91	0.00	0.00
United - Nueces	415.08	945.04	0.00	0.00
Amerigroup - Tarrant	413.99	891.73	0.00	0.00
Health Spring - Tarrant	361.92	986.21	0.00	0.00
Amerigroup - Travis	482.25	1,166.60	0.00	0.00
United - Travis	442.80	1,049.99	0.00	0.00

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
FY2014 Acute Care (Inpatient) Premium Rates pmpm (Community Rates with Risk Adjustment)				
Amerigroup - Bexar	179.79	547.29	0.00	0.00
Molina - Bexar	164.84	553.78	0.00	0.00
Superior - Bexar	192.92	551.57	0.00	0.00
Molina - Dallas	207.31	592.35	0.00	0.00
Superior - Dallas	213.48	614.65	0.00	0.00
Amerigroup - El Paso	178.28	606.89	0.00	0.00
Molina - El Paso	196.89	528.41	0.00	0.00
Amerigroup - Harris	280.58	1,054.73	0.00	0.00
Molina - Harris	263.26	1,043.23	0.00	0.00
United - Harris	320.76	954.32	0.00	0.00
Health Spring - Hidalgo	146.36	373.34	0.00	0.00
Molina - Hidalgo	144.82	426.45	0.00	0.00
Superior - Hidalgo	156.18	390.84	0.00	0.00
Amerigroup - Jefferson	250.71	550.58	0.00	0.00
Molina - Jefferson	278.54	531.99	0.00	0.00
United - Jefferson	288.30	719.45	0.00	0.00
Amerigroup - Lubbock	245.25	421.93	0.00	0.00
Superior - Lubbock	252.49	483.24	0.00	0.00
Superior - Nueces	230.47	700.51	0.00	0.00
United - Nueces	212.75	639.06	0.00	0.00
Amerigroup - Tarrant	206.12	576.20	0.00	0.00
Health Spring - Tarrant	180.19	637.26	0.00	0.00
Amerigroup - Travis	257.75	728.31	0.00	0.00
United - Travis	236.67	655.51	0.00	0.00

## FY2014 Long Term Care Premium Rates pmpm (Community Rates)

Amerigroup - Bexar	220.35	1,650.32	338.71	1,729.07
Molina - Bexar	220.35	1,650.32	338.71	1,729.07
Superior - Bexar	220.35	1,650.32	338.71	1,729.07
Molina - Dallas	155.01	1,628.62	258.52	1,536.41
Superior - Dallas	155.01	1,628.62	258.52	1,536.41
Amerigroup - El Paso	195.80	2,137.63	380.43	2,079.20
Molina - El Paso	195.80	2,137.63	380.43	2,079.20
Amerigroup - Harris	234.77	1,593.03	318.53	1,532.27
Molina - Harris	234.77	1,593.03	318.53	1,532.27
United - Harris	234.77	1,593.03	318.53	1,532.27
Health Spring - Hidalgo	540.14	2,002.25	907.66	2,010.46
Molina - Hidalgo	540.14	2,002.25	907.66	2,010.46
Superior - Hidalgo	540.14	2,002.25	907.66	2,010.46
Amerigroup - Jefferson	97.10	1,432.57	197.69	1,413.79
Molina - Jefferson	97.10	1,432.57	197.69	1,413.79
United - Jefferson	97.10	1,432.57	197.69	1,413.79
Amerigroup - Lubbock	84.64	1,453.47	143.59	1,221.83
Superior - Lubbock	84.64	1,453.47	143.59	1,221.83
Superior - Nueces	305.44	1,570.92	437.79	1,605.55
United - Nueces	305.44	1,570.92	437.79	1,605.55
Amerigroup - Tarrant	116.18	1,884.74	195.28	1,481.52
Health Spring - Tarrant	116.18	1,884.74	195.28	1,481.52
Amerigroup - Travis	149.18	1,734.79	233.37	1,678.42
United - Travis	149.18	1,734.79	233.37	1,678.42

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
FY2014 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)				
Amerigroup - Bexar	389.71	757.11	0.00	0.00
Molina - Bexar	357.31	766.09	0.00	0.00
Superior - Bexar	418.18	763.03	0.00	0.00
Molina - Dallas	325.84	727.59	0.00	0.00
Superior - Dallas	335.54	754.98	0.00	0.00
Amerigroup - El Paso	398.80	685.65	0.00	0.00
Molina - El Paso	440.42	596.99	0.00	0.00
Amerigroup - Harris	376.83	838.57	0.00	0.00
Molina - Harris	353.57	829.43	0.00	0.00
United - Harris	430.79	758.74	0.00	0.00
Health Spring - Hidalgo	314.00	618.85	0.00	0.00
Molina - Hidalgo	310.70	706.89	0.00	0.00
Superior - Hidalgo	335.06	647.86	0.00	0.00
Amerigroup - Jefferson	339.18	688.73	0.00	0.00
Molina - Jefferson	376.84	665.48	0.00	0.00
United - Jefferson	390.04	899.97	0.00	0.00
Amerigroup - Lubbock	368.65	512.52	0.00	0.00
Superior - Lubbock	379.53	586.99	0.00	0.00
Superior - Nueces	392.75	705.06	0.00	0.00
United - Nueces	362.56	643.21	0.00	0.00
Amerigroup - Tarrant	418.44	806.84	0.00	0.00
Health Spring - Tarrant	365.81	892.33	0.00	0.00
Amerigroup - Travis	410.87	916.36	0.00	0.00
United - Travis	377.26	824.76	0.00	0.00
FY2014 Total Premium Rates pmpm				
Amerigroup - Bexar	1,162.60	3,982.68	338.71	1,729.07
Molina - Bexar	1,084.26	4,010.35	338.71	1,729.07
Superior - Bexar	1,231.43	4,000.93	338.71	1,729.07
Molina - Dallas	1,040.82	3,933.47	258.52	1,536.41
Superior - Dallas	1,067.19	4,020.24	258.52	1,536.41
Amerigroup - El Paso	1,117.01	4,351.43	380.43	2,079.20
Molina - El Paso	1,213.16	4,065.16	380.43	2,079.20
Amerigroup - Harris	1,314.96	4,856.94	318.53	1,532.27
Molina - Harris	1,248.28	4,821.36	318.53	1,532.27
United - Harris	1,469.64	4,546.21	318.53	1,532.27
Health Spring - Hidalgo	1,414.76	3,727.71	907.66	2,010.46
Molina - Hidalgo	1,405.57	3,973.18	907.66	2,010.46
Superior - Hidalgo	1,473.42	3,808.59	907.66	2,010.46
Amerigroup - Jefferson	1,042.16	3,440.47	197.69	1,413.79
Molina - Jefferson	1,147.09	3,372.68	197.69	1,413.79
United - Jefferson	1,183.86	4,056.32	197.69	1,413.79
Amerigroup - Lubbock	1,058.05	3,086.79	143.59	1,221.83
Superior - Lubbock	1,086.78	3,324.11	143.59	1,221.83
Superior - Nueces	1,378.31	4,012.40	437.79	1,605.55
United - Nueces	1,295.83	3,798.23	437.79	1,605.55
Amerigroup - Tarrant	1,154.73	4,159.51	195.28	1,481.52
Health Spring - Tarrant	1,024.10	4,400.54	195.28	1,481.52
Amerigroup - Travis	1,300.05	4,546.06	233.37	1,678.42
United - Travis	1,205.91	4,265.05	233.37	1,678.42

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
FY2014 Acute Care (Non-Inpatient) Premium Rate Change				
Amerigroup - Bexar	-6.7%	-10.9%	0.0%	0.0%
Molina - Bexar	-7.0%	-6.7%	0.0%	0.0%
Superior - Bexar	-8.3%	-18.2%	0.0%	0.0%
Molina - Dallas	-8.3%	-16.9%	0.0%	0.0%
Superior - Dallas	-5.6%	-13.8%	0.0%	0.0%
Amerigroup - El Paso	4.0%	-14.3%	0.0%	0.0%
Molina - El Paso	14.8%	-25.4%	0.0%	0.0%
Amerigroup - Harris	-8.8%	-17.9%	0.0%	0.0%
Molina - Harris	-23.6%	-4.4%	0.0%	0.0%
United - Harris	10.1%	-20.7%	0.0%	0.0%
Health Spring - Hidalgo	10.9%	-39.6%	0.0%	0.0%
Molina - Hidalgo	9.7%	-31.0%	0.0%	0.0%
Superior - Hidalgo	18.3%	-36.8%	0.0%	0.0%
Amerigroup - Jefferson	7.1%	-28.7%	0.0%	0.0%
Molina - Jefferson	19.0%	-31.1%	0.0%	0.0%
United - Jefferson	23.1%	-6.8%	0.0%	0.0%
Amerigroup - Lubbock	-13.9%	-48.5%	0.0%	0.0%
Superior - Lubbock	-11.4%	-41.0%	0.0%	0.0%
Superior - Nueces	0.7%	-0.1%	0.0%	0.0%
United - Nueces	-17.8%	-22.9%	0.0%	0.0%
Amerigroup - Tarrant	-5.8%	8.0%	0.0%	0.0%
Health Spring - Tarrant	-17.6%	19.4%	0.0%	0.0%
Amerigroup - Travis	-9.1%	-4.3%	0.0%	0.0%
United - Travis	-8.8%	4.4%	0.0%	0.0%
FY2014 Acute Care (Inpatient) Premium Rate Change				
Amerigroup - Bexar	25.5%	29.9%	0.0%	0.0%
Molina - Bexar	15.1%	31.4%	0.0%	0.0%
Superior - Bexar	25.6%	24.7%	0.0%	0.0%
Molina - Dallas	22.7%	26.9%	0.0%	0.0%
Superior - Dallas	26.4%	31.7%	0.0%	0.0%
Amerigroup - El Paso	5.2%	21.0%	0.0%	0.0%
Molina - El Paso	16.2%	5.4%	0.0%	0.0%
Amerigroup - Harris	35.0%	55.6%	0.0%	0.0%
Molina - Harris	8.7%	72.0%	0.0%	0.0%
United - Harris	54.3%	40.8%	0.0%	0.0%
Health Spring - Hidalgo	28.5%	10.7%	0.0%	0.0%
Molina - Hidalgo	27.1%	26.5%	0.0%	0.0%
Superior - Hidalgo	37.1%	15.9%	0.0%	0.0%
Amerigroup - Jefferson	50.8%	11.9%	0.0%	0.0%
Molina - Jefferson	67.6%	8.1%	0.0%	0.0%
United - Jefferson	73.4%	46.2%	0.0%	0.0%
Amerigroup - Lubbock	-1.1%	-42.5%	0.0%	0.0%
Superior - Lubbock	1.8%	-34.2%	0.0%	0.0%
Superior - Nueces	52.6%	61.5%	0.0%	0.0%
United - Nueces	29.9%	32.4%	0.0%	0.0%
Amerigroup - Tarrant	4.2%	28.9%	0.0%	0.0%
Health Spring - Tarrant	-8.9%	42.6%	0.0%	0.0%
Amerigroup - Travis	24.8%	34.7%	0.0%	0.0%
United - Travis	22.1%	43.2%	0.0%	0.0%

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
FY2014 Long Term Care Premium Rate Change				
Amerigroup - Bexar	19.7%	10.6%	12.6%	-0.4%
Molina - Bexar	19.7%	10.6%	12.6%	-0.4%
Superior - Bexar	19.7%	10.6%	12.6%	-0.4%
Molina - Dallas	27.5%	-2.0%	14.4%	-4.9%
Superior - Dallas	27.5%	-2.0%	14.4%	-4.9%
Amerigroup - El Paso	12.9%	13.6%	90.8%	60.9%
Molina - El Paso	12.9%	13.6%	90.8%	60.9%
Amerigroup - Harris	22.6%	9.9%	18.3%	2.3%
Molina - Harris	22.6%	9.9%	18.3%	2.3%
United - Harris	22.6%	9.9%	18.3%	2.3%
Health Spring - Hidalgo	66.0%	-43.3%	50.4%	-48.6%
Molina - Hidalgo	66.0%	-43.3%	50.4%	-48.6%
Superior - Hidalgo	66.0%	-43.3%	50.4%	-48.6%
Amerigroup - Jefferson	22.9%	67.1%	-12.2%	-3.1%
Molina - Jefferson	22.9%	67.1%	-12.2%	-3.1%
United - Jefferson	22.9%	67.1%	-12.2%	-3.1%
Amerigroup - Lubbock	42.8%	125.9%	-8.8%	19.8%
Superior - Lubbock	42.8%	125.9%	-8.8%	19.8%
Superior - Nueces	10.9%	2.3%	2.4%	-2.8%
United - Nueces	10.9%	2.3%	2.4%	-2.8%
Amerigroup - Tarrant	45.8%	3.9%	35.0%	-2.0%
Health Spring - Tarrant	45.8%	3.9%	35.0%	-2.0%
Amerigroup - Travis	18.6%	-1.3%	16.4%	-2.2%
United - Travis	18.6%	-1.3%	16.4%	-2.2%
FY2014 Prescription Drug Premium Rate Change				
Amerigroup - Bexar	-2.5%	-1.2%	0.0%	0.0%
Molina - Bexar	-10.6%	0.0%	0.0%	0.0%
Superior - Bexar	-2.4%	-5.2%	0.0%	0.0%
Molina - Dallas	-0.7%	-2.7%	0.0%	0.0%
Superior - Dallas	2.2%	1.0%	0.0%	0.0%
Amerigroup - El Paso	9.1%	-4.9%	0.0%	0.0%
Molina - El Paso	20.5%	-17.2%	0.0%	0.0%
Amerigroup - Harris	-0.5%	6.9%	0.0%	0.0%
Molina - Harris	-19.8%	18.1%	0.0%	0.0%
United - Harris	13.8%	-3.3%	0.0%	0.0%
Health Spring - Hidalgo	-14.7%	-17.0%	0.0%	0.0%
Molina - Hidalgo	-15.6%	-5.2%	0.0%	0.0%
Superior - Hidalgo	-8.9%	-13.1%	0.0%	0.0%
Amerigroup - Jefferson	4.1%	8.7%	0.0%	0.0%
Molina - Jefferson	15.7%	5.0%	0.0%	0.0%
United - Jefferson	19.7%	42.0%	0.0%	0.0%
Amerigroup - Lubbock	12.1%	-27.5%	0.0%	0.0%
Superior - Lubbock	15.4%	-17.0%	0.0%	0.0%
Superior - Nueces	-3.6%	-3.7%	0.0%	0.0%
United - Nueces	-17.9%	-21.0%	0.0%	0.0%
Amerigroup - Tarrant	3.8%	-3.1%	0.0%	0.0%
Health Spring - Tarrant	-9.3%	7.2%	0.0%	0.0%
Amerigroup - Travis	-2.8%	-13.2%	0.0%	0.0%
United - Travis	-4.9%	-7.7%	0.0%	0.0%

## FY2014 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
FY2014 Total Premium Rate Change				
Amerigroup - Bexar	3.2%	3.9%	12.6%	-0.4%
Molina - Bexar	-0.9%	5.7%	12.6%	-0.4%
Superior - Bexar	2.4%	-0.1%	12.6%	-0.4%
Molina - Dallas	3.7%	-3.2%	14.4%	-4.9%
Superior - Dallas	6.4%	-1.0%	14.4%	-4.9%
Amerigroup - El Paso	7.5%	4.1%	90.8%	60.9%
Molina - El Paso	16.7%	-2.7%	90.8%	60.9%
Amerigroup - Harris	5.9%	6.0%	18.3%	2.3%
Molina - Harris	-10.5%	15.5%	18.3%	2.3%
United - Harris	20.7%	1.6%	18.3%	2.3%
Health Spring - Hidalgo	19.8%	-36.0%	50.4%	-48.6%
Molina - Hidalgo	19.0%	-31.8%	50.4%	-48.6%
Superior - Hidalgo	24.8%	-34.6%	50.4%	-48.6%
Amerigroup - Jefferson	15.5%	12.4%	-12.2%	-3.1%
Molina - Jefferson	27.1%	10.2%	-12.2%	-3.1%
United - Jefferson	31.1%	32.5%	-12.2%	-3.1%
Amerigroup - Lubbock	0.4%	-10.3%	-8.8%	19.8%
Superior - Lubbock	3.1%	-3.4%	-8.8%	19.8%
Superior - Nueces	7.6%	7.3%	2.4%	-2.8%
United - Nueces	-6.5%	-6.4%	2.4%	-2.8%
Amerigroup - Tarrant	3.1%	6.1%	35.0%	-2.0%
Health Spring - Tarrant	-8.6%	12.3%	35.0%	-2.0%
Amerigroup - Travis	1.1%	-0.6%	16.4%	-2.2%
United - Travis	0.3%	3.6%	16.4%	-2.2%

## ***Attachment 2***

### **Individual HMO Experience Analysis**

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

Exhibit A. This exhibit shows a sample of the monthly enrollment and earned premium by risk group for the period September 2009 through February 2013. All of this information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report for one risk group. This report includes claim amounts by payment month and month of service. We analyzed claims experience for the period September 2009 through February 2013.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims for one risk group. The report includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 28, 2013, (iii) estimated proportion of that month's incurred claims paid through February 28, 2013 (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 HMO.

Exhibit D. This exhibit is a summary of the sample HMO's projected FY2014 cost based on the HMO's actual experience. The top of the exhibit shows summary base period (FY2012) enrollment, premium and claims experience. Next are projected FY2013 enrollment and premium based on current (FY2013) rates. Trend assumptions for FY2013 and FY2014 are used to project the average base period claims cost to FY2014. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2014 incurred claims.

In addition to incurred claims, provision is also made for services that are capitated by the HMO, such as vision and behavioral health services. Other expenses such as those related to the coordination of care are included.

A provision for administrative expenses is included in the amount of \$12.50 pmpm and 5.75% of gross premium. Additional provisions are also included for premium tax (1.75% of premium), maintenance tax (\$0.1025 pmpm) and risk margin (2.0% of premium).

At the bottom of Exhibit D is a summary of the projected FY2014 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services.

Similar analyses are done separately for inpatient hospital services.

Sample HMO  
Enrollment and Premium Experience  
Number of Members

Month	Medicaid Only		Dual Eligible		Total Members
	OCC	HCBS	OCC	HCBS	
Sep-09	2,856	56	5,233	390	8,535
Oct-09	2,830	53	5,196	390	8,469
Nov-09	2,867	54	5,164	386	8,471
Dec-09	2,848	54	5,050	377	8,329
Jan-10	2,896	53	5,077	385	8,411
Feb-10	2,895	52	5,096	383	8,426
Mar-10	2,869	51	5,083	389	8,392
Apr-10	2,878	52	5,053	401	8,384
May-10	2,876	58	5,029	399	8,362
Jun-10	2,894	62	5,026	412	8,394
Jul-10	2,951	60	5,048	441	8,500
Aug-10	2,949	68	5,043	472	8,532
Sep-10	2,948	74	5,049	498	8,569
Oct-10	2,978	73	5,048	499	8,598
Nov-10	2,999	77	5,044	505	8,625
Dec-10	3,057	78	4,969	506	8,610
Jan-11	3,128	80	5,022	510	8,740
Feb-11	3,150	78	5,074	505	8,807
Mar-11	3,136	80	5,064	506	8,786
Apr-11	3,147	90	5,070	518	8,825
May-11	3,175	91	5,068	517	8,851
Jun-11	3,223	103	5,096	513	8,935
Jul-11	3,246	112	5,149	503	9,010
Aug-11	3,267	115	5,145	495	9,022
Sep-11	3,283	116	5,173	495	9,067
Oct-11	3,281	114	5,162	507	9,064
Nov-11	3,291	115	5,163	516	9,085
Dec-11	3,261	112	5,084	525	8,982
Jan-12	3,255	119	5,129	531	9,034
Feb-12	3,267	117	5,118	540	9,042
Mar-12	3,241	118	5,128	541	9,028
Apr-12	3,227	108	5,125	553	9,013
May-12	3,242	107	5,140	558	9,047
Jun-12	3,257	106	5,139	564	9,066
Jul-12	3,272	112	5,102	582	9,068
Aug-12	3,263	115	5,105	589	9,072
FY2010	34,609	673	61,098	4,825	101,205
FY2011	37,454	1,051	60,798	6,075	105,378
FY2012	39,140	1,359	61,568	6,501	108,568

Sample HMO  
Enrollment and Premium Experience  
Premium Amount

Month	Medicaid Only		Dual Eligible		Total
	OCC	HCBS	OCC	HCBS	
Sep-09	1,321,528	175,764	1,414,846	753,273	3,665,412
Oct-09	1,309,498	166,348	1,404,843	753,273	3,633,961
Nov-09	1,326,618	169,487	1,396,191	745,547	3,637,843
Dec-09	1,317,827	169,487	1,365,369	728,164	3,580,846
Jan-10	1,340,037	166,348	1,372,668	743,616	3,622,669
Feb-10	1,339,574	163,209	1,377,806	739,753	3,620,342
Mar-10	1,327,544	160,071	1,374,291	751,342	3,613,247
Apr-10	1,331,708	163,209	1,366,180	774,519	3,635,617
May-10	1,330,783	182,041	1,359,691	770,657	3,643,171
Jun-10	1,339,112	194,596	1,358,880	795,766	3,688,353
Jul-10	1,365,487	188,318	1,364,828	851,778	3,770,411
Aug-10	1,364,561	213,428	1,363,476	911,654	3,853,119
Sep-10	1,552,151	203,386	1,450,376	918,810	4,124,723
Oct-10	1,567,947	200,638	1,450,088	920,655	4,139,328
Nov-10	1,579,003	211,631	1,448,939	931,725	4,171,299
Dec-10	1,609,541	214,380	1,427,395	933,570	4,184,886
Jan-11	1,646,923	219,877	1,442,620	940,950	4,250,370
Feb-11	1,658,507	214,380	1,457,557	931,725	4,262,169
Mar-11	1,608,956	213,181	1,377,611	895,686	4,095,433
Apr-11	1,614,600	239,828	1,379,243	916,927	4,150,598
May-11	1,628,966	242,493	1,378,699	915,157	4,165,315
Jun-11	1,653,592	274,470	1,386,316	908,077	4,222,455
Jul-11	1,665,393	298,453	1,400,734	890,375	4,254,955
Aug-11	1,676,167	306,447	1,399,646	876,214	4,258,475
Sep-11	1,788,119	322,256	1,443,991	893,178	4,447,544
Oct-11	1,787,029	316,700	1,440,921	914,831	4,459,481
Nov-11	1,792,476	319,478	1,441,200	931,070	4,484,224
Dec-11	1,776,136	311,144	1,419,148	947,310	4,453,738
Jan-12	1,772,868	330,590	1,431,709	958,136	4,493,304
Feb-12	1,779,404	325,034	1,428,639	974,376	4,507,453
Mar-12	1,765,243	327,812	1,431,430	976,180	4,500,666
Apr-12	1,757,618	300,032	1,430,593	997,833	4,486,075
May-12	1,765,788	297,253	1,434,780	1,006,855	4,504,676
Jun-12	1,773,958	294,475	1,434,500	1,017,682	4,520,615
Jul-12	1,782,128	311,144	1,424,172	1,050,161	4,567,604
Aug-12	1,777,226	319,478	1,425,010	1,062,792	4,584,505
FY2010	16,014,276	2,112,305	16,519,066	9,319,343	43,964,990
FY2011	19,461,746	2,839,165	16,999,223	10,979,872	50,280,006
FY2012	21,317,992	3,775,397	17,186,092	11,730,404	54,009,885

Sample HMO  
Claims Lag Report

Attachment 2 - Exhibit B

Month															
Incurred	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Acute Care - Medicaid Only OCC															
Sep-09	151,028	236,774	91,194	45,020	50,470	11,713	30,837	6,237	3,616	1,209	4,498	20,944	1,974	2,854	265
Oct-09		179,014	268,952	102,151	54,366	40,541	15,933	13,580	3,778	1,026	8,288	23,895	805	(6)	129
Nov-09			157,154	259,237	74,204	39,568	41,590	9,057	10,749	2,046	5,968	22,660	2,665	855	1,797
Dec-09				138,527	320,521	58,981	57,436	22,964	4,972	1,501	4,221	9,919	532	12,107	-
Jan-10					179,425	292,976	142,276	29,170	19,954	8,315	12,428	27,927	5,130	6,872	12,469
Feb-10						131,444	258,891	68,074	35,777	9,491	10,494	22,925	4,302	11,188	13,800
Mar-10							169,830	249,579	76,904	28,079	13,754	24,488	3,328	7,289	6,989
Apr-10								205,886	297,362	49,438	25,271	37,957	14,748	9,174	5,721
May-10									188,418	172,555	90,727	63,078	19,847	33,913	4,752
Jun-10										145,665	282,178	81,337	38,493	47,316	10,138
Jul-10											171,387	315,369	63,099	46,756	23,711
Aug-10												191,389	266,551	115,807	56,054
Sep-10													170,541	313,113	79,315
Oct-10														202,875	319,652
Nov-10															176,801
Dec-10															
Jan-11															
Feb-11															
Mar-11															
Apr-11															

Sample HMO  
Estimated Claims Experience

Month	Acute Care - Medicaid Only OCC					Trend
	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	
Sep-09	2,856	672,630	1.000	672,630	235.51	
Oct-09	2,830	762,811	1.000	762,811	269.54	
Nov-09	2,867	654,582	1.000	654,582	228.32	
Dec-09	2,848	662,958	1.000	662,958	232.78	
Jan-10	2,896	767,859	1.000	767,859	265.14	
Feb-10	2,895	616,020	1.000	616,020	212.79	
Mar-10	2,869	645,519	1.000	645,519	225.00	
Apr-10	2,878	727,755	1.000	727,755	252.87	
May-10	2,876	635,361	1.000	635,361	220.92	
Jun-10	2,894	671,250	1.000	671,250	231.95	
Jul-10	2,951	741,522	1.000	741,522	251.28	
Aug-10	2,949	729,796	1.000	729,796	247.47	
Sep-10	2,948	713,691	1.000	713,691	242.09	1.028
Oct-10	2,978	760,890	1.000	760,890	255.50	0.948
Nov-10	2,999	636,070	1.000	636,070	212.09	0.929
Dec-10	3,057	818,519	1.000	818,519	267.75	1.150
Jan-11	3,128	846,454	1.000	846,454	270.61	1.021
Feb-11	3,150	810,151	1.000	810,151	257.19	1.209
Mar-11	3,136	866,241	1.000	866,241	276.22	1.228
Apr-11	3,147	913,333	1.000	913,333	290.22	1.148
May-11	3,175	928,775	1.000	928,775	292.53	1.324
Jun-11	3,223	915,000	1.000	915,000	283.90	1.224
Jul-11	3,246	955,161	0.998	957,075	294.85	1.173
Aug-11	3,267	919,889	0.998	921,733	282.13	1.140
Sep-11	3,283	855,559	0.996	858,995	261.65	1.081
Oct-11	3,281	940,587	0.994	946,264	288.41	1.129
Nov-11	3,291	807,120	0.992	813,629	247.23	1.166
Dec-11	3,261	772,137	0.993	777,580	238.45	0.891
Jan-12	3,255	860,175	0.992	867,112	266.39	0.984
Feb-12	3,267	792,443	0.992	798,834	244.52	0.951
Mar-12	3,241	921,076	0.992	928,504	286.49	1.037
Apr-12	3,227	827,036	0.991	834,547	258.61	0.891
May-12	3,242	880,261	0.989	890,051	274.54	0.939
Jun-12	3,257	907,969	0.988	918,997	282.16	0.994
Jul-12	3,272	937,017	0.986	950,322	290.44	0.985
Aug-12	3,263	1,009,932	0.985	1,025,312	314.22	1.114
FY2010	34,609	8,288,063		8,288,063	239.48	
FY2011	37,454	10,084,175		10,087,932	269.34	1.125
FY2012	39,140	10,511,312		10,610,147	271.08	1.006

Sample HMO  
Experienced Based Renewal Rating

Attachment 2 - Exhibit D

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
FY2012 Experience Period				
Member Months	39,140		1,359	
Premium Revenue	21,317,992	544.66	3,775,397	2,778.07
Adjusted Premium (at current rates)	20,669,443	528.09	4,023,673	2,960.76
Estimated FY2012 Incurred Claims				
Acute Care	10,610,147	271.08	1,134,603	834.88
Long Term Care	3,735,142	95.43	2,451,389	1,803.82
Total	14,345,289	366.51	3,585,992	2,638.70
Projected FY2014 Member Months	41,363		1,461	
Projected FY2014 Premium				
At Current Rates	21,843,299	528.09	4,326,732	2,960.76
Annual Cost Trend Assumptions				
Acute Care				
FY2013	0.9 %		-3.1 %	
FY2014	3.3 %		0.0 %	
Long Term Care				
FY2013	10.7 %		1.1 %	
FY2014	12.4 %		0.0 %	
Provider Reimbursement Adjustment				
Acute Care		0.9814		0.9924
Long Term Care		1.0255		1.0039
Other Reimbursement Adjustment		1.0000		1.0000
Out of Network Adjustment		1.0000		1.0000
Projected Incurred Claims				
Acute Care	11,713,111	283.18	1,339,546	916.64
LTC	4,663,870	112.76	2,620,868	1,793.45
Total	16,376,981	395.93	3,960,413	2,710.09
Capitation Expenses				
Vision	52,944	1.28	1,871	1.28
Behavioral Health	0	0.00	0	0.00
Radiology	0	0.00	0	0.00
Other - Settlements	0	0.00	15	0.01
Total	52,944	1.28	1,885	1.29

Sample HMO  
Experienced Based Renewal Rating

Attachment 2 - Exhibit D

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	192,751	4.66	8,958	6.13
Service Coordination - Enhancement	101,339	2.45	3,580	2.45
Other	0	0.00	0	0.00
Total	294,090	7.11	12,538	8.58
Reinsurance Expenses				
Gross Premium	9,927	0.24	351	0.24
Projected Reinsurance Recoveries	9,927	0.24	351	0.24
Net Reinsurance Cost	0	0.00	0	0.00
Administrative Expenses				
Fixed Amount	517,035	12.50	18,267	12.50
Percentage of Premium	1,095,702	5.75%	253,715	5.75%
Total	1,612,737		271,982	
Risk Margin	381,114	2.0%	88,249	2.0%
Premium Tax	333,474	1.75%	77,218	1.75%
Maintenance Tax	4,240	0.10	150	0.10
Projected Total Cost				
Acute Care	13,413,128	324.28	1,489,127	1,019.00
LTC	5,642,442	136.41	2,923,308	2,000.40
Total	19,055,570	460.69	4,412,435	3,019.41

### ***Attachment 3***

#### **Community Experience Analysis – Non-inpatient Acute Care and Long Term Care**

The following exhibits present a summary of the non-inpatient acute care and long term care experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each HMO in a service area. The community rates are developed by a weighted average of the projected FY2014 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2014 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2014 STAR+PLUS HMO community rates for the following service areas:

Exhibit A – Bexar Service Area  
Exhibit B – Dallas Services Area  
Exhibit C – El Paso Services Area  
Exhibit D – Harris Service Area  
Exhibit E – Hidalgo Service Area  
Exhibit F – Jefferson Service Area  
Exhibit G – Lubbock Service Area  
Exhibit H – Nueces Service Area  
Exhibit I – Tarrant Service Area  
Exhibit J – Travis Service Area

These exhibits show projected FY2014 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 portion of the exhibit shows summary base period (FY2012) experience and projected FY2014 enrollment, premium and incurred claims experience. An exception to the base experience period was made for the El Paso, Hidalgo and Lubbock service areas. STAR+PLUS expanded into these three areas effective March 1, 2012. For these three areas the base period used to develop the FY2014 experience is the period March 1, 2012 through August 31, 2012. Because this time period does not span a full twelve months an analysis was done to determine if a material seasonality is present in the claims experience for the program. It was determined that no material seasonality existed and no further adjustments were necessary to the base period experience.

In addition to incurred claims, provision is also made for services that are capitated by the HMOs, such as vision and behavioral health services. Other expenses such as those related to the coordination of care are included.

A provision for administrative expenses is included in the amount of \$12.50 pmpm and 5.75% of gross premium. Additional provisions are also included for premium tax (1.75% of premium), maintenance tax (\$0.1025 pmpm) and risk margin (2.0% of premium).

The bottom of the exhibit shows a summary of the projected FY2014 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

FY2014 STAR+Plus Rating Summary  
Bexar SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	250,834		15,164		257,746		39,349		563,093	
Premium Revenue	141,625,142	564.62	42,724,736	2,817.51	68,508,887	265.80	66,000,601	1,677.31	318,859,367	566.26
Adjusted Premium (at current rates)	151,721,875	604.87	41,421,225	2,731.55	77,558,349	300.91	68,283,500	1,735.33	338,984,949	602.01
Estimated FY2012 Incurred Claims										
Acute Care	82,166,766	327.57	14,479,475	954.86	0	0.00	0	0.00	96,646,241	171.63
Long Term Care	35,942,158	143.29	21,901,059	1,444.28	62,333,394	241.84	60,383,300	1,534.56	180,559,910	320.66
Total	118,108,924	470.86	36,380,534	2,399.14	62,333,394	241.84	60,383,300	1,534.56	277,206,152	492.29
Projected FY2014 Member Months	279,121		15,895		268,884		39,373		603,273	
Projected FY2014 Premium										
At Current Rates	168,926,266	605.21	43,372,932	2,728.69	80,909,754	300.91	68,325,199	1,735.33	361,534,151	599.29
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9764		0.9945		1.0000		1.0000			
Long Term Care	1.0277		1.0036		1.0257		1.0025			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	93,051,226	333.37	14,626,246	920.17	0	0.00	0	0.00	107,677,471	178.49
LTC	51,143,575	183.23	23,293,160	1,465.42	76,361,586	283.99	60,268,369	1,530.70	211,066,690	349.87
Total	144,194,801	516.60	37,919,406	2,385.59	76,361,586	283.99	60,268,369	1,530.70	318,744,161	528.36
Capitation Expenses	2,612,563	9.36	192,868	12.13	126,369	0.47	103,678	2.63	3,035,478	5.03
Service Coordination and Other Expenses	3,270,754	11.72	323,887	20.38	2,544,990	9.47	743,080	18.87	6,882,711	11.41

FY2014 STAR+Plus Rating Summary  
Bexar SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	3,489,017	12.50	198,690	12.50	3,361,045	12.50	492,163	12.50	7,540,914	12.50
Percentage of Premium	9,758,846	5.75%	2,454,804	5.75%	5,236,728	5.75%	3,914,532	5.75%	21,364,910	5.75%
Total	13,247,862	47.46	2,653,494	166.94	8,597,773	31.98	4,406,695	111.92	28,905,824	47.91
Risk Margin	3,394,381	2.00%	853,845	2.00%	1,821,471	2.00%	1,361,576	2.00%	7,431,273	2.00%
Premium Tax	2,970,083	1.75%	747,114	1.75%	1,593,787	1.75%	1,191,379	1.75%	6,502,364	1.75%
Maintenance Tax	28,610	0.10	1,629	0.10	27,561	0.10	4,036	0.10	61,835	0.10
Projected Total Cost										
Acute Care	108,214,110	387.70	16,460,089	1,035.54	139,635	0.52	114,561	2.91	124,928,395	207.08
LTC	61,504,944	220.35	26,232,154	1,650.32	90,933,902	338.19	67,964,251	1,726.16	246,635,252	408.83
Total	169,719,054	608.05	42,692,243	2,685.86	91,073,537	338.71	68,078,812	1,729.07	371,563,646	615.91
Experience Rate Increase		0.5 %		-1.6 %		12.6 %		-0.4 %		2.8 %

FY2014 STAR+Plus Rating Summary  
Dallas SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	309,519		11,268		290,528		39,016		650,331	
Premium Revenue	143,481,616	463.56	26,789,894	2,377.52	60,933,594	209.73	54,178,868	1,388.63	285,383,972	438.83
Adjusted Premium (at current rates)	156,641,376	506.08	32,092,616	2,848.12	65,656,423	225.99	63,015,522	1,615.12	317,405,936	488.07
Estimated FY2012 Incurred Claims										
Acute Care	94,885,473	306.56	10,501,804	932.00	0	0.00	0	0.00	105,387,277	162.05
Long Term Care	28,937,690	93.49	15,707,071	1,393.95	52,227,074	179.77	52,619,728	1,348.67	149,491,564	229.87
Total	123,823,164	400.05	26,208,875	2,325.96	52,227,074	179.77	52,619,728	1,348.67	254,878,840	391.92
Projected FY2014 Member Months	347,037		14,010		304,488		40,320		705,854	
Projected FY2014 Premium										
At Current Rates	175,628,245	506.08	39,901,689	2,848.12	68,811,188	225.99	65,122,197	1,615.12	349,463,319	495.09
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9628		0.9832		1.0000		1.0000			
Long Term Care	1.0257		1.0022		1.0252		1.0024			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	106,761,624	307.64	12,439,866	887.94	0	0.00	0	0.00	119,201,490	168.88
LTC	41,408,169	119.32	19,787,317	1,412.39	64,246,225	211.00	54,236,824	1,345.15	179,678,535	254.55
Total	148,169,793	426.96	32,227,183	2,300.33	64,246,225	211.00	54,236,824	1,345.15	298,880,025	423.43
Capitation Expenses	2,282,336	6.58	147,715	10.54	139,792	0.46	130,434	3.23	2,700,278	3.83
Service Coordination and Other Expenses	6,054,076	17.45	753,328	53.77	3,014,785	9.90	1,188,054	29.47	11,010,243	15.60

FY2014 STAR+Plus Rating Summary  
Dallas SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	4,337,957	12.50	175,123	12.50	3,806,097	12.50	504,004	12.50	8,823,181	12.50
Percentage of Premium	10,221,641	5.75%	2,116,050	5.75%	4,526,178	5.75%	3,562,042	5.75%	20,425,911	5.75%
Total	14,559,597	41.95	2,291,173	163.54	8,332,275	27.36	4,066,047	100.84	29,249,092	41.44
Risk Margin	3,555,353	2.00%	736,017	2.00%	1,574,323	2.00%	1,238,971	2.00%	7,104,665	2.00%
Premium Tax	3,110,934	1.75%	644,015	1.75%	1,377,532	1.75%	1,084,100	1.75%	6,216,582	1.75%
Maintenance Tax	35,571	0.10	1,436	0.10	31,210	0.10	4,133	0.10	72,350	0.10
Projected Total Cost										
Acute Care	123,972,644	357.23	13,984,236	998.17	154,467	0.51	144,126	3.57	138,255,473	195.87
LTC	53,795,017	155.01	22,816,632	1,628.62	78,561,676	258.01	61,804,436	1,532.83	216,977,760	307.40
Total	177,767,661	512.24	36,800,867	2,626.79	78,716,143	258.52	61,948,562	1,536.41	355,233,233	503.27
Experience Rate Increase		1.2 %		-7.8 %		14.4 %		-4.9 %		1.7 %

FY2014 STAR+Plus Rating Summary  
El Paso SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	40,715		813		96,756		4,098		142,382	
Premium Revenue	18,275,335	448.86	1,829,364	2,250.14	21,084,100	217.91	5,786,663	1,412.07	46,975,462	329.93
Adjusted Premium (at current rates)	20,535,017	504.36	2,404,277	2,957.29	19,293,146	199.40	5,295,026	1,292.10	47,527,466	333.80
Estimated FY2012 Incurred Claims										
Acute Care	12,446,198	305.69	650,231	799.79	0	0.00	0	0.00	13,096,429	91.98
Long Term Care	5,299,219	130.15	1,526,688	1,877.84	27,234,440	281.48	7,607,353	1,856.36	41,667,700	292.65
Total	17,745,417	435.84	2,176,919	2,677.64	27,234,440	281.48	7,607,353	1,856.36	54,764,129	384.63
Projected FY2014 Member Months	88,767		1,945		200,329		8,519		299,560	
Projected FY2014 Premium										
At Current Rates	44,770,370	504.36	5,751,139	2,957.29	39,945,628	199.40	11,007,565	1,292.10	101,474,703	338.75
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9774		0.9913		1.0000		1.0000			
Long Term Care	1.0247		1.0037		1.0235		1.0026			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	27,581,847	310.72	1,505,862	774.33	0	0.00	0	0.00	29,087,709	97.10
LTC	14,360,886	161.78	3,695,617	1,900.32	65,027,145	324.60	15,796,169	1,854.20	98,879,816	330.08
Total	41,942,733	472.51	5,201,478	2,674.65	65,027,145	324.60	15,796,169	1,854.20	127,967,525	427.19
Capitation Expenses	250,061	2.82	10,634	5.47	79,138	0.40	14,794	1.74	354,628	1.18
Service Coordination and Other Expenses	985,305	11.10	49,156	25.28	1,340,171	6.69	111,927	13.14	2,486,559	8.30

FY2014 STAR+Plus Rating Summary  
El Paso SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	1,109,584	12.50	24,309	12.50	2,504,114	12.50	106,489	12.50	3,744,496	12.50
Percentage of Premium	2,814,436	5.75%	335,837	5.75%	4,382,142	5.75%	1,018,497	5.75%	8,550,912	5.75%
Total	3,924,020	44.21	360,146	185.19	6,886,256	34.37	1,124,986	132.05	12,295,408	41.04
Risk Margin	978,934	2.00%	116,813	2.00%	1,524,223	2.00%	354,260	2.00%	2,974,230	2.00%
Premium Tax	856,568	1.75%	102,211	1.75%	1,333,695	1.75%	309,977	1.75%	2,602,451	1.75%
Maintenance Tax	9,099	0.10	199	0.10	20,534	0.10	873	0.10	30,705	0.10
Projected Total Cost										
Acute Care	31,566,366	355.61	1,683,526	865.69	87,445	0.44	16,347	1.92	33,353,685	111.34
LTC	17,380,352	195.80	4,157,111	2,137.63	76,123,717	379.99	17,696,639	2,077.28	115,357,819	385.09
Total	48,946,719	551.41	5,840,637	3,003.31	76,211,162	380.43	17,712,987	2,079.20	148,711,505	496.43
Experience Rate Increase		9.3 %		1.6 %		90.8 %		60.9 %		46.6 %

FY2014 STAR+Plus Rating Summary  
Harris SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	542,028		25,386		541,483		53,756		1,162,653	
Premium Revenue	343,700,854	634.10	83,298,125	3,281.26	128,304,397	236.95	79,195,500	1,473.24	634,498,875	545.73
Adjusted Premium (at current rates)	363,772,727	671.13	74,570,073	2,937.45	145,821,372	269.30	80,542,077	1,498.29	664,706,249	571.72
Estimated FY2012 Incurred Claims										
Acute Care	205,287,675	378.74	30,368,695	1,196.28	0	0.00	0	0.00	235,656,370	202.69
Long Term Care	81,113,782	149.65	34,636,853	1,364.41	118,383,608	218.63	71,489,361	1,329.89	305,623,604	262.87
Total	286,401,457	528.39	65,005,548	2,560.68	118,383,608	218.63	71,489,361	1,329.89	541,279,974	465.56
Projected FY2014 Member Months	599,304		26,883		570,584		56,111		1,252,883	
Projected FY2014 Premium										
At Current Rates	402,316,601	671.31	79,186,570	2,945.59	153,658,308	269.30	84,071,282	1,498.29	719,232,761	574.06
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9790		0.9925		1.0000		1.0000			
Long Term Care	1.0246		1.0033		1.0256		1.0024			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	231,612,683	386.47	30,929,013	1,150.50	0	0.00	0	0.00	262,541,696	209.55
LTC	114,337,375	190.78	37,205,404	1,383.97	146,475,819	256.71	74,426,981	1,326.41	372,445,579	297.27
Total	345,950,058	577.25	68,134,417	2,534.47	146,475,819	256.71	74,426,981	1,326.41	634,987,276	506.82
Capitation Expenses	2,148,659	3.59	205,924	7.66	237,191	0.42	72,632	1.29	2,664,405	2.13
Service Coordination and Other Expenses	10,498,133	17.52	1,366,869	50.84	10,580,571	18.54	2,603,047	46.39	25,048,621	19.99

FY2014 STAR+Plus Rating Summary  
Harris SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	7,491,297	12.50	336,039	12.50	7,132,302	12.50	701,394	12.50	15,661,032	12.50
Percentage of Premium	23,263,647	5.75%	4,450,437	5.75%	10,450,664	5.75%	4,943,717	5.75%	43,108,465	5.75%
Total	30,754,944	51.32	4,786,476	178.05	17,582,966	30.82	5,645,110	100.61	58,769,497	46.91
Risk Margin	8,091,703	2.00%	1,547,978	2.00%	3,635,014	2.00%	1,719,554	2.00%	14,994,249	2.00%
Premium Tax	7,080,240	1.75%	1,354,481	1.75%	3,180,637	1.75%	1,504,609	1.75%	13,119,968	1.75%
Maintenance Tax	61,429	0.10	2,756	0.10	58,485	0.10	5,751	0.10	128,420	0.10
Projected Total Cost										
Acute Care	263,887,152	440.32	34,573,181	1,286.05	262,090	0.46	80,256	1.43	298,802,679	238.49
LTC	140,698,015	234.77	42,825,719	1,593.03	181,488,594	318.08	85,897,428	1,530.83	450,909,756	359.90
Total	404,585,167	675.09	77,398,900	2,879.09	181,750,683	318.53	85,977,684	1,532.27	749,712,435	598.39
Experience Rate Increase		0.6 %		-2.3 %		18.3 %		2.3 %		4.2 %

FY2014 STAR+Plus Rating Summary  
Hidalgo SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	135,720		5,691		258,600		44,752		444,763	
Premium Revenue	86,004,407	633.69	23,462,286	4,122.70	118,937,898	459.93	133,376,176	2,980.34	361,780,766	813.42
Adjusted Premium (at current rates)	94,861,494	698.95	26,996,738	4,743.76	156,072,858	603.53	175,019,254	3,910.87	452,950,344	1,018.41
Estimated FY2012 Incurred Claims										
Acute Care	49,732,462	366.43	4,052,522	712.09	0	0.00	0	0.00	53,784,983	120.93
Long Term Care	50,748,238	373.92	10,001,047	1,757.34	179,615,249	694.57	79,619,893	1,779.14	319,984,426	719.45
Total	100,480,700	740.35	14,053,568	2,469.44	179,615,249	694.57	79,619,893	1,779.14	373,769,409	840.38
Projected FY2014 Member Months	285,888		13,412		529,965		93,911		923,176	
Projected FY2014 Premium										
At Current Rates	199,821,314	698.95	63,623,646	4,743.76	319,849,850	603.53	367,274,750	3,910.87	950,569,560	1,029.67
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9800		0.9825		1.0000		1.0000			
Long Term Care	1.0248		1.0038		1.0239		1.0032			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	106,766,887	373.46	9,164,483	683.30	0	0.00	0	0.00	115,931,370	125.58
LTC	132,888,978	464.83	23,854,113	1,778.56	424,660,337	801.30	166,986,616	1,778.13	748,390,044	810.67
Total	239,655,865	838.29	33,018,596	2,461.86	424,660,337	801.30	166,986,616	1,778.13	864,321,415	936.25
Capitation Expenses	2,267,454	7.93	147,002	10.96	0	0.00	561,347	5.98	2,975,803	3.22
Service Coordination and Other Expenses	4,863,481	17.01	326,937	24.38	3,991,354	7.53	2,137,246	22.76	11,319,018	12.26

FY2014 STAR+Plus Rating Summary  
Hidalgo SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	3,573,598	12.50	167,651	12.50	6,624,564	12.50	1,173,891	12.50	11,539,704	12.50
Percentage of Premium	15,908,738	5.75%	2,138,718	5.75%	27,659,125	5.75%	10,856,300	5.75%	56,562,881	5.75%
Total	19,482,336	68.15	2,306,369	171.96	34,283,689	64.69	12,030,191	128.10	68,102,585	73.77
Risk Margin	5,533,474	2.00%	743,902	2.00%	9,620,565	2.00%	3,776,104	2.00%	19,674,046	2.00%
Premium Tax	4,841,790	1.75%	650,914	1.75%	8,417,995	1.75%	3,304,091	1.75%	17,214,790	1.75%
Maintenance Tax	29,304	0.10	1,375	0.10	54,321	0.10	9,626	0.10	94,626	0.10
Projected Total Cost										
Acute Care	122,253,522	427.63	10,340,773	771.00	0	0.00	620,272	6.60	133,214,567	144.30
LTC	154,420,183	540.14	26,854,322	2,002.25	481,028,261	907.66	188,184,949	2,003.86	850,487,715	921.26
Total	276,673,704	967.77	37,195,095	2,773.26	481,028,261	907.66	188,805,222	2,010.46	983,702,283	1,065.56
Experience Rate Increase		38.5 %		-41.5 %		50.4 %		-48.6 %		3.5 %

FY2014 STAR+Plus Rating Summary  
Jefferson SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	104,590		2,635		82,822		13,644		203,691	
Premium Revenue	42,389,416	405.29	5,478,005	2,078.94	17,713,967	213.88	19,257,609	1,411.43	84,838,997	416.51
Adjusted Premium (at current rates)	42,953,021	410.68	5,099,621	1,935.34	18,639,919	225.06	19,898,137	1,458.38	86,590,698	425.11
Estimated FY2012 Incurred Claims										
Acute Care	33,800,236	323.17	1,915,820	727.07	0	0.00	0	0.00	35,716,057	175.34
Long Term Care	5,835,447	55.79	3,254,051	1,234.93	11,121,252	134.28	16,970,474	1,243.80	37,181,224	182.54
Total	39,635,684	378.96	5,169,871	1,962.00	11,121,252	134.28	16,970,474	1,243.80	72,897,280	357.88
Projected FY2014 Member Months	117,003		3,274		86,369		14,327		220,973	
Projected FY2014 Premium										
At Current Rates	48,050,664	410.68	6,336,886	1,935.34	19,438,262	225.06	20,893,489	1,458.38	94,719,301	428.65
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9722		0.9799		1.0000		1.0000			
Long Term Care	1.0238		1.0023		1.0256		1.0024			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	38,315,325	327.47	2,260,468	690.37	0	0.00	0	0.00	40,575,793	183.62
LTC	8,315,893	71.07	4,097,427	1,251.39	13,617,788	157.67	17,772,833	1,240.56	43,803,941	198.23
Total	46,631,218	398.55	6,357,895	1,941.76	13,617,788	157.67	17,772,833	1,240.56	84,379,735	381.86
Capitation Expenses	310,557	2.65	29,774	9.09	30,436	0.35	54,030	3.77	424,798	1.92
Service Coordination and Other Expenses	1,702,747	14.55	121,027	36.96	715,721	8.29	323,033	22.55	2,862,527	12.95

FY2014 STAR+Plus Rating Summary  
Jefferson SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	1,462,534	12.50	40,929	12.50	1,079,616	12.50	179,081	12.50	2,762,159	12.50
Percentage of Premium	3,184,359	5.75%	416,158	5.75%	981,783	5.75%	1,164,642	5.75%	5,746,942	5.75%
Total	4,646,893	39.72	457,086	139.60	2,061,399	23.87	1,343,723	93.79	8,509,101	38.51
Risk Margin	1,107,603	2.00%	144,750	2.00%	341,490	2.00%	405,093	2.00%	1,998,936	2.00%
Premium Tax	969,153	1.75%	126,657	1.75%	298,804	1.75%	354,456	1.75%	1,749,069	1.75%
Maintenance Tax	11,993	0.10	336	0.10	8,853	0.10	1,468	0.10	22,650	0.10
Projected Total Cost										
Acute Care	44,019,284	376.22	2,546,865	777.83	33,631	0.39	59,702	4.17	46,659,483	211.15
LTC	11,360,880	97.10	4,690,660	1,432.57	17,040,859	197.30	20,194,935	1,409.62	53,287,334	241.15
Total	55,380,164	473.32	7,237,525	2,210.40	17,074,490	197.69	20,254,637	1,413.79	99,946,816	452.30
Experience Rate Increase		15.3 %		14.2 %		-12.2 %		-3.1 %		5.5 %

FY2014 STAR+Plus Rating Summary  
Lubbock SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	29,254		784		31,195		4,707		65,940	
Premium Revenue	13,805,548	471.92	1,558,294	1,987.62	4,823,371	154.62	4,715,990	1,001.91	24,903,203	377.66
Adjusted Premium (at current rates)	13,954,743	477.02	1,568,706	2,000.90	4,911,029	157.43	4,801,987	1,020.18	25,236,465	382.72
Estimated FY2012 Incurred Claims										
Acute Care	9,097,280	310.98	549,788	701.26	0	0.00	0	0.00	9,647,069	146.30
Long Term Care	1,485,969	50.80	1,005,372	1,282.36	2,877,913	92.26	5,094,269	1,082.28	10,463,522	158.68
Total	10,583,249	361.77	1,555,160	1,983.62	2,877,913	92.26	5,094,269	1,082.28	20,110,590	304.98
Projected FY2014 Member Months	65,594		2,006		64,749		8,784		141,134	
Projected FY2014 Premium										
At Current Rates	31,289,868	477.02	4,013,452	2,000.90	10,193,494	157.43	8,961,748	1,020.18	54,458,562	385.86
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9740		0.9859		1.0000		1.0000			
Long Term Care	1.0235		1.0022		1.0251		1.0025			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	20,661,941	315.00	1,354,402	675.24	0	0.00	0	0.00	22,016,343	156.00
LTC	4,136,723	63.07	2,599,088	1,295.77	6,899,485	106.56	9,495,225	1,080.91	23,130,520	163.89
Total	24,798,664	378.06	3,953,490	1,971.01	6,899,485	106.56	9,495,225	1,080.91	45,146,864	319.89
Capitation Expenses	380,075	5.79	11,039	5.50	0	0.00	0	0.00	391,114	2.77
Service Coordination and Other Expenses	750,047	11.43	22,742	11.34	698,883	10.79	107,574	12.25	1,579,246	11.19

FY2014 STAR+Plus Rating Summary  
Lubbock SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	819,931	12.50	25,073	12.50	809,367	12.50	109,806	12.50	1,764,177	12.50
Percentage of Premium	1,699,931	5.75%	254,941	5.75%	534,615	5.75%	617,156	5.75%	3,106,643	5.75%
Total	2,519,862	38.42	280,014	139.60	1,343,982	20.76	726,962	82.76	4,870,820	34.51
Risk Margin	591,280	2.00%	88,675	2.00%	185,953	2.00%	214,663	2.00%	1,080,572	2.00%
Premium Tax	517,370	1.75%	77,591	1.75%	162,709	1.75%	187,830	1.75%	945,500	1.75%
Maintenance Tax	6,723	0.10	206	0.10	6,637	0.10	900	0.10	14,466	0.10
Projected Total Cost										
Acute Care	24,011,905	366.07	1,518,344	756.97	0	0.00	0	0.00	25,530,249	180.89
LTC	5,552,117	84.64	2,915,413	1,453.47	9,297,649	143.59	10,733,154	1,221.83	28,498,333	201.92
Total	29,564,022	450.71	4,433,757	2,210.44	9,297,649	143.59	10,733,154	1,221.83	54,028,582	382.82
Experience Rate Increase		-5.5 %		10.5 %		-8.8 %		19.8 %		-0.8 %

FY2014 STAR+Plus Rating Summary  
Nueces SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	95,716		7,744		103,507		32,892		239,859	
Premium Revenue	72,239,128	754.72	22,495,490	2,904.89	39,931,966	385.79	51,880,706	1,577.30	186,547,290	777.74
Adjusted Premium (at current rates)	72,590,957	758.40	20,851,766	2,692.64	44,258,558	427.59	54,318,507	1,651.42	192,019,788	800.55
Estimated FY2012 Incurred Claims										
Acute Care	35,450,323	370.37	7,203,481	930.20	0	0.00	0	0.00	42,653,805	177.83
Long Term Care	19,311,103	201.75	10,683,055	1,379.53	32,545,955	314.43	46,987,804	1,428.55	109,527,916	456.63
Total	54,761,426	572.12	17,886,536	2,309.73	32,545,955	314.43	46,987,804	1,428.55	152,181,721	634.46
Projected FY2014 Member Months	106,735		8,182		105,798		33,168		253,882	
Projected FY2014 Premium										
At Current Rates	81,119,079	760.01	22,063,763	2,696.57	45,238,064	427.59	54,774,145	1,651.42	203,195,051	800.35
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9814		0.9924		1.0000		1.0000			
Long Term Care	1.0255		1.0039		1.0248		1.0030			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	40,436,967	378.86	7,319,067	894.51	0	0.00	0	0.00	47,756,034	188.10
LTC	27,477,518	257.44	11,456,180	1,400.14	39,030,523	368.92	47,286,476	1,425.67	125,250,697	493.34
Total	67,914,485	636.29	18,775,247	2,294.66	39,030,523	368.92	47,286,476	1,425.67	173,006,731	681.44
Capitation Expenses	1,026,328	9.62	78,938	9.65	0	0.00	0	0.00	1,105,266	4.35
Service Coordination and Other Expenses	1,482,264	13.89	113,354	13.85	1,552,986	14.68	489,306	14.75	3,637,909	14.33

FY2014 STAR+Plus Rating Summary  
Nueces SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	1,334,183	12.50	102,277	12.50	1,322,472	12.50	414,599	12.50	3,173,531	12.50
Percentage of Premium	4,559,858	5.75%	1,211,671	5.75%	2,663,224	5.75%	3,062,036	5.75%	11,496,789	5.75%
Total	5,894,041	55.22	1,313,948	160.59	3,985,696	37.67	3,476,635	104.82	14,670,320	57.78
Risk Margin	1,586,038	2.00%	421,451	2.00%	926,339	2.00%	1,065,056	2.00%	3,998,883	2.00%
Premium Tax	1,387,783	1.75%	368,770	1.75%	810,546	1.75%	931,924	1.75%	3,499,023	1.75%
Maintenance Tax	10,940	0.10	839	0.10	10,844	0.10	3,400	0.10	26,023	0.10
Projected Total Cost										
Acute Care	46,700,768	437.54	8,219,008	1,004.50	0	0.00	0	0.00	54,919,775	216.32
LTC	32,601,111	305.44	12,853,538	1,570.92	46,316,934	437.79	53,252,796	1,605.55	145,024,379	571.23
Total	79,301,878	742.98	21,072,546	2,575.43	46,316,934	437.79	53,252,796	1,605.55	199,944,154	787.55
Experience Rate Increase		-2.2 %		-4.5 %		2.4 %		-2.8 %		-1.6 %

FY2014 STAR+Plus Rating Summary  
Tarrant SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	177,545		6,305		162,620		21,820		368,290	
Premium Revenue	86,906,113	489.49	15,831,668	2,510.97	27,535,219	169.32	24,462,582	1,121.11	154,735,583	420.15
Adjusted Premium (at current rates)	92,147,630	519.01	16,646,020	2,640.13	23,514,852	144.60	32,974,166	1,511.19	165,282,668	448.78
Estimated FY2012 Incurred Claims										
Acute Care	62,745,951	353.41	5,420,983	859.79	0	0.00	0	0.00	68,166,933	185.09
Long Term Care	13,053,066	73.52	10,264,735	1,628.03	21,543,985	132.48	28,130,679	1,289.22	72,992,465	198.19
Total	75,799,016	426.93	15,685,718	2,487.82	21,543,985	132.48	28,130,679	1,289.22	141,159,399	383.28
Projected FY2014 Member Months	201,634		7,149		171,807		23,560		404,150	
Projected FY2014 Premium										
At Current Rates	104,650,082	519.01	18,873,684	2,640.13	24,843,357	144.60	35,603,579	1,511.19	183,970,704	455.20
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9609		0.9762		1.0000		1.0000			
Long Term Care	1.0230		1.0016		1.0247		1.0020			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	71,369,193	353.95	5,814,159	813.31	0	0.00	0	0.00	77,183,352	190.98
LTC	18,869,374	93.58	11,785,269	1,648.57	26,702,524	155.42	30,282,440	1,285.33	87,639,606	216.85
Total	90,238,567	447.54	17,599,428	2,461.88	26,702,524	155.42	30,282,440	1,285.33	164,822,958	407.83
Capitation Expenses	185,161	0.92	7,181	1.00	5,850	0.03	416	0.02	198,608	0.49
Service Coordination and Other Expenses	1,799,774	8.93	347,962	48.67	1,489,485	8.67	1,008,958	42.83	4,646,179	11.50

FY2014 STAR+Plus Rating Summary  
Tarrant SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	2,520,425	12.50	89,360	12.50	2,147,593	12.50	294,500	12.50	5,051,878	12.50
Percentage of Premium	6,020,955	5.75%	1,146,484	5.75%	1,929,145	5.75%	2,007,019	5.75%	11,103,603	5.75%
Total	8,541,380	42.36	1,235,844	172.87	4,076,738	23.73	2,301,518	97.69	16,155,480	39.97
Risk Margin	2,094,245	2.00%	398,777	2.00%	671,007	2.00%	698,093	2.00%	3,862,123	2.00%
Premium Tax	1,832,465	1.75%	348,930	1.75%	587,131	1.75%	610,832	1.75%	3,379,357	1.75%
Maintenance Tax	20,667	0.10	733	0.10	17,610	0.10	2,415	0.10	41,425	0.10
Projected Total Cost										
Acute Care	81,286,289	403.14	6,465,307	904.39	6,464	0.04	459	0.02	87,758,519	217.14
LTC	23,425,971	116.18	13,473,547	1,884.74	33,543,881	195.24	34,904,212	1,481.51	105,347,612	260.66
Total	104,712,260	519.32	19,938,854	2,789.13	33,550,345	195.28	34,904,672	1,481.52	193,106,131	477.81
Experience Rate Increase		0.1 %		5.6 %		35.0 %		-2.0 %		5.0 %

FY2014 STAR+Plus Rating Summary  
Travis SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	105,684		4,245		103,306		14,325		227,560	
Premium Revenue	62,919,748	595.36	14,032,400	3,305.63	18,581,650	179.87	24,566,443	1,714.93	120,100,241	527.77
Adjusted Premium (at current rates)	67,688,993	640.48	12,192,815	2,872.28	20,713,886	200.51	24,574,967	1,715.53	125,170,661	550.06
Estimated FY2012 Incurred Claims										
Acute Care	42,897,645	405.90	4,408,028	1,038.40	0	0.00	0	0.00	47,305,673	207.88
Long Term Care	9,836,290	93.07	6,389,587	1,505.20	16,185,237	156.67	21,305,641	1,487.30	53,716,755	236.06
Total	52,733,935	498.98	10,797,615	2,543.61	16,185,237	156.67	21,305,641	1,487.30	101,022,428	443.94
Projected FY2014 Member Months	118,371		4,584		110,611		15,941		249,507	
Projected FY2014 Premium										
At Current Rates	75,709,773	639.60	13,187,728	2,876.89	22,178,666	200.51	27,346,736	1,715.53	138,422,904	554.79
Annual Cost Trend Assumptions										
Acute Care										
FY2013	0.9 %		-3.1 %		0.9 %		-3.1 %			
FY2014	3.3 %		0.0 %		3.3 %		0.0 %			
Long Term Care										
FY2013	10.7 %		1.1 %		6.6 %		-0.5 %			
FY2014	12.4 %		0.0 %		7.4 %		0.0 %			
Provider Reimbursement Adjustment										
Acute Care	0.9708		0.9920		1.0000		1.0000			
Long Term Care	1.0228		1.0023		1.0256		1.0023			
Other Reimbursement Adjustment	1.0000		1.0000		1.0000		1.0000			
Projected Incurred Claims										
Acute Care	48,617,368	410.72	4,575,613	998.16	0	0.00	0	0.00	53,192,981	213.19
LTC	14,020,798	118.45	6,991,836	1,525.26	20,348,500	183.96	23,644,382	1,483.27	65,005,515	260.54
Total	62,638,166	529.17	11,567,449	2,523.42	20,348,500	183.96	23,644,382	1,483.27	118,198,497	473.73
Capitation Expenses	309,708	2.62	13,743	3.00	1,940	0.02	79	0.00	325,470	1.30
Service Coordination and Other Expenses	1,626,099	13.74	170,104	37.11	1,617,003	14.62	368,116	23.09	3,781,321	15.16

FY2014 STAR+Plus Rating Summary  
Travis SDA Total

	Acute Care (Non-Inpatient) and Long Term Care									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses										
Fixed Amount	1,479,640	12.50	57,300	12.50	1,382,641	12.50	199,259	12.50	3,118,840	12.50
Percentage of Premium	4,197,547	5.75%	750,300	5.75%	1,484,289	5.75%	1,538,425	5.75%	7,970,561	5.75%
Total	5,677,187	47.96	807,600	176.18	2,866,930	25.92	1,737,683	109.01	11,089,401	44.45
Risk Margin	1,460,016	2.00%	260,974	2.00%	516,274	2.00%	535,104	2.00%	2,772,369	2.00%
Premium Tax	1,277,514	1.75%	228,352	1.75%	451,740	1.75%	468,216	1.75%	2,425,823	1.75%
Maintenance Tax	12,133	0.10	470	0.10	11,338	0.10	1,634	0.10	25,574	0.10
Projected Total Cost										
Acute Care	55,342,468	467.53	5,096,362	1,111.77	2,144	0.02	87	0.01	60,441,061	242.24
LTC	17,658,356	149.18	7,952,330	1,734.79	25,811,581	233.35	26,755,127	1,678.42	78,177,394	313.33
Total	73,000,823	616.71	13,048,692	2,846.56	25,813,725	233.37	26,755,214	1,678.42	138,618,455	555.57
Experience Rate Increase		-3.6 %		-1.1 %		16.4 %		-2.2 %		0.1 %

## ***Attachment 4***

### **Community Experience Analysis – Inpatient**

The following exhibits present a summary of the inpatient experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each HMO in a service area. The community rates are developed by a weighted average of the projected FY2014 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2014 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2014 STAR+PLUS HMO community rates for the following service areas:

Exhibit A – Bexar Service Area  
Exhibit B – Dallas Services Area  
Exhibit C – El Paso Services Area  
Exhibit D – Harris Service Area  
Exhibit E – Hidalgo Service Area  
Exhibit F – Jefferson Service Area  
Exhibit G – Lubbock Service Area  
Exhibit H – Nueces Service Area  
Exhibit I – Tarrant Service Area  
Exhibit J – Travis Service Area

These exhibits show projected FY2014 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 portion of the exhibit shows summary base period (FY2012) experience and projected FY2014 enrollment, premium and incurred claims experience. STAR+PLUS carved inpatient services into the STAR+PLUS program effective March 1, 2012. For all areas the base period used to develop the FY2014 inpatient experience is the period March 1, 2012 through August 31, 2012. Because this time period does not span a full twelve months an analysis was done to determine if a material seasonality is present the claims experience for the program. It was determined that no material seasonality existed a no further adjustments were necessary to the base period experience.

The cost of reinsurance is also considered. 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) \$0.75 pmpm.

A provision for administrative expenses is included in the amount of 5.75% of gross premium. Additional provisions are also included for premium tax (1.75% of premium) risk margin (2.0% of premium).

The bottom of the exhibit shows a summary of the projected FY2014 cost based on these assumptions.

FY2014 STAR+Plus Rating Summary  
Bexar SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	127,682		7,675		129,746		19,517		284,620	
Premium Revenue	18,626,250	145.88	3,048,510	397.20	0	0.00	0	0.00	21,674,760	76.15
Adjusted Premium (at current rates)	19,216,742	150.50	3,361,763	438.01	0	0.00	0	0.00	22,578,505	79.33
Estimated FY2012 Incurred Claims	21,746,396	170.32	4,048,261	527.46	0	0.00	0	0.00	25,794,657	90.63
Projected FY2014 Member Months	279,121		15,895		268,884		39,373		603,273	
Projected FY2014 Premium At Current Rates	42,008,778	150.50	6,955,513	437.59	0	0.00	0	0.00	48,964,291	81.16
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.9441		0.8995		1.0000		1.0000			
Projected Incurred Claims	47,184,089	169.05	7,928,361	498.79	0	0.00	0	0.00	55,112,450	91.36
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	51,445	0.18	2,491	0.16	0	0.00	0	0.00	53,936	0.09
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	3,001,153	5.75%	503,894	5.75%	0	5.75%	0	5.75%	3,505,047	5.75%
Total	3,001,153	10.75	503,894	31.70	0	0.00	0	0.00	3,505,047	5.81
Risk Margin	1,043,879	2.00%	175,267	2.00%	0	2.00%	0	2.00%	1,219,147	2.00%
Premium Tax	913,394	1.75%	153,359	1.75%	0	1.75%	0	1.75%	1,066,753	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	52,193,960	186.99	8,763,373	551.32	0	0.00	0	0.00	60,957,332	101.04
Experience Rate Increase		24.2 %		26.0 %		0.0 %		0.0 %		24.5 %

FY2014 STAR+Plus Rating Summary  
Dallas SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	157,678		6,123		146,344		19,864		330,009	
Premium Revenue	32,158,428	203.95	3,696,394	603.69	0	0.00	0	0.00	35,854,822	108.65
Adjusted Premium (at current rates)	26,639,698	168.95	2,857,053	466.61	0	0.00	0	0.00	29,496,751	89.38
Estimated FY2012 Incurred Claims	32,658,178	207.12	3,867,601	631.65	0	0.00	0	0.00	36,525,779	110.68
Projected FY2014 Member Months	347,037		14,010		304,488		40,320		705,854	
Projected FY2014 Premium At Current Rates	58,631,821	168.95	6,537,129	466.61	0	0.00	0	0.00	65,168,950	92.33
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.8708		0.8174		1.0000		1.0000			
Projected Incurred Claims	65,802,344	189.61	7,604,523	542.80	0	0.00	0	0.00	73,406,867	104.00
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	152,881	0.44	6,952	0.50	0	0.00	0	0.00	159,833	0.23
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	4,190,525	5.75%	483,602	5.75%	0	5.75%	0	5.75%	4,674,127	5.75%
Total	4,190,525	12.08	483,602	34.52	0	0.00	0	0.00	4,674,127	6.62
Risk Margin	1,457,574	2.00%	168,209	2.00%	0	2.00%	0	2.00%	1,625,783	2.00%
Premium Tax	1,275,377	1.75%	147,183	1.75%	0	1.75%	0	1.75%	1,422,560	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	72,878,701	210.00	8,410,469	600.33	0	0.00	0	0.00	81,289,171	115.16
Experience Rate Increase		24.3 %		28.7 %		0.0 %		0.0 %		24.7 %

FY2014 STAR+Plus Rating Summary  
El Paso SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	40,715		813		96,756		4,098		142,382	
Premium Revenue	6,204,559	152.39	366,728	451.08	0	0.00	0	0.00	6,571,287	46.15
Adjusted Premium (at current rates)	6,898,750	169.44	407,760	501.55	0	0.00	0	0.00	7,306,510	51.32
Estimated FY2012 Incurred Claims	7,041,851	172.95	470,142	578.28	0	0.00	0	0.00	7,511,993	52.76
Projected FY2014 Member Months	88,767		1,945		200,329		8,519		299,560	
Projected FY2014 Premium At Current Rates	15,040,629	169.44	975,381	501.55	0	0.00	0	0.00	16,016,010	53.47
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.9142		0.8480		1.0000		1.0000			
Projected Incurred Claims	14,755,385	166.23	1,002,585	515.54	0	0.00	0	0.00	15,757,971	52.60
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	44,193	0.50	1,090	0.56	0	0.00	0	0.00	45,284	0.15
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	940,305	5.75%	63,769	5.75%	0	5.75%	0	5.75%	1,004,074	5.75%
Total	940,305	10.59	63,769	32.79	0	0.00	0	0.00	1,004,074	3.35
Risk Margin	327,063	2.00%	22,181	2.00%	0	2.00%	0	2.00%	349,243	2.00%
Premium Tax	286,180	1.75%	19,408	1.75%	0	1.75%	0	1.75%	305,588	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	16,353,126	184.23	1,109,034	570.28	0	0.00	0	0.00	17,462,160	58.29
Experience Rate Increase		8.7 %		13.7 %		0.0 %		0.0 %		9.0 %

FY2014 STAR+Plus Rating Summary  
Harris SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	275,441		12,701		274,046		26,936		589,124	
Premium Revenue	54,947,725	199.49	8,145,913	641.36	0	0.00	0	0.00	63,093,638	107.10
Adjusted Premium (at current rates)	60,543,161	219.80	8,009,681	630.63	0	0.00	0	0.00	68,552,842	116.36
Estimated FY2012 Incurred Claims	86,045,623	312.39	13,536,473	1,065.78	0	0.00	0	0.00	99,582,096	169.03
Projected FY2014 Member Months	599,304		26,883		570,584		56,111		1,252,883	
Projected FY2014 Premium At Current Rates	131,929,475	220.14	17,006,005	632.59	0	0.00	0	0.00	148,935,480	118.87
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.8044		0.7992		1.0000		1.0000			
Projected Incurred Claims	158,323,787	264.18	24,072,983	895.47	0	0.00	0	0.00	182,396,770	145.58
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	169,470	0.28	4,809	0.18	0	0.00	0	0.00	174,279	0.14
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	10,070,014	5.75%	1,529,804	5.75%	0	5.75%	0	5.75%	11,599,818	5.75%
Total	10,070,014	16.80	1,529,804	56.91	0	0.00	0	0.00	11,599,818	9.26
Risk Margin	3,502,613	2.00%	532,106	2.00%	0	2.00%	0	2.00%	4,034,719	2.00%
Premium Tax	3,064,787	1.75%	465,593	1.75%	0	1.75%	0	1.75%	3,530,379	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	175,130,670	292.22	26,605,296	989.66	0	0.00	0	0.00	201,735,966	161.02
Experience Rate Increase		32.7 %		56.4 %		0.0 %		0.0 %		35.5 %

FY2014 STAR+Plus Rating Summary  
Hidalgo SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	135,720		5,691		258,600		44,752		444,763	
Premium Revenue	15,881,954	117.02	1,971,192	346.37	0	0.00	0	0.00	17,853,146	40.14
Adjusted Premium (at current rates)	15,461,222	113.92	1,919,062	337.21	0	0.00	0	0.00	17,380,285	39.08
Estimated FY2012 Incurred Claims	19,594,542	144.37	2,107,029	370.24	0	0.00	0	0.00	21,701,571	48.79
Projected FY2014 Member Months	285,888		13,412		529,965		93,911		923,176	
Projected FY2014 Premium At Current Rates	32,568,344	113.92	4,522,684	337.21	0	0.00	0	0.00	37,091,029	40.18
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.8993		0.9121		1.0000		1.0000			
Projected Incurred Claims	39,022,803	136.50	4,761,537	355.02	0	0.00	0	0.00	43,784,340	47.43
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	66,869	0.23	3,206	0.24	0	0.00	0	0.00	70,076	0.08
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	2,483,598	5.75%	302,732	5.75%	0	5.75%	0	5.75%	2,786,330	5.75%
Total	2,483,598	8.69	302,732	22.57	0	0.00	0	0.00	2,786,330	3.02
Risk Margin	863,860	2.00%	105,298	2.00%	0	2.00%	0	2.00%	969,158	2.00%
Premium Tax	755,878	1.75%	92,136	1.75%	0	1.75%	0	1.75%	848,014	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	43,193,008	151.08	5,264,910	392.55	0	0.00	0	0.00	48,457,918	52.49
Experience Rate Increase		32.6 %		16.4 %		0.0 %		0.0 %		30.6 %

FY2014 STAR+Plus Rating Summary  
Jefferson SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	53,928		1,355		41,886		6,803		103,972	
Premium Revenue	8,103,221	150.26	602,663	444.77	0	0.00	0	0.00	8,705,885	83.73
Adjusted Premium (at current rates)	8,964,451	166.23	666,728	492.05	0	0.00	0	0.00	9,631,179	92.63
Estimated FY2012 Incurred Claims	13,228,736	245.30	685,503	505.91	0	0.00	0	0.00	13,914,239	133.83
Projected FY2014 Member Months	117,003		3,274		86,369		14,327		220,973	
Projected FY2014 Premium At Current Rates	19,449,357	166.23	1,611,120	492.05	0	0.00	0	0.00	21,060,477	95.31
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.9301		0.9471		1.0000		1.0000			
Projected Incurred Claims	28,064,443	239.86	1,649,346	503.72	0	0.00	0	0.00	29,713,789	134.47
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	55,975	0.48	1,759	0.54	0	0.00	0	0.00	57,734	0.26
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	1,786,656	5.75%	104,904	5.75%	0	5.75%	0	5.75%	1,891,561	5.75%
Total	1,786,656	15.27	104,904	32.04	0	0.00	0	0.00	1,891,561	8.56
Risk Margin	621,446	2.00%	36,489	2.00%	0	2.00%	0	2.00%	657,934	2.00%
Premium Tax	543,765	1.75%	31,927	1.75%	0	1.75%	0	1.75%	575,692	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	31,072,284	265.57	1,824,425	557.20	0	0.00	0	0.00	32,896,710	148.87
Experience Rate Increase		59.8 %		13.2 %		0.0 %		0.0 %		56.2 %

FY2014 STAR+Plus Rating Summary  
Lubbock SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	29,254		784		31,195		4,707		65,940	
Premium Revenue	6,504,627	222.35	515,982	658.14	0	0.00	0	0.00	7,020,609	106.47
Adjusted Premium (at current rates)	7,257,040	248.07	575,683	734.29	0	0.00	0	0.00	7,832,723	118.79
Estimated FY2012 Incurred Claims	6,571,537	224.64	264,773	337.72	0	0.00	0	0.00	6,836,309	103.67
Projected FY2014 Member Months	65,594		2,006		64,749		8,784		141,134	
Projected FY2014 Premium At Current Rates	16,272,017	248.07	1,472,856	734.29	0	0.00	0	0.00	17,744,873	125.73
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.9564		1.1645		1.0000		1.0000			
Projected Incurred Claims	14,815,465	225.86	829,309	413.45	0	0.00	0	0.00	15,644,774	110.85
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	8,853	0.13	296	0.15	0	0.00	0	0.00	9,149	0.06
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	941,877	5.75%	52,710	5.75%	0	5.75%	0	5.75%	994,586	5.75%
Total	941,877	14.36	52,710	26.28	0	0.00	0	0.00	994,586	7.05
Risk Margin	327,609	2.00%	18,334	2.00%	0	2.00%	0	2.00%	345,943	2.00%
Premium Tax	286,658	1.75%	16,042	1.75%	0	1.75%	0	1.75%	302,700	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	16,380,462	249.72	916,691	457.01	0	0.00	0	0.00	17,297,153	122.56
Experience Rate Increase		0.7 %		-37.8 %		0.0 %		0.0 %		-2.5 %

FY2014 STAR+Plus Rating Summary  
Nueces SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	48,728		3,885		51,955		16,429		120,997	
Premium Revenue	7,090,411	145.51	1,613,712	415.37	0	0.00	0	0.00	8,704,124	71.94
Adjusted Premium (at current rates)	7,756,041	159.17	1,806,844	465.08	0	0.00	0	0.00	9,562,885	79.03
Estimated FY2012 Incurred Claims	10,078,208	206.83	2,497,953	642.97	0	0.00	0	0.00	12,576,160	103.94
Projected FY2014 Member Months	106,735		8,182		105,798		33,168		253,882	
Projected FY2014 Premium At Current Rates	17,008,711	159.36	3,810,558	465.72	0	0.00	0	0.00	20,819,268	82.00
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.9333		0.9094		1.0000		1.0000			
Projected Incurred Claims	21,659,991	202.93	5,029,712	614.72	0	0.00	0	0.00	26,689,703	105.13
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	2,774	0.03	214	0.03	0	0.00	0	0.00	2,988	0.01
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	1,376,364	5.75%	319,581	5.75%	0	5.75%	0	5.75%	1,695,944	5.75%
Total	1,376,364	12.90	319,581	39.06	0	0.00	0	0.00	1,695,944	6.68
Risk Margin	478,735	2.00%	111,159	2.00%	0	2.00%	0	2.00%	589,894	2.00%
Premium Tax	418,893	1.75%	97,264	1.75%	0	1.75%	0	1.75%	516,157	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	23,936,757	224.26	5,557,929	679.27	0	0.00	0	0.00	29,494,686	116.17
Experience Rate Increase		40.7 %		45.9 %		0.0 %		0.0 %		41.7 %

FY2014 STAR+Plus Rating Summary  
Tarrant SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	91,025		3,216		82,636		11,188		188,065	
Premium Revenue	21,753,155	238.98	2,274,902	707.37	0	0.00	0	0.00	24,028,056	127.76
Adjusted Premium (at current rates)	18,008,386	197.84	1,437,359	446.94	0	0.00	0	0.00	19,445,745	103.40
Estimated FY2012 Incurred Claims	19,411,948	213.26	2,071,954	644.26	0	0.00	0	0.00	21,483,902	114.24
Projected FY2014 Member Months	201,634		7,149		171,807		23,560		404,150	
Projected FY2014 Premium At Current Rates	39,891,278	197.84	3,195,072	446.94	0	0.00	0	0.00	43,086,350	106.61
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.8090		0.7804		1.0000		1.0000			
Projected Incurred Claims	36,571,915	181.38	3,778,675	528.58	0	0.00	0	0.00	40,350,591	99.84
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	54,271	0.27	2,105	0.29	0	0.00	0	0.00	56,376	0.14
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	2,327,078	5.75%	240,215	5.75%	0	5.75%	0	5.75%	2,567,293	5.75%
Total	2,327,078	11.54	240,215	33.60	0	0.00	0	0.00	2,567,293	6.35
Risk Margin	809,418	2.00%	83,553	2.00%	0	2.00%	0	2.00%	892,972	2.00%
Premium Tax	708,241	1.75%	73,109	1.75%	0	1.75%	0	1.75%	781,350	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	40,470,925	200.71	4,177,658	584.39	0	0.00	0	0.00	44,648,582	110.48
Experience Rate Increase		1.5 %		30.8 %		0.0 %		0.0 %		3.6 %

FY2014 STAR+Plus Rating Summary  
Travis SDA Total

	Inpatient Carve In									
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2012 Experience Period										
Member Months	54,763		2,173		52,508		7,229		116,673	
Premium Revenue	9,754,933	178.13	1,050,885	483.61	0	0.00	0	0.00	10,805,818	92.62
Adjusted Premium (at current rates)	11,060,025	201.96	1,087,287	500.36	0	0.00	0	0.00	12,147,311	104.11
Estimated FY2012 Incurred Claims	13,648,461	249.23	1,519,695	699.35	0	0.00	0	0.00	15,168,156	130.01
Projected FY2014 Member Months	118,371		4,584		110,611		15,941		249,507	
Projected FY2014 Premium At Current Rates	23,882,112	201.76	2,299,999	501.74	0	0.00	0	0.00	26,182,111	104.94
Annual Cost Trend Assumptions										
Acute Care										
FY2013	2.9 %		2.9 %		2.9 %		2.9 %			
FY2014	2.9 %		2.9 %		2.9 %		2.9 %			
Provider Reimbursement Adjustment	0.8623		0.8541		1.0000		1.0000			
Projected Incurred Claims	26,744,083	225.93	2,878,588	627.96	0	0.00	0	0.00	29,622,671	118.72
Capitation & Other Expenses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Reinsurance Cost	25,229	0.21	826	0.18	0	0.00	0	0.00	26,055	0.10
Administrative Expenses										
Fixed Amount	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Percentage of Premium	1,700,813	5.75%	182,946	5.75%	0	5.75%	0	5.75%	1,883,759	5.75%
Total	1,700,813	14.37	182,946	39.91	0	0.00	0	0.00	1,883,759	7.55
Risk Margin	591,587	2.00%	63,633	2.00%	0	2.00%	0	2.00%	655,220	2.00%
Premium Tax	517,639	1.75%	55,679	1.75%	0	1.75%	0	1.75%	573,318	1.75%
Maintenance Tax	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Projected Total Cost	29,579,350	249.89	3,181,673	694.08	0	0.00	0	0.00	32,761,023	131.30
Experience Rate Increase		23.9 %		38.3 %		0.0 %		0.0 %		25.1 %

## ***Attachment 5***

### **Trend Analysis**

The FY2014 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. Separate trend factors were developed by type of service – non-inpatient acute care, inpatient care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various HMO plans and the Primary Care Case Management (PCCM) program. A single trend assumption applied to all service areas but varies by type of service, risk group and year.

The trend analysis included a review of HMO and PCCM claims experience data through February 28, 2013. Based on this information, estimates of monthly incurred claims were made through December 2012. The claims cost and trend experience was reviewed separately by service area, type of service 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 FY2013 non-inpatient acute care trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2012 through December 2012 and (ii) the projected trend for the period January 2013 through August 2013. 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 program. The trends for the final eight months of FY2013 were projected using experience from FY2010 (3/10 weight), FY2011 (3/10 weight), FY2012 (3/10 weight) and the first four months of FY2013 (1/10 weight). The FY2014 non-inpatient acute care trend assumptions were developed based on an average of the HMO trends for the most recent four fiscal years (FY2010, FY2011, FY2012 and FY2013).

The inpatient acute care trend assumptions were developed from an analysis of inpatient claims previously paid on a fee-for-service basis for clients enrolled in the STAR+PLUS program as well as those clients enrolled in the Primary Care Case Management (PCCM) program outside of STAR+PLUS service areas. Based on this analysis the FY2013 and FY2014 trend assumptions were developed based on an average of the trends for the most recent three fiscal years (FY2010, FY2011 and FY2012). Only claims prior to the carve-in of inpatient services on March 1, 2012 were considered during the FY2012 time period. Inpatient claims after March 1, 2012 were not considered in the trend analysis due to the significant programmatic changes that impacted inpatient claims once carved into the STAR+PLUS program.

The FY2013 long term care trend assumptions by risk group were developed from two components: (i) the actual estimated trend for the period September 2012 through December 2012 and (ii) the projected trend for the period January 2013 through August 2013. The experience trends for FY2010 were adjusted to remove the impact of the minimum wage increases effective during that time period. The trends for the final eight months of FY2013 were projected using experience from FY2010 (3/10 weight), FY2011 (3/10 weight), FY2012 (3/10 weight) and the first four months of FY2013 (1/10 weight). The FY2014 long term care trend assumptions were developed based on an average of the HMO trends for the most recent four fiscal years (FY2010, FY2011, FY2012 and FY2013).

The attached Exhibit A presents a summary of the recent non-inpatient acute care and long term care trend experience under the HMO plans. Exhibit B presents a summary of the impact of the minimum wage increase on the FY2010 long term care trends. Exhibit C presents a summary of the recent inpatient trend experience across the entire state. Exhibit D presents the trend assumptions used in the rating analysis.

The chart below presents the assumed annual trend rates for FY2013 and FY2014.

	<u>FY2013</u>	<u>FY2014</u>
<u>Acute Care (non-inpatient)</u>		
Medicaid Only - OCC	0.9%	3.3%
Medicaid Only - HCBS	-3.1%	0.0%
<u>Acute Care (inpatient)</u>		
Medicaid Only - OCC	2.9%	2.9%
Medicaid Only - HCBS	2.9%	2.9%
<u>Long Term Care</u>		
Medicaid Only - OCC	10.7%	12.4%
Medicaid Only - HCBS	1.1 %	0.0%
Dual Eligible - OCC	6.6 %	7.4 %
Dual Eligible - HCBS	-0.5 %	0.0 %

FY2014 STAR+Plus Rating  
Analysis of HMO Cost Trend Factors

	<u>Bexar</u>	<u>Dallas</u>	<u>Harris</u>	<u>Jefferson</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>	<u>STAR+ Total</u>
<b>Acute Care (Non-inpatient)</b>								
Medicaid Only OCC								
FY2010	1.029		1.047		1.006		0.993	1.033
FY2011	1.010		1.042		0.963		1.068	1.030
FY2012	1.048	1.036	1.086		0.978	1.068	1.058	1.059
FY2013*	1.001	0.901	0.932	1.080	0.846	1.050	0.999	0.962
Medicaid Only CBA								
FY2010	1.020		1.018		1.139		0.905	1.027
FY2011	0.931		0.976		0.867		0.970	0.951
FY2012	1.046	1.147	0.989		0.977	1.233	1.120	1.049
FY2013*	0.924	0.977	0.813	1.175	0.847	0.988	1.040	0.906
<b>Long Term Care</b>								
Medicaid Only OCC								
FY2010	1.144		1.140		1.135		1.093	1.135
FY2011	1.211		1.092		1.108		1.041	1.121
FY2012	1.142	1.214	1.181		1.099	1.574	1.154	1.197
FY2013*	1.063	1.162	1.036	1.283	0.984	1.117	1.052	1.071
Medicaid Only CBA								
FY2010	0.922		0.914		0.991		0.890	0.923
FY2011	1.128		1.001		1.043		0.897	1.038
FY2012	1.018	0.944	1.134		1.053	1.017	1.018	1.050
FY2013*	1.035	0.881	1.122	0.930	1.008	0.995	1.077	1.033
Dual Eligible OCC								
FY2010	1.086		1.133		1.084		1.100	1.106
FY2011	1.050		1.048		1.014		1.060	1.045
FY2012	1.080	1.087	1.156		1.102	1.407	1.121	1.140
FY2013*	1.026	1.073	1.065	1.135	1.028	1.034	0.983	1.051
Dual Eligible CBA								
FY2010	1.053		1.030		1.023		1.023	1.033
FY2011	0.988		0.966		0.998		0.950	0.979
FY2012	1.011	1.002	1.070		1.054	0.986	1.015	1.029
FY2013*	0.971	0.936	0.993	1.041	0.991	1.055	0.975	0.986

\*Trend experience during the first four month of FY2013, 9/1/2012-12/31/2012

FY2014 STAR+Plus Rating  
Analysis of Impact of Minimum Wage Increases on Long Term Care Trend

	<u>OCC</u>	<u>CBA</u>
Increase in Personal Attendant Services Fee Schedule (1)		
FY2010	7.9%	7.4%
PAS % of LTC (2)	75%	

Footnotes:  
(1) In conjunction with minimum wage increase in July of 2008, 2009 and 2010 PAS fee schedule increased  
(2) Based on FSR reported data for all STAR+PLUS health plans

FY2014 STAR+Plus Rating  
Analysis of Inpatient Trend Factors

	SSI - Inpatient		
	FY2010	FY2011	FY2012*
Bexar	0.993	1.035	0.816
Dallas	1.181	0.866	0.819
El Paso	1.206	0.868	0.849
Harris	1.104	1.125	1.130
Hidalgo	0.824	0.997	1.092
Jefferson	1.046	1.173	0.880
Lubbock	1.049	1.192	1.292
Nueces	1.025	1.022	1.249
Tarrant	1.125	0.942	0.784
Travis	0.981	1.156	0.915
MRSA Central	0.957	0.964	1.033
MRSA Northeast	0.974	0.995	1.279
MRSA West	1.005	1.071	1.064
Total	1.037	1.028	1.011

\*Trend experience during the first four months of FY2012, 9/1/2011-12/31/2011

## FY2014 STAR+Plus Rating

## Trend Assumptions for FY2014 Managed Care Rating

	<u>FY2013</u>	<u>FY2014</u>
<b>Acute Care - Non Inpatient</b>		
Medicaid Only OCC	0.9 %	3.3 %
Medicaid Only CBA	-3.1 %	0.0 %
<b>Acute Care - Inpatient</b>		
Medicaid Only OCC	2.9 %	2.9 %
Medicaid Only CBA	2.9 %	2.9 %
<b>Long Term Care</b>		
Medicaid Only OCC	10.7 %	12.4 %
Medicaid Only CBA	1.1 %	0.0 %
Dual Eligible OCC	6.6 %	7.4 %
Dual Eligible CBA	-0.5 %	0.0 %

## ***Attachment 6***

### **Provider Reimbursement and Benefit Revisions Effective During FY2012, FY2013 and FY2014**

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 (FY2012) and before the end of FY2014.

Effective March 1, 2012 HHSC implemented revisions to the therapy and Durable Medical Equipment fee schedules. Exhibit A presents a summary of the derivation of the rating adjustment factors.

HHSC implemented the following cost containment initiatives collectively referred to as Amount, Duration and Scope:

- Effective October 1, 2012, hearing aids for adults were limited to one per client. In addition, a variety of reimbursement changes for various hearing-related services were implemented.
- Effective January 1, 2012, renal dialysis services became reimbursable on an outpatient basis.
- Effective July 1, 2012, coverage of adjustable cranial helmets became limited to aiding the correction of congenital skull anomalies such as synostotic plagiocephaly.

Exhibit B presents a summary of the derivation of the rating adjustment factors for Amount, Duration and Scope.

Effective March 1, 2012 certain early childhood intervention (ECI) and hearing and audiology services for children became capitated under the program. Prior to this time these services were paid on a fee-for-service basis. Exhibits C and D presents a summary of the derivation of the rating adjustment factors.

Effective March 1, 2012 and again on September 1, 2013, HHSC implemented revisions to the therapy fee schedules. The reductions that will be effective on September 1, 2013 apply to independent therapists, Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities (CORFs/ORFs), and home health agencies. Reimbursement will be reduced by 5% for therapy services provided outside the home and 3% for therapy services provided inside the home. Exhibit E presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2013 HHSC will be implementing an outpatient hospital reduction of 5.3 percent, which excludes clinical lab and outpatient imaging services. This reduction does not apply to children's hospitals, rural hospitals, or state-owned teaching hospitals. Exhibit F presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2013 HHSC will be revising the reimbursement for non emergent services provided in an emergency room. These changes will include the following:

- Reimbursement will be restricted when an individual returns to the emergency department within a 36 hour period.
- Reimbursement will be restricted for non-urgent visits in excess of 24 per year.
- Non-urgent visits will be reimbursed using a flat fee.

Exhibits G and H presents a summary of the derivation of the rating adjustment factors for non emergent services delivered in an emergency room.

Effective September 1, 2013 HHSC will be reducing hospital imaging reimbursement to 125% of the amount reimbursed for imaging performed in a physician's office. Exhibit I presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2013 HHSC will be reducing ambulance reimbursement by 5%. Exhibit J presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2013 HHSC will be reducing all Medicaid rates that are in excess of Medicare. Exhibit K presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2012 HHSC implemented the APR-DRG reimbursement system for all hospitals excluding rural, children's and state owned teaching facilities. Effective September 1, 2013 HHSC will transition all rural and children's facilities to the APR-DRG reimbursement system. Exhibit L presents a summary of the derivation of the rating adjustment factors.

Effective 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 hospitals performance during the evaluation time period. Exhibit M presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2103 HHSC will be reducing the outlier portion of facility reimbursement by 10%. Children's hospitals are excluding from this reduction. Exhibit N presents a summary of the derivation of the rating adjustment factors.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Durable Medical Equipment Reimbursement Changes

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Cost Impact of DME Reimbursement Revisions (1)						
Bexar	49,529	66,673	0	0	2,256	118,458
Dallas	-33,129	38,537	0	0	770	6,178
El Paso	0	0	0	0	0	0
Harris	180,108	125,475	0	0	1,202	306,786
Hidalgo	0	0	0	0	0	0
Jefferson	12,493	6,544	0	0	-258	18,779
Lubbock	0	0	0	0	0	0
Nueces	17,581	19,569	0	0	275	37,426
Tarrant	36,203	22,690	0	0	-335	58,558
Travis	22,119	32,491	0	0	99	54,709
Total	284,904	311,980	0	0	4,009	600,893

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	0.06%	0.47%	0.00%	0.00%	0.44%	0.13%
Dallas	-0.04%	0.37%	0.00%	0.00%	0.10%	0.01%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	0.09%	0.42%	0.00%	0.00%	0.12%	0.13%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.04%	0.33%	0.00%	0.00%	-0.12%	0.05%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.05%	0.28%	0.00%	0.00%	0.17%	0.09%
Tarrant	0.06%	0.43%	0.00%	0.00%	-0.11%	0.09%
Travis	0.05%	0.73%	0.00%	0.00%	0.06%	0.12%
Total	0.05%	0.40%	0.00%	0.00%	0.09%	0.09%

Footnotes

(1) Equals the cost impact resulting from application of the reimbursement changes to DME.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Amount, Duration and Scope (ADS) Reimbursement Changes

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of ADS Reductions (1)						
Bexar	-226,142	-10,041	0	0	0	-236,183
Dallas	-329,409	-22,476	0	0	0	-351,885
El Paso	-9,482	0	0	0	0	-9,482
Harris	-295,305	-14,403	0	0	-2,266	-311,974
Hidalgo	-104,926	-11,680	0	0	0	-116,606
Jefferson	-66,490	-2,754	0	0	0	-69,245
Lubbock	-27,475	-990	0	0	0	-28,465
Nueces	-154,736	-14,064	0	0	0	-168,800
Tarrant	-102,957	-27,679	0	0	0	-130,637
Travis	-52,379	0	0	0	0	-52,379
Total	-1,369,301	-104,087	0	0	-2,266	-1,475,654
FY2012 Total Acute Care Claims Paid (2)						
Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517
Rate Adjustment Factor (3)						
Bexar	-0.30%	-0.07%	0.00%	0.00%	0.00%	-0.26%
Dallas	-0.35%	-0.22%	0.00%	0.00%	0.00%	-0.34%
El Paso	-0.08%	0.00%	0.00%	0.00%	0.00%	-0.07%
Harris	-0.15%	-0.05%	0.00%	0.00%	-0.22%	-0.13%
Hidalgo	-0.22%	-0.29%	0.00%	0.00%	0.00%	-0.22%
Jefferson	-0.21%	-0.14%	0.00%	0.00%	0.00%	-0.20%
Lubbock	-0.32%	-0.19%	0.00%	0.00%	0.00%	-0.32%
Nueces	-0.46%	-0.20%	0.00%	0.00%	0.00%	-0.42%
Tarrant	-0.17%	-0.52%	0.00%	0.00%	0.00%	-0.19%
Travis	-0.13%	0.00%	0.00%	0.00%	0.00%	-0.11%
Total	-0.22%	-0.13%	0.00%	0.00%	-0.05%	-0.21%

Footnotes

- (1) Equals the cost impact from application of the amount, duration and scope initiatives. Initiatives included reimbursement changes for cranial orthosis, renal dialysis and hearing aides for adults.
- (2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database). Does not Include Inpatient services.
- (3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Impact of Capitating ECI

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Capitating ECI Services (1)						
Bexar	13,246	0	0	0	0	13,246
Dallas	6,793	0	0	0	0	6,793
El Paso	0	0	0	0	0	0
Harris	30,839	0	0	0	0	30,839
Hidalgo	0	0	0	0	0	0
Jefferson	4,551	0	0	0	0	4,551
Lubbock	0	0	0	0	0	0
Nueces	1,902	0	0	0	0	1,902
Tarrant	6,113	0	0	0	0	6,113
Travis	5,502	0	0	0	0	5,502
Total	68,946	0	0	0	0	68,946

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	0.02%	0.00%	0.00%	0.00%	0.00%	0.01%
Dallas	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%
Harris	0.02%	0.00%	0.00%	0.00%	0.00%	0.01%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%
Travis	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%
Total	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%

Footnotes

(1) Equals the cost resulting from capitating these services into the STAR+PLUS program.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Capitate Hearing and Audiology Services

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Capitating Hearing and Audiology (1)						
Bexar	18,221	0	0	0	0	18,221
Dallas	189	0	0	0	0	189
El Paso	0	0	0	0	0	0
Harris	70,519	0	0	0	0	70,519
Hidalgo	0	0	0	0	0	0
Jefferson	364	0	0	0	0	364
Lubbock	0	0	0	0	0	0
Nueces	0	0	0	0	0	0
Tarrant	230	39	0	0	0	269
Travis	4,569	0	0	0	0	4,569
Total	94,092	39	0	0	0	94,131

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	0.02%	0.00%	0.00%	0.00%	0.00%	0.02%
Dallas	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%
Harris	0.04%	0.00%	0.00%	0.00%	0.00%	0.03%
Hidalgo	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%
Lubbock	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%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%
Total	0.02%	0.00%	0.00%	0.00%	0.00%	0.01%

Footnotes

(1) Equals the cost resulting from capitating these services into the STAR+PLUS program.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Therapy Rate Reductions

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Therapy Rate Reductions (1)						
Bexar	-104,684	-5,274	0	0	-626	-110,584
Dallas	-27,046	-3,415	0	0	-144	-30,605
El Paso	-7,622	-232	0	0	-726	-8,580
Harris	-180,004	-20,655	0	0	-139	-200,798
Hidalgo	-342,506	-5,715	0	0	-1,021	-349,241
Jefferson	-32,355	-1,212	0	0	-447	-34,014
Lubbock	-2,454	-18	0	0	0	-2,473
Nueces	-35,423	-6,521	0	0	-83	-42,028
Tarrant	-12,755	-525	0	0	-11	-13,292
Travis	-13,160	-1,062	0	0	-255	-14,477
Total	-758,010	-44,630	0	0	-3,452	-806,092

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-0.14%	-0.04%	0.00%	0.00%	-0.12%	-0.12%
Dallas	-0.03%	-0.03%	0.00%	0.00%	-0.02%	-0.03%
El Paso	-0.06%	-0.04%	0.00%	0.00%	-0.38%	-0.07%
Harris	-0.09%	-0.07%	0.00%	0.00%	-0.01%	-0.09%
Hidalgo	-0.72%	-0.14%	0.00%	0.00%	-0.10%	-0.66%
Jefferson	-0.10%	-0.06%	0.00%	0.00%	-0.21%	-0.10%
Lubbock	-0.03%	0.00%	0.00%	0.00%	0.00%	-0.03%
Nueces	-0.11%	-0.09%	0.00%	0.00%	-0.05%	-0.10%
Tarrant	-0.02%	-0.01%	0.00%	0.00%	0.00%	-0.02%
Travis	-0.03%	-0.02%	0.00%	0.00%	-0.15%	-0.03%
Total	-0.12%	-0.06%	0.00%	0.00%	-0.08%	-0.12%

Footnotes

- (1) Equals the reduction in cost from application of the reimbursement reduction to therapy services effective 3/1/2012 and 9/1/2013.
- (2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database). Does not Include Inpatient services.
- (3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 5.3% Outpatient Facility Reimbursement Reduction

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of 5.3% Outpatient Reduction (1)						
Bexar	-1,023,779	-126,245	0	0	-703	-1,150,727
Dallas	-2,000,067	-118,203	0	0	-2,580	-2,120,850
El Paso	-166,130	-3,106	0	0	-228	-169,464
Harris	-2,389,127	-212,533	0	0	-3,763	-2,605,422
Hidalgo	-223,687	-14,435	0	0	-302	-238,425
Jefferson	-333,446	-11,160	0	0	-679	-345,286
Lubbock	-90,911	-2,212	0	0	-130	-93,253
Nueces	-358,507	-31,730	0	0	-414	-390,651
Tarrant	-1,147,066	-52,489	0	0	-1,562	-1,201,117
Travis	-547,037	-29,072	0	0	-871	-576,980
Total	-8,279,758	-601,186	0	0	-11,231	-8,892,174

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-1.34%	-0.89%	0.00%	0.00%	-0.14%	-1.26%
Dallas	-2.15%	-1.14%	0.00%	0.00%	-0.34%	-2.03%
El Paso	-1.36%	-0.50%	0.00%	0.00%	-0.12%	-1.30%
Harris	-1.19%	-0.71%	0.00%	0.00%	-0.37%	-1.12%
Hidalgo	-0.47%	-0.36%	0.00%	0.00%	-0.03%	-0.45%
Jefferson	-1.03%	-0.56%	0.00%	0.00%	-0.31%	-1.00%
Lubbock	-1.07%	-0.43%	0.00%	0.00%	-0.56%	-1.03%
Nueces	-1.07%	-0.45%	0.00%	0.00%	-0.26%	-0.96%
Tarrant	-1.85%	-0.99%	0.00%	0.00%	-0.50%	-1.78%
Travis	-1.32%	-0.65%	0.00%	0.00%	-0.53%	-1.25%
Total	-1.36%	-0.76%	0.00%	0.00%	-0.26%	-1.29%

Footnotes

(1) Equals the cost impact from application of the 5.3% reduction in outpatient facility reimbursement. The reimbursement reduction is effective 9/1/2013 and excludes rural hospitals, children's hospitals and state owned teaching hospitals.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).  
 Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Non Emergent Emergency Room Reductions - 36 Hour Limitation

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Non Emergent Reductions (1)						
Bexar	-98,506	-6,135	0	0	0	-104,641
Dallas	-182,412	-10,608	0	0	0	-193,020
El Paso	-28,774	0	0	0	0	-28,774
Harris	-178,697	-11,812	0	0	0	-190,509
Hidalgo	-8,219	-333	0	0	0	-8,553
Jefferson	-32,548	-1,142	0	0	0	-33,689
Lubbock	-7,071	-112	0	0	0	-7,183
Nueces	-29,032	-3,205	0	0	0	-32,238
Tarrant	-190,458	-2,646	0	0	-303	-193,407
Travis	-94,976	-2,368	0	0	0	-97,345
Total	-850,695	-38,361	0	0	-303	-889,359

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-0.13%	-0.04%	0.00%	0.00%	0.00%	-0.11%
Dallas	-0.20%	-0.10%	0.00%	0.00%	0.00%	-0.19%
El Paso	-0.24%	0.00%	0.00%	0.00%	0.00%	-0.22%
Harris	-0.09%	-0.04%	0.00%	0.00%	0.00%	-0.08%
Hidalgo	-0.02%	-0.01%	0.00%	0.00%	0.00%	-0.02%
Jefferson	-0.10%	-0.06%	0.00%	0.00%	0.00%	-0.10%
Lubbock	-0.08%	-0.02%	0.00%	0.00%	0.00%	-0.08%
Nueces	-0.09%	-0.05%	0.00%	0.00%	0.00%	-0.08%
Tarrant	-0.31%	-0.05%	0.00%	0.00%	-0.10%	-0.29%
Travis	-0.23%	-0.05%	0.00%	0.00%	0.00%	-0.21%
Total	-0.14%	-0.05%	0.00%	0.00%	-0.01%	-0.13%

Footnotes

(1) Equals the cost impact from application of the reimbursement limitation for non emergent service within 36 hours.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Non Emergent Emergency Room Reductions - Flat Fee

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Non Emergent Reductions (1)						
Bexar	-297,612	-19,491	0	0	-170	-317,274
Dallas	-252,769	-11,754	0	0	-88	-264,611
El Paso	-36,039	-614	0	0	-101	-36,754
Harris	-376,175	-18,695	0	0	-217	-395,088
Hidalgo	-27,217	-458	0	0	-37	-27,712
Jefferson	-36,170	-945	0	0	-98	-37,213
Lubbock	-12,969	-223	0	0	0	-13,192
Nueces	-53,474	-4,696	0	0	0	-58,170
Tarrant	-190,470	-6,159	0	0	-133	-196,763
Travis	-164,465	-5,573	0	0	-277	-170,316
Total	-1,447,360	-68,610	0	0	-1,122	-1,517,092

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-0.39%	-0.14%	0.00%	0.00%	-0.03%	-0.35%
Dallas	-0.27%	-0.11%	0.00%	0.00%	-0.01%	-0.25%
El Paso	-0.29%	-0.10%	0.00%	0.00%	-0.05%	-0.28%
Harris	-0.19%	-0.06%	0.00%	0.00%	-0.02%	-0.17%
Hidalgo	-0.06%	-0.01%	0.00%	0.00%	0.00%	-0.05%
Jefferson	-0.11%	-0.05%	0.00%	0.00%	-0.04%	-0.11%
Lubbock	-0.15%	-0.04%	0.00%	0.00%	0.00%	-0.15%
Nueces	-0.16%	-0.07%	0.00%	0.00%	0.00%	-0.14%
Tarrant	-0.31%	-0.12%	0.00%	0.00%	-0.04%	-0.29%
Travis	-0.40%	-0.12%	0.00%	0.00%	-0.17%	-0.37%
Total	-0.24%	-0.09%	0.00%	0.00%	-0.03%	-0.22%

Footnotes

(1) Equals the cost impact from application of the flat fee reimbursement for non emergent services.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Outpatient Imaging Services

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Impact of Limiting Outpatient Imaging Reimbursement (1)						
Bexar	-868,807	-92,267	0	0	-279	-961,354
Dallas	-958,165	-71,057	0	0	-703	-1,029,925
El Paso	-88,011	-1,848	0	0	-28	-89,887
Harris	-1,733,416	-134,328	0	0	-2,026	-1,869,770
Hidalgo	-309,679	-29,619	0	0	-299	-339,597
Jefferson	-327,461	-12,990	0	0	-103	-340,554
Lubbock	-106,158	-5,089	0	0	-63	-111,309
Nueces	-343,874	-74,385	0	0	-97	-418,356
Tarrant	-707,114	-47,226	0	0	-441	-754,781
Travis	-343,710	-27,472	0	0	-223	-371,406
Total	-5,786,395	-496,282	0	0	-4,261	-6,286,938

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-1.13%	-0.65%	0.00%	0.00%	-0.06%	-1.05%
Dallas	-1.03%	-0.69%	0.00%	0.00%	-0.09%	-0.99%
El Paso	-0.72%	-0.29%	0.00%	0.00%	-0.01%	-0.69%
Harris	-0.86%	-0.45%	0.00%	0.00%	-0.20%	-0.81%
Hidalgo	-0.65%	-0.74%	0.00%	0.00%	-0.03%	-0.64%
Jefferson	-1.01%	-0.65%	0.00%	0.00%	-0.05%	-0.98%
Lubbock	-1.25%	-0.98%	0.00%	0.00%	-0.27%	-1.23%
Nueces	-1.03%	-1.05%	0.00%	0.00%	-0.06%	-1.03%
Tarrant	-1.14%	-0.89%	0.00%	0.00%	-0.14%	-1.12%
Travis	-0.83%	-0.62%	0.00%	0.00%	-0.14%	-0.80%
Total	-0.95%	-0.63%	0.00%	0.00%	-0.10%	-0.91%

Footnotes

(1) Equals the cost impact from application of the outpatient imaging limitation to 125% of the reimbursement for the same service provided in a doctor's office.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database). Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 5% Ambulance Reimbursement Reductions

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of 5% Ambulance Reduction (1)						
Bexar	-133,072	-44,925	0	0	-1,351	-179,348
Dallas	-159,702	-23,563	0	0	-335	-183,600
El Paso	-20,617	-3,672	0	0	-130	-24,420
Harris	-507,939	-105,880	0	0	-1,062	-614,881
Hidalgo	-99,237	-22,493	0	0	-760	-122,489
Jefferson	-101,068	-16,723	0	0	-446	-118,237
Lubbock	-22,105	-1,525	0	0	0	-23,630
Nueces	-59,982	-21,430	0	0	-87	-81,499
Tarrant	-141,460	-13,011	0	0	-230	-154,700
Travis	-92,254	-9,444	0	0	-103	-101,800
Total	-1,337,434	-262,666	0	0	-4,503	-1,604,604

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	-0.17%	-0.32%	0.00%	0.00%	-0.27%	-0.20%
Dallas	-0.17%	-0.23%	0.00%	0.00%	-0.04%	-0.18%
El Paso	-0.17%	-0.59%	0.00%	0.00%	-0.07%	-0.19%
Harris	-0.25%	-0.35%	0.00%	0.00%	-0.10%	-0.26%
Hidalgo	-0.21%	-0.56%	0.00%	0.00%	-0.07%	-0.23%
Jefferson	-0.31%	-0.84%	0.00%	0.00%	-0.21%	-0.34%
Lubbock	-0.26%	-0.29%	0.00%	0.00%	0.00%	-0.26%
Nueces	-0.18%	-0.30%	0.00%	0.00%	-0.05%	-0.20%
Tarrant	-0.23%	-0.25%	0.00%	0.00%	-0.07%	-0.23%
Travis	-0.22%	-0.21%	0.00%	0.00%	-0.06%	-0.22%
Total	-0.22%	-0.33%	0.00%	0.00%	-0.10%	-0.23%

Footnotes

(1) Equals the cost impact from application of the 5% reduction in ambulance reimbursement.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Reduction of Medicaid Rates in Excess of Medicare

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of Medicaid Rate Reduction (1)						
Bexar	-1,454	-71	0	0	-4	-1,530
Dallas	-2,444	-41	0	0	0	-2,485
El Paso	-133	0	0	0	-4	-137
Harris	-3,819	-29	0	0	-7	-3,855
Hidalgo	-2,819	0	0	0	0	-2,819
Jefferson	-671	-2	0	0	0	-673
Lubbock	-286	-4	0	0	0	-290
Nueces	-350	-12	0	0	-18	-380
Tarrant	-1,093	-2	0	0	0	-1,095
Travis	-630	-13	0	0	0	-643
Total	-13,701	-175	0	0	-32	-13,908

FY2012 Total Acute Care Claims Paid (2)

Bexar	76,575,377	14,183,898	0	0	507,206	91,266,482
Dallas	93,189,775	10,368,922	0	0	761,766	104,320,462
El Paso	12,240,757	627,272	0	0	189,415	13,057,445
Harris	201,034,279	30,112,496	0	0	1,021,347	232,168,122
Hidalgo	47,725,237	3,982,776	0	0	1,031,769	52,739,783
Jefferson	32,415,718	2,002,283	0	0	217,274	34,635,275
Lubbock	8,480,297	517,098	0	0	23,244	9,020,639
Nueces	33,409,742	7,074,988	0	0	160,509	40,645,239
Tarrant	61,992,979	5,296,481	0	0	311,516	67,600,977
Travis	41,563,611	4,460,539	0	0	164,943	46,189,094
Total	608,627,771	78,626,756	0	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	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%
Harris	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.01%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%
Tarrant	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%
Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Footnotes

(1) Equals the cost impact from application of the various reimbursement reductions.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 APR DRG Implementation

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of APR DRG Implementation (1)						
Bexar	844,337	-57,217	0	0	-3,432	783,689
Dallas	-1,829,599	-446,306	0	0	3,761	-2,272,143
El Paso	-243,717	-48,028	0	0	-1,810	-293,555
Harris	-3,252,505	-588,023	0	0	-5,724	-3,846,253
Hidalgo	-480,171	-22,888	0	0	-33,293	-536,351
Jefferson	-22,021	10,383	0	0	-3,579	-15,217
Lubbock	63,577	63,559	0	0	-2,705	124,431
Nueces	120,956	-34,825	0	0	5,155	91,286
Tarrant	-938,863	-157,621	0	0	0	-1,096,484
Travis	-758,678	-90,985	0	0	-220	-849,883
Total	-6,496,684	-1,371,951	0	0	-41,846	-7,910,481
FY2012 Total Inpatient Claims Paid (2)						
Bexar	23,584,844	4,207,151	0	0	53,120	27,845,116
Dallas	31,062,806	3,847,462	0	0	158,706	35,068,973
El Paso	6,983,300	451,390	0	0	18,794	7,453,485
Harris	77,811,129	12,149,242	0	0	733,873	90,694,244
Hidalgo	19,924,089	2,099,776	0	0	172,770	22,196,634
Jefferson	12,234,038	652,993	0	0	91,993	12,979,023
Lubbock	6,692,348	273,253	0	0	13,595	6,979,196
Nueces	10,164,337	2,385,264	0	0	27,262	12,576,863
Tarrant	18,890,601	1,901,340	0	0	77,443	20,869,384
Travis	12,793,890	1,316,716	0	0	129,593	14,240,200
Total	220,141,381	29,284,588	0	0	1,477,149	250,903,118
Rate Adjustment Factor (3)						
Bexar	3.58%	-1.36%	0.00%	0.00%	-6.46%	2.81%
Dallas	-5.89%	-11.60%	0.00%	0.00%	2.37%	-6.48%
El Paso	-3.49%	-10.64%	0.00%	0.00%	-9.63%	-3.94%
Harris	-4.18%	-4.84%	0.00%	0.00%	-0.78%	-4.24%
Hidalgo	-2.41%	-1.09%	0.00%	0.00%	-19.27%	-2.42%
Jefferson	-0.18%	1.59%	0.00%	0.00%	-3.89%	-0.12%
Lubbock	0.95%	23.26%	0.00%	0.00%	-19.90%	1.78%
Nueces	1.19%	-1.46%	0.00%	0.00%	18.91%	0.73%
Tarrant	-4.97%	-8.29%	0.00%	0.00%	0.00%	-5.25%
Travis	-5.93%	-6.91%	0.00%	0.00%	-0.17%	-5.97%
Total	-2.95%	-4.68%	0.00%	0.00%	-2.83%	-3.15%

## Footnotes

(1) Equals the cost impact from implementation of the APR DRG system. Includes application to rural and children's hospitals.

(2) Equals FY2012 health plan fee-for-service claims for all inpatient services (from Encounter database).

Does not Include Non-Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Inpatient Claims Paid.

## FY2014 STAR+PLUS Rating

## Provider Reimbursement Adjustments

## Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of PPR Reductions (1)						
Bexar	-24,906	-4,656	0	0	0	-29,562
Dallas	-50,934	-8,780	0	0	0	-59,714
El Paso	-31,294	-1,624	0	0	-73	-32,991
Harris	-280,375	-38,950	0	0	-2,366	-321,691
Hidalgo	-10,209	0	0	0	0	-10,209
Jefferson	-38,959	-1,788	0	0	-63	-40,811
Lubbock	-39,495	-2,590	0	0	0	-42,084
Nueces	-7,358	-130	0	0	-60	-7,548
Tarrant	-66,690	-7,402	0	0	0	-74,093
Travis	-101,705	-9,545	0	0	-424	-111,674
Total	-651,925	-75,466	0	0	-2,986	-730,377
FY2012 Total Inpatient Claims Paid (2)						
Bexar	23,584,844	4,207,151	0	0	53,120	27,845,116
Dallas	31,062,806	3,847,462	0	0	158,706	35,068,973
El Paso	6,983,300	451,390	0	0	18,794	7,453,485
Harris	77,811,129	12,149,242	0	0	733,873	90,694,244
Hidalgo	19,924,089	2,099,776	0	0	172,770	22,196,634
Jefferson	12,234,038	652,993	0	0	91,993	12,979,023
Lubbock	6,692,348	273,253	0	0	13,595	6,979,196
Nueces	10,164,337	2,385,264	0	0	27,262	12,576,863
Tarrant	18,890,601	1,901,340	0	0	77,443	20,869,384
Travis	12,793,890	1,316,716	0	0	129,593	14,240,200
Total	220,141,381	29,284,588	0	0	1,477,149	250,903,118
Rate Adjustment Factor (3)						
Bexar	-0.11%	-0.11%	0.00%	0.00%	0.00%	-0.11%
Dallas	-0.16%	-0.23%	0.00%	0.00%	0.00%	-0.17%
El Paso	-0.45%	-0.36%	0.00%	0.00%	-0.39%	-0.44%
Harris	-0.36%	-0.32%	0.00%	0.00%	-0.32%	-0.35%
Hidalgo	-0.05%	0.00%	0.00%	0.00%	0.00%	-0.05%
Jefferson	-0.32%	-0.27%	0.00%	0.00%	-0.07%	-0.31%
Lubbock	-0.59%	-0.95%	0.00%	0.00%	0.00%	-0.60%
Nueces	-0.07%	-0.01%	0.00%	0.00%	-0.22%	-0.06%
Tarrant	-0.35%	-0.39%	0.00%	0.00%	0.00%	-0.36%
Travis	-0.79%	-0.72%	0.00%	0.00%	-0.33%	-0.78%
Total	-0.30%	-0.26%	0.00%	0.00%	-0.20%	-0.29%

## Footnotes

(1) Equals the cost impact from application of the PPR reimbursement reductions.

(2) Equals FY2012 health plan fee-for-service claims for all inpatient services (from Encounter database).

Does not Include Non-Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Inpatient Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 10% Outlier Reimbursement Reductions

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Estimated Cost Impact of 10% Outlier Reduction (1)						
Bexar	-11,885	0	0	0	0	-11,885
Dallas	-559	0	0	0	0	-559
El Paso	-6,170	0	0	0	0	-6,170
Harris	-1,737	0	0	0	0	-1,737
Hidalgo	-4,003	0	0	0	0	-4,003
Jefferson	-68	0	0	0	0	-68
Lubbock	-5,253	0	0	0	0	-5,253
Nueces	0	0	0	0	0	0
Tarrant	-90	0	0	0	0	-90
Travis	-1,156	0	0	0	0	-1,156
Total	-30,922	0	0	0	0	-30,922
FY2012 Total Inpatient Claims Paid (2)						
Bexar	23,584,844	4,207,151	0	0	53,120	27,845,116
Dallas	31,062,806	3,847,462	0	0	158,706	35,068,973
El Paso	6,983,300	451,390	0	0	18,794	7,453,485
Harris	77,811,129	12,149,242	0	0	733,873	90,694,244
Hidalgo	19,924,089	2,099,776	0	0	172,770	22,196,634
Jefferson	12,234,038	652,993	0	0	91,993	12,979,023
Lubbock	6,692,348	273,253	0	0	13,595	6,979,196
Nueces	10,164,337	2,385,264	0	0	27,262	12,576,863
Tarrant	18,890,601	1,901,340	0	0	77,443	20,869,384
Travis	12,793,890	1,316,716	0	0	129,593	14,240,200
Total	220,141,381	29,284,588	0	0	1,477,149	250,903,118
Rate Adjustment Factor (3)						
Bexar	-0.05%	0.00%	0.00%	0.00%	0.00%	-0.04%
Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso	-0.09%	0.00%	0.00%	0.00%	0.00%	-0.08%
Harris	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	-0.02%	0.00%	0.00%	0.00%	0.00%	-0.02%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	-0.08%	0.00%	0.00%	0.00%	0.00%	-0.08%
Nueces	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%
Travis	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.01%
Total	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.01%

## Footnotes

(1) Equals the cost impact from application of the 10% reduction on outlier reimbursement paid on hospital claims.

(2) Equals FY2012 health plan fee-for-service claims for all inpatient services (from Encounter database).

Does not Include Non-Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Inpatient Claims Paid.

## ***Attachment 7***

### **Long Term Care Reimbursement Adjustments**

Effective September 1, 2013 the minimum wage paid to attendant care providers will be increasing for various Personal Assistance Services (PAS) and Day Activity Health Services (DAHS). Exhibit A presents a summary of the derivation of the adjustment factors.

Effective September 1, 2013 attendant care enhanced payments will be increased to allow certain attendant care providers to qualify for increased enhanced payment levels. Exhibit B presents a summary of the derivation of the adjustment factors.

Effective September 1, 2013 the STAR+PLUS health plans will be required to enhance their service coordination services. The enhancement requirements will include increased member outreach along with an increase in the number of face to face visits with high priority members. The estimated impact of these enhancements is an increase of the average service coordination expense of \$2.45 per member per month.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Attendant Care Minimum Wage Increase

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Cost Impact of Attendant Care Rate Increase (1)						
Bexar	786,692	6,924	1,418,567	12,919	80	2,225,182
Dallas	649,328	1,869	1,170,700	4,713	86	1,826,696
El Paso	109,752	202	555,067	1,514	44	666,579
Harris	1,642,916	8,773	2,678,995	8,193	25	4,338,903
Hidalgo	1,041,588	6,035	3,736,160	38,185	489	4,822,457
Jefferson	121,597	41	246,675	493	0	368,806
Lubbock	29,445	89	64,703	425	6	94,667
Nueces	385,989	4,378	682,170	13,842	76	1,086,454
Tarrant	274,368	372	492,064	853	5	767,662
Travis	198,352	134	356,703	427	8	555,624
Total	5,240,028	28,815	11,401,803	81,564	820	16,753,031

FY2012 Total Acute Care Claims Paid (2)

Bexar	33,347,135	21,388,070	62,239,036	60,085,588	0	177,059,829
Dallas	28,451,082	15,723,584	52,345,776	52,371,830	0	148,892,271
El Paso	5,225,002	1,477,729	26,650,641	7,407,700	0	40,761,072
Harris	78,655,557	34,369,288	117,415,048	72,960,577	0	303,400,469
Hidalgo	48,739,105	9,842,318	176,896,850	78,427,266	0	313,905,540
Jefferson	5,798,176	3,409,202	10,863,985	17,077,953	0	37,149,317
Lubbock	1,404,713	948,231	2,892,755	4,937,495	0	10,183,195
Nueces	17,819,081	10,480,913	31,504,714	47,661,087	0	107,465,795
Tarrant	13,445,541	10,172,429	22,216,303	27,875,362	0	73,709,635
Travis	9,699,597	6,455,180	15,574,086	21,603,329	0	53,332,193
Total	242,584,991	114,266,944	518,599,195	390,408,187	0	1,265,859,316

Rate Adjustment Factor (3)

Bexar	2.36%	0.03%	2.28%	0.02%	0.00%	1.26%
Dallas	2.28%	0.01%	2.24%	0.01%	0.00%	1.23%
El Paso	2.10%	0.01%	2.08%	0.02%	0.00%	1.64%
Harris	2.09%	0.03%	2.28%	0.01%	0.00%	1.43%
Hidalgo	2.14%	0.06%	2.11%	0.05%	0.00%	1.54%
Jefferson	2.10%	0.00%	2.27%	0.00%	0.00%	0.99%
Lubbock	2.10%	0.01%	2.24%	0.01%	0.00%	0.93%
Nueces	2.17%	0.04%	2.17%	0.03%	0.00%	1.01%
Tarrant	2.04%	0.00%	2.21%	0.00%	0.00%	1.04%
Travis	2.04%	0.00%	2.29%	0.00%	0.00%	1.04%
Total	2.16%	0.03%	2.20%	0.02%	0.00%	1.32%

Footnotes

(1) Equals the cost impact resulting from application of the increase to the minimum attendant care wage.

(4) Equals FY2012 health plan fee-for-service claims for all long term care services (from MCO reported data).

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Long Term Care Claims Paid.

FY2014 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Attendant Care Enhanced Payment

	Medicaid Only		Dual Eligible		Other	Grand Total
	OCC	HCBS	OCC	HCBS		
Cost Impact of Attendant Care Enhanced Payment Increase (1)						
Bexar	96,837	47,647	168,076	133,472	0	446,033
Dallas	79,703	33,589	140,783	119,504	0	373,578
El Paso	13,160	3,628	68,472	17,867	0	103,127
Harris	200,841	68,076	321,872	166,770	0	757,559
Hidalgo	129,008	25,033	457,534	200,408	0	811,984
Jefferson	15,528	7,803	30,712	40,292	0	94,336
Lubbock	3,402	1,965	7,456	11,870	0	24,694
Nueces	48,696	26,321	83,921	116,003	0	274,941
Tarrant	33,557	16,566	56,621	55,181	0	161,924
Travis	23,329	15,039	41,177	49,152	0	128,698
Total	644,061	245,667	1,376,626	910,520	0	3,176,874

FY2012 Total Acute Care Claims Paid (2)

Bexar	33,347,135	21,388,070	62,239,036	60,085,588	0	177,059,829
Dallas	28,451,082	15,723,584	52,345,776	52,371,830	0	148,892,271
El Paso	5,225,002	1,477,729	26,650,641	7,407,700	0	40,761,072
Harris	78,655,557	34,369,288	117,415,048	72,960,577	0	303,400,469
Hidalgo	48,739,105	9,842,318	176,896,850	78,427,266	0	313,905,540
Jefferson	5,798,176	3,409,202	10,863,985	17,077,953	0	37,149,317
Lubbock	1,404,713	948,231	2,892,755	4,937,495	0	10,183,195
Nueces	17,819,081	10,480,913	31,504,714	47,661,087	0	107,465,795
Tarrant	13,445,541	10,172,429	22,216,303	27,875,362	0	73,709,635
Travis	9,699,597	6,455,180	15,574,086	21,603,329	0	53,332,193
Total	242,584,991	114,266,944	518,599,195	390,408,187	0	1,265,859,316

Rate Adjustment Factor (3)

Bexar	0.29%	0.22%	0.27%	0.22%	0.00%	0.25%
Dallas	0.28%	0.21%	0.27%	0.23%	0.00%	0.25%
El Paso	0.25%	0.25%	0.26%	0.24%	0.00%	0.25%
Harris	0.26%	0.20%	0.27%	0.23%	0.00%	0.25%
Hidalgo	0.26%	0.25%	0.26%	0.26%	0.00%	0.26%
Jefferson	0.27%	0.23%	0.28%	0.24%	0.00%	0.25%
Lubbock	0.24%	0.21%	0.26%	0.24%	0.00%	0.24%
Nueces	0.27%	0.25%	0.27%	0.24%	0.00%	0.26%
Tarrant	0.25%	0.16%	0.25%	0.20%	0.00%	0.22%
Travis	0.24%	0.23%	0.26%	0.23%	0.00%	0.24%
Total	0.27%	0.21%	0.27%	0.23%	0.00%	0.25%

Footnotes

(1) Equals the cost impact resulting from enhancements to the attendant care reimbursement levels.

(4) Equals FY2012 health plan fee-for-service claims for all long term care services (from MCO reported data).

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Long Term Care Claims Paid.

## ***Attachment 8***

### **End Stage Renal Disease and Ventilator Dependent Members**

Effective September 1, 2013 STAR+PLUS HMOs will no longer be permitted to disenroll members with end stage renal disease (ESRD) or members who are ventilator dependent. Transitioning these previously disenrolled members back to the STAR+PLUS program and preventing future disenrollment will increase the average cost as these tend to be very high cost members. The adjustment factored was determined by collecting the fee-for-service claims incurred during the base period for all ESRD and ventilator dependent members who had been disenrolled from the STAR+PLUS program and determining the net increase on the base period. The attached exhibit presents a summary of the adjustment factors for both acute care and long term care separately.

FY2014 STAR+PLUS Rating  
End Stage Renal Disease and Ventilator Dependent Re-enrollment  
Acute Care Adjustment

	Medicaid Only	Dual Eligible	Other	Grand Total
Cost Impact of ESRD/vent member enrollment (1)				
Bexar	1,035,846	11,572	0	1,047,418
Dallas	487,725	0	0	487,725
El Paso	83,202	0	0	83,202
Harris	1,284,877	627	0	1,285,503
Hidalgo	182,699	956	0	183,655
Jefferson	4,415	0	0	4,415
Lubbock	48,658	0	0	48,658
Nueces	479,698	2,260	0	481,958
Tarrant	0	0	0	0
Travis	63,096	0	0	63,096
Total	3,670,216	15,414	0	3,685,630

FY2012 Total Acute Care Claims Paid (2)

Bexar	90,759,276	0	507,206	91,266,482
Dallas	103,558,696	0	761,766	104,320,462
El Paso	12,868,029	0	189,415	13,057,445
Harris	231,146,775	0	1,021,347	232,168,122
Hidalgo	51,708,013	0	1,031,769	52,739,783
Jefferson	34,418,002	0	217,274	34,635,275
Lubbock	8,997,395	0	23,244	9,020,639
Nueces	40,484,729	0	160,509	40,645,239
Tarrant	67,289,461	0	311,516	67,600,977
Travis	46,024,150	0	164,943	46,189,094
Total	687,254,527	0	4,388,990	691,643,517

Rate Adjustment Factor (3)

Bexar	1.14%	0.00%	0.00%	1.15%
Dallas	0.47%	0.00%	0.00%	0.47%
El Paso	0.65%	0.00%	0.00%	0.64%
Harris	0.56%	0.00%	0.00%	0.55%
Hidalgo	0.35%	0.00%	0.00%	0.35%
Jefferson	0.01%	0.00%	0.00%	0.01%
Lubbock	0.54%	0.00%	0.00%	0.54%
Nueces	1.18%	0.00%	0.00%	1.19%
Tarrant	0.00%	0.00%	0.00%	0.00%
Travis	0.14%	0.00%	0.00%	0.14%
Total	0.53%	0.00%	0.00%	0.53%

Footnotes

(1) Equals the cost impact resulting from disallowing the disenrollment of ESRD/vent dependent members.

(2) Equals FY2012 health plan fee-for-service claims for all acute care services (from Encounter database).

Does not Include Inpatient services.

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Acute Care Claims Paid.

FY2014 STAR+PLUS Rating  
End Stage Renal Disease and Ventilator Dependent Re-enrollment  
Long Term Care Adjustment

	Medicaid Only	Dual Eligible	Other	Grand Total
Cost Impact of ESRD/vent member enrollment (1)				
Bexar	60,451	13,927	0	74,377
Dallas	0	0	0	0
El Paso	7,372	0	0	7,372
Harris	115,921	0	0	115,921
Hidalgo	40,188	23,444	0	63,631
Jefferson	0	0	0	0
Lubbock	0	0	0	0
Nueces	26,947	20,713	0	47,660
Tarrant	0	0	0	0
Travis	0	0	0	0
Total	250,878	58,084	0	308,962

FY2012 Total Acute Care Claims Paid (2)

Bexar	54,735,205	122,324,624	0	177,059,829
Dallas	44,174,666	104,717,606	0	148,892,271
El Paso	6,702,732	34,058,341	0	40,761,072
Harris	113,024,845	190,375,624	0	303,400,469
Hidalgo	58,581,424	255,324,116	0	313,905,540
Jefferson	9,207,378	27,941,939	0	37,149,317
Lubbock	2,352,944	7,830,250	0	10,183,195
Nueces	28,299,994	79,165,801	0	107,465,795
Tarrant	23,617,970	50,091,665	0	73,709,635
Travis	16,154,778	37,177,416	0	53,332,193
Total	356,851,935	909,007,382	0	1,265,859,316

Rate Adjustment Factor (3)

Bexar	0.11%	0.01%	0.00%	0.04%
Dallas	0.00%	0.00%	0.00%	0.00%
El Paso	0.11%	0.00%	0.00%	0.02%
Harris	0.10%	0.00%	0.00%	0.04%
Hidalgo	0.07%	0.01%	0.00%	0.02%
Jefferson	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%
Nueces	0.10%	0.03%	0.00%	0.04%
Tarrant	0.00%	0.00%	0.00%	0.00%
Travis	0.00%	0.00%	0.00%	0.00%
Total	0.07%	0.01%	0.00%	0.02%

Footnotes

(1) Equals the cost impact resulting from disallowing the disenrollment of ESRD/vent dependent members.

(4) Equals FY2012 health plan fee-for-service claims for all long term care services (from MCO reported data).

(3) Equals Cost Impact of Reimbursement Reduction divided by FY2012 Total Long Term Care Claims Paid.

## ***Attachment 9***

### **Spell of Illness Adjustment**

Effective September 1, 2013 STAR+PLUS health plans will be permitted to impose the fee-for-service 30-day spell of illness limit on inpatient services provided to adults. Under the spell of illness limit, Medicaid payment is not made for inpatient services after a Medicaid client has had 30-days of aggregate inpatient care, whether consecutive or not. Payment resumes when a client has been out of the hospital for 60 consecutive days. There are two exceptions to the policy: (1) where there has been a prior approval for solid organ transplant; and (2) THSteps clients 20-year-of-age and younger for medically necessary treatment.

The attached exhibit presents a summary of the adjustment factors. The adjustment factors are based on FY2011 data due to limitations of the FY2012 data which was covered under fee-for-service during the first six months and managed care during the last six months.

FY2014 STAR+PLUS Rating  
 Inpatient Reimbursement Policy Change  
 Spell of Illness Implementation

	Medicaid Only	Dual Eligible	Other	Grand Total
Estimated Cost Impact of Spell of Illness (1)				
Bexar	-3,402,241	0	0	-3,402,241
Dallas	-1,659,004	0	0	-1,659,004
El Paso	-1,303,557	0	0	-1,303,557
Harris	-16,184,589	0	0	-16,184,589
Hidalgo	-5,790,321	0	0	-5,790,321
Jefferson	-2,411,734	0	0	-2,411,734
Lubbock	-1,213,948	0	0	-1,213,948
Nueces	-1,037,543	0	0	-1,037,543
Tarrant	-2,148,469	0	0	-2,148,469
Travis	-1,261,994	0	0	-1,261,994
Total	-36,413,399	0	0	-36,413,399

FY2011 Total Inpatient Claims Paid (2)				
Bexar	39,051,975	0	0	39,051,975
Dallas	22,650,878	0	0	22,650,878
El Paso	27,395,303	0	0	27,395,303
Harris	102,730,858	0	0	102,730,858
Hidalgo	74,411,587	0	0	74,411,587
Jefferson	37,016,484	0	0	37,016,484
Lubbock	26,263,026	0	0	26,263,026
Nueces	13,465,968	0	0	13,465,968
Tarrant	14,745,434	0	0	14,745,434
Travis	16,616,594	0	0	16,616,594
Total	374,348,109	0	0	374,348,109

Rate Adjustment Factor (3)				
Bexar	-8.71%	0.00%	0.00%	-8.71%
Dallas	-7.32%	0.00%	0.00%	-7.32%
El Paso	-4.76%	0.00%	0.00%	-4.76%
Harris	-15.75%	0.00%	0.00%	-15.75%
Hidalgo	-7.78%	0.00%	0.00%	-7.78%
Jefferson	-6.52%	0.00%	0.00%	-6.52%
Lubbock	-4.62%	0.00%	0.00%	-4.62%
Nueces	-7.70%	0.00%	0.00%	-7.70%
Tarrant	-14.57%	0.00%	0.00%	-14.57%
Travis	-7.59%	0.00%	0.00%	-7.59%
Total	-9.73%	0.00%	0.00%	-9.73%

Footnotes

(1) Equals FY2011 claims denied under the spell of illness provisions.

(2) Equals FY2011 fee-for-service claims for all inpatient services (from TMHP).

(3) Equals Cost Impact of Policy Revision divided by FY2011 Total Inpatient Claims Paid.

## ***Attachment 10***

### **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 memberships. 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 risk group.

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. The risk adjustment factor is applied to the acute care portion of the community rate for each health plan and risk group. If necessary, an additional adjustment was made to the risk adjusted community rates to ensure that, in total, they produce the same premium as the community rates.

Due to a significant shift in the enrollment mix between health plans in the Hidalgo service area, an adjustment was made to the acuity analysis for this area only. The acuity by individual was tracked during this enrollment shift and the acuity scores were reallocated amongst the health plans based on each member's enrollment as of December 2012. This adjustment was intended to track the changes in relative acuity amongst the health plans due to this enrollment shift after the base period used in the rate development.

For all MCOs in new STAR+PLUS service areas (El Paso, Hidalgo and Lubbock) we assumed the greater of (i) 100% of the risk adjustment factor for the period September 2013 through August 2014 and (ii) 50% of the risk adjustment factor for the period September 2013 through February 2014 and 100% of the risk adjustment factor for the period March 2014 through August 2014. This revision was made to recognize that only six months of information was available to determine member acuity as compared to the usual 12 months.

**TEXAS STAR+PLUS CDPS SA/Health Plan Risk****Reporting Period: September 1, 2011 to August 31, 2012**

<b>STAR+PLUS</b>						
<b>SDA/Health Plan</b>	<b>Number of Enrollees</b>	<b>Percent Affected</b>	<b>Actual PMPM Expenditures Based on Paid Amounts</b>	<b>Predicted PMPM Payment</b>	<b>Case Mix</b>	<b>Spend Ratio</b>
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only OCC</b>	164,400	100.00	1,114.30	1,114.30	1.00	1.00
<b>Bexar</b>	21,036	100.00	1,062.13	1,134.14	1.00	0.94
Amerigroup	3,438	16.34	987.15	1,090.62	0.96	0.91
Molina Healthcare of Texas, Inc.	2,913	13.85	885.51	999.94	0.88	0.89
Superior HealthPlan	14,685	69.81	1,113.82	1,170.29	1.03	0.95
<b>Dallas</b>	25,833	100.00	925.60	1,052.11	1.00	0.88
Molina Healthcare of Texas, Inc.	14,920	57.76	935.28	1,038.97	0.99	0.90
Superior HealthPlan	10,913	42.24	912.51	1,069.90	1.02	0.85
<b>El Paso</b>	6,296	100.00	1,071.02	897.82	1.00	1.19
Amerigroup	3,770	59.88	1,007.97	857.70	0.96	1.18
Molina Healthcare of Texas, Inc.	2,526	40.12	1,165.40	957.86	1.07	1.22
<b>Harris</b>	45,358	100.00	1,224.28	1,147.13	1.00	1.07
Amerigroup	22,065	48.65	1,196.28	1,101.13	0.96	1.09
Molina Healthcare of Texas, Inc.	7,346	16.20	1,077.17	1,033.16	0.90	1.04
UnitedHealthCare Community Plan	15,947	35.16	1,326.09	1,258.81	1.10	1.05
<b>Hidalgo</b>	20,994	100.00	1,340.16	1,017.51	1.00	1.32
HealthSpring	4,084	19.45	1,320.56	974.30	0.96	1.36
Molina Healthcare of Texas, Inc.	4,306	20.51	1,231.60	960.51	0.94	1.28
Superior HealthPlan	12,604	60.04	1,383.49	1,050.94	1.03	1.32
<b>Jefferson</b>	8,858	100.00	951.15	1,119.19	1.00	0.85
Amerigroup	4,608	52.02	892.32	1,061.48	0.95	0.84
Molina Healthcare of Texas, Inc.	3,945	44.54	1,015.53	1,179.36	1.05	0.86
UnitedHealthCare Community Plan	305	3.44	1,012.89	1,220.65	1.09	0.83
<b>Lubbock</b>	4,419	100.00	1,022.69	924.89	1.00	1.11
Amerigroup	1,384	31.32	1,048.84	902.77	0.98	1.16
Superior HealthPlan	3,035	68.68	1,010.63	935.10	1.01	1.08
<b>Nueces</b>	7,993	100.00	1,161.36	1,194.15	1.00	0.97
Superior HealthPlan	5,039	63.04	1,196.59	1,229.36	1.03	0.97
UnitedHealthCare Community Plan	2,954	36.96	1,102.05	1,134.86	0.95	0.97
<b>Tarrant</b>	14,801	100.00	1,085.37	1,197.80	1.00	0.91
Amerigroup	12,712	85.89	1,108.82	1,217.98	1.02	0.91
HealthSpring	2,089	14.11	930.92	1,064.80	0.89	0.87
<b>Travis</b>	8,791	100.00	1,147.67	1,116.75	1.00	1.03
Amerigroup	5,679	64.60	1,170.27	1,150.00	1.03	1.02
UnitedHealthCare Community Plan	3,112	35.40	1,106.35	1,055.93	0.95	1.05

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for Medicaid-only 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 6 months (age ≥ 1) (permitting one month lapse in enrollment within the 6 months period). The enrollment criteria are relaxed to 5 months for the expansion areas and health plan new to the program effective March 1, 2012.

**TEXAS STAR+PLUS CDPS SA/Health Plan Risk****Reporting Period: September 1, 2011 to August 31, 2012**

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only HCBS</b>	7,476	100.00	3,966.56	3,966.56	1.00	1.00
<b>Bexar</b>	1,306	100.00	3,794.32	3,846.17	1.00	0.99
Amerigroup	137	10.49	3,246.74	3,817.69	0.99	0.85
Molina Healthcare of Texas, Inc.	139	10.64	3,530.06	3,862.98	1.00	0.91
Superior HealthPlan	1,030	78.87	3,900.32	3,847.57	1.00	1.01
<b>Dallas</b>	980	100.00	3,770.29	3,936.91	1.00	0.96
Molina Healthcare of Texas, Inc.	602	61.43	3,445.37	3,880.43	0.99	0.89
Superior HealthPlan	378	38.57	4,285.80	4,026.52	1.02	1.06
<b>El Paso</b>	132	100.00	3,773.45	3,138.41	1.00	1.20
Amerigroup	59	44.70	3,768.14	3,414.33	1.09	1.10
Molina Healthcare of Texas, Inc.	73	55.30	3,777.76	2,914.23	0.93	1.30
<b>Harris</b>	2,165	100.00	4,310.06	4,247.88	1.00	1.01
Amerigroup	461	21.29	4,393.55	4,540.63	1.07	0.97
Molina Healthcare of Texas, Inc.	280	12.93	4,641.12	4,491.12	1.06	1.03
UnitedHealthCare Community Plan	1,424	65.77	4,220.11	4,108.34	0.97	1.03
<b>Hidalgo</b>	923	100.00	3,870.75	3,091.87	1.00	1.25
HealthSpring	193	20.91	3,700.40	2,900.01	0.94	1.28
Molina Healthcare of Texas, Inc.	106	11.48	4,406.41	3,459.73	1.12	1.27
Superior HealthPlan	624	67.61	3,833.06	3,088.97	1.00	1.24
<b>Jefferson</b>	227	100.00	3,265.24	3,842.00	1.00	0.85
Amerigroup	89	39.21	3,319.71	3,889.29	1.01	0.85
Molina Healthcare of Texas, Inc.	132	58.15	3,202.87	3,757.98	0.98	0.85
UnitedHealthCare Community Plan	6	2.64	3,887.83	5,082.19	1.32	0.76
<b>Lubbock</b>	127	100.00	2,974.28	3,083.99	1.00	0.96
Amerigroup	51	40.16	2,709.37	2,790.62	0.90	0.97
Superior HealthPlan	76	59.84	3,157.78	3,287.19	1.07	0.96
<b>Nueces</b>	678	100.00	3,679.55	3,852.20	1.00	0.96
Superior HealthPlan	435	64.16	3,783.97	3,977.81	1.03	0.95
UnitedHealthCare Community Plan	243	35.84	3,493.86	3,628.84	0.94	0.96
<b>Tarrant</b>	556	100.00	4,083.41	4,220.81	1.00	0.97
Amerigroup	497	89.39	4,056.47	4,176.43	0.99	0.97
HealthSpring	59	10.61	4,325.05	4,618.96	1.09	0.94
<b>Travis</b>	382	100.00	4,176.82	4,162.63	1.00	1.00
Amerigroup	201	52.62	4,474.63	4,371.66	1.05	1.02
UnitedHealthCare Community Plan	181	47.38	3,852.01	3,934.65	0.95	0.98

Note: CDPS results are based on information in enrollment and encounter datasets. CDPS results were obtained for Medicaid-only 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 6 months (age ≥ 1) (permitting one month lapse in enrollment within the 6 months period). The enrollment criteria are relaxed to 5 months for the expansion areas and health plan new to the program effective March 1, 2012.