

**STATE OF TEXAS  
MEDICAID MANAGED CARE  
STAR+PLUS PROGRAM RATE SETTING  
STATE FISCAL YEAR 2017**

Prepared for:

Texas Health and Human Services Commission

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Rudd and Wisdom, Inc.

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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 2017 (FY2017, September 1, 2016 through August 31, 2017) premium rates for health plans participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

STAR+PLUS is a Texas Medicaid managed care program for people who have disabilities or are age 65 or older. STAR+PLUS members get Medicaid health-care and long-term services and support through a medical plan that they choose. The STAR+PLUS program expanded to include individuals with Intellectual and Developmental Disabilities (IDD) on September 1, 2014 and to include individuals in a nursing facility on March 1, 2015. There are thirteen STAR+PLUS service delivery areas (SDAs). STAR+PLUS Medicaid members can select from at least two health plans in each SDA. There are a total of 5 health plans serving different SDAs throughout the state.

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 30 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2017 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2012 and a projection of future enrollment through August 2017. These projections were prepared by HHS System Forecasting staff.
- Claim lag reports by risk group for each health plan for the period September 2012 through February 2016. These reports include monthly paid claims by month of service.
- Financial Statistical Reports (FSR) for each participating health plan for FY2014, FY2015 and the first six months of FY2016. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the health plans. These reports are prepared by the health plans and are audited by an external auditor.
- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2016) premium rates by risk group for each health plan.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
  - Subcapitated services make up less than 0.3% of total plan cost and are most

commonly vision and behavioral health arrangements. Information about these arrangements was provided by the health plans and verified with the audited FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.

- Information from the health plans regarding service coordination expenses.
  - Service Coordination expenses make approximately 3.4% of total plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the health plans and verified with the audited FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.
- FY2015 acuity risk adjustment analysis provided by the EQRO for each health plan.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2015 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 FY2016 and FY2017 Medicaid provider reimbursement rates.

After accumulating all of the information to be used in the rate setting process, a comparison of the various sources of claims data was performed to check for consistency. Information submitted by the health plans was compared to information submitted in prior years, the audited FSRs and the detailed encounter data. All comparisons were done by risk group as well as in aggregate. In the case of inconsistent information, follow up inquiries were made with each applicable health plan until all information was corrected and reconciled with the other data sources. Ultimately there was satisfactory consistency between all data sources. Although the above data was reviewed for reasonableness, Rudd and Wisdom did not audit the data. Based on this review it has been determined that the data collected and used in the FY2017 rate development process is complete, accurate and credible.

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

*Based on an administrative review, the EQRO considers the required data elements for all MCO/(R)SA combinations in STAR+PLUS to be accurate and complete, meeting the following components of Texas Government Code § 533.0131 for data certification purposes:*

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

## II. Overview of the Rate Setting Methodology

This report details the development of the medical and long term care components of the total premium rate. 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 2017.

The actuarial model used to derive the FY2017 STAR+PLUS premium rates relies primarily on health plan financial experience. The historical claims experience for each health plan (by area) was analyzed and estimates for the base period (FY2015) were developed. These estimates were then projected forward to FY2017 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 FY2017 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 health plans 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)
- Medicaid Rural Service Area - Central (MRSA Central)
- Medicaid Rural Service Area - Northeast (MRSA Northeast)
- Medicaid Rural Service Area - West (MRSA West)

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
- Intellectual and Developmentally Disabled under age 21 (IDD <21)
- Intellectual and Developmentally Disabled over age 21 (IDD >21)
- Medicaid Only – Nursing Facility (NF)
- Dual Eligible – Nursing Facility (NF)

\*Due to a small sample size, the IDD <21 has been combined with the IDD >21.

The services used in the analysis include the following:

### Acute Care Services

- Ambulance Services
- Audiology Services
- Behavioral Health Services (except in the Dallas service area where these services are carved out and provided through the North Star program)
- 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
- Nursing Facilities

Services specifically excluded from the analysis include:

- Dental and Orthodontia Services with the exception of a small number of dental services provided to STAR+PLUS HCBS waiver members
- Early Childhood Intervention (ECI) case management/service coordination
- Texas School Health and Related Services (SHARS)
- Health and Human Services Commission's Medical Transportation

- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)

All expenses related to these and other non-capitated services are excluded from the FY2017 rating analysis.

We projected the FY2017 cost for each individual health plan by estimating their base period (FY2015) 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 health plan (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 health plan. 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; however, no adjustments were deemed necessary.

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 health plan in a service area. The community rates are developed by a weighted average of the projected FY2017 cost for each health plan in the service area. The weights used in this formula are the projected FY2017 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for non-nursing facility risk groups for each service area along with a description of the analysis. Attachment 4 presents the summary community rating exhibit for the nursing facility risk groups 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 9. The final FY2017 premium rates were defined as the community rates with acuity risk adjustment for acute care services and community rates for long term care services. This is the same methodology that was used during the FY2016 STAR+PLUS rate development. At this time, no risk adjustment methodology is available for the long term care component of the total cost. HHSC, the EQRO and the participating STAR+PLUS health plans are currently in the process of developing a long term care risk adjustment model for future use.

### III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2017 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. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption applied to all service areas but varies by risk group, type of service and projection year (FY2016 and FY2017).

The trend analysis included a review of health plan claims experience data through February 29, 2016. Based on this information, estimates of monthly incurred claims were made through December 2015. The claims cost and trend experience was reviewed separately by service area and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights. All historical trends have been calculated as the average cost per member per month during a specified time period (monthly, quarterly or annually) compared to the same time period from the prior year. For example, the FY2015 trend has been calculated as the change in average cost per member per month during the period September 1, 2014 through August 31, 2015 (FY2015) compared to the average cost per member per month during the period September 1, 2013 through August 31, 2014 (FY2014). The experience trends for all time periods were adjusted to remove the impact of provider reimbursement changes and other revisions that have impacted the cost of the program.

The FY2016 trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2015 through December 2015 and (ii) the projected trend for the period January 2016 through August 2016. The trends for the final eight months of FY2016 were projected using experience data from FY2013 (3/7 weight), FY2014 (3/7 weight) and the first four months of FY2016 (1/7 weight). The weighting of each time period was based on the number of months within each time period.

The FY2017 trend assumptions were then developed from a simple average of the FY2014 trend, FY2015 trend and FY2016 trend.

The nursing facility trend assumptions were developed from an analysis of nursing claims previously paid on a fee-for-service basis. Based on this analysis, the FY2016 and FY2017 trend assumptions were developed as the average of the trends for the periods (FY2012, FY2013, FY2014 and FY2015). Only claims incurred prior to the carve-in of nursing facility services on March 1, 2015 were considered during the FY2015 time period. Nursing facility claims after March 1, 2015 were not considered in the trend analysis due to the transition of these members to the managed care delivery model.

Attachment 5 is a summary of the cost trend analysis. The chart below presents the assumed annual trend rates for FY2016 and FY2017.



	<u>FY2016</u>	<u>FY2017</u>
<u>Acute Care</u>		
Medicaid Only - OCC	1.4%	0.0%
Medicaid Only - HCBS	2.1%	0.0%
IDD	1.5%	0.0%
Medicaid Only - NF	2.1%	0.0%
 <u>Long Term Care</u>		
Medicaid Only - OCC	5.2%	5.8%
Medicaid Only - HCBS	0.0 %	0.0%
Dual Eligible - OCC	1.2 %	1.6 %
Dual Eligible - HCBS	1.7 %	1.1 %
Medicaid Only – NF	3.0 %	3.0 %
Dual Eligible - NF	3.0 %	3.0 %

### ***Provider Reimbursement Adjustments – Acute Care***

Medicaid provider reimbursement changes were recognized for the following services: hospital inpatient reimbursement revisions, potentially preventable readmission reimbursement reductions, potentially preventable complications reimbursement reductions, rural hospital outpatient reimbursement revisions and therapy reimbursement revisions.

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

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

Effective September 1, 2016 STAR+PLUS health plans will no longer be permitted to include the spell of illness policy provisions in their inpatient reimbursement contracts for members who have primary diagnoses of severe and persistent mental illness. Due to this policy, provider reimbursement for adults in the STAR+PLUS program who are being treated for these diagnoses will no longer be limited to the first 30 days of inpatient care for a spell of illness. Exhibit F of Attachment 6 presents a summary of the policy change and the resulting adjustment factors.

### ***Electronic Visit Verification (EVV)***

HHSC now requires all health plans to incorporate EVV into their management duties for Personal Assistance Services (PAS), Personal Care Services (PCS) and Private Duty Nursing (PDN). Based on an analysis of the impact of EVV on these services in the fee-for-service program the following savings assumptions have been developed:

- PAS: 4.0%
- PCS: 4.0%
- PDN: 3.5%

These assumed savings factors were determined through an analysis of the EVV roll out within the FFS program during 2012 and 2013 by the Department of Aging and Disability Services (DADS). The analysis compared the units of services provided during the initial 6-12 months pre and post EVV implementation. Exhibit A of Attachment 7 presents a summary of these adjustment factors.

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

Effective September 1, 2015, the minimum wage paid to attendant care providers increased for various Personal Assistance Services (PAS) and Day Activity Health Services (DAHS). In addition, effective September 1, 2015 attendant care enhanced payments were increased to allow attendant care providers to qualify for increased enhanced payment levels. Exhibits B and C of Attachment 7 present a summary of these adjustment factors.

### ***Community First Choice Initiative (CFC)***

Effective June 1, 2015, Texas implemented a CFC initiative within the STAR+PLUS program that expanded access to certain habilitation and attendant care services. As a result of CFC, Texas will receive an enhanced federal match on CFC eligible clients and services. Exhibit D of Attachment 7 along with Attachment 10 detail the development of (1) the CFC adjustment factors and (2) the CFC eligible enhanced match.

### ***Nursing Facility Carve In***

Effective March 1, 2015 nursing facility services were carved into the STAR+PLUS program. Previously, nursing facility services were carved out and paid on a FFS basis. Furthermore, STAR+PLUS members residing in a nursing facility for more than four months were removed from the program. Since nursing facility services may be provided to members in all risk groups with the exception of IDD, an adjustment has been made to the FY2015 base period to gross up the cost for the first six months of the base period when nursing facility services were carved out. Exhibits E of Attachment 7 presents a summary of these adjustment factors.

### ***Seasonality Adjustment***

The base period used in calculating the nursing facility risk group premium rates for all service areas includes claims for the six-month period March 2015 through August 2015; however, the calculated premium rates will be effective for the twelve-month period September 2016 through August 2017. Due to base period being only six months, the impact of seasonal differences in cost of care was studied. Based on this analysis it was determined that an adjustment for seasonality is not necessary for acute care services but is necessary for nursing facility services. Attachment 7 presents additional information regarding this adjustment.

### ***Removal of STAR+PLUS Members Under Age 21***

Effective November 1, 2016 STAR+PLUS members age 21 and under will be removed

from the program. Attachment 8 presents a summary of the adjustment factors applicable to the base period data as a result of this eligibility change.

### ***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 9.

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.

### ***Network Access Improvement Program (NAIP)***

Effective March 1, 2015, several health plans implemented programs aimed at improving network access for Medicaid members. The NAIP is designed to further the state's goal of increasing the availability and effectiveness of primary care for Medicaid beneficiaries by incentivizing various institutions to provide quality, well-coordinated, and continuous care.

Attachment 11 presents the development of the NAIP add-on amounts to be included in the capitation rates effective September 1, 2016 along with additional information concerning the NAIP program.

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

The MPAP program ends on August 31, 2016. As a result, no adjustment has been included in the FY2017 rates for the nursing facility risk groups.

#### IV. Administrative Fees, Taxes and Risk Margin

The rating methodology includes an explicit provision for administrative services. The amount allocated for administrative expenses is \$16.25 pmpm plus 5.75% of gross premium. This amount is intended to provide for all administrative-related services performed by the health plan. The administrative allowance is split between a fixed and variable component in order to allocate a larger percentage of the administrative dollars to the higher cost risk groups.

The administrative fee amounts were determined based on a review of the administrative expenses of the STAR+PLUS health plans as reported in their audited Financial Statistical Reports (FSRs). The table below summarizes the reported administrative expenses for the past three fiscal years for the STAR+PLUS program.

	Avg. Administrative Expense	
	All Health Plans	Excluding Outlier
FY13	74.10	69.99
FY14	83.05	76.90
FY15	86.14	80.69
3 Year Average	81.10	75.86

One of the health plans in the STAR+PLUS program reports administrative expenses that are in excess of 130% of the average of the other four participating health plans. Because of this large disparity we have reported the average administrative expenses above both with and without this outlier. Based on the administrative formula included in the rate development the average administrative expense included in the capitation rates (medical and pharmacy combined) is approximately \$81 which is in line with the historical averages. This formula is reviewed annually to ensure consistency with the reported administrative costs.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and a risk margin (2.0% of premium). The premium tax and maintenance tax are based on Texas Department of Insurance requirements.

The capitation rates included in this document do not include provision for the Affordable Care Act (ACA) Health Insurance Providers Fee. HHSC will develop and implement a procedure for reimbursing the health plans for (i) the ACA Health Insurance Providers Fee, (ii) any applicable federal income tax impact resulting from payment of the ACA Health Insurance Providers Fee and (iii) any applicable state premium tax impact resulting from payment of the ACA Health Insurance Providers Fee. Such reimbursement will be provided separately based on a CMS-approved methodology.

## V. Summary

The chart below presents the results of the FY2017 STAR+PLUS rating analysis and includes all components of the premium – acute care, long term care, prescription drugs and NAIP. This report details the development of the acute care, long term care and NAIP 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 2017.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,286.40	\$4,263.61	\$360.40	\$1,900.20
Molina - Bexar	1,152.19	4,093.74	360.40	1,900.20
Superior - Bexar	1,361.01	4,398.46	360.40	1,900.20
Molina - Dallas	1,253.08	3,999.30	315.07	1,726.72
Superior - Dallas	1,236.50	4,148.36	315.07	1,726.72
Amerigroup - El Paso	1,416.98	4,108.61	445.81	1,912.34
Molina - El Paso	1,534.57	3,870.08	445.81	1,912.34
Amerigroup - Harris	1,501.83	4,915.15	307.84	1,839.13
Molina - Harris	1,369.68	4,715.47	307.84	1,839.13
United - Harris	1,643.88	4,734.37	307.84	1,839.13
Health Spring - Hidalgo	1,699.57	4,239.50	901.41	2,139.70
Molina - Hidalgo	1,726.34	4,578.78	901.41	2,139.70
Superior - Hidalgo	1,809.80	4,515.30	901.41	2,139.70
Amerigroup - Jefferson	1,223.36	4,292.64	232.64	1,559.75
Molina - Jefferson	1,228.78	4,057.34	232.64	1,559.75
United - Jefferson	1,440.15	4,103.18	232.64	1,559.75
Amerigroup - Lubbock	1,275.22	3,250.27	162.79	1,251.74
Superior - Lubbock	1,231.27	3,858.09	162.79	1,251.74
Superior - Nueces	1,389.34	4,057.79	443.32	1,783.94
United - Nueces	1,539.21	4,198.64	443.32	1,783.94
Amerigroup - Tarrant	1,443.46	4,202.87	238.48	1,560.49
Health Spring - Tarrant	1,222.48	3,997.69	238.48	1,560.49
Amerigroup - Travis	1,361.95	4,667.39	247.95	1,707.73
United - Travis	1,362.84	4,624.77	247.95	1,707.73
Superior - MRSA Central	1,213.57	4,303.11	221.36	1,690.05
United - MRSA Central	1,101.18	4,548.55	221.36	1,690.05
Health Spring - MRSA Northeast	1,105.90	3,868.43	200.98	1,406.56
United - MRSA Northeast	1,204.72	4,080.13	200.98	1,406.56
Amerigroup - MRSA West	1,157.53	3,769.85	251.38	1,437.01
Superior - MRSA West	1,223.57	3,771.66	251.38	1,437.01

Health Plan	IDD Under 21	IDD Over 21	Medicaid Only NF	Dual Eligible NF
Monthly Premium Rates				
Amerigroup - Bexar	\$937.58	\$802.96	\$7,511.73	\$3,979.71
Molina - Bexar	865.10	606.62	7,511.73	3,979.71
Superior - Bexar	1,016.76	1,003.47	7,511.73	3,979.71
Molina - Dallas	935.94	664.61	6,733.96	4,109.37
Superior - Dallas	943.88	679.85	6,733.96	4,109.37
Amerigroup - El Paso	1,151.24	1,163.75	8,369.20	4,460.05
Molina - El Paso	1,172.45	1,212.15	8,369.20	4,460.05
Amerigroup - Harris	1,092.57	1,003.14	7,458.04	4,086.16
Molina - Harris	1,106.87	1,072.37	7,458.04	4,086.16
United - Harris	1,127.06	1,074.37	7,458.04	4,086.16
Health Spring - Hidalgo	1,056.78	807.91	7,234.04	4,547.35
Molina - Hidalgo	1,137.30	964.42	7,234.04	4,547.35
Superior - Hidalgo	1,165.89	1,016.77	7,234.04	4,547.35
Amerigroup - Jefferson	1,087.82	946.84	6,808.68	3,876.19
Molina - Jefferson	1,034.68	838.87	6,808.68	3,876.19
United - Jefferson	1,090.99	923.55	6,808.68	3,876.19
Amerigroup - Lubbock	1,002.08	815.73	6,871.62	3,894.22
Superior - Lubbock	993.71	805.35	6,871.62	3,894.22
Superior - Nueces	1,234.16	1,126.72	6,407.84	4,054.43
United - Nueces	1,372.69	1,324.63	6,407.84	4,054.43
Amerigroup - Tarrant	1,045.25	941.55	7,114.95	3,918.66
Health Spring - Tarrant	955.36	736.96	7,114.95	3,918.66
Amerigroup - Travis	912.13	705.11	6,566.39	4,033.61
United - Travis	1,053.73	1,073.58	6,566.39	4,033.61
Superior - MRSA Central	988.07	815.20	6,158.05	3,898.61
United - MRSA Central	966.86	770.61	6,158.05	3,898.61
Health Spring - MRSA Northeast	1,017.07	853.21	6,749.51	3,894.69
United - MRSA Northeast	1,029.09	880.49	6,749.51	3,894.69
Amerigroup - MRSA West	1,040.32	891.77	6,495.03	3,771.33
Superior - MRSA West	1,080.49	1,002.06	6,495.03	3,771.33

Attachment 1 presents additional information regarding the FY2017 rates including a comparison to current (FY2016) rates.

## VI. Actuarial Certification of FY2017 STAR+PLUS Health Plan 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 2017 (FY2017) 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 FY2017 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 principles 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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## VII. Attachments



## ***Attachment 1***

### Summary of FY2017 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2017 rates. Included on the exhibit are current (FY2016) premium rates split between medical, prescription drug, NAIP and MPAP rates; FY2017 premium rates split between medical, prescription drug, NAIP and MPAP rates; and a comparison of FY2016 and FY2017 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current (FY2016) premiums rates and the FY2017 premium rates. The projection is split by medical, pharmacy and NAIP/MPAP.

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (FY2016) Acute Care Premium Rates pmpm								
Amerigroup - Bexar	577.26	1,421.78	0.00	0.00	1,592.80	331.19	1,235.64	0.00
Molina - Bexar	504.30	1,319.95	0.00	0.00	1,592.80	331.19	1,235.64	0.00
Superior - Bexar	585.68	1,441.34	0.00	0.00	1,592.80	331.19	1,235.64	0.00
Molina - Dallas	610.42	1,807.41	0.00	0.00	1,886.76	289.30	1,468.70	0.00
Superior - Dallas	603.31	1,826.20	0.00	0.00	1,886.76	289.30	1,468.70	0.00
Amerigroup - El Paso	645.18	1,557.47	0.00	0.00	1,794.05	469.32	1,083.31	0.00
Molina - El Paso	639.35	1,539.67	0.00	0.00	1,794.05	469.32	1,083.31	0.00
Amerigroup - Harris	643.62	2,175.21	0.00	0.00	1,826.03	373.92	1,344.33	0.00
Molina - Harris	616.91	2,096.22	0.00	0.00	1,826.03	373.92	1,344.33	0.00
United - Harris	765.68	2,015.61	0.00	0.00	1,826.03	373.92	1,344.33	0.00
Health Spring - Hidalgo	502.01	1,239.11	0.00	0.00	2,701.20	424.91	1,670.89	0.00
Molina - Hidalgo	484.46	1,299.02	0.00	0.00	2,701.20	424.91	1,670.89	0.00
Superior - Hidalgo	507.05	1,281.56	0.00	0.00	2,701.20	424.91	1,670.89	0.00
Amerigroup - Jefferson	587.92	1,830.00	0.00	0.00	1,674.39	331.37	1,247.71	0.00
Molina - Jefferson	619.66	1,860.37	0.00	0.00	1,674.39	331.37	1,247.71	0.00
United - Jefferson	733.37	1,823.67	0.00	0.00	1,674.39	331.37	1,247.71	0.00
Amerigroup - Lubbock	656.37	1,265.42	0.00	0.00	1,825.65	365.68	1,361.71	0.00
Superior - Lubbock	590.41	1,440.12	0.00	0.00	1,825.65	365.68	1,361.71	0.00
Superior - Nueces	586.08	1,425.66	0.00	0.00	1,132.54	442.49	1,161.28	0.00
United - Nueces	598.24	1,239.56	0.00	0.00	1,132.54	442.49	1,161.28	0.00
Amerigroup - Tarrant	693.49	1,620.34	0.00	0.00	1,098.63	310.25	1,080.05	0.00
Health Spring - Tarrant	577.08	1,467.11	0.00	0.00	1,098.63	310.25	1,080.05	0.00
Amerigroup - Travis	607.27	1,829.56	0.00	0.00	1,771.88	321.57	1,039.13	0.00
United - Travis	619.66	1,746.20	0.00	0.00	1,771.88	321.57	1,039.13	0.00
Superior - MRSA Central	578.52	1,306.60	0.00	0.00	421.73	455.76	1,005.99	0.00
United - MRSA Central	571.59	1,291.79	0.00	0.00	421.73	455.76	1,005.99	0.00
Health Spring - MRSA Northeast	575.72	1,301.13	0.00	0.00	295.81	378.43	1,405.08	0.00
United - MRSA Northeast	575.72	1,301.13	0.00	0.00	295.81	378.43	1,405.08	0.00
Amerigroup - MRSA West	576.97	1,296.57	0.00	0.00	494.44	462.30	1,031.11	0.00
Superior - MRSA West	601.60	1,361.45	0.00	0.00	494.44	462.30	1,031.11	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (FY2016) Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	293.33	1,826.53	370.55	1,804.11	0.00	0.00	4,678.51	3,814.06
Molina - Bexar	293.33	1,826.53	370.55	1,804.11	0.00	0.00	4,678.51	3,814.06
Superior - Bexar	293.33	1,826.53	370.55	1,804.11	0.00	0.00	4,678.51	3,814.06
Molina - Dallas	254.89	1,696.66	315.05	1,632.93	0.00	0.00	4,557.96	3,813.23
Superior - Dallas	254.89	1,696.66	315.05	1,632.93	0.00	0.00	4,557.96	3,813.23
Amerigroup - El Paso	328.67	1,543.69	448.02	1,921.98	0.00	0.00	5,262.14	4,113.85
Molina - El Paso	328.67	1,543.69	448.02	1,921.98	0.00	0.00	5,262.14	4,113.85
Amerigroup - Harris	307.29	1,856.51	318.49	1,779.50	0.00	0.00	4,709.53	3,711.77
Molina - Harris	307.29	1,856.51	318.49	1,779.50	0.00	0.00	4,709.53	3,711.77
United - Harris	307.29	1,856.51	318.49	1,779.50	0.00	0.00	4,709.53	3,711.77
Health Spring - Hidalgo	658.67	2,124.80	960.11	2,057.96	0.00	0.00	5,311.96	4,245.86
Molina - Hidalgo	658.67	2,124.80	960.11	2,057.96	0.00	0.00	5,311.96	4,245.86
Superior - Hidalgo	658.67	2,124.80	960.11	2,057.96	0.00	0.00	5,311.96	4,245.86
Amerigroup - Jefferson	175.45	1,566.61	235.61	1,525.30	0.00	0.00	4,699.62	3,552.77
Molina - Jefferson	175.45	1,566.61	235.61	1,525.30	0.00	0.00	4,699.62	3,552.77
United - Jefferson	175.45	1,566.61	235.61	1,525.30	0.00	0.00	4,699.62	3,552.77
Amerigroup - Lubbock	183.50	1,127.50	169.67	1,271.21	0.00	0.00	4,595.45	3,561.98
Superior - Lubbock	183.50	1,127.50	169.67	1,271.21	0.00	0.00	4,595.45	3,561.98
Superior - Nueces	340.14	1,658.65	443.85	1,671.77	0.00	0.00	4,490.12	3,765.77
United - Nueces	340.14	1,658.65	443.85	1,671.77	0.00	0.00	4,490.12	3,765.77
Amerigroup - Tarrant	247.84	1,471.08	235.51	1,552.46	0.00	0.00	4,594.46	3,657.44
Health Spring - Tarrant	247.84	1,471.08	235.51	1,552.46	0.00	0.00	4,594.46	3,657.44
Amerigroup - Travis	253.61	1,962.84	256.27	1,672.61	0.00	0.00	4,546.24	3,730.64
United - Travis	253.61	1,962.84	256.27	1,672.61	0.00	0.00	4,546.24	3,730.64
Superior - MRSA Central	120.82	2,269.04	184.37	1,608.21	0.00	0.00	4,436.98	3,566.31
United - MRSA Central	120.82	2,269.04	184.37	1,608.21	0.00	0.00	4,436.98	3,566.31
Health Spring - MRSA Northeast	120.28	1,693.19	162.16	1,300.87	0.00	0.00	4,580.45	3,696.90
United - MRSA Northeast	120.28	1,693.19	162.16	1,300.87	0.00	0.00	4,580.45	3,696.90
Amerigroup - MRSA West	127.71	1,615.65	236.58	1,429.34	0.00	0.00	4,705.47	3,584.25
Superior - MRSA West	127.71	1,615.65	236.58	1,429.34	0.00	0.00	4,705.47	3,584.25

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (FY2016) Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	400.92	697.40	0.00	0.00	503.76	503.76	768.19	0.00
Molina - Bexar	350.25	647.45	0.00	0.00	503.76	503.76	768.19	0.00
Superior - Bexar	406.76	707.00	0.00	0.00	503.76	503.76	768.19	0.00
Molina - Dallas	359.90	669.99	0.00	0.00	369.79	369.79	754.94	0.00
Superior - Dallas	355.71	676.95	0.00	0.00	369.79	369.79	754.94	0.00
Amerigroup - El Paso	458.00	837.86	0.00	0.00	738.49	738.49	553.30	0.00
Molina - El Paso	453.86	828.29	0.00	0.00	738.49	738.49	553.30	0.00
Amerigroup - Harris	384.80	868.50	0.00	0.00	509.98	509.98	782.85	0.00
Molina - Harris	368.84	836.96	0.00	0.00	509.98	509.98	782.85	0.00
United - Harris	457.78	804.77	0.00	0.00	509.98	509.98	782.85	0.00
Health Spring - Hidalgo	387.98	767.41	0.00	0.00	459.94	459.94	846.86	0.00
Molina - Hidalgo	374.42	804.52	0.00	0.00	459.94	459.94	846.86	0.00
Superior - Hidalgo	391.87	793.70	0.00	0.00	459.94	459.94	846.86	0.00
Amerigroup - Jefferson	379.75	755.98	0.00	0.00	399.18	399.18	740.04	0.00
Molina - Jefferson	400.25	768.53	0.00	0.00	399.18	399.18	740.04	0.00
United - Jefferson	473.70	753.37	0.00	0.00	399.18	399.18	740.04	0.00
Amerigroup - Lubbock	422.63	703.69	0.00	0.00	423.50	423.50	837.50	0.00
Superior - Lubbock	380.15	800.85	0.00	0.00	423.50	423.50	837.50	0.00
Superior - Nueces	399.75	775.80	0.00	0.00	569.85	569.85	776.99	0.00
United - Nueces	408.05	674.54	0.00	0.00	569.85	569.85	776.99	0.00
Amerigroup - Tarrant	432.23	942.43	0.00	0.00	443.26	443.26	793.00	0.00
Health Spring - Tarrant	359.67	853.31	0.00	0.00	443.26	443.26	793.00	0.00
Amerigroup - Travis	413.81	1,166.27	0.00	0.00	524.04	524.04	1,025.61	0.00
United - Travis	422.25	1,113.14	0.00	0.00	524.04	524.04	1,025.61	0.00
Superior - MRSA Central	358.02	741.82	0.00	0.00	450.08	450.08	673.93	0.00
United - MRSA Central	353.74	733.41	0.00	0.00	450.08	450.08	673.93	0.00
Health Spring - MRSA Northeast	354.04	900.33	0.00	0.00	434.81	434.81	768.20	0.00
United - MRSA Northeast	354.04	900.33	0.00	0.00	434.81	434.81	768.20	0.00
Amerigroup - MRSA West	373.06	770.55	0.00	0.00	501.16	501.16	700.87	0.00
Superior - MRSA West	388.99	809.11	0.00	0.00	501.16	501.16	700.87	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (FY2016) NAIP pmpm								
Amerigroup - Bexar	1.81	1.81	0.00	0.00	1.81	1.81	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	22.78	22.78	0.00	0.00	22.78	22.78	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	7.67	7.67	0.00	0.00	7.67	7.67	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	32.69	32.69	0.00	0.00	32.69	32.69	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	17.04	17.04	0.00	0.00	17.04	17.04	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	4.93	4.93	0.00	0.00	4.93	4.93	0.00	0.00
Amerigroup - Jefferson	42.12	42.12	0.00	0.00	42.12	42.12	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	23.25	23.25	0.00	0.00	23.25	23.25	0.00	0.00
Amerigroup - Lubbock	53.69	53.69	0.00	0.00	53.69	53.69	0.00	0.00
Superior - Lubbock	26.99	26.99	0.00	0.00	26.99	26.99	0.00	0.00
Superior - Nueces	2.93	2.93	0.00	0.00	2.93	2.93	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	10.55	10.55	0.00	0.00	10.55	10.55	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	1.81	1.81	0.00	0.00	1.81	1.81	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	5.54	5.54	0.00	0.00	5.54	5.54	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - MRSA West	61.84	61.84	0.00	0.00	61.84	61.84	0.00	0.00
Superior - MRSA West	20.73	20.73	0.00	0.00	20.73	20.73	0.00	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (6/1/2016-8/31/2016) MPAP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	1,867.26	1,499.80
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	1,867.26	1,499.80
Superior - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	1,867.26	1,499.80
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	1,786.44	1,471.93
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	1,786.44	1,471.93
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	2,018.31	1,564.37
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	2,018.31	1,564.37
United - Harris	0.00	0.00	0.00	0.00	0.00	0.00	2,018.31	1,564.37
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	1,397.18	1,100.52
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	1,397.18	1,100.52
Superior - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	1,397.18	1,100.52
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	2,074.96	1,540.14
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	2,074.96	1,540.14
United - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	2,074.96	1,540.14
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	2,337.27	1,779.11
Superior - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	2,337.27	1,779.11
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	1,507.66	1,246.74
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	1,507.66	1,246.74
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	2,673.09	2,094.91
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	2,673.09	2,094.91
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	2,944.78	2,382.25
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	2,944.78	2,382.25
Superior - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	2,163.98	1,712.51
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	2,163.98	1,712.51
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	717.82	569.88
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	717.82	569.88
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	0.00	0.00	2,918.41	2,185.64
Superior - MRSA West	0.00	0.00	0.00	0.00	0.00	0.00	2,918.41	2,185.64

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
Current (FY2016) Total Premium Rates pmpm								
Amerigroup - Bexar	1,273.32	3,947.52	370.55	1,804.11	2,098.37	836.76	8,549.60	5,313.86
Molina - Bexar	1,147.88	3,793.93	370.55	1,804.11	2,096.56	834.95	8,549.60	5,313.86
Superior - Bexar	1,308.55	3,997.65	370.55	1,804.11	2,119.34	857.73	8,549.60	5,313.86
Molina - Dallas	1,225.21	4,174.06	315.05	1,632.93	2,256.55	659.09	8,568.04	5,285.16
Superior - Dallas	1,213.91	4,199.81	315.05	1,632.93	2,256.55	659.09	8,568.04	5,285.16
Amerigroup - El Paso	1,439.52	3,946.69	448.02	1,921.98	2,540.21	1,215.48	6,898.75	4,113.85
Molina - El Paso	1,421.88	3,911.65	448.02	1,921.98	2,532.54	1,207.81	6,898.75	4,113.85
Amerigroup - Harris	1,368.40	4,932.91	318.49	1,779.50	2,368.70	916.59	8,855.02	5,276.14
Molina - Harris	1,293.04	4,789.69	318.49	1,779.50	2,336.01	883.90	8,855.02	5,276.14
United - Harris	1,547.79	4,693.93	318.49	1,779.50	2,353.05	900.94	8,855.02	5,276.14
Health Spring - Hidalgo	1,548.66	4,131.32	960.11	2,057.96	3,161.14	884.85	9,226.89	5,346.38
Molina - Hidalgo	1,517.55	4,228.34	960.11	2,057.96	3,161.14	884.85	9,226.89	5,346.38
Superior - Hidalgo	1,562.52	4,204.99	960.11	2,057.96	3,166.07	889.78	9,226.89	5,346.38
Amerigroup - Jefferson	1,185.24	4,194.71	235.61	1,525.30	2,115.69	772.67	8,762.33	5,092.91
Molina - Jefferson	1,195.36	4,195.51	235.61	1,525.30	2,073.57	730.55	8,762.33	5,092.91
United - Jefferson	1,405.77	4,166.90	235.61	1,525.30	2,096.82	753.80	8,762.33	5,092.91
Amerigroup - Lubbock	1,316.19	3,150.30	169.67	1,271.21	2,302.84	842.87	9,131.93	5,341.09
Superior - Lubbock	1,181.05	3,395.46	169.67	1,271.21	2,276.14	816.17	9,131.93	5,341.09
Superior - Nueces	1,328.90	3,863.04	443.85	1,671.77	1,705.32	1,015.27	7,936.05	5,012.51
United - Nueces	1,346.43	3,572.75	443.85	1,671.77	1,702.39	1,012.34	7,936.05	5,012.51
Amerigroup - Tarrant	1,384.11	4,044.40	235.51	1,552.46	1,552.44	764.06	9,140.60	5,752.35
Health Spring - Tarrant	1,184.59	3,791.50	235.51	1,552.46	1,541.89	753.51	9,140.60	5,752.35
Amerigroup - Travis	1,276.50	4,960.48	256.27	1,672.61	2,297.73	847.42	9,555.76	6,112.89
United - Travis	1,295.52	4,822.18	256.27	1,672.61	2,295.92	845.61	9,555.76	6,112.89
Superior - MRSA Central	1,062.90	4,323.00	184.37	1,608.21	877.35	911.38	8,280.88	5,278.82
United - MRSA Central	1,046.15	4,294.24	184.37	1,608.21	871.81	905.84	8,280.88	5,278.82
Health Spring - MRSA Northeast	1,050.04	3,894.65	162.16	1,300.87	730.62	813.24	7,471.55	4,266.78
United - MRSA Northeast	1,050.04	3,894.65	162.16	1,300.87	730.62	813.24	7,471.55	4,266.78
Amerigroup - MRSA West	1,139.58	3,744.61	236.58	1,429.34	1,057.44	1,025.30	9,355.86	5,769.89
Superior - MRSA West	1,139.03	3,806.94	236.58	1,429.34	1,016.33	984.19	9,355.86	5,769.89

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	554.60	1,391.96	0.00	0.00	296.42	296.42	1,880.53	0.00
Molina - Bexar	479.81	1,289.98	0.00	0.00	223.94	223.94	1,880.53	0.00
Superior - Bexar	591.61	1,468.00	0.00	0.00	367.41	367.41	1,880.53	0.00
Molina - Dallas	593.20	1,497.90	0.00	0.00	294.78	294.78	1,530.35	0.00
Superior - Dallas	581.96	1,594.72	0.00	0.00	300.60	300.60	1,530.35	0.00
Amerigroup - El Paso	613.11	1,536.11	0.00	0.00	510.08	510.08	1,879.28	0.00
Molina - El Paso	679.35	1,393.86	0.00	0.00	531.29	531.29	1,879.28	0.00
Amerigroup - Harris	676.79	1,972.55	0.00	0.00	423.53	423.53	2,057.40	0.00
Molina - Harris	615.90	1,859.94	0.00	0.00	465.71	465.71	2,057.40	0.00
United - Harris	756.07	1,849.94	0.00	0.00	451.74	451.74	2,057.40	0.00
Health Spring - Hidalgo	493.53	1,190.54	0.00	0.00	415.62	415.62	1,959.12	0.00
Molina - Hidalgo	507.07	1,379.81	0.00	0.00	496.14	496.14	1,959.12	0.00
Superior - Hidalgo	547.56	1,342.49	0.00	0.00	521.31	521.31	1,959.12	0.00
Amerigroup - Jefferson	601.04	1,805.03	0.00	0.00	441.97	441.97	1,619.74	0.00
Molina - Jefferson	606.95	1,654.91	0.00	0.00	393.52	393.52	1,619.74	0.00
United - Jefferson	712.19	1,664.41	0.00	0.00	418.59	418.59	1,619.74	0.00
Amerigroup - Lubbock	624.85	1,182.18	0.00	0.00	336.85	336.85	1,363.07	0.00
Superior - Lubbock	603.44	1,545.79	0.00	0.00	335.37	335.37	1,363.07	0.00
Superior - Nueces	547.62	1,356.91	0.00	0.00	554.58	554.58	1,457.10	0.00
United - Nueces	587.64	1,395.45	0.00	0.00	616.29	616.29	1,457.10	0.00
Amerigroup - Tarrant	708.76	1,589.76	0.00	0.00	399.45	399.45	1,907.31	0.00
Health Spring - Tarrant	580.48	1,471.37	0.00	0.00	314.20	314.20	1,907.31	0.00
Amerigroup - Travis	612.71	1,629.92	0.00	0.00	270.97	270.97	1,217.15	0.00
United - Travis	613.21	1,604.77	0.00	0.00	412.57	412.57	1,217.15	0.00
Superior - MRSA Central	601.56	1,287.32	0.00	0.00	342.82	342.82	1,387.41	0.00
United - MRSA Central	537.44	1,440.17	0.00	0.00	325.70	325.70	1,387.41	0.00
Health Spring - MRSA Northeast	539.73	1,241.78	0.00	0.00	375.91	375.91	1,951.51	0.00
United - MRSA Northeast	597.64	1,363.37	0.00	0.00	387.93	387.93	1,951.51	0.00
Amerigroup - MRSA West	533.17	1,260.43	0.00	0.00	366.55	366.55	1,400.87	0.00
Superior - MRSA West	577.27	1,268.77	0.00	0.00	418.73	418.73	1,400.87	0.00



## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Long Term Care Premium Rates pmpm (Community Rates)								
Amerigroup - Bexar	291.13	1,945.00	360.40	1,900.20	0.00	0.00	4,822.31	3,979.71
Molina - Bexar	291.13	1,945.00	360.40	1,900.20	0.00	0.00	4,822.31	3,979.71
Superior - Bexar	291.13	1,945.00	360.40	1,900.20	0.00	0.00	4,822.31	3,979.71
Molina - Dallas	266.16	1,725.92	315.07	1,726.72	0.00	0.00	4,526.68	4,109.37
Superior - Dallas	266.16	1,725.92	315.07	1,726.72	0.00	0.00	4,526.68	4,109.37
Amerigroup - El Paso	328.66	1,532.83	445.81	1,912.34	0.00	0.00	5,850.91	4,460.05
Molina - El Paso	328.66	1,532.83	445.81	1,912.34	0.00	0.00	5,850.91	4,460.05
Amerigroup - Harris	314.94	1,877.85	307.84	1,839.13	0.00	0.00	4,638.08	4,086.16
Molina - Harris	314.94	1,877.85	307.84	1,839.13	0.00	0.00	4,638.08	4,086.16
United - Harris	314.94	1,877.85	307.84	1,839.13	0.00	0.00	4,638.08	4,086.16
Health Spring - Hidalgo	723.90	2,105.33	901.41	2,139.70	0.00	0.00	4,619.67	4,547.35
Molina - Hidalgo	723.90	2,105.33	901.41	2,139.70	0.00	0.00	4,619.67	4,547.35
Superior - Hidalgo	723.90	2,105.33	901.41	2,139.70	0.00	0.00	4,619.67	4,547.35
Amerigroup - Jefferson	189.92	1,515.18	232.64	1,559.75	0.00	0.00	4,466.56	3,876.19
Molina - Jefferson	189.92	1,515.18	232.64	1,559.75	0.00	0.00	4,466.56	3,876.19
United - Jefferson	189.92	1,515.18	232.64	1,559.75	0.00	0.00	4,466.56	3,876.19
Amerigroup - Lubbock	169.59	1,227.62	162.79	1,251.74	0.00	0.00	4,541.78	3,894.22
Superior - Lubbock	169.59	1,227.62	162.79	1,251.74	0.00	0.00	4,541.78	3,894.22
Superior - Nueces	351.36	1,765.18	443.32	1,783.94	0.00	0.00	4,157.20	4,054.43
United - Nueces	351.36	1,765.18	443.32	1,783.94	0.00	0.00	4,157.20	4,054.43
Amerigroup - Tarrant	243.49	1,505.42	238.48	1,560.49	0.00	0.00	4,363.77	3,918.66
Health Spring - Tarrant	243.49	1,505.42	238.48	1,560.49	0.00	0.00	4,363.77	3,918.66
Amerigroup - Travis	262.75	1,905.25	247.95	1,707.73	0.00	0.00	4,311.09	4,033.61
United - Travis	262.75	1,905.25	247.95	1,707.73	0.00	0.00	4,311.09	4,033.61
Superior - MRSA Central	193.36	2,197.46	221.36	1,690.05	0.00	0.00	4,119.22	3,898.61
United - MRSA Central	193.36	2,197.46	221.36	1,690.05	0.00	0.00	4,119.22	3,898.61
Health Spring - MRSA Northeast	184.86	1,706.33	200.98	1,406.56	0.00	0.00	4,057.33	3,894.69
United - MRSA Northeast	184.86	1,706.33	200.98	1,406.56	0.00	0.00	4,057.33	3,894.69
Amerigroup - MRSA West	181.36	1,648.96	251.38	1,437.01	0.00	0.00	4,307.39	3,771.33
Superior - MRSA West	181.36	1,648.96	251.38	1,437.01	0.00	0.00	4,307.39	3,771.33

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	440.67	926.65	0.00	0.00	641.16	506.54	808.89	0.00
Molina - Bexar	381.25	858.76	0.00	0.00	641.16	382.68	808.89	0.00
Superior - Bexar	470.08	977.27	0.00	0.00	641.16	627.87	808.89	0.00
Molina - Dallas	393.72	775.48	0.00	0.00	641.16	369.83	676.93	0.00
Superior - Dallas	386.26	825.60	0.00	0.00	641.16	377.13	676.93	0.00
Amerigroup - El Paso	475.21	1,039.67	0.00	0.00	641.16	653.67	639.01	0.00
Molina - El Paso	526.56	943.39	0.00	0.00	641.16	680.86	639.01	0.00
Amerigroup - Harris	482.22	1,036.87	0.00	0.00	641.16	551.73	762.56	0.00
Molina - Harris	438.84	977.68	0.00	0.00	641.16	606.66	762.56	0.00
United - Harris	538.71	972.42	0.00	0.00	641.16	588.47	762.56	0.00
Health Spring - Hidalgo	482.14	943.63	0.00	0.00	641.16	392.29	655.25	0.00
Molina - Hidalgo	495.37	1,093.64	0.00	0.00	641.16	468.28	655.25	0.00
Superior - Hidalgo	534.92	1,064.06	0.00	0.00	641.16	492.04	655.25	0.00
Amerigroup - Jefferson	427.71	967.74	0.00	0.00	641.16	500.18	722.38	0.00
Molina - Jefferson	431.91	887.25	0.00	0.00	641.16	445.35	722.38	0.00
United - Jefferson	506.80	892.35	0.00	0.00	641.16	473.72	722.38	0.00
Amerigroup - Lubbock	456.71	816.40	0.00	0.00	641.16	454.81	966.77	0.00
Superior - Lubbock	441.06	1,067.50	0.00	0.00	641.16	452.80	966.77	0.00
Superior - Nueces	451.94	897.28	0.00	0.00	641.16	533.72	793.54	0.00
United - Nueces	484.97	922.77	0.00	0.00	641.16	593.10	793.54	0.00
Amerigroup - Tarrant	486.57	1,103.05	0.00	0.00	641.16	537.46	843.87	0.00
Health Spring - Tarrant	398.51	1,020.90	0.00	0.00	641.16	422.76	843.87	0.00
Amerigroup - Travis	486.49	1,132.22	0.00	0.00	641.16	434.14	1,038.15	0.00
United - Travis	486.88	1,114.75	0.00	0.00	641.16	661.01	1,038.15	0.00
Superior - MRSA Central	414.56	814.24	0.00	0.00	641.16	468.29	651.42	0.00
United - MRSA Central	370.38	910.92	0.00	0.00	641.16	444.91	651.42	0.00
Health Spring - MRSA Northeast	381.31	920.32	0.00	0.00	641.16	477.30	740.67	0.00
United - MRSA Northeast	422.22	1,010.43	0.00	0.00	641.16	492.56	740.67	0.00
Amerigroup - MRSA West	410.39	827.85	0.00	0.00	641.16	492.61	786.77	0.00
Superior - MRSA West	444.34	833.33	0.00	0.00	641.16	562.73	786.77	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 NAIP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	8.19	8.19	0.00	0.00	8.19	8.19	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	2.12	2.12	0.00	0.00	2.12	2.12	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	27.88	27.88	0.00	0.00	27.88	27.88	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	34.16	34.16	0.00	0.00	34.16	34.16	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	3.42	3.42	0.00	0.00	3.42	3.42	0.00	0.00
Amerigroup - Jefferson	4.69	4.69	0.00	0.00	4.69	4.69	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	31.24	31.24	0.00	0.00	31.24	31.24	0.00	0.00
Amerigroup - Lubbock	24.07	24.07	0.00	0.00	24.07	24.07	0.00	0.00
Superior - Lubbock	17.18	17.18	0.00	0.00	17.18	17.18	0.00	0.00
Superior - Nueces	38.42	38.42	0.00	0.00	38.42	38.42	0.00	0.00
United - Nueces	115.24	115.24	0.00	0.00	115.24	115.24	0.00	0.00
Amerigroup - Tarrant	4.64	4.64	0.00	0.00	4.64	4.64	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	4.09	4.09	0.00	0.00	4.09	4.09	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - MRSA West	32.61	32.61	0.00	0.00	32.61	32.61	0.00	0.00
Superior - MRSA West	20.60	20.60	0.00	0.00	20.60	20.60	0.00	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 MPAP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Total Premium Rates pmpm								
Amerigroup - Bexar	1,286.40	4,263.61	360.40	1,900.20	937.58	802.96	7,511.73	3,979.71
Molina - Bexar	1,152.19	4,093.74	360.40	1,900.20	865.10	606.62	7,511.73	3,979.71
Superior - Bexar	1,361.01	4,398.46	360.40	1,900.20	1,016.76	1,003.47	7,511.73	3,979.71
Molina - Dallas	1,253.08	3,999.30	315.07	1,726.72	935.94	664.61	6,733.96	4,109.37
Superior - Dallas	1,236.50	4,148.36	315.07	1,726.72	943.88	679.85	6,733.96	4,109.37
Amerigroup - El Paso	1,416.98	4,108.61	445.81	1,912.34	1,151.24	1,163.75	8,369.20	4,460.05
Molina - El Paso	1,534.57	3,870.08	445.81	1,912.34	1,172.45	1,212.15	8,369.20	4,460.05
Amerigroup - Harris	1,501.83	4,915.15	307.84	1,839.13	1,092.57	1,003.14	7,458.04	4,086.16
Molina - Harris	1,369.68	4,715.47	307.84	1,839.13	1,106.87	1,072.37	7,458.04	4,086.16
United - Harris	1,643.88	4,734.37	307.84	1,839.13	1,127.06	1,074.37	7,458.04	4,086.16
Health Spring - Hidalgo	1,699.57	4,239.50	901.41	2,139.70	1,056.78	807.91	7,234.04	4,547.35
Molina - Hidalgo	1,726.34	4,578.78	901.41	2,139.70	1,137.30	964.42	7,234.04	4,547.35
Superior - Hidalgo	1,809.80	4,515.30	901.41	2,139.70	1,165.89	1,016.77	7,234.04	4,547.35
Amerigroup - Jefferson	1,223.36	4,292.64	232.64	1,559.75	1,087.82	946.84	6,808.68	3,876.19
Molina - Jefferson	1,228.78	4,057.34	232.64	1,559.75	1,034.68	838.87	6,808.68	3,876.19
United - Jefferson	1,440.15	4,103.18	232.64	1,559.75	1,090.99	923.55	6,808.68	3,876.19
Amerigroup - Lubbock	1,275.22	3,250.27	162.79	1,251.74	1,002.08	815.73	6,871.62	3,894.22
Superior - Lubbock	1,231.27	3,858.09	162.79	1,251.74	993.71	805.35	6,871.62	3,894.22
Superior - Nueces	1,389.34	4,057.79	443.32	1,783.94	1,234.16	1,126.72	6,407.84	4,054.43
United - Nueces	1,539.21	4,198.64	443.32	1,783.94	1,372.69	1,324.63	6,407.84	4,054.43
Amerigroup - Tarrant	1,443.46	4,202.87	238.48	1,560.49	1,045.25	941.55	7,114.95	3,918.66
Health Spring - Tarrant	1,222.48	3,997.69	238.48	1,560.49	955.36	736.96	7,114.95	3,918.66
Amerigroup - Travis	1,361.95	4,667.39	247.95	1,707.73	912.13	705.11	6,566.39	4,033.61
United - Travis	1,362.84	4,624.77	247.95	1,707.73	1,053.73	1,073.58	6,566.39	4,033.61
Superior - MRSA Central	1,213.57	4,303.11	221.36	1,690.05	988.07	815.20	6,158.05	3,898.61
United - MRSA Central	1,101.18	4,548.55	221.36	1,690.05	966.86	770.61	6,158.05	3,898.61
Health Spring - MRSA Northeast	1,105.90	3,868.43	200.98	1,406.56	1,017.07	853.21	6,749.51	3,894.69
United - MRSA Northeast	1,204.72	4,080.13	200.98	1,406.56	1,029.09	880.49	6,749.51	3,894.69
Amerigroup - MRSA West	1,157.53	3,769.85	251.38	1,437.01	1,040.32	891.77	6,495.03	3,771.33
Superior - MRSA West	1,223.57	3,771.66	251.38	1,437.01	1,080.49	1,002.06	6,495.03	3,771.33

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Acute Care Premium Rate Change								
Amerigroup - Bexar	-3.9%	-2.1%	0.0%	0.0%	-81.4%	-10.5%	52.2%	0.0%
Molina - Bexar	-4.9%	-2.3%	0.0%	0.0%	-85.9%	-32.4%	52.2%	0.0%
Superior - Bexar	1.0%	1.8%	0.0%	0.0%	-76.9%	10.9%	52.2%	0.0%
Molina - Dallas	-2.8%	-17.1%	0.0%	0.0%	-84.4%	1.9%	4.2%	0.0%
Superior - Dallas	-3.5%	-12.7%	0.0%	0.0%	-84.1%	3.9%	4.2%	0.0%
Amerigroup - El Paso	-5.0%	-1.4%	0.0%	0.0%	-71.6%	8.7%	73.5%	0.0%
Molina - El Paso	6.3%	-9.5%	0.0%	0.0%	-70.4%	13.2%	73.5%	0.0%
Amerigroup - Harris	5.2%	-9.3%	0.0%	0.0%	-76.8%	13.3%	53.0%	0.0%
Molina - Harris	-0.2%	-11.3%	0.0%	0.0%	-74.5%	24.5%	53.0%	0.0%
United - Harris	-1.3%	-8.2%	0.0%	0.0%	-75.3%	20.8%	53.0%	0.0%
Health Spring - Hidalgo	-1.7%	-3.9%	0.0%	0.0%	-84.6%	-2.2%	17.3%	0.0%
Molina - Hidalgo	4.7%	6.2%	0.0%	0.0%	-81.6%	16.8%	17.3%	0.0%
Superior - Hidalgo	8.0%	4.8%	0.0%	0.0%	-80.7%	22.7%	17.3%	0.0%
Amerigroup - Jefferson	2.2%	-1.4%	0.0%	0.0%	-73.6%	33.4%	29.8%	0.0%
Molina - Jefferson	-2.1%	-11.0%	0.0%	0.0%	-76.5%	18.8%	29.8%	0.0%
United - Jefferson	-2.9%	-8.7%	0.0%	0.0%	-75.0%	26.3%	29.8%	0.0%
Amerigroup - Lubbock	-4.8%	-6.6%	0.0%	0.0%	-81.5%	-7.9%	0.1%	0.0%
Superior - Lubbock	2.2%	7.3%	0.0%	0.0%	-81.6%	-8.3%	0.1%	0.0%
Superior - Nueces	-6.6%	-4.8%	0.0%	0.0%	-51.0%	25.3%	25.5%	0.0%
United - Nueces	-1.8%	12.6%	0.0%	0.0%	-45.6%	39.3%	25.5%	0.0%
Amerigroup - Tarrant	2.2%	-1.9%	0.0%	0.0%	-63.6%	28.8%	76.6%	0.0%
Health Spring - Tarrant	0.6%	0.3%	0.0%	0.0%	-71.4%	1.3%	76.6%	0.0%
Amerigroup - Travis	0.9%	-10.9%	0.0%	0.0%	-84.7%	-15.7%	17.1%	0.0%
United - Travis	-1.0%	-8.1%	0.0%	0.0%	-76.7%	28.3%	17.1%	0.0%
Superior - MRSA Central	4.0%	-1.5%	0.0%	0.0%	-18.7%	-24.8%	37.9%	0.0%
United - MRSA Central	-6.0%	11.5%	0.0%	0.0%	-22.8%	-28.5%	37.9%	0.0%
Health Spring - MRSA Northeast	-6.3%	-4.6%	0.0%	0.0%	27.1%	-0.7%	38.9%	0.0%
United - MRSA Northeast	3.8%	4.8%	0.0%	0.0%	31.1%	2.5%	38.9%	0.0%
Amerigroup - MRSA West	-7.6%	-2.8%	0.0%	0.0%	-25.9%	-20.7%	35.9%	0.0%
Superior - MRSA West	-4.0%	-6.8%	0.0%	0.0%	-15.3%	-9.4%	35.9%	0.0%

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Long Term Care Premium Rate Change								
Amerigroup - Bexar	-0.8%	6.5%	-2.7%	5.3%	0.0%	0.0%	3.1%	4.3%
Molina - Bexar	-0.8%	6.5%	-2.7%	5.3%	0.0%	0.0%	3.1%	4.3%
Superior - Bexar	-0.8%	6.5%	-2.7%	5.3%	0.0%	0.0%	3.1%	4.3%
Molina - Dallas	4.4%	1.7%	0.0%	5.7%	0.0%	0.0%	-0.7%	7.8%
Superior - Dallas	4.4%	1.7%	0.0%	5.7%	0.0%	0.0%	-0.7%	7.8%
Amerigroup - El Paso	0.0%	-0.7%	-0.5%	-0.5%	0.0%	0.0%	11.2%	8.4%
Molina - El Paso	0.0%	-0.7%	-0.5%	-0.5%	0.0%	0.0%	11.2%	8.4%
Amerigroup - Harris	2.5%	1.1%	-3.3%	3.4%	0.0%	0.0%	-1.5%	10.1%
Molina - Harris	2.5%	1.1%	-3.3%	3.4%	0.0%	0.0%	-1.5%	10.1%
United - Harris	2.5%	1.1%	-3.3%	3.4%	0.0%	0.0%	-1.5%	10.1%
Health Spring - Hidalgo	9.9%	-0.9%	-6.1%	4.0%	0.0%	0.0%	-13.0%	7.1%
Molina - Hidalgo	9.9%	-0.9%	-6.1%	4.0%	0.0%	0.0%	-13.0%	7.1%
Superior - Hidalgo	9.9%	-0.9%	-6.1%	4.0%	0.0%	0.0%	-13.0%	7.1%
Amerigroup - Jefferson	8.2%	-3.3%	-1.3%	2.3%	0.0%	0.0%	-5.0%	9.1%
Molina - Jefferson	8.2%	-3.3%	-1.3%	2.3%	0.0%	0.0%	-5.0%	9.1%
United - Jefferson	8.2%	-3.3%	-1.3%	2.3%	0.0%	0.0%	-5.0%	9.1%
Amerigroup - Lubbock	-7.6%	8.9%	-4.1%	-1.5%	0.0%	0.0%	-1.2%	9.3%
Superior - Lubbock	-7.6%	8.9%	-4.1%	-1.5%	0.0%	0.0%	-1.2%	9.3%
Superior - Nueces	3.3%	6.4%	-0.1%	6.7%	0.0%	0.0%	-7.4%	7.7%
United - Nueces	3.3%	6.4%	-0.1%	6.7%	0.0%	0.0%	-7.4%	7.7%
Amerigroup - Tarrant	-1.8%	2.3%	1.3%	0.5%	0.0%	0.0%	-5.0%	7.1%
Health Spring - Tarrant	-1.8%	2.3%	1.3%	0.5%	0.0%	0.0%	-5.0%	7.1%
Amerigroup - Travis	3.6%	-2.9%	-3.2%	2.1%	0.0%	0.0%	-5.2%	8.1%
United - Travis	3.6%	-2.9%	-3.2%	2.1%	0.0%	0.0%	-5.2%	8.1%
Superior - MRSA Central	60.0%	-3.2%	20.1%	5.1%	0.0%	0.0%	-7.2%	9.3%
United - MRSA Central	60.0%	-3.2%	20.1%	5.1%	0.0%	0.0%	-7.2%	9.3%
Health Spring - MRSA Northeast	53.7%	0.8%	23.9%	8.1%	0.0%	0.0%	-11.4%	5.4%
United - MRSA Northeast	53.7%	0.8%	23.9%	8.1%	0.0%	0.0%	-11.4%	5.4%
Amerigroup - MRSA West	42.0%	2.1%	6.3%	0.5%	0.0%	0.0%	-8.5%	5.2%
Superior - MRSA West	42.0%	2.1%	6.3%	0.5%	0.0%	0.0%	-8.5%	5.2%

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	9.9%	32.9%	0.0%	0.0%	27.3%	0.6%	5.3%	0.0%
Molina - Bexar	8.9%	32.6%	0.0%	0.0%	27.3%	-24.0%	5.3%	0.0%
Superior - Bexar	15.6%	38.2%	0.0%	0.0%	27.3%	24.6%	5.3%	0.0%
Molina - Dallas	9.4%	15.7%	0.0%	0.0%	73.4%	0.0%	-10.3%	0.0%
Superior - Dallas	8.6%	22.0%	0.0%	0.0%	73.4%	2.0%	-10.3%	0.0%
Amerigroup - El Paso	3.8%	24.1%	0.0%	0.0%	-13.2%	-11.5%	15.5%	0.0%
Molina - El Paso	16.0%	13.9%	0.0%	0.0%	-13.2%	-7.8%	15.5%	0.0%
Amerigroup - Harris	25.3%	19.4%	0.0%	0.0%	25.7%	8.2%	-2.6%	0.0%
Molina - Harris	19.0%	16.8%	0.0%	0.0%	25.7%	19.0%	-2.6%	0.0%
United - Harris	17.7%	20.8%	0.0%	0.0%	25.7%	15.4%	-2.6%	0.0%
Health Spring - Hidalgo	24.3%	23.0%	0.0%	0.0%	39.4%	-14.7%	-22.6%	0.0%
Molina - Hidalgo	32.3%	35.9%	0.0%	0.0%	39.4%	1.8%	-22.6%	0.0%
Superior - Hidalgo	36.5%	34.1%	0.0%	0.0%	39.4%	7.0%	-22.6%	0.0%
Amerigroup - Jefferson	12.6%	28.0%	0.0%	0.0%	60.6%	25.3%	-2.4%	0.0%
Molina - Jefferson	7.9%	15.4%	0.0%	0.0%	60.6%	11.6%	-2.4%	0.0%
United - Jefferson	7.0%	18.4%	0.0%	0.0%	60.6%	18.7%	-2.4%	0.0%
Amerigroup - Lubbock	8.1%	16.0%	0.0%	0.0%	51.4%	7.4%	15.4%	0.0%
Superior - Lubbock	16.0%	33.3%	0.0%	0.0%	51.4%	6.9%	15.4%	0.0%
Superior - Nueces	13.1%	15.7%	0.0%	0.0%	12.5%	-6.3%	2.1%	0.0%
United - Nueces	18.9%	36.8%	0.0%	0.0%	12.5%	4.1%	2.1%	0.0%
Amerigroup - Tarrant	12.6%	17.0%	0.0%	0.0%	44.6%	21.3%	6.4%	0.0%
Health Spring - Tarrant	10.8%	19.6%	0.0%	0.0%	44.6%	-4.6%	6.4%	0.0%
Amerigroup - Travis	17.6%	-2.9%	0.0%	0.0%	22.3%	-17.2%	1.2%	0.0%
United - Travis	15.3%	0.1%	0.0%	0.0%	22.3%	26.1%	1.2%	0.0%
Superior - MRSA Central	15.8%	9.8%	0.0%	0.0%	42.5%	4.0%	-3.3%	0.0%
United - MRSA Central	4.7%	24.2%	0.0%	0.0%	42.5%	-1.1%	-3.3%	0.0%
Health Spring - MRSA Northeast	7.7%	2.2%	0.0%	0.0%	47.5%	9.8%	-3.6%	0.0%
United - MRSA Northeast	19.3%	12.2%	0.0%	0.0%	47.5%	13.3%	-3.6%	0.0%
Amerigroup - MRSA West	10.0%	7.4%	0.0%	0.0%	27.9%	-1.7%	12.3%	0.0%
Superior - MRSA West	14.2%	3.0%	0.0%	0.0%	27.9%	12.3%	12.3%	0.0%



## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 NAIP Premium Rate Change								
Amerigroup - Bexar	-100.0%	-100.0%	0.0%	0.0%	-100.0%	-100.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	-64.0%	-64.0%	0.0%	0.0%	-64.0%	-64.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	-100.0%	-100.0%	0.0%	0.0%	-100.0%	-100.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	-14.7%	-14.7%	0.0%	0.0%	-14.7%	-14.7%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	100.5%	100.5%	0.0%	0.0%	100.5%	100.5%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	-30.6%	-30.6%	0.0%	0.0%	-30.6%	-30.6%	0.0%	0.0%
Amerigroup - Jefferson	-88.9%	-88.9%	0.0%	0.0%	-88.9%	-88.9%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	34.4%	34.4%	0.0%	0.0%	34.4%	34.4%	0.0%	0.0%
Amerigroup - Lubbock	-55.2%	-55.2%	0.0%	0.0%	-55.2%	-55.2%	0.0%	0.0%
Superior - Lubbock	-36.3%	-36.3%	0.0%	0.0%	-36.3%	-36.3%	0.0%	0.0%
Superior - Nueces	1211.3%	1211.3%	0.0%	0.0%	1211.3%	1211.3%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	-56.0%	-56.0%	0.0%	0.0%	-56.0%	-56.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	-100.0%	-100.0%	0.0%	0.0%	-100.0%	-100.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	-26.2%	-26.2%	0.0%	0.0%	-26.2%	-26.2%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	-47.3%	-47.3%	0.0%	0.0%	-47.3%	-47.3%	0.0%	0.0%
Superior - MRSA West	-0.6%	-0.6%	0.0%	0.0%	-0.6%	-0.6%	0.0%	0.0%

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 MPAP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	-100.0%

## FY2017 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
FY2017 Total Premium Rate Change								
Amerigroup - Bexar	1.0%	8.0%	-2.7%	5.3%	-55.3%	-4.0%	-12.1%	-25.1%
Molina - Bexar	0.4%	7.9%	-2.7%	5.3%	-58.7%	-27.3%	-12.1%	-25.1%
Superior - Bexar	4.0%	10.0%	-2.7%	5.3%	-52.0%	17.0%	-12.1%	-25.1%
Molina - Dallas	2.3%	-4.2%	0.0%	5.7%	-58.5%	0.8%	-21.4%	-22.2%
Superior - Dallas	1.9%	-1.2%	0.0%	5.7%	-58.2%	3.1%	-21.4%	-22.2%
Amerigroup - El Paso	-1.6%	4.1%	-0.5%	-0.5%	-54.7%	-4.3%	21.3%	8.4%
Molina - El Paso	7.9%	-1.1%	-0.5%	-0.5%	-53.7%	0.4%	21.3%	8.4%
Amerigroup - Harris	9.8%	-0.4%	-3.3%	3.4%	-53.9%	9.4%	-15.8%	-22.6%
Molina - Harris	5.9%	-1.5%	-3.3%	3.4%	-52.6%	21.3%	-15.8%	-22.6%
United - Harris	6.2%	0.9%	-3.3%	3.4%	-52.1%	19.2%	-15.8%	-22.6%
Health Spring - Hidalgo	9.7%	2.6%	-6.1%	4.0%	-66.6%	-8.7%	-21.6%	-14.9%
Molina - Hidalgo	13.8%	8.3%	-6.1%	4.0%	-64.0%	9.0%	-21.6%	-14.9%
Superior - Hidalgo	15.8%	7.4%	-6.1%	4.0%	-63.2%	14.3%	-21.6%	-14.9%
Amerigroup - Jefferson	3.2%	2.3%	-1.3%	2.3%	-48.6%	22.5%	-22.3%	-23.9%
Molina - Jefferson	2.8%	-3.3%	-1.3%	2.3%	-50.1%	14.8%	-22.3%	-23.9%
United - Jefferson	2.4%	-1.5%	-1.3%	2.3%	-48.0%	22.5%	-22.3%	-23.9%
Amerigroup - Lubbock	-3.1%	3.2%	-4.1%	-1.5%	-56.5%	-3.2%	-24.8%	-27.1%
Superior - Lubbock	4.3%	13.6%	-4.1%	-1.5%	-56.3%	-1.3%	-24.8%	-27.1%
Superior - Nueces	4.5%	5.0%	-0.1%	6.7%	-27.6%	11.0%	-19.3%	-19.1%
United - Nueces	14.3%	17.5%	-0.1%	6.7%	-19.4%	30.8%	-19.3%	-19.1%
Amerigroup - Tarrant	4.3%	3.9%	1.3%	0.5%	-32.7%	23.2%	-22.2%	-31.9%
Health Spring - Tarrant	3.2%	5.4%	1.3%	0.5%	-38.0%	-2.2%	-22.2%	-31.9%
Amerigroup - Travis	6.7%	-5.9%	-3.2%	2.1%	-60.3%	-16.8%	-31.3%	-34.0%
United - Travis	5.2%	-4.1%	-3.2%	2.1%	-54.1%	27.0%	-31.3%	-34.0%
Superior - MRSA Central	14.2%	-0.5%	20.1%	5.1%	12.6%	-10.6%	-25.6%	-26.1%
United - MRSA Central	5.3%	5.9%	20.1%	5.1%	10.9%	-14.9%	-25.6%	-26.1%
Health Spring - MRSA Northeast	5.3%	-0.7%	23.9%	8.1%	39.2%	4.9%	-9.7%	-8.7%
United - MRSA Northeast	14.7%	4.8%	23.9%	8.1%	40.9%	8.3%	-9.7%	-8.7%
Amerigroup - MRSA West	1.6%	0.7%	6.3%	0.5%	-1.6%	-13.0%	-30.6%	-34.6%
Superior - MRSA West	7.4%	-0.9%	6.3%	0.5%	6.3%	1.8%	-30.6%	-34.6%

## FY2017 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2017 Premium		% Rate Change
	<u>FY2016 Rates</u>	<u>FY2017 Rates</u>	<u>FY2016 Rates</u>	<u>FY2017 Rates</u>	
Non-Nursing Facility					
Medical (1)	803.60	813.26	4,661,241,583	4,717,226,993	1.2%
Pharmacy	205.23	237.22	1,190,420,795	1,375,993,968	15.6%
NAIP	5.50	5.96	31,879,451	34,558,904	8.4%
Total	1,014.33	1,056.44	5,883,541,829	6,127,779,865	4.2%
Nursing Facility					
Medical (1)	3,964.41	4,237.77	2,235,546,352	2,389,690,677	6.9%
Pharmacy	88.53	88.30	49,920,762	49,790,926	-0.3%
MPAP	1,067.15	0.00	601,770,135	0	-100.0%
Total	5,120.09	4,326.06	2,887,237,250	2,439,481,603	-15.5%
Total					
Medical (1)	1,083.66	1,116.68	6,896,787,935	7,106,917,670	3.0%
Pharmacy	194.89	224.03	1,240,341,557	1,425,784,894	15.0%
NAIP & MPAP	99.56	5.43	633,649,587	34,558,904	-94.5%
Total	1,378.12	1,346.14	8,770,779,079	8,567,261,468	-2.3%

## Notes:

(1) Includes LTSS.

## ***Attachment 2***

### **Individual Health Plan 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 health plan. 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 health plan. 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 by risk group for the period September 2012 through February 2016. 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 2012 through February 2016.

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 29, 2016, (iii) estimated proportion of that month's incurred claims paid through February 29, 2016 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2017 cost based on the health plan's actual experience. The top of the exhibit shows summary base period (FY2015) enrollment, premium and claims experience. Next are projected FY2017 enrollment and premium based on current (FY2016) rates. Trend assumptions for FY2016 and FY2017 are used to project the average base period claims cost to FY2017. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2017 incurred claims.

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

A provision for administrative expenses is included in the amount of \$16.25 pmpm and 5.75% of gross premium. Additional provisions are also included for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and risk margin (2.0% of premium).

At the bottom of Exhibit D is a summary of the projected FY2017 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services.

Sample HMO  
Enrollment and Premium Experience  
Number of Members

Month	Medicaid Only		Dual Eligible		Total Members
	OCC	HCBS	OCC	HCBS	
Sep-12	3,520	131	5,019	537	9,207
Oct-12	3,611	132	5,026	536	9,305
Nov-12	3,642	142	5,078	542	9,404
Dec-12	3,655	141	5,057	536	9,389
Jan-13	3,638	144	5,145	529	9,456
Feb-13	3,648	156	5,167	521	9,492
Mar-13	3,658	157	5,204	517	9,536
Apr-13	3,685	161	5,223	517	9,586
May-13	3,722	163	5,234	515	9,634
Jun-13	3,739	161	5,243	517	9,660
Jul-13	3,761	161	5,300	513	9,735
Aug-13	3,750	169	5,268	525	9,712
Sep-13	3,772	168	5,306	525	9,771
Oct-13	3,790	168	5,288	532	9,778
Nov-13	3,782	167	5,326	537	9,812
Dec-13	3,805	167	5,238	542	9,752
Jan-14	3,778	170	5,289	544	9,781
Feb-14	3,830	170	5,274	555	9,829
Mar-14	3,810	172	5,274	554	9,810
Apr-14	3,837	176	5,250	559	9,822
May-14	3,862	180	5,231	564	9,837
Jun-14	3,866	190	5,242	592	9,890
Jul-14	3,876	195	5,250	607	9,928
Aug-14	3,865	208	5,226	629	9,928
Sep-14	3,921	208	5,271	626	10,026
Oct-14	3,897	212	5,243	642	9,994
Nov-14	3,905	220	5,215	652	9,992
Dec-14	3,915	216	5,186	646	9,963
Jan-15	3,913	214	5,190	644	9,961
Feb-15	3,849	218	5,187	642	9,896
Mar-15	3,894	216	5,311	642	10,063
Apr-15	3,892	220	5,409	642	10,163
May-15	3,915	217	5,532	650	10,314
Jun-15	3,929	220	5,611	655	10,415
Jul-15	3,933	213	5,687	654	10,487
Aug-15	3,913	212	5,770	668	10,563
Sep-15	3,928	216	5,749	670	10,563
Oct-15	3,998	220	5,774	679	10,671
Nov-15	4,061	214	5,786	677	10,738
Dec-15	4,096	222	5,778	673	10,769
Jan-16	4,101	226	5,785	682	10,794
Feb-16	4,122	223	5,801	677	10,823
FY2013	44,029	1,818	61,964	6,305	114,116
FY2014	45,873	2,131	63,194	6,740	117,938
FY2015	46,876	2,586	64,612	7,763	121,837

Sample HMO  
Claims Lag Report

Month																
Incurred	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sep-13	1,773	31	-111	268	9,038	0	0	776	-1,303	0	0	0	0	0	40	0
Oct-13	-3,331	0	-270	11,125	45	-11,639	0	-118	0	-2,136	0	0	0	-7,900	0	0
Nov-13	4,648	309	119	36	12	0	57	319	0	767	0	0	0	0	0	0
Dec-13	1,838	1,996	182	-623	122	0	57	20	0	0	0	0	0	40	0	0
Jan-14	7,771	745	467	83	-104	0	42	-197	58	221	148	234	1,785	-87	0	0
Feb-14	3,361	357	128	576	0	0	-114	945	9	105	0	80	1,216	255	0	0
Mar-14	6,713	652	90	-4,907	178	350	3,695	412	47	0	3	-6,748	1,603	44	3	0
Apr-14	5,776	-1,274	9,646	-569	322	-94	438	-244	4,471	-867	-22	-12	1,325	-50	0	-75
May-14	47,600	14,221	3,420	1,695	4,352	-2,782	-106	18,923	4,863	-1,263	95	-84	1,551	-95	0	0
Jun-14	21,378	1,537	514	-5,273	188	1,562	1,853	-6,764	4,491	-51	59	67	2,015	-964	0	0
Jul-14	52,435	21,211	21,434	8,643	9,639	-682	3,023	-4,590	-7,456	-3,642	-6	368	1,907	180	0	442
Aug-14	497,278	77,599	58,964	7,238	10,248	4,095	485	494	-791	-610	-440	2,148	2,008	53	0	139
Sep-14	310,494	502,812	103,585	24,213	12,821	8,457	2,418	10,981	-11,292	6,095	-202	-17,295	1,535	-4,092	0	1,430
Oct-14		366,702	359,134	68,816	14,422	10,189	39,521	1,852	11,886	-1,226	15,728	878	1,225	-50	122	194
Nov-14			168,391	485,984	71,896	42,292	36,276	12,989	-864	-843	-1,716	248	976	-3,597	34	659
Dec-14				344,982	585,788	66,222	27,843	64,205	7,628	-444	-233	613	435	2,705	47	10,039
Jan-15					352,416	692,578	105,139	16,867	11,003	47,286	15,393	1,743	1,172	222	191	1,922
Feb-15						278,443	505,052	116,595	27,781	14,176	3,965	1,872	14,572	-4,761	129	-990
Mar-15							297,818	699,949	72,000	32,641	23,738	4,619	22,124	-28,284	-2,039	299
Apr-15								327,269	588,088	159,240	52,311	33,800	28,680	-6,791	15,614	51
May-15									295,553	662,547	216,472	75,435	2,333	12,815	-113	-847
Jun-15										326,735	723,882	66,734	7,424	89,732	17,714	-401
Jul-15											408,905	437,228	96,100	67,194	8,028	20,367
Aug-15												313,702	567,308	71,642	12,982	9,164
Sep-15													335,111	420,796	57,931	31,420
Oct-15														378,163	517,548	83,812
Nov-15															301,129	658,996
Dec-15																466,444
Jan-16																
Feb-16																
	963,358	984,840	726,501	938,677	1,067,965	1,090,671	1,023,347	1,260,908	1,005,680	1,240,384	1,458,081	915,631	1,092,404	987,186	924,456	1,284,126



Sample HMO  
Estimated Claims Experience

Acute Care - Medicaid Only OCC						
Month	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	Trend
Sep-12	3,520	1,444,667	1.000	1,444,667	410.42	
Oct-12	3,611	1,177,163	1.000	1,177,163	325.99	
Nov-12	3,642	1,133,086	1.000	1,133,086	311.12	
Dec-12	3,655	1,090,305	1.000	1,090,305	298.31	
Jan-13	3,638	1,373,505	1.000	1,373,505	377.54	
Feb-13	3,648	1,035,658	1.000	1,035,658	283.90	
Mar-13	3,658	1,094,079	1.000	1,094,079	299.09	
Apr-13	3,685	1,004,928	1.000	1,004,928	272.71	
May-13	3,722	1,103,922	1.000	1,103,922	296.59	
Jun-13	3,739	1,209,549	1.000	1,209,549	323.50	
Jul-13	3,761	1,215,489	1.000	1,215,489	323.18	
Aug-13	3,750	1,125,431	1.000	1,125,431	300.12	
Sep-13	3,772	927,416	1.000	927,416	245.87	0.599
Oct-13	3,790	1,041,067	1.000	1,041,067	274.69	0.843
Nov-13	3,782	851,373	1.000	851,373	225.11	0.724
Dec-13	3,805	1,082,105	1.000	1,082,105	284.39	0.953
Jan-14	3,778	999,526	1.000	999,526	264.56	0.701
Feb-14	3,830	896,270	1.000	896,270	234.01	0.824
Mar-14	3,810	867,686	1.000	867,686	227.74	0.761
Apr-14	3,837	807,156	1.000	807,156	210.36	0.771
May-14	3,862	772,415	1.000	772,415	200.00	0.674
Jun-14	3,866	973,053	1.000	973,053	251.69	0.778
Jul-14	3,876	990,055	1.000	990,055	255.43	0.790
Aug-14	3,865	1,003,186	1.000	1,003,186	259.56	0.865
Sep-14	3,921	952,049	1.000	952,049	242.81	0.988
Oct-14	3,897	889,599	0.999	890,490	228.51	0.832
Nov-14	3,905	813,010	0.999	813,824	208.41	0.926
Dec-14	3,915	1,108,937	0.999	1,110,047	283.54	0.997
Jan-15	3,913	1,241,536	0.999	1,242,779	317.60	1.200
Feb-15	3,849	954,540	0.998	956,453	248.49	1.062
Mar-15	3,894	1,118,765	0.998	1,121,007	287.88	1.264
Apr-15	3,892	1,194,560	0.998	1,196,954	307.54	1.462
May-15	3,915	1,266,956	0.999	1,268,224	323.94	1.620
Jun-15	3,929	1,232,428	0.999	1,233,662	313.99	1.247
Jul-15	3,933	1,036,223	1.000	1,036,223	263.47	1.031
Aug-15	3,913	983,191	0.998	985,161	251.77	0.970
Sep-15	3,928	881,928	0.996	885,470	225.43	0.928
Oct-15	3,998	1,022,332	0.984	1,038,955	259.87	1.137
Nov-15	4,061	1,094,390	0.953	1,148,363	282.78	1.357
Dec-15	4,096	1,154,501	0.921	1,253,530	306.04	1.079
FY2013	44,029	14,007,782		14,007,782	318.15	
FY2014	45,873	11,211,307		11,211,307	244.40	0.768
FY2015	46,876	12,791,796		12,806,874	273.21	1.118

Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
FY2015 Experience Period				
Member Months	46,876		2,586	
Premium Revenue	41,595,658	887.36	8,401,522	3,248.85
Adjusted Premium (at current rates)	26,545,525	566.29	5,456,785	2,110.13
Estimated FY2015 Incurred Claims				
Acute Care	12,806,874	273.21	1,930,319	746.45
Long Term Care	5,741,611	122.49	2,721,627	1,052.45
Total	18,548,485	395.69	4,651,946	1,798.90
Projected FY2017 Member Months	47,616		2,537	
Projected FY2017 Premium				
At Current Rates	22,629,737	475.25	6,223,622	2,453.18
Annual Cost Trend Assumptions				
Acute Care				
FY2016	1.4 %		2.1 %	
FY2017	0.0 %		0.0 %	
Long Term Care				
FY2016	5.2 %		0.0 %	
FY2017	5.8 %		0.0 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		0.9990		1.0008
Acute Care - Inpatient		1.0355		1.0296
Long Term Care		1.2066		1.0594
Other Reimbursement Adjustment		1.0220		1.0000
Projected Incurred Claims				
Acute Care	13,946,153	292.88	1,992,306	785.31
LTC	8,004,906	168.11	2,828,615	1,114.96
Total	21,951,058	461.00	4,820,920	1,900.27
Capitation Expenses				
Vision	59,521	1.25	3,171	1.25
Behavioral Health	21,427	0.45	1,142	0.45
Radiology	0	0.00	0	0.00
Other - Settlements	8,571	0.18	457	0.18
Total	89,519	1.88	4,769	1.88

Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	1,159,462	24.35	61,775	24.35
Other	0	0.00	31,864	12.56
Total	1,159,462	24.35	93,639	36.91
Reinsurance Expenses				
Gross Premium	59,521	1.25	3,171	1.25
Projected Reinsurance Recoveries	35,712	0.75	1,903	0.75
Net Reinsurance Cost	23,808	0.50	1,268	0.50
Administrative Expenses				
Fixed Amount	773,768	16.25	41,226	16.25
Percentage of Premium	1,524,922	5.75%	315,265	5.75%
Total	2,298,690		356,491	
Risk Margin	530,408	2.0%	109,657	2.0%
Premium Tax	464,107	1.75%	95,950	1.75%
Maintenance Tax	3,333	0.07	178	0.07
Projected Total Cost				
Acute Care	16,080,878	337.72	2,227,021	877.83
LTC	10,439,506	219.24	3,255,853	1,283.37
Total	26,520,385	556.96	5,482,874	2,161.20

### ***Attachment 3***

#### **Community Experience Analysis –Excluding Nursing Facility Risk Groups**

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area for all risk groups except the Medicaid Only Nursing Facility and Dual Eligible Nursing Facility risk groups. Information regarding the analysis performed for these groups can be found in Attachment 4. 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 health plan in a service area. The community rates are developed by a weighted average of the projected FY2017 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2017 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 FY2017 STAR+PLUS community rates for the following service areas:

Exhibit A – Bexar Service Area  
Exhibit B – Dallas Service Area  
Exhibit C – El Paso Service 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  
Exhibit K – MRSA Central Service Area  
Exhibit L – MRSA Northeast Service Area  
Exhibit M – MRSA West Service Area  
Exhibit N – IDD risk group for all Service Areas

These exhibits show projected FY2017 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 health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (FY2015) experience and projected FY2017 enrollment, premium and incurred claims experience.

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

The cost of reinsurance is also considered. In developing the cost of reinsurance we make an assumption regarding how much the health plan is expected to receive in reinsurance recoveries (reimbursements from the reinsurance company for large claims). We have assumed that the net cost of reinsurance (reinsurance premium less reinsurance recoveries) is the minimum of (a) the actual reinsurance premium rate and (b) \$0.50 pmpm.

A provision for administrative expenses is included in the amount of \$16.25 pmpm and 5.75% of

gross premium. Additional provisions are also included for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and risk margin (2.0% of premium).

The bottom of the exhibit shows a summary of the projected FY2017 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

Long term care services are carved out of managed care for the IDD risk groups. As a result, these services are not included in the rate development in Exhibit N and the premium is for acute care services only.

FY2017 STAR+PLUS Rating  
Bexar SDA Total

	Acute Care 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
FY2015 Experience Period										
Member Months	265,315		15,765		267,200		37,870		586,150	
Estimated Incurred Claims - Acute Care										
-Professional	35,705,687	134.58	3,620,078	229.63	0	0.00	0	0.00	39,325,764	67.09
-Emergency Room	12,981,070	48.93	1,207,176	76.57	0	0.00	0	0.00	14,188,246	24.21
-Outpatient Facility	11,130,334	41.95	1,863,622	118.21	0	0.00	0	0.00	12,993,956	22.17
-Inpatient Facility	41,275,474	155.57	6,338,698	402.07	0	0.00	0	0.00	47,614,172	81.23
-Other Acute Care	22,662,762	85.42	6,210,335	393.93	0	0.00	0	0.00	28,873,097	49.26
Acute Care Total	123,755,327	466.45	19,239,908	1,220.42	0	0.00	0	0.00	142,995,235	243.96
Estimated Incurred Claims - Long Term Care										
-Attendant Care	41,754,049	157.38	23,538,935	1,493.11	67,682,705	253.30	52,819,722	1,394.76	185,795,411	316.98
-Nursing Facility	162,677	0.61	216,075	13.71	479,554	1.79	458,106	12.10	1,316,411	2.25
-Other Long Term Care	2,944,349	11.10	1,754,110	111.27	4,375,762	16.38	6,038,380	159.45	15,112,600	25.78
Long Term Care Total	44,861,075	169.09	25,509,120	1,618.09	72,538,020	271.47	59,316,208	1,566.31	202,224,423	345.00
Total - All Claims	168,616,402	635.53	44,749,028	2,838.50	72,538,020	271.47	59,316,208	1,566.31	345,219,658	588.96
Projected FY2017 Member Months	246,115		19,829		275,598		42,037		583,579	
Projected FY2017 Premium										
At Current Rates	213,584,093	867.82	64,423,856	3,248.93	102,122,802	370.55	75,839,093	1,804.11	455,969,844	781.33
Annual Cost Trend Assumptions										
Acute Care										
FY2016	1.4 %		2.1 %		1.4 %		2.1 %			
FY2017	0.0 %		0.0 %		0.0 %		0.0 %			
Long Term Care										
FY2016	5.2 %		0.0 %		1.2 %		1.7 %			
FY2017	5.8 %		0.0 %		1.6 %		1.1 %			
Provider Reimbursement Adjustment										
Acute Care - Non Inpatient	0.9990		1.0008		1.0000		1.0000			
Acute Care - Inpatient	1.0355		1.0296		1.0000		1.0000			
Long Term Care	1.2066		1.0594		1.0267		1.0342			
Other Adjustment - Removal of < Age 21	1.0220		1.0000		1.0000		1.0000			

FY2017 STAR+PLUS Rating  
Bexar SDA Total

	Acute Care 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
Projected Incurred Claims										
Acute Care	123,067,746	500.04	25,459,890	1,283.96	0	0.00	0	0.00	148,527,636	254.51
LTC	57,116,449	232.07	33,991,271	1,714.20	78,981,055	286.58	70,013,991	1,665.54	240,102,766	411.43
Total	180,184,196	732.11	59,451,161	2,998.16	78,981,055	286.58	70,013,991	1,665.54	388,630,402	665.94
Capitation Expenses & Refunds	1,415,429	5.75	134,232	6.77	-74,093	-0.27	16,518	0.39	1,492,085	2.56
Service Coordination & Other Expenses	6,454,141	26.22	727,582	36.69	6,446,094	23.39	1,567,093	37.28	15,194,910	26.04
Net Reinsurance Cost	23,133	0.09	2,024	0.10	39,151	0.14	6,239	0.15	70,548	0.12
Administrative Expenses										
Fixed Amount	3,999,365	16.25	322,225	16.25	4,478,466	16.25	683,099	16.25	9,483,155	16.25
Percentage of Premium	12,204,835	5.75%	3,852,729	5.75%	5,711,241	5.75%	4,593,004	5.75%	26,361,809	5.75%
Total	16,204,200	65.84	4,174,955	210.55	10,189,707	36.97	5,276,102	125.51	35,844,964	61.42
Risk Margin	4,245,160	2.00%	1,340,080	2.00%	1,986,519	2.00%	1,597,566	2.00%	9,169,325	2.00%
Premium Tax	3,714,515	1.75%	1,172,570	1.75%	1,738,204	1.75%	1,397,871	1.75%	8,023,159	1.75%
Maintenance Tax	17,228	0.07	1,388	0.07	19,292	0.07	2,943	0.07	40,851	0.07
Projected Total Cost										
Acute Care	140,607,387	571.31	28,436,169	1,434.05	-38,610	-0.14	25,146	0.60	169,030,092	289.64
Long Term Care	71,650,615	291.13	38,567,822	1,945.00	99,364,538	360.54	79,853,177	1,899.60	289,436,152	495.97
Total	212,258,002	862.43	67,003,991	3,379.05	99,325,928	360.40	79,878,323	1,900.20	458,466,244	785.61
Rate Change		-0.6 %		4.0 %		-2.7 %		5.3 %		0.5 %

## ***Attachment 4***

### **Community Experience Analysis –Nursing Facility Risk Groups**

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area for the Medicaid Only Nursing Facility and Dual Eligible Nursing Facility risk groups. The methodology is identical to the methodology described in Attachment 3 with the exception of the base period data. The nursing facility populations were carved into managed care effective March 1, 2015. As a result, a full fiscal year of base period claims under managed care are not yet available. The base period for this population was defined as the period March 1, 2015 through August 31, 2015. Although the base period does not include a full year, we believe it to be a better source of cost information than older FFS data as it represents the cost, demographic and acuity patterns of the managed care population. In future years we anticipate using a full fiscal year of base period data in calculating the managed care rates for these populations.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2017 STAR+PLUS community rates for the following service areas:

Exhibit A – Bexar Service Area  
Exhibit B – Dallas Service Area  
Exhibit C – El Paso Service 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  
Exhibit K – MRSA Central Service Area  
Exhibit L – MRSA Northeast Service Area  
Exhibit M – MRSA West Service Area

These exhibits show projected FY2017 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 health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (FY2015) experience and projected FY2017 enrollment, premium and incurred claims experience.

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

The cost of reinsurance is also considered. In developing the cost of reinsurance we make an assumption regarding how much the health plan is expected to receive in reinsurance recoveries (reimbursements from the reinsurance company for large claims). We have assumed that the net cost of reinsurance (reinsurance premium less reinsurance recoveries) is the minimum of (a) the actual reinsurance premium rate and (b) \$0.50 pmpm.



A provision for administrative expenses is included in the amount of \$16.25 pmpm and 5.75% of gross premium. Additional provisions are also included for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and risk margin (2.0% of premium).

The bottom of the exhibit shows a summary of the projected FY2017 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

FY2017 STAR+PLUS Rating - Nursing Facility  
Bexar SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	2,998		23,453		26,451	
Estimated Incurred Claims						
-Professional	805,034	268.52	0	0.00	805,034	30.43
-Emergency Room	141,272	47.12	0	0.00	141,272	5.34
-Outpatient Facility	138,117	46.07	0	0.00	138,117	5.22
-Inpatient Facility	3,074,397	1,025.48	0	0.00	3,074,397	116.23
-Other Acute Care	609,412	203.27	0	0.00	609,412	23.04
Acute Care Total	4,768,232	1,590.47	0	0.00	4,768,232	180.27
Estimated Incurred Claims - Long Term Care						
-Attendant Care	27,367	9.13	120,320	5.13	147,687	5.58
-Nursing Facility	12,300,365	4,102.86	78,741,846	3,357.43	91,042,211	3,441.92
-Other Long Term Care	4,855	1.62	267,628	11.41	272,483	10.30
Long Term Care Total	12,332,587	4,113.60	79,129,794	3,373.97	91,462,381	3,457.80
Total - All Claims	17,100,819	5,704.08	79,129,794	3,373.97	96,230,614	3,638.07
Projected FY2017 Member Months	5,915		47,213		53,128	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	34,979,860	5,914.15	180,073,098	3,814.06	215,052,957	4,047.86
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0004		1.0000			
Acute Care - Inpatient	1.0468		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

## FY2017 STAR+PLUS Rating - Nursing Facility

## Bexar SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	10,005,947	1,691.74	0	0.00	10,005,947	188.34
Long Term Care	25,411,923	4,296.47	166,376,581	3,523.96	191,788,504	3,609.96
Total	35,417,871	5,988.21	166,376,581	3,523.96	201,794,452	3,798.30
Capitation Expenses & Refunds	31,724	5.36	154,826	3.28	186,551	3.51
Service Coordination & Other Expenses	331,267	56.01	2,732,111	57.87	3,063,378	57.66
Net Reinsurance Cost	1,002	0.17	10,129	0.21	11,131	0.21
Administrative Expenses						
Fixed Amount	96,112	16.25	767,211	16.25	863,323	16.25
Percentage of Premium	2,279,566	5.75%	10,803,911	5.75%	13,083,477	5.75%
Total	2,375,679	401.66	11,571,122	245.08	13,946,800	262.52
Risk Margin	792,893	2.00%	3,757,882	2.00%	4,550,775	2.00%
Premium Tax	693,781	1.75%	3,288,147	1.75%	3,981,928	1.75%
Maintenance Tax	414	0.07	3,305	0.07	3,719	0.07
Projected Total Cost						
Acute Care	11,122,589	1,880.53	182,272	3.86	11,304,861	212.79
LTC	28,522,041	4,822.31	187,711,832	3,975.85	216,233,873	4,070.09
Total	39,644,630	6,702.84	187,894,103	3,979.71	227,538,734	4,282.87
Rate Change		13.3 %		4.3 %		5.8 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Dallas SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	4,243		32,561		36,804	
Estimated Incurred Claims						
-Professional	976,251	230.09	0	0.00	976,251	26.53
-Emergency Room	222,900	52.53	0	0.00	222,900	6.06
-Outpatient Facility	447,063	105.36	0	0.00	447,063	12.15
-Inpatient Facility	3,188,152	751.39	0	0.00	3,188,152	86.63
-Other Acute Care	528,489	124.56	0	0.00	528,489	14.36
Acute Care Total	5,362,855	1,263.93	0	0.00	5,362,855	145.71
Estimated Incurred Claims - Long Term Care						
-Attendant Care	40,978	9.66	94,827	2.91	135,805	3.69
-Nursing Facility	16,202,160	3,818.56	112,544,169	3,456.41	128,746,328	3,498.16
-Other Long Term Care	9,961	2.35	287,649	8.83	297,610	8.09
Long Term Care Total	16,253,099	3,830.57	112,926,644	3,468.16	129,179,743	3,509.94
Total - All Claims	21,615,954	5,094.50	112,926,644	3,468.16	134,542,599	3,655.65
Projected FY2017 Member Months	8,181		65,090		73,270	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	49,302,177	6,026.66	248,201,432	3,813.23	297,503,608	4,060.36
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0003		1.0000			
Acute Care - Inpatient	1.0661		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Dallas SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	11,199,793	1,369.05	0	0.00	11,199,793	152.86
Long Term Care	32,729,683	4,000.85	235,775,795	3,622.33	268,505,477	3,664.59
Total	43,929,475	5,369.91	235,775,795	3,622.33	279,705,270	3,817.45
Capitation Expenses & Refunds	93,526	11.43	406,780	6.25	500,306	6.83
Service Coordination & Other Expenses	684,227	83.64	4,799,897	73.74	5,484,124	74.85
Net Reinsurance Cost	2,550	0.31	22,006	0.34	24,556	0.34
Administrative Expenses						
Fixed Amount	132,936	16.25	1,057,705	16.25	1,190,641	16.25
Percentage of Premium	2,849,159	5.75%	15,379,931	5.75%	18,229,090	5.75%
Total	2,982,095	364.53	16,437,636	252.54	19,419,731	265.04
Risk Margin	991,012	2.00%	5,349,541	2.00%	6,340,553	2.00%
Premium Tax	867,135	1.75%	4,680,849	1.75%	5,547,984	1.75%
Maintenance Tax	573	0.07	4,556	0.07	5,129	0.07
Projected Total Cost						
Acute Care	12,519,234	1,530.34	473,796	7.28	12,993,031	177.33
LTC	37,031,359	4,526.68	267,003,263	4,102.09	304,034,622	4,149.50
Total	49,550,594	6,057.03	267,477,060	4,109.37	317,027,653	4,326.83
Rate Change		0.5 %		7.8 %		6.6 %

FY2017 STAR+PLUS Rating - Nursing Facility  
El Paso SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	293		4,708		5,001	
Estimated Incurred Claims						
-Professional	103,337	352.69	0	0.00	103,337	20.66
-Emergency Room	9,018	30.78	0	0.00	9,018	1.80
-Outpatient Facility	31,671	108.09	0	0.00	31,671	6.33
-Inpatient Facility	200,293	683.59	0	0.00	200,293	40.05
-Other Acute Care	107,819	367.98	0	0.00	107,819	21.56
Acute Care Total	452,139	1,543.14	0	0.00	452,139	90.41
Estimated Incurred Claims - Long Term Care						
-Attendant Care	17,675	60.33	87,429	18.57	105,105	21.02
-Nursing Facility	1,445,767	4,934.36	17,630,752	3,744.85	19,076,519	3,814.54
-Other Long Term Care	1,597	5.45	42,724	9.07	44,322	8.86
Long Term Care Total	1,465,040	5,000.14	17,760,906	3,772.49	19,225,946	3,844.42
Total - All Claims	1,917,179	6,543.27	17,760,906	3,772.49	19,678,085	3,934.83
Projected FY2017 Member Months	695		9,546		10,241	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	4,412,653	6,345.45	39,271,042	4,113.85	43,683,695	4,265.38
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	0.9997		1.0000			
Acute Care - Inpatient	1.0754		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
El Paso SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	1,171,792	1,685.05	0	0.00	1,171,792	114.42
Long Term Care	3,631,688	5,222.41	37,613,338	3,940.20	41,245,026	4,027.26
Total	4,803,480	6,907.46	37,613,338	3,940.20	42,416,818	4,141.68
Capitation Expenses & Refunds	7,984	11.48	58,643	6.14	66,627	6.51
Service Coordination & Other Expenses	41,949	60.32	700,752	73.41	742,701	72.52
Net Reinsurance Cost	161	0.23	2,648	0.28	2,809	0.27
Administrative Expenses						
Fixed Amount	11,300	16.25	155,123	16.25	166,424	16.25
Percentage of Premium	309,097	5.75%	2,448,113	5.75%	2,757,211	5.75%
Total	320,398	460.74	2,603,237	272.70	2,923,634	285.47
Risk Margin	107,512	2.00%	851,518	2.00%	959,030	2.00%
Premium Tax	94,073	1.75%	745,078	1.75%	839,151	1.75%
Maintenance Tax	49	0.07	668	0.07	717	0.07
Projected Total Cost						
Acute Care	1,306,856	1,879.28	67,725	7.09	1,374,581	134.22
LTC	4,068,748	5,850.91	42,508,157	4,452.95	46,576,906	4,547.88
Total	5,375,605	7,730.19	42,575,882	4,460.05	47,951,487	4,682.09
Rate Change		21.8 %		8.4 %		9.8 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Harris SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	4,989		40,787		45,776	
Estimated Incurred Claims						
-Professional	1,829,277	366.66	0	0.00	1,829,277	39.96
-Emergency Room	371,862	74.54	0	0.00	371,862	8.12
-Outpatient Facility	652,354	130.76	0	0.00	652,354	14.25
-Inpatient Facility	4,654,309	932.91	0	0.00	4,654,309	101.68
-Other Acute Care	1,195,923	239.71	0	0.00	1,195,923	26.13
Acute Care Total	8,703,724	1,744.58	0	0.00	8,703,724	190.14
Estimated Incurred Claims - Long Term Care						
-Attendant Care	66,657	13.36	159,077	3.90	225,733	4.93
-Nursing Facility	19,621,969	3,933.05	133,212,627	3,266.06	152,834,596	3,338.75
-Other Long Term Care	56,499	11.32	8,225,390	201.67	8,281,889	180.92
Long Term Care Total	19,745,124	3,957.73	141,597,094	3,471.62	161,342,218	3,524.60
Total - All Claims	28,448,848	5,702.31	141,597,094	3,471.62	170,045,942	3,714.74
Projected FY2017 Member Months	9,753		81,184		90,937	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	59,043,632	6,053.86	301,334,779	3,711.77	360,378,411	3,962.96
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0012		1.0000			
Acute Care - Inpatient	1.0428		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			



FY2017 STAR+PLUS Rating - Nursing Facility  
Harris SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	18,043,612	1,850.05	0	0.00	18,043,612	198.42
Long Term Care	40,315,895	4,133.67	294,367,613	3,625.95	334,683,508	3,680.40
Total	58,359,506	5,983.72	294,367,613	3,625.95	352,727,119	3,878.82
Capitation Expenses & Refunds	65,746	6.74	232,060	2.86	297,807	3.27
Service Coordination & Other Expenses	512,223	52.52	4,278,340	52.70	4,790,563	52.68
Net Reinsurance Cost	1,143	0.12	11,863	0.15	13,007	0.14
Administrative Expenses						
Fixed Amount	158,487	16.25	1,319,233	16.25	1,477,720	16.25
Percentage of Premium	3,754,832	5.75%	19,074,421	5.75%	22,829,252	5.75%
Total	3,913,319	401.24	20,393,654	251.20	24,306,973	267.30
Risk Margin	1,306,028	2.00%	6,634,581	2.00%	7,940,610	2.00%
Premium Tax	1,142,775	1.75%	5,805,258	1.75%	6,948,033	1.75%
Maintenance Tax	683	0.07	5,683	0.07	6,366	0.07
Projected Total Cost						
Acute Care	20,065,981	2,057.40	269,529	3.32	20,335,510	223.62
LTC	45,235,443	4,638.08	331,459,524	4,082.84	376,694,967	4,142.39
Total	65,301,424	6,695.48	331,729,053	4,086.16	397,030,477	4,366.01
Rate Change		10.6 %		10.1 %		10.2 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Hidalgo SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	1,141		15,973		17,114	
Estimated Incurred Claims						
-Professional	374,431	328.16	0	0.00	374,431	21.88
-Emergency Room	29,008	25.42	0	0.00	29,008	1.69
-Outpatient Facility	173,072	151.68	0	0.00	173,072	10.11
-Inpatient Facility	1,101,119	965.05	0	0.00	1,101,119	64.34
-Other Acute Care	193,597	169.67	0	0.00	193,597	11.31
Acute Care Total	1,871,226	1,639.99	0	0.00	1,871,226	109.34
Estimated Incurred Claims - Long Term Care						
-Attendant Care	40,511	35.50	173,269	10.85	213,780	12.49
-Nursing Facility	4,442,174	3,893.23	58,973,125	3,692.05	63,415,299	3,705.46
-Other Long Term Care	4,439	3.89	2,694,363	168.68	2,698,802	157.70
Long Term Care Total	4,487,124	3,932.62	61,840,757	3,871.58	66,327,881	3,875.65
Total - All Claims	6,358,350	5,572.61	61,840,757	3,871.58	68,199,107	3,984.99
Projected FY2017 Member Months	2,281		32,584		34,866	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	15,930,051	6,982.85	138,348,663	4,245.86	154,278,713	4,424.95
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0004		1.0000			
Acute Care - Inpatient	1.0559		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Hidalgo SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	4,014,124	1,759.57	0	0.00	4,014,124	115.13
Long Term Care	9,370,356	4,107.44	131,760,990	4,043.69	141,131,347	4,047.86
Total	13,384,480	5,867.01	131,760,990	4,043.69	145,145,470	4,162.99
Capitation Expenses & Refunds	19,080	8.36	131,287	4.03	150,367	4.31
Service Coordination & Other Expenses	141,281	61.93	1,666,261	51.14	1,807,542	51.84
Net Reinsurance Cost	406	0.18	5,714	0.18	6,120	0.18
Administrative Expenses						
Fixed Amount	37,071	16.25	529,496	16.25	566,567	16.25
Percentage of Premium	862,975	5.75%	8,519,913	5.75%	9,382,889	5.75%
Total	900,046	394.53	9,049,409	277.72	9,949,456	285.37
Risk Margin	300,165	2.00%	2,963,448	2.00%	3,263,613	2.00%
Premium Tax	262,645	1.75%	2,593,017	1.75%	2,855,662	1.75%
Maintenance Tax	160	0.07	2,281	0.07	2,441	0.07
Projected Total Cost						
Acute Care	4,469,365	1,959.12	151,382	4.65	4,620,747	132.53
LTC	10,538,898	4,619.67	148,021,026	4,542.70	158,559,923	4,547.74
Total	15,008,262	6,578.79	148,172,408	4,547.35	163,180,670	4,680.27
Rate Change		-5.8 %		7.1 %		5.8 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Jefferson SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	1,266		11,220		12,486	
Estimated Incurred Claims						
-Professional	307,752	243.09	0	0.00	307,752	24.65
-Emergency Room	56,322	44.49	0	0.00	56,322	4.51
-Outpatient Facility	152,836	120.72	0	0.00	152,836	12.24
-Inpatient Facility	927,139	732.34	0	0.00	927,139	74.25
-Other Acute Care	277,102	218.88	0	0.00	277,102	22.19
Acute Care Total	1,721,151	1,359.52	0	0.00	1,721,151	137.85
Estimated Incurred Claims - Long Term Care						
-Attendant Care	16,623	13.13	37,765	3.37	54,388	4.36
-Nursing Facility	4,793,083	3,786.01	34,440,281	3,069.54	39,233,364	3,142.19
-Other Long Term Care	9,730	7.69	2,490,944	222.01	2,500,674	200.28
Long Term Care Total	4,819,437	3,806.82	36,968,989	3,294.92	41,788,426	3,346.82
Total - All Claims	6,540,588	5,166.34	36,968,989	3,294.92	43,509,577	3,484.67
Projected FY2017 Member Months	2,627		22,330		24,957	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	15,623,548	5,947.33	79,331,959	3,552.77	94,955,508	3,804.83
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0026		1.0000			
Acute Care - Inpatient	1.0498		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Jefferson SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	3,818,093	1,453.41	0	0.00	3,818,093	152.99
Long Term Care	10,445,024	3,976.05	76,844,901	3,441.39	87,289,925	3,497.67
Total	14,263,117	5,429.46	76,844,901	3,441.39	91,108,018	3,650.66
Capitation Expenses & Refunds	20,820	7.93	86,145	3.86	106,965	4.29
Service Coordination & Other Expenses	142,478	54.24	1,031,719	46.20	1,174,197	47.05
Net Reinsurance Cost	408	0.16	4,088	0.18	4,496	0.18
Administrative Expenses						
Fixed Amount	42,689	16.25	362,856	16.25	405,545	16.25
Percentage of Premium	919,345	5.75%	4,976,849	5.75%	5,896,194	5.75%
Total	962,034	366.21	5,339,705	239.13	6,301,739	252.51
Risk Margin	319,772	2.00%	1,731,078	2.00%	2,050,850	2.00%
Premium Tax	279,801	1.75%	1,514,693	1.75%	1,794,494	1.75%
Maintenance Tax	184	0.07	1,563	0.07	1,747	0.07
Projected Total Cost						
Acute Care	4,255,025	1,619.74	99,705	4.47	4,354,730	174.49
LTC	11,733,589	4,466.56	86,454,187	3,871.73	98,187,776	3,934.34
Total	15,988,613	6,086.30	86,553,893	3,876.19	102,542,506	4,108.83
Rate Change		2.3 %		9.1 %		8.0 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Lubbock SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	1,094		9,140		10,234	
Estimated Incurred Claims						
-Professional	275,697	252.01	0	0.00	275,697	26.94
-Emergency Room	44,875	41.02	0	0.00	44,875	4.38
-Outpatient Facility	76,297	69.74	0	0.00	76,297	7.46
-Inpatient Facility	654,685	598.43	0	0.00	654,685	63.97
-Other Acute Care	177,287	162.05	0	0.00	177,287	17.32
Acute Care Total	1,228,840	1,123.25	0	0.00	1,228,840	120.07
Estimated Incurred Claims - Long Term Care						
-Attendant Care	6,131	5.60	4,757	0.52	10,888	1.06
-Nursing Facility	4,254,180	3,888.65	30,525,279	3,339.75	34,779,459	3,398.42
-Other Long Term Care	10,380	9.49	10,634	1.16	21,014	2.05
Long Term Care Total	4,270,691	3,903.74	30,540,670	3,341.43	34,811,361	3,401.54
Total - All Claims	5,499,531	5,026.99	30,540,670	3,341.43	36,040,201	3,521.61
Projected FY2017 Member Months	2,310		18,233		20,543	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	13,759,484	5,957.16	64,945,710	3,561.98	78,705,194	3,831.28
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0030		1.0000			
Acute Care - Inpatient	1.0762		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Lubbock SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	2,844,489	1,231.52	0	0.00	2,844,489	138.47
Long Term Care	9,417,443	4,077.28	63,632,736	3,489.97	73,050,179	3,556.00
Total	12,261,931	5,308.80	63,632,736	3,489.97	75,894,668	3,694.47
Capitation Expenses & Refunds	-4,090	-1.77	-35,545	-1.95	-39,636	-1.93
Service Coordination & Other Expenses	47,356	20.50	362,607	19.89	409,963	19.96
Net Reinsurance Cost	92	0.04	729	0.04	822	0.04
Administrative Expenses						
Fixed Amount	37,533	16.25	296,287	16.25	333,820	16.25
Percentage of Premium	784,223	5.75%	4,082,696	5.75%	4,866,919	5.75%
Total	821,756	355.78	4,378,983	240.17	5,200,739	253.17
Risk Margin	272,773	2.00%	1,420,068	2.00%	1,692,841	2.00%
Premium Tax	238,676	1.75%	1,242,560	1.75%	1,481,236	1.75%
Maintenance Tax	162	0.07	1,276	0.07	1,438	0.07
Projected Total Cost						
Acute Care	3,148,326	1,363.07	-38,471	-2.11	3,109,855	151.38
LTC	10,490,331	4,541.78	71,041,886	3,896.33	81,532,217	3,968.90
Total	13,638,656	5,904.85	71,003,415	3,894.22	84,642,071	4,120.28
Rate Change		-0.9 %		9.3 %		7.5 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Nueces SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	1,096		11,300		12,396	
Estimated Incurred Claims						
-Professional	298,820	272.65	0	0.00	298,820	24.11
-Emergency Room	43,707	39.88	0	0.00	43,707	3.53
-Outpatient Facility	101,337	92.46	0	0.00	101,337	8.17
-Inpatient Facility	762,228	695.46	0	0.00	762,228	61.49
-Other Acute Care	129,976	118.59	0	0.00	129,976	10.49
Acute Care Total	1,336,067	1,219.04	0	0.00	1,336,067	107.78
Estimated Incurred Claims - Long Term Care						
-Attendant Care	9,571	8.73	34,688	3.07	44,259	3.57
-Nursing Facility	3,884,718	3,544.45	36,104,131	3,195.06	39,988,849	3,225.95
-Other Long Term Care	6,183	5.64	3,006,132	266.03	3,012,315	243.01
Long Term Care Total	3,900,472	3,558.82	39,144,951	3,464.15	43,045,423	3,472.53
Total - All Claims	5,236,539	4,777.86	39,144,951	3,464.15	44,381,490	3,580.31
Projected FY2017 Member Months	2,281		22,474		24,755	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	12,892,352	5,651.40	84,630,580	3,765.77	97,522,932	3,939.54
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0030		1.0000			
Acute Care - Inpatient	1.0571		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			



FY2017 STAR+PLUS Rating - Nursing Facility  
Nueces SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	2,994,886	1,312.82	0	0.00	2,994,886	120.98
Long Term Care	8,479,533	3,717.03	81,313,019	3,618.15	89,792,552	3,627.26
Total	11,474,419	5,029.84	81,313,019	3,618.15	92,787,438	3,748.24
Capitation Expenses & Refunds	3,583	1.57	-11,862	-0.53	-8,279	-0.33
Service Coordination & Other Expenses	75,693	33.18	793,259	35.30	868,953	35.10
Net Reinsurance Cost	49	0.02	382	0.02	431	0.02
Administrative Expenses						
Fixed Amount	37,071	16.25	365,197	16.25	402,267	16.25
Percentage of Premium	736,443	5.75%	5,239,271	5.75%	5,975,714	5.75%
Total	773,514	339.07	5,604,468	249.38	6,377,981	257.65
Risk Margin	256,154	2.00%	1,822,355	2.00%	2,078,509	2.00%
Premium Tax	224,135	1.75%	1,594,561	1.75%	1,818,696	1.75%
Maintenance Tax	160	0.07	1,573	0.07	1,733	0.07
Projected Total Cost						
Acute Care	3,324,017	1,457.09	-12,685	-0.56	3,311,332	133.76
LTC	9,483,690	4,157.20	91,130,440	4,054.99	100,614,130	4,064.41
Total	12,807,707	5,614.30	91,117,755	4,054.43	103,925,462	4,198.18
Rate Change		-0.7 %		7.7 %		6.6 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Tarrant SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	3,666		28,986		32,652	
Estimated Incurred Claims						
-Professional	1,152,118	314.27	0	0.00	1,152,118	35.28
-Emergency Room	400,641	109.29	0	0.00	400,641	12.27
-Outpatient Facility	244,399	66.67	0	0.00	244,399	7.48
-Inpatient Facility	3,244,448	885.01	0	0.00	3,244,448	99.36
-Other Acute Care	749,132	204.35	0	0.00	749,132	22.94
Acute Care Total	5,790,738	1,579.58	0	0.00	5,790,738	177.35
Estimated Incurred Claims - Long Term Care						
-Attendant Care	73,917	20.16	184,169	6.35	258,085	7.90
-Nursing Facility	13,578,668	3,703.95	94,190,859	3,249.53	107,769,528	3,300.55
-Other Long Term Care	100,832	27.50	3,039,550	104.86	3,140,382	96.18
Long Term Care Total	13,753,417	3,751.61	97,414,578	3,360.75	111,167,995	3,404.63
Total - All Claims	19,544,155	5,331.19	97,414,578	3,360.75	116,958,733	3,581.98
Projected FY2017 Member Months	7,523		58,433		65,956	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	42,690,013	5,674.51	213,715,337	3,657.44	256,405,350	3,887.51
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0005		1.0000			
Acute Care - Inpatient	1.0713		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Tarrant SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	12,937,099	1,719.65	0	0.00	12,937,099	196.15
Long Term Care	29,478,495	3,918.39	205,108,375	3,510.14	234,586,870	3,556.71
Total	42,415,594	5,638.03	205,108,375	3,510.14	247,523,969	3,752.86
Capitation Expenses & Refunds	11,083	1.47	0	0.00	11,083	0.17
Service Coordination & Other Expenses	146,539	19.48	1,162,318	19.89	1,308,857	19.84
Net Reinsurance Cost	202	0.03	1,684	0.03	1,885	0.03
Administrative Expenses						
Fixed Amount	122,251	16.25	949,537	16.25	1,071,788	16.25
Percentage of Premium	2,712,742	5.75%	13,166,293	5.75%	15,879,035	5.75%
Total	2,834,992	376.84	14,115,830	241.57	16,950,822	257.00
Risk Margin	943,562	2.00%	4,579,580	2.00%	5,523,143	2.00%
Premium Tax	825,617	1.75%	4,007,133	1.75%	4,832,750	1.75%
Maintenance Tax	527	0.07	4,090	0.07	4,617	0.07
Projected Total Cost						
Acute Care	14,348,985	1,907.32	1,860	0.03	14,350,846	217.58
LTC	32,829,131	4,363.77	228,977,149	3,918.62	261,806,280	3,969.40
Total	47,178,116	6,271.08	228,979,009	3,918.66	276,157,125	4,186.98
Rate Change		10.5 %		7.1 %		7.7 %

FY2017 STAR+PLUS Rating - Nursing Facility  
Travis SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	1,867		17,178		19,045	
Estimated Incurred Claims						
-Professional	353,976	189.60	0	0.00	353,976	18.59
-Emergency Room	76,455	40.95	0	0.00	76,455	4.01
-Outpatient Facility	64,318	34.45	0	0.00	64,318	3.38
-Inpatient Facility	1,023,012	547.94	0	0.00	1,023,012	53.72
-Other Acute Care	397,735	213.03	0	0.00	397,735	20.88
Acute Care Total	1,915,496	1,025.98	0	0.00	1,915,496	100.58
Estimated Incurred Claims - Long Term Care						
-Attendant Care	31,535	16.89	114,816	6.68	146,351	7.68
-Nursing Facility	6,856,277	3,672.35	55,215,429	3,214.31	62,071,706	3,259.21
-Other Long Term Care	8,860	4.75	3,882,353	226.01	3,891,214	204.32
Long Term Care Total	6,896,672	3,693.99	59,212,598	3,447.00	66,109,271	3,471.21
Total - All Claims	8,812,168	4,719.96	59,212,598	3,447.00	68,024,767	3,571.79
Projected FY2017 Member Months	3,892		33,948		37,840	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	21,740,952	5,585.37	126,646,627	3,730.64	148,387,579	3,921.43
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0011		1.0000			
Acute Care - Inpatient	1.0479		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
Travis SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	4,255,300	1,093.21	0	0.00	4,255,300	112.45
Long Term Care	15,017,966	3,858.20	122,219,655	3,600.23	137,237,621	3,626.77
Total	19,273,266	4,951.41	122,219,655	3,600.23	141,492,921	3,739.22
Capitation Expenses & Refunds	18,278	4.70	49,180	1.45	67,457	1.78
Service Coordination & Other Expenses	119,178	30.62	1,099,852	32.40	1,219,031	32.22
Net Reinsurance Cost	75	0.02	563	0.02	638	0.02
Administrative Expenses						
Fixed Amount	63,253	16.25	551,650	16.25	614,903	16.25
Percentage of Premium	1,237,319	5.75%	7,873,578	5.75%	9,110,897	5.75%
Total	1,300,572	334.12	8,425,228	248.18	9,725,800	257.02
Risk Margin	430,372	2.00%	2,738,636	2.00%	3,169,008	2.00%
Premium Tax	376,575	1.75%	2,396,306	1.75%	2,772,882	1.75%
Maintenance Tax	272	0.07	2,376	0.07	2,649	0.07
Projected Total Cost						
Acute Care	4,737,767	1,217.16	54,964	1.62	4,792,731	126.66
LTC	16,780,822	4,311.09	136,876,833	4,031.99	153,657,655	4,060.70
Total	21,518,589	5,528.24	136,931,797	4,033.61	158,450,386	4,187.36
Rate Change		-1.0 %		8.1 %		6.8 %

FY2017 STAR+PLUS Rating - Nursing Facility  
MRSA Central SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	2,616		25,383		27,999	
Estimated Incurred Claims						
-Professional	647,235	247.41	0	0.00	647,235	23.12
-Emergency Room	120,274	45.98	0	0.00	120,274	4.30
-Outpatient Facility	193,522	73.98	0	0.00	193,522	6.91
-Inpatient Facility	1,718,454	656.90	0	0.00	1,718,454	61.38
-Other Acute Care	321,618	122.94	0	0.00	321,618	11.49
Acute Care Total	3,001,102	1,147.21	0	0.00	3,001,102	107.19
Estimated Incurred Claims - Long Term Care						
-Attendant Care	25,027	9.57	37,751	1.49	62,778	2.24
-Nursing Facility	9,111,472	3,482.98	79,369,374	3,126.87	88,480,847	3,160.14
-Other Long Term Care	85,687	32.75	5,117,651	201.62	5,203,338	185.84
Long Term Care Total	9,222,186	3,525.30	84,524,776	3,329.98	93,746,962	3,348.23
Total - All Claims	12,223,288	4,672.51	84,524,776	3,329.98	96,748,064	3,455.41
Projected FY2017 Member Months	5,194		50,655		55,849	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	28,269,843	5,442.97	180,652,228	3,566.31	208,922,071	3,740.83
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0072		1.0000			
Acute Care - Inpatient	1.0665		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
MRSA Central SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	6,500,944	1,251.67	0	0.00	6,500,944	116.40
Long Term Care	19,123,740	3,682.01	176,179,169	3,478.01	195,302,909	3,496.98
Total	25,624,684	4,933.68	176,179,169	3,478.01	201,803,853	3,613.38
Capitation Expenses & Refunds	-1,147	-0.22	-109,447	-2.16	-110,595	-1.98
Service Coordination & Other Expenses	175,033	33.70	1,826,879	36.06	2,001,912	35.85
Net Reinsurance Cost	105	0.02	777	0.02	882	0.02
Administrative Expenses						
Fixed Amount	84,400	16.25	823,147	16.25	907,547	16.25
Percentage of Premium	1,644,528	5.75%	11,355,397	5.75%	12,999,925	5.75%
Total	1,728,928	332.88	12,178,544	240.42	13,907,472	249.02
Risk Margin	572,010	2.00%	3,949,703	2.00%	4,521,713	2.00%
Premium Tax	500,508	1.75%	3,455,990	1.75%	3,956,499	1.75%
Maintenance Tax	364	0.07	3,546	0.07	3,909	0.07
Projected Total Cost						
Acute Care	7,205,973	1,387.41	-120,078	-2.37	7,085,895	126.88
LTC	21,394,511	4,119.22	197,605,239	3,900.98	218,999,749	3,921.28
Total	28,600,484	5,506.63	197,485,161	3,898.61	226,085,645	4,048.16
Rate Change		1.2 %		9.3 %		8.2 %

FY2017 STAR+PLUS Rating - Nursing Facility  
MRSA Northeast SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	3,702		34,374		38,076	
Estimated Incurred Claims						
-Professional	1,370,334	370.16	0	0.00	1,370,334	35.99
-Emergency Room	184,460	49.83	0	0.00	184,460	4.84
-Outpatient Facility	628,122	169.67	0	0.00	628,122	16.50
-Inpatient Facility	3,614,394	976.34	0	0.00	3,614,394	94.93
-Other Acute Care	193,243	52.20	0	0.00	193,243	5.08
Acute Care Total	5,990,553	1,618.19	0	0.00	5,990,553	157.33
Estimated Incurred Claims - Long Term Care						
-Attendant Care	9,188	2.48	43,262	1.26	52,450	1.38
-Nursing Facility	12,838,965	3,468.12	101,293,590	2,946.81	114,132,555	2,997.49
-Other Long Term Care	16,730	4.52	13,049,755	379.64	13,066,485	343.17
Long Term Care Total	12,864,883	3,475.12	114,386,607	3,327.71	127,251,490	3,342.04
Total - All Claims	18,855,436	5,093.31	114,386,607	3,327.71	133,242,043	3,499.37
Projected FY2017 Member Months	7,078		69,123		76,201	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	42,365,702	5,985.53	255,540,370	3,696.90	297,906,072	3,909.48
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0064		1.0000			
Acute Care - Inpatient	1.0625		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			



FY2017 STAR+PLUS Rating - Nursing Facility  
 MRSA Northeast SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	12,439,735	1,757.52	0	0.00	12,439,735	163.25
Long Term Care	25,690,377	3,629.60	240,246,002	3,475.64	265,936,379	3,489.94
Total	38,130,112	5,387.12	240,246,002	3,475.64	278,376,114	3,653.19
Capitation Expenses & Refunds	23,201	3.28	-14,121	-0.20	9,080	0.12
Service Coordination & Other Expenses	221,434	31.28	2,277,264	32.95	2,498,698	32.79
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00
Administrative Expenses						
Fixed Amount	115,018	16.25	1,123,247	16.25	1,238,265	16.25
Percentage of Premium	2,445,514	5.75%	15,479,714	5.75%	17,925,227	5.75%
Total	2,560,532	361.76	16,602,960	240.19	19,163,492	251.49
Risk Margin	850,613	2.00%	5,384,248	2.00%	6,234,862	2.00%
Premium Tax	744,287	1.75%	4,711,217	1.75%	5,455,504	1.75%
Maintenance Tax	495	0.07	4,839	0.07	5,334	0.07
Projected Total Cost						
Acute Care	13,812,841	1,951.51	-15,603	-0.23	13,797,238	181.06
LTC	28,717,833	4,057.33	269,228,013	3,894.92	297,945,845	3,910.00
Total	42,530,674	6,008.84	269,212,409	3,894.69	311,743,083	4,091.07
Rate Change		0.4 %		5.4 %		4.6 %

FY2017 STAR+PLUS Rating - Nursing Facility  
MRSA West SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period (3/2015-8/2015)						
Member Months	2,653		26,148		28,801	
Estimated Incurred Claims						
-Professional	577,924	217.84	0	0.00	577,924	20.07
-Emergency Room	139,150	52.45	0	0.00	139,150	4.83
-Outpatient Facility	166,079	62.60	0	0.00	166,079	5.77
-Inpatient Facility	1,684,290	634.86	0	0.00	1,684,290	58.48
-Other Acute Care	534,115	201.32	0	0.00	534,115	18.55
Acute Care Total	3,101,558	1,169.08	0	0.00	3,101,558	107.69
Estimated Incurred Claims - Long Term Care						
-Attendant Care	5,602	2.11	73,171	2.80	78,772	2.74
-Nursing Facility	9,802,334	3,694.81	84,461,772	3,230.14	94,264,106	3,272.95
-Other Long Term Care	11,538	4.35	45,624	1.74	57,162	1.98
Long Term Care Total	9,819,473	3,701.27	84,580,567	3,234.69	94,400,040	3,277.67
Total - All Claims	12,921,032	4,870.35	84,580,567	3,234.69	97,501,599	3,385.35
Projected FY2017 Member Months	5,390		52,425		57,815	
Projected FY2017 Premium						
At Current Rates (Excluding MPAP)	30,919,586	5,736.58	187,905,786	3,584.25	218,825,372	3,784.90
Annual Cost Trend Assumptions						
Acute Care						
FY2016	2.1 %		2.1 %			
FY2017	0.0 %		0.0 %			
Long Term Care						
FY2016	3.0 %		3.0 %			
FY2017	3.0 %		3.0 %			
Provider Reimbursement Adjustment						
Acute Care - Non Inpatient	1.0100		1.0000			
Acute Care - Inpatient	1.0545		1.0000			
Long Term Care - Seasonality	0.9918		0.9918			
Other Adjustment	1.0000		1.0000			

FY2017 STAR+PLUS Rating - Nursing Facility  
 MRSA West SDA Total

	Acute Care and Long Term Care					
	Medicaid Only - NF		Dual Eligible - NF		Total	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims						
Acute Care	6,816,487	1,264.68	0	0.00	6,816,487	117.90
Long Term Care	20,836,310	3,865.81	177,118,213	3,378.48	197,954,523	3,423.91
Total	27,652,797	5,130.49	177,118,213	3,378.48	204,771,010	3,541.81
Capitation Expenses & Refunds	-5,174	-0.96	-68,296	-1.30	-73,470	-1.27
Service Coordination & Other Expenses	108,270	20.09	1,022,957	19.51	1,131,227	19.57
Net Reinsurance Cost	216	0.04	2,097	0.04	2,313	0.04
Administrative Expenses						
Fixed Amount	87,586	16.25	851,913	16.25	939,499	16.25
Percentage of Premium	1,769,098	5.75%	11,368,516	5.75%	13,137,614	5.75%
Total	1,856,684	344.47	12,220,429	233.10	14,077,113	243.48
Risk Margin	615,339	2.00%	3,954,266	2.00%	4,569,605	2.00%
Premium Tax	538,421	1.75%	3,459,983	1.75%	3,998,404	1.75%
Maintenance Tax	377	0.07	3,670	0.07	4,047	0.07
Projected Total Cost						
Acute Care	7,550,510	1,400.86	-73,148	-1.40	7,477,362	129.33
LTC	23,216,419	4,307.39	197,786,467	3,772.72	221,002,887	3,822.57
Total	30,766,929	5,708.26	197,713,319	3,771.33	228,480,248	3,951.90
Rate Change		-0.5 %		5.2 %		4.4 %

## ***Attachment 5***

### **Trend Analysis**

The FY2017 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 health plans. 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 health plan claims experience data through February 29, 2016. Based on this information, estimates of monthly incurred claims were made through December 2015. 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.

Exhibit A provides a summary of the FY2014, FY2015 and FY2016 trends by service area, type of service and risk group. The FY2016 trend represents the trend during the period September 2015 through December 2015. All trends have been calculated as the average cost per member per month during the specified time period compared to the average cost during the same time period from the prior year. For example, the FY2015 trend is calculated as the average cost per member per month during FY2015 divided by the average cost per member per month during FY2014. Effective March 1, 2012 inpatient services were carved into the STAR+PLUS program. As a result, the FY2013 trends are distorted by this significant programmatic change and were excluded from our analysis.

All trends have been adjusted to remove the impact of the various provider reimbursement changes that have impacted the program. These adjustments are made for all items that have materially impacted historical costs and have distorted the trend from one time period to the next. For example, the carve-in of mental health rehabilitation services and targeted case management on September 1, 2014 distorts the FY2015 trend given that the carve in of these services increases the average cost. As a result, the FY2015 observed trends are adjusted to remove the impact of the increased cost associated with these services to ensure the average cost during FY2014 and FY2015 are based on comparable services and reimbursement levels and the underlying trend is calculated.

On Exhibit A, the service area trends have been combined into a statewide weighted average by weighting the service area specific trends by each area's proportion of the total incurred claims.

The FY2016 trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2015 through December 2015 and (ii) the projected trend for the period January 2016 through August 2016. The trends for the final eight months of FY2016 were projected using statewide experience from FY2014 (3/7 weight), FY2015 (3/7 weight), and FY2016 (1/7 weight). The weighting of each time period was based on the number of months within each time period.

All projected statewide trends were limited to no less than 0.0%. Based on historical experience in the Texas Medicaid Managed Care Programs, negative trends have typically been one-time,

short-lived reductions in cost that don't repeat in multiple years. Based on our actuarial judgment we deemed it inappropriate to use these negative trends to develop our projections of future trends. We deemed the historical negative trends as temporary aberrations that are not indicative of long term projected average trend rates. For example, although the average long term care trends in the Medicaid Only HCBS group were negative for FY2014 and the first four months of FY2016, they have been positive for every fiscal year dating back to FY2010. As a result, we believe it is reasonable to limit our assumption of future trends to no less than 0.0%.

The FY2017 trend assumptions were then developed from a simple average of the FY2014 trend, FY2015 trend and FY2016 trend.

Exhibit B provides a summary of the statewide average trends by type of service and risk group for FY2014, FY2015 and the first four months of FY2016. In addition, the exhibit includes the trend assumptions developed based on the described methodology for FY2016 and FY2017.

The IDD risk groups were new to managed care on September 1, 2014. As a result, there is very limited information available to evaluate the acute care trends for this population. Given the limited data availability we have assumed the IDD trends will be comparable to the average Medicaid Only (OCC and HCBS combined) trend assumptions discussed above. As additional IDD claims data becomes available in future time periods, the trend information will be analyzed and we anticipate estimating separate trend assumptions for this risk group.

The nursing facility risk groups were new to managed care on March 1, 2015. Given the limited information available regarding acute care trends under managed care for this risk group we have selected the Medicaid Only HCBS risk group trend assumptions as a reasonable estimate of the acute care trend. The HCBS population most closely matches the nursing facility risk group since one of the HCBS eligibility criteria is that the member has a nursing facility level of care need.

The nursing facility care trend assumption was developed from an analysis of nursing facility claims previously paid by the fee-for-service program. Nursing facility claims were reviewed for claims incurred during the period September 1, 2010 through December 31, 2014 and paid through February 28, 2015. Trends for FY2012, FY2013, FY2014 and FY2015 were developed based on a comparison of the average nursing facility claims per member per month incurred during each fiscal year. The FY2015 trend was estimated as the average trend during the first four months of the fiscal year compared to the same time period in the prior fiscal year. The impact of provider reimbursement changes were accounted for and removed from the trend analysis. Exhibit C provides a summary of the average adjusted trends net of reimbursement changes by service area during these four fiscal years. The nursing facility trend assumption is defined as the average trend during the most recent four fiscal years, with equal weighting applied to each. This is the same methodology and trend assumption used during the FY2016 rate development. As additional nursing facility claims data provided under managed care becomes available in future time periods, the trend information will be analyzed and we anticipate estimating separate trend assumptions for this risk group and type of service.

FY2017 STAR+PLUS Rating  
Analysis of HMO Cost Trend Factors

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only OCC										
FY2014										
-Professoinal	0.975	1.035	1.035	1.025	0.955	1.031	0.926	0.939	0.932	1.010
-Outpatient - ER	0.999	1.114	1.022	0.967	1.038	1.002	1.153	0.816	1.037	0.808
-Outpatient - Non ER	1.041	1.263	1.102	1.109	0.970	1.141	1.025	1.038	1.265	1.192
-Inpatient	1.026	1.059	1.068	1.176	0.971	1.009	0.946	1.124	0.975	0.932
-Other Acute Care	0.974	1.047	1.021	0.597	0.912	0.831	0.931	0.813	0.927	0.766
-Total Acute Care	0.998	1.091	1.044	0.992	0.955	0.997	0.957	0.990	0.977	0.920
-Long Term Care	1.085	1.163	1.137	0.955	1.109	1.117	1.041	1.037	1.041	1.111
FY2015										
-Professoinal	1.011	1.011	0.870	0.990	0.910	0.926	0.915	1.011	1.092	0.899
-Outpatient - ER	0.944	0.900	0.914	1.093	1.058	0.994	0.914	1.070	1.047	1.029
-Outpatient - Non ER	0.885	0.943	0.806	1.035	0.848	1.128	0.965	1.070	0.890	1.144
-Inpatient	0.976	0.949	0.947	0.943	0.953	0.975	1.140	0.883	1.012	1.060
-Other Acute Care	1.033	1.076	1.271	1.022	0.997	1.029	1.111	0.920	1.130	1.097
-Total Acute Care	0.981	0.966	0.984	0.990	0.933	0.987	1.044	0.960	1.045	1.003
-Long Term Care	1.005	1.102	1.069	1.050	1.036	1.123	0.945	1.048	1.083	1.027
FY2016										
-Professoinal	1.031	1.066	1.061	1.075	1.037	1.038	1.020	1.022	1.053	0.933
-Outpatient - ER	0.994	0.932	1.090	1.136	1.287	1.139	1.139	1.165	1.134	1.066
-Outpatient - Non ER	1.016	0.970	1.033	0.977	1.067	0.925	0.759	0.972	1.017	1.167
-Inpatient	1.082	1.059	0.816	1.008	0.911	1.122	0.771	0.930	1.009	0.989
-Other Acute Care	1.076	0.967	1.313	1.037	0.977	1.087	1.095	0.952	1.216	1.117
-Total Acute Care	1.049	1.017	1.062	1.039	1.003	1.067	0.903	0.989	1.080	1.005
-Long Term Care	0.930	1.063	1.061	1.041	1.009	1.082	0.903	1.025	1.009	1.105

FY2017 STAR Rating  
Analysis of STAR HMO Cost Trend Factors

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only OCC				
FY2014				
-Professional				0.997
-Outpatient - ER				1.005
-Outpatient - Non ER				1.138
-Inpatient				1.074
-Other Acute Care				0.846
-Total Acute Care				1.001
-Long Term Care				1.072
FY2015				
-Professional				0.981
-Outpatient - ER				1.013
-Outpatient - Non ER				0.971
-Inpatient				0.967
-Other Acute Care				1.068
-Total Acute Care				0.987
-Long Term Care				1.050
FY2016				
-Professional	1.086	1.058	1.114	1.053
-Outpatient - ER	1.216	1.173	1.264	1.107
-Outpatient - Non ER	0.998	0.952	0.967	0.985
-Inpatient	1.057	1.004	1.123	1.019
-Other Acute Care	1.068	3.984	1.138	1.122
-Total Acute Care	1.069	1.040	1.119	1.040
-Long Term Care	1.175	1.384	1.036	1.041

FY2017 STAR+PLUS Rating  
Analysis of HMO Cost Trend Factors

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only HCBS										
FY2014										
-Professoinal	0.941	1.001	0.817	0.994	1.193	1.140	1.172	0.928	1.057	0.974
-Outpatient - ER	1.008	1.257	0.897	1.005	1.110	1.036	1.830	0.815	1.389	0.687
-Outpatient - Non ER	0.877	1.002	0.649	1.019	1.153	1.706	1.095	1.266	1.817	1.075
-Inpatient	0.823	0.995	0.590	1.019	0.869	1.246	1.002	0.727	1.234	0.943
-Other Acute Care	0.855	0.958	0.781	0.772	0.842	0.749	1.012	0.865	0.872	0.929
-Total Acute Care	0.866	1.001	0.698	0.964	0.978	1.099	1.065	0.847	1.082	0.939
-Long Term Care	1.038	1.003	0.767	1.005	0.999	0.969	0.784	0.973	0.809	0.996
FY2015										
-Professoinal	0.997	0.993	0.935	1.011	0.935	0.979	0.791	0.998	1.090	1.006
-Outpatient - ER	0.813	0.866	1.236	1.061	1.135	0.942	0.770	1.010	1.001	1.133
-Outpatient - Non ER	0.973	0.840	0.813	0.879	0.957	1.070	0.565	1.009	1.182	0.907
-Inpatient	0.934	0.695	0.827	0.821	1.038	0.793	1.070	1.140	0.892	0.817
-Other Acute Care	1.121	0.980	1.095	1.088	1.136	0.980	1.130	0.884	0.998	0.978
-Total Acute Care	0.994	0.834	0.952	0.931	1.022	0.914	0.991	1.023	0.988	0.933
-Long Term Care	1.052	1.008	0.987	1.030	1.000	0.948	0.970	1.072	1.032	0.969
FY2016										
-Professoinal	1.157	1.124	1.186	1.070	1.072	1.018	1.249	1.078	1.137	1.090
-Outpatient - ER	1.097	0.812	1.289	1.249	1.132	1.216	1.821	1.108	1.349	1.142
-Outpatient - Non ER	0.836	0.727	0.773	0.982	1.139	1.100	1.250	1.139	1.311	1.556
-Inpatient	0.927	0.883	1.130	0.984	1.099	0.865	2.139	1.070	0.835	1.048
-Other Acute Care	0.917	0.911	1.145	1.263	1.046	0.982	1.064	0.859	1.207	0.977
-Total Acute Care	0.967	0.889	1.122	1.068	1.081	0.968	1.455	1.032	1.097	1.075
-Long Term Care	0.943	0.951	0.942	1.018	1.003	0.879	0.952	1.058	0.953	0.961



## FY2017 STAR Rating

## Analysis of STAR HMO Cost Trend Factors

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only HCBS				
FY2014				
-Professoinal				1.018
-Outpatient - ER				1.115
-Outpatient - Non ER				1.096
-Inpatient				0.988
-Other Acute Care				0.852
-Total Acute Care				0.962
-Long Term Care				0.972
FY2015				
-Professoinal				0.997
-Outpatient - ER				1.004
-Outpatient - Non ER				0.924
-Inpatient				0.873
-Other Acute Care				1.058
-Total Acute Care				0.950
-Long Term Care				1.018
FY2016				
-Professoinal	1.416	1.198	1.452	1.124
-Outpatient - ER	1.652	1.413	2.010	1.236
-Outpatient - Non ER	1.479	1.299	1.200	1.055
-Inpatient	0.891	0.883	1.400	1.016
-Other Acute Care	0.888	16.097	1.269	1.285
-Total Acute Care	1.075	1.133	1.367	1.063
-Long Term Care	0.911	1.002	1.037	0.983

FY2017 STAR+PLUS Rating  
Analysis of HMO Cost Trend Factors

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Dual Eligible OCC										
FY2014										
-Long Term Care	1.067	1.103	1.086	0.948	1.041	1.009	0.959	1.015	0.985	1.065
FY2015										
-Long Term Care	0.988	1.025	1.043	0.996	0.992	0.991	0.943	1.014	1.025	0.918
FY2016										
-Long Term Care	0.953	1.053	1.017	1.016	0.987	0.956	0.978	1.009	1.095	0.916
Dual Eligible HCBS										
FY2014										
-Long Term Care	0.984	1.042	0.913	1.018	0.995	1.019	0.955	0.985	0.981	0.967
FY2015										
-Long Term Care	1.033	1.025	0.978	1.031	1.025	0.998	0.965	1.042	0.987	0.998
FY2016										
-Long Term Care	0.978	1.022	0.956	1.005	1.045	1.002	0.985	1.063	0.959	0.990

FY2017 STAR Rating  
Analysis of STAR HMO Cost Trend Factors

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Dual Eligible OCC				
FY2014				
-Long Term Care				1.035
FY2015				
-Long Term Care				0.999
FY2016				
-Long Term Care	1.082	1.227	0.957	1.006
Dual Eligible HCBS				
FY2014				
-Long Term Care				0.996
FY2015				
-Long Term Care				1.020
FY2016				
-Long Term Care	1.082	1.134	1.037	1.030

## FY2017 STAR+PLUS Rating

## Trend Assumptions

	<u>FY2014</u>	<u>FY2015</u>	<u>9/15-12/15 (2)</u>	<u>1/16-8/16 (3)</u>	<u>Trend Assumptions</u>	
					<u>FY2016 (4)</u>	<u>FY2017 (5)</u>
Statewide Average Trend (1)						
<b>Acute Care</b>						
Medicaid Only OCC	0.1 %	-1.3 %	4.0 %	0.0 %	1.4 %	0.0 %
Medicaid Only HCBS	-3.8 %	-5.0 %	6.3 %	0.0 %	2.1 %	0.0 %
Medicaid Only Total	-0.4 %	-1.8 %	4.3 %	0.0 %	1.5 %	0.0 %
<b>Long Term Care</b>						
Medicaid Only OCC	7.2 %	5.0 %	4.1 %	5.8 %	5.2 %	5.8 %
Medicaid Only HCBS	-2.8 %	1.8 %	-1.7 %	0.0 %	0.0 %	0.0 %
Dual Eligible OCC	3.5 %	-0.1 %	0.6 %	1.6 %	1.2 %	1.6 %
Dual Eligible HCBS	-0.4 %	2.0 %	3.0 %	1.1 %	1.7 %	1.1 %

## Footnotes

(1) All trends are net of reimbursement changes.

(2) Average trend during the period 9/1/2015-12/31/2015.

(3) Assumed trend during the period 1/1/2016-8/31/2016. Equals weighted average of the Statewide FY2014, FY2015 and 9/15-12/15 trends.

Weighted based on number of months. Limited to no less than 0.0%.

(4) Combined 9/15-12/15 and 1/16-8/16 into single trend assumption based on number of months.

(5) Average trend during FY2014-FY2016.

## FY2017 STAR+PLUS Rating

## Analysis of HMO Nursing Facility Trend Factors

	<u>FY2012</u>	<u>FY2013</u>	<u>FY2014</u>	<u>FY2015</u>
Adjusted Trend - Net of Reimbursement Changes				
Bexar	0.8%	3.8%	2.9%	4.7%
Dallas	-2.5%	8.0%	1.2%	4.5%
El Paso	-4.7%	13.3%	0.8%	1.8%
Harris	-2.7%	9.0%	2.3%	4.8%
Hidalgo	-4.6%	11.4%	0.6%	3.1%
Jefferson	-0.1%	8.2%	2.1%	2.5%
Lubbock	2.1%	6.0%	2.1%	3.9%
MRSA Central	1.1%	5.1%	2.2%	2.3%
MRSA Northeast	1.0%	4.9%	2.9%	3.2%
MRSA West	-0.4%	8.1%	2.9%	5.2%
Nueces	-1.1%	7.3%	1.9%	3.4%
Tarrant	-1.6%	6.5%	1.9%	2.5%
Travis	-0.6%	5.0%	1.7%	3.0%
Total	-0.9%	7.0%	2.1%	3.7%
Trend Assumption (1)				3.0%

## Footnotes:

(1) Average of the FY2012-FY2015 statewide trend factors.

## ***Attachment 6***

### **Provider Reimbursement and Benefit Revisions Effective During FY2015, FY2016 and FY2017**

This attachment presents information regarding rating adjustments for the various acute care provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting (FY2015) and before the end of FY2017.

All adjustments have been calculated through an analysis of health plan encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable FY2015 encounter data was repriced using the FFS reimbursement in place during FY2015, the FFS reimbursement that will be in place during FY2017 and the applicable percentage change determined.

Effective September 1, 2015, HHSC implemented revisions to outpatient rural hospital reimbursement. Exhibits A and B present the rating adjustment factors for non-imaging services and imaging services respectively.

Effective September 1, 2015 HHSC revised the standard dollar amounts applied to the inpatient reimbursement for certain children's, safety net and trauma hospitals. Exhibit C presents a summary of the derivation of the rating adjustment factors.

Beginning May 1, 2013 HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital's performance during the evaluation time period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2016; however, it was not complete at the time these rates were calculated. As a result, the adjustment factors shown in Exhibit D represent the restoration of those reductions that were in place during FY2015 which may or may not continue into FY2017. Once the final FY2017 PPR reduction list is available HHSC and the actuary will determine if an adjustment is needed to these capitation rates.

Beginning March 1, 2014 HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital's performance during the evaluation time period and can change from one fiscal year to the next. A new PPC list will become effective September 1, 2016; however, it was not complete at the time these rates were calculated. As a result, the adjustment factors shown in Exhibit E represent the restoration of those reductions that were in place during FY2015 which may or may not continue into FY2017. Once the final FY2017 PPC reduction list is available HHSC and the actuary will determine if an adjustment is needed to these capitation rates.

Effective September 1, 2015, STAR+PLUS health plans are no longer permitted to include the spell of illness policy provisions in their inpatient reimbursement contracts for members who have diagnoses related to severe and persistent mental illness (SPMI). Effective September 1, 2016 this policy will be revised slightly to only include those members with a primary diagnosis of SPMI. Due to this policy, provider reimbursement for adults in the STAR+PLUS program who have these diagnoses is no longer subject to the spell of illness limitation, which places a 30 day limit on an inpatient stay. The adjustment factors were derived by comparing average

inpatient hospital costs for members with a primary diagnosis of SPMI during FY2013 to those same costs during FY2014. The relative reduction in cost during this time period is assumed to be attributed to the implementation of the spell of illness policy which was implemented and continued in place during the FY2015 base period allowing reimbursement limitations at inpatient facilities. The policy in place during FY2013 is comparable to the policy that will be in place during FY2017. Effective 9/1/2013 (FY2014) the spell of illness policy limitation was put in place. The change from FY2013 to FY2014 is the reverse of the change that will be in place during FY2017. As a result, it is expected that the savings generated due to the policy in FY2014 will be comparable to the cost of removing the limitation for FY2017. The IDD and Nursing Facility populations were not eligible for managed care during FY2013 and FY2014 therefore their adjustment factors have been estimated as the average of the Medicaid Only OCC and HCBS population adjustment factors. Exhibit F presents a summary of the derivation of the rating adjustment factors.

Effective July 15, 2016, HHSC will make revisions to the reimbursement for certain therapy services. Attached Exhibit G presents a summary of the derivation of the rating adjustment factors.

For ease of reporting purposes, the numerous provider reimbursement adjustments described above have been consolidated in the community rating exhibits included in Attachment 3 Attachment 4. The key below includes a description of where each adjustment has been included in Attachments 3 and 4.

**Heading**

**Attachment 6 Exhibits**

Acute Care – Non Inpatient

A, B, and G

Acute Care - Inpatient

C, D, E and F

Please note that the incurred claims reported on Attachment 6 are developed from the FY2015 detail encounter data which only includes claims paid through November 2015. As a result, the incurred claims reported on Attachments 3 and 4 vary slightly from these amounts for several reasons including: (i) Attachment 3 and 4 incurred claims include claims paid through February 2016, (ii) Attachment 3 and 4 incurred claims include a small amount of IBNR and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 and 4 incurred claims but not available in the detailed encounter data files. As noted on pages 1 and 2 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors detailed in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Outpatient Rural Hospital Reimbursement Increase

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	139,326	17,244	0	0	1,968	4,125	0	162,664
Dallas	119,606	5,971	0	0	7,095	10,745	0	143,417
El Paso	2,563	22	0	0	161	0	0	2,746
Harris	260,212	14,043	0	0	5,723	12,299	0	292,277
Hidalgo	132,721	53,622	0	0	1,702	1,287	0	189,332
Jefferson	275,677	36,779	0	0	1,055	5,968	0	319,479
Lubbock	118,312	9,322	0	0	1,633	5,297	0	134,564
Nueces	233,729	28,523	0	0	3,735	6,103	0	272,089
Tarrant	126,323	9,247	0	0	2,522	8,981	0	147,072
Travis	80,018	10,881	0	0	3,879	2,356	0	97,134
MRSA Central	618,277	28,946	0	0	14,686	23,981	0	685,891
MRSA Northeast	1,148,563	112,217	0	0	33,463	42,192	0	1,336,435
MRSA West	888,084	75,946	0	0	29,777	39,038	0	1,032,845
Total	4,143,411	402,762	0	0	107,399	162,373	0	4,815,946
FY2015 Total Acute Care Claims Paid (2)								
Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576



FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Outpatient Rural Hospital Reimbursement Increase

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.13%	0.10%	0.00%	0.00%	0.04%	0.06%	0.00%	0.12%
Dallas	0.07%	0.03%	0.00%	0.00%	0.14%	0.11%	0.00%	0.07%
El Paso	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.01%
Harris	0.09%	0.03%	0.00%	0.00%	0.05%	0.12%	0.00%	0.08%
Hidalgo	0.15%	0.25%	0.00%	0.00%	0.04%	0.05%	0.00%	0.17%
Jefferson	0.52%	0.46%	0.00%	0.00%	0.08%	0.27%	0.00%	0.50%
Lubbock	0.42%	0.29%	0.00%	0.00%	0.10%	0.31%	0.00%	0.39%
Nueces	0.58%	0.33%	0.00%	0.00%	0.22%	0.27%	0.00%	0.52%
Tarrant	0.12%	0.05%	0.00%	0.00%	0.04%	0.13%	0.00%	0.11%
Travis	0.14%	0.10%	0.00%	0.00%	0.11%	0.10%	0.00%	0.13%
MRSA Central	1.09%	0.76%	0.00%	0.00%	0.73%	0.69%	0.00%	1.03%
MRSA Northeast	1.27%	0.83%	0.00%	0.00%	0.98%	0.62%	0.00%	1.17%
MRSA West	1.40%	1.38%	0.00%	0.00%	0.84%	0.95%	0.00%	1.35%
Total	0.35%	0.21%	0.00%	0.00%	0.21%	0.27%	0.00%	0.32%

Footnotes

- (1) Equals the increased cost due to revised outpatient rural hospital reimbursement effective 9/1/2015. Excludes imaging reimbursement increase.
- (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Outpatient Rural Hospital Imaging Reimbursement Increase

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	10,235	1,112	0	0	104	326	0	11,777
Dallas	8,538	203	0	0	538	181	0	9,460
El Paso	36	18	0	0	0	0	0	54
Harris	13,454	980	0	0	357	682	0	15,473
Hidalgo	11,316	1,875	0	0	239	154	0	13,584
Jefferson	28,519	2,988	0	0	74	460	0	32,041
Lubbock	11,968	902	0	0	580	448	0	13,898
Nueces	21,545	2,556	0	0	187	654	0	24,942
Tarrant	14,958	1,853	0	0	217	741	0	17,769
Travis	4,572	463	0	0	175	287	0	5,497
MRSA Central	38,558	1,325	0	0	1,240	1,279	0	42,402
MRSA Northeast	89,509	8,418	0	0	2,197	2,699	0	102,823
MRSA West	68,302	3,913	0	0	2,109	2,572	0	76,896
Total	321,510	26,606	0	0	8,017	10,483	0	366,616

## FY2015 Total Acute Care Claims Paid (2)

Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Outpatient Rural Hospital Imaging Reimbursement Increase

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
Dallas	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Hidalgo	0.01%	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.01%
Jefferson	0.05%	0.04%	0.00%	0.00%	0.01%	0.02%	0.00%	0.05%
Lubbock	0.04%	0.03%	0.00%	0.00%	0.04%	0.03%	0.00%	0.04%
Nueces	0.05%	0.03%	0.00%	0.00%	0.01%	0.03%	0.00%	0.05%
Tarrant	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
Travis	0.01%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.01%
MRSA Central	0.07%	0.03%	0.00%	0.00%	0.06%	0.04%	0.00%	0.06%
MRSA Northeast	0.10%	0.06%	0.00%	0.00%	0.06%	0.04%	0.00%	0.09%
MRSA West	0.11%	0.07%	0.00%	0.00%	0.06%	0.06%	0.00%	0.10%
Total	0.03%	0.01%	0.00%	0.00%	0.02%	0.02%	0.00%	0.02%

Footnotes

- (1) Equals the increased cost due to revised outpatient rural hospital imaging reimbursement effective 9/1/2015.  
 (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	2,720,114	433,284	0	0	92,516	233,767	0	3,479,680
Dallas	5,080,522	543,275	0	0	81,474	434,514	0	6,139,784
El Paso	1,498,377	386,721	0	0	43,070	43,948	0	1,972,115
Harris	6,433,980	918,232	0	0	176,990	250,605	0	7,779,807
Hidalgo	1,962,307	484,689	0	0	88,222	125,830	0	2,661,049
Jefferson	759,539	105,055	0	0	29,647	81,728	0	975,969
Lubbock	870,054	120,005	0	0	34,538	102,392	0	1,126,989
Nueces	1,355,393	278,304	0	0	71,339	102,868	0	1,807,904
Tarrant	2,730,897	492,483	0	0	92,222	353,244	0	3,668,847
Travis	1,152,535	171,975	0	0	43,612	75,697	0	1,443,819
MRSA Central	2,113,027	120,608	0	0	53,826	190,822	0	2,478,283
MRSA Northeast	2,311,100	343,245	0	0	78,926	342,163	0	3,075,434
MRSA West	1,741,406	140,943	0	0	64,239	177,168	0	2,123,756
Total	30,729,251	4,538,820	0	0	950,621	2,514,745	0	38,733,437
FY2015 Total Acute Care Claims Paid (2)								
Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	2.50%	2.49%	0.00%	0.00%	2.05%	3.63%	0.00%	2.54%
Dallas	3.17%	2.64%	0.00%	0.00%	1.64%	4.50%	0.00%	3.14%
El Paso	3.65%	3.94%	0.00%	0.00%	1.83%	6.44%	0.00%	3.66%
Harris	2.18%	1.79%	0.00%	0.00%	1.53%	2.44%	0.00%	2.11%
Hidalgo	2.27%	2.26%	0.00%	0.00%	2.24%	4.50%	0.00%	2.32%
Jefferson	1.44%	1.32%	0.00%	0.00%	2.14%	3.74%	0.00%	1.52%
Lubbock	3.09%	3.76%	0.00%	0.00%	2.16%	5.92%	0.00%	3.25%
Nueces	3.38%	3.24%	0.00%	0.00%	4.13%	4.56%	0.00%	3.43%
Tarrant	2.51%	2.71%	0.00%	0.00%	1.63%	5.19%	0.00%	2.63%
Travis	2.06%	1.62%	0.00%	0.00%	1.25%	3.11%	0.00%	1.99%
MRSA Central	3.71%	3.15%	0.00%	0.00%	2.67%	5.48%	0.00%	3.74%
MRSA Northeast	2.55%	2.53%	0.00%	0.00%	2.32%	5.02%	0.00%	2.69%
MRSA West	2.74%	2.57%	0.00%	0.00%	1.81%	4.30%	0.00%	2.77%
Total	2.59%	2.36%	0.00%	0.00%	1.89%	4.21%	0.00%	2.60%

## Footnotes

(1) Equals the cost impact from application of the revised hospital Standard Dollar Amounts effective 9/1/2015.

(2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care  
Potentially Preventable Readmission (PPR) Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	13,863	372	0	0	159	23	0	14,417
Dallas	147,955	18,825	0	0	2,239	16,164	0	185,182
El Paso	80,369	14,516	0	0	4,528	1,582	0	100,995
Harris	606,894	92,041	0	0	13,234	36,961	0	749,130
Hidalgo	13,513	3,914	0	0	98	1,022	0	18,548
Jefferson	154,976	22,026	0	0	2,482	8,249	0	187,733
Lubbock	37,977	5,090	0	0	1,059	4,460	0	48,586
Nueces	25,381	4,087	0	0	1,676	2,734	0	33,879
Tarrant	168,205	29,148	0	0	7,216	18,569	0	223,138
Travis	103,813	18,336	0	0	4,089	5,963	0	132,201
MRSA Central	53,967	3,523	0	0	458	4,146	0	62,094
MRSA Northeast	74,431	16,692	0	0	1,272	6,528	0	98,923
MRSA West	37,302	2,385	0	0	2,298	3,831	0	45,817
Total	1,518,646	230,954	0	0	40,809	110,232	0	1,900,642
FY2015 Total Acute Care Claims Paid (2)								
Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 Potentially Preventable Readmission (PPR) Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Dallas	0.09%	0.09%	0.00%	0.00%	0.05%	0.17%	0.00%	0.09%
El Paso	0.20%	0.15%	0.00%	0.00%	0.19%	0.23%	0.00%	0.19%
Harris	0.21%	0.18%	0.00%	0.00%	0.11%	0.36%	0.00%	0.20%
Hidalgo	0.02%	0.02%	0.00%	0.00%	0.00%	0.04%	0.00%	0.02%
Jefferson	0.29%	0.28%	0.00%	0.00%	0.18%	0.38%	0.00%	0.29%
Lubbock	0.13%	0.16%	0.00%	0.00%	0.07%	0.26%	0.00%	0.14%
Nueces	0.06%	0.05%	0.00%	0.00%	0.10%	0.12%	0.00%	0.06%
Tarrant	0.15%	0.16%	0.00%	0.00%	0.13%	0.27%	0.00%	0.16%
Travis	0.19%	0.17%	0.00%	0.00%	0.12%	0.24%	0.00%	0.18%
MRSA Central	0.09%	0.09%	0.00%	0.00%	0.02%	0.12%	0.00%	0.09%
MRSA Northeast	0.08%	0.12%	0.00%	0.00%	0.04%	0.10%	0.00%	0.09%
MRSA West	0.06%	0.04%	0.00%	0.00%	0.06%	0.09%	0.00%	0.06%
Total	0.13%	0.12%	0.00%	0.00%	0.08%	0.18%	0.00%	0.13%

Footnotes

- (1) Equals the net cost/savings resulting from PPR reductions that will become effective 9/1/2016 versus those effective during FY2015.
- (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care  
Potentially Preventable Complications (PPC) Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	199,594	26,868	0	0	4,159	15,789	0	246,410
Dallas	1,093,462	125,901	0	0	19,646	111,437	0	1,350,445
El Paso	70,780	14,506	0	0	2,188	1,446	0	88,919
Harris	1,484,719	256,233	0	0	37,897	85,810	0	1,864,659
Hidalgo	92,043	28,354	0	0	1,590	5,087	0	127,074
Jefferson	208,061	28,728	0	0	2,346	3,795	0	242,930
Lubbock	105,693	13,430	0	0	2,814	10,889	0	132,826
Nueces	24,290	1,981	0	0	359	5,077	0	31,706
Tarrant	544,856	95,220	0	0	22,474	66,548	0	729,098
Travis	245,970	54,507	0	0	15,694	17,660	0	333,831
MRSA Central	84,381	7,462	0	0	1,488	7,318	0	100,648
MRSA Northeast	187,905	23,492	0	0	6,417	23,145	0	240,959
MRSA West	114,095	6,724	0	0	4,290	10,127	0	135,237
Total	4,455,848	683,405	0	0	121,362	364,127	0	5,624,742
FY2015 Total Acute Care Claims Paid (2)								
Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576



FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 Potentially Preventable Complications (PPC) Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.18%	0.15%	0.00%	0.00%	0.09%	0.25%	0.00%	0.18%
Dallas	0.68%	0.61%	0.00%	0.00%	0.40%	1.15%	0.00%	0.69%
El Paso	0.17%	0.15%	0.00%	0.00%	0.09%	0.21%	0.00%	0.16%
Harris	0.50%	0.50%	0.00%	0.00%	0.33%	0.84%	0.00%	0.51%
Hidalgo	0.11%	0.13%	0.00%	0.00%	0.04%	0.18%	0.00%	0.11%
Jefferson	0.39%	0.36%	0.00%	0.00%	0.17%	0.17%	0.00%	0.38%
Lubbock	0.38%	0.42%	0.00%	0.00%	0.18%	0.63%	0.00%	0.38%
Nueces	0.06%	0.02%	0.00%	0.00%	0.02%	0.23%	0.00%	0.06%
Tarrant	0.50%	0.52%	0.00%	0.00%	0.40%	0.98%	0.00%	0.52%
Travis	0.44%	0.51%	0.00%	0.00%	0.45%	0.73%	0.00%	0.46%
MRSA Central	0.15%	0.19%	0.00%	0.00%	0.07%	0.21%	0.00%	0.15%
MRSA Northeast	0.21%	0.17%	0.00%	0.00%	0.19%	0.34%	0.00%	0.21%
MRSA West	0.18%	0.12%	0.00%	0.00%	0.12%	0.25%	0.00%	0.18%
Total	0.37%	0.36%	0.00%	0.00%	0.24%	0.61%	0.00%	0.38%

Footnotes

- (1) Equals the net cost/savings resulting from PPC reductions that will become effective 9/1/2016 versus those effective during FY2015.
- (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Remove Spell of Illness for Inpatient Mental Health

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	908,184	53,964	0	0	34,299	48,943	0	1,045,390
Dallas	1,186,584	56,066	0	0	34,279	66,625	0	1,343,554
El Paso	272,053	26,956	0	0	13,886	4,026	0	316,922
Harris	1,924,300	111,314	0	0	68,251	60,597	0	2,164,462
Hidalgo	818,607	70,652	0	0	32,296	22,929	0	944,483
Jefferson	367,618	18,861	0	0	8,866	13,986	0	409,330
Lubbock	213,447	10,180	0	0	11,353	12,280	0	247,260
Nueces	337,224	27,148	0	0	12,955	16,919	0	394,247
Tarrant	684,533	46,858	0	0	32,815	39,476	0	803,682
Travis	406,414	25,909	0	0	22,678	15,821	0	470,822
MRSA Central	460,221	12,022	0	0	15,724	27,161	0	515,128
MRSA Northeast	713,540	42,836	0	0	24,834	49,757	0	830,967
MRSA West	507,278	18,508	0	0	26,973	31,313	0	584,073
Total	8,800,002	521,274	0	0	339,210	409,834	0	10,070,320
FY2015 Total Acute Care Claims Paid (2)								
Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 Remove Spell of Illness for Inpatient Mental Health

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.83%	0.31%	0.00%	0.00%	0.76%	0.76%	0.00%	0.76%
Dallas	0.74%	0.27%	0.00%	0.00%	0.69%	0.69%	0.00%	0.69%
El Paso	0.66%	0.27%	0.00%	0.00%	0.59%	0.59%	0.00%	0.59%
Harris	0.65%	0.22%	0.00%	0.00%	0.59%	0.59%	0.00%	0.59%
Hidalgo	0.95%	0.33%	0.00%	0.00%	0.82%	0.82%	0.00%	0.82%
Jefferson	0.70%	0.24%	0.00%	0.00%	0.64%	0.64%	0.00%	0.64%
Lubbock	0.76%	0.32%	0.00%	0.00%	0.71%	0.71%	0.00%	0.71%
Nueces	0.84%	0.32%	0.00%	0.00%	0.75%	0.75%	0.00%	0.75%
Tarrant	0.63%	0.26%	0.00%	0.00%	0.58%	0.58%	0.00%	0.58%
Travis	0.73%	0.24%	0.00%	0.00%	0.65%	0.65%	0.00%	0.65%
MRSA Central	0.81%	0.31%	0.00%	0.00%	0.78%	0.78%	0.00%	0.78%
MRSA Northeast	0.79%	0.32%	0.00%	0.00%	0.73%	0.73%	0.00%	0.73%
MRSA West	0.80%	0.34%	0.00%	0.00%	0.76%	0.76%	0.00%	0.76%
Total	0.74%	0.27%	0.00%	0.00%	0.68%	0.69%	0.00%	0.68%

Footnotes

- (1) Equals the cost resulting from removing the spell of illness provision for inpatient mental health services.  
 (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Therapy Reimbursement Reduction

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	-266,081	-5,513	0	0	-3,732	-1,801	0	-277,128
Dallas	-77,521	-7,528	0	0	-2,842	-7,504	0	-95,396
El Paso	-25,093	-5,585	0	0	-1,843	-238	0	-32,760
Harris	-266,382	-17,560	0	0	-8,151	-1,250	0	-293,342
Hidalgo	-363,448	-17,654	0	0	-9,945	-437	0	-391,484
Jefferson	-34,099	-3,285	0	0	-1,717	-723	0	-39,825
Lubbock	-19,750	-685	0	0	-463	-770	0	-21,669
Nueces	-44,770	-3,174	0	0	-1,716	-87	0	-49,746
Tarrant	-70,579	-9,600	0	0	-841	-6,258	0	-87,277
Travis	-41,804	-4,027	0	0	-2,798	-117	0	-48,747
MRSA Central	-51,993	-1,230	0	0	-162	-184	0	-53,569
MRSA Northeast	-32,979	-2,984	0	0	-720	-1,367	0	-38,049
MRSA West	-21,934	-1,205	0	0	-295	-538	0	-23,972
Total	-1,316,433	-80,029	0	0	-35,226	-21,275	0	-1,452,964

## FY2015 Total Acute Care Claims Paid (2)

Bexar	108,804,557	17,400,963	0	0	4,512,967	6,439,852	0	137,158,339
Dallas	160,268,822	20,578,598	0	0	4,967,933	9,655,856	0	195,471,209
El Paso	41,051,424	9,815,245	0	0	2,353,530	682,421	0	53,902,620
Harris	295,136,682	51,297,853	0	0	11,567,983	10,270,707	0	368,273,225
Hidalgo	86,445,250	21,446,436	0	0	3,938,487	2,796,229	0	114,626,401
Jefferson	52,745,759	7,958,743	0	0	1,385,356	2,185,241	0	64,275,099
Lubbock	28,157,079	3,191,631	0	0	1,598,981	1,729,589	0	34,677,280
Nueces	40,100,388	8,589,637	0	0	1,727,339	2,255,870	0	52,673,235
Tarrant	108,800,695	18,172,811	0	0	5,657,811	6,806,243	0	139,437,560
Travis	55,948,309	10,615,728	0	0	3,488,948	2,433,986	0	72,486,971
MRSA Central	56,954,911	3,828,822	0	0	2,015,961	3,482,156	0	66,281,851
MRSA Northeast	90,631,379	13,567,012	0	0	3,401,965	6,816,000	0	114,416,356
MRSA West	63,554,945	5,484,171	0	0	3,549,130	4,120,183	0	76,708,430
Total	1,188,600,201	191,947,649	0	0	50,166,391	59,674,334	0	1,490,388,576

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Therapy Reimbursement Reduction

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	-0.24%	-0.03%	0.00%	0.00%	-0.08%	-0.03%	0.00%	-0.20%
Dallas	-0.05%	-0.04%	0.00%	0.00%	-0.06%	-0.08%	0.00%	-0.05%
El Paso	-0.06%	-0.06%	0.00%	0.00%	-0.08%	-0.03%	0.00%	-0.06%
Harris	-0.09%	-0.03%	0.00%	0.00%	-0.07%	-0.01%	0.00%	-0.08%
Hidalgo	-0.42%	-0.08%	0.00%	0.00%	-0.25%	-0.02%	0.00%	-0.34%
Jefferson	-0.06%	-0.04%	0.00%	0.00%	-0.12%	-0.03%	0.00%	-0.06%
Lubbock	-0.07%	-0.02%	0.00%	0.00%	-0.03%	-0.04%	0.00%	-0.06%
Nueces	-0.11%	-0.04%	0.00%	0.00%	-0.10%	0.00%	0.00%	-0.09%
Tarrant	-0.06%	-0.05%	0.00%	0.00%	-0.01%	-0.09%	0.00%	-0.06%
Travis	-0.07%	-0.04%	0.00%	0.00%	-0.08%	0.00%	0.00%	-0.07%
MRSA Central	-0.09%	-0.03%	0.00%	0.00%	-0.01%	-0.01%	0.00%	-0.08%
MRSA Northeast	-0.04%	-0.02%	0.00%	0.00%	-0.02%	-0.02%	0.00%	-0.03%
MRSA West	-0.03%	-0.02%	0.00%	0.00%	-0.01%	-0.01%	0.00%	-0.03%
Total	-0.11%	-0.04%	0.00%	0.00%	-0.07%	-0.04%	0.00%	-0.10%

Footnotes

- (1) Equals the cost reduction resulting from the therapy reimbursement changes effective 7/15/2016.  
 (2) Equals FY2015 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Acute Care Claims Paid.

## *Attachment 7*

### Long Term Care Reimbursement Adjustments

This attachment presents information regarding rating adjustments for the various long term care provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting (FY2015) and before the end of FY2017.

HHSC requires all managed care organizations to incorporate EVV into their management duties for Personal Assistance Services (PAS), Personal Care Services (PCS) and Private Duty Nursing (PDN). Based on an analysis of the impact of EVV on these services in the fee-for-service program the following savings assumptions have been developed:

- PAS: 4.0%
- PCS: 4.0%
- PDN: 3.5%

These assumed savings factors were determined through an analysis of the EVV roll out within the FFS program during 2012 and 2013 by the Department of Aging and Disability Services (DADS). The savings percentages were calculated as the average reduction in units of service from the 6-12 months immediately preceding the EVV implementation to the 6-12 months immediately following the implementation. Information regarding the impact of the implementation of EVV in managed care continues to be limited therefore we have continued our reliance on the FFS savings assumptions. As the managed care impact develops we will monitor the results. There are no additional savings assumed in the MRSA service areas because EVV was implemented in these areas prior the expansion of STAR+PLUS to these areas on September 1, 2014. Exhibit A presents a summary of the derivation of the adjustment factors.

Effective 1, 2015 the minimum wage paid to attendant care providers was increased for various Personal Assistance Services (PAS) and Day Activity Health Services (DAHS). Exhibit B presents a summary of the derivation of the adjustment factors.

Effective September 1, 2015, attendant care enhanced payments (ACEP) were increased to allow certain attendant care providers to qualify for increased enhanced payment levels. Exhibit C presents a summary of the derivation of the adjustment factors.

Effective June 1, 2015, Texas implemented a CFC initiative that expanded access to certain habilitation and attendant care services. Exhibit D presents a summary of the derivation of the adjustment factors. Further detail regarding the CFC impact can be found in Attachment 10.

Effective March 1, 2015 nursing facility services were carved into the STAR+PLUS program. Currently, the majority of nursing facility services provided in the STAR+PLUS program are for members in one of the two nursing facility specific risk groups; however, the health plans are responsible for the nursing facility services of a member in the non-nursing facility risk groups prior to the member's eligibility change. For example, a Medicaid Only HCBS member may enter the nursing facility in the middle of the month but does not transition to the Medicaid Only Nursing Facility risk group until the following month, assuming they remain in the nursing facility. As a result, the applicable health plan will be responsible for nursing facility services

for a HCBS member. This adjustment was determined by calculating the nursing facility percentage of total long term care claims during the period March 2015 through August 2015. It was then assumed that this percentage is a reasonable estimate of the nursing facility claims that would have occurred for the period September 2014 through February 2015, the time period in which nursing facility services were carved out of STAR+PLUS. Exhibit E presents a summary of the derivation of the adjustment factors.

Nursing facility claims fluctuate on a seasonal pattern largely due to the per diem reimbursement structure. Because the rating period is twelve-month period and our base period claims represent only six months, it was necessary to study the seasonal difference in cost between the period March through August in comparison to the entire year. The acute cost difference was reviewed by comparing the relative cost during the period March through August to the cost during the entire fiscal year for acute care services in the STAR+PLUS program for FY2013, FY2014 and FY2015. It was determined that there is no material difference in average cost during these seasonal periods and no acute care adjustment was necessary. Because nursing facility claim payments are based on the number of days of services, the nursing facility cost difference was reviewed by comparing the number of days during the base period to the total fiscal year. March through August represents slightly more than half of the full year (184 days) therefore needs to be adjusted downward slightly when being used to estimate the cost of the entire fiscal year. This seasonality adjustment was calculated as follows:

$$\text{Adjustment factor} = \frac{365}{184 \times 2} = .9918$$

For ease of reporting purposes, the numerous provider reimbursement adjustments described above have been consolidated in the community rating exhibits included in Attachment 3 and Attachment 4 under the heading Provider Reimbursement Adjustment – Long Term Care.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Electronic Visit Verification

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of EVV (1)					
Bexar	-1,656,295	-717,982	-2,494,539	-1,807,825	-6,676,640
Dallas	-1,879,840	-628,299	-2,469,266	-1,931,615	-6,909,019
El Paso	-515,920	-335,367	-2,076,950	-888,923	-3,817,161
Harris	-2,881,501	-1,344,815	-4,327,416	-3,026,001	-11,579,733
Hidalgo	-3,817,068	-1,186,625	-12,323,317	-6,466,940	-23,793,951
Jefferson	-318,645	-212,930	-500,481	-700,322	-1,732,379
Lubbock	-116,544	-86,265	-196,473	-300,912	-700,194
Nueces	-743,091	-377,416	-1,247,424	-1,469,245	-3,837,175
Tarrant	-697,938	-475,672	-917,591	-1,105,497	-3,196,698
Travis	-433,983	-362,240	-657,613	-978,255	-2,432,091
MRSA Central	0	0	0	0	0
MRSA Northeast	0	0	0	0	0
MRSA West	0	0	0	0	0
Total	-13,060,824	-5,727,612	-27,211,070	-18,675,535	-64,675,041

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124



FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Electronic Visit Verification

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Rate Adjustment Factor (3)					
Bexar	-3.73%	-2.83%	-3.72%	-3.25%	-3.47%
Dallas	-3.86%	-2.84%	-3.70%	-3.29%	-3.52%
El Paso	-3.53%	-3.56%	-3.39%	-3.44%	-3.43%
Harris	-3.70%	-2.85%	-3.68%	-3.27%	-3.46%
Hidalgo	-3.36%	-3.30%	-3.36%	-3.51%	-3.40%
Jefferson	-3.76%	-3.39%	-3.74%	-3.50%	-3.60%
Lubbock	-3.70%	-3.06%	-3.55%	-3.41%	-3.44%
Nueces	-3.52%	-3.32%	-3.56%	-3.52%	-3.51%
Tarrant	-3.82%	-2.82%	-3.62%	-3.01%	-3.29%
Travis	-3.90%	-3.27%	-3.81%	-3.42%	-3.57%
MRSA Central	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-3.35%	-2.62%	-3.22%	-2.76%	-3.03%

Footnotes

(1) Equals the cost impact from application of 4% savings on PAS and PCS and 3.5% savings on PDN.

(2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Long Term Care

## Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of Attendant Care Reimbursement Increases (1)					
Bexar	567,339	256,712	852,699	643,580	2,320,330
Dallas	637,637	223,023	845,960	683,676	2,390,297
El Paso	180,780	119,942	738,488	317,911	1,357,122
Harris	983,432	476,421	1,487,779	1,072,588	4,020,221
Hidalgo	1,361,692	431,229	4,399,870	2,338,086	8,530,878
Jefferson	108,591	74,350	169,585	247,089	599,616
Lubbock	37,380	30,733	67,974	106,693	242,780
Nueces	259,452	135,174	435,184	524,525	1,354,335
Tarrant	237,667	168,340	314,170	390,602	1,110,780
Travis	146,411	127,735	222,201	345,149	841,496
MRSA Central	93,118	61,178	199,734	262,499	616,529
MRSA Northeast	147,127	162,607	244,064	743,167	1,296,966
MRSA West	123,584	86,503	446,931	469,567	1,126,585
Total	4,884,212	2,353,947	10,424,641	8,145,134	25,807,934

## FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Rate Adjustment Factor (3)					
Bexar	1.28%	1.01%	1.27%	1.16%	1.21%
Dallas	1.31%	1.01%	1.27%	1.16%	1.22%
El Paso	1.24%	1.27%	1.20%	1.23%	1.22%
Harris	1.26%	1.01%	1.27%	1.16%	1.20%
Hidalgo	1.20%	1.20%	1.20%	1.27%	1.22%
Jefferson	1.28%	1.19%	1.27%	1.23%	1.25%
Lubbock	1.19%	1.09%	1.23%	1.21%	1.19%
Nueces	1.23%	1.19%	1.24%	1.26%	1.24%
Tarrant	1.30%	1.00%	1.24%	1.06%	1.14%
Travis	1.32%	1.15%	1.29%	1.20%	1.24%
MRSA Central	1.28%	0.98%	1.27%	1.24%	1.22%
MRSA Northeast	1.29%	0.98%	1.24%	1.14%	1.15%
MRSA West	1.27%	1.20%	1.29%	1.23%	1.26%
Total	1.25%	1.08%	1.23%	1.20%	1.21%

Footnotes

(1) Equals the additional cost impact resulting from increases to the reimbursement for attendant services effective 9/1/2015.

(2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

## FY2017 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Long Term Care

## Attendant Care Enhanced Payment Increase

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of ACEP Increase (1)					
Bexar	97,682	55,900	147,429	122,196	423,207
Dallas	107,272	48,711	146,657	129,284	431,923
El Paso	32,172	20,749	134,963	56,855	244,739
Harris	171,235	103,834	258,368	203,895	737,333
Hidalgo	249,729	79,076	807,529	405,078	1,541,412
Jefferson	18,659	13,803	29,434	44,026	105,922
Lubbock	6,929	6,195	12,179	19,436	44,740
Nueces	46,394	24,998	77,092	91,932	240,417
Tarrant	40,175	37,046	55,751	80,895	213,867
Travis	24,453	24,389	37,949	63,016	149,807
MRSA Central	16,022	13,743	34,579	46,689	111,032
MRSA Northeast	25,169	36,578	43,198	143,639	248,585
MRSA West	21,351	15,875	76,142	83,882	197,251
Total	857,243	480,896	1,861,271	1,490,826	4,690,235

## FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Attendant Care Enhanced Payment Increase

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Rate Adjustment Factor (3)					
Bexar	0.22%	0.22%	0.22%	0.22%	0.22%
Dallas	0.22%	0.22%	0.22%	0.22%	0.22%
El Paso	0.22%	0.22%	0.22%	0.22%	0.22%
Harris	0.22%	0.22%	0.22%	0.22%	0.22%
Hidalgo	0.22%	0.22%	0.22%	0.22%	0.22%
Jefferson	0.22%	0.22%	0.22%	0.22%	0.22%
Lubbock	0.22%	0.22%	0.22%	0.22%	0.22%
Nueces	0.22%	0.22%	0.22%	0.22%	0.22%
Tarrant	0.22%	0.22%	0.22%	0.22%	0.22%
Travis	0.22%	0.22%	0.22%	0.22%	0.22%
MRSA Central	0.22%	0.22%	0.22%	0.22%	0.22%
MRSA Northeast	0.22%	0.22%	0.22%	0.22%	0.22%
MRSA West	0.22%	0.22%	0.22%	0.22%	0.22%
Total	0.22%	0.22%	0.22%	0.22%	0.22%

Footnotes

(1) Equals the cost impact resulting from increases to the enhanced reimbursement levels available for attendant services.

(2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Community First Choice

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of CFC (1)					
Bexar	10,259,179	1,765,922	2,971,248	2,605,002	17,601,351
Dallas	15,645,415	1,572,021	4,367,327	2,503,401	24,088,165
El Paso	4,330,994	849,779	1,556,210	1,638,462	8,375,445
Harris	33,695,232	3,398,188	8,943,736	5,792,482	51,829,639
Hidalgo	6,031,636	3,012,074	1,629,548	10,789,803	21,463,061
Jefferson	4,149,039	526,386	1,771,227	756,451	7,203,103
Lubbock	4,150,648	204,160	1,531,535	289,780	6,176,122
Nueces	3,123,084	944,249	1,268,212	1,805,217	7,140,763
Tarrant	15,235,843	1,180,434	4,472,024	1,213,427	22,101,727
Travis	7,380,242	891,302	2,458,392	1,306,156	12,036,092
MRSA Central	7,351,347	409,160	2,851,225	632,426	11,244,159
MRSA Northeast	9,224,265	1,089,013	3,790,146	1,795,493	15,898,918
MRSA West	8,908,454	578,732	3,605,390	1,269,674	14,362,250
Total	129,485,376	16,421,421	41,216,221	32,397,774	219,520,792

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Community First Choice

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Rate Adjustment Factor (3)					
Bexar	23.11%	6.95%	4.43%	4.69%	9.15%
Dallas	32.09%	7.10%	6.55%	4.26%	12.27%
El Paso	29.62%	9.01%	2.54%	6.34%	7.53%
Harris	43.29%	7.20%	7.62%	6.25%	15.46%
Hidalgo	5.31%	8.38%	0.44%	5.86%	3.06%
Jefferson	48.92%	8.39%	13.24%	3.78%	14.96%
Lubbock	131.78%	7.25%	27.66%	3.28%	30.37%
Nueces	14.81%	8.31%	3.62%	4.32%	6.53%
Tarrant	83.43%	7.01%	17.65%	3.30%	22.74%
Travis	66.40%	8.04%	14.25%	4.56%	17.68%
MRSA Central	100.94%	6.55%	18.14%	2.98%	22.28%
MRSA Northeast	80.63%	6.55%	19.30%	2.75%	14.07%
MRSA West	91.79%	8.02%	10.42%	3.33%	16.02%
Total	33.23%	7.51%	4.87%	4.78%	10.30%

Footnotes

- (1) Equals the cost impact from application of CFC including (i) utilization for newly eligible population and (ii) increased reimbursement for existing population.
- (2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility Carve In Adjustment

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of NF Carve In (1)					
Bexar	133,310	177,596	408,670	393,682	1,113,257
Dallas	499,163	424,454	738,628	1,116,410	2,778,655
El Paso	36,341	3,431	90,081	112,318	242,171
Harris	331,027	833,102	456,259	1,328,532	2,948,920
Hidalgo	61,669	102,186	455,171	1,085,799	1,704,824
Jefferson	31,743	15,774	137,808	154,234	339,560
Lubbock	26,988	44,640	29,659	38,149	139,436
Nueces	15,102	57,450	72,390	248,232	393,173
Tarrant	50,344	9,807	168,361	30,567	259,078
Travis	3,548	21,605	12,960	157,470	195,583
MRSA Central	19,495	10,035	128,983	360,790	519,303
MRSA Northeast	89,945	312,425	334,546	2,556,960	3,293,876
MRSA West	85,013	42,785	162,567	356,250	646,615
Total	1,383,687	2,055,291	3,196,082	7,939,391	14,574,451

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124



FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility Carve In Adjustment

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Rate Adjustment Factor (3)					
Bexar	0.30%	0.70%	0.61%	0.71%	0.58%
Dallas	1.02%	1.92%	1.11%	1.90%	1.42%
El Paso	0.25%	0.04%	0.15%	0.43%	0.22%
Harris	0.43%	1.77%	0.39%	1.43%	0.88%
Hidalgo	0.05%	0.28%	0.12%	0.59%	0.24%
Jefferson	0.37%	0.25%	1.03%	0.77%	0.71%
Lubbock	0.86%	1.59%	0.54%	0.43%	0.69%
Nueces	0.07%	0.51%	0.21%	0.59%	0.36%
Tarrant	0.28%	0.06%	0.66%	0.08%	0.27%
Travis	0.03%	0.19%	0.08%	0.55%	0.29%
MRSA Central	0.27%	0.16%	0.82%	1.70%	1.03%
MRSA Northeast	0.79%	1.88%	1.70%	3.92%	2.92%
MRSA West	0.88%	0.59%	0.47%	0.93%	0.72%
Total	0.36%	0.94%	0.38%	1.17%	0.68%

Footnotes

- (1) Equals the cost impact resulting from the carve in of nursing facility services on 3/1/2015.  
 (2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

## ***Attachment 8***

### **Removal of STAR+PLUS Members Under Age 21**

Effective November 1, 2016 all STAR+PLUS members under age 21 will be removed from the program and moved to the new STAR Kids managed care program. This change will only impact the Medicaid Only OCC and IDD risk groups. The impact of this eligibility change was studied by comparing the average base period cost of STAR+PLUS members over and under age 21. Exhibit A provides a breakdown of the base period enrollment, claims and average cost split between over and under age 21. Exhibit B calculates the ratio of average cost per member per month between members over age 21 and the overall total. The applicable adjustment factor by service area has been calculated as  $10/12^{\text{th}}$  of this ratio plus  $2/12^{\text{th}}$  of 1.0. The weighting of the ratio ( $10/12^{\text{th}}$ ) is a result of this change only impacting the period November 2016 through August 2017, which represents ten of the twelve rating months.

The calculation of this adjustment factor includes both acute care and long term care claims and has been applied equally to both components of the rate development.

The adjustment factor is a function of both the average cost differential between the age groups and the relative proportion of the population within each. Service areas such as Harris and Hidalgo where the under 21 population makes up a large percentage of the total have larger adjustment factors than the other service areas.

FY2017 STAR+PLUS Rating  
Other Adjustments  
Removal of Members Under Age 21

	Medicaid Only OCC			IDD		
	Under Age 21	Age 21 & Over	Total	Under Age 21	Age 21 & Over	Total
FY2015 Member Months						
Bexar	25,068	240,247	265,315	406	18,163	18,569
Dallas	13,841	332,805	346,646	231	21,985	22,216
El Paso	3,820	75,657	79,477	27	5,656	5,683
Harris	67,141	495,020	562,161	823	37,084	37,907
Hidalgo	52,752	186,394	239,146	281	10,229	10,510
Jefferson	7,676	99,719	107,395	68	4,689	4,757
Lubbock	4,245	58,111	62,356	168	6,398	6,566
Nueces	6,801	91,715	98,516	61	5,412	5,473
Tarrant	15,548	184,430	199,978	479	19,514	19,993
Travis	7,255	111,474	118,729	300	12,121	12,421
MRSA Central	4,647	129,801	134,448	135	9,074	9,209
MRSA Northeast	4,179	204,273	208,452	223	12,054	12,277
MRSA West	3,549	144,646	148,195	209	12,419	12,628
Total	216,522	2,354,292	2,570,814	3,411	174,798	178,209
FY2015 Total Claims Paid (1)						
Bexar	10,806,109	142,399,505	153,205,614	86,123	4,426,844	4,512,967
Dallas	3,817,342	205,211,451	209,028,793	72,518	4,895,415	4,967,933
El Paso	2,059,033	53,615,947	55,674,980	7,760	2,345,770	2,353,530
Harris	25,539,289	347,431,688	372,970,978	445,345	11,122,637	11,567,983
Hidalgo	20,329,326	179,628,909	199,958,235	282,049	3,656,438	3,938,487
Jefferson	1,978,338	59,248,877	61,227,216	46,128	1,339,228	1,385,356
Lubbock	2,791,169	28,515,558	31,306,728	56,657	1,542,324	1,598,981
Nueces	3,452,930	57,735,712	61,188,642	37,521	1,689,818	1,727,339
Tarrant	7,482,641	119,579,504	127,062,145	92,156	5,565,655	5,657,811
Travis	2,924,574	64,138,571	67,063,145	132,385	3,356,563	3,488,948
MRSA Central	1,577,930	62,659,589	64,237,519	42,594	1,973,367	2,015,961
MRSA Northeast	857,051	101,214,962	102,072,012	106,902	3,295,063	3,401,965
MRSA West	2,549,823	70,710,199	73,260,023	56,952	3,492,178	3,549,130
Total	86,165,553	1,492,090,475	1,578,256,028	1,465,091	48,701,300	50,166,391
FY2015 Per Member Per Month						
Bexar	431.07	592.72	577.45	212.13	243.73	243.04
Dallas	275.80	616.61	603.00	313.93	222.67	223.62
El Paso	539.01	708.67	700.52	287.40	414.74	414.14
Harris	380.38	701.85	663.46	541.12	299.93	305.17
Hidalgo	385.38	963.71	836.13	1,003.73	357.46	374.74
Jefferson	257.73	594.16	570.11	678.36	285.61	291.22
Lubbock	657.52	490.71	502.06	337.24	241.06	243.52
Nueces	507.71	629.51	621.10	615.10	312.24	315.61
Tarrant	481.26	648.37	635.38	192.39	285.21	282.99
Travis	403.11	575.37	564.84	441.28	276.92	280.89
MRSA Central	339.56	482.74	477.79	315.51	217.47	218.91
MRSA Northeast	205.09	495.49	489.67	479.38	273.36	277.10
MRSA West	718.46	488.85	494.35	272.50	281.20	281.05
Total	397.95	633.77	613.91	429.52	278.61	281.50

## Footnotes

(1) Equals FY2015 health plan fee-for-service claims for all services (from Encounter database).

FY2017 STAR+PLUS Rating  
 Other Adjustments  
 Removal of Members Under Age 21

	Medicaid Only OCC		IDD	
	Ratio (1)	Adjustment	Ratio (1)	Adjustment
Bexar	1.026	1.0220	1.003	1.0024
Dallas	1.023	1.0188	0.996	0.9965
El Paso	1.012	1.0097	1.001	1.0012
Harris	1.058	1.0482	0.983	0.9857
Hidalgo	1.153	1.1271	0.954	0.9616
Jefferson	1.042	1.0351	0.981	0.9839
Lubbock	0.977	0.9812	0.990	0.9916
Nueces	1.014	1.0113	0.989	0.9911
Tarrant	1.020	1.0170	1.008	1.0065
Travis	1.019	1.0155	0.986	0.9882
MRSA Central	1.010	1.0086	0.993	0.9945
MRSA Northeast	1.012	1.0099	0.986	0.9887
MRSA West	0.989	0.9907	1.001	1.0004
Total	1.032	1.0270	0.990	0.9914

Footnotes

(1) Equals the ratio of the average cost for members age 21 & over to the total average cost.

(2) Equals weighted average of Ratio for 10 months and 1.0 (no adjustment) for 2 months.

## ***Attachment 9***

### **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.

This analysis is performed by University of Florida's Institute for Child Health Policy (ICHP) through their role as the EQRO. ICHP uses the Chronic Illness and Disability Payment System (CDPS) model to perform the acuity analysis. Exhibit A provides a brief description of the CDPS analysis as provided by ICHP in their summary report. Exhibits B-E present a summary of the risk adjustment analysis results by risk group. All information was provided by ICHP and reviewed by the actuary for reasonableness.

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.

Effective November 1, 2016 all STAR+PLUS members under age 21 will be removed from the program. As a result, ICHP performed the acuity analysis in two steps: (1) including all members and (2) excluding members under age 21 in order to determine the impact on relative acuity of this eligibility change. This eligibility change only impacts the Medicaid Only OCC and IDD risk groups. The relative size of the Under 21 IDD risk group was so small that its removal did not have a meaningful impact on the acuity results for the IDD population. Exhibit B presents the acuity analysis including all members, Exhibit C presents the acuity analysis excluding members under age 21 and Exhibit F presents the weighted average acuity score for the Medicaid Only OCC risk group.

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

Because the nursing facility risk groups were new to managed care on March 1, 2015 a full twelve months of data was not available for ICHP to perform the acuity analysis. As a result, no acuity risk adjustment has been applied to these risk groups. It is anticipated that these risk groups will be incorporated into the acuity model in future years.

# **Technical Specifications**

## **TEXAS Rate Analysis (CDPS+Rx)**

**Programs: STAR, CHIP, and STAR+PLUS**

**Reporting Period: State Fiscal Year 2015**

**The Institute for Child Health Policy**

**University of Florida**

**The External Quality Review Organization**

**for Texas Medicaid Managed Care and CHIP**

Issue Date: March 29, 2016

The University of Florida Institute for Child Health Policy (ICHP), the Texas external quality review organization (EQRO), conducted health-based risk analyses for STAR, STAR+PLUS, and CHIP at the request of the Texas Health and Human Services Commission. ICHP performed these analyses using the Chronic Illness and Disability Payment System (CDPS) Version 5.4, which classifies diagnostic information in order to facilitate a comparison of managed care organizations' (MCOs') actual and expected expenditures.

In its basic form, the CDPS package groups the International Classification of Diseases, Ninth Revision (ICD-9) codes found in health-care encounter data into a series of diagnosis categories. Users of the CDPS package have the option of including pharmacy data as well as encounter data in their analyses by following an alternative model, called CDPS+Rx. In addition to grouping ICD-9 codes into diagnosis categories as in the basic CDPS model, CDPS+Rx also groups the National Drug Codes (NDCs) found in pharmacy data into a series of pharmacy categories. More information about CDPS is available at <http://cdps.ucsd.edu>.

#### Data Source

Program	Data Source
STAR	member level enrollment data
	healthcare claims/encounter
	All FFS and MCO pharmacy claims
CHIP	member level enrollment data
	healthcare claims/encounter
	All FFS and MCO pharmacy claims
STAR+PLUS	member level enrollment data
	healthcare claims/encounter
	inpatient claims paid fee for service
	All FFS and MCO pharmacy claims

**Time Period Covered:** The EQRO incorporates all dates of service from SFY2015 in its analyses, including pharmacy and non-pharmacy claims received by the EQRO through February 2016.

For previous year analyses, encounter data were included if either the admit date of service or discharge date of service was within the state fiscal year. However, in the current year analysis, only encounter data with the discharge date of service within SFY2015 is included. This is because the CDPS version 5.4 only handles ICD9 diagnosis codes. Although the new CDPS version 6.0 can handle both ICD9 and ICD10

diagnosis codes, it does not map ICD10 codes to the infant specific BABY categories, so Texas HHSC chooses to use CDPS version 5.4 for SFY 2015.

EQRO/ICHP is currently working on mapping ICD10 codes to the BABY categories. This mapping will be shared with HHSC and MCOs in the near future and should facilitate using CDPS 6.0 for future analyses.

**Enrollment Criteria:** The EQRO excludes from its analyses all enrollees ages 1 and over that were not enrolled in the program continuously for at least six months (a one-month gap in enrollment within the six-month period was permitted, and gap is only allowed in between the active spell but not at the beginning or the end). However, all infants less than one year of age are included as long as they were enrolled in the program at least 1 month. Transferees (clients that changed MCOs during the year) are included in the models and are assigned to the health plan with which they were most recently enrolled for the year.

**Risk Groups:** The EQRO conducts CDPS analyses for the following state-defined risk groups.

Program	Risk Groups
STAR	<b>AFDC Adults (risk group 003)</b>
	<b>Pregnant Women (risk group 005, 020)</b>
	<b>Less than 1 Year of Age</b>
	<b>Age 1 to 5</b>
	<b>Age 6 to 14</b>
	<b>Age 15 to 18</b>
	<b>Age 19 to 20</b>
CHIP	<b>Less than 1 Year of Age</b>
	<b>Age 1 to 5</b>
	<b>Age 6 to 14</b>
	<b>Age 15 to 20</b>
STAR+PLUS	<b>Medicaid Only – OCC (risk group 100)</b>
	<b>Medicaid Only – CBA(risk group 111)</b>
	<b>Intellectual Developmental Disabilities (risk group 122, 123)</b>

**\*Note:** age is as of the last day of the analysis year

The EQRO uses monthly risk-group information found in state eligibility files to identify enrollees' risk groups for STAR and STAR+PLUS. In general, each enrollee is assigned to the risk group to which he or she was assigned for the majority of time during the analysis year. The only exceptions are for infants



and expectant mothers. They are assigned to the newborn or pregnant women risk groups if they were assigned in the eligibility data to those groups for any month of the year. For CHIP and STAR (risk groups 060, 061, 062, 063, 064, 065, 066, 067, 068, 069), the EQRO uses the age of the enrollee as of the end of the analysis year.

Starting from SFY2015, STAR+PLUS added new risk groups 122 (Intellectual Developmental Disabilities (under 21)) and 123 (Intellectual Developmental Disabilities (over 21)). The members assigned to these new risk groups were primarily Fee for Service in prior years. Consequently, there exists no historical data for these new risk groups within STAR+PLUS managed care. The EQRO only used historical STAR+PLUS data for the already existing risk groups (100 and 111) to calculate the Texas specific weights.

**CDPS+Rx Weights:** The EQRO uses the concurrent risk adjustment option within CDPS whereby both expenditures and diagnostic categorization for each enrollee are based upon the year in which the expenditures and diagnoses were recorded. (This is in contrast to the retrospective option whereby current year expenditures are modeled as a function of the diagnoses recorded in the preceding year). The expenditures per month for each eligible member (Expenditure PMPM) are calculated from claims data. Texas-specific concurrent weights are developed using cost (i.e., expenditure PMPM) regression models estimated using the CDPS diagnostic and pharmacy categories (with additional categories for newborns) from the most recent three years of historical data. The Consumer Price Index (medical care component) is used to adjust expenditures when estimating these models.

Ancillary services in the following list are excluded in assigning the CDPS category and expenditure calculation.

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**CPT code range 70000 to 79999, Radiology procedures**

**CPT code range 80000 to 89999, Pathology and laboratory procedures**

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The EQRO calculates Texas-specific weights for STAR, CHIP, and STAR+PLUS. To get a full picture of the health status, the EQRO includes North STAR encounter data for its calculation of STAR and STAR+PLUS weights.

CDPS includes both empirical and clinical input with many diagnostic subcategories ordered by expected clinical severity such that the diagnoses in the higher severity subcategories were expected to exhibit higher costs and hence positive weights. When reverse or negative weights occur, we combine subcategories together to ensure that the weights make intuitive sense.

**Presentation of Results:** The EQRO presents the results from its CDPS analysis in accompanying Excel spreadsheets organized by MCO and service area (SA) for each risk group.

For each MCO, MCO/SA combination and each risk group, the EQRO calculated two ratios:

$$\text{Case Mix Ratio} = \frac{\text{Plan Predicted Expenditures Per Member Per Month}}{\text{Group Predicted Expenditures Per Member Per Month}}$$

$$\text{Spending Ratio} = \frac{\text{Plan Actual Expenditures Per Member Per Month}}{\text{Plan Predicted Expenditures Per Member Per Month}}$$

The case-mix ratio, which measures the MCO's expected expenditures given the diagnostic mix of its enrollees in that group relative to the expected expenditures across all MCOs for that group; and the spend ratio, which measures the MCO's actual expenditures for enrollees in that risk group relative to the expenditures that were expected for that MCO given the health of its enrollees in that group.

**TEXAS STAR+PLUS CDPS SDA/Health Plan Risk**

Reporting Period: Sep 1, 2014 to Aug 31, 2015

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 OCC</b>	216,172	100.00	994.13	994.13	1.00	1.00
<b>Bexar</b>	22,380	100.00	978.12	1,010.85	1.00	0.97
Amerigroup	4,026	17.99	954.62	996.33	0.99	0.96
Molina	2,389	10.67	813.92	870.15	0.86	0.94
Superior	15,965	71.34	1,008.50	1,035.48	1.02	0.97
<b>Dallas</b>	29,101	100.00	903.38	991.07	1.00	0.91
Molina	15,455	53.11	910.59	1,000.60	1.01	0.91
Superior	13,646	46.89	895.21	980.27	0.99	0.91
<b>El Paso</b>	6,646	100.00	1,099.45	1,053.06	1.00	1.04
Amerigroup	4,197	63.15	1,066.10	1,018.66	0.97	1.05
Molina	2,449	36.85	1,156.79	1,112.21	1.06	1.04
<b>Harris</b>	47,105	100.00	1,077.80	1,028.43	1.00	1.05
Amerigroup	20,504	43.53	1,011.50	962.56	0.94	1.05
Molina	6,119	12.99	1,019.49	926.37	0.90	1.10
United Health Care (United)	20,482	43.48	1,161.78	1,125.03	1.09	1.03
<b>Hidalgo</b>	20,054	100.00	1,211.28	949.09	1.00	1.28
HealthSpring	4,640	23.14	1,272.98	945.98	1.00	1.35
Molina	4,152	20.70	1,098.39	898.46	0.95	1.22
Superior	11,262	56.16	1,227.63	969.03	1.02	1.27
<b>Jefferson</b>	9,077	100.00	950.04	1,012.66	1.00	0.94
Amerigroup	3,724	41.03	878.16	955.80	0.94	0.92
Molina	2,885	31.78	994.90	980.97	0.97	1.01
United Health Care (United)	2,468	27.19	1,007.72	1,139.73	1.13	0.88
<b>Lubbock</b>	5,271	100.00	901.16	1,031.53	1.00	0.87
Amerigroup	1,779	33.75	961.57	1,051.38	1.02	0.91
Superior	3,492	66.25	870.79	1,021.55	0.99	0.85
<b>MRSA Central</b>	11,390	100.00	833.85	946.37	1.00	0.88
Superior	7,766	68.18	864.16	978.96	1.03	0.88
United Health Care (United)	3,624	31.82	767.52	875.04	0.92	0.88
<b>MRSA Northeast</b>	17,646	100.00	826.04	921.44	1.00	0.90
Health Spring	9,018	51.11	796.30	875.33	0.95	0.91
United Health Care (United)	8,628	48.89	857.25	969.84	1.05	0.88
<b>MRSA West</b>	12,538	100.00	871.61	972.63	1.00	0.90
Amerigroup	4,354	34.73	828.73	921.86	0.95	0.90
Superior	8,184	65.27	894.19	999.36	1.03	0.89
<b>Nueces</b>	8,283	100.00	1,048.23	1,030.81	1.00	1.02
Superior	4,660	56.26	1,046.86	990.67	0.96	1.06
United Health Care (United)	3,623	43.74	1,049.99	1,082.45	1.05	0.97
<b>Tarrant</b>	16,798	100.00	1,027.08	1,052.63	1.00	0.98
Amerigroup	12,960	77.15	1,055.97	1,093.64	1.04	0.97
Health Spring	3,838	22.85	928.02	912.02	0.87	1.02
<b>Travis</b>	9,883	100.00	1,006.17	896.95	1.00	1.12
Amerigroup	5,237	52.99	1,090.86	889.55	0.99	1.23
United Health Care (United)	4,646	47.01	909.18	905.43	1.01	1.00

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).

**TEXAS STAR+PLUS CDPS SDA/Health Plan Risk**

Reporting Period: Sep 1, 2014 to Aug 31, 2015

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 - Remove Children under Age 21</b>						
<b>STAR+PLUS--Medicaid-Only OCC</b>	198,166	100.00	1,030.95	1,030.95	1.00	1.00
<b>Bexar</b>	20,312	100.00	1,011.13	1,050.05	1.00	0.96
Amerigroup	3,842	18.91	973.30	1,014.86	0.97	0.96
Molina	2,341	11.53	816.53	876.31	0.83	0.93
Superior	14,129	69.56	1,053.50	1,088.27	1.04	0.97
<b>Dallas</b>	27,964	100.00	924.37	1,010.61	1.00	0.91
Molina	14,946	53.45	931.15	1,019.47	1.01	0.91
Superior	13,018	46.55	916.58	1,000.43	0.99	0.92
<b>El Paso</b>	6,330	100.00	1,120.79	1,066.88	1.00	1.05
Amerigroup	4,063	64.19	1,080.39	1,026.03	0.96	1.05
Molina	2,267	35.81	1,193.33	1,140.24	1.07	1.05
<b>Harris</b>	41,556	100.00	1,146.52	1,095.22	1.00	1.05
Amerigroup	17,602	42.36	1,120.37	1,056.65	0.96	1.06
Molina	5,071	12.20	1,041.40	950.85	0.87	1.10
United Health Care (United)	18,883	45.44	1,199.07	1,169.85	1.07	1.02
<b>Hidalgo</b>	15,681	100.00	1,393.88	1,053.24	1.00	1.32
HealthSpring	4,258	27.15	1,325.39	978.46	0.93	1.35
Molina	3,141	20.03	1,308.37	1,021.61	0.97	1.28
Superior	8,282	52.82	1,461.29	1,103.44	1.05	1.32
<b>Jefferson</b>	8,436	100.00	987.74	1,047.79	1.00	0.94
Amerigroup	3,441	40.79	921.01	997.55	0.95	0.92
Molina	2,725	32.30	1,018.51	1,004.09	0.96	1.01
United Health Care (United)	2,270	26.91	1,053.86	1,180.53	1.13	0.89
<b>Lubbock</b>	4,912	100.00	899.12	1,037.12	1.00	0.87
Amerigroup	1,691	34.43	971.91	1,061.92	1.02	0.92
Superior	3,221	65.57	861.47	1,024.29	0.99	0.84
<b>MRSA Central</b>	10,980	100.00	841.07	953.45	1.00	0.88
Superior	7,462	67.96	870.74	986.68	1.03	0.88
United Health Care (United)	3,518	32.04	776.80	881.44	0.92	0.88
<b>MRSA Northeast</b>	17,272	100.00	834.22	928.90	1.00	0.90
Health Spring	8,823	51.08	804.70	882.72	0.95	0.91
United Health Care (United)	8,449	48.92	865.17	977.32	1.05	0.89
<b>MRSA West</b>	12,218	100.00	867.47	975.55	1.00	0.89
Amerigroup	4,284	35.06	832.25	925.79	0.95	0.90
Superior	7,934	64.94	886.27	1,002.12	1.03	0.88
<b>Nueces</b>	7,714	100.00	1,062.39	1,052.55	1.00	1.01
Superior	4,177	54.15	1,070.55	1,020.19	0.97	1.05
United Health Care (United)	3,537	45.85	1,052.75	1,090.79	1.04	0.97
<b>Tarrant</b>	15,515	100.00	1,061.19	1,087.47	1.00	0.98
Amerigroup	11,806	76.09	1,099.29	1,136.93	1.05	0.97
Health Spring	3,709	23.91	938.20	927.78	0.85	1.01
<b>Travis</b>	9,276	100.00	1,031.05	920.36	1.00	1.12
Amerigroup	4,855	52.34	1,126.55	921.48	1.00	1.22
United Health Care (United)	4,421	47.66	924.46	919.11	1.00	1.01

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). Per HHSC's request, children with age<21 were excluded.

**TEXAS STAR+PLUS CDPS SDA/Health Plan Risk**

Reporting Period: Sep 1, 2014 to Aug 31, 2015

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>	12,817	100.00	3,521.58	3,521.58	1.00	1.00
<b>Bexar</b>	1,298	100.00	3,533.01	3,417.84	1.00	1.03
Amerigroup	223	17.18	3,290.18	3,329.32	0.97	0.99
Molina	188	14.48	2,914.36	3,085.41	0.90	0.94
Superior	887	68.34	3,726.40	3,511.20	1.03	1.06
<b>Dallas</b>	1,384	100.00	3,274.12	3,425.37	1.00	0.96
Molina	980	70.81	3,129.08	3,361.95	0.98	0.93
Superior	404	29.19	3,626.05	3,579.26	1.04	1.01
<b>El Paso</b>	678	100.00	3,319.50	3,392.83	1.00	0.98
Amerigroup	437	64.45	3,219.55	3,508.61	1.03	0.92
Molina	241	35.55	3,500.03	3,183.70	0.94	1.10
<b>Harris</b>	2,767	100.00	3,883.84	3,894.85	1.00	1.00
Amerigroup	795	28.73	3,974.30	4,072.14	1.05	0.98
Molina	436	15.76	4,395.98	3,839.67	0.99	1.14
United Health Care (United)	1,536	55.51	3,693.57	3,819.03	0.98	0.97
<b>Hidalgo</b>	1,716	100.00	3,634.26	3,075.08	1.00	1.18
HealthSpring	560	32.63	3,256.73	2,815.67	0.92	1.16
Molina	328	19.11	3,866.39	3,263.29	1.06	1.18
Superior	828	48.25	3,796.12	3,175.02	1.03	1.20
<b>Jefferson</b>	466	100.00	3,405.93	3,652.57	1.00	0.93
Amerigroup	116	24.89	3,737.16	3,891.78	1.07	0.96
Molina	256	54.94	3,350.96	3,568.11	0.98	0.94
United Health Care (United)	94	20.17	3,150.59	3,588.59	0.98	0.88
<b>Lubbock</b>	244	100.00	2,822.70	3,429.33	1.00	0.82
Amerigroup	150	61.48	2,307.74	3,070.75	0.90	0.75
Superior	94	38.52	3,664.09	4,015.23	1.17	0.91
<b>MRSA Central</b>	288	100.00	3,572.43	3,724.72	1.00	0.96
Superior	201	69.79	3,501.69	3,597.51	0.97	0.97
United Health Care (United)	87	30.21	3,739.25	4,024.68	1.08	0.93
<b>MRSA Northeast</b>	1,062	100.00	3,226.69	3,306.47	1.00	0.98
Health Spring	518	48.78	3,118.58	3,148.32	0.95	0.99
United Health Care (United)	544	51.22	3,329.31	3,456.59	1.05	0.96
<b>MRSA West</b>	451	100.00	2,996.87	3,477.05	1.00	0.86
Amerigroup	157	34.81	2,865.56	3,462.07	1.00	0.83
Superior	294	65.19	3,066.38	3,484.99	1.00	0.88
<b>Nueces</b>	655	100.00	3,289.24	3,342.98	1.00	0.98
Superior	360	54.96	3,259.43	3,300.57	0.99	0.99
United Health Care (United)	295	45.04	3,325.33	3,394.33	1.02	0.98
<b>Tarrant</b>	1,159	100.00	3,481.40	3,723.20	1.00	0.94
Amerigroup	994	85.76	3,548.21	3,763.22	1.01	0.94
Health Spring	165	14.24	3,080.33	3,482.97	0.94	0.88
<b>Travis</b>	649	100.00	3,856.62	3,718.80	1.00	1.04
Amerigroup	346	53.31	3,811.49	3,745.59	1.01	1.02
United Health Care (United)	303	46.69	3,908.88	3,687.79	0.99	1.06

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).

**TEXAS STAR+PLUS CDPS SDA/Health Plan Risk**

Reporting Period: Sep 1, 2014 to Aug 31, 2015

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--IDD</b>	15,405	100.00	737.73	737.73	1.00	1.00
<b>Bexar</b>	1,613	100.00	756.40	754.49	1.00	1.00
Amerigroup	257	15.93	770.64	648.12	0.86	1.19
Molina	125	7.75	601.27	489.64	0.65	1.23
Superior	1,231	76.32	769.10	803.35	1.06	0.96
<b>Dallas</b>	1,916	100.00	542.58	613.53	1.00	0.88
Molina	834	43.53	541.60	606.75	0.99	0.89
Superior	1,082	56.47	543.33	618.73	1.01	0.88
<b>El Paso</b>	492	100.00	1,018.79	978.73	1.00	1.04
Amerigroup	375	76.22	1,080.66	969.17	0.99	1.12
Molina	117	23.78	819.63	1,009.49	1.03	0.81
<b>Harris</b>	3,257	100.00	815.17	766.24	1.00	1.06
Amerigroup	1,250	38.38	796.20	733.39	0.96	1.09
Molina	371	11.39	831.69	806.42	1.05	1.03
United Health Care (United)	1,636	50.23	825.94	782.24	1.02	1.06
<b>Hidalgo</b>	912	100.00	817.74	844.93	1.00	0.97
HealthSpring	298	32.68	668.26	728.63	0.86	0.92
Molina	166	18.20	841.32	869.79	1.03	0.97
Superior	448	49.12	909.54	913.92	1.08	1.00
<b>Jefferson</b>	418	100.00	686.95	776.33	1.00	0.88
Amerigroup	104	24.88	740.39	816.37	1.05	0.91
Molina	68	16.27	520.52	726.88	0.94	0.72
United Health Care (United)	246	58.85	711.17	773.19	1.00	0.92
<b>Lubbock</b>	582	100.00	633.33	780.87	1.00	0.81
Amerigroup	230	39.52	768.69	782.94	1.00	0.98
Superior	352	60.48	543.53	779.49	1.00	0.70
<b>MRSA Central</b>	789	100.00	622.00	655.36	1.00	0.95
Superior	607	76.93	639.49	662.78	1.01	0.96
United Health Care (United)	182	23.07	561.57	629.68	0.96	0.89
<b>MRSA Northeast</b>	1,053	100.00	682.03	689.48	1.00	0.99
Health Spring	537	51.00	654.36	678.81	0.98	0.96
United Health Care (United)	516	49.00	710.67	700.53	1.02	1.01
<b>MRSA West</b>	1,082	100.00	769.19	708.66	1.00	1.09
Amerigroup	256	23.66	774.71	639.05	0.90	1.21
Superior	826	76.34	767.50	730.02	1.03	1.05
<b>Nueces</b>	476	100.00	865.35	862.83	1.00	1.00
Superior	212	44.54	943.65	812.33	0.94	1.16
United Health Care (United)	264	55.46	803.50	902.71	1.05	0.89
<b>Tarrant</b>	1,729	100.00	696.72	712.77	1.00	0.98
Amerigroup	1,202	69.52	727.49	761.85	1.07	0.95
Health Spring	527	30.48	625.57	599.26	0.84	1.04
<b>Travis</b>	1,086	100.00	819.48	729.14	1.00	1.12
Amerigroup	295	27.16	667.99	526.66	0.72	1.27
United Health Care (United)	791	72.84	873.89	801.87	1.10	1.09

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).

FY2016 STAR+PLUS Rating  
Medicaid Only OCC Acuity Adjustment

	All Members (2)	Excluding Members Under Age 21 (3)	Weighted Average
Unadjusted Acuity Scores (1)			
Amerigroup - Bexar	0.9856	0.9665	0.9697
Molina - Bexar	0.8608	0.8345	0.8389
Superior - Bexar	1.0244	1.0364	1.0344
Molina - Dallas	1.0096	1.0088	1.0089
Superior - Dallas	0.9891	0.9899	0.9898
Amerigroup - El Paso	0.9673	0.9617	0.9626
Molina - El Paso	1.0562	1.0688	1.0667
Amerigroup - Harris	0.9360	0.9648	0.9600
Molina - Harris	0.9008	0.8682	0.8736
United - Harris	1.0939	1.0681	1.0724
HealthSpring - Hidalgo	0.9967	0.9290	0.9403
Molina - Hidalgo	0.9467	0.9700	0.9661
Superior - Hidalgo	1.0210	1.0477	1.0432
Amerigroup - Jefferson	0.9438	0.9520	0.9507
Molina - Jefferson	0.9687	0.9583	0.9600
United - Jefferson	1.1255	1.1267	1.1265
Amerigroup - Lubbock	1.0192	1.0239	1.0231
Superior - Lubbock	0.9903	0.9876	0.9881
Superior - Nueces	0.9611	0.9693	0.9679
United - Nueces	1.0501	1.0363	1.0386
Amerigroup - Tarrant	1.0390	1.0455	1.0444
HealthSpring - Tarrant	0.8664	0.8532	0.8554
Amerigroup - Travis	0.9917	1.0012	0.9996
United - Travis	1.0095	0.9986	1.0004
Superior - MRSA Central	1.0344	1.0349	1.0348
United - MRSA Central	0.9246	0.9245	0.9245
HealthSpring - MRSA Northe	0.9500	0.9503	0.9502
United - MRSA Northeast	1.0525	1.0521	1.0522
Amerigroup - MRSA West	0.9478	0.9490	0.9488
Superior - MRSA West	1.0275	1.0272	1.0273

Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits B & C.
- (2) Acuity scores include all STAR+PLUS members in the Medicaid Only OCC risk group.
- (3) Acuity scores excluded STAR+PLUS OCC members under age 21. These members will be removed from the STAR+PLUS program effective November 1, 2016.

FY2017 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>IDD</u>
Unadjusted Acuity Scores (1)			
Amerigroup - Bexar	0.9697	0.9741	0.8590
Molina - Bexar	0.8389	0.9027	0.6490
Superior - Bexar	1.0344	1.0273	1.0648
Molina - Dallas	1.0089	0.9815	0.9889
Superior - Dallas	0.9898	1.0449	1.0085
Amerigroup - El Paso	0.9626	1.0341	0.9902
Molina - El Paso	1.0667	0.9384	1.0314
Amerigroup - Harris	0.9600	1.0455	0.9571
Molina - Harris	0.8736	0.9858	1.0524
United - Harris	1.0724	0.9805	1.0209
HealthSpring - Hidalgo	0.9403	0.9156	0.8624
Molina - Hidalgo	0.9661	1.0612	1.0294
Superior - Hidalgo	1.0432	1.0325	1.0817
Amerigroup - Jefferson	0.9507	1.0655	1.0516
Molina - Jefferson	0.9600	0.9769	0.9363
United - Jefferson	1.1265	0.9825	0.9960
Amerigroup - Lubbock	1.0231	0.8954	1.0027
Superior - Lubbock	0.9881	1.1708	0.9982
Superior - Nueces	0.9679	0.9873	0.9415
United - Nueces	1.0386	1.0154	1.0462
Amerigroup - Tarrant	1.0444	1.0107	1.0689
HealthSpring - Tarrant	0.8554	0.9355	0.8407
Amerigroup - Travis	0.9996	1.0072	0.7223
United - Travis	1.0004	0.9917	1.0998
Superior - MRSA Central	1.0348	0.9658	1.0113
United - MRSA Central	0.9245	1.0805	0.9608
HealthSpring - MRSA Northe	0.9502	0.9522	0.9845
United - MRSA Northeast	1.0522	1.0454	1.0160
Amerigroup - MRSA West	0.9488	0.9957	0.9018
Superior - MRSA West	1.0273	1.0023	1.0301



FY2017 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>IDD</u>
Budget Neutrality Adjustment (2)			
Amerigroup - Bexar	1.0011	0.9965	1.0034
Molina - Bexar	1.0011	0.9965	1.0034
Superior - Bexar	1.0011	0.9965	1.0034
Molina - Dallas	0.9999	0.9973	1.0002
Superior - Dallas	0.9999	0.9973	1.0002
Amerigroup - El Paso	1.0004	1.0025	0.9997
Molina - El Paso	1.0004	1.0025	0.9997
Amerigroup - Harris	0.9983	0.9989	0.9999
Molina - Harris	0.9983	0.9989	0.9999
United - Harris	0.9983	0.9989	0.9999
HealthSpring - Hidalgo	1.0007	0.9979	0.9984
Molina - Hidalgo	1.0007	0.9979	0.9984
Superior - Hidalgo	1.0007	0.9979	0.9984
Amerigroup - Jefferson	0.9963	1.0005	1.0012
Molina - Jefferson	0.9963	1.0005	1.0012
United - Jefferson	0.9963	1.0005	1.0012
Amerigroup - Lubbock	0.9997	0.9848	1.0000
Superior - Lubbock	0.9997	0.9848	1.0000
Superior - Nueces	0.9991	1.0011	1.0001
United - Nueces	0.9991	1.0011	1.0001
Amerigroup - Tarrant	1.0005	1.0018	1.0004
HealthSpring - Tarrant	1.0005	1.0018	1.0004
Amerigroup - Travis	1.0000	1.0000	1.0040
United - Travis	1.0000	1.0000	1.0040
Superior - MRSA Central	1.0019	1.0040	1.0006
United - MRSA Central	1.0019	1.0040	1.0006
HealthSpring - MRSA Northe	0.9994	1.0027	1.0000
United - MRSA Northeast	0.9994	1.0027	1.0000
Amerigroup - MRSA West	1.0001	1.0002	1.0010
Superior - MRSA West	1.0001	1.0002	1.0010

FY2017 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>IDD</u>
Budget Neutral Acuity Scores (3)			
Amerigroup - Bexar	0.9708	0.9706	0.8620
Molina - Bexar	0.8399	0.8995	0.6512
Superior - Bexar	1.0355	1.0237	1.0684
Molina - Dallas	1.0088	0.9788	0.9891
Superior - Dallas	0.9897	1.0421	1.0087
Amerigroup - El Paso	0.9630	1.0367	0.9899
Molina - El Paso	1.0671	0.9407	1.0311
Amerigroup - Harris	0.9584	1.0444	0.9571
Molina - Harris	0.8721	0.9848	1.0524
United - Harris	1.0706	0.9795	1.0208
HealthSpring - Hidalgo	0.9410	0.9137	0.8610
Molina - Hidalgo	0.9668	1.0589	1.0278
Superior - Hidalgo	1.0440	1.0303	1.0799
Amerigroup - Jefferson	0.9471	1.0661	1.0528
Molina - Jefferson	0.9564	0.9774	0.9374
United - Jefferson	1.1223	0.9830	0.9971
Amerigroup - Lubbock	1.0228	0.8818	1.0027
Superior - Lubbock	0.9878	1.1531	0.9982
Superior - Nueces	0.9670	0.9884	0.9415
United - Nueces	1.0377	1.0164	1.0463
Amerigroup - Tarrant	1.0449	1.0126	1.0693
HealthSpring - Tarrant	0.8558	0.9372	0.8411
Amerigroup - Travis	0.9996	1.0072	0.7252
United - Travis	1.0004	0.9917	1.1042
Superior - MRSA Central	1.0367	0.9697	1.0119
United - MRSA Central	0.9262	1.0849	0.9614
HealthSpring - MRSA Northe	0.9496	0.9547	0.9845
United - MRSA Northeast	1.0515	1.0482	1.0160
Amerigroup - MRSA West	0.9488	0.9959	0.9027
Superior - MRSA West	1.0273	1.0025	1.0312

Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits D-F.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2017 Community Rates.

## **Attachment 10**

### **Community First Choice Initiative (CFC)**

Effective June 1, 2015 Texas began providing CFC services to individuals who:

- have a physical or intellectual disability,
- meet categorical coverage requirements for Medicaid or meet financial eligibility for home and community based services, and
- meet an institutional level of care.

The CFC services include:

- Help with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing.
- Services to help the individual learn how to care for themselves.
- Backup systems or ways to ensure continuity of services and supports.
- Training on how to select, manage and dismiss attendants.

### **CFC Rate Adjustment**

Attachment A details the development of the adjustment factors applied to the FY2017 STAR+PLUS premium rates to account for the CFC implementation.

The premium impact and resulting adjustment factors associated with CFC have been divided into two components (1) existing HCBS population and (2) Newly eligible IDD interest list population. All estimates are based on the FY2015 base period data which includes all claims incurred during the period September 1, 2014 through August 31, 2015.

#### **1. Existing HCBS Population**

Many of the individuals who will be eligible for CFC are currently covered under the STAR+PLUS program. Many of these covered individuals currently receive long term services and supports (LTSS) through the HCBS risk group which, by definition, meets CFC's institutional level of care requirement.

The impact on the existing HCBS population due to CFC has been determined by comparing the FY2015 base period data at the pre-CFC reimbursement level to the projected reimbursement level post CFC. As a result of CFC, the reimbursement rate for attendant services for HCBS members will be increasing by approximately 10.4%. This estimated increase was determined based on a comparison of the per unit fee-for-service reimbursement levels for attendant care pre and post CFC implementation. In order to calculate the necessary rate adjustment, the base period claims data has been increased by the applicable amount and the resulting impact is then compared to overall base period long term care claims. Exhibit A.1 provides the adjustment factors resulting from this calculation.

## 2. Newly Eligible IDD Interest List Population

As a result of CFC, it is estimated that approximately 9,440 STAR+PLUS members who were not eligible for and did not receive LTSS during our rate development base period (FY2015) will become eligible for LTSS after the implementation of CFC. These individuals are currently on an IDD interest list and were not eligible to receive LTSS through STAR+PLUS during FY2015. These individuals were identified by comparing the current IDD interest lists provided by the Department of Aging and Disability Services (DADS) with the STAR+PLUS eligibility files and determining which IDD interest list members were enrolled in STAR+PLUS during the base period and were not eligible to receive LTSS. Due to the lack of LTSS data for this population it has been assumed that the utilization of CFC services for these members will be similar to the current IDD populations who are eligible to and currently receive LTSS from DADS.

The IDD population eligible for LTSS through DADS receives an average of 109 hours of attendant care per month. Applying this assumed level of utilization at the CFC attendant care case reimbursement rate of \$12.69 per unit plus an average of \$1.33 per unit of enhancement for a total rate of \$14.02 we have calculated the estimated cost impact of the newly eligible population. Exhibit A.2 provides the adjustment factors resulting from this calculation.

The combined adjustment factors resulting from the CFC implementation are detailed in Exhibit A.3 and are the sum of the estimated impacts calculated in Exhibits A.1 and A.2.

### **CFC Eligible Enhanced Match**

Attachment B details the development of the rate eligible for the enhanced federal match which has been determined on a per member per month (PMPM) basis.

As a result of CFC, Texas is eligible for an enhanced federal match rate on all CFC eligible services. The calculation of the CFC portion of the rate has been divided into two components (1) increased cost associated with CFC implementation and (2) CFC eligible services previously included in the STAR+PLUS premium rates.

#### 1. Increased Cost Due to CFC Implementation

The increased cost resulting from CFC has been determined by comparing the long term care component of the STAR+PLUS premium rates with and without the CFC adjustment factors discussed in the previous section. Exhibit B.1 compares the FY2017 long term care rates pre and post CFC adjustment and indicates the cost increase associated with CFC.

#### 2. CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

Certain services such as personal attendant care for HCBS members are currently provided under the STAR+PLUS program and are currently included in the STAR+PLUS premium rates. These services will now be eligible for the enhanced federal match rate and must be identified. This calculation involved the following steps:

- a. Determine the percentage of all long term care services for the HCBS population which are attributed to the personal attendant care services now eligible for the enhanced CFC match. Exhibit B.2 provides the details of this calculation.
- b. Determine the percentage of HCBS personal attendant care services provided to non-Medical Assistance Only (non-MAO) members. MAO members are not eligible for CFC and must be excluded from the services eligible for the enhanced federal match. Exhibit B.3 provides the details of this calculation.
- c. The CFC eligible services previously included in the STAR+PLUS premium rate are then determined as the long term care portion of the premium rate prior to CFC multiplied by the percentage of long term care provided for personal attendant care services multiplied by the percentage of personal attendant care services provided to non-MAO members.

The details of this calculation for each service delivery area have been provided in Exhibit B.4. Currently Texas does not apply any risk adjustment to the long term care portion of the STAR+PLUS premium. As a result, risk adjustment does not impact the CFC calculations discussed above.

The total portion of the long term care premium rate eligible for the enhanced federal match is equal to the sum of those amounts calculated for the two components discussed above. Exhibit B.5 provides the two components of the CFC enhanced match rate along with the total rate eligible for the enhanced federal match.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Community First Choice - Existing HCBS Impact

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of CFC on existing HCBS population (1)					
Bexar	0	1,522,752	0	2,522,875	4,045,626
Dallas	0	1,374,343	0	2,452,442	3,826,785
El Paso	0	699,125	0	1,586,743	2,285,868
Harris	0	2,916,411	0	5,663,417	8,579,828
Hidalgo	0	2,681,548	0	10,615,223	13,296,771
Jefferson	0	482,527	0	731,223	1,213,750
Lubbock	0	159,318	0	283,288	442,606
Nueces	0	835,171	0	1,759,412	2,594,583
Tarrant	0	982,640	0	1,171,848	2,154,488
Travis	0	773,937	0	1,272,575	2,046,512
MRSA Central	0	334,352	0	606,470	940,822
MRSA Northeast	0	941,227	0	1,729,201	2,670,429
MRSA West	0	458,467	0	1,249,645	1,708,112
Total	0	14,161,817	0	31,644,362	45,806,179

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

Rate Adjustment Factor (3)

Bexar	0.00%	5.99%	0.00%	4.54%	2.10%
Dallas	0.00%	6.21%	0.00%	4.17%	1.95%
El Paso	0.00%	7.41%	0.00%	6.14%	2.05%
Harris	0.00%	6.18%	0.00%	6.11%	2.56%
Hidalgo	0.00%	7.46%	0.00%	5.77%	1.90%
Jefferson	0.00%	7.69%	0.00%	3.65%	2.52%
Lubbock	0.00%	5.66%	0.00%	3.21%	2.18%
Nueces	0.00%	7.35%	0.00%	4.21%	2.37%
Tarrant	0.00%	5.84%	0.00%	3.19%	2.22%
Travis	0.00%	6.98%	0.00%	4.44%	3.01%
MRSA Central	0.00%	5.35%	0.00%	2.86%	1.86%
MRSA Northeast	0.00%	5.66%	0.00%	2.65%	2.36%
MRSA West	0.00%	6.35%	0.00%	3.28%	1.91%
Total	0.00%	6.48%	0.00%	4.67%	2.15%

Footnotes

- (1) Equals the cost impact from application of CFC due to increased reimbursement for existing population.  
 (2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Community First Choice - Newly Eligible Impact

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of CFC on newly eligible IDD population (1)					
Bexar	10,259,179	243,171	2,971,248	82,127	13,555,724
Dallas	15,645,415	197,678	4,367,327	50,960	20,261,380
El Paso	4,330,994	150,654	1,556,210	51,719	6,089,577
Harris	33,695,232	481,777	8,943,736	129,065	43,249,811
Hidalgo	6,031,636	330,526	1,629,548	174,580	8,166,289
Jefferson	4,149,039	43,859	1,771,227	25,229	5,989,353
Lubbock	4,150,648	44,842	1,531,535	6,491	5,733,516
Nueces	3,123,084	109,079	1,268,212	45,805	4,546,180
Tarrant	15,235,843	197,793	4,472,024	41,579	19,947,239
Travis	7,380,242	117,365	2,458,392	33,581	9,989,580
MRSA Central	7,351,347	74,808	2,851,225	25,956	10,303,336
MRSA Northeast	9,224,265	147,786	3,790,146	66,292	13,228,489
MRSA West	8,908,454	120,265	3,605,390	20,029	12,654,138
Total	129,485,376	2,259,604	41,216,221	753,412	173,714,613

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

Rate Adjustment Factor (3)

Bexar	23.11%	0.96%	4.43%	0.15%	7.05%
Dallas	32.09%	0.89%	6.55%	0.09%	10.32%
El Paso	29.62%	1.60%	2.54%	0.20%	5.47%
Harris	43.29%	1.02%	7.62%	0.14%	12.90%
Hidalgo	5.31%	0.92%	0.44%	0.09%	1.17%
Jefferson	48.92%	0.70%	13.24%	0.13%	12.44%
Lubbock	131.78%	1.59%	27.66%	0.07%	28.19%
Nueces	14.81%	0.96%	3.62%	0.11%	4.16%
Tarrant	83.43%	1.17%	17.65%	0.11%	20.52%
Travis	66.40%	1.06%	14.25%	0.12%	14.67%
MRSA Central	100.94%	1.20%	18.14%	0.12%	20.42%
MRSA Northeast	80.63%	0.89%	19.30%	0.10%	11.71%
MRSA West	91.79%	1.67%	10.42%	0.05%	14.11%
Total	33.23%	1.03%	4.87%	0.11%	8.15%

Footnotes

(1) Equals the cost impact from application of CFC due to newly eligible population.

(2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.

FY2017 STAR+PLUS Rating  
 Provider Reimbursement Adjustments  
 Community First Choice - Total Impact

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Cost Impact of CFC (1)					
Bexar	10,259,179	1,765,922	2,971,248	2,605,002	17,601,351
Dallas	15,645,415	1,572,021	4,367,327	2,503,401	24,088,165
El Paso	4,330,994	849,779	1,556,210	1,638,462	8,375,445
Harris	33,695,232	3,398,188	8,943,736	5,792,482	51,829,639
Hidalgo	6,031,636	3,012,074	1,629,548	10,789,803	21,463,061
Jefferson	4,149,039	526,386	1,771,227	756,451	7,203,103
Lubbock	4,150,648	204,160	1,531,535	289,780	6,176,122
Nueces	3,123,084	944,249	1,268,212	1,805,217	7,140,763
Tarrant	15,235,843	1,180,434	4,472,024	1,213,427	22,101,727
Travis	7,380,242	891,302	2,458,392	1,306,156	12,036,092
MRSA Central	7,351,347	409,160	2,851,225	632,426	11,244,159
MRSA Northeast	9,224,265	1,089,013	3,790,146	1,795,493	15,898,918
MRSA West	8,908,454	578,732	3,605,390	1,269,674	14,362,250
Total	129,485,376	16,421,421	41,216,221	32,397,774	219,520,792

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,401,057	25,408,952	67,013,199	55,543,748	192,366,956
Dallas	48,759,971	22,141,139	66,662,255	58,765,291	196,328,656
El Paso	14,623,555	9,431,515	61,346,723	25,843,243	111,245,036
Harris	77,834,295	47,197,055	117,440,225	92,679,717	335,151,292
Hidalgo	113,512,985	35,943,603	367,058,684	184,126,327	700,641,599
Jefferson	8,481,457	6,273,966	13,379,132	20,011,941	48,146,496
Lubbock	3,149,649	2,815,998	5,536,123	8,834,742	20,336,511
Nueces	21,088,253	11,362,810	35,041,956	41,787,431	109,280,450
Tarrant	18,261,450	16,839,282	25,341,171	36,770,501	97,212,403
Travis	11,114,836	11,085,849	17,249,564	28,643,774	68,094,023
MRSA Central	7,282,607	6,246,723	15,717,552	21,222,351	50,469,234
MRSA Northeast	11,440,633	16,626,157	19,635,598	65,290,661	112,993,049
MRSA West	9,705,077	7,216,111	34,609,870	38,128,362	89,659,420
Total	389,655,826	218,589,158	846,032,051	677,648,089	2,131,925,124

Rate Adjustment Factor (3)

Bexar	23.11%	6.95%	4.43%	4.69%	9.15%
Dallas	32.09%	7.10%	6.55%	4.26%	12.27%
El Paso	29.62%	9.01%	2.54%	6.34%	7.53%
Harris	43.29%	7.20%	7.62%	6.25%	15.46%
Hidalgo	5.31%	8.38%	0.44%	5.86%	3.06%
Jefferson	48.92%	8.39%	13.24%	3.78%	14.96%
Lubbock	131.78%	7.25%	27.66%	3.28%	30.37%
Nueces	14.81%	8.31%	3.62%	4.32%	6.53%
Tarrant	83.43%	7.01%	17.65%	3.30%	22.74%
Travis	66.40%	8.04%	14.25%	4.56%	17.68%
MRSA Central	100.94%	6.55%	18.14%	2.98%	22.28%
MRSA Northeast	80.63%	6.55%	19.30%	2.75%	14.07%
MRSA West	91.79%	8.02%	10.42%	3.33%	16.02%
Total	33.23%	7.51%	4.87%	4.78%	10.30%

Footnotes

- (1) Equals the cost impact from application of CFC including (i) utilization for newly eligible population and (ii) increased reimbursement for existing population.  
 (2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by FY2015 Total Long Term Care Claims Paid.



FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates  
Increased Cost Due to CFC Implementation

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2016 (LTC Only) prior to CFC Inclusion				
Amerigroup - Bexar	242.21	1,821.69	346.95	1,817.63
Molina - Bexar	242.21	1,821.69	346.95	1,817.63
Superior - Bexar	242.21	1,821.69	346.95	1,817.63
Molina - Dallas	207.72	1,616.70	297.89	1,658.85
Superior - Dallas	207.72	1,616.70	297.89	1,658.85
Amerigroup - El Paso	259.34	1,411.58	435.75	1,803.01
Molina - El Paso	259.34	1,411.58	435.75	1,803.01
Amerigroup - Harris	230.38	1,756.04	289.60	1,735.41
Molina - Harris	230.38	1,756.04	289.60	1,735.41
United - Harris	230.38	1,756.04	289.60	1,735.41
HealthSpring - Hidalgo	689.20	1,946.25	897.70	2,024.47
Molina - Hidalgo	689.20	1,946.25	897.70	2,024.47
Superior - Hidalgo	689.20	1,946.25	897.70	2,024.47
Amerigroup - Jefferson	136.10	1,403.91	209.49	1,505.38
Molina - Jefferson	136.10	1,403.91	209.49	1,505.38
United - Jefferson	136.10	1,403.91	209.49	1,505.38
Amerigroup - Lubbock	87.04	1,146.88	135.76	1,213.56
Superior - Lubbock	87.04	1,146.88	135.76	1,213.56
Superior - Nueces	311.04	1,633.25	429.72	1,713.04
United - Nueces	311.04	1,633.25	429.72	1,713.04
Amerigroup - Tarrant	143.22	1,410.07	208.86	1,512.59
HealthSpring - Tarrant	143.22	1,410.07	208.86	1,512.59
Amerigroup - Travis	171.34	1,767.67	223.54	1,636.69
United - Travis	171.34	1,767.67	223.54	1,636.69
Superior - MRSA Central	113.47	2,064.83	195.77	1,642.94
United - MRSA Central	113.47	2,064.83	195.77	1,642.94
Health Spring - MRSA Northeast	117.70	1,603.86	176.83	1,370.56
United - MRSA Northeast	117.70	1,603.86	176.83	1,370.56
Amerigroup - MRSA West	105.88	1,528.79	231.23	1,391.99
Superior - MRSA West	105.88	1,528.79	231.23	1,391.99

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates  
Increased Cost Due to CFC Implementation

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2016 (LTC Only) post-CFC Inclusion				
Amerigroup - Bexar	291.13	1,945.00	360.40	1,900.20
Molina - Bexar	291.13	1,945.00	360.40	1,900.20
Superior - Bexar	291.13	1,945.00	360.40	1,900.20
Molina - Dallas	266.16	1,725.92	315.07	1,726.72
Superior - Dallas	266.16	1,725.92	315.07	1,726.72
Amerigroup - El Paso	328.66	1,532.83	445.81	1,912.34
Molina - El Paso	328.66	1,532.83	445.81	1,912.34
Amerigroup - Harris	314.94	1,877.85	307.84	1,839.13
Molina - Harris	314.94	1,877.85	307.84	1,839.13
United - Harris	314.94	1,877.85	307.84	1,839.13
HealthSpring - Hidalgo	723.90	2,105.33	901.41	2,139.70
Molina - Hidalgo	723.90	2,105.33	901.41	2,139.70
Superior - Hidalgo	723.90	2,105.33	901.41	2,139.70
Amerigroup - Jefferson	189.92	1,515.18	232.64	1,559.75
Molina - Jefferson	189.92	1,515.18	232.64	1,559.75
United - Jefferson	189.92	1,515.18	232.64	1,559.75
Amerigroup - Lubbock	169.59	1,227.62	162.79	1,251.74
Superior - Lubbock	169.59	1,227.62	162.79	1,251.74
Superior - Nueces	351.36	1,765.18	443.32	1,783.94
United - Nueces	351.36	1,765.18	443.32	1,783.94
Amerigroup - Tarrant	243.49	1,505.42	238.48	1,560.49
HealthSpring - Tarrant	243.49	1,505.42	238.48	1,560.49
Amerigroup - Travis	262.75	1,905.25	247.95	1,707.73
United - Travis	262.75	1,905.25	247.95	1,707.73
Superior - MRSA Central	193.36	2,197.46	221.36	1,690.05
United - MRSA Central	193.36	2,197.46	221.36	1,690.05
Health Spring - MRSA Northeast	184.86	1,706.33	200.98	1,406.56
United - MRSA Northeast	184.86	1,706.33	200.98	1,406.56
Amerigroup - MRSA West	181.36	1,648.96	251.38	1,437.01
Superior - MRSA West	181.36	1,648.96	251.38	1,437.01

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates  
Increased Cost Due to CFC Implementation

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Impact				
Amerigroup - Bexar	48.92	123.31	13.45	82.57
Molina - Bexar	48.92	123.31	13.45	82.57
Superior - Bexar	48.92	123.31	13.45	82.57
Molina - Dallas	58.44	109.22	17.18	67.87
Superior - Dallas	58.44	109.22	17.18	67.87
Amerigroup - El Paso	69.32	121.25	10.06	109.33
Molina - El Paso	69.32	121.25	10.06	109.33
Amerigroup - Harris	84.56	121.81	18.24	103.72
Molina - Harris	84.56	121.81	18.24	103.72
United - Harris	84.56	121.81	18.24	103.72
HealthSpring - Hidalgo	34.70	159.08	3.71	115.23
Molina - Hidalgo	34.70	159.08	3.71	115.23
Superior - Hidalgo	34.70	159.08	3.71	115.23
Amerigroup - Jefferson	53.82	111.27	23.15	54.37
Molina - Jefferson	53.82	111.27	23.15	54.37
United - Jefferson	53.82	111.27	23.15	54.37
Amerigroup - Lubbock	82.55	80.74	27.03	38.18
Superior - Lubbock	82.55	80.74	27.03	38.18
Superior - Nueces	40.32	131.93	13.60	70.90
United - Nueces	40.32	131.93	13.60	70.90
Amerigroup - Tarrant	100.27	95.35	29.62	47.90
HealthSpring - Tarrant	100.27	95.35	29.62	47.90
Amerigroup - Travis	91.41	137.58	24.41	71.04
United - Travis	91.41	137.58	24.41	71.04
Superior - MRSA Central	79.89	132.63	25.59	47.11
United - MRSA Central	79.89	132.63	25.59	47.11
Health Spring - MRSA Northeast	67.16	102.47	24.15	36.00
United - MRSA Northeast	67.16	102.47	24.15	36.00
Amerigroup - MRSA West	75.48	120.17	20.15	45.02
Superior - MRSA West	75.48	120.17	20.15	45.02

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates  
Personal Attendant Care as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Personal Attendant Services (1)					
Bexar	41,735,668	18,202,636	63,205,376	45,832,884	168,976,563
Dallas	47,405,513	15,928,954	62,565,021	48,971,261	174,870,749
El Paso	13,065,174	8,502,403	52,624,715	22,536,428	96,728,720
Harris	72,423,674	33,874,051	109,645,902	76,713,973	292,657,600
Hidalgo	96,553,227	30,083,904	312,242,049	163,953,101	602,832,281
Jefferson	8,062,660	5,338,329	12,680,949	17,754,914	43,836,852
Lubbock	2,693,030	2,187,025	4,978,141	7,628,873	17,487,069
Nueces	18,704,984	9,568,449	31,606,596	37,246,328	97,126,356
Tarrant	17,675,926	12,059,468	23,249,464	28,027,116	81,011,974
Travis	10,983,728	9,183,691	16,662,275	24,801,202	61,630,896
MRSA Central	6,930,226	4,388,234	14,936,078	18,850,975	45,105,512
MRSA Northeast	10,947,080	11,664,647	18,214,802	53,378,757	94,205,285
MRSA West	9,172,357	6,200,033	33,231,977	33,681,964	82,286,332
Total	356,353,247	167,181,823	755,843,344	579,377,775	1,858,756,189

FY2015 Total Long Term Care Claims Paid (2)

Bexar	44,956,983	25,662,040	67,855,106	56,181,007	194,655,136
Dallas	49,391,421	22,362,614	67,495,632	59,446,185	198,695,852
El Paso	14,797,586	9,549,732	62,047,693	26,156,589	112,551,600
Harris	78,798,992	47,668,038	118,900,728	93,746,344	339,114,101
Hidalgo	114,799,091	36,361,888	371,217,804	186,405,924	708,784,707
Jefferson	8,588,853	6,348,190	13,548,045	20,258,804	48,743,892
Lubbock	3,185,521	2,846,406	5,602,432	8,940,813	20,575,173
Nueces	21,337,407	11,495,849	35,462,961	42,305,302	110,601,520
Tarrant	18,496,896	17,006,956	25,650,858	37,160,188	98,314,898
Travis	11,261,141	11,213,539	17,471,508	28,988,609	68,934,797
MRSA Central	7,374,919	6,307,737	15,916,503	21,484,454	51,083,614
MRSA Northeast	11,586,450	16,788,341	19,878,222	66,032,837	114,285,851
MRSA West	9,827,255	7,302,316	35,052,526	38,596,675	90,778,771
Total	394,402,515	220,913,646	856,100,018	685,703,731	2,157,119,911

Personal Attendant Services Percentage of Total Long Term Care

Bexar	92.83%	70.93%	93.15%	81.58%	86.81%
Dallas	95.98%	71.23%	92.69%	82.38%	88.01%
El Paso	88.29%	89.03%	84.81%	86.16%	85.94%
Harris	91.91%	71.06%	92.22%	81.83%	86.30%
Hidalgo	84.11%	82.73%	84.11%	87.95%	85.05%
Jefferson	93.87%	84.09%	93.60%	87.64%	89.93%
Lubbock	84.54%	76.83%	88.86%	85.33%	84.99%
Nueces	87.66%	83.23%	89.13%	88.04%	87.82%
Tarrant	95.56%	70.91%	90.64%	75.42%	82.40%
Travis	97.54%	81.90%	95.37%	85.55%	89.40%
MRSA Central	93.97%	69.57%	93.84%	87.74%	88.30%
MRSA Northeast	94.48%	69.48%	91.63%	80.84%	82.43%
MRSA West	93.34%	84.91%	94.81%	87.27%	90.64%
Total	90.35%	75.68%	88.29%	84.49%	86.17%

Footnotes

- (1) Equals FY2015 health plan fee-for-service claims for personal attendant care services (from Encounter database) adjusted for FY2016 reimbursement changes.
- (2) Equals FY2015 health plan fee-for-service claims for all long term care services (from Encounter database) adjusted for FY2016 reimbursement changes.

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates  
Non-MAO Percentage of Total Attendant Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
Non MAO Personal Attendant Services (1)					
Bexar	0	17,154,816	0	25,305,596	42,460,411
Dallas	0	15,273,606	0	24,284,145	39,557,751
El Paso	0	8,246,082	0	15,902,749	24,148,830
Harris	0	33,022,500	0	56,247,873	89,270,373
Hidalgo	0	29,255,299	0	104,938,738	134,194,037
Jefferson	0	5,110,167	0	7,335,888	12,446,056
Lubbock	0	1,982,221	0	2,820,748	4,802,968
Nueces	0	9,172,131	0	17,519,762	26,691,893
Tarrant	0	11,477,597	0	11,786,843	23,264,441
Travis	0	8,651,371	0	12,678,121	21,329,492
MRSA Central	0	3,970,463	0	6,155,957	10,126,420
MRSA Northeast	0	10,578,077	0	17,462,897	28,040,973
MRSA West	0	5,619,697	0	12,348,371	17,968,069
Total	0	159,514,026	0	314,787,687	474,301,713

FY2015 Personal Attendant Care Claims Paid (2)

Bexar	0	18,202,636	0	45,832,884	64,035,520
Dallas	0	15,928,954	0	48,971,261	64,900,215
El Paso	0	8,502,403	0	22,536,428	31,038,831
Harris	0	33,874,051	0	76,713,973	110,588,024
Hidalgo	0	30,083,904	0	163,953,101	194,037,005
Jefferson	0	5,338,329	0	17,754,914	23,093,243
Lubbock	0	2,187,025	0	7,628,873	9,815,898
Nueces	0	9,568,449	0	37,246,328	46,814,776
Tarrant	0	12,059,468	0	28,027,116	40,086,584
Travis	0	9,183,691	0	24,801,202	33,984,893
MRSA Central	0	4,388,234	0	18,850,975	23,239,208
MRSA Northeast	0	11,664,647	0	53,378,757	65,043,403
MRSA West	0	6,200,033	0	33,681,964	39,881,997
Total	0	167,181,823	0	579,377,775	746,559,598

Non-MAO Percentage of Total Personal Attendant Care Services

Bexar	0.00%	94.24%	0.00%	55.21%	66.31%
Dallas	0.00%	95.89%	0.00%	49.59%	60.95%
El Paso	0.00%	96.99%	0.00%	70.56%	77.80%
Harris	0.00%	97.49%	0.00%	73.32%	80.72%
Hidalgo	0.00%	97.25%	0.00%	64.01%	69.16%
Jefferson	0.00%	95.73%	0.00%	41.32%	53.89%
Lubbock	0.00%	90.64%	0.00%	36.97%	48.93%
Nueces	0.00%	95.86%	0.00%	47.04%	57.02%
Tarrant	0.00%	95.17%	0.00%	42.06%	58.04%
Travis	0.00%	94.20%	0.00%	51.12%	62.76%
MRSA Central	0.00%	90.48%	0.00%	32.66%	43.57%
MRSA Northeast	0.00%	90.68%	0.00%	32.72%	43.11%
MRSA West	0.00%	90.64%	0.00%	36.66%	45.05%
Total	0.00%	95.41%	0.00%	54.33%	63.53%

Footnotes

(1) Equals FY2015 health plan fee-for-service claims for personal attendant care services for non-MAO members (from Encounter database) adjusted for FY2016 reimbursement changes.

(2) Equals FY2015 health plan fee-for-service claims for all personal attendant care services (from Encounter database) for FY2016 reimbursement changes.

FY2017 STAR+PLUS Rating

CFC Enhanced Match Rates

CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

	Bexar		Dallas		El Paso	
	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS
FY2017 Long Term Care Premium Rate (1)	1,821.69	1,817.63	1,616.70	1,658.85	1,411.58	1,803.01
Personal Attendant Care % of Total LTC (2)	70.9%	81.6%	71.2%	82.4%	89.0%	86.2%
Non-MAO % of Total PAS (3)	94.2%	55.2%	95.9%	49.6%	97.0%	70.6%
CFC Eligible Services Currently Included in Premium Rate	1,217.78	818.71	1,104.20	677.65	1,218.88	1,096.20

## Footnotes

(1) LTC premium rate prior to inclusion of CFC Adjustments. From Exh. B.1

(2) Percentage of LTC provided for personal attendant care services. From Exh. B.2

(3) Percentage of personal attendant care provided to non-MAO members. From Exh. B.3

FY2017 STAR+PLUS Rating

CFC Enhanced Match Rates

CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

	Harris		Hidalgo		Jefferson	
	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS
FY2017 Long Term Care Premium Rate (1)	1,756.04	1,735.41	1,946.25	2,024.47	1,403.91	1,505.38
Personal Attendant Care % of Total LTC (2)	71.1%	81.8%	82.7%	88.0%	84.1%	87.6%
Non-MAO % of Total PAS (3)	97.5%	73.3%	97.2%	64.0%	95.7%	41.3%
CFC Eligible Services Currently Included in Premium Rate	1,216.51	1,041.25	1,565.87	1,139.69	1,130.12	545.11

## Footnotes

(1) LTC premium rate prior to inclusion of CFC Adjustments. From Exh. B.1

(2) Percentage of LTC provided for personal attendant care services. From Exh. B.2

(3) Percentage of personal attendant care provided to non-MAO members. From Exh. B.3

FY2017 STAR+PLUS Rating

CFC Enhanced Match Rates

CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

	Lubbock		Nueces		Tarrant	
	Medicaid Only	Dual Eligible	Medicaid Only	Dual Eligible	Medicaid Only	Dual Eligible
	HCBS	HCBS	HCBS	HCBS	HCBS	HCBS
FY2017 Long Term Care Premium Rate (1)	1,146.88	1,213.56	1,633.25	1,713.04	1,410.07	1,512.59
Personal Attendant Care % of Total LTC (2)	76.8%	85.3%	83.2%	88.0%	70.9%	75.4%
Non-MAO % of Total PAS (3)	90.6%	37.0%	95.9%	47.0%	95.2%	42.1%
CFC Eligible Services Currently Included in Premium Rate	798.68	382.87	1,303.11	709.42	951.62	479.78

## Footnotes

(1) LTC premium rate prior to inclusion of CFC Adjustments. From Exh. B.1

(2) Percentage of LTC provided for personal attendant care services. From Exh. B.2

(3) Percentage of personal attendant care provided to non-MAO members. From Exh. B.3



FY2017 STAR+PLUS Rating

CFC Enhanced Match Rates

CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

	Travis		MRSA Central		MRSA Northeast	
	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS	Medicaid Only HCBS	Dual Eligible HCBS
FY2017 Long Term Care Premium Rate (1)	1,767.67	1,636.69	2,064.83	1,642.94	1,603.86	1,370.56
Personal Attendant Care % of Total LTC (2)	81.9%	85.6%	69.6%	87.7%	69.5%	80.8%
Non-MAO % of Total PAS (3)	94.2%	51.1%	90.5%	32.7%	90.7%	32.7%
CFC Eligible Services Currently Included in Premium Rate	1,363.78	715.80	1,299.73	470.75	1,010.57	362.46

## Footnotes

(1) LTC premium rate prior to inclusion of CFC Adjustments. From Exh. B.1

(2) Percentage of LTC provided for personal attendant care services. From Exh. B.2

(3) Percentage of personal attendant care provided to non-MAO members. From Exh. B.3

FY2017 STAR+PLUS Rating

CFC Enhanced Match Rates

CFC Eligible Services Previously Included in STAR+PLUS Premium Rate

	MRSA West	
	Medicaid Only HCBS	Dual Eligible HCBS
FY2017 Long Term Care Premium Rate (1)	1,528.79	1,391.99
Personal Attendant Care % of Total LTC (2)	84.9%	87.3%
Non-MAO % of Total PAS (3)	90.6%	36.7%
CFC Eligible Services Currently Included in Premium Rate	1,176.52	445.34

## Footnotes

(1) LTC premium rate prior to inclusion of CFC Adjustments. From Exh. B.1

(2) Percentage of LTC provided for personal attendant care services. From Exh. B.2

(3) Percentage of personal attendant care provided to non-MAO members. From Exh. B.3

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services Previously Included in STAR+PLUS Premium Rate				
Amerigroup - Bexar	0.00	1,217.78	0.00	818.71
Molina - Bexar	0.00	1,217.78	0.00	818.71
Superior - Bexar	0.00	1,217.78	0.00	818.71
Molina - Dallas	0.00	1,104.20	0.00	677.65
Superior - Dallas	0.00	1,104.20	0.00	677.65
Amerigroup - El Paso	0.00	1,218.88	0.00	1,096.20
Molina - El Paso	0.00	1,218.88	0.00	1,096.20
Amerigroup - Harris	0.00	1,216.51	0.00	1,041.25
Molina - Harris	0.00	1,216.51	0.00	1,041.25
United - Harris	0.00	1,216.51	0.00	1,041.25
HealthSpring - Hidalgo	0.00	1,565.87	0.00	1,139.69
Molina - Hidalgo	0.00	1,565.87	0.00	1,139.69
Superior - Hidalgo	0.00	1,565.87	0.00	1,139.69
Amerigroup - Jefferson	0.00	1,130.12	0.00	545.11
Molina - Jefferson	0.00	1,130.12	0.00	545.11
United - Jefferson	0.00	1,130.12	0.00	545.11
Amerigroup - Lubbock	0.00	798.68	0.00	382.87
Superior - Lubbock	0.00	798.68	0.00	382.87
Superior - Nueces	0.00	1,303.11	0.00	709.42
United - Nueces	0.00	1,303.11	0.00	709.42
Amerigroup - Tarrant	0.00	951.62	0.00	479.78
HealthSpring - Tarrant	0.00	951.62	0.00	479.78
Amerigroup - Travis	0.00	1,363.78	0.00	715.80
United - Travis	0.00	1,363.78	0.00	715.80
Superior - MRSA Central	0.00	1,299.73	0.00	470.75
United - MRSA Central	0.00	1,299.73	0.00	470.75
Health Spring - MRSA Northeast	0.00	1,010.57	0.00	362.46
United - MRSA Northeast	0.00	1,010.57	0.00	362.46
Amerigroup - MRSA West	0.00	1,176.52	0.00	445.34
Superior - MRSA West	0.00	1,176.52	0.00	445.34

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Increase Cost Due to CFC Implementation				
Amerigroup - Bexar	48.92	123.31	13.45	82.57
Molina - Bexar	48.92	123.31	13.45	82.57
Superior - Bexar	48.92	123.31	13.45	82.57
Molina - Dallas	58.44	109.22	17.18	67.87
Superior - Dallas	58.44	109.22	17.18	67.87
Amerigroup - El Paso	69.32	121.25	10.06	109.33
Molina - El Paso	69.32	121.25	10.06	109.33
Amerigroup - Harris	84.56	121.81	18.24	103.72
Molina - Harris	84.56	121.81	18.24	103.72
United - Harris	84.56	121.81	18.24	103.72
HealthSpring - Hidalgo	34.70	159.08	3.71	115.23
Molina - Hidalgo	34.70	159.08	3.71	115.23
Superior - Hidalgo	34.70	159.08	3.71	115.23
Amerigroup - Jefferson	53.82	111.27	23.15	54.37
Molina - Jefferson	53.82	111.27	23.15	54.37
United - Jefferson	53.82	111.27	23.15	54.37
Amerigroup - Lubbock	82.55	80.74	27.03	38.18
Superior - Lubbock	82.55	80.74	27.03	38.18
Superior - Nueces	40.32	131.93	13.60	70.90
United - Nueces	40.32	131.93	13.60	70.90
Amerigroup - Tarrant	100.27	95.35	29.62	47.90
HealthSpring - Tarrant	100.27	95.35	29.62	47.90
Amerigroup - Travis	91.41	137.58	24.41	71.04
United - Travis	91.41	137.58	24.41	71.04
Superior - MRSA Central	79.89	132.63	25.59	47.11
United - MRSA Central	79.89	132.63	25.59	47.11
Health Spring - MRSA Northeast	67.16	102.47	24.15	36.00
United - MRSA Northeast	67.16	102.47	24.15	36.00
Amerigroup - MRSA West	75.48	120.17	20.15	45.02
Superior - MRSA West	75.48	120.17	20.15	45.02

FY2017 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Total CFC Rate Eligible for Enhanced Federal Match				
Amerigroup - Bexar	48.92	1,341.09	13.45	901.28
Molina - Bexar	48.92	1,341.09	13.45	901.28
Superior - Bexar	48.92	1,341.09	13.45	901.28
Molina - Dallas	58.44	1,213.42	17.18	745.52
Superior - Dallas	58.44	1,213.42	17.18	745.52
Amerigroup - El Paso	69.32	1,340.13	10.06	1,205.53
Molina - El Paso	69.32	1,340.13	10.06	1,205.53
Amerigroup - Harris	84.56	1,338.32	18.24	1,144.97
Molina - Harris	84.56	1,338.32	18.24	1,144.97
United - Harris	84.56	1,338.32	18.24	1,144.97
HealthSpring - Hidalgo	34.70	1,724.95	3.71	1,254.92
Molina - Hidalgo	34.70	1,724.95	3.71	1,254.92
Superior - Hidalgo	34.70	1,724.95	3.71	1,254.92
Amerigroup - Jefferson	53.82	1,241.39	23.15	599.48
Molina - Jefferson	53.82	1,241.39	23.15	599.48
United - Jefferson	53.82	1,241.39	23.15	599.48
Amerigroup - Lubbock	82.55	879.42	27.03	421.05
Superior - Lubbock	82.55	879.42	27.03	421.05
Superior - Nueces	40.32	1,435.04	13.60	780.32
United - Nueces	40.32	1,435.04	13.60	780.32
Amerigroup - Tarrant	100.27	1,046.97	29.62	527.68
HealthSpring - Tarrant	100.27	1,046.97	29.62	527.68
Amerigroup - Travis	91.41	1,501.36	24.41	786.84
United - Travis	91.41	1,501.36	24.41	786.84
Superior - MRSA Central	79.89	1,432.36	25.59	517.86
United - MRSA Central	79.89	1,432.36	25.59	517.86
Health Spring - MRSA Northeast	67.16	1,113.04	24.15	398.46
United - MRSA Northeast	67.16	1,113.04	24.15	398.46
Amerigroup - MRSA West	75.48	1,296.69	20.15	490.36
Superior - MRSA West	75.48	1,296.69	20.15	490.36

## *Attachment 11*

### Network Access Improvement Program (NAIP)

Effective March 1, 2015 several health plans implemented programs aimed at improving network access for Medicaid members. The NAIP is designed to further the state's goal of increasing the availability and effectiveness of primary care for Medicaid beneficiaries by incentivizing various institutions to provide quality, well-coordinated, and continuous care. The NAIP is intended to achieve the following objectives regarding health-related institutions (HRI):

- Improve the availability of and Medicaid access to primary care physicians. This program may also target specialist physicians willing to provide a medical home to managed care members with special needs and conditions, and advanced practice registered nurses (APRNs) and physician assistants (PAs) practicing under the supervision of an HRI staff provider.
- Enhance the coordination and continuity of services and quality of care of Medicaid managed care members who receive primary care services through those physician practices.
- Increase access to primary care in these settings, underscoring the importance of primary care residency programs and influencing future physician participation.
- Promote provider education on Medicaid program requirements and the specialized needs of Medicaid recipients.
- Measure progress through increased primary care access and physician compliance with selected quality objectives, to be determined later.

Similarly, the NAIP is intended to achieve the following objectives relating to public hospitals:

- Improve the availability, quality and coordination of primary and specialty care services provided by public hospitals;
- Promote provider education on Medicaid program requirements and the specialized needs of Medicaid recipients;
- Measure progress through increased care access and physician compliance with quality objectives.

The above-stated objectives will lead to better health outcomes for Medicaid beneficiaries and decreased overall healthcare costs for the Medicaid program.

The NAIPs were developed independently by various managed care organizations and providers. The NAIPs outline the services to be provided by the providers, measurements to evaluate their effectiveness and the cost to be paid by the managed care organizations. Once agreed upon by the MCOs and providers, the NAIP arrangements were reviewed by HHSC program staff for quality and content. HHSC program staff then provided the actuary with the contracted financial arrangements agreed to between each MCO and provider. The actuary used this information to prepare the NAIP portion of the premium.

The NAIP amounts impact the following STAR+PLUS risk groups equally as the contracted costs between the participating MCOs and providers are not delineated by risk group but are applicable to the entire population:

- Medicaid Only – Other Community Care (OCC)
- Medicaid Only – Home and Community Based Services (HCBS)
- Intellectual and Developmentally Disabled under age 21 – IDD <21
- Intellectual and Developmentally Disabled over age 21 – IDD >21

The NAIP amounts are not applicable to the Dual Eligible or Nursing Facility risk groups.

The attached exhibit summarizes each of the NAIPs by health plan, service area and program. The participating provider has been removed from the file in order to maintain the privacy of these negotiated arrangements.

FY2017 STAR+PLUS Rating  
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup	STAR	Dallas	14,967,734	2,528,333	5.92
Amerigroup	STAR	Lubbock, MRSA West	1,584,972	455,452	3.48
Amerigroup	STAR	MRSA West, Tarrant	4,418,727	1,810,954	2.44
Amerigroup	STAR, STAR+Plus	Dallas, Tarrant	19,303,169	4,160,166	4.64
Amerigroup	STAR, STAR+Plus	Harris	36,839,893	1,588,611	23.19
Amerigroup	STAR, STAR+Plus	Harris, Jefferson	8,028,021	1,711,732	4.69
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	12,980,289	539,273	24.07
Amerigroup	STAR, STAR+Plus	MRSA West	3,534,229	413,844	8.54
CFHP	STAR	Bexar	20,393,137	1,346,082	15.15
CHC	STAR	Harris	72,445,823	2,658,562	27.25
CHC	STAR	Jefferson	7,140,401	273,683	26.09
El Paso First	STAR	El Paso	19,027,810	829,460	22.94
Firstcare	STAR	Lubbock, MRSA West	21,744,694	1,177,298	18.47
Firstcare	STAR	MRSA West	10,597,044	675,401	15.69
Molina	STAR	Dallas	1,507,921	242,431	6.22
Parkland	STAR	Dallas	32,243,527	2,155,316	14.96
Superior	STAR	Bexar	6,580,765	1,310,909	5.02
Superior	STAR	El Paso	11,863,296	663,867	17.87
Superior	STAR	Lubbock, MRSA West	4,157,344	1,201,545	3.46
Superior	STAR, STAR+Plus	Bexar	7,192,118	1,507,782	4.77
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,928,709	5,439,183	1.09
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	15,977,793	6,857,422	2.33
Superior	STAR, STAR+Plus	Lubbock, MRSA West	23,283,807	1,355,286	17.18
Superior	STAR, STAR+Plus	MRSA Central	604,272	901,899	0.67
United	STAR, STAR+Plus	Harris	24,520,993	837,180	29.29
United	STAR, STAR+Plus	Harris, Jefferson	5,069,703	1,041,007	4.87
United	STAR, STAR+Plus	Jefferson	5,374,921	203,827	26.37
Superior	STAR+Plus	Dallas	375,511	177,128	2.12
CHC	STAR	Harris, Jefferson	12,491,367	2,932,246	4.26



## FY2017 STAR+PLUS Rating

## Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Christus	STAR	Nueces	1,410,363	75,139	18.77
Superior	STAR, STAR+Plus	Nueces	10,301,012	285,426	36.09
United	STAR+Plus	Nueces	5,790,959	50,251	115.24

## Footnotes:

(1) MCOs may have NAIP arrangements with multiple providers.

(2) Based on contracted amounts between MCOs and providers.

(3) Based on HHSC most recent caseload forecast. Includes all (i) all STAR Risk Groups, (ii) STAR+PLUS Medicaid Only OCC, (iii) STAR+PLUS Medicaid Only HCBS and (iv) IDD <21 and >21.