

Rudd and Wisdom, Inc.

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March 28, 2017

Ms. Rachel Butler
Chief Actuary
Health and Human Services Commission
4900 North Lamar
Austin, Texas 78751

Re: STAR+PLUS Rate Amendment UMCC 529-12-0002 V2.23, STAR+PLUS Expansion
V1.27 & STAR+PLUS MRSA V1.12

Dear Ms. Butler:

This letter amends the report titled State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting State Fiscal Year 2017 and dated June 29, 2016 which was amended in the letter titled STAR and STAR+PLUS Rate Amendment and dated October 31, 2016. The amended FY2017 capitation rates were developed using identical methods and assumptions as the rates described in these reports. The amended rates are assumed to be payable for the period June 1, 2017 through August 31, 2017.

A. Summary of the Revisions

The following section summarizes the reasons for the mid-year rate revision.

1. Potentially Preventable Readmission and Complication (PPR/PPC)

Updated PPR and PPC hospital reimbursement reductions went into effect September 1, 2016. At the time the FY2017 rates were finalized in June of 2016 this list was not yet available and therefore these reductions were not incorporated into the capitation rates. The reimbursement reductions vary from 1-2% (PPR) and 2-2.5% (PPC) depending on each hospitals' performance during the evaluation period. The capitation rates effective September 1, 2016 restored those PPR/PPC reductions that were in place during the base period but did not account for the PPR/PPC reductions that were not yet finalized.

2. Labor and Delivery Surgery

Fee schedule changes were implemented October 1, 2016 for various procedure codes associated with labor and delivery surgery. These changes were not finalized at the time the September 1, 2016 capitation rates were calculated and therefore could not be incorporated.

3. Anesthesiology

Fee schedule changes were implemented January 1, 2017 for anesthesia services when provided by a certified registered nurse anesthetist (CRNA) or anesthesia assistant (AA) under the medical direction of an anesthesiologist.

4. Radiology

Fee schedule changes were implemented February 1, 2017 for diagnostic radiology services, which includes hospital outpatient diagnostic radiology services. Fee schedule changes varied for professional, urban hospitals and rural hospitals.

B. Report Amendments

This section of the report will detail the amendments to the original actuarial report effective September 1, 2016.

Section I. Introduction

No changes applicable to this section. The same data sources were utilized in the calculation of this mid-year adjustment.

Section II. Overview of Rate Setting Methodology

No changes applicable to this section. The rates have been calculated for the same service delivery areas, risk groups and services as outlined in the original report using the same general methodology.

Section III. Adjustment Factors

The Provider Reimbursement Adjustments – Acute Care section has been updated to read:

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, therapy reimbursement revisions, labor and delivery surgery reimbursement revisions, anesthesiology reimbursement reductions and radiology 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 - Revised presents a summary of the derivation of these adjustment factors.

No other changes are applicable to this section.

Section IV. Administrative Fees, Taxes and Risk Margin

No changes applicable to this section. The same administrative fee, taxes and risk margin assumptions have been applied in this mid-year adjustment.

Section V. Summary

The tables in this section are replaced in their entirety with the following mid-year rates effective June 1, 2017 through August 31, 2017.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,271.92	\$4,237.45	\$360.40	\$1,900.20
Molina - Bexar	1,139.71	4,069.50	360.40	1,900.20
Superior - Bexar	1,345.57	4,370.86	360.40	1,900.20
Molina - Dallas	1,323.82	4,039.56	315.07	1,726.72
Superior - Dallas	1,307.72	4,184.94	315.07	1,726.72
Amerigroup - El Paso	1,403.98	4,087.61	445.81	1,912.34
Molina - El Paso	1,520.17	3,851.00	445.81	1,912.34
Amerigroup - Harris	1,476.95	4,857.51	307.84	1,839.13
Molina - Harris	1,347.08	4,661.11	307.84	1,839.13
United - Harris	1,616.08	4,680.33	307.84	1,839.13
Health Spring - Hidalgo	1,686.73	4,216.82	901.41	2,139.70
Molina - Hidalgo	1,713.14	4,552.50	901.41	2,139.70
Superior - Hidalgo	1,795.52	4,489.70	901.41	2,139.70
Amerigroup - Jefferson	1,201.08	4,242.68	232.64	1,559.75
Molina - Jefferson	1,206.26	4,011.54	232.64	1,559.75
United - Jefferson	1,413.71	4,057.10	232.64	1,559.75
Amerigroup - Lubbock	1,251.18	3,206.31	162.79	1,251.74
Superior - Lubbock	1,208.07	3,800.57	162.79	1,251.74
Superior - Nueces	1,367.70	4,010.31	443.32	1,783.94
United - Nueces	1,515.97	4,149.80	443.32	1,783.94
Amerigroup - Tarrant	1,419.54	4,162.67	238.48	1,560.49
Health Spring - Tarrant	1,202.92	3,960.49	238.48	1,560.49
Amerigroup - Travis	1,340.35	4,614.15	247.95	1,707.73
United - Travis	1,341.24	4,572.37	247.95	1,707.73
Superior - MRSA Central	1,195.13	4,274.67	221.36	1,690.05
United - MRSA Central	1,084.74	4,516.75	221.36	1,690.05
Health Spring - MRSA Northeast	1,086.54	3,835.63	200.98	1,406.56
United - MRSA Northeast	1,183.24	4,044.09	200.98	1,406.56
Amerigroup - MRSA West	1,139.45	3,735.73	251.38	1,437.01
Superior - MRSA West	1,203.97	3,737.34	251.38	1,437.01

Health Plan	IDD Under 21	IDD Over 21	Medicaid Only NF	Dual Eligible NF
Monthly Premium Rates				
Amerigroup - Bexar	\$933.10	\$798.48	\$7,485.61	\$3,979.71
Molina - Bexar	861.70	603.22	7,485.61	3,979.71
Superior - Bexar	1,011.24	997.95	7,485.61	3,979.71
Molina - Dallas	990.93	719.60	6,796.39	4,109.37
Superior - Dallas	998.71	734.68	6,796.39	4,109.37
Amerigroup - El Paso	1,146.96	1,159.47	8,350.68	4,460.05
Molina - El Paso	1,168.01	1,207.71	8,350.68	4,460.05
Amerigroup - Harris	1,082.49	993.06	7,373.76	4,086.16
Molina - Harris	1,095.75	1,061.25	7,373.76	4,086.16
United - Harris	1,116.30	1,063.61	7,373.76	4,086.16
Health Spring - Hidalgo	1,047.82	798.95	7,181.36	4,547.35
Molina - Hidalgo	1,126.58	953.70	7,181.36	4,547.35
Superior - Hidalgo	1,154.61	1,005.49	7,181.36	4,547.35
Amerigroup - Jefferson	1,079.94	938.96	6,765.72	3,876.19
Molina - Jefferson	1,027.68	831.87	6,765.72	3,876.19
United - Jefferson	1,083.55	916.11	6,765.72	3,876.19
Amerigroup - Lubbock	994.12	807.77	6,806.14	3,894.22
Superior - Lubbock	985.75	797.39	6,806.14	3,894.22
Superior - Nueces	1,222.84	1,115.40	6,338.16	4,054.43
United - Nueces	1,360.09	1,312.03	6,338.16	4,054.43
Amerigroup - Tarrant	1,037.97	934.27	7,050.15	3,918.66
Health Spring - Tarrant	949.64	731.24	7,050.15	3,918.66
Amerigroup - Travis	904.81	697.79	6,514.75	4,033.61
United - Travis	1,042.57	1,062.42	6,514.75	4,033.61
Superior - MRSA Central	980.99	808.12	6,122.09	3,898.61
United - MRSA Central	960.14	763.89	6,122.09	3,898.61
Health Spring - MRSA Northeast	1,007.71	843.85	6,695.27	3,894.69
United - MRSA Northeast	1,019.45	870.85	6,695.27	3,894.69
Amerigroup - MRSA West	1,032.32	883.77	6,451.07	3,771.33
Superior - MRSA West	1,071.33	992.90	6,451.07	3,771.33

Section 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) (Section 438.4 in the recently approved regulation).

I certify that the amended FY2017 STAR+PLUS 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) (Section 438.4 in the recently approved regulation). Any health plan contracting with the State should analyze its own projected premium needs before deciding whether to contract with the State.



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

Section V11. Attachment

The following sections indicate any revisions applicable to each of the attachments in the original actuarial report dated June 29, 2016.

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 (September 1, 2016 – May 31, 2017) premium rates split between medical, prescription drug, NAIP and MPAP rates; June 1, 2017 through August 31, 2017 premium rates split between medical, prescription drug, NAIP and MPAP rates; and a comparison of September 1, 2016 and June 1, 2017 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current (September 1, 2016 through May 31, 2017) premium rates and the June 1, 2017 through August 31, 2017 premium rates. The projection is split by medical, pharmacy and NAIP/MPAP.

Attachment 2 - Individual Health Plan Experience Analysis

No changes applicable to this section.

Attachment 3 - Community Experience Analysis – Excluding Nursing Facility Risk Groups

There have been no changes to the community rating methodology. The four reimbursement changes have been calculated and included in the community rating exhibit in the following categories:

- Acute Care Inpatient Adjustments – PPR/PPC revisions
- Acute Care Non-Inpatient Adjustments – Labor and delivery surgery, anesthesiology and radiology

Attachment 4 - Community Experience Analysis –Nursing Facility Risk Groups

There have been no changes to the community rating methodology. The four reimbursement changes have been calculated and included in the community rating exhibit in the following categories:

- Acute Care Inpatient Adjustments – PPR/PPC revisions
- Acute Care Non-Inpatient Adjustments – Labor and delivery surgery, anesthesiology and radiology

Attachment 5 - Trend Analysis

There have been no changes to this section. The reimbursement revisions do not impact the analysis of historical trends or estimation of prospective trends.

Attachment 6 - Provider Reimbursement and Benefit Revisions Effective During FY2015, FY2016 and FY2017

The following descriptions have been amended or added to this section:

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 hospitals performance during the evaluation time period and can change from one fiscal year to the next. A new PPR reduction lists will become effective September 1, 2016. As a result, the adjustment factors shown in Exhibit D – Revised represent the net impact of (a) the restoration of those reductions in place during FY2015 (base period) and (b) the reductions that will be in place during FY2017.

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 hospitals performance during the evaluation time period and can change from one fiscal year to the next. A new PPC reduction lists will become effective September 1, 2016. As a result, the adjustment factors shown in Exhibit E – Revised represent the net impact of (a) the restoration of those reductions in place during FY2015 (base period) and (b) the reductions that will be in place during FY2017.

Effective October 1, 2016 HHSC implemented revisions to the reimbursement for certain procedure codes associated with labor and delivery surgery. Exhibit H – Revised presents a summary of the derivation of the rating adjustment factors.

Effective January 1, 2017 HHSC implemented revisions to the reimbursement for anesthesiology services when provided by a certified registered nurse anesthetist (CRNA) or anesthesia assistant (AA) under the medical direction of an anesthesiologist. Exhibit I – Revised presents a summary of the derivation of the rating adjustment factors.

Effective February 1, 2017 HHSC implemented revisions to the reimbursement for diagnostic radiology services, which includes hospital outpatient diagnostic radiology services. Exhibit J – Revised 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 Attachments 3 and 4. The key below includes a description of where each adjustment has been included in Attachments 3 and 4.

Attachment 3 Heading

Acute Care – Non Inpatient

Acute Care - Inpatient

Attachment 5 Exhibits

Exhibits A, B, G, H – Revised, I – Revised and J- Revised

Exhibits C, D - Revised, E - Revised and F

Attachment 7 – Long Term Care Reimbursement Adjustments

There have been no changes to this section.

Attachment 8 – Removal of STAR+PLUS Members Under Age 21

There have been no changes to this section.

Attachment 9 – Acuity Risk Adjustment

There have been no changes to this section.

Attachment 10 – Community First Choice Initiative (CFC)

There have been no changes to this section.

Attachment 11 – Network Access Improvement Program (NAIP)

There have been no changes to this section.

NorthSTAR Add-On

There is no impact to the amended rates calculated for the carve in of behavioral health services in the Dallas service area resulting from the discontinuation of the NorthSTAR program. There is no change to the behavioral health add-on amounts calculated in the letter amending the STAR+PLUS capitation rates dated October 31, 2016.

C. June 1, 2017 Adjustment

This amendment to the capitation rates will become effective June 1, 2017; however, the changes noted above all have effective dates prior to June 1, 2017. Given that the current capitation rates will continue to be paid through May 31, 2017, the June 1, 2017 through August 31, 2017 capitation rates must be adjusted to ensure the proper premium is paid in aggregate across the entire fiscal year.

The calculation of the adjusted June 1, 2017 capitation rates has been done as follows.

Definitions:

- a. Current Premium – premium rates that are currently in place as of September 1, 2016, and detailed in original actuarial report.
- b. Revised Premium – premium rates that would have been in place as of September 1, 2016, based on calculations performed in amended actuarial report detailed in Section B. of this amendment.
- c. Adjusted June Premium – premium rates that will be effective June 1, 2017.

$$\text{June Premium} = \frac{12 \times \text{Revised Premium} - 9 \times \text{Current Premium}}{3}$$

In the above formula, 12 represents the total number of months (September-August) in the entire rating period and 3 equals the number of months (June-August) in which the mid-year adjusted premium will be paid. Appendix A provides the details of this calculation and the final capitation rates for the period June 1, 2017 through August 31, 2017.

Alternative methods were considered for implementing this rate change, such as retroactively changing rates which would trigger a recoupment or settlement between HHSC and the MCOs to ensure the proper premium was paid over the course of the entire fiscal year. From an administrative perspective, the prospective payment methodology outlined in this section provides the least burdensome approach for HHSC and does not create a material difference in the expected premium payments. The relative difference between the proposed prospective methodology and a retroactive adjustment with settlement were studied by applying the two methods to the calculated premiums and historical enrollment patterns for the past two fiscal years. The results varied by MCO but were insignificant both on an aggregated program-wide basis and an individual MCO basis. The total premium differences under the two methods ranged from -0.04% to +0.01%. In terms of total premium this range represented -\$76,000 to +18,000 on over \$6 billion in total premium.

D. Final Capitation Rates

The impact of the various mid-year rate changes has been calculated using identical methods and assumptions as those rates calculated in the original actuarial report which was amended for the addition of behavioral health services in the Dallas service area effective February 1, 2017. No changes other than those detailed in Section A of this report have been included in this revised calculation. All changes included in this amendment are a result of changes to the Medicaid fee-for-service reimbursement schedule which were assumed to be implemented as of the effective date of each change. The following attachments provide the supporting documentation for the amendments to the attachments included in the original actuarial report.

Sincerely,

A handwritten signature in black ink that reads "Evan Dial". The signature is fluid and cursive, with "Evan" on top and "Dial" on the bottom, both starting with a capital letter.

Evan Dial

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 Acute Care Premium Rates pmpm								
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	690.54	1,595.24	0.00	0.00	358.05	358.05	1,663.70	0.00
Superior - Dallas	679.30	1,692.06	0.00	0.00	363.87	363.87	1,663.70	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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 Long Term Care Premium Rates pmpm								
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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 Prescription Drug Premium Rates pmpm								
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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 NAIP pppm								
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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 MPAP pppm								
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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
9/1/2016-5/31/2017 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	1,350.42	4,096.64	315.07	1,726.72	999.21	727.88	6,867.31	4,109.37
Superior - Dallas	1,333.84	4,245.70	315.07	1,726.72	1,007.15	743.12	6,867.31	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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Acute Care Premium Rates pppm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	540.12	1,365.80	0.00	0.00	291.94	291.94	1,854.41	0.00
Molina - Bexar	467.33	1,265.74	0.00	0.00	220.54	220.54	1,854.41	0.00
Superior - Bexar	576.17	1,440.40	0.00	0.00	361.89	361.89	1,854.41	0.00
Molina - Dallas	663.94	1,538.16	0.00	0.00	349.77	349.77	1,592.78	0.00
Superior - Dallas	653.18	1,631.30	0.00	0.00	355.43	355.43	1,592.78	0.00
Amerigroup - El Paso	600.11	1,515.11	0.00	0.00	505.80	505.80	1,860.76	0.00
Molina - El Paso	664.95	1,374.78	0.00	0.00	526.85	526.85	1,860.76	0.00
Amerigroup - Harris	651.91	1,914.91	0.00	0.00	413.45	413.45	1,973.12	0.00
Molina - Harris	593.30	1,805.58	0.00	0.00	454.59	454.59	1,973.12	0.00
United - Harris	728.27	1,795.90	0.00	0.00	440.98	440.98	1,973.12	0.00
Health Spring - Hidalgo	480.69	1,167.86	0.00	0.00	406.66	406.66	1,906.44	0.00
Molina - Hidalgo	493.87	1,353.53	0.00	0.00	485.42	485.42	1,906.44	0.00
Superior - Hidalgo	533.28	1,316.89	0.00	0.00	510.03	510.03	1,906.44	0.00
Amerigroup - Jefferson	578.76	1,755.07	0.00	0.00	434.09	434.09	1,576.78	0.00
Molina - Jefferson	584.43	1,609.11	0.00	0.00	386.52	386.52	1,576.78	0.00
United - Jefferson	685.75	1,618.33	0.00	0.00	411.15	411.15	1,576.78	0.00
Amerigroup - Lubbock	600.81	1,138.22	0.00	0.00	328.89	328.89	1,297.59	0.00
Superior - Lubbock	580.24	1,488.27	0.00	0.00	327.41	327.41	1,297.59	0.00
Superior - Nueces	525.98	1,309.43	0.00	0.00	543.26	543.26	1,387.42	0.00
United - Nueces	564.40	1,346.61	0.00	0.00	603.69	603.69	1,387.42	0.00
Amerigroup - Tarrant	684.84	1,549.56	0.00	0.00	392.17	392.17	1,842.51	0.00
Health Spring - Tarrant	560.92	1,434.17	0.00	0.00	308.48	308.48	1,842.51	0.00
Amerigroup - Travis	591.11	1,576.68	0.00	0.00	263.65	263.65	1,165.51	0.00
United - Travis	591.61	1,552.37	0.00	0.00	401.41	401.41	1,165.51	0.00
Superior - MRSA Central	583.12	1,258.88	0.00	0.00	335.74	335.74	1,351.45	0.00
United - MRSA Central	521.00	1,408.37	0.00	0.00	318.98	318.98	1,351.45	0.00
Health Spring - MRSA Northeast	520.37	1,208.98	0.00	0.00	366.55	366.55	1,897.27	0.00
United - MRSA Northeast	576.16	1,327.33	0.00	0.00	378.29	378.29	1,897.27	0.00
Amerigroup - MRSA West	515.09	1,226.31	0.00	0.00	358.55	358.55	1,356.91	0.00
Superior - MRSA West	557.67	1,234.45	0.00	0.00	409.57	409.57	1,356.91	0.00

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Long Term Care Premium Rates pppm (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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 MPAP Rates pppm								
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 - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Total Premium Rates pmpm								
Amerigroup - Bexar	1,271.92	4,237.45	360.40	1,900.20	933.10	798.48	7,485.61	3,979.71
Molina - Bexar	1,139.71	4,069.50	360.40	1,900.20	861.70	603.22	7,485.61	3,979.71
Superior - Bexar	1,345.57	4,370.86	360.40	1,900.20	1,011.24	997.95	7,485.61	3,979.71
Molina - Dallas	1,323.82	4,039.56	315.07	1,726.72	990.93	719.60	6,796.39	4,109.37
Superior - Dallas	1,307.72	4,184.94	315.07	1,726.72	998.71	734.68	6,796.39	4,109.37
Amerigroup - El Paso	1,403.98	4,087.61	445.81	1,912.34	1,146.96	1,159.47	8,350.68	4,460.05
Molina - El Paso	1,520.17	3,851.00	445.81	1,912.34	1,168.01	1,207.71	8,350.68	4,460.05
Amerigroup - Harris	1,476.95	4,857.51	307.84	1,839.13	1,082.49	993.06	7,373.76	4,086.16
Molina - Harris	1,347.08	4,661.11	307.84	1,839.13	1,095.75	1,061.25	7,373.76	4,086.16
United - Harris	1,616.08	4,680.33	307.84	1,839.13	1,116.30	1,063.61	7,373.76	4,086.16
Health Spring - Hidalgo	1,686.73	4,216.82	901.41	2,139.70	1,047.82	798.95	7,181.36	4,547.35
Molina - Hidalgo	1,713.14	4,552.50	901.41	2,139.70	1,126.58	953.70	7,181.36	4,547.35
Superior - Hidalgo	1,795.52	4,489.70	901.41	2,139.70	1,154.61	1,005.49	7,181.36	4,547.35
Amerigroup - Jefferson	1,201.08	4,242.68	232.64	1,559.75	1,079.94	938.96	6,765.72	3,876.19
Molina - Jefferson	1,206.26	4,011.54	232.64	1,559.75	1,027.68	831.87	6,765.72	3,876.19
United - Jefferson	1,413.71	4,057.10	232.64	1,559.75	1,083.55	916.11	6,765.72	3,876.19
Amerigroup - Lubbock	1,251.18	3,206.31	162.79	1,251.74	994.12	807.77	6,806.14	3,894.22
Superior - Lubbock	1,208.07	3,800.57	162.79	1,251.74	985.75	797.39	6,806.14	3,894.22
Superior - Nueces	1,367.70	4,010.31	443.32	1,783.94	1,222.84	1,115.40	6,338.16	4,054.43
United - Nueces	1,515.97	4,149.80	443.32	1,783.94	1,360.09	1,312.03	6,338.16	4,054.43
Amerigroup - Tarrant	1,419.54	4,162.67	238.48	1,560.49	1,037.97	934.27	7,050.15	3,918.66
Health Spring - Tarrant	1,202.92	3,960.49	238.48	1,560.49	949.64	731.24	7,050.15	3,918.66
Amerigroup - Travis	1,340.35	4,614.15	247.95	1,707.73	904.81	697.79	6,514.75	4,033.61
United - Travis	1,341.24	4,572.37	247.95	1,707.73	1,042.57	1,062.42	6,514.75	4,033.61
Superior - MRSA Central	1,195.13	4,274.67	221.36	1,690.05	980.99	808.12	6,122.09	3,898.61
United - MRSA Central	1,084.74	4,516.75	221.36	1,690.05	960.14	763.89	6,122.09	3,898.61
Health Spring - MRSA Northeast	1,086.54	3,835.63	200.98	1,406.56	1,007.71	843.85	6,695.27	3,894.69
United - MRSA Northeast	1,183.24	4,044.09	200.98	1,406.56	1,019.45	870.85	6,695.27	3,894.69
Amerigroup - MRSA West	1,139.45	3,735.73	251.38	1,437.01	1,032.32	883.77	6,451.07	3,771.33
Superior - MRSA West	1,203.97	3,737.34	251.38	1,437.01	1,071.33	992.90	6,451.07	3,771.33

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Acute Care Premium Rate Change								
Amerigroup - Bexar	-2.6%	-1.9%	0.0%	0.0%	-1.5%	-1.5%	-1.4%	0.0%
Molina - Bexar	-2.6%	-1.9%	0.0%	0.0%	-1.5%	-1.5%	-1.4%	0.0%
Superior - Bexar	-2.6%	-1.9%	0.0%	0.0%	-1.5%	-1.5%	-1.4%	0.0%
Molina - Dallas	-3.9%	-3.6%	0.0%	0.0%	-2.3%	-2.3%	-4.3%	0.0%
Superior - Dallas	-3.8%	-3.6%	0.0%	0.0%	-2.3%	-2.3%	-4.3%	0.0%
Amerigroup - El Paso	-2.1%	-1.4%	0.0%	0.0%	-0.8%	-0.8%	-1.0%	0.0%
Molina - El Paso	-2.1%	-1.4%	0.0%	0.0%	-0.8%	-0.8%	-1.0%	0.0%
Amerigroup - Harris	-3.7%	-2.9%	0.0%	0.0%	-2.4%	-2.4%	-4.1%	0.0%
Molina - Harris	-3.7%	-2.9%	0.0%	0.0%	-2.4%	-2.4%	-4.1%	0.0%
United - Harris	-3.7%	-2.9%	0.0%	0.0%	-2.4%	-2.4%	-4.1%	0.0%
Health Spring - Hidalgo	-2.6%	-1.9%	0.0%	0.0%	-2.2%	-2.2%	-2.7%	0.0%
Molina - Hidalgo	-2.6%	-1.9%	0.0%	0.0%	-2.2%	-2.2%	-2.7%	0.0%
Superior - Hidalgo	-2.6%	-1.9%	0.0%	0.0%	-2.2%	-2.2%	-2.7%	0.0%
Amerigroup - Jefferson	-3.7%	-2.8%	0.0%	0.0%	-1.8%	-1.8%	-2.7%	0.0%
Molina - Jefferson	-3.7%	-2.8%	0.0%	0.0%	-1.8%	-1.8%	-2.7%	0.0%
United - Jefferson	-3.7%	-2.8%	0.0%	0.0%	-1.8%	-1.8%	-2.7%	0.0%
Amerigroup - Lubbock	-3.8%	-3.7%	0.0%	0.0%	-2.4%	-2.4%	-4.8%	0.0%
Superior - Lubbock	-3.8%	-3.7%	0.0%	0.0%	-2.4%	-2.4%	-4.8%	0.0%
Superior - Nueces	-4.0%	-3.5%	0.0%	0.0%	-2.0%	-2.0%	-4.8%	0.0%
United - Nueces	-4.0%	-3.5%	0.0%	0.0%	-2.0%	-2.0%	-4.8%	0.0%
Amerigroup - Tarrant	-3.4%	-2.5%	0.0%	0.0%	-1.8%	-1.8%	-3.4%	0.0%
Health Spring - Tarrant	-3.4%	-2.5%	0.0%	0.0%	-1.8%	-1.8%	-3.4%	0.0%
Amerigroup - Travis	-3.5%	-3.3%	0.0%	0.0%	-2.7%	-2.7%	-4.2%	0.0%
United - Travis	-3.5%	-3.3%	0.0%	0.0%	-2.7%	-2.7%	-4.2%	0.0%
Superior - MRSA Central	-3.1%	-2.2%	0.0%	0.0%	-2.1%	-2.1%	-2.6%	0.0%
United - MRSA Central	-3.1%	-2.2%	0.0%	0.0%	-2.1%	-2.1%	-2.6%	0.0%
Health Spring - MRSA Northeast	-3.6%	-2.6%	0.0%	0.0%	-2.5%	-2.5%	-2.8%	0.0%
United - MRSA Northeast	-3.6%	-2.6%	0.0%	0.0%	-2.5%	-2.5%	-2.8%	0.0%
Amerigroup - MRSA West	-3.4%	-2.7%	0.0%	0.0%	-2.2%	-2.2%	-3.1%	0.0%
Superior - MRSA West	-3.4%	-2.7%	0.0%	0.0%	-2.2%	-2.2%	-3.1%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Long Term Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	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%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	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%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 NAIP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	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%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 MPAP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	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%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Medicaid Only		Dual Eligible		IDD		Nursing Facility	
	OCC	HCBS	OCC	HCBS	< 21	> 21	Medicaid Only	Dual Eligible
6/1/2017-8/31/2017 Total Premium Rate Change								
Amerigroup - Bexar	-1.1%	-0.6%	0.0%	0.0%	-0.5%	-0.6%	-0.3%	0.0%
Molina - Bexar	-1.1%	-0.6%	0.0%	0.0%	-0.4%	-0.6%	-0.3%	0.0%
Superior - Bexar	-1.1%	-0.6%	0.0%	0.0%	-0.5%	-0.6%	-0.3%	0.0%
Molina - Dallas	-2.0%	-1.4%	0.0%	0.0%	-0.8%	-1.1%	-1.0%	0.0%
Superior - Dallas	-2.0%	-1.4%	0.0%	0.0%	-0.8%	-1.1%	-1.0%	0.0%
Amerigroup - El Paso	-0.9%	-0.5%	0.0%	0.0%	-0.4%	-0.4%	-0.2%	0.0%
Molina - El Paso	-0.9%	-0.5%	0.0%	0.0%	-0.4%	-0.4%	-0.2%	0.0%
Amerigroup - Harris	-1.7%	-1.2%	0.0%	0.0%	-0.9%	-1.0%	-1.1%	0.0%
Molina - Harris	-1.7%	-1.2%	0.0%	0.0%	-1.0%	-1.0%	-1.1%	0.0%
United - Harris	-1.7%	-1.1%	0.0%	0.0%	-1.0%	-1.0%	-1.1%	0.0%
Health Spring - Hidalgo	-0.8%	-0.5%	0.0%	0.0%	-0.8%	-1.1%	-0.7%	0.0%
Molina - Hidalgo	-0.8%	-0.6%	0.0%	0.0%	-0.9%	-1.1%	-0.7%	0.0%
Superior - Hidalgo	-0.8%	-0.6%	0.0%	0.0%	-1.0%	-1.1%	-0.7%	0.0%
Amerigroup - Jefferson	-1.8%	-1.2%	0.0%	0.0%	-0.7%	-0.8%	-0.6%	0.0%
Molina - Jefferson	-1.8%	-1.1%	0.0%	0.0%	-0.7%	-0.8%	-0.6%	0.0%
United - Jefferson	-1.8%	-1.1%	0.0%	0.0%	-0.7%	-0.8%	-0.6%	0.0%
Amerigroup - Lubbock	-1.9%	-1.4%	0.0%	0.0%	-0.8%	-1.0%	-1.0%	0.0%
Superior - Lubbock	-1.9%	-1.5%	0.0%	0.0%	-0.8%	-1.0%	-1.0%	0.0%
Superior - Nueces	-1.6%	-1.2%	0.0%	0.0%	-0.9%	-1.0%	-1.1%	0.0%
United - Nueces	-1.5%	-1.2%	0.0%	0.0%	-0.9%	-1.0%	-1.1%	0.0%
Amerigroup - Tarrant	-1.7%	-1.0%	0.0%	0.0%	-0.7%	-0.8%	-0.9%	0.0%
Health Spring - Tarrant	-1.6%	-0.9%	0.0%	0.0%	-0.6%	-0.8%	-0.9%	0.0%
Amerigroup - Travis	-1.6%	-1.1%	0.0%	0.0%	-0.8%	-1.0%	-0.8%	0.0%
United - Travis	-1.6%	-1.1%	0.0%	0.0%	-1.1%	-1.0%	-0.8%	0.0%
Superior - MRSA Central	-1.5%	-0.7%	0.0%	0.0%	-0.7%	-0.9%	-0.6%	0.0%
United - MRSA Central	-1.5%	-0.7%	0.0%	0.0%	-0.7%	-0.9%	-0.6%	0.0%
Health Spring - MRSA Northeast	-1.8%	-0.8%	0.0%	0.0%	-0.9%	-1.1%	-0.8%	0.0%
United - MRSA Northeast	-1.8%	-0.9%	0.0%	0.0%	-0.9%	-1.1%	-0.8%	0.0%
Amerigroup - MRSA West	-1.6%	-0.9%	0.0%	0.0%	-0.8%	-0.9%	-0.7%	0.0%
Superior - MRSA West	-1.6%	-0.9%	0.0%	0.0%	-0.8%	-0.9%	-0.7%	0.0%

FY2017 STAR+PLUS Rating Summary - Amended

	Projected PMPM		Projected 6/17-8/17 Premium		
	Current Rates	Proposed Rates	Current Rates	Proposed Rates	% Rate Change
Non-Nursing Facility					
Medical (1)	818.19	807.86	1,174,613,691	1,159,778,043	-1.3%
Pharmacy	234.11	234.11	336,092,347	336,092,347	0.0%
NAIP	5.86	5.86	8,419,791	8,419,791	0.0%
Total	1,058.17	1,047.83	1,519,125,829	1,504,290,181	-1.0%
Nursing Facility					
Medical (1)	4,242.06	4,235.53	630,442,380	629,471,539	-0.2%
Pharmacy	88.01	88.01	13,079,181	13,079,181	0.0%
MPAP	0.00	0.00	0	0	0.0%
Total	4,330.07	4,323.53	643,521,561	642,550,720	-0.2%
Total					
Medical (1)	1,139.38	1,129.41	1,805,056,071	1,789,249,582	-0.9%
Pharmacy	220.40	220.40	349,171,528	349,171,528	0.0%
NAIP & MPAP	5.31	5.31	8,419,791	8,419,791	0.0%
Total	1,365.10	1,355.12	2,162,647,390	2,146,840,902	-0.7%

Notes:

(1) Includes LTSS.

FY2017 STAR+PLUS Rating
Bexar SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	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
-Emergency Room	12,981,070	48.93	1,207,176	76.57	0	0.00	0	0.00	14,188,246
-Outpatient Facility	11,130,334	41.95	1,863,622	118.21	0	0.00	0	0.00	12,993,956
-Inpatient Facility	41,275,474	155.57	6,338,698	402.07	0	0.00	0	0.00	47,614,172
-Other Acute Care	22,662,762	85.42	6,210,335	393.93	0	0.00	0	0.00	28,873,097
Acute Care Total	123,755,327	466.45	19,239,908	1,220.42	0	0.00	0	0.00	142,995,235
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
-Nursing Facility	162,677	0.61	216,075	13.71	479,554	1.79	458,106	12.10	1,316,411
-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
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
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
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
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	0.9938		0.9975		1.0000		1.0000		
Acute Care - Inpatient	1.0339		1.0281		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	122,237,986	496.67	25,338,970	1,277.86	0	0.00	0	0.00	147,576,956	252.88
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	179,354,435	728.74	59,330,241	2,992.06	78,981,055	286.58	70,013,991	1,665.54	387,679,722	664.31
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	12,152,115	5.75%	3,845,047	5.75%	5,711,241	5.75%	4,593,004	5.75%	26,301,407	5.75%
Total	16,151,481	65.63	4,167,272	210.16	10,189,707	36.97	5,276,102	125.51	35,784,562	61.32
Risk Margin	4,226,823	2.00%	1,337,408	2.00%	1,986,519	2.00%	1,597,566	2.00%	9,148,315	2.00%
Premium Tax	3,698,470	1.75%	1,170,232	1.75%	1,738,204	1.75%	1,397,871	1.75%	8,004,776	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	139,684,015	567.56	28,302,139	1,427.29	-38,610	-0.14	25,146	0.60	167,972,690	287.83
Long Term Care	71,657,124	291.15	38,568,239	1,945.02	99,364,538	360.54	79,853,177	1,899.60	289,443,078	495.98
Total	211,341,139	858.71	66,870,378	3,372.31	99,325,928	360.40	79,878,323	1,900.20	457,415,768	783.81
Rate Change		-1.1 %		3.8 %		-2.7 %		5.3 %		0.3 %

FY2017 STAR+PLUS Rating
Dallas SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	346,646		16,379		307,914		43,962		714,901
Estimated Incurred Claims - Acute Care									
-Professional	35,441,159	102.24	3,725,969	227.48	0	0.00	0	0.00	39,167,128 54.79
-Emergency Room	19,786,860	57.08	1,575,606	96.20	0	0.00	0	0.00	21,362,466 29.88
-Outpatient Facility	31,873,354	91.95	3,693,517	225.50	0	0.00	0	0.00	35,566,872 49.75
-Inpatient Facility	61,729,419	178.08	7,136,080	435.68	0	0.00	0	0.00	68,865,498 96.33
-Other Acute Care	16,670,040	48.09	5,048,643	308.24	0	0.00	0	0.00	21,718,684 30.38
Acute Care Total	165,500,832	477.43	21,179,816	1,293.11	0	0.00	0	0.00	186,680,648 261.13
Estimated Incurred Claims - Long Term Care									
-Attendant Care	48,090,226	138.73	18,994,220	1,159.67	66,892,479	217.24	52,025,106	1,183.41	186,002,030 260.18
-Nursing Facility	594,600	1.72	502,466	30.68	958,083	3.11	1,324,696	30.13	3,379,845 4.73
-Other Long Term Care	1,557,155	4.49	3,208,224	195.87	4,020,594	13.06	8,300,228	188.80	17,086,201 23.90
Long Term Care Total	50,241,981	144.94	22,704,909	1,386.22	71,871,156	233.41	61,650,030	1,402.35	206,468,076 288.81
Total - All Claims	215,742,813	622.37	43,884,725	2,679.33	71,871,156	233.41	61,650,030	1,402.35	393,148,724 549.93
Projected FY2017 Member Months	345,468		19,489		324,595		48,903		738,455
Projected FY2017 Premium At Current Rates	297,802,451	862.03	68,413,238	3,510.36	102,263,698	315.05	79,855,438	1,632.93	548,334,824 742.54
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	0.9953		0.9967		1.0000		1.0000		
Acute Care - Inpatient	1.0404		1.0297		1.0000		1.0000		
Long Term Care	1.3025		1.0736		1.0530		1.0417		
Other Adjustment - Removal of < Age 21	1.0188		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Dallas 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	176,442,209	510.73	26,407,309	1,354.99	0	0.00	0	0.00	202,849,519	274.69
LTC	73,953,018	214.07	29,004,362	1,488.25	82,029,449	252.71	73,452,664	1,502.00	258,439,493	349.97
Total	250,395,227	724.80	55,411,672	2,843.24	82,029,449	252.71	73,452,664	1,502.00	461,289,011	624.67
Capitation Expenses & Refunds	1,251,566	3.62	167,400	8.59	-301,325	-0.93	94,619	1.93	1,212,260	1.64
Service Coordination & Other Expenses	7,609,066	22.03	1,270,762	65.20	5,426,902	16.72	2,056,940	42.06	16,363,670	22.16
Net Reinsurance Cost	99,362	0.29	6,743	0.35	102,771	0.32	17,764	0.36	226,640	0.31
Administrative Expenses										
Fixed Amount	5,613,848	16.25	316,695	16.25	5,274,671	16.25	794,676	16.25	11,999,890	16.25
Percentage of Premium	16,836,588	5.75%	3,632,643	5.75%	5,880,578	5.75%	4,855,420	5.75%	31,205,229	5.75%
Total	22,450,435	64.99	3,949,338	202.64	11,155,249	34.37	5,650,096	115.54	43,205,119	58.51
Risk Margin	5,856,204	2.00%	1,263,528	2.00%	2,045,419	2.00%	1,688,842	2.00%	10,853,993	2.00%
Premium Tax	5,124,179	1.75%	1,105,587	1.75%	1,789,741	1.75%	1,477,736	1.75%	9,497,244	1.75%
Maintenance Tax	24,183	0.07	1,364	0.07	22,722	0.07	3,423	0.07	51,692	0.07
Projected Total Cost										
Acute Care	200,846,412	581.38	29,539,259	1,515.69	-219,396	-0.68	124,179	2.54	230,290,454	311.85
Long Term Care	91,963,810	266.20	33,637,136	1,725.96	102,490,324	315.75	84,317,904	1,724.18	312,409,175	423.06
Total	292,810,222	847.58	63,176,395	3,241.65	102,270,928	315.07	84,442,084	1,726.72	542,699,629	734.91
Rate Change		-1.7 %		-7.7 %		0.0 %		5.7 %		-1.0 %

FY2017 STAR+PLUS Rating
El Paso SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	79,477		7,875		190,084		18,043		295,479
Estimated Incurred Claims - Acute Care									
-Professional	11,437,187	143.91	2,046,824	259.91	0	0.00	0	0.00	13,484,011 45.63
-Emergency Room	3,001,200	37.76	670,995	85.21	0	0.00	0	0.00	3,672,194 12.43
-Outpatient Facility	2,932,389	36.90	895,231	113.68	0	0.00	0	0.00	3,827,620 12.95
-Inpatient Facility	11,732,129	147.62	2,727,123	346.30	0	0.00	0	0.00	14,459,251 48.93
-Other Acute Care	12,673,692	159.46	3,461,438	439.55	0	0.00	0	0.00	16,135,130 54.61
Acute Care Total	41,776,596	525.64	9,801,611	1,244.65	0	0.00	0	0.00	51,578,207 174.56
Estimated Incurred Claims - Long Term Care									
-Attendant Care	12,519,298	157.52	8,177,882	1,038.46	55,693,141	292.99	22,441,127	1,243.76	98,831,448 334.48
-Nursing Facility	44,649	0.56	4,444	0.56	107,381	0.56	146,520	8.12	302,994 1.03
-Other Long Term Care	2,488,309	31.31	1,583,751	201.11	11,825,698	62.21	5,239,024	290.36	21,136,782 71.53
Long Term Care Total	15,052,256	189.39	9,766,076	1,240.14	67,626,220	355.77	27,826,671	1,542.24	120,271,224 407.04
Total - All Claims	56,828,852	715.04	19,567,687	2,484.79	67,626,220	355.77	27,826,671	1,542.24	171,849,431 581.60
Projected FY2017 Member Months	77,696		8,410		195,587		19,710		301,402
Projected FY2017 Premium At Current Rates	75,502,881	971.78	26,024,270	3,094.36	87,626,704	448.02	37,881,725	1,921.98	227,035,581 753.26
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	0.9957		0.9970		1.0000		1.0000		
Acute Care - Inpatient	1.0455		1.0442		1.0000		1.0000		
Long Term Care	1.2719		1.0674		1.0062		1.0462		
Other Adjustment - Removal of < Age 21	1.0097		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
El Paso 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	43,528,250	560.24	11,126,509	1,322.97	0	0.00	0	0.00	54,654,759	181.33
LTC	21,033,117	270.71	11,132,794	1,323.72	71,989,169	368.07	32,697,927	1,658.97	136,853,007	454.05
Total	64,561,367	830.95	22,259,303	2,646.70	71,989,169	368.07	32,697,927	1,658.97	191,507,765	635.39
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	129,040	1.66	42,637	5.07	107,069	0.55	47,998	2.44	326,744	1.08
Net Reinsurance Cost	1,664,593	21.42	465,410	55.34	3,571,374	18.26	1,038,273	52.68	6,739,650	22.36
Administrative Expenses										
Fixed Amount	1,262,554	16.25	136,666	16.25	3,178,282	16.25	320,283	16.25	4,897,786	16.25
Percentage of Premium	4,297,493	5.75%	1,455,380	5.75%	5,013,725	5.75%	2,167,279	5.75%	12,933,878	5.75%
Total	5,560,048	71.56	1,592,046	189.30	8,192,007	41.88	2,487,562	126.21	17,831,664	59.16
Risk Margin										
Premium Tax	1,494,780	2.00%	506,219	2.00%	1,743,904	2.00%	753,836	2.00%	4,498,740	2.00%
Maintenance Tax	1,307,933	1.75%	442,942	1.75%	1,525,916	1.75%	659,607	1.75%	3,936,398	1.75%
	5,439	0.07	589	0.07	13,691	0.07	1,380	0.07	21,098	0.07
Projected Total Cost										
Acute Care	49,202,215	633.27	12,419,412	1,476.70	175,868	0.90	58,813	2.98	61,856,307	205.23
Long Term Care	25,536,799	328.68	12,891,549	1,532.84	87,019,355	444.91	37,632,997	1,909.36	163,080,699	541.07
Total	74,739,014	961.95	25,310,961	3,009.55	87,195,223	445.81	37,691,809	1,912.34	224,937,007	746.30
Rate Change		-1.0 %		-2.7 %		-0.5 %		-0.5 %		-0.9 %

FY2017 STAR+PLUS Rating
Harris SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	562,161		32,519		587,203		65,370		1,247,253
Estimated Incurred Claims - Acute Care									
-Professional	92,669,327	164.84	16,136,887	496.23	0	0.00	0	0.00	108,806,214
-Emergency Room	31,747,172	56.47	3,369,156	103.61	0	0.00	0	0.00	35,116,328
-Outpatient Facility	37,014,289	65.84	5,948,144	182.91	0	0.00	0	0.00	42,962,433
-Inpatient Facility	118,810,063	211.35	18,749,014	576.56	0	0.00	0	0.00	137,559,077
-Other Acute Care	38,587,373	68.64	8,399,413	258.29	0	0.00	0	0.00	46,986,786
Acute Care Total	318,828,224	567.15	52,602,615	1,617.60	0	0.00	0	0.00	371,430,839
Estimated Incurred Claims - Long Term Care									
-Attendant Care	73,013,345	129.88	34,768,948	1,069.19	117,230,619	199.64	82,547,914	1,262.78	307,560,826
-Nursing Facility	373,631	0.66	918,722	28.25	533,005	0.91	1,411,610	21.59	3,236,969
-Other Long Term Care	12,154,027	21.62	13,975,216	429.76	8,291,641	14.12	11,981,484	183.29	46,402,368
Long Term Care Total	85,541,004	152.16	49,662,887	1,527.20	126,055,265	214.67	95,941,008	1,467.66	357,200,163
Total - All Claims	404,369,228	719.31	102,265,501	3,144.79	126,055,265	214.67	95,941,008	1,467.66	728,631,002
Projected FY2017 Member Months	507,389		34,522		617,486		70,257		1,229,654
Projected FY2017 Premium At Current Rates	509,501,342	1,004.16	135,787,385	3,933.36	196,663,151	318.49	125,022,956	1,779.50	966,974,835
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	0.9956		0.9973		1.0000		1.0000		
Acute Care - Inpatient	1.0306		1.0223		1.0000		1.0000		
Long Term Care	1.4064		1.0729		1.0562		1.0569		
Other Adjustment - Removal of < Age 21	1.0482		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Harris 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	313,829,823	618.52	58,129,442	1,683.84	0	0.00	0	0.00	371,959,265	302.49
LTC	126,680,299	249.67	56,565,301	1,638.53	143,952,861	233.13	112,053,021	1,594.89	439,251,482	357.22
Total	440,510,122	868.19	114,694,743	3,322.37	143,952,861	233.13	112,053,021	1,594.89	811,210,747	659.71
Capitation Expenses & Refunds	1,513,478	2.98	155,980	4.52	102,869	0.17	42,463	0.60	1,814,791	1.48
Service Coordination & Other Expenses	15,571,263	30.69	1,826,552	52.91	17,848,957	28.91	3,689,425	52.51	38,936,195	31.66
Net Reinsurance Cost	38,694	0.08	3,185	0.09	47,321	0.08	5,438	0.08	94,638	0.08
Administrative Expenses										
Fixed Amount	8,245,071	16.25	560,983	16.25	10,034,149	16.25	1,141,682	16.25	19,981,885	16.25
Percentage of Premium	29,602,280	5.75%	7,449,195	5.75%	10,930,044	5.75%	7,429,695	5.75%	55,411,214	5.75%
Total	37,847,351	74.59	8,010,178	232.03	20,964,193	33.95	8,571,377	122.00	75,393,099	61.31
Risk Margin	10,296,445	2.00%	2,591,025	2.00%	3,801,754	2.00%	2,584,242	2.00%	19,273,466	2.00%
Premium Tax	9,009,390	1.75%	2,267,146	1.75%	3,326,535	1.75%	2,261,212	1.75%	16,864,283	1.75%
Maintenance Tax	35,517	0.07	2,417	0.07	43,224	0.07	4,918	0.07	86,076	0.07
Projected Total Cost										
Acute Care	355,006,941	699.67	64,722,816	1,874.83	165,957	0.27	52,929	0.75	419,948,643	341.52
Long Term Care	159,815,318	314.98	64,828,410	1,877.89	189,921,758	307.57	129,159,166	1,838.37	543,724,652	442.18
Total	514,822,259	1,014.65	129,551,225	3,752.71	190,087,715	307.84	129,212,095	1,839.13	963,673,295	783.69
Rate Change		1.0 %		-4.6 %		-3.3 %		3.4 %		-0.3 %

FY2017 STAR+PLUS Rating
Hidalgo SDA Total

	Acute Care and Long Term Care								Total	
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS			
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period										
Member Months	239,146		20,640		502,307		108,073		870,166	
Estimated Incurred Claims - Acute Care										
-Professional	35,665,248	149.14	6,262,380	303.41	0	0.00	0	0.00	41,927,628	48.18
-Emergency Room	4,425,328	18.50	728,613	35.30	0	0.00	0	0.00	5,153,941	5.92
-Outpatient Facility	11,657,944	48.75	2,971,790	143.98	0	0.00	0	0.00	14,629,734	16.81
-Inpatient Facility	26,931,339	112.61	6,649,607	322.17	0	0.00	0	0.00	33,580,945	38.59
-Other Acute Care	14,971,042	62.60	6,281,055	304.31	0	0.00	0	0.00	21,252,096	24.42
Acute Care Total	93,650,901	391.61	22,893,444	1,109.18	0	0.00	0	0.00	116,544,345	133.93
Estimated Incurred Claims - Long Term Care										
-Attendant Care	96,107,574	401.88	32,361,234	1,567.89	321,052,473	639.16	169,225,232	1,565.84	618,746,513	711.07
-Nursing Facility	62,454	0.26	117,608	5.70	506,947	1.01	1,272,787	11.78	1,959,795	2.25
-Other Long Term Care	17,981,823	75.19	3,505,058	169.82	60,538,371	120.52	19,475,005	180.20	101,500,257	116.64
Long Term Care Total	114,151,851	477.33	35,983,899	1,743.41	382,097,792	760.69	189,973,024	1,757.82	722,206,565	829.96
Total - All Claims	207,802,751	868.94	58,877,344	2,852.58	382,097,792	760.69	189,973,024	1,757.82	838,750,911	963.90
Projected FY2017 Member Months	186,050		25,100		508,056		119,991		839,197	
Projected FY2017 Premium At Current Rates	215,778,926	1,159.79	85,253,328	3,396.57	487,789,271	960.11	246,937,103	2,057.96	1,035,758,628	1,234.23
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	0.9938		0.9996		1.0000		1.0000			
Acute Care - Inpatient	1.0306		1.0248		1.0000		1.0000			
Long Term Care	1.0327		1.0659		0.9856		1.0428			
Other Adjustment - Removal of < Age 21	1.1271		1.0000		1.0000		1.0000			

FY2017 STAR+PLUS Rating
Hidalgo 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	85,284,282	458.39	29,118,151	1,160.09	0	0.00	0	0.00	114,402,433	136.32
LTC	115,050,495	618.38	46,642,974	1,858.30	391,643,987	770.87	226,150,357	1,884.72	779,487,814	928.85
Total	200,334,777	1,076.78	75,761,125	3,018.39	391,643,987	770.87	226,150,357	1,884.72	893,890,247	1,065.17
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	1,133,950	6.09	178,271	7.10	555,296	1.09	252,065	2.10	2,119,583	2.53
Net Reinsurance Cost	5,097,883	27.40	928,709	37.00	13,893,792	27.35	3,979,830	33.17	23,900,213	28.48
Administrative Expenses										
Fixed Amount	3,023,319	16.25	407,873	16.25	8,255,904	16.25	1,949,857	16.25	13,636,953	16.25
Percentage of Premium	13,318,750	5.75%	4,910,085	5.75%	26,333,150	5.75%	14,762,867	5.75%	59,324,852	5.75%
Total	16,342,069	87.84	5,317,958	211.87	34,589,054	68.08	16,712,725	139.28	72,961,805	86.94
Risk Margin										
Premium Tax	4,632,609	2.00%	1,707,856	2.00%	9,159,357	2.00%	5,134,910	2.00%	20,634,731	2.00%
Maintenance Tax	4,053,533	1.75%	1,494,374	1.75%	8,014,437	1.75%	4,493,047	1.75%	18,055,390	1.75%
Total	13,024	0.07	1,757	0.07	35,564	0.07	8,399	0.07	58,744	0.07
Projected Total Cost										
Acute Care	96,943,006	521.06	32,548,721	1,296.77	697,941	1.37	294,202	2.45	130,483,870	155.49
Long Term Care	134,687,428	723.93	52,844,061	2,105.35	457,269,886	900.04	256,451,319	2,137.25	901,252,694	1,073.95
Total	231,630,435	1,244.99	85,392,782	3,402.12	457,967,827	901.41	256,745,520	2,139.70	1,031,736,564	1,229.43
Rate Change		7.3 %		0.2 %		-6.1 %		4.0 %		-0.4 %

FY2017 STAR+PLUS Rating
Jefferson SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	107,395		5,510		84,108		15,601		212,614
Estimated Incurred Claims - Acute Care									
-Professional	15,554,001	144.83	1,948,757	353.68	0	0.00	0	0.00	17,502,759
-Emergency Room	4,799,585	44.69	505,732	91.78	0	0.00	0	0.00	5,305,317
-Outpatient Facility	7,087,792	66.00	1,071,013	194.38	0	0.00	0	0.00	8,158,805
-Inpatient Facility	20,307,432	189.09	2,729,830	495.43	0	0.00	0	0.00	23,037,262
-Other Acute Care	7,563,121	70.42	1,716,253	311.48	0	0.00	0	0.00	9,279,374
Acute Care Total	55,311,931	515.03	7,971,585	1,446.75	0	0.00	0	0.00	63,283,517
Estimated Incurred Claims - Long Term Care									
-Attendant Care	7,997,520	74.47	5,357,572	972.34	12,498,935	148.61	17,569,327	1,126.17	43,423,353
-Nursing Facility	40,763	0.38	16,828	3.05	139,962	1.66	171,006	10.96	368,559
-Other Long Term Care	1,247,152	11.61	1,337,119	242.67	474,320	5.64	2,329,216	149.30	5,387,807
Long Term Care Total	9,285,435	86.46	6,711,520	1,218.06	13,113,217	155.91	20,069,548	1,286.43	49,179,719
Total - All Claims	64,597,366	601.49	14,683,105	2,664.81	13,113,217	155.91	20,069,548	1,286.43	112,463,236
Projected FY2017 Member Months	102,638		6,199		88,792		16,639		214,268
Projected FY2017 Premium									
At Current Rates	83,636,535	814.87	21,153,513	3,412.26	20,920,175	235.61	25,379,718	1,525.30	151,089,940
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	0.9997		1.0013		1.0000		1.0000		
Acute Care - Inpatient	1.0242		1.0183		1.0000		1.0000		
Long Term Care	1.4601		1.0646		1.1177		1.0238		
Other Adjustment - Removal of < Age 21	1.0351		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Jefferson 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	56,809,237	553.49	9,336,830	1,506.12	0	0.00	0	0.00	66,146,067	308.71
LTC	14,927,736	145.44	8,038,895	1,296.75	15,909,004	179.17	22,532,216	1,354.17	61,407,852	286.59
Total	71,736,974	698.93	17,375,725	2,802.87	15,909,004	179.17	22,532,216	1,354.17	127,553,919	595.30
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	243,050	2.37	40,511	6.53	17,672	0.20	34,007	2.04	335,240	1.56
Net Reinsurance Cost	2,367,937	23.07	415,124	66.96	1,298,109	14.62	645,420	38.79	4,726,591	22.06
	17,849	0.17	1,787	0.29	20,260	0.23	4,147	0.25	44,043	0.21
Administrative Expenses										
Fixed Amount	1,667,872	16.25	100,738	16.25	1,442,863	16.25	270,386	16.25	3,481,860	16.25
Percentage of Premium	4,831,326	5.75%	1,139,473	5.75%	1,187,748	5.75%	1,492,290	5.75%	8,650,837	5.75%
Total	6,499,198	63.32	1,240,211	200.06	2,630,611	29.63	1,762,676	105.94	12,132,696	56.62
Risk Margin										
Premium Tax	1,680,461	2.00%	396,339	2.00%	413,130	2.00%	519,057	2.00%	3,008,987	2.00%
Maintenance Tax	1,470,404	1.75%	346,796	1.75%	361,489	1.75%	454,175	1.75%	2,632,863	1.75%
	7,185	0.07	434	0.07	6,215	0.07	1,165	0.07	14,999	0.07
Projected Total Cost										
Acute Care	64,526,664	628.68	10,423,748	1,681.45	41,914	0.47	42,158	2.53	75,034,485	350.19
Long Term Care	19,496,393	189.95	9,393,179	1,515.21	20,614,576	232.17	25,910,705	1,557.21	75,414,852	351.96
Total	84,023,057	818.63	19,816,927	3,196.65	20,656,489	232.64	25,952,863	1,559.75	150,449,337	702.15
Rate Change		0.5 %		-6.3 %		-1.3 %		2.3 %		-0.4 %

FY2017 STAR+PLUS Rating
Lubbock SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	62,356		2,974		63,379		8,370		137,079
Estimated Incurred Claims - Acute Care									
-Professional	7,178,676	115.12	529,424	178.02	0	0.00	0	0.00	7,708,100 56.23
-Emergency Room	2,063,209	33.09	153,898	51.75	0	0.00	0	0.00	2,217,107 16.17
-Outpatient Facility	2,888,448	46.32	113,929	38.31	0	0.00	0	0.00	3,002,377 21.90
-Inpatient Facility	13,066,246	209.54	1,196,616	402.36	0	0.00	0	0.00	14,262,862 104.05
-Other Acute Care	6,919,975	110.98	1,341,508	451.08	0	0.00	0	0.00	8,261,482 60.27
Acute Care Total	32,116,554	515.05	3,335,375	1,121.51	0	0.00	0	0.00	35,451,929 258.62
Estimated Incurred Claims - Long Term Care									
-Attendant Care	2,536,266	40.67	2,467,521	829.70	4,585,107	72.34	6,943,090	829.52	16,531,983 120.60
-Nursing Facility	28,158	0.45	53,233	17.90	32,046	0.51	35,783	4.28	149,219 1.09
-Other Long Term Care	650,398	10.43	469,160	157.75	923,136	14.57	1,755,178	209.70	3,797,873 27.71
Long Term Care Total	3,214,822	51.56	2,989,914	1,005.35	5,540,288	87.42	8,734,051	1,043.49	20,479,075 149.40
Total - All Claims	35,331,376	566.61	6,325,289	2,126.86	5,540,288	87.42	8,734,051	1,043.49	55,931,003 408.02
Projected FY2017 Member Months	59,848		3,478		67,622		8,447		139,396
Projected FY2017 Premium At Current Rates	47,692,178	796.89	8,586,620	2,469.03	11,473,482	169.67	10,738,538	1,271.21	78,490,819 563.08
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	1.0000		0.9997		1.0000		1.0000		
Acute Care - Inpatient	1.0377		1.0406		1.0000		1.0000		
Long Term Care	2.2830		1.0701		1.2559		1.0162		
Other Adjustment - Removal of < Age 21	0.9812		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Lubbock 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	31,824,955	531.76	4,142,658	1,191.20	0	0.00	0	0.00	35,967,613	258.03
LTC	7,692,957	128.54	3,741,436	1,075.83	7,633,197	112.88	9,210,207	1,090.29	28,277,797	202.86
Total	39,517,911	660.30	7,884,094	2,267.02	7,633,197	112.88	9,210,207	1,090.29	64,245,410	460.89
Capitation Expenses & Refunds	154,415	2.58	7,313	2.10	-152,739	-2.26	-14,537	-1.72	-5,548	-0.04
Service Coordination & Other Expenses	1,303,697	21.78	95,506	27.46	1,375,584	20.34	235,626	27.89	3,010,413	21.60
Net Reinsurance Cost	2,394	0.04	139	0.04	2,705	0.04	338	0.04	5,576	0.04
Administrative Expenses										
Fixed Amount	972,530	16.25	56,513	16.25	1,098,863	16.25	137,272	16.25	2,265,178	16.25
Percentage of Premium	2,665,658	5.75%	511,071	5.75%	632,967	5.75%	608,007	5.75%	4,417,702	5.75%
Total	3,638,188	60.79	567,584	163.21	1,731,830	25.61	745,279	88.22	6,682,880	47.94
Risk Margin	927,185	2.00%	177,764	2.00%	220,162	2.00%	211,481	2.00%	1,536,592	2.00%
Premium Tax	811,287	1.75%	155,543	1.75%	192,642	1.75%	185,046	1.75%	1,344,518	1.75%
Maintenance Tax	4,189	0.07	243	0.07	4,734	0.07	591	0.07	9,758	0.07
Projected Total Cost										
Acute Care	36,208,116	605.00	4,618,711	1,328.08	-165,783	-2.45	-15,689	-1.86	40,645,354	291.58
Long Term Care	10,151,151	169.62	4,269,476	1,227.66	11,173,898	165.24	10,589,720	1,253.59	36,184,244	259.58
Total	46,359,267	774.62	8,888,187	2,555.74	11,008,114	162.79	10,574,030	1,251.74	76,829,598	551.16
Rate Change		-2.8 %		3.5 %		-4.1 %		-1.5 %		-2.1 %

FY2017 STAR+PLUS Rating
Nueces SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	98,516		7,931		103,643		28,671		238,761
Estimated Incurred Claims - Acute Care									
-Professional	14,710,269	149.32	2,436,747	307.24	0	0.00	0	0.00	17,147,016
-Emergency Room	4,632,256	47.02	518,726	65.40	0	0.00	0	0.00	5,150,982
-Outpatient Facility	5,490,274	55.73	917,239	115.65	0	0.00	0	0.00	6,407,513
-Inpatient Facility	16,788,584	170.41	3,478,900	438.65	0	0.00	0	0.00	20,267,484
-Other Acute Care	3,776,250	38.33	1,828,759	230.58	0	0.00	0	0.00	5,605,009
Acute Care Total	45,397,632	460.81	9,180,371	1,157.53	0	0.00	0	0.00	54,578,004
228.59									
Estimated Incurred Claims - Long Term Care									
-Attendant Care	18,497,633	187.76	10,466,239	1,319.66	31,310,482	302.10	38,009,284	1,325.70	98,283,638
-Nursing Facility	16,056	0.16	66,694	8.41	72,815	0.70	259,123	9.04	414,687
-Other Long Term Care	3,189,765	32.38	1,011,758	127.57	3,568,731	34.43	3,832,972	133.69	11,603,226
Long Term Care Total	21,703,453	220.30	11,544,691	1,455.64	34,952,028	337.23	42,101,379	1,468.43	110,301,551
461.97									
Total - All Claims	67,101,085	681.12	20,725,063	2,613.17	34,952,028	337.23	42,101,379	1,468.43	164,879,555
690.56									
Projected FY2017 Member Months	92,181		9,249		104,761		30,397		236,588
Projected FY2017 Premium At Current Rates	85,902,619	931.89	27,812,722	3,007.23	46,498,342	443.85	50,817,500	1,671.77	211,031,183
891.98									
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	1.0001		1.0007		1.0000		1.0000		
Acute Care - Inpatient	1.0383		1.0298		1.0000		1.0000		
Long Term Care	1.1246		1.0673		1.0161		1.0274		
Other Adjustment - Removal of < Age 21	1.0113		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Nueces 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	45,232,674	490.69	11,263,992	1,217.91	0	0.00	0	0.00	56,496,667	238.80
LTC	25,706,512	278.87	14,368,731	1,553.61	36,910,023	352.32	47,152,196	1,551.19	124,137,461	524.70
Total	70,939,186	769.56	25,632,723	2,771.51	36,910,023	352.32	47,152,196	1,551.19	180,634,128	763.50
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	577,166	6.26	59,570	6.44	-62,805	-0.60	-17,577	-0.58	556,354	2.35
Net Reinsurance Cost	3,063,661	33.24	321,560	34.77	3,471,408	33.14	1,444,306	47.51	8,300,935	35.09
	1,968	0.02	217	0.02	2,258	0.02	614	0.02	5,057	0.02
Administrative Expenses										
Fixed Amount	1,497,942	16.25	150,290	16.25	1,702,373	16.25	493,958	16.25	3,844,563	16.25
Percentage of Premium	4,834,217	5.75%	1,662,418	5.75%	2,670,452	5.75%	3,118,065	5.75%	12,285,151	5.75%
Total	6,332,159	68.69	1,812,708	196.00	4,372,824	41.74	3,612,023	118.83	16,129,714	68.18
Risk Margin										
Premium Tax	1,681,467	2.00%	578,232	2.00%	928,853	2.00%	1,084,544	2.00%	4,273,096	2.00%
Maintenance Tax	1,471,283	1.75%	505,953	1.75%	812,746	1.75%	948,976	1.75%	3,738,959	1.75%
	6,453	0.07	647	0.07	7,333	0.07	2,128	0.07	16,561	0.07
Projected Total Cost										
Acute Care	51,680,718	560.64	12,585,754	1,360.82	-66,903	-0.64	-18,744	-0.62	64,180,825	271.28
Long Term Care	32,392,625	351.40	16,325,857	1,765.22	46,509,543	443.96	54,245,954	1,784.56	149,473,980	631.79
Total	84,073,343	912.05	28,911,611	3,126.04	46,442,641	443.32	54,227,210	1,783.94	213,654,805	903.07
Rate Change		-2.1 %		4.0 %		-0.1 %		6.7 %		1.2 %

FY2017 STAR+PLUS Rating
Tarrant SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	199,978		13,689		178,237		28,968		420,872
Estimated Incurred Claims - Acute Care									
-Professional	27,200,150	136.02	3,913,498	285.89	0	0.00	0	0.00	31,113,648 73.93
-Emergency Room	18,405,778	92.04	2,209,348	161.40	0	0.00	0	0.00	20,615,126 48.98
-Outpatient Facility	9,447,310	47.24	1,269,991	92.77	0	0.00	0	0.00	10,717,302 25.46
-Inpatient Facility	34,523,857	172.64	5,612,375	409.99	0	0.00	0	0.00	40,136,232 95.36
-Other Acute Care	22,431,946	112.17	5,240,120	382.80	0	0.00	0	0.00	27,672,067 65.75
Acute Care Total	112,009,042	560.11	18,245,333	1,332.85	0	0.00	0	0.00	130,254,375 309.49
Estimated Incurred Claims - Long Term Care									
-Attendant Care	17,637,133	88.20	12,393,750	905.38	24,279,243	136.22	29,883,080	1,031.59	84,193,207 200.04
-Nursing Facility	59,313	0.30	12,627	0.92	175,725	0.99	33,715	1.16	281,380 0.67
-Other Long Term Care	1,592,342	7.96	4,657,837	340.26	2,298,340	12.89	7,670,060	264.78	16,218,578 38.54
Long Term Care Total	19,288,788	96.45	17,064,214	1,246.56	26,753,308	150.10	37,586,855	1,297.53	100,693,165 239.25
Total - All Claims	131,297,830	656.56	35,309,548	2,579.41	26,753,308	150.10	37,586,855	1,297.53	230,947,540 548.74
Projected FY2017 Member Months	193,361		14,774		191,771		31,087		430,993
Projected FY2017 Premium									
At Current Rates	176,670,945	913.68	45,295,250	3,065.84	45,163,969	235.51	48,260,803	1,552.46	315,390,967 731.78
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	0.9961		0.9971		1.0000		1.0000		
Acute Care - Inpatient	1.0341		1.0333		1.0000		1.0000		
Long Term Care	1.7961		1.0533		1.1581		1.0156		
Other Adjustment - Removal of < Age 21	1.0170		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Tarrant 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	115,044,135	594.97	20,714,459	1,402.07	0	0.00	0	0.00	135,758,594	314.99
LTC	37,917,949	196.10	19,398,551	1,313.01	34,275,410	178.73	42,119,809	1,354.92	133,711,719	310.24
Total	152,962,084	791.07	40,113,010	2,715.08	34,275,410	178.73	42,119,809	1,354.92	269,470,314	625.23
Capitation Expenses & Refunds	266,812	1.38	19,333	1.31	0	0.00	11,175	0.36	297,321	0.69
Service Coordination & Other Expenses	3,913,210	20.24	613,548	41.53	3,977,873	20.74	1,262,723	40.62	9,767,354	22.66
Net Reinsurance Cost	5,898	0.03	492	0.03	6,320	0.03	1,036	0.03	13,746	0.03
Administrative Expenses										
Fixed Amount	3,142,119	16.25	240,080	16.25	3,116,277	16.25	505,158	16.25	7,003,635	16.25
Percentage of Premium	10,185,039	5.75%	2,604,178	5.75%	2,629,707	5.75%	2,789,358	5.75%	18,208,283	5.75%
Total	13,327,158	68.92	2,844,258	192.52	5,745,985	29.96	3,294,517	105.98	25,211,917	58.50
Risk Margin	3,542,622	2.00%	905,801	2.00%	914,681	2.00%	970,212	2.00%	6,333,316	2.00%
Premium Tax	3,099,794	1.75%	792,576	1.75%	800,346	1.75%	848,935	1.75%	5,541,651	1.75%
Maintenance Tax	13,535	0.07	1,034	0.07	13,424	0.07	2,176	0.07	30,170	0.07
Projected Total Cost										
Acute Care	130,044,465	672.55	23,048,394	1,560.05	6,984	0.04	13,493	0.43	153,113,335	355.26
Long Term Care	47,086,649	243.52	22,241,659	1,505.44	45,727,055	238.45	48,497,089	1,560.06	163,552,453	379.48
Total	177,131,114	916.06	45,290,053	3,065.49	45,734,039	238.48	48,510,582	1,560.49	316,665,788	734.74
Rate Change		0.3 %		0.0 %		1.3 %		0.5 %		0.4 %

FY2017 STAR+PLUS Rating
Travis SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	118,729		7,569		110,106		20,416		256,820
Estimated Incurred Claims - Acute Care									
-Professional	21,670,421	182.52	3,772,868	498.46	0	0.00	0	0.00	25,443,289 99.07
-Emergency Room	7,286,628	61.37	584,288	77.19	0	0.00	0	0.00	7,870,917 30.65
-Outpatient Facility	3,287,376	27.69	653,638	86.36	0	0.00	0	0.00	3,941,015 15.35
-Inpatient Facility	19,104,848	160.91	3,212,913	424.48	0	0.00	0	0.00	22,317,761 86.90
-Other Acute Care	8,583,317	72.29	2,266,845	299.49	0	0.00	0	0.00	10,850,162 42.25
Acute Care Total	59,932,590	504.78	10,490,552	1,385.99	0	0.00	0	0.00	70,423,143 274.21
Estimated Incurred Claims - Long Term Care									
-Attendant Care	10,710,707	90.21	9,300,210	1,228.72	16,642,270	151.15	25,634,049	1,255.59	62,287,236 242.53
-Nursing Facility	18,914	0.16	31,852	4.21	11,797	0.11	171,530	8.40	234,094 0.91
-Other Long Term Care	2,440,031	20.55	2,567,786	339.25	325,840	2.96	2,625,982	128.62	7,959,639 30.99
Long Term Care Total	13,169,652	110.92	11,899,848	1,572.18	16,979,907	154.21	28,431,561	1,392.61	70,480,969 274.44
Total - All Claims	73,102,242	615.71	22,390,401	2,958.17	16,979,907	154.21	28,431,561	1,392.61	140,904,111 548.65
Projected FY2017 Member Months	116,372		8,686		113,982		22,577		261,617
Projected FY2017 Premium At Current Rates	100,877,500	866.85	32,606,566	3,753.79	29,210,182	256.27	37,762,684	1,672.61	200,456,933 766.22
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	0.9975		0.9982		1.0000		1.0000		
Acute Care - Inpatient	1.0285		1.0196		1.0000		1.0000		
Long Term Care	1.6243		1.0614		1.1165		1.0298		
Other Adjustment - Removal of < Age 21	1.0155		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
Travis 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	62,056,789	533.26	12,510,316	1,440.23	0	0.00	0	0.00	74,567,105	285.02
LTC	23,698,074	203.64	14,494,969	1,668.71	20,178,727	177.03	33,290,722	1,474.53	91,662,492	350.37
Total	85,754,863	736.90	27,005,285	3,108.95	20,178,727	177.03	33,290,722	1,474.53	166,229,597	635.39
Capitation Expenses & Refunds	548,585	4.71	41,032	4.72	223,405	1.96	39,561	1.75	852,584	3.26
Service Coordination & Other Expenses	3,452,106	29.66	406,640	46.81	3,311,926	29.06	1,193,568	52.87	8,364,240	31.97
Net Reinsurance Cost	2,410	0.02	187	0.02	2,465	0.02	442	0.02	5,504	0.02
Administrative Expenses										
Fixed Amount	1,891,043	16.25	141,153	16.25	1,852,208	16.25	366,878	16.25	4,251,282	16.25
Percentage of Premium	5,823,521	5.75%	1,753,267	5.75%	1,625,040	5.75%	2,216,943	5.75%	11,418,771	5.75%
Total	7,714,563	66.29	1,894,420	218.09	3,477,248	30.51	2,583,821	114.44	15,670,052	59.90
Risk Margin	2,025,572	2.00%	609,832	2.00%	565,231	2.00%	771,111	2.00%	3,971,746	2.00%
Premium Tax	1,772,376	1.75%	533,603	1.75%	494,577	1.75%	674,722	1.75%	3,475,278	1.75%
Maintenance Tax	8,146	0.07	608	0.07	7,979	0.07	1,580	0.07	18,313	0.07
Projected Total Cost										
Acute Care	70,698,495	607.52	13,941,664	1,605.02	249,581	2.19	44,203	1.96	84,933,943	324.65
Long Term Care	30,580,126	262.78	16,549,943	1,905.29	28,011,978	245.76	38,511,325	1,705.77	113,653,372	434.43
Total	101,278,622	870.30	30,491,607	3,510.31	28,261,559	247.95	38,555,528	1,707.73	198,587,315	759.08
Rate Change		0.4 %		-6.5 %		-3.2 %		2.1 %		-0.9 %

FY2017 STAR+PLUS Rating
MRSA Central SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	134,448		3,512		128,394		15,767		282,121
Estimated Incurred Claims - Acute Care									
-Professional	17,336,044	128.94	936,774	266.74	0	0.00	0	0.00	18,272,819
-Emergency Room	5,883,100	43.76	190,935	54.37	0	0.00	0	0.00	6,074,034
-Outpatient Facility	9,810,757	72.97	410,789	116.97	0	0.00	0	0.00	10,221,546
-Inpatient Facility	24,980,209	185.80	1,469,735	418.49	0	0.00	0	0.00	26,449,944
-Other Acute Care	5,165,025	38.42	913,206	260.02	0	0.00	0	0.00	6,078,231
Acute Care Total	63,175,135	469.89	3,921,439	1,116.58	0	0.00	0	0.00	67,096,574
Estimated Incurred Claims - Long Term Care									
-Attendant Care	7,009,129	52.13	5,553,812	1,581.38	14,948,883	116.43	19,564,705	1,240.86	47,076,529
-Nursing Facility	28,670	0.21	11,932	3.40	147,702	1.15	364,295	23.10	552,598
-Other Long Term Care	1,208,237	8.99	769,807	219.19	484,031	3.77	1,363,326	86.47	3,825,401
Long Term Care Total	8,246,035	61.33	6,335,551	1,803.97	15,580,616	121.35	21,292,326	1,350.44	51,454,528
Total - All Claims	71,421,171	531.22	10,256,990	2,920.56	15,580,616	121.35	21,292,326	1,350.44	118,551,103
Projected FY2017 Member Months	136,828		4,251		137,012		16,329		294,420
Projected FY2017 Premium									
At Current Rates	95,374,045	697.04	15,184,692	3,571.75	25,260,980	184.37	26,259,825	1,608.21	162,079,542
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	1.0053		1.0049		1.0000		1.0000		
Acute Care - Inpatient	1.0453		1.0346		1.0000		1.0000		
Long Term Care	2.0451		1.0800		1.2089		1.0626		
Other Adjustment - Removal of < Age 21	1.0086		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
MRSA Central 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	69,097,034	504.99	5,038,918	1,185.26	0	0.00	0	0.00	74,135,952	251.80
LTC	19,266,365	140.81	8,282,833	1,948.29	20,666,381	150.84	24,091,566	1,475.42	72,307,146	245.59
Total	88,363,399	645.80	13,321,752	3,133.55	20,666,381	150.84	24,091,566	1,475.42	146,443,098	497.40
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	452,824	3.31	13,919	3.27	-309,739	-2.26	-35,715	-2.19	121,289	0.41
Net Reinsurance Cost	4,192,747	30.64	128,763	30.29	4,852,798	35.42	651,867	39.92	9,826,176	33.37
Administrative Expenses										
Fixed Amount	2,223,450	16.25	69,084	16.25	2,226,452	16.25	265,340	16.25	4,784,326	16.25
Percentage of Premium	6,051,519	5.75%	859,891	5.75%	1,743,919	5.75%	1,586,775	5.75%	10,242,105	5.75%
Total	8,274,969	60.48	928,975	218.51	3,970,371	28.98	1,852,115	113.43	15,026,431	51.04
Risk Margin										
Premium Tax	2,104,876	2.00%	299,093	2.00%	606,581	2.00%	551,922	2.00%	3,562,471	2.00%
Maintenance Tax	1,841,767	1.75%	261,706	1.75%	530,758	1.75%	482,931	1.75%	3,117,162	1.75%
	9,578	0.07	298	0.07	9,591	0.07	1,143	0.07	20,609	0.07
Projected Total Cost										
Acute Care	78,784,156	575.79	5,612,383	1,320.15	-339,726	-2.48	-39,181	-2.40	84,017,630	285.37
Long Term Care	26,459,659	193.38	9,342,248	2,197.49	30,668,754	223.84	27,635,267	1,692.45	94,105,928	319.63
Total	105,243,815	769.17	14,954,631	3,517.63	30,329,028	221.36	27,596,085	1,690.05	178,123,558	605.00
Rate Change		10.3 %		-1.5 %		20.1 %		5.1 %		9.9 %

FY2017 STAR+PLUS Rating
MRSA Northeast SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	208,452		12,514		181,098		59,336		461,400
Estimated Incurred Claims - Acute Care									
-Professional	32,442,439	155.64	5,729,585	457.85	0	0.00	0	0.00	38,172,023 82.73
-Emergency Room	8,727,919	41.87	713,684	57.03	0	0.00	0	0.00	9,441,603 20.46
-Outpatient Facility	18,574,135	89.11	2,133,652	170.50	0	0.00	0	0.00	20,707,787 44.88
-Inpatient Facility	36,290,249	174.09	5,087,671	406.56	0	0.00	0	0.00	41,377,919 89.68
-Other Acute Care	522,812	2.51	78,559	6.28	0	0.00	0	0.00	601,370 1.30
Acute Care Total	96,557,553	463.21	13,743,150	1,098.22	0	0.00	0	0.00	110,300,703 239.06
Estimated Incurred Claims - Long Term Care									
-Attendant Care	10,880,613	52.20	13,997,379	1,118.54	18,068,748	99.77	56,309,308	948.99	99,256,048 215.12
-Nursing Facility	126,885	0.61	373,355	29.83	383,420	2.12	2,606,575	43.93	3,490,234 7.56
-Other Long Term Care	2,354,059	11.29	2,748,880	219.66	881,245	4.87	6,144,091	103.55	12,128,275 26.29
Long Term Care Total	13,361,557	64.10	17,119,614	1,368.04	19,333,413	106.76	65,059,974	1,096.47	114,874,557 248.97
Total - All Claims	109,919,110	527.31	30,862,764	2,466.26	19,333,413	106.76	65,059,974	1,096.47	225,175,260 488.03
Projected FY2017 Member Months	212,296		14,671		191,931		59,798		478,696
Projected FY2017 Premium At Current Rates	147,757,808	696.00	43,930,698	2,994.32	31,123,502	162.16	77,789,602	1,300.87	300,601,610 627.96
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	1.0076		1.0049		1.0000		1.0000		
Acute Care - Inpatient	1.0328		1.0286		1.0000		1.0000		
Long Term Care	1.8481		1.0986		1.2310		1.0823		
Other Adjustment - Removal of < Age 21	1.0099		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
MRSA Northeast 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	104,795,371	493.63	17,004,158	1,159.00	0	0.00	0	0.00	121,799,529	254.44
LTC	28,268,153	133.15	22,049,934	1,502.93	25,934,141	135.12	72,963,060	1,220.16	149,215,288	311.71
Total	133,063,525	626.78	39,054,092	2,661.93	25,934,141	135.12	72,963,060	1,220.16	271,014,818	566.15
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	685,131	3.23	47,039	3.21	-32,967	-0.17	48,113	0.80	747,316	1.56
Net Reinsurance Cost	6,518,230	30.70	471,216	32.12	5,876,617	30.62	2,132,340	35.66	14,998,403	31.33
Administrative Expenses										
Fixed Amount	3,449,805	16.25	238,409	16.25	3,118,876	16.25	971,720	16.25	7,778,810	16.25
Percentage of Premium	9,132,115	5.75%	2,529,478	5.75%	2,218,045	5.75%	4,836,317	5.75%	18,715,955	5.75%
Total	12,581,920	59.27	2,767,887	188.66	5,336,921	27.81	5,808,036	97.13	26,494,765	55.35
Risk Margin										
Premium Tax	3,176,388	2.00%	879,818	2.00%	771,494	2.00%	1,682,197	2.00%	6,509,897	2.00%
Maintenance Tax	2,779,339	1.75%	769,841	1.75%	675,057	1.75%	1,471,922	1.75%	5,696,160	1.75%
	14,861	0.07	1,027	0.07	13,435	0.07	4,186	0.07	33,509	0.07
Projected Total Cost										
Acute Care	119,568,101	563.21	18,956,295	1,292.06	-36,427	-0.19	53,163	0.89	138,541,132	289.41
Long Term Care	39,251,293	184.89	25,034,625	1,706.36	38,611,126	201.17	84,056,691	1,405.67	186,953,736	390.55
Total	158,819,394	748.10	43,990,920	2,998.42	38,574,699	200.98	84,109,854	1,406.56	325,494,868	679.96
Rate Change		7.5 %		0.1 %		23.9 %		8.1 %		8.3 %

FY2017 STAR+PLUS Rating
MRSA West SDA Total

	Acute Care and Long Term Care								Total Amount pmpm
	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS		
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm	
FY2015 Experience Period									
Member Months	148,195		5,407		201,786		31,941		387,329
Estimated Incurred Claims - Acute Care									
-Professional	18,605,423	125.55	965,836	178.63	0	0.00	0	0.00	19,571,260 50.53
-Emergency Room	5,259,976	35.49	217,965	40.31	0	0.00	0	0.00	5,477,941 14.14
-Outpatient Facility	5,523,462	37.27	354,830	65.62	0	0.00	0	0.00	5,878,292 15.18
-Inpatient Facility	25,668,441	173.21	2,056,285	380.30	0	0.00	0	0.00	27,724,727 71.58
-Other Acute Care	13,897,419	93.78	2,153,718	398.32	0	0.00	0	0.00	16,051,137 41.44
Acute Care Total	68,954,723	465.30	5,748,634	1,063.18	0	0.00	0	0.00	74,703,357 192.87
Estimated Incurred Claims - Long Term Care									
-Attendant Care	8,931,708	60.27	6,600,966	1,220.82	31,272,181	154.98	33,291,589	1,042.28	80,096,444 206.79
-Nursing Facility	90,402	0.61	47,363	8.76	182,103	0.90	334,093	10.46	653,962 1.69
-Other Long Term Care	532,259	3.59	519,834	96.14	2,223,493	11.02	3,495,319	109.43	6,770,904 17.48
Long Term Care Total	9,554,369	64.47	7,168,163	1,325.72	33,677,777	166.90	37,121,002	1,162.17	87,521,310 225.96
Total - All Claims	78,509,092	529.77	12,916,797	2,388.90	33,677,777	166.90	37,121,002	1,162.17	162,224,667 418.83
Projected FY2017 Member Months	151,904		6,595		207,136		34,139		399,775
Projected FY2017 Premium At Current Rates	109,482,430	720.73	19,471,420	2,952.49	49,004,322	236.58	48,796,670	1,429.34	226,754,843 567.21
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	1.0100		1.0113		1.0000		1.0000		
Acute Care - Inpatient	1.0339		1.0268		1.0000		1.0000		
Long Term Care	1.9637		1.1020		1.1262		1.0581		
Other Adjustment - Removal of < Age 21	0.9907		1.0000		1.0000		1.0000		

FY2017 STAR+PLUS Rating
MRSA West 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	74,144,840	488.10	7,433,771	1,127.20	0	0.00	0	0.00	81,578,611	204.06
LTC	21,205,944	139.60	9,634,793	1,460.94	40,031,189	193.26	43,164,293	1,264.36	114,036,219	285.25
Total	95,350,784	627.70	17,068,564	2,588.14	40,031,189	193.26	43,164,293	1,264.36	195,614,830	489.31
Capitation Expenses & Refunds										
Service Coordination & Other Expenses	509,778	3.36	21,435	3.25	-244,916	-1.18	-34,031	-1.00	252,266	0.63
Net Reinsurance Cost	3,179,249	20.93	146,306	22.18	3,948,538	19.06	709,206	20.77	7,983,300	19.97
	6,076	0.04	264	0.04	8,285	0.04	1,366	0.04	15,991	0.04
Administrative Expenses										
Fixed Amount	2,468,447	16.25	107,167	16.25	3,365,966	16.25	554,764	16.25	6,496,344	16.25
Percentage of Premium	6,450,481	5.75%	1,101,979	5.75%	2,994,038	5.75%	2,820,867	5.75%	13,367,366	5.75%
Total	8,918,928	58.71	1,209,147	183.35	6,360,004	30.70	3,375,630	98.88	19,863,710	49.69
Risk Margin										
Premium Tax	2,243,646	2.00%	383,297	2.00%	1,041,405	2.00%	981,171	2.00%	4,649,519	2.00%
Maintenance Tax	1,963,190	1.75%	335,385	1.75%	911,229	1.75%	858,525	1.75%	4,068,329	1.75%
	10,633	0.07	462	0.07	14,500	0.07	2,390	0.07	27,984	0.07
Projected Total Cost										
Acute Care	84,628,097	557.11	8,289,885	1,257.01	-261,470	-1.26	-36,094	-1.06	92,620,417	231.68
Long Term Care	27,554,187	181.39	10,874,976	1,648.99	52,331,704	252.64	49,094,644	1,438.07	139,855,511	349.84
Total	112,182,284	738.51	19,164,861	2,906.01	52,070,234	251.38	49,058,550	1,437.01	232,475,929	581.52
Rate Change		2.5 %		-1.6 %		6.3 %		0.5 %		2.5 %

FY2017 STAR+PLUS Rating
IDD Risk Group

	Bexar		Dallas		El Paso		Harris	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period								
Member Months	18,569		22,216		5,683		37,907	
Estimated Incurred Claims								
-Professional	954,297	51.39	966,562	43.51	515,521	90.71	4,326,322	114.13
-Emergency Room	369,304	19.89	367,635	16.55	117,081	20.60	827,142	21.82
-Outpatient Facility	388,584	20.93	488,691	22.00	74,581	13.12	1,007,441	26.58
-Inpatient Facility	1,086,725	58.52	1,201,583	54.09	411,526	72.41	3,694,490	97.46
-Other Acute Care	1,980,679	106.67	2,034,607	91.58	1,221,119	214.87	3,106,805	81.96
Acute Care Total	4,779,589	257.40	5,059,078	227.72	2,339,828	411.72	12,962,200	341.95
Projected FY2017 Member Months	20,549		25,638		6,247		43,038	
Projected FY2017 Premium At Current Rates	6,805,684	331.19	7,416,951	289.30	2,931,631	469.32	16,092,955	373.92
Annual Cost Trend Assumptions								
FY2016	1.5 %		1.5 %		1.5 %		1.5 %	
FY2017	0.0 %		0.0 %		0.0 %		0.0 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9966		0.9971		0.9979		0.9966	
Acute Care - Inpatient	1.0278		1.0237		1.0263		1.0221	
Other Adjustment - Removal of < Age 21	1.0024		0.9965		1.0012		0.9857	
Projected Incurred Claims	5,512,305	268.25	6,027,500	235.10	2,676,670	428.50	14,998,281	348.49
Capitation & Other Expenses/Refunds	-11,877	-0.58	-40,060	-1.56	7,697	1.23	127,754	2.97
Service Coordination Expenses	533,710	25.97	454,118	17.71	119,559	19.14	1,302,524	30.26
Net Reinsurance Cost	1,616	0.08	6,251	0.24	954	0.15	3,171	0.07
Administrative Expenses								
Fixed Amount	333,924	16.25	416,611	16.25	101,506	16.25	699,376	16.25
Percentage of Premium	404,795	5.75%	436,251	5.75%	184,688	5.75%	1,088,632	5.75%
Total	738,719	35.95	852,862	33.27	286,194	45.82	1,788,007	41.54
Risk Margin	140,798	2.00%	151,740	2.00%	64,239	2.00%	378,655	2.00%
Premium Tax	123,198	1.75%	132,772	1.75%	56,209	1.75%	331,323	1.75%
Maintenance Tax	1,438	0.07	1,795	0.07	437	0.07	3,013	0.07
Projected Total Cost	7,039,908	342.59	7,586,978	295.93	3,211,960	514.20	18,932,727	439.90
Rate Change		3.4 %		2.3 %		9.6 %		17.6 %

FY2017 STAR+PLUS Rating
IDD Risk Group

	Hidalgo		Jefferson		Lubbock		Nueces	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period								
Member Months	10,510		4,757		6,566		5,473	
Estimated Incurred Claims								
-Professional	1,156,580	110.05	579,853	121.89	419,856	63.94	876,972	160.24
-Emergency Room	101,283	9.64	58,811	12.36	95,474	14.54	122,221	22.33
-Outpatient Facility	332,038	31.59	130,497	27.43	91,628	13.95	66,225	12.10
-Inpatient Facility	1,085,123	103.25	424,716	89.28	362,844	55.26	1,011,808	184.87
-Other Acute Care	1,455,795	138.52	333,011	70.00	728,564	110.96	404,043	73.82
Acute Care Total	4,130,818	393.04	1,526,887	320.98	1,698,365	258.66	2,481,269	453.37
Projected FY2017 Member Months	11,461		5,298		6,898		5,828	
Projected FY2017 Premium								
At Current Rates	4,869,951	424.91	1,755,664	331.37	2,522,431	365.68	2,579,005	442.49
Annual Cost Trend Assumptions								
FY2016	1.5 %		1.5 %		1.5 %		1.5 %	
FY2017	0.0 %		0.0 %		0.0 %		0.0 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9959		0.9971		0.9977		0.9996	
Acute Care - Inpatient	1.0272		1.0289		1.0280		1.0462	
Other Adjustment - Removal of < Age 21	0.9616		0.9839		0.9916		0.9911	
Projected Incurred Claims	4,497,717	392.43	1,742,333	328.85	1,841,807	267.01	2,779,851	476.95
Capitation & Other Expenses/Refunds	9,463	0.83	15,010	2.83	-17,397	-2.52	12,087	2.07
Service Coordination Expenses	284,536	24.83	159,631	30.13	147,625	21.40	203,873	34.98
Net Reinsurance Cost	1,294	0.11	500	0.09	276	0.04	103	0.02
Administrative Expenses								
Fixed Amount	186,243	16.25	86,096	16.25	112,091	16.25	94,711	16.25
Percentage of Premium	316,412	5.75%	127,322	5.75%	132,465	5.75%	196,392	5.75%
Total	502,656	43.86	213,418	40.28	244,556	35.45	291,103	49.95
Risk Margin	110,057	2.00%	44,286	2.00%	46,075	2.00%	68,310	2.00%
Premium Tax	96,299	1.75%	38,750	1.75%	40,315	1.75%	59,771	1.75%
Maintenance Tax	802	0.07	371	0.07	483	0.07	408	0.07
Projected Total Cost	5,502,825	480.13	2,214,297	417.93	2,303,739	333.98	3,415,507	586.01
Rate Change		13.0 %		26.1 %		-8.7 %		32.4 %

FY2017 STAR+PLUS Rating
IDD Risk Group

	Tarrant		Travis		MRSA Central		MRSA Northeast	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2015 Experience Period								
Member Months	19,993		12,421		9,209		12,277	
Estimated Incurred Claims								
-Professional	1,545,232	77.29	1,471,947	118.50	665,582	72.28	1,528,836	124.53
-Emergency Room	494,314	24.72	278,883	22.45	155,444	16.88	202,767	16.52
-Outpatient Facility	322,735	16.14	111,820	9.00	236,887	25.72	418,895	34.12
-Inpatient Facility	1,533,909	76.72	880,306	70.87	565,609	61.42	969,265	78.95
-Other Acute Care	1,839,024	91.98	652,510	52.53	680,953	73.94	355,458	28.95
Acute Care Total	5,735,214	286.86	3,395,466	273.36	2,304,475	250.24	3,475,221	283.07
Projected FY2017 Member Months	22,465		13,726		10,266		13,197	
Projected FY2017 Premium At Current Rates	6,969,865	310.25	4,413,791	321.57	4,678,739	455.76	4,994,109	378.43
Annual Cost Trend Assumptions								
FY2016	1.5 %		1.5 %		1.5 %		1.5 %	
FY2017	0.0 %		0.0 %		0.0 %		0.0 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9982		0.9975		1.0029		1.0063	
Acute Care - Inpatient	1.0245		1.0195		1.0344		1.0295	
Other Adjustment - Removal of < Age 21	1.0065		0.9882		0.9945		0.9887	
Projected Incurred Claims	6,732,768	299.70	3,827,279	278.84	2,690,105	262.05	3,883,713	294.29
Capitation & Other Expenses/Refunds	17,831	0.79	63,004	4.59	-22,395	-2.18	28,163	2.13
Service Coordination Expenses	442,413	19.69	495,388	36.09	295,683	28.80	404,763	30.67
Net Reinsurance Cost	626	0.03	151	0.01	314	0.03	0	0.00
Administrative Expenses								
Fixed Amount	365,061	16.25	223,044	16.25	166,819	16.25	214,450	16.25
Percentage of Premium	480,349	5.75%	292,890	5.75%	198,946	5.75%	287,946	5.75%
Total	845,410	37.63	515,933	37.59	365,766	35.63	502,395	38.07
Risk Margin	167,078	2.00%	101,875	2.00%	69,199	2.00%	100,155	2.00%
Premium Tax	146,193	1.75%	89,140	1.75%	60,549	1.75%	87,636	1.75%
Maintenance Tax	1,573	0.07	961	0.07	719	0.07	924	0.07
Projected Total Cost	8,353,892	371.86	5,093,731	371.11	3,459,939	337.04	5,007,748	379.46
Rate Change		19.9 %		15.4 %		-26.0 %		0.3 %

FY2017 STAR+PLUS Rating
IDD Risk Group

	MRSA West	
	Amount	pmpm
FY2015 Experience Period		
Member Months	12,628	
Estimated Incurred Claims		
-Professional	1,035,244	81.98
-Emergency Room	189,236	14.99
-Outpatient Facility	239,311	18.95
-Inpatient Facility	1,149,386	91.02
-Other Acute Care	1,355,374	107.33
Acute Care Total	3,968,552	314.27
Projected FY2017 Member Months	13,507	
Projected FY2017 Premium		
At Current Rates	6,244,068	462.30
Annual Cost Trend Assumptions		
FY2016	1.5 %	
FY2017	0.0 %	
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient	1.0058	
Acute Care - Inpatient	1.0246	
Other Adjustment - Removal of < Age 21	1.0004	
Projected Incurred Claims	4,441,677	328.85
Capitation & Other Expenses/Refunds	-22,659	-1.68
Service Coordination Expenses	296,456	21.95
Net Reinsurance Cost	540	0.04
Administrative Expenses		
Fixed Amount	219,481	16.25
Percentage of Premium	313,641	5.75%
Total	533,122	39.47
Risk Margin	109,093	2.00%
Premium Tax	95,456	1.75%
Maintenance Tax	945	0.07
Projected Total Cost	5,454,632	403.85
Rate Change		-12.6 %

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	0.9991		1.0000			
Acute Care - Inpatient	1.0445		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	9,970,989	1,685.83	0	0.00	9,970,989	187.68
Long Term Care	25,411,923	4,296.47	166,376,581	3,523.96	191,788,504	3,609.96
Total	35,382,912	5,982.30	166,376,581	3,523.96	201,759,493	3,797.64
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	31,724	5.36	154,826	3.28	186,551	3.51
Net Reinsurance Cost	331,267	56.01	2,732,111	57.87	3,063,378	57.66
	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	2,277,345	5.75%	10,803,911	5.75%	13,081,256	5.75%
Total	2,373,457	401.29	11,571,122	245.08	13,944,579	262.47
Risk Margin						
Premium Tax	792,120	2.00%	3,757,882	2.00%	4,550,002	2.00%
Maintenance Tax	693,105	1.75%	3,288,147	1.75%	3,981,252	1.75%
	414	0.07	3,305	0.07	3,719	0.07
Projected Total Cost						
Acute Care	11,083,885	1,873.99	182,272	3.86	11,266,157	212.06
LTC	28,522,117	4,822.32	187,711,832	3,975.85	216,233,948	4,070.09
Total	39,606,002	6,696.31	187,894,103	3,979.71	227,500,105	4,282.15
Rate Change		13.2 %		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	0.9986		1.0000			
Acute Care - Inpatient	1.0554		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	11,068,542	1,353.01	0	0.00	11,068,542	151.06
Long Term Care	32,729,683	4,000.85	235,775,795	3,622.33	268,505,477	3,664.59
Total	43,798,225	5,353.86	235,775,795	3,622.33	279,574,019	3,815.66
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	93,526	11.43	406,780	6.25	500,306	6.83
Net Reinsurance Cost	684,227	83.64	4,799,897	73.74	5,484,124	74.85
	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	2,840,820	5.75%	15,379,931	5.75%	18,220,751	5.75%
Total	2,973,756	363.51	16,437,636	252.54	19,411,392	264.93
Risk Margin						
Risk Margin	988,111	2.00%	5,349,541	2.00%	6,337,652	2.00%
Premium Tax	864,597	1.75%	4,680,849	1.75%	5,545,446	1.75%
Maintenance Tax	573	0.07	4,556	0.07	5,129	0.07
Projected Total Cost						
Acute Care	12,373,877	1,512.57	473,796	7.28	12,847,673	175.35
LTC	37,031,689	4,526.73	267,003,263	4,102.09	304,034,952	4,149.50
Total	49,405,565	6,039.30	267,477,060	4,109.37	316,882,625	4,324.85
Rate Change		0.2 %		7.8 %		6.5 %

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	0.9987		1.0000			
Acute Care - Inpatient	1.0738		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	1,168,878	1,680.86	0	0.00	1,168,878	114.13
Long Term Care	3,631,688	5,222.41	37,613,338	3,940.20	41,245,026	4,027.26
Total	4,800,566	6,903.27	37,613,338	3,940.20	42,413,904	4,141.39
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	7,984	11.48	58,643	6.14	66,627	6.51
Net Reinsurance Cost	41,949	60.32	700,752	73.41	742,701	72.52
	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	308,912	5.75%	2,448,113	5.75%	2,757,025	5.75%
Total	320,212	460.47	2,603,237	272.70	2,923,449	285.45
Risk Margin						
Premium Tax	107,448	2.00%	851,518	2.00%	958,965	2.00%
Maintenance Tax	94,017	1.75%	745,078	1.75%	839,095	1.75%
	49	0.07	668	0.07	717	0.07
Projected Total Cost						
Acute Care	5,372,385	1,303,631	1,874.64	67,725	1,371,356	133.90
LTC		4,068,754	5,850.92	42,508,157	4,452.95	46,576,911
Total						4,547.88
Rate Change			21.7 %		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	0.9996		1.0000			
Acute Care - Inpatient	1.0337		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	17,857,570	1,830.97	0	0.00	17,857,570	196.37
Long Term Care	40,315,895	4,133.67	294,367,613	3,625.95	334,683,508	3,680.40
Total	58,173,465	5,964.64	294,367,613	3,625.95	352,541,078	3,876.78
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	65,746	6.74	232,060	2.86	297,807	3.27
Net Reinsurance Cost	512,223	52.52	4,278,340	52.70	4,790,563	52.68
	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	3,743,012	5.75%	19,074,421	5.75%	22,817,432	5.75%
Total	3,901,499	400.03	20,393,654	251.20	24,295,152	267.17
Risk Margin						
Premium Tax	1,301,917	2.00%	6,634,581	2.00%	7,936,498	2.00%
Maintenance Tax	1,139,177	1.75%	5,805,258	1.75%	6,944,436	1.75%
	683	0.07	5,683	0.07	6,366	0.07
Projected Total Cost						
Acute Care	19,860,022	2,036.29	269,529	3.32	20,129,551	221.36
LTC	45,235,831	4,638.12	331,459,524	4,082.84	376,695,355	4,142.39
Total	65,095,853	6,674.41	331,729,053	4,086.16	396,824,907	4,363.75
Rate Change		10.3 %		10.1 %		10.1 %

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	0.9993		1.0000			
Acute Care - Inpatient	1.0499		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	3,986,925	1,747.65	0	0.00	3,986,925	114.35
Long Term Care	9,370,356	4,107.44	131,760,990	4,043.69	141,131,347	4,047.86
Total	13,357,282	5,855.09	131,760,990	4,043.69	145,118,272	4,162.21
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	19,080	8.36	131,287	4.03	150,367	4.31
Net Reinsurance Cost	141,281	61.93	1,666,261	51.14	1,807,542	51.84
	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	861,247	5.75%	8,519,913	5.75%	9,381,160	5.75%
Total	898,318	393.77	9,049,409	277.72	9,947,728	285.32
Risk Margin						
Risk Margin	299,564	2.00%	2,963,448	2.00%	3,263,012	2.00%
Premium Tax	262,119	1.75%	2,593,017	1.75%	2,855,136	1.75%
Maintenance Tax	160	0.07	2,281	0.07	2,441	0.07
Projected Total Cost						
Acute Care	4,439,253	1,945.92	151,382	4.65	4,590,635	131.67
LTC	10,538,956	4,619.69	148,021,026	4,542.70	158,559,982	4,547.74
Total	14,978,209	6,565.62	148,172,408	4,547.35	163,150,617	4,679.40
Rate Change		-6.0 %		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	0.9998		1.0000			
Acute Care - Inpatient	1.0457		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	3,792,560	1,443.69	0	0.00	3,792,560	151.97
Long Term Care	10,445,024	3,976.05	76,844,901	3,441.39	87,289,925	3,497.67
Total	14,237,584	5,419.74	76,844,901	3,441.39	91,082,485	3,649.64
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	20,820	7.93	86,145	3.86	106,965	4.29
Net Reinsurance Cost	142,478	54.24	1,031,719	46.20	1,174,197	47.05
	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	917,723	5.75%	4,976,849	5.75%	5,894,572	5.75%
Total	960,412	365.59	5,339,705	239.13	6,300,116	252.44
Risk Margin						
Premium Tax	319,208	2.00%	1,731,078	2.00%	2,050,286	2.00%
Maintenance Tax	279,307	1.75%	1,514,693	1.75%	1,794,000	1.75%
	184	0.07	1,563	0.07	1,747	0.07
Projected Total Cost						
Acute Care	4,226,749	1,608.97	99,705	4.47	4,326,454	173.36
LTC	11,733,651	4,466.58	86,454,187	3,871.73	98,187,838	3,934.34
Total	15,960,400	6,075.56	86,553,893	3,876.19	102,514,293	4,107.70
Rate Change		2.2 %		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	1.0007		1.0000			
Acute Care - Inpatient	1.0657		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	2,810,277	1,216.71	0	0.00	2,810,277	136.80
Long Term Care	9,417,443	4,077.28	63,632,736	3,489.97	73,050,179	3,556.00
Total	12,227,720	5,293.98	63,632,736	3,489.97	75,860,456	3,692.80
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	-4,090	-1.77	-35,545	-1.95	-39,636	-1.93
Net Reinsurance Cost	47,356	20.50	362,607	19.89	409,963	19.96
	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	782,049	5.75%	4,082,696	5.75%	4,864,745	5.75%
Total	819,582	354.84	4,378,983	240.17	5,198,566	253.06
Risk Margin						
Risk Margin	272,017	2.00%	1,420,068	2.00%	1,692,085	2.00%
Premium Tax	238,015	1.75%	1,242,560	1.75%	1,480,575	1.75%
Maintenance Tax	162	0.07	1,276	0.07	1,438	0.07
Projected Total Cost						
Acute Care	3,110,434	1,346.66	-38,471	-2.11	3,071,963	149.54
LTC	10,490,420	4,541.82	71,041,886	3,896.33	81,532,306	3,968.90
Total	13,600,854	5,888.48	71,003,415	3,894.22	84,604,269	4,118.44
Rate Change		-1.2 %		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	1.0009		1.0000			
Acute Care - Inpatient	1.0466		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	2,958,930	1,297.06	0	0.00	2,958,930	119.53
Long Term Care	8,479,533	3,717.03	81,313,019	3,618.15	89,792,552	3,627.26
Total	11,438,463	5,014.08	81,313,019	3,618.15	92,751,482	3,746.79
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	3,583	1.57	-11,862	-0.53	-8,279	-0.33
Net Reinsurance Cost	75,693	33.18	793,259	35.30	868,953	35.10
	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	734,159	5.75%	5,239,271	5.75%	5,973,430	5.75%
Total	771,229	338.07	5,604,468	249.38	6,375,697	257.55
Risk Margin						
Premium Tax	255,360	2.00%	1,822,355	2.00%	2,077,715	2.00%
Maintenance Tax	223,440	1.75%	1,594,561	1.75%	1,818,000	1.75%
	160	0.07	1,573	0.07	1,733	0.07
Projected Total Cost						
Acute Care	3,284,191	1,439.63	-12,685	-0.56	3,271,506	132.16
LTC	9,483,785	4,157.25	91,130,440	4,054.99	100,614,226	4,064.41
Total	12,767,976	5,596.88	91,117,755	4,054.43	103,885,732	4,196.57
Rate Change		-1.0 %		7.7 %		6.5 %

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	0.9984		1.0000			
Acute Care - Inpatient	1.0644		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	12,826,795	1,704.98	0	0.00	12,826,795	194.47
Long Term Care	29,478,495	3,918.39	205,108,375	3,510.14	234,586,870	3,556.71
Total	42,305,290	5,623.37	205,108,375	3,510.14	247,413,665	3,751.18
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	11,083	1.47	0	0.00	11,083	0.17
Net Reinsurance Cost	146,539	19.48	1,162,318	19.89	1,308,857	19.84
	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	2,705,733	5.75%	13,166,293	5.75%	15,872,026	5.75%
Total	2,827,984	375.91	14,115,830	241.57	16,943,814	256.90
Risk Margin						
Risk Margin	941,125	2.00%	4,579,580	2.00%	5,520,705	2.00%
Premium Tax	823,484	1.75%	4,007,133	1.75%	4,830,617	1.75%
Maintenance Tax	527	0.07	4,090	0.07	4,617	0.07
Projected Total Cost						
Acute Care	14,226,856	1,891.08	1,860	0.03	14,228,717	215.73
LTC	32,829,377	4,363.80	228,977,149	3,918.62	261,806,525	3,969.40
Total	47,056,233	6,254.88	228,979,009	3,918.66	276,035,242	4,185.13
Rate Change		10.2 %		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	0.9985		1.0000			
Acute Care - Inpatient	1.0394		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	4,209,822	1,081.53	0	0.00	4,209,822	111.25
Long Term Care	15,017,966	3,858.20	122,219,655	3,600.23	137,237,621	3,626.77
Total	19,227,788	4,939.72	122,219,655	3,600.23	141,447,443	3,738.02
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	18,278	4.70	49,180	1.45	67,457	1.78
Net Reinsurance Cost	119,178	30.62	1,099,852	32.40	1,219,031	32.22
	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	1,234,429	5.75%	7,873,578	5.75%	9,108,008	5.75%
Total	1,297,682	333.38	8,425,228	248.18	9,722,911	256.95
Risk Margin						
Premium Tax	429,367	2.00%	2,738,636	2.00%	3,168,003	2.00%
Maintenance Tax	375,696	1.75%	2,396,306	1.75%	2,772,002	1.75%
	272	0.07	2,376	0.07	2,649	0.07
Projected Total Cost						
Acute Care	4,687,385	1,204.21	54,964	1.62	4,742,349	125.33
LTC	16,780,952	4,311.12	136,876,833	4,031.99	153,657,785	4,060.70
Total	21,468,336	5,515.33	136,931,797	4,033.61	158,400,133	4,186.03
Rate Change		-1.3 %		8.1 %		6.7 %

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	1.0047		1.0000			
Acute Care - Inpatient	1.0622		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	6,458,662	1,243.53	0	0.00	6,458,662	115.64
Long Term Care	19,123,740	3,682.01	176,179,169	3,478.01	195,302,909	3,496.98
Total	25,582,401	4,925.54	176,179,169	3,478.01	201,761,571	3,612.62
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	-1,147	-0.22	-109,447	-2.16	-110,595	-1.98
Net Reinsurance Cost	175,033	33.70	1,826,879	36.06	2,001,912	35.85
	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	1,641,841	5.75%	11,355,397	5.75%	12,997,238	5.75%
Total	1,726,241	332.36	12,178,544	240.42	13,904,785	248.97
Risk Margin						
Risk Margin	571,075	2.00%	3,949,703	2.00%	4,520,778	2.00%
Premium Tax	499,691	1.75%	3,455,990	1.75%	3,955,681	1.75%
Maintenance Tax	364	0.07	3,546	0.07	3,909	0.07
Projected Total Cost						
Acute Care	7,159,137	1,378.39	-120,078	-2.37	7,039,059	126.04
LTC	21,394,626	4,119.24	197,605,239	3,900.98	218,999,865	3,921.28
Total	28,553,763	5,497.64	197,485,161	3,898.61	226,038,924	4,047.32
Rate Change		1.0 %		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	1.0041		1.0000			
Acute Care - Inpatient	1.0575		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	12,352,900	1,745.25	0	0.00	12,352,900	162.11
Long Term Care	25,690,377	3,629.60	240,246,002	3,475.64	265,936,379	3,489.94
Total	38,043,277	5,374.85	240,246,002	3,475.64	278,289,278	3,652.05
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	23,201	3.28	-14,121	-0.20	9,080	0.12
Net Reinsurance Cost	221,434	31.28	2,277,264	32.95	2,498,698	32.79
	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	2,439,997	5.75%	15,479,714	5.75%	17,919,710	5.75%
Total	2,555,014	360.98	16,602,960	240.19	19,157,975	251.41
Risk Margin						
Risk Margin	848,694	2.00%	5,384,248	2.00%	6,232,943	2.00%
Premium Tax	742,608	1.75%	4,711,217	1.75%	5,453,825	1.75%
Maintenance Tax	495	0.07	4,839	0.07	5,334	0.07
Projected Total Cost						
Acute Care	13,716,694	1,937.93	-15,603	-0.23	13,701,091	179.80
LTC	28,718,029	4,057.35	269,228,013	3,894.92	297,946,042	3,910.01
Total	42,434,723	5,995.28	269,212,409	3,894.69	311,647,133	4,089.81
Rate Change		0.2 %		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	1.0076		1.0000			
Acute Care - Inpatient	1.0487		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	6,762,886	1,254.73	0	0.00	6,762,886	116.97
Long Term Care	20,836,310	3,865.81	177,118,213	3,378.48	197,954,523	3,423.91
Total	27,599,196	5,120.54	177,118,213	3,378.48	204,717,409	3,540.89
Capitation Expenses & Refunds						
Service Coordination & Other Expenses	-5,174	-0.96	-68,296	-1.30	-73,470	-1.27
Net Reinsurance Cost	108,270	20.09	1,022,957	19.51	1,131,227	19.57
	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	1,765,693	5.75%	11,368,516	5.75%	13,134,209	5.75%
Total	1,853,279	343.84	12,220,429	233.10	14,073,708	243.43
Risk Margin						
Premium Tax	614,154	2.00%	3,954,266	2.00%	4,568,420	2.00%
Maintenance Tax	537,385	1.75%	3,459,983	1.75%	3,997,368	1.75%
	377	0.07	3,670	0.07	4,047	0.07
Projected Total Cost						
Acute Care	7,491,140	1,389.85	-73,148	-1.40	7,417,992	128.30
LTC	23,216,562	4,307.42	197,786,467	3,772.72	221,003,029	3,822.57
Total	30,707,702	5,697.27	197,713,319	3,771.33	228,421,021	3,950.87
Rate Change		-0.7 %		5.2 %		4.4 %

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	-157,509	-25,233	0	0	-5,896	-13,628	0	-202,265
Dallas	-6,220	-5,783	0	0	-1,806	-4,971	0	-18,779
El Paso	52,204	8,347	0	0	4,334	1,118	0	66,004
Harris	-51,650	-13,677	0	0	-3,007	-7,553	0	-75,888
Hidalgo	-38,600	-2,903	0	0	-2,002	689	0	-42,815
Jefferson	31,324	7,151	0	0	-30	1,926	0	40,371
Lubbock	-21,961	-2,954	0	0	-1,064	-2,450	0	-28,429
Nueces	-13,947	-7,591	0	0	-685	-3,098	0	-25,321
Tarrant	79,019	19,218	0	0	3,636	12,050	0	113,924
Travis	18,821	-207	0	0	-2,611	-870	0	15,132
MRSA Central	19,630	3,006	0	0	-431	2,600	0	24,805
MRSA Northeast	-80,286	-3,814	0	0	-4,816	-6,081	0	-94,997
MRSA West	-48,814	-3,512	0	0	-662	-2,615	0	-55,604
Total	-217,990	-27,951	0	0	-15,039	-22,883	0	-283,863
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	-0.14%	-0.15%	0.00%	0.00%	-0.13%	-0.21%	0.00%	-0.15%
Dallas	0.00%	-0.03%	0.00%	0.00%	-0.04%	-0.05%	0.00%	-0.01%
El Paso	0.13%	0.09%	0.00%	0.00%	0.18%	0.16%	0.00%	0.12%
Harris	-0.02%	-0.03%	0.00%	0.00%	-0.03%	-0.07%	0.00%	-0.02%
Hidalgo	-0.04%	-0.01%	0.00%	0.00%	-0.05%	0.02%	0.00%	-0.04%
Jefferson	0.06%	0.09%	0.00%	0.00%	0.00%	0.09%	0.00%	0.06%
Lubbock	-0.08%	-0.09%	0.00%	0.00%	-0.07%	-0.14%	0.00%	-0.08%
Nueces	-0.03%	-0.09%	0.00%	0.00%	-0.04%	-0.14%	0.00%	-0.05%
Tarrant	0.07%	0.11%	0.00%	0.00%	0.06%	0.18%	0.00%	0.08%
Travis	0.03%	0.00%	0.00%	0.00%	-0.07%	-0.04%	0.00%	0.02%
MRSA Central	0.03%	0.08%	0.00%	0.00%	-0.02%	0.07%	0.00%	0.04%
MRSA Northeast	-0.09%	-0.03%	0.00%	0.00%	-0.14%	-0.09%	0.00%	-0.08%
MRSA West	-0.08%	-0.06%	0.00%	0.00%	-0.02%	-0.06%	0.00%	-0.07%
Total	-0.02%	-0.01%	0.00%	0.00%	-0.03%	-0.04%	0.00%	-0.02%

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	191,455	26,660	0	0	4,159	15,487	0	237,761
Dallas	159,550	15,718	0	0	3,544	33,584	0	212,396
El Paso	32,752	9,679	0	0	125	862	0	43,418
Harris	665,311	121,969	0	0	12,509	40,444	0	840,232
Hidalgo	-120,653	-21,032	0	0	-11,728	-10,465	0	-163,878
Jefferson	104,511	13,747	0	0	1,234	1,534	0	121,026
Lubbock	-6,367	1,783	0	0	-228	757	0	-4,054
Nueces	-149,671	-41,248	0	0	-4,205	-11,412	0	-206,535
Tarrant	193,677	41,934	0	0	9,389	28,345	0	273,345
Travis	4,872	9,026	0	0	3,838	4,742	0	22,480
MRSA Central	-30,528	-3,602	0	0	-113	-5,069	0	-39,310
MRSA Northeast	12,815	4,107	0	0	1,005	4,251	0	22,179
MRSA West	-54,467	-9,214	0	0	-3,377	-6,336	0	-73,394
Total	1,003,258	169,529	0	0	16,153	96,724	0	1,285,664
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%	0.24%	0.00%	0.17%
Dallas	0.10%	0.08%	0.00%	0.00%	0.07%	0.35%	0.00%	0.11%
El Paso	0.08%	0.10%	0.00%	0.00%	0.01%	0.13%	0.00%	0.08%
Harris	0.23%	0.24%	0.00%	0.00%	0.11%	0.39%	0.00%	0.23%
Hidalgo	-0.14%	-0.10%	0.00%	0.00%	-0.30%	-0.37%	0.00%	-0.14%
Jefferson	0.20%	0.17%	0.00%	0.00%	0.09%	0.07%	0.00%	0.19%
Lubbock	-0.02%	0.06%	0.00%	0.00%	-0.01%	0.04%	0.00%	-0.01%
Nueces	-0.37%	-0.48%	0.00%	0.00%	-0.24%	-0.51%	0.00%	-0.39%
Tarrant	0.18%	0.23%	0.00%	0.00%	0.17%	0.42%	0.00%	0.20%
Travis	0.01%	0.09%	0.00%	0.00%	0.11%	0.19%	0.00%	0.03%
MRSA Central	-0.05%	-0.09%	0.00%	0.00%	-0.01%	-0.15%	0.00%	-0.06%
MRSA Northeast	0.01%	0.03%	0.00%	0.00%	0.03%	0.06%	0.00%	0.02%
MRSA West	-0.09%	-0.17%	0.00%	0.00%	-0.10%	-0.15%	0.00%	-0.10%
Total	0.08%	0.09%	0.00%	0.00%	0.03%	0.16%	0.00%	0.09%

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 - Non-Inpatient Acute Care
Labor and Delivery Surgery Reimbursement Changes

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	2,951	0	0	0	52	0	0	3,003
Dallas	6,237	0	0	0	0	0	0	6,237
El Paso	710	0	0	0	0	0	0	710
Harris	5,523	56	0	0	111	0	0	5,689
Hidalgo	3,757	0	0	0	0	0	0	3,757
Jefferson	649	0	0	0	0	0	0	649
Lubbock	538	0	0	0	26	0	0	564
Nueces	1,480	26	0	0	0	0	0	1,506
Tarrant	2,590	0	0	0	0	0	0	2,590
Travis	1,750	0	0	0	153	0	0	1,902
MRSA Central	2,097	0	0	0	0	0	0	2,097
MRSA Northeast	2,400	0	0	0	0	0	0	2,400
MRSA West	1,272	0	0	0	0	0	0	1,272
Total	31,952	82	0	0	341	0	0	32,375
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
Labor and Delivery Surgery Reimbursement Changes

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	0.00%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Central	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Footnotes

(1) Equals the cost reduction resulting from the labor and delivery reimbursement changes effective 10/1/2016.

(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.

FY2017 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Anesthesiology Reimbursement Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	-36,786	-3,848	0	0	-1,048	-2,191	0	-43,872
Dallas	-52,689	-3,487	0	0	-1,445	-3,009	0	-60,630
El Paso	-10,660	-1,251	0	0	-890	-222	0	-13,023
Harris	-125,377	-14,511	0	0	-3,352	-3,220	0	-146,460
Hidalgo	-25,108	-3,190	0	0	-732	-577	0	-29,608
Jefferson	-36,290	-2,790	0	0	-688	-1,637	0	-41,406
Lubbock	-16,959	-1,114	0	0	-695	-773	0	-19,541
Nueces	-10,513	-1,500	0	0	-78	-472	0	-12,564
Tarrant	-18,425	-1,427	0	0	-1,058	-750	0	-21,660
Travis	-17,825	-2,658	0	0	-1,442	-935	0	-22,860
MRSA Central	-32,284	-1,197	0	0	-1,305	-1,256	0	-36,042
MRSA Northeast	-51,971	-5,612	0	0	-1,932	-4,274	0	-63,789
MRSA West	-31,490	-1,652	0	0	-2,040	-1,628	0	-36,810
Total	-466,378	-44,238	0	0	-16,706	-20,943	0	-548,266
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

Anesthesiology Reimbursement Reductions

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

Footnotes

(1) Equals the cost reduction resulting from the anesthesiology reimbursement changes effective 1/1/2017.

(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

Radiology Reimbursement Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Impact of Reimbursement Change (1)								
Bexar	-535,828	-53,510	0	0	-12,658	-6,347	0	-608,343
Dallas	-757,544	-61,344	0	0	-17,148	-13,629	0	-849,665
El Paso	-144,368	-22,141	0	0	-2,434	-486	0	-169,429
Harris	-1,194,543	-122,259	0	0	-33,556	-13,521	0	-1,363,879
Hidalgo	-283,799	-45,547	0	0	-7,555	-2,505	0	-339,406
Jefferson	-247,270	-22,793	0	0	-2,868	-4,645	0	-277,577
Lubbock	-93,222	-9,500	0	0	-4,717	-3,294	0	-110,733
Nueces	-194,286	-19,850	0	0	-2,874	-4,202	0	-221,211
Tarrant	-474,543	-53,161	0	0	-10,911	-13,304	0	-551,918
Travis	-170,545	-22,073	0	0	-8,590	-5,380	0	-206,588
MRSA Central	-268,890	-9,359	0	0	-8,745	-7,238	0	-294,231
MRSA Northeast	-452,480	-45,725	0	0	-11,119	-11,615	0	-520,938
MRSA West	-269,955	-14,845	0	0	-8,897	-8,243	0	-301,939
Total	-5,087,271	-502,107	0	0	-132,073	-94,408	0	-5,815,859
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

Radiology Reimbursement Reductions

	Medicaid Only		Dual Eligible		IDD	Nursing Facility		Grand Total
	OCC	HCBS	OCC	HCBS		Medicaid Only	Dual Eligible	
Rate Adjustment Factor (3)								
Bexar	-0.49%	-0.31%	0.00%	0.00%	-0.28%	-0.10%	0.00%	-0.44%
Dallas	-0.47%	-0.30%	0.00%	0.00%	-0.35%	-0.14%	0.00%	-0.43%
El Paso	-0.35%	-0.23%	0.00%	0.00%	-0.10%	-0.07%	0.00%	-0.31%
Harris	-0.40%	-0.24%	0.00%	0.00%	-0.29%	-0.13%	0.00%	-0.37%
Hidalgo	-0.33%	-0.21%	0.00%	0.00%	-0.19%	-0.09%	0.00%	-0.30%
Jefferson	-0.47%	-0.29%	0.00%	0.00%	-0.21%	-0.21%	0.00%	-0.43%
Lubbock	-0.33%	-0.30%	0.00%	0.00%	-0.30%	-0.19%	0.00%	-0.32%
Nueces	-0.48%	-0.23%	0.00%	0.00%	-0.17%	-0.19%	0.00%	-0.42%
Tarrant	-0.44%	-0.29%	0.00%	0.00%	-0.19%	-0.20%	0.00%	-0.40%
Travis	-0.30%	-0.21%	0.00%	0.00%	-0.25%	-0.22%	0.00%	-0.29%
MRSA Central	-0.47%	-0.24%	0.00%	0.00%	-0.43%	-0.21%	0.00%	-0.44%
MRSA Northeast	-0.50%	-0.34%	0.00%	0.00%	-0.33%	-0.17%	0.00%	-0.46%
MRSA West	-0.42%	-0.27%	0.00%	0.00%	-0.25%	-0.20%	0.00%	-0.39%
Total	-0.43%	-0.26%	0.00%	0.00%	-0.26%	-0.16%	0.00%	-0.39%

Footnotes

(1) Equals the cost reduction resulting from the radiology reimbursement changes effective 2/1/2017.

(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.

Amended FY2017 STAR+PLUS Rating

<u>Health Plan</u>	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>	<u>IDD <21</u>	<u>IDD >21</u>	<u>Nursing Facility Med Only</u>	<u>Nursing Facility Dual Elig</u>
Current Medical Premium Rates pmpm								
Amerigroup - Bexar	845.73	3,336.96	360.40	1,900.20	296.42	296.42	6,702.84	3,979.71
Molina - Bexar	770.94	3,234.98	360.40	1,900.20	223.94	223.94	6,702.84	3,979.71
Superior - Bexar	882.74	3,413.00	360.40	1,900.20	367.41	367.41	6,702.84	3,979.71
Molina - Dallas	956.70	3,321.16	315.07	1,726.72	358.05	358.05	6,190.38	4,109.37
Superior - Dallas	945.46	3,417.98	315.07	1,726.72	363.87	363.87	6,190.38	4,109.37
Amerigroup - El Paso	941.77	3,068.94	445.81	1,912.34	510.08	510.08	7,730.19	4,460.05
Molina - El Paso	1,008.01	2,926.69	445.81	1,912.34	531.29	531.29	7,730.19	4,460.05
Amerigroup - Harris	991.73	3,850.40	307.84	1,839.13	423.53	423.53	6,695.48	4,086.16
Molina - Harris	930.84	3,737.79	307.84	1,839.13	465.71	465.71	6,695.48	4,086.16
United - Harris	1,071.01	3,727.79	307.84	1,839.13	451.74	451.74	6,695.48	4,086.16
Health Spring - Hidalgo	1,217.43	3,295.87	901.41	2,139.70	415.62	415.62	6,578.79	4,547.35
Molina - Hidalgo	1,230.97	3,485.14	901.41	2,139.70	496.14	496.14	6,578.79	4,547.35
Superior - Hidalgo	1,271.46	3,447.82	901.41	2,139.70	521.31	521.31	6,578.79	4,547.35
Amerigroup - Jefferson	790.96	3,320.21	232.64	1,559.75	441.97	441.97	6,086.30	3,876.19
Molina - Jefferson	796.87	3,170.09	232.64	1,559.75	393.52	393.52	6,086.30	3,876.19
United - Jefferson	902.11	3,179.59	232.64	1,559.75	418.59	418.59	6,086.30	3,876.19
Amerigroup - Lubbock	794.44	2,409.80	162.79	1,251.74	336.85	336.85	5,904.85	3,894.22
Superior - Lubbock	773.03	2,773.41	162.79	1,251.74	335.37	335.37	5,904.85	3,894.22
Superior - Nueces	898.98	3,122.09	443.32	1,783.94	554.58	554.58	5,614.30	4,054.43
United - Nueces	939.00	3,160.63	443.32	1,783.94	616.29	616.29	5,614.30	4,054.43
Amerigroup - Tarrant	952.25	3,095.18	238.48	1,560.49	399.45	399.45	6,271.08	3,918.66
Health Spring - Tarrant	823.97	2,976.79	238.48	1,560.49	314.20	314.20	6,271.08	3,918.66
Amerigroup - Travis	875.46	3,535.17	247.95	1,707.73	270.97	270.97	5,528.24	4,033.61
United - Travis	875.96	3,510.02	247.95	1,707.73	412.57	412.57	5,528.24	4,033.61
Superior - MRSA Central	794.92	3,484.78	221.36	1,690.05	342.82	342.82	5,506.63	3,898.61
United - MRSA Central	730.80	3,637.63	221.36	1,690.05	325.70	325.70	5,506.63	3,898.61
Health Spring - MRSA Northeast	724.59	2,948.11	200.98	1,406.56	375.91	375.91	6,008.84	3,894.69
United - MRSA Northeast	782.50	3,069.70	200.98	1,406.56	387.93	387.93	6,008.84	3,894.69
Amerigroup - MRSA West	714.53	2,909.39	251.38	1,437.01	366.55	366.55	5,708.26	3,771.33
Superior - MRSA West	758.63	2,917.73	251.38	1,437.01	418.73	418.73	5,708.26	3,771.33

Amended FY2017 STAR+PLUS Rating

<u>Health Plan</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>	<u>IDD</u>	<u>Nursing Facility</u>				
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u><21</u>	<u>>21</u>	<u>Med Only</u>	<u>Dual Elig</u>
Revised Medical Premium Rates pmpm								
Amerigroup - Bexar	842.11	3,330.42	360.40	1,900.20	295.30	295.30	6,696.31	3,979.71
Molina - Bexar	767.82	3,228.92	360.40	1,900.20	223.09	223.09	6,696.31	3,979.71
Superior - Bexar	878.88	3,406.10	360.40	1,900.20	366.03	366.03	6,696.31	3,979.71
Molina - Dallas	950.05	3,306.89	315.07	1,726.72	355.98	355.98	6,172.65	4,109.37
Superior - Dallas	938.93	3,402.79	315.07	1,726.72	361.76	361.76	6,172.65	4,109.37
Amerigroup - El Paso	938.52	3,063.69	445.81	1,912.34	509.01	509.01	7,725.56	4,460.05
Molina - El Paso	1,004.41	2,921.92	445.81	1,912.34	530.18	530.18	7,725.56	4,460.05
Amerigroup - Harris	985.51	3,835.99	307.84	1,839.13	421.01	421.01	6,674.41	4,086.16
Molina - Harris	925.19	3,724.20	307.84	1,839.13	462.93	462.93	6,674.41	4,086.16
United - Harris	1,064.06	3,714.28	307.84	1,839.13	449.05	449.05	6,674.41	4,086.16
Health Spring - Hidalgo	1,214.22	3,290.20	901.41	2,139.70	413.38	413.38	6,565.62	4,547.35
Molina - Hidalgo	1,227.67	3,478.57	901.41	2,139.70	493.46	493.46	6,565.62	4,547.35
Superior - Hidalgo	1,267.89	3,441.42	901.41	2,139.70	518.49	518.49	6,565.62	4,547.35
Amerigroup - Jefferson	785.39	3,307.72	232.64	1,559.75	440.00	440.00	6,075.56	3,876.19
Molina - Jefferson	791.24	3,158.64	232.64	1,559.75	391.77	391.77	6,075.56	3,876.19
United - Jefferson	895.50	3,168.07	232.64	1,559.75	416.73	416.73	6,075.56	3,876.19
Amerigroup - Lubbock	788.43	2,398.81	162.79	1,251.74	334.86	334.86	5,888.48	3,894.22
Superior - Lubbock	767.23	2,759.03	162.79	1,251.74	333.38	333.38	5,888.48	3,894.22
Superior - Nueces	893.57	3,110.22	443.32	1,783.94	551.75	551.75	5,596.88	4,054.43
United - Nueces	933.19	3,148.42	443.32	1,783.94	613.14	613.14	5,596.88	4,054.43
Amerigroup - Tarrant	946.27	3,085.13	238.48	1,560.49	397.63	397.63	6,254.88	3,918.66
Health Spring - Tarrant	819.08	2,967.49	238.48	1,560.49	312.77	312.77	6,254.88	3,918.66
Amerigroup - Travis	870.06	3,521.86	247.95	1,707.73	269.14	269.14	5,515.33	4,033.61
United - Travis	870.56	3,496.92	247.95	1,707.73	409.78	409.78	5,515.33	4,033.61
Superior - MRSA Central	790.31	3,477.67	221.36	1,690.05	341.05	341.05	5,497.64	3,898.61
United - MRSA Central	726.69	3,629.68	221.36	1,690.05	324.02	324.02	5,497.64	3,898.61
Health Spring - MRSA Northeast	719.75	2,939.91	200.98	1,406.56	373.57	373.57	5,995.28	3,894.69
United - MRSA Northeast	777.13	3,060.69	200.98	1,406.56	385.52	385.52	5,995.28	3,894.69
Amerigroup - MRSA West	710.01	2,900.86	251.38	1,437.01	364.55	364.55	5,697.27	3,771.33
Superior - MRSA West	753.73	2,909.15	251.38	1,437.01	416.44	416.44	5,697.27	3,771.33

Amended FY2017 STAR+PLUS Rating

<u>Health Plan</u>	Medicaid Only <u>OCC</u>	Dual Eligible <u>OCC</u>	IDD <u><21</u>	Nursing Facility <u>Med Only</u>	Nursing Facility <u>Dual Elig</u>
	<u>HCBS</u>	<u>HCBS</u>	<u>>21</u>		
Adjusted Medical Premium Rates pmpm June 1, 2017 - August 31, 2017					
Amerigroup - Bexar	831.25	3,310.80	360.40	1,900.20	291.94
Molina - Bexar	758.46	3,210.74	360.40	1,900.20	220.54
Superior - Bexar	867.30	3,385.40	360.40	1,900.20	361.89
Molina - Dallas	930.10	3,264.08	315.07	1,726.72	349.77
Superior - Dallas	919.34	3,357.22	315.07	1,726.72	355.43
Amerigroup - El Paso	928.77	3,047.94	445.81	1,912.34	505.80
Molina - El Paso	993.61	2,907.61	445.81	1,912.34	526.85
Amerigroup - Harris	966.85	3,792.76	307.84	1,839.13	413.45
Molina - Harris	908.24	3,683.43	307.84	1,839.13	454.59
United - Harris	1,043.21	3,673.75	307.84	1,839.13	440.98
Health Spring - Hidalgo	1,204.59	3,273.19	901.41	2,139.70	406.66
Molina - Hidalgo	1,217.77	3,458.86	901.41	2,139.70	485.42
Superior - Hidalgo	1,257.18	3,422.22	901.41	2,139.70	510.03
Amerigroup - Jefferson	768.68	3,270.25	232.64	1,559.75	434.09
Molina - Jefferson	774.35	3,124.29	232.64	1,559.75	386.52
United - Jefferson	875.67	3,133.51	232.64	1,559.75	411.15
Amerigroup - Lubbock	770.40	2,365.84	162.79	1,251.74	328.89
Superior - Lubbock	749.83	2,715.89	162.79	1,251.74	327.41
Superior - Nueces	877.34	3,074.61	443.32	1,783.94	543.26
United - Nueces	915.76	3,111.79	443.32	1,783.94	603.69
Amerigroup - Tarrant	928.33	3,054.98	238.48	1,560.49	392.17
Health Spring - Tarrant	804.41	2,939.59	238.48	1,560.49	308.48
Amerigroup - Travis	853.86	3,481.93	247.95	1,707.73	263.65
United - Travis	854.36	3,457.62	247.95	1,707.73	401.41
Superior - MRSA Central	776.48	3,456.34	221.36	1,690.05	335.74
United - MRSA Central	714.36	3,605.83	221.36	1,690.05	318.98
Health Spring - MRSA Northeast	705.23	2,915.31	200.98	1,406.56	366.55
United - MRSA Northeast	761.02	3,033.66	200.98	1,406.56	378.29
Amerigroup - MRSA West	696.45	2,875.27	251.38	1,437.01	358.55
Superior - MRSA West	739.03	2,883.41	251.38	1,437.01	409.57

Appendix B

FY2017 STAR+PLUS Amended Rate Certification Index

This index includes the page numbers from the letter which amends the reports titled “State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting State Fiscal Year 2017” (Original report) for the applicable sections of the 2016 Medicaid Managed Care Rate Development Guide.

1. General

A – The rates amend those rates in place as of September 1, 2016, and will be payable on a prospective basis for the period June 1, 2017 through August 31, 2017.

B – The above titled report and amendment letter are intended to meet this requirement.

C – This index is intended to meet this requirement.

D.i – Page 6 of amendment letter.

D.ii – Pages 4-5 of amendment letter.

D.iii – Not applicable, rate ranges are not used.

D.iv(a) – Pages 1, 3 and 4 of the original report.

D.iv(b) – Page 1 of the amendment letter.

D.iv(c) – Page 1 and page 3 of the original report.

D.iv(d) – Attachment 8 pages 140-142 of the original report.

D.iv(e) – Pages 3-4 of the original report.

2. Data

A.i(a)-(d) – Pages 1-2 of the original report.

A.ii(a)-(c) – Page 2 of the original report.

A.iii – Not applicable; managed care encounter data has been used in the rate development.

A.iv – Not applicable; managed care encounter data has been used in the rate development.

A.v – Not applicable.

B.i – Page 2 of the original report; data deemed fully credible therefore no adjustments were necessary.

B.ii – Page 3 of the original report and Attachment 2 Exhibits B and C pages 38-39 of the original report provide an example of the claims analysis performed for each MCO. In aggregate, estimated completion factors totaled less than 0.3% of total base period claims.

B.iii – Page 2 of the original report.

B.iv – Pages 7-8 and Attachments 6-8 pages 112-142 of original report. Pages 1-2 and Attachment 6 – Revised of the amendment letter.

B.v – Pages 4-5 of the original report.

3. Projected Benefit Costs and Trend

A – Pages 3-5 and Attachment 2 pages 35-41 of the original report; no material changes to the data, assumptions and methodologies since the last certification.

B – Attachment 5 pages 102-111 of the original report.

C – In STAR+PLUS, the contract stipulates the following two provisions related to “in lieu of” services:

- The MCO may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting.
- The MCO may provide substance use disorder treatment services in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting
- For individuals between the ages of 21 and 64, services are provided in IMDs only in lieu of an acute care hospital setting. IMD services for individuals under age 21 and age 65 and over are covered pursuant to the Texas state plan.

These in-lieu services make up less than 1.0% of total base period claims and have been included in the base period and treated no differently than other claims in the rate development process.

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

D.ii – All claims paid during retroactive enrollment periods are included in the base period data used to develop the FY2017 premium rate.

D.iii – All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2017 premium rate.

D.iv – No adjustments are necessary to account for retroactive enrollment periods because the enrollment criteria has not changed from the base period (FY2015) to the rating period (FY2017). All retroactive enrollment and claims information has been included in the base period data, the trend calculations an all other adjustment factors.

E – Pages 4-5 and Attachment 1 – Revised pages 12-30 of the amendment letter.

F – Attachments 6-8 pages 112-142 of the original report and Attachment 6 – Revised pages 87-96 of the amendment letter.

G – Attachments 6-8 pages 112-142 of the original report and Attachment 6 – Revised pages 87-96 of the amendment letter.

4. Pass-Through Payments

A – Not applicable, no changes from the original report.

B – Not applicable, no changes from the original report.

C – Not applicable, no changes from the original report.

5. Projected Non-Benefit Costs

A – Page 10 of the original report.

B – Page 10 of the original report.

C – Page 10 of the original report.

D – Page 10 of the original report.

6. Rate Range Development

A – Not applicable.

B – Not applicable.

7. Risk Mitigation, Incentives and Related Contractual Provisions

A – Not applicable; no risk mitigation or incentives apply to the STAR+PLUS program which impact the rate.

B.i – Page 9 and Attachment 9 page 143 of the original report.

B.ii – Attachment 9 Exhibit A pages 144-148 of the original report.

B.iii – Attachment 9 Exhibit A page 146 of the original report.

B.iv – The risk scores are calculated annually.

B.v – Page 5 and Attachment 9 pages 143-156 of the original report.

B.vi – Attachment 9 page 143 of the original report states that adjustments are made to ensure budget neutrality. Attachment 9 pages 154-156 of the original report detail the budget neutral adjustment.

C – Not applicable.

D – Not applicable.

E – Not applicable.

F – Not applicable.

G – Not applicable, no such arrangements are in place for FY2017.

8. Other Rate Development Considerations

A – Attachment 10 pages 157-175 of the original report.