

**STATE OF TEXAS
MEDICAID MANAGED CARE
STAR+PLUS PROGRAM RATE SETTING
STATE FISCAL YEAR 2020**

Prepared for:

Texas Health and Human Services Commission

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I. Introduction

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to develop the state fiscal year 2020 (FY2020, September 1, 2019 through August 31, 2020) premium rates for health plans participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

STAR+PLUS is a Texas Medicaid managed care program for people who have disabilities or are age 65 and older. STAR+PLUS members get Medicaid health-care and long-term services and supports through a medical plan that they choose. The STAR+PLUS program expanded to include individuals with Intellectual and Developmental Disabilities (IDD) on September 1, 2014 and to include individuals in a nursing facility on March 1, 2015. Effective September 1, 2017, members in the HHSC Medicaid for Breast and Cervical Cancer (MBCCP) program began receiving their Medicaid services through managed care and are a separate risk group in the STAR+PLUS program. There are thirteen STAR+PLUS service delivery areas (SDAs). STAR+PLUS Medicaid members can select from at least two health plans in each SDA. There are a total of five health plans serving the various SDAs throughout the state.

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 30 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2020 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2015 and a projection of future enrollment through August 2020. These projections were prepared by HHS System Forecasting staff.
- Detailed MCO encounter data for FY2018. The encounter data is a dataset that includes detail claim information for every claim incurred during FY2018 and paid through November 30, 2018. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, health plan; (2) provider information – type of provider, NPI, bill type, taxonomy code; (3) procedure information – diagnosis, procedure code, claim modifier; and (4) payment information – paid amount, billed amount. This information is used to identify the providers and services which will receive or have received reimbursement changes in order to determine the cost impact of such changes.
- Claim lag reports by SDA and risk group for each health plan for the period September 2015 through February 2019. These reports were prepared by the health plans and include monthly paid claims by month of service. These reports summarize the detail encounter data.
- Financial Statistical Reports (FSR) for each participating health plan for FY2016, FY2017, FY2018 and the first six months of FY2019. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative

expenses, as reported by the health plan. These reports are prepared by the health plans and are audited by an external audit organization. A health plan that participates in multiple programs and/or service areas submits a separate FSR for each individual area and program combination.

- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2019) premium rates by risk group for each health plan.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
 - Subcapitated services make up approximately 0.25% of total medical plan cost and are most commonly vision and behavioral health arrangements. Information about these arrangements was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those of other health plans.
- Information from the health plans regarding service coordination expenses.
 - Service Coordination expenses make up approximately 3.6% of total plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.
- FY2018 acuity risk adjustment analysis provided by the EQRO for each health plan.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2018 health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information provided by HHSC regarding proposed FY2020 Medicaid provider reimbursement rates.

After accumulating all of the information to be used in the rate setting process, a comparison of the various sources of claims data was performed to check for consistency. We compared (i) the claim lag reports provided by the MCOs, (ii) the claim amounts reported in the FSRs and (iii) the claim amounts in the encounter data files. The three data sources are compared to ensure consistent results such that the three are considered interchangeable in aggregate. Although interchangeable in total, each data source has a unique role in the analysis. FSR data provides high level summary information of claims data, subcapitated expenses, reinsurance expenses and administrative costs. In some cases, this information is available at the risk group level while for others it is only provided at an aggregated level. MCO summary reports provide HHSC-specified data points at a more granular level such as subcapitated expenses by service, claim lag data by service, other medical expenses and large claimant information. The detail encounter data provides claim

data at the most granular level including information for individual claims such as provider, procedure code, diagnostic information, etc. The use of these multiple data sources allows for a dynamic, flexible rating model that is not constrained to the data limitation of a single source.

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

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

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

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

Based on the review of the data by the EQRO, HHSC and Rudd and Wisdom, we have concluded that all data sources are consistent, complete and accurate. It is our opinion that the data collected for the rate development is high quality and we have no concerns over the availability or applicability to the FY2020 rate development. The accumulation of data sources noted above has been assigned full credibility.

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

II. Overview of the Rate Setting Methodology

This report details the development of the medical (acute and long term care) and prescription drug components of the STAR+PLUS premium rate. The two components are developed separately but follow similar methodologies in their calculations.

The actuarial model used to derive the FY2020 STAR+PLUS premium rates relies primarily on historical health plan experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. Due to the significant differences between claim run-out patterns, different base periods were selected for medical and prescription drug. The base period for the medical component was defined as FY2018 (September 1, 2017 through August 31, 2018) while the base period for the prescription drug component was defined as CY2018 (January 1, 2018 through December 31, 2018). The primary reason for varying the base periods between medical and prescription drugs is that prescription drug claims complete much faster and therefore require minimal estimation of incurred but unpaid claims. Estimates of the base period include an estimate of incurred but unpaid claims (IBNR). The IBNR estimate is based on claims paid through February 2019 and represents the following percentage of claims by type of service:

- Medical - 0.22%
- Prescription Drug - 0.0%

Costs related to Uniform Hospital Rate Increase Program (UHRIP) payments were removed from the base experience. More information on UHRIP is provided in Section III and Attachment 10. These estimates were then projected to FY2020 using assumed trend rates. Other plan expenditures such as capitated amounts, service coordination, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2020 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan. The results of this analysis were then combined for all health plans in a service area in order to develop a set of community rates for each service area.

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

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

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

- Medicaid Only – Other Community Care (OCC)
- Medicaid Only – Home and Community Based Services (HCBS)
- Dual Eligible – OCC
- Dual Eligible – HCBS
- Medicaid Only – Nursing Facility (NF)
- Dual Eligible – NF
- Intellectual and Developmentally Disabled over age 21 (IDD)
- Medicaid Breast and Cervical Cancer Program (MBCCP)

The services used in the analysis include the following:

Acute Care Services

- Ambulance Services
- Audiology Services
- Behavioral Health Services
- Birthing Center Services
- Chiropractic Services
- Dialysis
- Durable Medical Equipment and Supplies
- Emergency Services
- Family Planning Services
- Home Health Services
- Hospital Services - outpatient
- Lab, X-ray and Radiology Services
- Optometry
- Podiatry
- Prenatal Care
- Primary Care Services
- Specialty Physician Services
- Therapies - physical, occupational and speech
- Transplantation of Organs and Tissues
- Vision
- Inpatient Facility Services
- Prescription Drugs

Long Term Care Services

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

- Nursing Facilities

Services specifically excluded from the analysis include:

- Dental and Orthodontia Services with the exception of a small number of dental services provided to STAR+PLUS HCBS waiver members
- Early Childhood Intervention (ECI) case management/service coordination
- Texas School Health and Related Services (SHARS)
- Health and Human Services Commission's Non-Emergency Medical Transportation
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- Certain high cost carve-out prescription drugs

All expenses related to these services, along with any other non-capitated services and any value-added services have been excluded from the FY2020 rating analysis.

We projected the FY2020 cost for each individual health plan by estimating their base period average claims cost and then applying trend and other adjustment factors. These adjustment factors are described in Section III. We added capitation expenses for services capitated by the health plan (such as vision and behavioral health), service coordinator expenses for care coordination services, a reasonable provision for administrative expenses and a risk margin. Attachment 2 presents a description and an example of the experience analysis for a sample health plan. This type of analysis was conducted for each health plan.

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

HHSC utilizes a community rating methodology in setting the STAR+PLUS base premium rates. The base rates vary by service area and risk group but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2020 cost for each health plan in the service area. The weights used in this formula are the projected FY2020 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

The base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships. Additional information regarding risk adjustment is included in Section III below under Risk Adjustment and in Attachments 6 and 7.

The final FY2020 premium rates were defined as the community rates with acuity risk adjustment for acute care services, pharmacy services and long term care services. This is the same methodology that was used during the FY2019 STAR+PLUS rate development. HHSC, the EQRO and the participating STAR+PLUS health plans have been working closely together in developing a risk adjustment model to be applied to the long term care

component of the premium. The methodology applied in the FY2020 rate development is a continuation of the process and will continue to be refined for future rate developments.

Please note that the Dual Eligible risk groups exclude long term care experience for the Dual Eligible Demonstration populations and are based exclusively on STAR+PLUS program experience. Dual Eligible Demonstration members have been excluded from the analysis and their corresponding claims experience and acuity does not impact the STAR+PLUS rate development.

III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2020 STAR+PLUS rate setting process.

Trend Factors - Medical

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption applies to all service areas but varies by risk group, type of service and projection year (FY2019 and FY2020).

The trend analysis included a review of health plan claims experience data through February 2019. Based on this information, estimates of monthly incurred claims were made through December 2018. The claims cost and trend experience was reviewed separately by service area and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights. All historical trends have been calculated as the average cost per member per month during a specified time period (monthly, quarterly or annually) compared to the same time period from the prior year. For example, the FY2018 trend has been calculated as the change in average cost per member per month during the period September 1, 2017 through August 31, 2018 (FY2018) compared to the average cost per member per month during the period September 1, 2016 through August 31, 2017 (FY2017). The experience trends for all time periods were adjusted to remove the impact of provider reimbursement changes and other revisions that have impacted the cost of the program.

The FY2019 trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2018 through December 2018 and (ii) the projected trend for the period January 2019 through August 2019. The trends for the final eight months of FY2019 were projected using experience data from FY2015, FY2016, FY2017, FY2018 and the first four months of FY2019. The weighting of each time period was based on the number of months within each time period for each risk group. For example, risk groups such as OCC and HCBS which have been in STAR+PLUS the entire time during the observed fiscal years were blended using the following formula: 3/13 weighting for FY2015, FY2016, FY2017 and FY2018 and 1/13 weighting to the first four months of FY2019. The nursing facility risk group was new to the STAR+PLUS program on March 1, 2015 and, therefore, the observed trend for FY2016 included six months (March 2016 through August 2016). As a result, the observed trends were blended using the following formula: 3/17 weighting for FY2016, 6/17 weighting for FY2017 and FY2018 and 2/17 weighting for the first four months of FY2019.

The FY2020 trend assumptions were then developed from a simple average of the FY2015-FY2019 trends.

The MBCCP risk group does not have sufficient historical information on which to estimate a risk group specific trend. As a result, the MBCCP risk groups trend assumptions have been calculated as the weighted average of the other STAR+PLUS risk groups.

Attachment 4 is a summary of the trend analysis. The chart below presents the assumed annual trend rates for FY2019 and FY2020.

	<u>FY2019</u>	<u>FY2020</u>
<u>Acute Care</u>		
Medicaid Only - OCC	1.2%	0.8%
Medicaid Only - HCBS	0.9%	0.9%
Medicaid Only - NF	-0.4%	2.5%
IDD	4.8%	1.8%
MBCCP	1.2%	1.0%
<u>Long Term Care</u>		
Medicaid Only - OCC	4.7%	4.6%
Medicaid Only - HCBS	4.2%	2.3%
Dual Eligible - OCC	3.2%	2.8%
Dual Eligible - HCBS	4.2%	3.6%
Medicaid Only - NF	2.5%	1.9%
Dual Eligible - NF	2.9%	2.2%
MBCCP	4.0%	3.3%

Trend Factors - Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (CY2018) claims cost to the rating period (FY2020). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2019. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2019. From this experience, the average annual utilization and cost per service were determined for each of the four 12-month periods ending February 2019.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Anti-viral agents used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. In addition, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2019 and all of

FY2020 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2017 plus two-sixths of the experience trend rate for the 12-month period ending February 2018 plus three-sixths of the experience trend rate for the 12-month period ending February 2019. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2019 and combining the results into a single trend assumption for each risk group. Attachment 4 – Exhibit C presents a summary of the historical pharmacy trend analysis.

The preferred drug list (PDL) changes implemented in FY2018 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the two most recent 12-month periods assuming that the FY2018 PDL changes had not been implemented. Attachment 4 – Exhibit D presents these adjustment factors and the resulting pharmacy trends assumptions used for the STAR+PLUS program.

Attachment 4 – Exhibit E presents the trend analysis for the MBCCP risk group. This risk group became effective in STAR+PLUS on September 1, 2017. Attachment 4 – Exhibit F presents the resulting MBCCP pharmacy trends after adjusting for the FY2018 PDL changes (described above and in Attachment 4).

The chart below presents the assumed annual pharmacy trend rates for the STAR+PLUS program.

<u>Risk Group</u>	<u>Trend</u>
Medicaid Only - OCC	6.6 %
Medicaid Only - HCBS	5.6 %
IDD	3.7 %
Medicaid Only - NF	3.2 %
MBCCP	20.0 %

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

Provider Reimbursement Adjustments – Acute Care

Medicaid provider reimbursement changes were recognized for the following services: hospital inpatient reimbursement revisions, potentially preventable readmission reimbursement reductions, potentially preventable complications reimbursement reductions, therapy reimbursement revisions, ambulance reimbursement reductions, anesthesiology reimbursement revisions, private duty nursing reimbursement revisions and attendant care reimbursement revisions.

The rating adjustments for these provider reimbursement changes were calculated by applying actual health plan encounter data to the old and new reimbursement bases and the

resulting impact determined. Attachment 5 presents a summary of the derivation of these adjustment factors.

Potentially Preventable Readmission Quality Improvement

Effective September 1, 2019 HHSC is utilizing an adjustment to the FY2018 base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2020. Exhibit D of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

Removal of Invalid Clinician Administered Drugs (CADs)

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

Tort and Coordination of Benefit Recoveries

Effective September 1, 2018 HHSC instituted a change in policy that shifts claim recoveries associated with tort and coordination of benefit recoveries beyond 120 days from the MCOs to HHSC. Exhibit I of Attachment 5 presents a summary of the necessary rating adjustment factors.

Institution for Mental Disease (IMD) Cost Removal

By regulation, cost for managed care members ages 21 through 64 who have an IMD stay in excess of 15 days during a month may not be used in the rate development. Claims data for all such members has been identified and removed from the rate analysis. A summary of the derivation of the adjustment factors is presented in Attachment 5-Exhibit J.1 and J.2.

Federally Qualified Health Center (FQHC) Wrap Payment Removal

Effective September 1, 2017, MCOs were no longer required to reimburse FQHC's the full encounter rate. The MCO will be expected to reimburse FQHCs at a rate that is comparable to the reimbursement of all other non-FQHC providers providing similar services. Subsequently, the FQHC will be reimbursed up to their full encounter rate outside of the capitation rate. The rating adjustment was calculated by collecting the FQHC wrap payments paid by the MCOs during the FY2018 base period. Exhibit K of Attachment 5 presents a summary of the derivation of these adjustment factors.

Drug Carve In

HHSC has carved-in several low-utilization, high-cost drugs to the managed care capitated arrangement. These drugs were previously covered services under the plan but their cost was reimbursed to the MCOs using a non-risk arrangement. Anti-viral medications for the treatment of Hepatitis C (Epclusa, Harvoni, Viekira Pak, etc.) and Orkambi (a treatment for Cystic Fibrosis) have been added to capitated services effective September 1, 2018. As a result, a portion of the base period (CY2018) excludes the cost of these drugs and an adjustment factor is required to account for this understatement. Exhibit M of Attachment 5 includes additional information regarding the derivation of the rate adjustment factors for these services.

Preferred Drug List Changes

HHSC has recently implemented numerous changes to the Preferred Drug List (PDL). These changes include some of the program's highest expenditure drugs and will have a significant impact on managed care pharmacy cost. Some of the PDL changes were implemented during the experience period used to develop the rates and some were implemented after the experience period. We developed adjustment factors to reflect the anticipated cost impact of the PDL changes. Exhibit N and Exhibit O of Attachment 5 includes additional information regarding the application of the PDL changes adjustment factors.

Community First Choice Initiative (CFC)

Effective June 1, 2015, Texas implemented a CFC initiative within the STAR+PLUS program that expanded access to certain habilitation and attendant care services. As a result of CFC, Texas receives an enhanced federal medical assistance percentage (FMAP) on CFC eligible clients and services. The impact of CFC on program cost is included in the FY2018 base period and no further adjustments are necessary. Attachment 11 details the development of the CFC portion of the premium eligible for an enhanced FMAP.

Risk Adjustment

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

The acute care and pharmacy portions of the base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships. The risk analysis was performed by the University of Florida's Institute for Child Health Policy (ICHP). The methodology used to incorporate the acuity risk adjustment is the Chronic Illness and Disability Payment System (CDPS). Additional information regarding this acuity risk adjustment is included in Attachment 6.

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

The long term care portion of the base community rate in each service area was also adjusted to reflect the health status, or acuity of the population enrolled in each health plan. Prior to FY2018 no acuity model was readily available on which to measure the relative differences among the health plans. HHSC, the EQRO and the health plans formed a workgroup tasked with developing a long term care acuity model. The workgroup analyzed available long term care data and publicly available models and developed a preliminary model which was first applied in FY2018 and has been updated for FY2020. The long term care acuity factors have been given 100% credibility for FY2020. Additional information regarding this acuity risk adjustment is included in Attachment 7.

Network Access Improvement Program (NAIP)

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

Attachment 8 presents the development of the NAIP add-on amounts to be included in the capitation rates effective September 1, 2019 along with additional information concerning the NAIP program.

Quality Incentive Payment Program for Nursing Facilities (QIPP)

Effective September 1, 2017 HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities to improve on the quality and innovation of their services. Pending CMS approval of QIPP Year Three, effective September 1, 2019, the program will encompass one pay-for-report component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

Attachment 9 presents the development of the QIPP add-on amounts to be included in the capitation rates effective September 1, 2019 along with additional information concerning the QIPP program.

Uniform Hospital Reimbursement Program (UHRIP)

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. The program expanded statewide effective March 1, 2018. UHRIP is a Medicaid managed care hospital directed payment program authorized under federal regulations at 42 CFR 438.6(c). CMS approved HHSC's statewide implementation of the program on August 18, 2017. The UHRIP program increases the reimbursement to contracted hospitals by a level percentage that varies by hospital class. HHSC has identified the following classes of hospitals within each SDA and the rate increase for each:

<u>SDA</u>	<u>Children's</u>	<u>Non- Urban Public</u>	<u>Rural Private</u>	<u>Rural Public</u>	<u>State- owned</u>	<u>Urban Public</u>	<u>Other</u>
Bexar	26%	40%	40%	40%	0%	40%	40%
Dallas	21%	63%	63%	0%	63%	63%	63%
El Paso	2%	0%	0%	0%	0%	52%	52%
Harris	4%	73%	73%	29%	0%	70%	55%
Hidalgo	0%	0%	64%	64%	0%	0%	64%
Jefferson	0%	0%	65%	65%	0%	0%	65%
Lubbock	18%	0%	32%	32%	0%	60%	60%
Nueces	0%	62%	62%	62%	0%	62%	62%
Tarrant	53%	0%	53%	53%	0%	53%	53%
Travis	7%	58%	58%	0%	0%	58%	58%
MRSA Central	0%	0%	51%	51%	0%	0%	51%
MRSA Northeast	0%	0%	59%	22%	0%	0%	59%
MRSA West	0%	81%	30%	60%	0%	81%	60%

All MCOs are required to increase their reimbursement rates to contracted hospitals by the established percentage rate increase. Attachment 10 presents the development of the UHRIP add-on amounts to be included in the capitation rates effective September 1, 2019 along with additional information concerning the UHRIP program.

IV. Administrative Fees, Taxes and Risk Margin

The rating methodology includes an explicit provision for administrative expenses. The amount allocated for administrative expenses is \$19.00 pmpm plus 5.75% of gross premium for medical services and \$1.80 pmpm for pharmacy services. This amount is intended to provide for all administrative-related services performed by the health plan. The administrative allowance for medical services is split between a fixed and variable component in order to allocate a larger percentage of the administrative dollars to the higher cost risk groups.

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

	Avg. Admin. Expense
FY16	99.19
FY17	87.47
FY18	90.85
3 Year Average	92.50

Based on the administrative formula included in the rate development, the average administrative expense provision included in the capitation rates is approximately \$93 which is in line with the historical average cost. The fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption is intended to be a reasonable amount to cover all administrative costs. This formula is reviewed annually to ensure consistency with the reported administrative costs.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.06 pmpm) and a risk margin (1.75% of premium). The premium tax and maintenance tax are based on Texas Department of Insurance requirements.

The capitation rates included in this document do not include provision for the Affordable Care Act (ACA) Health Insurance Providers Fee. HHSC has developed a CMS-approved procedure for reimbursing the MCOs for (i) the ACA Health Insurance Providers Fee, (ii) any applicable federal income tax impact resulting from payment of the ACA Health Insurance Providers Fee and (iii) any applicable state premium tax impact resulting from payment of the ACA Health Insurance Providers Fee. Such reimbursement will be provided retrospectively once the exact fee amounts are available. HHSC has included the Health Insurance Providers Fee in the managed care capitation rates for each of 2014, 2015, 2016 and 2018 through amendments to the initially certified rates for these time periods.

V. Summary

The chart below presents the results of the FY2020 STAR+PLUS rating analysis and includes all components of the premium – acute care, long term care, prescription drugs NAIP, UHRIP and QIPP. Texas is eligible for an enhanced FMAP rate for CFC services. Attachment 11 details the development of the CFC component of the total premium rate.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,496.00	\$5,287.31	\$425.36	\$2,100.21
Molina - Bexar	1,571.96	4,616.09	428.54	2,054.87
Superior - Bexar	1,626.22	5,089.71	459.37	2,186.37
Molina - Dallas	1,585.68	4,199.81	434.83	1,917.28
Superior - Dallas	1,485.62	4,803.02	390.81	1,970.25
Amerigroup - El Paso	1,642.52	4,709.65	553.39	2,154.71
Molina - El Paso	1,818.14	5,156.51	639.71	2,256.24
Amerigroup - Harris	1,725.32	6,063.58	384.86	2,374.86
Molina - Harris	1,530.48	5,460.68	383.23	2,327.82
United - Harris	1,943.77	5,797.42	452.25	2,344.80
Health Spring - Hidalgo	1,898.09	5,346.55	1,027.72	2,638.34
Molina - Hidalgo	1,889.07	5,232.42	925.59	2,571.62
Superior - Hidalgo	2,148.26	5,508.91	1,161.04	2,621.76
Amerigroup - Jefferson	1,355.24	5,340.81	319.08	1,886.51
Molina - Jefferson	1,459.46	4,476.55	301.57	1,763.20
United - Jefferson	1,670.31	4,710.77	232.20	1,601.02
Amerigroup - Lubbock	1,508.03	4,214.77	185.11	1,539.45
Superior - Lubbock	1,475.10	4,478.22	188.02	1,671.85
Superior - Nueces	1,683.70	4,674.85	590.28	2,214.00
United - Nueces	1,910.25	4,852.82	495.37	2,171.77
Amerigroup - Tarrant	1,600.39	5,191.19	354.97	1,916.98
Health Spring - Tarrant	1,495.31	5,144.14	293.33	1,946.01
Amerigroup - Travis	1,490.79	5,698.49	391.25	2,059.89
United - Travis	1,539.82	5,707.35	212.68	2,032.47
Superior - MRSA Central	1,460.14	4,820.29	252.07	1,859.35
United - MRSA Central	1,425.93	5,174.17	262.40	1,979.29
Health Spring - MRSA Northeast	1,341.13	5,002.66	257.98	1,900.99
United - MRSA Northeast	1,520.78	5,086.32	284.55	1,680.28
Amerigroup - MRSA West	1,415.51	5,316.69	304.37	1,751.10
Superior - MRSA West	1,475.39	4,754.43	283.81	1,693.92

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$8,151.74	\$5,141.80	\$971.12	\$3,001.81
Molina - Bexar	8,171.49	5,141.80	828.18	2,727.19
Superior - Bexar	8,391.77	5,141.80	1,200.53	3,103.69
Molina - Dallas	8,712.01	5,244.73	840.50	3,514.27
Superior - Dallas	9,617.15	5,244.73	899.70	3,194.85
Amerigroup - El Paso	8,763.45	4,712.95	1,436.02	2,482.04
Molina - El Paso	8,829.51	4,712.95	1,562.67	1,948.57
Amerigroup - Harris	8,889.90	5,079.02	1,047.71	2,934.39
Molina - Harris	8,753.29	5,079.02	926.90	2,930.03
United - Harris	8,877.20	5,079.02	1,174.48	3,302.97
Health Spring - Hidalgo	9,492.40	5,568.65	991.40	2,683.08
Molina - Hidalgo	9,123.97	5,568.65	1,030.20	2,864.69
Superior - Hidalgo	10,117.79	5,568.65	1,346.08	3,086.95
Amerigroup - Jefferson	7,826.41	4,676.95	1,092.07	3,009.80
Molina - Jefferson	8,057.99	4,676.95	1,096.62	2,736.87
United - Jefferson	7,899.95	4,676.95	1,123.38	3,234.70
Amerigroup - Lubbock	8,121.85	5,261.96	971.79	2,850.73
Superior - Lubbock	7,840.06	5,261.96	1,052.04	3,194.38
Superior - Nueces	7,932.84	5,099.85	998.21	3,191.94
United - Nueces	7,666.81	5,099.85	1,104.38	2,911.07
Amerigroup - Tarrant	8,323.63	4,994.37	965.18	3,247.62
Health Spring - Tarrant	7,911.55	4,994.37	756.38	2,705.30
Amerigroup - Travis	8,432.83	5,313.90	1,012.02	2,666.49
United - Travis	8,300.61	5,313.90	1,146.90	3,179.70
Superior - MRSA Central	7,449.35	4,808.86	1,006.49	4,141.54
United - MRSA Central	7,461.19	4,808.86	977.15	3,875.68
Health Spring - MRSA Northeast	8,632.01	5,032.38	933.83	3,741.02
United - MRSA Northeast	8,312.80	5,032.38	1,020.03	3,207.66
Amerigroup - MRSA West	8,297.01	5,063.37	1,020.88	2,518.60
Superior - MRSA West	8,029.32	5,063.37	1,101.42	2,880.42

Attachment 1 presents additional information regarding the breakdown of the components of the FY2020 rates.

Attachment 13 presents the required rating index summarizing the applicable sections from the 2019-2020 Medicaid Managed Care Rate Development Guide.

VI. Actuarial Certification of FY2020 STAR+PLUS Health Plan Premium Rates

We, Evan L. Dial, Khiem D. Ngo and David G. Wilkes are principals with the firm of Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom). We are Fellows of the Society of Actuaries and members of the American Academy of Actuaries. We meet the Academy's qualification standards for rendering this opinion.

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of the STAR+PLUS premium rates for the period September 1, 2019 through August 31, 2020 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the FY2020 premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

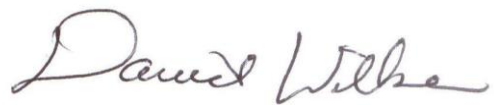
- (a) The premium rates have been developed in accordance with generally accepted actuarial principles and practices;
- (b) The premium rates are appropriate for the populations and services covered under the managed care contract; and
- (c) The premium rates are actuarially sound as defined in the regulations.

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.

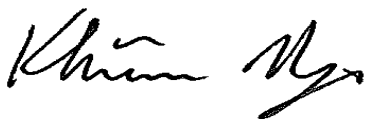
Please note that actual health plan contractor experience will differ from these projections. Rudd and Wisdom has developed these rates on behalf of the State to demonstrate compliance with the CMS requirements under 42 CFR 438.3(c), 438.3(e), 438.4, 438.5, 438.6 and 438.7. Any health plan contracting with the State should analyze its own projected premium needs before deciding whether to contract with the State.



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



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



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

VII. Attachments

Attachment 1

Summary of FY2020 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2020 rates. Included on the exhibit are current premium rates split between medical (acute care and long term care), prescription drug, NAIP, QIPP and UHRIP rates; FY2020 premium rates split between medical (acute care and long term care), prescription drug, NAIP, QIPP and UHRIP rates; and a comparison of FY2019 and FY2020 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current premium rates and the FY2020 premium rates. The projection is split by medical, pharmacy, NAIP/QIPP and UHRIP.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall premium rates increased by an average of 4.5% which is primarily attributed to increases in the QIPP and UHRIP programs. The average acute care, long term care and pharmacy rate changes are modest increases which are generally in line with annual trends. Attendant care reimbursement changes heavily impact the long term care rates as this is the primary long term care service. Acuity changes impact each MCO within an SDA differently resulting in variations in the rate changes for individual MCOs.

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2019 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	626.60	1,659.50	0.00	0.00	1,413.61	0.00	386.58	1,929.05
Molina - Bexar	544.70	1,397.22	0.00	0.00	1,327.02	0.00	371.16	1,929.05
Superior - Bexar	643.28	1,462.64	0.00	0.00	1,524.46	0.00	503.81	1,929.05
Molina - Dallas	719.58	1,694.59	0.00	0.00	2,024.74	0.00	405.69	1,948.28
Superior - Dallas	691.22	1,849.77	0.00	0.00	2,208.12	0.00	435.57	1,948.28
Amerigroup - El Paso	659.50	1,696.53	0.00	0.00	2,949.65	0.00	611.53	1,150.26
Molina - El Paso	732.32	1,672.59	0.00	0.00	2,596.47	0.00	635.80	1,150.26
Amerigroup - Harris	728.87	1,908.16	0.00	0.00	1,563.09	0.00	389.93	2,007.40
Molina - Harris	671.50	1,895.28	0.00	0.00	1,511.68	0.00	392.03	2,007.40
United - Harris	825.67	1,885.24	0.00	0.00	1,758.78	0.00	439.42	2,007.40
Health Spring - Hidalgo	508.07	1,392.98	0.00	0.00	1,973.04	0.00	419.83	1,836.78
Molina - Hidalgo	529.68	1,477.59	0.00	0.00	2,172.56	0.00	483.47	1,836.78
Superior - Hidalgo	568.47	1,455.30	0.00	0.00	2,388.98	0.00	579.51	1,836.78
Amerigroup - Jefferson	618.01	1,911.39	0.00	0.00	1,454.37	0.00	417.66	2,063.96
Molina - Jefferson	626.55	1,713.37	0.00	0.00	1,291.24	0.00	395.85	2,063.96
United - Jefferson	738.49	1,805.93	0.00	0.00	1,538.32	0.00	440.90	2,063.96
Amerigroup - Lubbock	658.85	1,530.60	0.00	0.00	1,571.54	0.00	408.70	1,451.88
Superior - Lubbock	617.43	1,779.06	0.00	0.00	1,575.78	0.00	387.55	1,451.88
Superior - Nueces	577.74	1,302.53	0.00	0.00	1,211.92	0.00	527.13	1,624.85
United - Nueces	640.11	1,413.92	0.00	0.00	1,147.27	0.00	514.82	1,624.85
Amerigroup - Tarrant	694.78	1,670.53	0.00	0.00	1,560.10	0.00	397.48	1,638.07
Health Spring - Tarrant	590.51	1,581.37	0.00	0.00	1,360.87	0.00	328.95	1,638.07
Amerigroup - Travis	595.05	1,648.64	0.00	0.00	1,058.05	0.00	320.23	1,678.04
United - Travis	651.60	1,724.66	0.00	0.00	1,192.63	0.00	433.40	1,678.04
Superior - MRSA Central	630.05	1,458.07	0.00	0.00	1,150.68	0.00	467.59	2,205.78
United - MRSA Central	606.35	1,604.71	0.00	0.00	1,258.51	0.00	420.84	2,205.78
Health Spring - MRSA Northeast	563.54	1,477.75	0.00	0.00	1,445.86	0.00	391.85	2,099.95
United - MRSA Northeast	630.03	1,721.07	0.00	0.00	1,475.12	0.00	423.95	2,099.95
Amerigroup - MRSA West	586.88	1,726.89	0.00	0.00	1,405.73	0.00	432.05	1,753.49
Superior - MRSA West	613.71	1,507.15	0.00	0.00	1,457.15	0.00	417.71	1,753.49

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2019 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	234.85	2,011.99	395.96	2,119.64	4,571.17	4,093.08	0.00	0.00
Molina - Bexar	230.96	1,644.88	402.58	1,989.36	4,571.17	4,093.08	0.00	0.00
Superior - Bexar	321.11	2,018.56	459.44	2,087.13	4,571.17	4,093.08	0.00	0.00
Molina - Dallas	301.97	1,616.62	421.98	1,846.32	4,499.94	4,037.53	0.00	0.00
Superior - Dallas	238.02	1,596.35	379.94	1,895.56	4,499.94	4,037.53	0.00	0.00
Amerigroup - El Paso	278.81	1,724.56	522.75	1,972.31	5,018.23	4,201.58	0.00	0.00
Molina - El Paso	402.97	1,784.61	612.09	2,158.55	5,018.23	4,201.58	0.00	0.00
Amerigroup - Harris	234.94	2,089.30	353.65	2,159.07	4,748.34	3,954.73	0.00	0.00
Molina - Harris	261.95	1,995.38	370.98	2,153.05	4,748.34	3,954.73	0.00	0.00
United - Harris	316.06	2,064.16	412.25	2,174.87	4,748.34	3,954.73	0.00	0.00
Health Spring - Hidalgo	776.01	2,396.50	1,023.79	2,488.25	4,740.91	4,497.00	0.00	0.00
Molina - Hidalgo	697.02	2,328.82	899.83	2,449.64	4,740.91	4,497.00	0.00	0.00
Superior - Hidalgo	843.42	2,382.17	1,163.21	2,483.50	4,740.91	4,497.00	0.00	0.00
Amerigroup - Jefferson	174.79	1,684.24	308.92	1,784.71	4,308.81	3,767.63	0.00	0.00
Molina - Jefferson	210.27	1,419.99	303.06	1,631.22	4,308.81	3,767.63	0.00	0.00
United - Jefferson	169.40	1,396.27	201.12	1,519.28	4,308.81	3,767.63	0.00	0.00
Amerigroup - Lubbock	92.67	1,290.92	157.90	1,476.81	4,276.55	3,808.15	0.00	0.00
Superior - Lubbock	127.22	1,499.94	199.23	1,598.72	4,276.55	3,808.15	0.00	0.00
Superior - Nueces	383.77	1,938.42	571.25	2,150.10	4,344.98	4,105.12	0.00	0.00
United - Nueces	391.91	1,925.63	460.15	2,111.09	4,344.98	4,105.12	0.00	0.00
Amerigroup - Tarrant	166.00	1,781.52	324.03	1,800.70	4,171.29	3,826.12	0.00	0.00
Health Spring - Tarrant	210.72	1,792.08	279.47	1,823.41	4,171.29	3,826.12	0.00	0.00
Amerigroup - Travis	255.14	2,202.70	361.14	1,929.37	4,587.16	4,050.55	0.00	0.00
United - Travis	153.35	2,075.00	180.40	1,856.01	4,587.16	4,050.55	0.00	0.00
Superior - MRSA Central	167.13	1,913.02	230.43	1,807.45	4,249.20	3,890.22	0.00	0.00
United - MRSA Central	133.48	2,106.35	238.93	1,937.94	4,249.20	3,890.22	0.00	0.00
Health Spring - MRSA Northeast	169.34	1,809.71	228.90	1,735.55	4,451.44	3,961.94	0.00	0.00
United - MRSA Northeast	172.05	1,753.09	254.01	1,594.02	4,451.44	3,961.94	0.00	0.00
Amerigroup - MRSA West	123.27	1,970.33	281.77	1,662.72	4,395.44	3,844.63	0.00	0.00
Superior - MRSA West	171.81	1,754.71	287.82	1,579.01	4,395.44	3,844.63	0.00	0.00

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2019 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	543.24	1,337.59	0.00	0.00	712.53	0.00	416.75	567.48
Molina - Bexar	472.24	1,126.18	0.00	0.00	668.89	0.00	400.13	567.48
Superior - Bexar	557.70	1,178.92	0.00	0.00	768.41	0.00	543.12	567.48
Molina - Dallas	453.24	879.51	0.00	0.00	524.20	0.00	350.26	454.99
Superior - Dallas	435.37	960.04	0.00	0.00	571.68	0.00	376.06	454.99
Amerigroup - El Paso	513.24	1,234.40	0.00	0.00	563.23	0.00	855.41	755.57
Molina - El Paso	569.91	1,216.98	0.00	0.00	495.79	0.00	889.37	755.57
Amerigroup - Harris	567.43	1,153.90	0.00	0.00	645.91	0.00	496.52	691.79
Molina - Harris	522.77	1,146.11	0.00	0.00	624.67	0.00	499.20	691.79
United - Harris	642.79	1,140.04	0.00	0.00	726.78	0.00	559.54	691.79
Health Spring - Hidalgo	537.84	1,055.02	0.00	0.00	443.80	0.00	392.94	653.46
Molina - Hidalgo	560.71	1,119.10	0.00	0.00	488.68	0.00	452.51	653.46
Superior - Hidalgo	601.79	1,102.22	0.00	0.00	537.35	0.00	542.40	653.46
Amerigroup - Jefferson	477.72	1,014.22	0.00	0.00	712.90	0.00	456.72	460.33
Molina - Jefferson	484.32	909.15	0.00	0.00	632.94	0.00	432.87	460.33
United - Jefferson	570.85	958.26	0.00	0.00	754.06	0.00	482.13	460.33
Amerigroup - Lubbock	507.84	979.98	0.00	0.00	754.85	0.00	433.68	564.80
Superior - Lubbock	475.91	1,139.07	0.00	0.00	756.89	0.00	411.24	564.80
Superior - Nueces	516.49	921.04	0.00	0.00	573.32	0.00	536.99	563.32
United - Nueces	572.24	999.80	0.00	0.00	542.74	0.00	524.45	563.32
Amerigroup - Tarrant	557.82	1,194.25	0.00	0.00	792.96	0.00	489.52	616.86
Health Spring - Tarrant	474.10	1,130.51	0.00	0.00	691.70	0.00	405.13	616.86
Amerigroup - Travis	547.28	1,458.99	0.00	0.00	950.87	0.00	443.81	1,100.74
United - Travis	599.30	1,526.27	0.00	0.00	1,071.82	0.00	600.64	1,100.74
Superior - MRSA Central	491.70	1,043.12	0.00	0.00	543.29	0.00	489.53	1,092.56
United - MRSA Central	473.20	1,148.03	0.00	0.00	594.20	0.00	440.58	1,092.56
Health Spring - MRSA Northeast	438.74	1,002.72	0.00	0.00	767.77	0.00	432.57	572.40
United - MRSA Northeast	490.50	1,167.83	0.00	0.00	783.30	0.00	468.01	572.40
Amerigroup - MRSA West	482.95	1,144.91	0.00	0.00	671.50	0.00	473.91	463.37
Superior - MRSA West	505.03	999.22	0.00	0.00	696.06	0.00	458.18	463.37

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2019 NAIP 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	7.91	7.91	0.00	0.00	0.00	0.00	7.91	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	31.80	31.80	0.00	0.00	0.00	0.00	31.80	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	29.47	29.47	0.00	0.00	0.00	0.00	29.47	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	3.40	3.40	0.00	0.00	0.00	0.00	3.40	0.00
Amerigroup - Jefferson	5.33	5.33	0.00	0.00	0.00	0.00	5.33	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	27.76	27.76	0.00	0.00	0.00	0.00	27.76	0.00
Amerigroup - Lubbock	23.61	23.61	0.00	0.00	0.00	0.00	23.61	0.00
Superior - Lubbock	15.94	15.94	0.00	0.00	0.00	0.00	15.94	0.00
Superior - Nueces	37.82	37.82	0.00	0.00	0.00	0.00	37.82	0.00
United - Nueces	119.68	119.68	0.00	0.00	0.00	0.00	119.68	0.00
Amerigroup - Tarrant	4.96	4.96	0.00	0.00	0.00	0.00	4.96	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	4.02	4.02	0.00	0.00	0.00	0.00	4.02	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	31.90	31.90	0.00	0.00	0.00	0.00	31.90	0.00
Superior - MRSA West	19.34	19.34	0.00	0.00	0.00	0.00	19.34	0.00

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2019-8/31/2019 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	621.10	621.10	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	621.10	621.10	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	621.10	621.10	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	652.86	652.86	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	652.86	652.86	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	103.34	103.34	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	103.34	103.34	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	614.61	614.61	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	614.61	614.61	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	614.61	614.61	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	630.44	630.44	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	630.44	630.44	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	630.44	630.44	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	593.28	593.28	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	593.28	593.28	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	593.28	593.28	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	768.76	768.76	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	768.76	768.76	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	558.96	558.96	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	558.96	558.96	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	641.70	641.70	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	641.70	641.70	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	749.75	749.75	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	749.75	749.75	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	625.22	625.22	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	625.22	625.22	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	571.15	571.15	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	571.15	571.15	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	767.70	767.70	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	767.70	767.70	0.00	0.00

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2019-8/31/2019 UHRIP pmpm								
Amerigroup - Bexar	88.66	239.46	0.00	0.00	162.91	0.00	23.28	339.25
Molina - Bexar	101.19	249.33	0.00	0.00	218.57	0.00	34.34	339.25
Superior - Bexar	122.77	225.64	0.00	0.00	365.56	0.00	65.95	339.25
Molina - Dallas	165.57	358.08	0.00	0.00	474.16	0.00	66.34	472.72
Superior - Dallas	187.04	413.85	0.00	0.00	679.79	0.00	60.21	472.72
Amerigroup - El Paso	83.91	215.85	0.00	0.00	618.31	0.00	54.55	169.55
Molina - El Paso	136.96	298.21	0.00	0.00	736.33	0.00	158.65	169.55
Amerigroup - Harris	137.53	345.76	0.00	0.00	335.84	0.00	51.91	350.45
Molina - Harris	106.43	362.76	0.00	0.00	395.55	0.00	48.73	350.45
United - Harris	143.39	228.55	0.00	0.00	266.63	0.00	41.28	350.45
Health Spring - Hidalgo	84.89	236.36	0.00	0.00	343.37	0.00	37.66	331.61
Molina - Hidalgo	104.17	261.15	0.00	0.00	586.29	0.00	67.54	331.61
Superior - Hidalgo	107.90	245.17	0.00	0.00	551.65	0.00	65.77	331.61
Amerigroup - Jefferson	85.30	215.56	0.00	0.00	323.36	0.00	50.52	311.49
Molina - Jefferson	104.94	294.07	0.00	0.00	253.20	0.00	14.86	311.49
United - Jefferson	113.13	205.37	0.00	0.00	192.13	0.00	34.79	311.49
Amerigroup - Lubbock	188.19	293.76	0.00	0.00	489.84	0.00	72.04	368.79
Superior - Lubbock	149.55	438.37	0.00	0.00	427.49	0.00	43.24	368.79
Superior - Nueces	125.42	284.89	0.00	0.00	358.94	0.00	68.53	368.43
United - Nueces	155.55	280.69	0.00	0.00	307.55	0.00	123.68	368.43
Amerigroup - Tarrant	210.50	452.31	0.00	0.00	530.37	0.00	61.54	472.00
Health Spring - Tarrant	152.13	348.73	0.00	0.00	218.31	0.00	42.51	472.00
Amerigroup - Travis	102.93	321.39	0.00	0.00	310.86	0.00	45.05	333.80
United - Travis	154.41	257.43	0.00	0.00	273.82	0.00	56.39	333.80
Superior - MRSA Central	138.00	315.22	0.00	0.00	273.64	0.00	86.88	515.13
United - MRSA Central	155.30	296.28	0.00	0.00	238.93	0.00	70.80	515.13
Health Spring - MRSA Northeast	138.94	369.45	0.00	0.00	496.53	0.00	46.68	496.03
United - MRSA Northeast	144.31	318.20	0.00	0.00	329.45	0.00	61.89	496.03
Amerigroup - MRSA West	147.08	390.00	0.00	0.00	336.72	0.00	65.91	449.50
Superior - MRSA West	162.39	344.27	0.00	0.00	438.92	0.00	65.06	449.50

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2019 Total Premium Rates pmpm								
Amerigroup - Bexar	1,493.35	5,248.54	395.96	2,119.64	7,481.32	4,714.18	826.61	2,835.78
Molina - Bexar	1,349.09	4,417.61	402.58	1,989.36	7,406.75	4,714.18	805.63	2,835.78
Superior - Bexar	1,652.77	4,893.67	459.44	2,087.13	7,850.70	4,714.18	1,120.79	2,835.78
Molina - Dallas	1,640.36	4,548.80	421.98	1,846.32	8,175.90	4,690.39	822.29	2,875.99
Superior - Dallas	1,551.65	4,820.01	379.94	1,895.56	8,612.39	4,690.39	871.84	2,875.99
Amerigroup - El Paso	1,535.46	4,871.34	522.75	1,972.31	9,252.76	4,304.92	1,521.49	2,075.38
Molina - El Paso	1,842.16	4,972.39	612.09	2,158.55	8,950.16	4,304.92	1,683.82	2,075.38
Amerigroup - Harris	1,700.57	5,528.92	353.65	2,159.07	7,907.79	4,569.34	970.16	3,049.64
Molina - Harris	1,562.65	5,399.53	370.98	2,153.05	7,894.85	4,569.34	939.96	3,049.64
United - Harris	1,957.38	5,347.46	412.25	2,174.87	8,115.14	4,569.34	1,069.71	3,049.64
Health Spring - Hidalgo	1,906.81	5,080.86	1,023.79	2,488.25	8,131.56	5,127.44	850.43	2,821.85
Molina - Hidalgo	1,891.58	5,186.66	899.83	2,449.64	8,618.88	5,127.44	1,003.52	2,821.85
Superior - Hidalgo	2,124.98	5,188.26	1,163.21	2,483.50	8,849.33	5,127.44	1,191.08	2,821.85
Amerigroup - Jefferson	1,361.15	4,830.74	308.92	1,784.71	7,392.72	4,360.91	930.23	2,835.78
Molina - Jefferson	1,426.08	4,336.58	303.06	1,631.22	7,079.47	4,360.91	843.58	2,835.78
United - Jefferson	1,619.63	4,393.59	201.12	1,519.28	7,386.60	4,360.91	985.58	2,835.78
Amerigroup - Lubbock	1,471.16	4,118.87	157.90	1,476.81	7,861.54	4,576.91	938.03	2,385.47
Superior - Lubbock	1,386.05	4,872.38	199.23	1,598.72	7,805.47	4,576.91	857.97	2,385.47
Superior - Nueces	1,641.24	4,484.70	571.25	2,150.10	7,048.12	4,664.08	1,170.47	2,556.60
United - Nueces	1,879.49	4,739.72	460.15	2,111.09	6,901.50	4,664.08	1,282.63	2,556.60
Amerigroup - Tarrant	1,634.06	5,103.57	324.03	1,800.70	7,696.42	4,467.82	953.50	2,726.93
Health Spring - Tarrant	1,427.46	4,852.69	279.47	1,823.41	7,083.87	4,467.82	776.59	2,726.93
Amerigroup - Travis	1,500.40	5,631.72	361.14	1,929.37	7,656.69	4,800.30	809.09	3,112.58
United - Travis	1,558.66	5,583.36	180.40	1,856.01	7,875.18	4,800.30	1,090.43	3,112.58
Superior - MRSA Central	1,430.90	4,733.45	230.43	1,807.45	6,842.03	4,515.44	1,048.02	3,813.47
United - MRSA Central	1,368.33	5,155.37	238.93	1,937.94	6,966.06	4,515.44	932.22	3,813.47
Health Spring - MRSA Northeast	1,310.56	4,659.63	228.90	1,735.55	7,732.75	4,533.09	871.10	3,168.38
United - MRSA Northeast	1,436.89	4,960.19	254.01	1,594.02	7,610.46	4,533.09	953.85	3,168.38
Amerigroup - MRSA West	1,372.08	5,264.03	281.77	1,662.72	7,577.09	4,612.33	1,003.77	2,666.36
Superior - MRSA West	1,472.28	4,624.69	287.82	1,579.01	7,755.27	4,612.33	960.29	2,666.36

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	608.02	1,640.40	0.00	0.00	1,430.80	0.00	433.82	2,038.30
Molina - Bexar	606.40	1,480.98	0.00	0.00	1,489.34	0.00	376.48	1,799.33
Superior - Bexar	625.66	1,520.65	0.00	0.00	1,580.14	0.00	528.57	2,044.52
Molina - Dallas	654.57	1,401.60	0.00	0.00	2,053.95	0.00	401.49	2,116.43
Superior - Dallas	627.11	1,622.11	0.00	0.00	2,496.69	0.00	430.76	2,083.73
Amerigroup - El Paso	650.67	1,555.52	0.00	0.00	2,077.15	0.00	600.14	1,262.83
Molina - El Paso	680.48	1,688.15	0.00	0.00	2,157.87	0.00	647.90	976.79
Amerigroup - Harris	701.62	1,945.83	0.00	0.00	1,822.75	0.00	399.38	1,675.78
Molina - Harris	618.39	1,805.30	0.00	0.00	1,735.85	0.00	363.64	1,676.72
United - Harris	780.13	1,993.98	0.00	0.00	1,888.66	0.00	458.36	2,123.96
Health Spring - Hidalgo	494.29	1,466.37	0.00	0.00	2,476.41	0.00	515.71	1,514.58
Molina - Hidalgo	514.80	1,448.86	0.00	0.00	2,168.09	0.00	532.49	1,668.05
Superior - Hidalgo	570.12	1,523.35	0.00	0.00	2,789.65	0.00	672.91	1,753.33
Amerigroup - Jefferson	574.02	2,140.74	0.00	0.00	1,457.12	0.00	433.14	1,772.01
Molina - Jefferson	597.12	1,722.20	0.00	0.00	1,537.34	0.00	460.52	1,564.77
United - Jefferson	708.22	1,900.68	0.00	0.00	1,544.07	0.00	457.19	2,018.33
Amerigroup - Lubbock	650.66	1,488.57	0.00	0.00	1,152.30	0.00	442.48	1,535.99
Superior - Lubbock	654.01	1,610.83	0.00	0.00	1,078.82	0.00	484.74	1,822.04
Superior - Nueces	552.97	1,202.41	0.00	0.00	1,286.75	0.00	430.43	1,975.98
United - Nueces	600.21	1,269.08	0.00	0.00	1,237.45	0.00	436.15	1,804.60
Amerigroup - Tarrant	694.49	1,738.15	0.00	0.00	1,711.31	0.00	394.54	2,148.59
Health Spring - Tarrant	624.93	1,684.48	0.00	0.00	1,484.92	0.00	312.35	1,794.60
Amerigroup - Travis	577.38	1,452.90	0.00	0.00	1,217.88	0.00	399.34	1,714.84
United - Travis	619.43	1,522.10	0.00	0.00	1,242.04	0.00	451.77	2,027.12
Superior - MRSA Central	625.88	1,359.89	0.00	0.00	1,138.89	0.00	440.23	2,408.30
United - MRSA Central	610.59	1,456.31	0.00	0.00	1,194.27	0.00	420.01	2,296.69
Health Spring - MRSA Northeast	550.02	1,526.21	0.00	0.00	1,566.53	0.00	427.48	2,503.06
United - MRSA Northeast	631.05	1,725.65	0.00	0.00	1,492.05	0.00	461.18	2,304.28
Amerigroup - MRSA West	573.70	1,681.41	0.00	0.00	1,552.03	0.00	410.53	1,628.78
Superior - MRSA West	592.25	1,483.38	0.00	0.00	1,409.81	0.00	442.14	1,773.42

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	241.11	2,118.79	425.36	2,100.21	4,748.92	4,280.03	0.00	90.82
Molina - Bexar	285.96	1,709.47	428.54	2,054.87	4,748.92	4,280.03	0.00	90.82
Superior - Bexar	312.73	2,178.50	459.37	2,186.37	4,748.92	4,280.03	0.00	90.82
Molina - Dallas	311.88	1,653.17	434.83	1,917.28	4,643.14	4,251.88	0.00	83.79
Superior - Dallas	241.35	1,706.83	390.81	1,970.25	4,643.14	4,251.88	0.00	83.79
Amerigroup - El Paso	311.79	1,822.46	553.39	2,154.71	5,135.04	4,271.42	0.00	105.58
Molina - El Paso	396.62	1,872.95	639.71	2,256.24	5,135.04	4,271.42	0.00	105.58
Amerigroup - Harris	259.87	2,402.92	384.86	2,374.86	4,855.67	4,145.47	0.00	89.95
Molina - Harris	266.39	2,169.96	383.23	2,327.82	4,855.67	4,145.47	0.00	89.95
United - Harris	341.70	2,234.45	452.25	2,344.80	4,855.67	4,145.47	0.00	89.95
Health Spring - Hidalgo	779.50	2,541.38	1,027.72	2,638.34	4,811.14	4,714.86	0.00	339.62
Molina - Hidalgo	715.19	2,463.37	925.59	2,571.62	4,811.14	4,714.86	0.00	339.62
Superior - Hidalgo	839.56	2,570.16	1,161.04	2,621.76	4,811.14	4,714.86	0.00	339.62
Amerigroup - Jefferson	184.84	1,795.50	319.08	1,886.51	4,442.13	3,826.84	0.00	101.60
Molina - Jefferson	206.69	1,584.00	301.57	1,763.20	4,442.13	3,826.84	0.00	101.60
United - Jefferson	193.26	1,486.90	232.20	1,601.02	4,442.13	3,826.84	0.00	101.60
Amerigroup - Lubbock	113.70	1,344.51	185.11	1,539.45	4,703.88	4,101.26	0.00	85.40
Superior - Lubbock	131.61	1,487.30	188.02	1,671.85	4,703.88	4,101.26	0.00	85.40
Superior - Nueces	404.26	2,028.07	590.28	2,214.00	4,460.76	4,197.96	0.00	158.73
United - Nueces	434.71	2,064.70	495.37	2,171.77	4,460.76	4,197.96	0.00	158.73
Amerigroup - Tarrant	175.94	1,927.80	354.97	1,916.98	4,332.52	4,031.29	0.00	77.56
Health Spring - Tarrant	208.71	1,876.03	293.33	1,946.01	4,332.52	4,031.29	0.00	77.56
Amerigroup - Travis	273.44	2,525.83	391.25	2,059.89	4,635.63	4,135.76	0.00	92.63
United - Travis	180.93	2,373.69	212.68	2,032.47	4,635.63	4,135.76	0.00	92.63
Superior - MRSA Central	183.66	1,939.54	252.07	1,859.35	4,611.18	4,058.38	0.00	93.46
United - MRSA Central	163.53	2,177.65	262.40	1,979.29	4,611.18	4,058.38	0.00	93.46
Health Spring - MRSA Northeast	192.87	2,005.73	257.98	1,900.99	4,688.67	4,123.16	0.00	106.89
United - MRSA Northeast	212.20	1,815.93	284.55	1,680.28	4,688.67	4,123.16	0.00	106.89
Amerigroup - MRSA West	144.37	2,068.99	304.37	1,751.10	4,405.34	4,006.60	0.00	84.16
Superior - MRSA West	169.96	1,816.01	283.81	1,693.92	4,405.34	4,006.60	0.00	84.16

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	545.27	1,233.05	0.00	0.00	776.79	0.00	483.69	646.97
Molina - Bexar	543.82	1,113.22	0.00	0.00	808.57	0.00	419.76	571.12
Superior - Bexar	561.08	1,143.03	0.00	0.00	857.87	0.00	589.32	648.95
Molina - Dallas	460.49	874.85	0.00	0.00	531.14	0.00	381.39	538.79
Superior - Dallas	441.16	1,012.49	0.00	0.00	645.63	0.00	409.19	530.47
Amerigroup - El Paso	569.39	1,142.22	0.00	0.00	551.91	0.00	775.17	893.97
Molina - El Paso	595.47	1,239.60	0.00	0.00	573.36	0.00	836.85	691.49
Amerigroup - Harris	554.05	1,150.71	0.00	0.00	756.40	0.00	555.89	644.63
Molina - Harris	488.32	1,067.60	0.00	0.00	720.34	0.00	506.14	644.99
United - Harris	616.05	1,179.18	0.00	0.00	783.75	0.00	637.98	817.03
Health Spring - Hidalgo	515.47	1,019.37	0.00	0.00	659.49	0.00	419.20	581.99
Molina - Hidalgo	536.85	1,007.20	0.00	0.00	577.38	0.00	432.84	640.96
Superior - Hidalgo	594.55	1,058.98	0.00	0.00	742.91	0.00	546.98	673.73
Amerigroup - Jefferson	468.41	1,007.51	0.00	0.00	684.19	0.00	551.18	802.68
Molina - Jefferson	487.26	810.54	0.00	0.00	721.86	0.00	586.02	708.80
United - Jefferson	577.93	894.53	0.00	0.00	725.02	0.00	581.79	914.26
Amerigroup - Lubbock	492.43	918.16	0.00	0.00	681.42	0.00	436.07	546.54
Superior - Lubbock	494.96	993.57	0.00	0.00	637.96	0.00	477.71	648.32
Superior - Nueces	522.41	1,032.43	0.00	0.00	730.12	0.00	461.63	645.59
United - Nueces	567.04	1,089.67	0.00	0.00	702.15	0.00	467.77	589.60
Amerigroup - Tarrant	539.95	1,155.07	0.00	0.00	808.59	0.00	510.58	752.73
Health Spring - Tarrant	485.87	1,119.39	0.00	0.00	701.62	0.00	404.22	628.72
Amerigroup - Travis	534.42	1,457.90	0.00	0.00	937.49	0.00	550.86	697.59
United - Travis	573.34	1,527.34	0.00	0.00	956.09	0.00	623.18	824.62
Superior - MRSA Central	482.28	1,155.33	0.00	0.00	598.70	0.00	496.47	1,004.46
United - MRSA Central	470.49	1,237.25	0.00	0.00	627.81	0.00	473.66	957.91
Health Spring - MRSA Northeast	455.21	1,063.83	0.00	0.00	892.37	0.00	441.19	622.73
United - MRSA Northeast	522.27	1,202.85	0.00	0.00	849.94	0.00	475.98	573.27
Amerigroup - MRSA West	509.63	1,189.20	0.00	0.00	768.68	0.00	532.68	569.22
Superior - MRSA West	526.11	1,049.14	0.00	0.00	698.24	0.00	573.70	619.77

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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	8.00	8.00	0.00	0.00	0.00	0.00	8.00	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	33.63	33.63	0.00	0.00	0.00	0.00	33.63	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	28.12	28.12	0.00	0.00	0.00	0.00	28.12	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	3.44	3.44	0.00	0.00	0.00	0.00	3.44	0.00
Amerigroup - Jefferson	5.61	5.61	0.00	0.00	0.00	0.00	5.61	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	26.23	26.23	0.00	0.00	0.00	0.00	26.23	0.00
Amerigroup - Lubbock	23.37	23.37	0.00	0.00	0.00	0.00	23.37	0.00
Superior - Lubbock	16.30	16.30	0.00	0.00	0.00	0.00	16.30	0.00
Superior - Nueces	37.71	37.71	0.00	0.00	0.00	0.00	37.71	0.00
United - Nueces	121.42	121.42	0.00	0.00	0.00	0.00	121.42	0.00
Amerigroup - Tarrant	5.03	5.03	0.00	0.00	0.00	0.00	5.03	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	4.06	4.06	0.00	0.00	0.00	0.00	4.06	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	31.62	31.62	0.00	0.00	0.00	0.00	31.62	0.00
Superior - MRSA West	19.74	19.74	0.00	0.00	0.00	0.00	19.74	0.00

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	861.77	861.77	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	861.77	861.77	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	861.77	861.77	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	992.85	992.85	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	992.85	992.85	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	441.53	441.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	441.53	441.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	933.55	933.55	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	933.55	933.55	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	933.55	933.55	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	853.79	853.79	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	853.79	853.79	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	853.79	853.79	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	850.11	850.11	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	850.11	850.11	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	850.11	850.11	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,160.70	1,160.70	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,160.70	1,160.70	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	901.89	901.89	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	901.89	901.89	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	963.08	963.08	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	963.08	963.08	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	1,178.14	1,178.14	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	1,178.14	1,178.14	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	750.48	750.48	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	750.48	750.48	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	909.22	909.22	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	909.22	909.22	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	1,056.77	1,056.77	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	1,056.77	1,056.77	0.00	0.00

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 UHRIP Rates pmpm								
Amerigroup - Bexar	101.60	295.07	0.00	0.00	333.46	0.00	53.61	225.72
Molina - Bexar	135.78	312.42	0.00	0.00	262.89	0.00	31.94	265.92
Superior - Bexar	118.75	239.53	0.00	0.00	343.07	0.00	74.64	319.40
Molina - Dallas	158.74	270.19	0.00	0.00	490.93	0.00	57.62	775.26
Superior - Dallas	176.00	461.59	0.00	0.00	838.84	0.00	59.75	496.86
Amerigroup - El Paso	110.67	189.45	0.00	0.00	557.82	0.00	60.71	219.66
Molina - El Paso	145.57	355.81	0.00	0.00	521.71	0.00	77.92	174.71
Amerigroup - Harris	176.15	530.49	0.00	0.00	521.53	0.00	58.81	524.03
Molina - Harris	157.38	417.82	0.00	0.00	507.88	0.00	57.12	518.37
United - Harris	177.77	361.69	0.00	0.00	415.57	0.00	50.02	272.03
Health Spring - Hidalgo	108.83	319.43	0.00	0.00	691.57	0.00	56.49	246.89
Molina - Hidalgo	122.23	312.99	0.00	0.00	713.57	0.00	64.87	216.06
Superior - Hidalgo	140.59	352.98	0.00	0.00	920.30	0.00	122.75	320.27
Amerigroup - Jefferson	122.36	391.45	0.00	0.00	392.86	0.00	102.14	333.51
Molina - Jefferson	168.39	359.81	0.00	0.00	506.55	0.00	50.08	361.70
United - Jefferson	164.67	402.43	0.00	0.00	338.62	0.00	58.17	200.51
Amerigroup - Lubbock	227.87	440.16	0.00	0.00	423.55	0.00	69.87	682.80
Superior - Lubbock	178.22	370.22	0.00	0.00	258.70	0.00	73.29	638.62
Superior - Nueces	166.35	374.23	0.00	0.00	553.32	0.00	68.44	411.64
United - Nueces	186.87	307.95	0.00	0.00	364.56	0.00	79.04	358.14
Amerigroup - Tarrant	184.98	365.14	0.00	0.00	508.13	0.00	55.03	268.74
Health Spring - Tarrant	175.80	464.24	0.00	0.00	429.41	0.00	39.81	204.42
Amerigroup - Travis	105.55	261.86	0.00	0.00	463.69	0.00	61.82	161.43
United - Travis	166.12	284.22	0.00	0.00	288.71	0.00	71.95	235.33
Superior - MRSA Central	164.26	361.47	0.00	0.00	350.10	0.00	65.73	635.32
United - MRSA Central	181.32	302.96	0.00	0.00	277.45	0.00	83.48	527.62
Health Spring - MRSA Northeast	143.03	406.89	0.00	0.00	575.22	0.00	65.16	508.34
United - MRSA Northeast	155.26	341.89	0.00	0.00	372.92	0.00	82.87	223.22
Amerigroup - MRSA West	156.19	345.47	0.00	0.00	514.19	0.00	46.05	236.44
Superior - MRSA West	167.33	386.16	0.00	0.00	459.16	0.00	65.84	403.07

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Total Premium Rates pmpm								
Amerigroup - Bexar	1,496.00	5,287.31	425.36	2,100.21	8,151.74	5,141.80	971.12	3,001.81
Molina - Bexar	1,571.96	4,616.09	428.54	2,054.87	8,171.49	5,141.80	828.18	2,727.19
Superior - Bexar	1,626.22	5,089.71	459.37	2,186.37	8,391.77	5,141.80	1,200.53	3,103.69
Molina - Dallas	1,585.68	4,199.81	434.83	1,917.28	8,712.01	5,244.73	840.50	3,514.27
Superior - Dallas	1,485.62	4,803.02	390.81	1,970.25	9,617.15	5,244.73	899.70	3,194.85
Amerigroup - El Paso	1,642.52	4,709.65	553.39	2,154.71	8,763.45	4,712.95	1,436.02	2,482.04
Molina - El Paso	1,818.14	5,156.51	639.71	2,256.24	8,829.51	4,712.95	1,562.67	1,948.57
Amerigroup - Harris	1,725.32	6,063.58	384.86	2,374.86	8,889.90	5,079.02	1,047.71	2,934.39
Molina - Harris	1,530.48	5,460.68	383.23	2,327.82	8,753.29	5,079.02	926.90	2,930.03
United - Harris	1,943.77	5,797.42	452.25	2,344.80	8,877.20	5,079.02	1,174.48	3,302.97
Health Spring - Hidalgo	1,898.09	5,346.55	1,027.72	2,638.34	9,492.40	5,568.65	991.40	2,683.08
Molina - Hidalgo	1,889.07	5,232.42	925.59	2,571.62	9,123.97	5,568.65	1,030.20	2,864.69
Superior - Hidalgo	2,148.26	5,508.91	1,161.04	2,621.76	10,117.79	5,568.65	1,346.08	3,086.95
Amerigroup - Jefferson	1,355.24	5,340.81	319.08	1,886.51	7,826.41	4,676.95	1,092.07	3,009.80
Molina - Jefferson	1,459.46	4,476.55	301.57	1,763.20	8,057.99	4,676.95	1,096.62	2,736.87
United - Jefferson	1,670.31	4,710.77	232.20	1,601.02	7,899.95	4,676.95	1,123.38	3,234.70
Amerigroup - Lubbock	1,508.03	4,214.77	185.11	1,539.45	8,121.85	5,261.96	971.79	2,850.73
Superior - Lubbock	1,475.10	4,478.22	188.02	1,671.85	7,840.06	5,261.96	1,052.04	3,194.38
Superior - Nueces	1,683.70	4,674.85	590.28	2,214.00	7,932.84	5,099.85	998.21	3,191.94
United - Nueces	1,910.25	4,852.82	495.37	2,171.77	7,666.81	5,099.85	1,104.38	2,911.07
Amerigroup - Tarrant	1,600.39	5,191.19	354.97	1,916.98	8,323.63	4,994.37	965.18	3,247.62
Health Spring - Tarrant	1,495.31	5,144.14	293.33	1,946.01	7,911.55	4,994.37	756.38	2,705.30
Amerigroup - Travis	1,490.79	5,698.49	391.25	2,059.89	8,432.83	5,313.90	1,012.02	2,666.49
United - Travis	1,539.82	5,707.35	212.68	2,032.47	8,300.61	5,313.90	1,146.90	3,179.70
Superior - MRSA Central	1,460.14	4,820.29	252.07	1,859.35	7,449.35	4,808.86	1,006.49	4,141.54
United - MRSA Central	1,425.93	5,174.17	262.40	1,979.29	7,461.19	4,808.86	977.15	3,875.68
Health Spring - MRSA Northeast	1,341.13	5,002.66	257.98	1,900.99	8,632.01	5,032.38	933.83	3,741.02
United - MRSA Northeast	1,520.78	5,086.32	284.55	1,680.28	8,312.80	5,032.38	1,020.03	3,207.66
Amerigroup - MRSA West	1,415.51	5,316.69	304.37	1,751.10	8,297.01	5,063.37	1,020.88	2,518.60
Superior - MRSA West	1,475.39	4,754.43	283.81	1,693.92	8,029.32	5,063.37	1,101.42	2,880.42

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Acute Care Premium Rate Change								
Amerigroup - Bexar	-3.0%	-1.2%	0.0%	0.0%	1.2%	0.0%	12.2%	5.7%
Molina - Bexar	11.3%	6.0%	0.0%	0.0%	12.2%	0.0%	1.4%	-6.7%
Superior - Bexar	-2.7%	4.0%	0.0%	0.0%	3.7%	0.0%	4.9%	6.0%
Molina - Dallas	-9.0%	-17.3%	0.0%	0.0%	1.4%	0.0%	-1.0%	8.6%
Superior - Dallas	-9.3%	-12.3%	0.0%	0.0%	13.1%	0.0%	-1.1%	7.0%
Amerigroup - El Paso	-1.3%	-8.3%	0.0%	0.0%	-29.6%	0.0%	-1.9%	9.8%
Molina - El Paso	-7.1%	0.9%	0.0%	0.0%	-16.9%	0.0%	1.9%	-15.1%
Amerigroup - Harris	-3.7%	2.0%	0.0%	0.0%	16.6%	0.0%	2.4%	-16.5%
Molina - Harris	-7.9%	-4.7%	0.0%	0.0%	14.8%	0.0%	-7.2%	-16.5%
United - Harris	-5.5%	5.8%	0.0%	0.0%	7.4%	0.0%	4.3%	5.8%
Health Spring - Hidalgo	-2.7%	5.3%	0.0%	0.0%	25.5%	0.0%	22.8%	-17.5%
Molina - Hidalgo	-2.8%	-1.9%	0.0%	0.0%	-0.2%	0.0%	10.1%	-9.2%
Superior - Hidalgo	0.3%	4.7%	0.0%	0.0%	16.8%	0.0%	16.1%	-4.5%
Amerigroup - Jefferson	-7.1%	12.0%	0.0%	0.0%	0.2%	0.0%	3.7%	-14.1%
Molina - Jefferson	-4.7%	0.5%	0.0%	0.0%	19.1%	0.0%	16.3%	-24.2%
United - Jefferson	-4.1%	5.2%	0.0%	0.0%	0.4%	0.0%	3.7%	-2.2%
Amerigroup - Lubbock	-1.2%	-2.7%	0.0%	0.0%	-26.7%	0.0%	8.3%	5.8%
Superior - Lubbock	5.9%	-9.5%	0.0%	0.0%	-31.5%	0.0%	25.1%	25.5%
Superior - Nueces	-4.3%	-7.7%	0.0%	0.0%	6.2%	0.0%	-18.3%	21.6%
United - Nueces	-6.2%	-10.2%	0.0%	0.0%	7.9%	0.0%	-15.3%	11.1%
Amerigroup - Tarrant	0.0%	4.0%	0.0%	0.0%	9.7%	0.0%	-0.7%	31.2%
Health Spring - Tarrant	5.8%	6.5%	0.0%	0.0%	9.1%	0.0%	-5.0%	9.6%
Amerigroup - Travis	-3.0%	-11.9%	0.0%	0.0%	15.1%	0.0%	24.7%	2.2%
United - Travis	-4.9%	-11.7%	0.0%	0.0%	4.1%	0.0%	4.2%	20.8%
Superior - MRSA Central	-0.7%	-6.7%	0.0%	0.0%	-1.0%	0.0%	-5.9%	9.2%
United - MRSA Central	0.7%	-9.2%	0.0%	0.0%	-5.1%	0.0%	-0.2%	4.1%
Health Spring - MRSA Northeast	-2.4%	3.3%	0.0%	0.0%	8.3%	0.0%	9.1%	19.2%
United - MRSA Northeast	0.2%	0.3%	0.0%	0.0%	1.1%	0.0%	8.8%	9.7%
Amerigroup - MRSA West	-2.2%	-2.6%	0.0%	0.0%	10.4%	0.0%	-5.0%	-7.1%
Superior - MRSA West	-3.5%	-1.6%	0.0%	0.0%	-3.2%	0.0%	5.8%	1.1%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Long Term Care Premium Rate Change								
Amerigroup - Bexar	2.7%	5.3%	7.4%	-0.9%	3.9%	4.6%	0.0%	0.0%
Molina - Bexar	23.8%	3.9%	6.4%	3.3%	3.9%	4.6%	0.0%	0.0%
Superior - Bexar	-2.6%	7.9%	0.0%	4.8%	3.9%	4.6%	0.0%	0.0%
Molina - Dallas	3.3%	2.3%	3.0%	3.8%	3.2%	5.3%	0.0%	0.0%
Superior - Dallas	1.4%	6.9%	2.9%	3.9%	3.2%	5.3%	0.0%	0.0%
Amerigroup - El Paso	11.8%	5.7%	5.9%	9.2%	2.3%	1.7%	0.0%	0.0%
Molina - El Paso	-1.6%	5.0%	4.5%	4.5%	2.3%	1.7%	0.0%	0.0%
Amerigroup - Harris	10.6%	15.0%	8.8%	10.0%	2.3%	4.8%	0.0%	0.0%
Molina - Harris	1.7%	8.7%	3.3%	8.1%	2.3%	4.8%	0.0%	0.0%
United - Harris	8.1%	8.2%	9.7%	7.8%	2.3%	4.8%	0.0%	0.0%
Health Spring - Hidalgo	0.4%	6.0%	0.4%	6.0%	1.5%	4.8%	0.0%	0.0%
Molina - Hidalgo	2.6%	5.8%	2.9%	5.0%	1.5%	4.8%	0.0%	0.0%
Superior - Hidalgo	-0.5%	7.9%	-0.2%	5.6%	1.5%	4.8%	0.0%	0.0%
Amerigroup - Jefferson	5.7%	6.6%	3.3%	5.7%	3.1%	1.6%	0.0%	0.0%
Molina - Jefferson	-1.7%	11.6%	-0.5%	8.1%	3.1%	1.6%	0.0%	0.0%
United - Jefferson	14.1%	6.5%	15.5%	5.4%	3.1%	1.6%	0.0%	0.0%
Amerigroup - Lubbock	22.7%	4.2%	17.2%	4.2%	10.0%	7.7%	0.0%	0.0%
Superior - Lubbock	3.5%	-0.8%	-5.6%	4.6%	10.0%	7.7%	0.0%	0.0%
Superior - Nueces	5.3%	4.6%	3.3%	3.0%	2.7%	2.3%	0.0%	0.0%
United - Nueces	10.9%	7.2%	7.7%	2.9%	2.7%	2.3%	0.0%	0.0%
Amerigroup - Tarrant	6.0%	8.2%	9.5%	6.5%	3.9%	5.4%	0.0%	0.0%
Health Spring - Tarrant	-1.0%	4.7%	5.0%	6.7%	3.9%	5.4%	0.0%	0.0%
Amerigroup - Travis	7.2%	14.7%	8.3%	6.8%	1.1%	2.1%	0.0%	0.0%
United - Travis	18.0%	14.4%	17.9%	9.5%	1.1%	2.1%	0.0%	0.0%
Superior - MRSA Central	9.9%	1.4%	9.4%	2.9%	8.5%	4.3%	0.0%	0.0%
United - MRSA Central	22.5%	3.4%	9.8%	2.1%	8.5%	4.3%	0.0%	0.0%
Health Spring - MRSA Northeast	13.9%	10.8%	12.7%	9.5%	5.3%	4.1%	0.0%	0.0%
United - MRSA Northeast	23.3%	3.6%	12.0%	5.4%	5.3%	4.1%	0.0%	0.0%
Amerigroup - MRSA West	17.1%	5.0%	8.0%	5.3%	0.2%	4.2%	0.0%	0.0%
Superior - MRSA West	-1.1%	3.5%	-1.4%	7.3%	0.2%	4.2%	0.0%	0.0%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	0.4%	-7.8%	0.0%	0.0%	9.0%	0.0%	16.1%	14.0%
Molina - Bexar	15.2%	-1.2%	0.0%	0.0%	20.9%	0.0%	4.9%	0.6%
Superior - Bexar	0.6%	-3.0%	0.0%	0.0%	11.6%	0.0%	8.5%	14.4%
Molina - Dallas	1.6%	-0.5%	0.0%	0.0%	1.3%	0.0%	8.9%	18.4%
Superior - Dallas	1.3%	5.5%	0.0%	0.0%	12.9%	0.0%	8.8%	16.6%
Amerigroup - El Paso	10.9%	-7.5%	0.0%	0.0%	-2.0%	0.0%	-9.4%	18.3%
Molina - El Paso	4.5%	1.9%	0.0%	0.0%	15.6%	0.0%	-5.9%	-8.5%
Amerigroup - Harris	-2.4%	-0.3%	0.0%	0.0%	17.1%	0.0%	12.0%	-6.8%
Molina - Harris	-6.6%	-6.9%	0.0%	0.0%	15.3%	0.0%	1.4%	-6.8%
United - Harris	-4.2%	3.4%	0.0%	0.0%	7.8%	0.0%	14.0%	18.1%
Health Spring - Hidalgo	-4.2%	-3.4%	0.0%	0.0%	48.6%	0.0%	6.7%	-10.9%
Molina - Hidalgo	-4.3%	-10.0%	0.0%	0.0%	18.2%	0.0%	-4.3%	-1.9%
Superior - Hidalgo	-1.2%	-3.9%	0.0%	0.0%	38.3%	0.0%	0.8%	3.1%
Amerigroup - Jefferson	-1.9%	-0.7%	0.0%	0.0%	-4.0%	0.0%	20.7%	74.4%
Molina - Jefferson	0.6%	-10.8%	0.0%	0.0%	14.0%	0.0%	35.4%	54.0%
United - Jefferson	1.2%	-6.7%	0.0%	0.0%	-3.9%	0.0%	20.7%	98.6%
Amerigroup - Lubbock	-3.0%	-6.3%	0.0%	0.0%	-9.7%	0.0%	0.6%	-3.2%
Superior - Lubbock	4.0%	-12.8%	0.0%	0.0%	-15.7%	0.0%	16.2%	14.8%
Superior - Nueces	1.1%	12.1%	0.0%	0.0%	27.3%	0.0%	-14.0%	14.6%
United - Nueces	-0.9%	9.0%	0.0%	0.0%	29.4%	0.0%	-10.8%	4.7%
Amerigroup - Tarrant	-3.2%	-3.3%	0.0%	0.0%	2.0%	0.0%	4.3%	22.0%
Health Spring - Tarrant	2.5%	-1.0%	0.0%	0.0%	1.4%	0.0%	-0.2%	1.9%
Amerigroup - Travis	-2.3%	-0.1%	0.0%	0.0%	-1.4%	0.0%	24.1%	-36.6%
United - Travis	-4.3%	0.1%	0.0%	0.0%	-10.8%	0.0%	3.8%	-25.1%
Superior - MRSA Central	-1.9%	10.8%	0.0%	0.0%	10.2%	0.0%	1.4%	-8.1%
United - MRSA Central	-0.6%	7.8%	0.0%	0.0%	5.7%	0.0%	7.5%	-12.3%
Health Spring - MRSA Northeast	3.8%	6.1%	0.0%	0.0%	16.2%	0.0%	2.0%	8.8%
United - MRSA Northeast	6.5%	3.0%	0.0%	0.0%	8.5%	0.0%	1.7%	0.2%
Amerigroup - MRSA West	5.5%	3.9%	0.0%	0.0%	14.5%	0.0%	12.4%	22.8%
Superior - MRSA West	4.2%	5.0%	0.0%	0.0%	0.3%	0.0%	25.2%	33.8%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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	1.1%	1.1%	0.0%	0.0%	0.0%	0.0%	1.1%	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	5.8%	5.8%	0.0%	0.0%	0.0%	0.0%	5.8%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	-4.6%	-4.6%	0.0%	0.0%	0.0%	0.0%	-4.6%	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	1.2%	1.2%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%
Amerigroup - Jefferson	5.3%	5.3%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	-5.5%	-5.5%	0.0%	0.0%	0.0%	0.0%	-5.5%	0.0%
Amerigroup - Lubbock	-1.0%	-1.0%	0.0%	0.0%	0.0%	0.0%	-1.0%	0.0%
Superior - Lubbock	2.3%	2.3%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%
Superior - Nueces	-0.3%	-0.3%	0.0%	0.0%	0.0%	0.0%	-0.3%	0.0%
United - Nueces	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%
Amerigroup - Tarrant	1.4%	1.4%	0.0%	0.0%	0.0%	0.0%	1.4%	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	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	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	-0.9%	-0.9%	0.0%	0.0%	0.0%	0.0%	-0.9%	0.0%
Superior - MRSA West	2.1%	2.1%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	38.7%	38.7%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	38.7%	38.7%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	38.7%	38.7%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	52.1%	52.1%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	52.1%	52.1%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	327.3%	327.3%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	327.3%	327.3%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	51.9%	51.9%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	51.9%	51.9%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	51.9%	51.9%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	35.4%	35.4%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	35.4%	35.4%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	35.4%	35.4%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	43.3%	43.3%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	43.3%	43.3%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	43.3%	43.3%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	51.0%	51.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	51.0%	51.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	61.4%	61.4%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	61.4%	61.4%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	50.1%	50.1%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	50.1%	50.1%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	57.1%	57.1%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	57.1%	57.1%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	20.0%	20.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	20.0%	20.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	59.2%	59.2%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	59.2%	59.2%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	37.7%	37.7%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	37.7%	37.7%	0.0%	0.0%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 UHRIP Premium Rate Change								
Amerigroup - Bexar	14.6%	23.2%	0.0%	0.0%	104.7%	0.0%	130.3%	-33.5%
Molina - Bexar	34.2%	25.3%	0.0%	0.0%	20.3%	0.0%	-7.0%	-21.6%
Superior - Bexar	-3.3%	6.2%	0.0%	0.0%	-6.2%	0.0%	13.2%	-5.9%
Molina - Dallas	-4.1%	-24.5%	0.0%	0.0%	3.5%	0.0%	-13.1%	64.0%
Superior - Dallas	-5.9%	11.5%	0.0%	0.0%	23.4%	0.0%	-0.8%	5.1%
Amerigroup - El Paso	31.9%	-12.2%	0.0%	0.0%	-9.8%	0.0%	11.3%	29.6%
Molina - El Paso	6.3%	19.3%	0.0%	0.0%	-29.1%	0.0%	-50.9%	3.0%
Amerigroup - Harris	28.1%	53.4%	0.0%	0.0%	55.3%	0.0%	13.3%	49.5%
Molina - Harris	47.9%	15.2%	0.0%	0.0%	28.4%	0.0%	17.2%	47.9%
United - Harris	24.0%	58.3%	0.0%	0.0%	55.9%	0.0%	21.2%	-22.4%
Health Spring - Hidalgo	28.2%	35.1%	0.0%	0.0%	101.4%	0.0%	50.0%	-25.5%
Molina - Hidalgo	17.3%	19.9%	0.0%	0.0%	21.7%	0.0%	-4.0%	-34.8%
Superior - Hidalgo	30.3%	44.0%	0.0%	0.0%	66.8%	0.0%	86.6%	-3.4%
Amerigroup - Jefferson	43.4%	81.6%	0.0%	0.0%	21.5%	0.0%	102.2%	7.1%
Molina - Jefferson	60.5%	22.4%	0.0%	0.0%	100.1%	0.0%	237.0%	16.1%
United - Jefferson	45.6%	96.0%	0.0%	0.0%	76.2%	0.0%	67.2%	-35.6%
Amerigroup - Lubbock	21.1%	49.8%	0.0%	0.0%	-13.5%	0.0%	-3.0%	85.1%
Superior - Lubbock	19.2%	-15.5%	0.0%	0.0%	-39.5%	0.0%	69.5%	73.2%
Superior - Nueces	32.6%	31.4%	0.0%	0.0%	54.2%	0.0%	-0.1%	11.7%
United - Nueces	20.1%	9.7%	0.0%	0.0%	18.5%	0.0%	-36.1%	-2.8%
Amerigroup - Tarrant	-12.1%	-19.3%	0.0%	0.0%	-4.2%	0.0%	-10.6%	-43.1%
Health Spring - Tarrant	15.6%	33.1%	0.0%	0.0%	96.7%	0.0%	-6.4%	-56.7%
Amerigroup - Travis	2.5%	-18.5%	0.0%	0.0%	49.2%	0.0%	37.2%	-51.6%
United - Travis	7.6%	10.4%	0.0%	0.0%	5.4%	0.0%	27.6%	-29.5%
Superior - MRSA Central	19.0%	14.7%	0.0%	0.0%	27.9%	0.0%	-24.3%	23.3%
United - MRSA Central	16.8%	2.3%	0.0%	0.0%	16.1%	0.0%	17.9%	2.4%
Health Spring - MRSA Northeast	2.9%	10.1%	0.0%	0.0%	15.8%	0.0%	39.6%	2.5%
United - MRSA Northeast	7.6%	7.4%	0.0%	0.0%	13.2%	0.0%	33.9%	-55.0%
Amerigroup - MRSA West	6.2%	-11.4%	0.0%	0.0%	52.7%	0.0%	-30.1%	-47.4%
Superior - MRSA West	3.0%	12.2%	0.0%	0.0%	4.6%	0.0%	1.2%	-10.3%

FY2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Total Premium Rate Change								
Amerigroup - Bexar	0.2%	0.7%	7.4%	-0.9%	9.0%	9.1%	17.5%	5.9%
Molina - Bexar	16.5%	4.5%	6.4%	3.3%	10.3%	9.1%	2.8%	-3.8%
Superior - Bexar	-1.6%	4.0%	0.0%	4.8%	6.9%	9.1%	7.1%	9.4%
Molina - Dallas	-3.3%	-7.7%	3.0%	3.8%	6.6%	11.8%	2.2%	22.2%
Superior - Dallas	-4.3%	-0.4%	2.9%	3.9%	11.7%	11.8%	3.2%	11.1%
Amerigroup - El Paso	7.0%	-3.3%	5.9%	9.2%	-5.3%	9.5%	-5.6%	19.6%
Molina - El Paso	-1.3%	3.7%	4.5%	4.5%	-1.3%	9.5%	-7.2%	-6.1%
Amerigroup - Harris	1.5%	9.7%	8.8%	10.0%	12.4%	11.2%	8.0%	-3.8%
Molina - Harris	-2.1%	1.1%	3.3%	8.1%	10.9%	11.2%	-1.4%	-3.9%
United - Harris	-0.7%	8.4%	9.7%	7.8%	9.4%	11.2%	9.8%	8.3%
Health Spring - Hidalgo	-0.5%	5.2%	0.4%	6.0%	16.7%	8.6%	16.6%	-4.9%
Molina - Hidalgo	-0.1%	0.9%	2.9%	5.0%	5.9%	8.6%	2.7%	1.5%
Superior - Hidalgo	1.1%	6.2%	-0.2%	5.6%	14.3%	8.6%	13.0%	9.4%
Amerigroup - Jefferson	-0.4%	10.6%	3.3%	5.7%	5.9%	7.2%	17.4%	6.1%
Molina - Jefferson	2.3%	3.2%	-0.5%	8.1%	13.8%	7.2%	30.0%	-3.5%
United - Jefferson	3.1%	7.2%	15.5%	5.4%	6.9%	7.2%	14.0%	14.1%
Amerigroup - Lubbock	2.5%	2.3%	17.2%	4.2%	3.3%	15.0%	3.6%	19.5%
Superior - Lubbock	6.4%	-8.1%	-5.6%	4.6%	0.4%	15.0%	22.6%	33.9%
Superior - Nueces	2.6%	4.2%	3.3%	3.0%	12.6%	9.3%	-14.7%	24.9%
United - Nueces	1.6%	2.4%	7.7%	2.9%	11.1%	9.3%	-13.9%	13.9%
Amerigroup - Tarrant	-2.1%	1.7%	9.5%	6.5%	8.1%	11.8%	1.2%	19.1%
Health Spring - Tarrant	4.8%	6.0%	5.0%	6.7%	11.7%	11.8%	-2.6%	-0.8%
Amerigroup - Travis	-0.6%	1.2%	8.3%	6.8%	10.1%	10.7%	25.1%	-14.3%
United - Travis	-1.2%	2.2%	17.9%	9.5%	5.4%	10.7%	5.2%	2.2%
Superior - MRSA Central	2.0%	1.8%	9.4%	2.9%	8.9%	6.5%	-4.0%	8.6%
United - MRSA Central	4.2%	0.4%	9.8%	2.1%	7.1%	6.5%	4.8%	1.6%
Health Spring - MRSA Northeast	2.3%	7.4%	12.7%	9.5%	11.6%	11.0%	7.2%	18.1%
United - MRSA Northeast	5.8%	2.5%	12.0%	5.4%	9.2%	11.0%	6.9%	1.2%
Amerigroup - MRSA West	3.2%	1.0%	8.0%	5.3%	9.5%	9.8%	1.7%	-5.5%
Superior - MRSA West	0.2%	2.8%	-1.4%	7.3%	3.5%	9.8%	14.7%	8.0%

FY2020 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2020 Premium		% Rate Change
	FY2019 Rates	FY2020 Rates	FY2019 Rates	FY2020 Rates	
Non-Nursing Facility					
Medical (1)	915.62	936.46	5,269,020,119	5,388,907,376	2.3%
Pharmacy	274.85	276.05	1,581,646,513	1,588,541,440	0.4%
NAIP	5.73	5.74	32,970,623	33,047,025	0.2%
UHRIP	73.60	81.63	423,537,238	469,735,912	10.9%
Total	1,269.81	1,299.88	7,307,174,493	7,480,231,752	2.4%
Nursing Facility					
Medical (1)	4,233.93	4,414.23	2,475,514,048	2,580,933,870	4.3%
Pharmacy	84.85	91.07	49,608,477	53,245,016	7.3%
QIPP	639.27	939.09	373,773,650	549,074,256	46.9%
UHRIP	47.72	57.65	27,900,222	33,709,119	20.8%
Total	5,005.77	5,502.04	2,926,796,396	3,216,962,261	9.9%
Total					
Medical (1)	1,221.68	1,257.22	7,744,534,167	7,969,841,245	2.9%
Pharmacy	257.33	258.99	1,631,254,990	1,641,786,456	0.6%
NAIP & QIPP	64.16	91.83	406,744,272	582,121,281	43.1%
UHRIP	71.21	79.42	451,437,460	503,445,031	11.5%
Total	1,614.38	1,687.46	10,233,970,889	10,697,194,013	4.5%

Notes:

(1) Includes LTSS.

Attachment 2

Individual Health Plan Experience Analysis

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

Exhibit A. This exhibit shows a sample of the monthly enrollment by risk group for the period September 2015 through February 2019. All of this information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report for one risk group. This report includes claim amounts by payment month and month of service. We analyzed claims experience for the period September 2015 through February 2019. This information was provided by the MCO and reconciled with the audited FSRs and certified encounter data.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims for one risk group. The report includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 28, 2019, (iii) estimated proportion of that month's incurred claims paid through February 28, 2019 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2020 cost based on the health plan's actual experience. The top of the exhibit shows summary base period (FY2018) enrollment, premium and claims experience. Next are projected FY2020 enrollment and premium based on current rates. Trend assumptions for FY2019 and FY2020 are used to project the average base period claims cost to FY2020. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2020 incurred claims.

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

A provision for administrative expenses is included in the amount of \$19.00 pmpm and 5.75% of gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.06 pmpm) and risk margin (1.75% of premium).

At the bottom of Exhibit D is a summary of the projected FY2020 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services.

Sample HMO

Enrollment and Premium Experience

Number of Members

Month	Medicaid Only		Dual Eligible		Total Members
	OCC	HCBS	OCC	HCBS	
Sep-15	20,455	1,510	16,680	2,489	41,134
Oct-15	20,484	1,497	17,168	2,637	41,786
Nov-15	20,590	1,480	17,698	2,734	42,502
Dec-15	20,772	1,484	17,979	2,751	42,986
Jan-16	20,857	1,491	17,607	2,695	42,650
Feb-16	20,896	1,484	18,146	2,760	43,286
Mar-16	20,811	1,493	18,394	2,786	43,484
Apr-16	20,953	1,487	18,700	2,807	43,947
May-16	20,930	1,482	18,908	2,814	44,134
Jun-16	21,049	1,480	19,092	2,832	44,453
Jul-16	21,019	1,489	19,239	2,854	44,601
Aug-16	20,975	1,496	19,376	2,861	44,708
Sep-16	20,991	1,487	19,517	2,882	44,877
Oct-16	20,984	1,481	19,663	2,877	45,005
Nov-16	19,377	1,491	19,776	2,863	43,507
Dec-16	19,385	1,480	19,649	2,842	43,356
Jan-17	19,318	1,471	17,952	2,639	41,380
Feb-17	19,702	1,462	18,753	2,690	42,607
Mar-17	19,769	1,448	18,994	2,718	42,929
Apr-17	19,866	1,451	19,316	2,731	43,364
May-17	19,971	1,449	19,547	2,725	43,692
Jun-17	20,125	1,442	19,787	2,744	44,098
Jul-17	20,180	1,432	19,942	2,755	44,309
Aug-17	20,240	1,420	20,089	2,759	44,508
Sep-17	20,395	1,422	19,516	2,685	44,018
Oct-17	20,577	1,414	19,837	2,699	44,527
Nov-17	20,722	1,411	20,045	2,690	44,868
Dec-17	20,769	1,407	20,214	2,675	45,065
Jan-18	20,711	1,407	20,138	2,650	44,906
Feb-18	20,767	1,411	20,269	2,646	45,093
Mar-18	20,806	1,411	20,329	2,613	45,159
Apr-18	20,860	1,432	20,286	2,586	45,164
May-18	21,026	1,434	20,644	2,588	45,692
Jun-18	21,056	1,443	20,911	2,585	45,995
Jul-18	21,129	1,474	21,000	2,603	46,206
Aug-18	21,142	1,469	21,114	2,607	46,332
Sep-18	21,181	1,490	21,213	2,626	46,510
Oct-18	21,151	1,501	21,268	2,653	46,573
Nov-18	21,161	1,516	21,560	2,703	46,941
Dec-18	21,212	1,536	21,596	2,669	47,013
Jan-19	21,184	1,545	21,125	2,620	46,474
Feb-19	21,298	1,559	21,357	2,606	46,821
FY2016	249,791	17,873	218,987	33,020	519,671
FY2017	239,908	17,514	232,985	33,225	523,632
FY2018	249,960	17,135	244,303	31,627	543,025

Sample HMO
Claims Lag Report

Month Incurred	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sep-16	(107,754)	144,053	38,739	(2,208)	(2,250)	(538)	43,881	3,720	(995)	(28,940)	4,333	(3,515)	(881)	14,384
Oct-16	(97,877)	(38,659)	10,281	5,527	(6,470)	(2,052)	(28,941)	(401)	(891)	(16,980)	30,775	(295)	(888)	(27)
Nov-16	(52,862)	965	(27,325)	(2,980)	(19,403)	16,161	(6,761)	(1,524)	(4,546)	(23,733)	(2,922)	(293)	0	(213)
Dec-16	2,325	46,981	(32,953)	(5,830)	2,483	(6,803)	(7,387)	(11,283)	(555)	(19,861)	(53)	344	(493)	(2,255)
Jan-17	(53,564)	(48,179)	(13,017)	(9,978)	(8,299)	1,578	(13,197)	(9,248)	2,731	(18,466)	(12,144)	2,715	(870)	15,956
Feb-17	13,352	7,217	3,779	(5,597)	43,866	4,436	(5,305)	12,771	5,813	(17,282)	(28,925)	(3,106)	468	2,850
Mar-17	26,855	21,688	(5,696)	16,883	(2,138)	64,449	(22,299)	(5,271)	(3,114)	(23,736)	(3,110)	4,393	912	2,058
Apr-17	201,669	121,654	13,298	17,535	240,313	(239)	(78,029)	6,690	(12,344)	1,229	(4,926)	10,994	(8,108)	1,414
May-17	179,931	165,042	43,085	64,886	(53,191)	(27,904)	1,976,058	4,976	(1,963,192)	1,982,654	(39,940)	3,645	1,453	171,619
Jun-17	367,445	382,672	416,091	176,198	70,277	12,142	(196,156)	12,276	(7,425)	31,882	97,121	219	6,548	(17,784)
Jul-17	1,383,480	668,210	248,614	202,913	155,896	57,604	(61,142)	5,144	7,978	177,447	8,944	24,770	(18)	(8,978)
Aug-17	6,946,911	2,207,575	484,897	170,671	96,346	168,538	66,978	45,757	(28,200)	4,721	635	8,140	22,357	(14,848)
Sep-17	3,810,455	7,432,420	1,352,257	459,322	784,089	81,003	90,184	26,539	15,258	(17,050)	(37,476)	22,431	(18,461)	(62,428)
Oct-17		3,389,639	8,908,608	2,027,059	721,034	149,103	115,913	48,903	17,889	31,909	(18,104)	(23,165)	14,526	(29,923)
Nov-17			3,215,175	6,891,517	2,468,509	509,568	327,637	174,970	49,447	46,188	(19,832)	(68,913)	53,410	(62,211)
Dec-17				2,931,647	6,712,083	2,199,841	807,507	116,917	329,929	72,299	53,792	(8,951)	75,590	163,657
Jan-18					3,005,718	6,362,169	3,653,985	461,640	215,612	271,865	3,282	116,430	38,184	9,669
Feb-18						2,620,166	7,932,145	1,332,072	560,397	131,389	159,346	143,377	39,093	15,638
Mar-18							2,758,758	8,197,780	1,774,201	450,003	127,823	180,288	82,397	55,695
Apr-18								1,922,328	8,775,355	1,458,602	401,978	118,658	236,928	137,245
May-18									2,320,833	8,241,000	2,492,029	388,187	21,174	513,606
Jun-18										1,812,899	8,056,060	2,572,432	488,154	209,207
Jul-18											1,618,981	9,176,112	1,629,207	410,580
Aug-18												2,265,919	8,520,423	2,150,926
Sep-18													2,297,229	8,021,622
Oct-18														3,386,840
Nov-18														
Dec-18														
Jan-19														
Feb-19														

12,614,043 14,396,672 14,644,317 12,931,770 14,174,931 12,190,179 17,323,071 12,314,339 12,740,104 14,488,672 12,941,022 14,948,582 13,502,615 15,083,515

Sample HMO

Estimated Claims Experience

Acute Care - Medicaid Only OCC						
Month	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	Trend
Sep-15	20,455	12,653,071	1.000	12,653,071	618.58	
Oct-15	20,484	14,462,913	1.000	14,462,913	706.06	
Nov-15	20,590	12,332,380	1.000	12,332,380	598.95	
Dec-15	20,772	13,301,280	1.000	13,301,280	640.35	
Jan-16	20,857	13,287,267	1.000	13,287,267	637.07	
Feb-16	20,896	14,893,916	1.000	14,893,916	712.76	
Mar-16	20,811	14,393,657	1.000	14,393,657	691.64	
Apr-16	20,953	13,397,573	1.000	13,397,573	639.41	
May-16	20,930	15,661,634	1.000	15,661,634	748.29	
Jun-16	21,049	15,241,194	1.000	15,241,194	724.08	
Jul-16	21,019	15,042,828	1.000	15,042,828	715.68	
Aug-16	20,975	16,018,338	1.000	16,018,338	763.69	
Sep-16	20,991	14,667,571	1.000	14,667,571	698.76	1.130
Oct-16	20,984	14,455,144	1.000	14,455,144	688.87	0.976
Nov-16	19,377	12,179,976	1.000	12,179,976	628.58	1.049
Dec-16	19,385	12,593,553	1.000	12,593,553	649.65	1.015
Jan-17	19,318	13,254,254	1.000	13,254,254	686.11	1.077
Feb-17	19,702	12,448,156	1.000	12,448,156	631.82	0.886
Mar-17	19,769	15,419,797	1.000	15,419,797	780.00	1.128
Apr-17	19,866	14,160,566	1.000	14,160,566	712.80	1.115
May-17	19,971	16,002,532	1.000	16,002,532	801.29	1.071
Jun-17	20,125	14,287,196	1.000	14,287,196	709.92	0.980
Jul-17	20,180	13,897,653	1.000	13,897,653	688.68	0.962
Aug-17	20,240	13,952,034	1.000	13,952,034	689.33	0.903
Sep-17	20,395	13,968,542	1.000	13,968,542	684.90	0.980
Oct-17	20,577	15,422,621	1.000	15,422,621	749.51	1.088
Nov-17	20,722	13,651,692	1.000	13,651,692	658.80	1.048
Dec-17	20,769	13,495,705	1.000	13,495,705	649.80	1.000
Jan-18	20,711	14,195,611	1.000	14,195,611	685.41	0.999
Feb-18	20,767	13,041,077	0.998	13,067,211	629.23	0.996
Mar-18	20,806	13,929,500	0.997	13,971,415	671.51	0.861
Apr-18	20,860	13,476,948	0.997	13,517,500	648.01	0.909
May-18	21,026	14,103,017	0.993	14,202,434	675.47	0.843
Jun-18	21,056	13,543,040	0.992	13,652,258	648.38	0.913
Jul-18	21,129	13,950,694	0.992	14,063,199	665.59	0.966
Aug-18	21,142	14,562,714	0.986	14,769,487	698.58	1.013
Sep-18	21,181	13,375,337	0.982	13,620,506	643.06	0.939
Oct-18	21,151	15,019,392	0.963	15,596,461	737.38	0.984
Nov-18	21,161	13,865,533	0.947	14,641,534	691.90	1.050
Dec-18	21,212	12,849,149	0.910	14,119,943	665.64	1.024
FY2016	249,791	170,686,053		170,686,053	683.32	
FY2017	239,908	167,318,432		167,318,432	697.43	1.021
FY2018	249,960	167,341,160		167,977,675	672.02	0.964

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	249,960		17,135	
Estimated FY2018 Incurred Claims				
Acute Care	167,977,675	672.02	27,638,861	1,613.04
Long Term Care	61,525,751	246.14	37,250,049	2,173.96
Total	229,503,425	918.16	64,888,910	3,787.00
Projected FY2020 Member Months	254,153		18,314	
Projected FY2020 Premium				
At Current Rates	182,128,768	716.61	51,532,352	2,813.83
Annual Cost Trend Assumptions				
Acute Care				
FY2019	1.2 %		0.9 %	
FY2020	0.8 %		0.9 %	
Long Term Care				
FY2018	4.7 %		4.2 %	
FY2020	4.6 %		2.3 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		0.9807		0.9906
Acute Care - Inpatient		0.9992		1.0020
FQHC Wrap Removal		0.9975		0.9985
Long Term Care		1.0000		1.0000
Other Reimbursement Adjustment		1.0000		1.0000
Projected Incurred Claims				
Acute Care	170,301,707	670.07	29,807,332	1,627.57
LTC	68,510,979	269.57	42,440,131	2,317.37
Total	238,812,685	939.64	72,247,462	3,944.94
Capitation Expenses				
Vision	1,176,730	1.50	84,794	1.50
Behavioral Health	0	0.75	0	0.75
PCP	1,189,437	0.00	85,709	0.00
Other - Settlements	813,290	1.19	58,605	4.36
Total	3,179,457	12.51	229,108	12.51

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	12,326,433	48.50	888,227	48.50
Other	0	0.00	194,128	10.60
Total	12,326,433	48.50	1,082,355	59.10
Reinsurance Expenses				
Gross Premium	775,167	3.05	55,858	3.05
Projected Reinsurance Recoveries	648,091	2.55	46,701	2.55
Net Reinsurance Cost	127,077	0.50	9,157	0.50
Administrative Expenses				
Fixed Amount	4,828,912	19.00	347,965	19.00
Percentage of Premium	16,428,831	5.75%	4,683,456	5.75%
Total	21,257,743	83.64	5,031,421	19.80
Risk Margin	5,000,079	1.75%	1,425,400	1.75%
Premium Tax	5,000,079	1.75%	1,425,400	1.75%
Maintenance Tax	15,249	0.06	1,099	0.06
Projected Total Cost				
Acute Care	195,110,414	767.69	33,266,788	1,816.47
LTC	90,608,389	356.51	48,184,612	2,631.03
Total	285,718,803	1,124.20	81,451,400	4,447.50

Attachment 3

Community Experience Analysis – Medical

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2020 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2020 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2020 STAR+PLUS community rates for the following service areas:

Exhibit A.1 – Bexar Service Area
Exhibit B.1 – Dallas Service Area
Exhibit C.1 – El Paso Service Area
Exhibit D.1 – Harris Service Area
Exhibit E.1 – Hidalgo Service Area
Exhibit F.1 – Jefferson Service Area
Exhibit G.1 – Lubbock Service Area
Exhibit H.1 – Nueces Service Area
Exhibit I.1 – Tarrant Service Area
Exhibit J.1 – Travis Service Area
Exhibit K.1 – MRSA Central Service Area
Exhibit L.1 – MRSA Northeast Service Area
Exhibit M.1 – MRSA West Service Area

These exhibits show projected FY2020 experience for each of the service areas. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (FY2018) experience and projected FY2020 enrollment, and incurred claims experience.

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

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

A provision for administrative expenses is included in the amount of \$19.00 pmpm and 5.75% of

gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.06 pmpm) and risk margin (1.75% of premium).

The bottom of the exhibit shows a summary of the projected FY2020 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

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

Community Experience Analysis – Pharmacy

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

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2020 STAR+PLUS pharmacy community capitation rates for the following service areas:

Exhibit A.2 – Bexar Service Area
Exhibit B.2 – Dallas Service Area
Exhibit C.2 – El Paso Service Area
Exhibit D.2 – Harris Service Area
Exhibit E.2 – Hidalgo Service Area
Exhibit F.2 – Jefferson Service Area
Exhibit G.2 – Lubbock Service Area
Exhibit H.2 – Nueces Service Area
Exhibit I.2 – Tarrant Service Area
Exhibit J.2 – Travis Service Area
Exhibit K.2 – MRSA Central Service Area
Exhibit L.2 – MRSA Northeast Service Area
Exhibit M.2 – MRSA West Service Area

These exhibits present projected FY2020 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The exhibits show (a) summary base period (CY2018) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

A provision for administrative expenses is included in the amount of \$1.80 pmpm. Additional provisions are included for premium tax (1.75% of premium) and risk margin (1.75% of premium).

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	226,155		23,858		194,093		34,175	
Estimated Incurred Claims - Acute Care								
Professional	37,963,856	167.87	10,737,626	450.06	0	0.00	0	0.00
Emergency Room	10,330,725	45.68	1,582,224	66.32	0	0.00	0	0.00
Outpatient Facility	15,545,603	68.74	4,274,488	179.16	0	0.00	0	0.00
Inpatient Facility	43,783,226	193.60	11,355,646	475.96	0	0.00	0	0.00
Other Acute Care	15,799,710	69.86	4,673,425	195.88	0	0.00	0	0.00
Acute Care Total	123,423,121	545.74	32,623,409	1,367.38	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	41,345,887	182.82	37,103,558	1,555.16	57,074,715	294.06	51,865,970	1,517.65
Nursing Facility	166,574	0.74	793,171	33.25	509,383	2.62	1,141,022	33.39
Other Long Term Care	2,371,508	10.49	2,963,311	124.20	3,391,409	17.47	5,676,119	166.09
Long Term Care Total	43,883,969	194.04	40,860,041	1,712.61	60,975,507	314.16	58,683,111	1,717.13
Total - All Claims	167,307,090	739.79	73,483,449	3,079.99	60,975,507	314.16	58,683,111	1,717.13
Projected FY2020 Member Months	223,246		25,006		199,445		34,542	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9905		0.9984		1.0000		1.0000	
Acute Care - Inpatient	0.9974		0.9959		1.0000		1.0000	
FQHC Wrap Removal	0.9906		0.9963		1.0000		1.0000	
Long Term Care	1.0097		1.0077		1.0093		1.0083	
Projected Incurred Claims								
Acute Care	121,632,047	544.83	34,483,502	1,379.00	0	0.00	0	0.00
LTC	47,901,923	214.57	46,002,438	1,839.64	67,090,623	336.39	64,560,525	1,869.05
Total	169,533,971	759.41	80,485,940	3,218.64	67,090,623	336.39	64,560,525	1,869.05

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	839,994	3.76	64,996	2.60	552,118	2.77	109,718	3.18
Service Coordination & Other Expenses	10,658,881	47.75	1,392,788	55.70	9,020,955	45.23	1,772,188	51.31
Net Reinsurance Cost	21,423	0.10	2,672	0.11	5,832	0.03	1,011	0.03
Administrative Expenses								
Fixed Amount	4,241,669	19.00	475,118	19.00	3,789,450	19.00	656,298	19.00
Percentage of Premium	11,741,363	5.75%	5,222,395	5.75%	5,098,710	5.75%	4,251,630	5.75%
Total	15,983,032	71.59	5,697,513	227.84	8,888,160	44.56	4,907,928	142.09
Risk Margin	3,573,458	1.75%	1,589,425	1.75%	1,551,781	1.75%	1,293,974	1.75%
Premium Tax	3,573,458	1.75%	1,589,425	1.75%	1,551,781	1.75%	1,293,974	1.75%
Maintenance Tax	13,395	0.06	1,500	0.06	11,967	0.06	2,073	0.06
Projected Total Cost								
Acute Care	138,342,983	619.69	38,297,932	1,531.54	614,822	3.08	122,016	3.53
LTC	65,854,629	294.99	52,526,327	2,100.53	88,058,397	441.52	73,819,375	2,137.09
Total	204,197,611	914.68	90,824,259	3,632.07	88,673,219	444.60	73,941,391	2,140.62

FY2020 STAR+PLUS Rating Summary

Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	6,948		38,063		20,957		4,006	
Estimated Incurred Claims - Acute Care								
Professional	2,052,298	295.36	0	0.00	2,563,844	122.34	4,222,182	1,054.01
Emergency Room	288,353	41.50	0	0.00	435,843	20.80	139,077	34.72
Outpatient Facility	570,726	82.14	0	0.00	758,419	36.19	1,475,322	368.29
Inpatient Facility	5,658,037	814.29	0	0.00	2,569,626	122.62	1,244,678	310.72
Other Acute Care	894,482	128.73	0	0.00	1,380,707	65.88	146,167	36.49
Acute Care Total	9,463,896	1,362.02	0	0.00	7,708,438	367.82	7,227,426	1,804.23
Estimated Incurred Claims - Long Term Care								
Attendant Care	68,304	9.83	122,270	3.21	0	0.00	121,735	30.39
Nursing Facility	28,185,890	4,056.46	137,460,823	3,611.40	0	0.00	0	0.00
Other Long Term Care	19,563	2.82	574,753	15.10	0	0.00	330	0.08
Long Term Care Total	28,273,758	4,069.10	138,157,846	3,629.71	0	0.00	122,064	30.47
Total - All Claims	37,737,654	5,431.13	138,157,846	3,629.71	7,708,438	367.82	7,349,491	1,834.70
Projected FY2020 Member Months	7,278		39,877		20,806		4,018	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9966		1.0000		0.9867		1.0020	
Acute Care - Inpatient	0.9928		1.0000		0.9951		1.0011	
FQHC Wrap Removal	0.9996		1.0000		0.9950		0.9931	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	10,008,479	1,375.18	0	0.00	7,976,365	383.37	7,380,905	1,837.02
LTC	30,931,746	4,250.08	152,214,458	3,817.15	0	0.00	132,833	33.06
Total	40,940,224	5,625.26	152,214,458	3,817.15	7,976,365	383.37	7,513,738	1,870.08

FY2020 STAR+PLUS Rating Summary

Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	40,789	5.60	162,187	4.07	88,553	4.26	-112,219	-27.93
Service Coordination & Other Expenses	328,762	45.17	1,747,722	43.83	1,032,793	49.64	196,970	49.02
Net Reinsurance Cost	1,040	0.14	1,056	0.03	1,495	0.07	378	0.09
Administrative Expenses								
Fixed Amount	138,281	19.00	757,654	19.00	395,312	19.00	76,340	19.00
Percentage of Premium	2,626,279	5.75%	9,813,680	5.75%	601,660	5.75%	486,323	5.75%
Total	2,764,560	379.86	10,571,334	265.10	996,972	47.92	562,663	140.04
Risk Margin	799,302	1.75%	2,986,772	1.75%	183,114	1.75%	148,011	1.75%
Premium Tax	799,302	1.75%	2,986,772	1.75%	183,114	1.75%	148,011	1.75%
Maintenance Tax	437	0.06	2,393	0.06	1,248	0.06	241	0.06
Projected Total Cost								
Acute Care	11,112,087	1,526.82	179,883	4.51	9,325,591	448.22	8,092,884	2,014.22
LTC	34,562,329	4,748.92	170,492,812	4,275.52	1,138,064	54.70	364,911	90.82
Total	45,674,416	6,275.74	170,672,694	4,280.03	10,463,655	502.92	8,457,795	2,105.04

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	548,256	
Estimated Incurred Claims - Acute Care		
Professional	57,539,807	104.95
Emergency Room	12,776,222	23.30
Outpatient Facility	22,624,558	41.27
Inpatient Facility	64,611,214	117.85
Other Acute Care	22,894,491	41.76
Acute Care Total	180,446,291	329.13
Estimated Incurred Claims - Long Term Care		
Attendant Care	187,702,438	342.36
Nursing Facility	168,256,864	306.89
Other Long Term Care	14,996,994	27.35
Long Term Care Total	370,956,296	676.61
Total - All Claims	551,402,586	1,005.74
Projected FY2020 Member Months	554,217	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	181,481,299	327.46
LTC	408,834,547	737.68
Total	590,315,845	1,065.14

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	1,746,137	3.15
Service Coordination & Other Expenses	26,151,060	47.19
Net Reinsurance Cost	34,907	0.06
Administrative Expenses		
Fixed Amount	10,530,121	19.00
Percentage of Premium	39,842,040	5.75%
Total	50,372,161	90.89
Risk Margin	12,125,838	1.75%
Premium Tax	12,125,838	1.75%
Maintenance Tax	33,253	0.06
Projected Total Cost		
Acute Care	206,088,197	371.85
LTC	486,816,843	878.39
Total	692,905,040	1,250.24

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	225,273		24,474		7,124		20,827	
Experience Period Cost								
Estimated Incurred Claims	105,990,466	470.50	24,677,432	1,008.33	5,313,103	745.78	10,765,330	516.89
Pay and Chase Recoveries	-962,882	-4.27	-111,451	-4.55	-30,535	-4.29	-92,237	-4.43
Total Cost	105,027,585	466.22	24,565,981	1,003.77	5,282,569	741.49	10,673,093	512.46
Projected FY2020 Member Months	223,246		25,006		7,278		20,806	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9963		0.9974		0.9946		0.9901	
PDL Adjustment - 7/1/2019	0.9878		0.9897		0.9985		0.9932	
Hep C & Orkambi Carve-In	1.0477		1.0226		1.0286		1.0082	
IMD Adjustment	0.9995		0.9996		0.9998		0.9991	
Projected Incurred Claims	119,321,138	534.48	27,734,960	1,109.12	5,808,575	798.11	11,220,585	539.30
Administrative Expenses	401,842	1.80	45,011	1.80	13,100	1.80	37,451	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	124,065,265	555.73	28,787,535	1,151.22	6,032,824	828.92	11,666,358	560.72

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Bexar SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	4,039		281,737	
Experience Period Cost				
Estimated Incurred Claims	1,879,736	465.42	148,626,068	527.53
Pay and Chase Recoveries	-18,599	-4.60	-1,215,703	-4.32
Total Cost	1,861,137	460.81	147,410,365	523.22
Projected FY2020 Member Months	4,018		280,354	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9988			
PDL Adjustment - 7/1/2019	0.9863			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	2,471,603	615.15	166,556,861	594.10
Administrative Expenses	7,232	1.80	504,637	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,568,741	639.33	173,120,723	617.51

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	316,096		29,663		248,622		48,959	
Estimated Incurred Claims - Acute Care								
Professional	42,634,987	134.88	10,357,195	349.17	0	0.00	0	0.00
Emergency Room	16,678,474	52.76	2,432,125	81.99	0	0.00	0	0.00
Outpatient Facility	27,452,138	86.85	4,769,852	160.80	0	0.00	0	0.00
Inpatient Facility	63,018,251	199.36	13,326,402	449.27	0	0.00	0	0.00
Other Acute Care	32,402,154	102.51	9,096,274	306.66	0	0.00	0	0.00
Acute Care Total	182,186,003	576.36	39,981,848	1,347.89	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	57,159,358	180.83	33,277,024	1,121.85	67,103,548	269.90	60,851,212	1,242.90
Nursing Facility	549,496	1.74	1,213,031	40.89	939,103	3.78	2,536,100	51.80
Other Long Term Care	1,700,642	5.38	5,102,323	172.01	5,775,072	23.23	12,290,949	251.05
Long Term Care Total	59,409,497	187.95	39,592,377	1,334.76	73,817,722	296.91	75,678,260	1,545.75
Total - All Claims	241,595,500	764.31	79,574,226	2,682.65	73,817,722	296.91	75,678,260	1,545.75
Projected FY2020 Member Months	311,589		33,110		252,698		51,319	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9708		0.9744		1.0000		1.0000	
Acute Care - Inpatient	0.9939		0.9967		1.0000		1.0000	
FQHC Wrap Removal	0.9971		0.9979		1.0000		1.0000	
Long Term Care	1.0098		1.0077		1.0091		1.0081	
Projected Incurred Claims								
Acute Care	176,254,274	565.66	44,033,440	1,329.92	0	0.00	0	0.00
LTC	64,763,995	207.85	47,471,889	1,433.77	80,321,024	317.85	86,328,040	1,682.17
Total	241,018,269	773.51	91,505,329	2,763.68	80,321,024	317.85	86,328,040	1,682.17

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	896,116	2.88	96,880	2.93	416,550	1.65	154,961	3.02
Service Coordination & Other Expenses	12,824,831	41.16	2,441,243	73.73	10,111,824	40.02	2,587,518	50.42
Net Reinsurance Cost	91,074	0.29	11,197	0.34	4,053	0.02	630	0.01
Administrative Expenses								
Fixed Amount	5,920,199	19.00	629,089	19.00	4,801,259	19.00	975,069	19.00
Percentage of Premium	16,522,565	5.75%	5,999,371	5.75%	6,061,727	5.75%	5,705,603	5.75%
Total	22,442,764	72.03	6,628,459	200.20	10,862,986	42.99	6,680,672	130.18
Risk Margin	5,028,607	1.75%	1,825,896	1.75%	1,844,874	1.75%	1,736,488	1.75%
Premium Tax	5,028,607	1.75%	1,825,896	1.75%	1,844,874	1.75%	1,736,488	1.75%
Maintenance Tax	18,695	0.06	1,987	0.06	15,162	0.06	3,079	0.06
Projected Total Cost								
Acute Care	200,093,134	642.17	48,975,424	1,479.18	463,475	1.83	171,450	3.34
LTC	87,255,830	280.03	55,361,461	1,672.05	104,957,872	415.35	99,056,426	1,930.19
Total	287,348,963	922.20	104,336,886	3,151.23	105,421,346	417.18	99,227,876	1,933.53

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	9,961		55,594		26,319		5,309	
Estimated Incurred Claims - Acute Care								
Professional	3,649,126	366.33	0	0.00	2,270,946	86.28	4,435,523	835.47
Emergency Room	670,302	67.29	0	0.00	402,897	15.31	175,757	33.11
Outpatient Facility	1,501,198	150.70	0	0.00	625,342	23.76	3,803,812	716.48
Inpatient Facility	11,382,222	1,142.64	0	0.00	1,921,552	73.01	1,209,992	227.91
Other Acute Care	2,921,856	293.32	0	0.00	2,675,625	101.66	285,337	53.75
Acute Care Total	20,124,705	2,020.28	0	0.00	7,896,361	300.02	9,910,421	1,866.72
Estimated Incurred Claims - Long Term Care								
Attendant Care	140,446	14.10	194,558	3.50	0	0.00	157,263	29.62
Nursing Facility	39,527,869	3,968.12	198,801,164	3,575.96	0	0.00	387	0.07
Other Long Term Care	11,390	1.14	1,572,946	28.29	0	0.00	324	0.06
Long Term Care Total	39,679,704	3,983.36	200,568,668	3,607.75	0	0.00	157,974	29.76
Total - All Claims	59,804,409	6,003.63	200,568,668	3,607.75	7,896,361	300.02	10,068,396	1,896.48
Projected FY2020 Member Months	10,107		57,698		26,425		5,429	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9836		1.0000		0.9845		1.0016	
Acute Care - Inpatient	0.9939		1.0000		1.0003		1.0003	
FQHC Wrap Removal	0.9992		1.0000		0.9971		0.9989	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	20,361,948	2,014.63	0	0.00	8,305,371	314.30	10,367,307	1,909.63
LTC	42,050,597	4,160.52	218,910,493	3,794.05	0	0.00	175,268	32.28
Total	62,412,545	6,175.15	218,910,493	3,794.05	8,305,371	314.30	10,542,575	1,941.91

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	88,359	8.74	345,886	5.99	52,890	2.00	-132,207	-24.35
Service Coordination & Other Expenses	407,192	40.29	2,277,152	39.47	1,150,953	43.56	235,829	43.44
Net Reinsurance Cost	3,133	0.31	869	0.02	6,435	0.24	1,335	0.25
Administrative Expenses								
Fixed Amount	192,034	19.00	1,096,270	19.00	502,069	19.00	103,150	19.00
Percentage of Premium	3,998,317	5.75%	14,106,295	5.75%	634,832	5.75%	681,193	5.75%
Total	4,190,351	414.60	15,202,565	263.48	1,136,900	43.02	784,344	144.47
Risk Margin	1,216,879	1.75%	4,293,220	1.75%	193,210	1.75%	207,320	1.75%
Premium Tax	1,216,879	1.75%	4,293,220	1.75%	193,210	1.75%	207,320	1.75%
Maintenance Tax	606	0.06	3,462	0.06	1,585	0.06	326	0.06
Projected Total Cost								
Acute Care	22,607,481	2,236.80	382,100	6.62	9,772,287	369.82	11,391,946	2,098.37
LTC	46,928,464	4,643.14	244,944,769	4,245.26	1,268,268	48.00	454,895	83.79
Total	69,535,945	6,879.94	245,326,869	4,251.88	11,040,555	417.81	11,846,841	2,182.16

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	740,523	
Estimated Incurred Claims - Acute Care		
Professional	63,347,776	85.54
Emergency Room	20,359,556	27.49
Outpatient Facility	38,152,342	51.52
Inpatient Facility	90,858,419	122.69
Other Acute Care	47,381,246	63.98
Acute Care Total	260,099,339	351.24
Estimated Incurred Claims - Long Term Care		
Attendant Care	218,883,408	295.58
Nursing Facility	243,567,150	328.91
Other Long Term Care	26,453,646	35.72
Long Term Care Total	488,904,204	660.21
Total - All Claims	749,003,542	1,011.45
Projected FY2020 Member Months	748,376	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	259,322,340	346.51
LTC	540,021,306	721.59
Total	799,343,646	1,068.10

FY2020 STAR+PLUS Rating Summary
 Dallas SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	1,919,437	2.56
Service Coordination & Other Expenses	32,036,543	42.81
Net Reinsurance Cost	118,727	0.16
Administrative Expenses		
Fixed Amount	14,219,138	19.00
Percentage of Premium	53,709,904	5.75%
Total	67,929,042	90.77
Risk Margin	16,346,492	1.75%
Premium Tax	16,346,492	1.75%
Maintenance Tax	44,903	0.06
Projected Total Cost		
Acute Care	293,857,296	392.66
LTC	640,227,985	855.49
Total	934,085,281	1,248.15

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	313,913		31,104		9,982		26,341	
Experience Period Cost								
Estimated Incurred Claims	119,477,875	380.61	24,412,303	784.85	5,286,060	529.59	9,731,549	369.45
Pay and Chase Recoveries	-1,894,458	-6.03	-193,794	-6.23	-60,992	-6.11	-153,494	-5.83
Total Cost	117,583,417	374.57	24,218,510	778.62	5,225,068	523.47	9,578,055	363.62
Projected FY2020 Member Months	311,589		33,110		10,107		26,425	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9964		0.9979		0.9948		0.9920	
PDL Adjustment - 7/1/2019	0.9934		0.9936		0.9985		0.9954	
Hep C & Orkambi Carve-In	1.0536		1.0527		1.0157		1.0000	
IMD Adjustment	0.9991		0.9991		0.9996		0.9993	
Projected Incurred Claims	135,276,955	434.15	29,439,919	889.16	5,623,354	556.38	10,073,044	381.20
Administrative Expenses	560,861	1.80	59,598	1.80	18,193	1.80	47,564	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	140,764,576	451.76	30,569,447	923.27	5,846,162	578.42	10,487,677	396.89

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Dallas SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	5,468		386,808	
Experience Period Cost				
Estimated Incurred Claims	2,115,015	386.79	161,022,802	416.29
Pay and Chase Recoveries	-31,919	-5.84	-2,334,657	-6.04
Total Cost	2,083,095	380.95	158,688,145	410.25
Projected FY2020 Member Months	5,429		386,660	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9986			
PDL Adjustment - 7/1/2019	0.9965			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	2,788,843	513.70	183,202,115	473.81
Administrative Expenses	9,772	1.80	695,988	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,900,119	534.19	190,567,982	492.86

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	72,635		8,657		138,560		14,267	
Estimated Incurred Claims - Acute Care								
Professional	11,504,289	158.38	2,999,538	346.48	0	0.00	0	0.00
Emergency Room	3,090,049	42.54	894,861	103.37	0	0.00	0	0.00
Outpatient Facility	7,182,095	98.88	1,925,247	222.39	0	0.00	0	0.00
Inpatient Facility	10,014,711	137.88	3,092,256	357.19	0	0.00	0	0.00
Other Acute Care	11,009,900	151.58	3,775,690	436.13	0	0.00	0	0.00
Acute Care Total	42,801,043	589.26	12,687,591	1,465.56	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	15,456,795	212.80	10,122,898	1,169.31	51,900,278	374.57	19,403,640	1,360.08
Nursing Facility	40,947	0.56	193,163	22.31	279,641	2.02	335,089	23.49
Other Long Term Care	2,365,560	32.57	2,575,076	297.45	10,684,792	77.11	5,568,069	390.29
Long Term Care Total	17,863,303	245.93	12,891,136	1,489.07	62,864,711	453.70	25,306,798	1,773.86
Total - All Claims	60,664,346	835.19	25,578,728	2,954.63	62,864,711	453.70	25,306,798	1,773.86
Projected FY2020 Member Months	70,666		9,021		142,321		16,011	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9804		0.9867		1.0000		1.0000	
Acute Care - Inpatient	0.9991		0.9971		1.0000		1.0000	
FQHC Wrap Removal	0.9969		0.9990		1.0000		1.0000	
Long Term Care	1.0090		1.0089		1.0086		1.0088	
Projected Incurred Claims								
Acute Care	41,479,476	586.98	13,229,158	1,466.45	0	0.00	0	0.00
LTC	19,204,223	271.76	14,446,759	1,601.43	69,092,527	485.47	30,929,398	1,931.75
Total	60,683,700	858.74	27,675,917	3,067.88	69,092,527	485.47	30,929,398	1,931.75

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	69,855	0.99	13,229	1.47	42,696	0.30	10,921	0.68
Service Coordination & Other Expenses	2,521,071	35.68	609,005	67.51	4,983,512	35.02	834,520	52.12
Net Reinsurance Cost	15,288	0.22	2,584	0.29	2,217	0.02	229	0.01
Administrative Expenses								
Fixed Amount	1,342,658	19.00	171,403	19.00	2,704,108	19.00	304,210	19.00
Percentage of Premium	4,095,445	5.75%	1,804,054	5.75%	4,868,245	5.75%	2,032,632	5.75%
Total	5,438,104	76.95	1,975,457	218.98	7,572,352	53.21	2,336,842	145.95
Risk Margin	1,246,440	1.75%	549,060	1.75%	1,481,640	1.75%	618,627	1.75%
Premium Tax	1,246,440	1.75%	549,060	1.75%	1,481,640	1.75%	618,627	1.75%
Maintenance Tax	4,240	0.06	541	0.06	8,539	0.06	961	0.06
Projected Total Cost								
Acute Care	46,815,726	662.49	14,685,577	1,627.90	49,491	0.35	12,287	0.77
LTC	24,409,410	345.42	16,689,277	1,850.01	84,615,632	594.54	35,337,839	2,207.09
Total	71,225,136	1,007.91	31,374,854	3,477.91	84,665,123	594.89	35,350,125	2,207.86

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	811		6,041		6,190		3,403	
Estimated Incurred Claims - Acute Care								
Professional	362,814	447.46	0	0.00	634,923	102.58	1,947,688	572.37
Emergency Room	37,019	45.66	0	0.00	176,834	28.57	98,189	28.86
Outpatient Facility	114,883	141.69	0	0.00	766,004	123.76	730,795	214.76
Inpatient Facility	922,453	1,137.66	0	0.00	455,871	73.65	547,584	160.92
Other Acute Care	80,258	98.98	0	0.00	877,018	141.69	76,058	22.35
Acute Care Total	1,517,428	1,871.44	0	0.00	2,910,650	470.25	3,400,314	999.26
Estimated Incurred Claims - Long Term Care								
Attendant Care	13,629	16.81	77,885	12.89	0	0.00	169,496	49.81
Nursing Facility	3,564,022	4,395.51	21,794,041	3,607.73	0	0.00	0	0.00
Other Long Term Care	2,645	3.26	78,500	12.99	0	0.00	16,029	4.71
Long Term Care Total	3,580,296	4,415.58	21,950,426	3,633.62	0	0.00	185,525	54.52
Total - All Claims	5,097,724	6,287.02	21,950,426	3,633.62	2,910,650	470.25	3,585,839	1,053.78
Projected FY2020 Member Months	1,006		7,116		5,943		3,421	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0014		1.0000		0.9988		1.0031	
Acute Care - Inpatient	1.0022		1.0000		0.9985		1.0009	
FQHC Wrap Removal	0.9990		1.0000		0.9995		0.9979	
Long Term Care	1.0000		1.0000		1.0000		1.0093	
Projected Incurred Claims								
Acute Care	1,927,999	1,915.57	0	0.00	2,972,327	500.11	3,500,130	1,023.26
LTC	4,641,877	4,611.96	27,191,413	3,821.25	0	0.00	202,215	59.12
Total	6,569,876	6,527.54	27,191,413	3,821.25	2,972,327	500.11	3,702,346	1,082.38

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	2,519	2.50	10,098	1.42	5,949	1.00	3,512	1.03
Service Coordination & Other Expenses	34,843	34.62	245,974	34.57	217,306	36.56	121,972	35.66
Net Reinsurance Cost	282	0.28	99	0.01	969	0.16	744	0.22
Administrative Expenses								
Fixed Amount	19,123	19.00	135,201	19.00	112,923	19.00	64,991	19.00
Percentage of Premium	419,874	5.75%	1,747,697	5.75%	209,714	5.75%	246,713	5.75%
Total	438,997	436.17	1,882,898	264.61	322,637	54.29	311,703	91.13
Risk Margin	127,788	1.75%	531,908	1.75%	63,826	1.75%	75,086	1.75%
Premium Tax	127,788	1.75%	531,908	1.75%	63,826	1.75%	75,086	1.75%
Maintenance Tax	60	0.06	427	0.06	357	0.06	205	0.06
Projected Total Cost								
Acute Care	2,133,807	2,120.06	11,236	1.58	3,407,742	573.37	3,929,500	1,148.79
LTC	5,168,345	5,135.04	30,383,487	4,269.84	239,455	40.29	361,155	105.58
Total	7,302,153	7,255.10	30,394,723	4,271.42	3,647,197	613.66	4,290,655	1,254.37

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	250,563	
Estimated Incurred Claims - Acute Care		
Professional	17,449,252	69.64
Emergency Room	4,296,953	17.15
Outpatient Facility	10,719,024	42.78
Inpatient Facility	15,032,874	60.00
Other Acute Care	15,818,922	63.13
Acute Care Total	63,317,026	252.70
Estimated Incurred Claims - Long Term Care		
Attendant Care	97,144,621	387.71
Nursing Facility	26,206,903	104.59
Other Long Term Care	21,290,672	84.97
Long Term Care Total	144,642,195	577.27
Total - All Claims	207,959,221	829.97
Projected FY2020 Member Months	255,506	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	63,109,091	247.00
LTC	165,708,413	648.55
Total	228,817,504	895.55

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	158,781	0.62
Service Coordination & Other Expenses	9,568,201	37.45
Net Reinsurance Cost	22,411	0.09
Administrative Expenses		
Fixed Amount	4,854,617	19.00
Percentage of Premium	15,424,373	5.75%
Total	20,278,990	79.37
Risk Margin	4,694,374	1.75%
Premium Tax	4,694,374	1.75%
Maintenance Tax	15,330	0.06
Projected Total Cost		
Acute Care	71,045,367	278.06
LTC	197,204,600	771.82
Total	268,249,966	1,049.88

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	71,834		8,853		901		6,114	
Experience Period Cost								
Estimated Incurred Claims	35,609,999	495.73	9,188,706	1,037.94	468,832	520.63	4,519,048	739.10
Pay and Chase Recoveries	-242,286	-3.37	-37,734	-4.26	-3,762	-4.18	-16,493	-2.70
Total Cost	35,367,713	492.36	9,150,972	1,033.68	465,070	516.46	4,502,555	736.41
Projected FY2020 Member Months	70,666		9,021		1,006		5,943	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9944		0.9947		0.9973		0.9853	
PDL Adjustment - 7/1/2019	0.9915		0.9949		0.9981		0.9903	
Hep C & Orkambi Carve-In	1.0339		1.0302		1.0000		1.0000	
IMD Adjustment	0.9988		0.9980		1.0000		0.9996	
Projected Incurred Claims	39,406,099	557.64	10,389,911	1,151.72	545,307	541.79	4,535,301	763.09
Administrative Expenses	127,199	1.80	16,238	1.80	1,812	1.80	10,698	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	40,967,148	579.73	10,783,574	1,195.36	566,962	563.31	4,710,880	792.63

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
El Paso SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	3,391		91,092	
Experience Period Cost				
Estimated Incurred Claims	1,975,748	582.70	51,762,333	568.24
Pay and Chase Recoveries	-11,481	-3.39	-311,757	-3.42
Total Cost	1,964,267	579.32	51,450,577	564.82
Projected FY2020 Member Months	3,421		90,058	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	1.0001			
PDL Adjustment - 7/1/2019	0.9973			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	2,678,245	782.98	57,554,863	639.09
Administrative Expenses	6,157	1.80	162,104	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,781,764	813.25	59,810,329	664.13

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	494,928		34,693		508,109		58,117	
Estimated Incurred Claims - Acute Care								
Professional	79,465,728	160.56	15,790,284	455.14	0	0.00	0	0.00
Emergency Room	32,443,966	65.55	3,805,841	109.70	0	0.00	0	0.00
Outpatient Facility	52,797,958	106.68	11,694,279	337.08	0	0.00	0	0.00
Inpatient Facility	122,465,014	247.44	23,439,972	675.63	0	0.00	0	0.00
Other Acute Care	32,276,122	65.21	5,261,496	151.66	0	0.00	0	0.00
Acute Care Total	319,448,788	645.45	59,991,872	1,729.21	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	89,155,580	180.14	42,113,100	1,213.87	131,886,123	259.56	86,928,487	1,495.76
Nursing Facility	280,759	0.57	2,425,047	69.90	715,924	1.41	3,337,483	57.43
Other Long Term Care	11,886,469	24.02	20,200,932	582.27	17,051,571	33.56	19,168,802	329.83
Long Term Care Total	101,322,808	204.72	64,739,079	1,866.04	149,653,618	294.53	109,434,772	1,883.02
Total - All Claims	420,771,596	850.17	124,730,952	3,595.25	149,653,618	294.53	109,434,772	1,883.02
Projected FY2020 Member Months	490,817		37,201		528,849		61,201	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9834		0.9934		1.0000		1.0000	
Acute Care - Inpatient	1.0001		1.0021		1.0000		1.0000	
FQHC Wrap Removal	0.9953		0.9984		1.0000		1.0000	
Long Term Care	1.0097		1.0074		1.0089		1.0086	
Projected Incurred Claims								
Acute Care	316,344,754	644.53	65,093,575	1,749.76	0	0.00	0	0.00
LTC	111,110,582	226.38	74,546,428	2,003.86	166,718,235	315.25	125,475,698	2,050.22
Total	427,455,336	870.91	139,640,003	3,753.62	166,718,235	315.25	125,475,698	2,050.22

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	3,533,036	7.20	318,870	8.57	902,473	1.71	166,253	2.72
Service Coordination & Other Expenses	21,378,209	43.56	2,162,192	58.12	22,733,082	42.99	3,791,766	61.96
Net Reinsurance Cost	30,684	0.06	3,315	0.09	6,244	0.01	568	0.01
Administrative Expenses								
Fixed Amount	9,325,518	19.00	706,828	19.00	10,048,139	19.00	1,162,819	19.00
Percentage of Premium	29,257,028	5.75%	9,050,053	5.75%	12,700,049	5.75%	8,274,980	5.75%
Total	38,582,547	78.61	9,756,880	262.27	22,748,188	43.01	9,437,799	154.21
Risk Margin	8,904,313	1.75%	2,754,364	1.75%	3,865,232	1.75%	2,518,472	1.75%
Premium Tax	8,904,313	1.75%	2,754,364	1.75%	3,865,232	1.75%	2,518,472	1.75%
Maintenance Tax	29,449	0.06	2,232	0.06	31,731	0.06	3,672	0.06
Projected Total Cost								
Acute Care	360,145,188	733.77	72,447,702	1,947.44	1,001,341	1.89	183,825	3.00
LTC	148,672,699	302.91	84,944,518	2,283.37	219,869,078	415.75	143,728,876	2,348.47
Total	508,817,887	1,036.68	157,392,220	4,230.81	220,870,418	417.64	143,912,701	2,351.48

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	10,353		66,299		45,167		11,332	
Estimated Incurred Claims - Acute Care								
Professional	4,038,987	390.13	0	0.00	4,456,162	98.66	6,546,871	577.73
Emergency Room	684,071	66.07	0	0.00	979,642	21.69	580,646	51.24
Outpatient Facility	2,077,741	200.69	0	0.00	2,772,075	61.37	7,916,183	698.57
Inpatient Facility	9,060,155	875.13	0	0.00	3,419,696	75.71	4,271,130	376.91
Other Acute Care	1,021,270	98.65	0	0.00	1,923,866	42.59	128,801	11.37
Acute Care Total	16,882,223	1,630.66	0	0.00	13,551,440	300.03	19,443,630	1,715.82
Estimated Incurred Claims - Long Term Care								
Attendant Care	160,641	15.52	430,570	6.49	0	0.00	257,884	22.76
Nursing Facility	42,859,299	4,139.81	231,208,944	3,487.39	0	0.00	7,403	0.65
Other Long Term Care	59,508	5.75	1,132,570	17.08	0	0.00	120,553	10.64
Long Term Care Total	43,079,448	4,161.07	232,772,084	3,510.96	0	0.00	385,839	34.05
Total - All Claims	59,961,671	5,791.73	232,772,084	3,510.96	13,551,440	300.03	19,829,470	1,749.86
Projected FY2020 Member Months	10,341		68,953		45,646		11,540	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9991		1.0000		0.9945		0.9935	
Acute Care - Inpatient	0.9971		1.0000		1.0048		1.0018	
FQHC Wrap Removal	0.9988		1.0000		0.9956		0.9982	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	17,129,905	1,656.49	0	0.00	14,535,549	318.44	20,107,374	1,742.43
LTC	44,943,669	4,346.13	254,593,240	3,692.26	0	0.00	426,296	36.94
Total	62,073,574	6,002.63	254,593,240	3,692.26	14,535,549	318.44	20,533,669	1,779.37

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	102,685	9.93	307,283	4.46	333,469	7.31	100,918	8.75
Service Coordination & Other Expenses	481,744	46.59	3,187,394	46.23	1,997,881	43.77	511,093	44.29
Net Reinsurance Cost	907	0.09	655	0.01	2,581	0.06	759	0.07
Administrative Expenses								
Fixed Amount	196,480	19.00	1,310,110	19.00	867,276	19.00	219,257	19.00
Percentage of Premium	3,982,612	5.75%	16,435,991	5.75%	1,123,990	5.75%	1,353,793	5.75%
Total	4,179,093	404.13	17,746,102	257.36	1,991,266	43.62	1,573,050	136.31
Risk Margin	1,212,099	1.75%	5,002,258	1.75%	342,084	1.75%	412,024	1.75%
Premium Tax	1,212,099	1.75%	5,002,258	1.75%	342,084	1.75%	412,024	1.75%
Maintenance Tax	620	0.06	4,137	0.06	2,739	0.06	692	0.06
Projected Total Cost								
Acute Care	19,050,015	1,842.17	339,326	4.92	17,346,130	380.01	22,506,261	1,950.31
LTC	50,212,807	4,855.67	285,504,002	4,140.55	2,201,522	48.23	1,037,967	89.95
Total	69,262,822	6,697.84	285,843,328	4,145.47	19,547,652	428.24	23,544,228	2,040.26

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	1,228,997	
Estimated Incurred Claims - Acute Care		
Professional	110,298,031	89.75
Emergency Room	38,494,165	31.32
Outpatient Facility	77,258,236	62.86
Inpatient Facility	162,655,967	132.35
Other Acute Care	40,611,555	33.04
Acute Care Total	429,317,953	349.32
Estimated Incurred Claims - Long Term Care		
Attendant Care	350,932,386	285.54
Nursing Facility	280,834,859	228.51
Other Long Term Care	69,620,404	56.65
Long Term Care Total	701,387,649	570.70
Total - All Claims	1,130,705,602	920.02
Projected FY2020 Member Months	1,254,549	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	433,211,155	345.31
LTC	777,814,149	620.00
Total	1,211,025,304	965.31

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	5,764,987	4.60
Service Coordination & Other Expenses	56,243,362	44.83
Net Reinsurance Cost	45,711	0.04
Administrative Expenses		
Fixed Amount	23,836,427	19.00
Percentage of Premium	82,178,497	5.75%
Total	106,014,924	84.50
Risk Margin	25,010,847	1.75%
Premium Tax	25,010,847	1.75%
Maintenance Tax	75,273	0.06
Projected Total Cost		
Acute Care	493,019,788	392.99
LTC	936,171,468	746.22
Total	1,429,191,255	1,139.21

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	493,670		35,830		10,311		45,290	
Experience Period Cost								
Estimated Incurred Claims	244,737,598	495.75	35,908,840	1,002.20	7,128,266	691.31	24,898,688	549.76
Pay and Chase Recoveries	-1,029,582	-2.09	-81,948	-2.29	-23,570	-2.29	-94,379	-2.08
Total Cost	243,708,016	493.67	35,826,892	999.91	7,104,696	689.02	24,804,309	547.68
Projected FY2020 Member Months	490,817		37,201		10,341		45,646	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9978		0.9981		0.9970		0.9948	
PDL Adjustment - 7/1/2019	0.9897		0.9910		0.9983		0.9910	
Hep C & Orkambi Carve-In	1.0291		1.0258		1.0184		1.0000	
IMD Adjustment	0.9987		0.9987		0.9998		0.9996	
Projected Incurred Claims	273,560,986	557.36	41,277,010	1,109.55	7,610,036	735.90	26,173,588	573.40
Administrative Expenses	883,470	1.80	66,963	1.80	18,614	1.80	82,163	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	284,398,400	579.44	42,843,495	1,151.66	7,905,337	764.46	27,208,032	596.07

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Harris SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	11,345		596,446	
Experience Period Cost				
Estimated Incurred Claims	6,073,635	535.36	318,747,027	534.41
Pay and Chase Recoveries	-26,214	-2.31	-1,255,693	-2.11
Total Cost	6,047,421	533.05	317,491,334	532.31
Projected FY2020 Member Months	11,540		595,545	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9992			
PDL Adjustment - 7/1/2019	0.9962			
Hep C & Orkambi Carve-In	1.0044			
IMD Adjustment	1.0000			
Projected Incurred Claims	8,333,728	722.17	356,955,348	599.38
Administrative Expenses	20,772	1.80	1,071,981	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	8,657,512	750.23	371,012,777	622.98

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	172,026		29,471		397,800		119,330	
Estimated Incurred Claims - Acute Care								
Professional	32,501,498	188.93	15,110,234	512.72	0	0.00	0	0.00
Emergency Room	5,419,772	31.51	1,509,145	51.21	0	0.00	0	0.00
Outpatient Facility	12,109,174	70.39	6,418,090	217.78	0	0.00	0	0.00
Inpatient Facility	23,225,953	135.01	11,630,104	394.63	0	0.00	0	0.00
Other Acute Care	7,405,867	43.05	4,163,417	141.27	0	0.00	0	0.00
Acute Care Total	80,662,263	468.90	38,830,989	1,317.61	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	87,415,998	508.16	55,695,516	1,889.85	282,388,159	709.88	222,183,590	1,861.93
Nursing Facility	142,595	0.83	441,117	14.97	640,462	1.61	1,600,685	13.41
Other Long Term Care	15,869,787	92.25	5,258,418	178.43	50,150,127	126.07	28,092,809	235.42
Long Term Care Total	103,428,381	601.24	61,395,051	2,083.25	333,178,748	837.55	251,877,084	2,110.76
Total - All Claims	184,090,644	1,070.14	100,226,040	3,400.86	333,178,748	837.55	251,877,084	2,110.76
Projected FY2020 Member Months	169,006		30,516		396,841		123,927	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9961		0.9993		1.0000		1.0000	
Acute Care - Inpatient	1.0065		1.0072		1.0000		1.0000	
FQHC Wrap Removal	0.9918		0.9971		1.0000		1.0000	
Long Term Care	1.0088		1.0085		1.0087		1.0089	
Projected Incurred Claims								
Acute Care	80,380,831	475.61	41,082,570	1,346.28	0	0.00	0	0.00
LTC	112,261,699	664.25	68,341,023	2,239.55	355,683,831	896.29	284,893,058	2,298.87
Total	192,642,530	1,139.86	109,423,593	3,585.83	355,683,831	896.29	284,893,058	2,298.87

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	863,279	5.11	104,352	3.42	1,694,626	4.27	667,241	5.38
Service Coordination & Other Expenses	8,209,034	48.57	1,730,339	56.70	18,927,231	47.69	6,259,649	50.51
Net Reinsurance Cost	21,297	0.13	3,459	0.11	7,566	0.02	2,636	0.02
Administrative Expenses								
Fixed Amount	3,211,109	19.00	579,795	19.00	7,539,980	19.00	2,354,616	19.00
Percentage of Premium	12,986,281	5.75%	7,086,494	5.75%	24,322,788	5.75%	18,639,798	5.75%
Total	16,197,390	95.84	7,666,290	251.23	31,862,768	80.29	20,994,414	169.41
Risk Margin	3,952,346	1.75%	2,156,759	1.75%	7,402,588	1.75%	5,672,982	1.75%
Premium Tax	3,952,346	1.75%	2,156,759	1.75%	7,402,588	1.75%	5,672,982	1.75%
Maintenance Tax	10,140	0.06	1,831	0.06	23,810	0.06	7,436	0.06
Projected Total Cost								
Acute Care	91,029,736	538.62	45,629,476	1,495.29	1,875,694	4.73	738,157	5.96
LTC	134,818,627	797.72	77,613,905	2,543.42	421,129,313	1,061.20	323,432,241	2,609.86
Total	225,848,363	1,336.34	123,243,381	4,038.71	423,005,007	1,065.93	324,170,399	2,615.81

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	2,779		28,040		11,720		6,309	
Estimated Incurred Claims - Acute Care								
Professional	1,430,567	514.69	0	0.00	2,272,703	193.91	5,366,439	850.62
Emergency Room	110,073	39.60	0	0.00	188,438	16.08	167,668	26.58
Outpatient Facility	555,623	199.90	0	0.00	698,590	59.61	2,586,746	410.02
Inpatient Facility	3,406,910	1,225.74	0	0.00	1,203,402	102.68	1,239,084	196.40
Other Acute Care	580,909	209.00	0	0.00	854,258	72.89	150,673	23.88
Acute Care Total	6,084,081	2,188.93	0	0.00	5,217,390	445.16	9,510,609	1,507.51
Estimated Incurred Claims - Long Term Care								
Attendant Care	129,102	46.45	349,996	12.48	0	0.00	1,438,369	227.99
Nursing Facility	11,307,828	4,068.33	109,455,588	3,903.58	0	0.00	4,045	0.64
Other Long Term Care	25,836	9.30	2,398,917	85.55	0	0.00	53,650	8.50
Long Term Care Total	11,462,766	4,124.07	112,204,501	4,001.61	0	0.00	1,496,063	237.14
Total - All Claims	17,546,847	6,313.00	112,204,501	4,001.61	5,217,390	445.16	11,006,672	1,744.65
Projected FY2020 Member Months	2,983		29,533		11,804		6,449	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0012		1.0000		0.9942		1.0004	
Acute Care - Inpatient	1.0149		1.0000		1.0033		1.0036	
FQHC Wrap Removal	0.9995		1.0000		0.9972		0.9933	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Projected Incurred Claims								
Acute Care	6,770,367	2,269.49	0	0.00	5,576,119	472.40	9,908,791	1,536.58
LTC	12,850,130	4,307.49	124,283,976	4,208.25	0	0.00	1,658,628	257.21
Total	19,620,496	6,576.98	124,283,976	4,208.25	5,576,119	472.40	11,567,419	1,793.79

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	16,128	5.41	149,343	5.06	58,752	4.98	-136,242	-21.13
Service Coordination & Other Expenses	137,638	46.14	1,368,940	46.35	572,703	48.52	311,217	48.26
Net Reinsurance Cost	526	0.18	488	0.02	1,495	0.13	880	0.14
Administrative Expenses								
Fixed Amount	56,681	19.00	561,135	19.00	224,275	19.00	122,523	19.00
Percentage of Premium	1,256,551	5.75%	8,006,639	5.75%	407,667	5.75%	751,852	5.75%
Total	1,313,232	440.21	8,567,774	290.10	631,942	53.54	874,375	135.59
Risk Margin	382,428	1.75%	2,436,803	1.75%	124,073	1.75%	228,825	1.75%
Premium Tax	382,428	1.75%	2,436,803	1.75%	124,073	1.75%	228,825	1.75%
Maintenance Tax	179	0.06	1,772	0.06	708	0.06	387	0.06
Projected Total Cost								
Acute Care	7,500,431	2,514.22	165,103	5.59	6,458,786	547.17	10,885,637	1,688.06
LTC	14,352,625	4,811.14	139,080,797	4,709.27	631,078	53.46	2,190,049	339.62
Total	21,853,056	7,325.35	139,245,900	4,714.86	7,089,864	600.64	13,075,686	2,027.68

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	767,474	
Estimated Incurred Claims - Acute Care		
Professional	56,681,440	73.85
Emergency Room	7,395,095	9.64
Outpatient Facility	22,368,223	29.15
Inpatient Facility	40,705,452	53.04
Other Acute Care	13,155,122	17.14
Acute Care Total	140,305,333	182.81
Estimated Incurred Claims - Long Term Care		
Attendant Care	649,600,730	846.41
Nursing Facility	123,592,320	161.04
Other Long Term Care	101,849,544	132.71
Long Term Care Total	875,042,594	1,140.16
Total - All Claims	1,015,347,927	1,322.97
Projected FY2020 Member Months	771,059	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	143,718,677	186.39
LTC	959,972,345	1,245.01
Total	1,103,691,022	1,431.40

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	3,417,479	4.43
Service Coordination & Other Expenses	37,516,751	48.66
Net Reinsurance Cost	38,348	0.05
Administrative Expenses		
Fixed Amount	14,650,114	19.00
Percentage of Premium	73,458,070	5.75%
Total	88,108,185	114.27
Risk Margin	22,356,804	1.75%
Premium Tax	22,356,804	1.75%
Maintenance Tax	46,264	0.06
Projected Total Cost		
Acute Care	164,283,021	213.06
LTC	1,113,248,635	1,443.79
Total	1,277,531,656	1,656.85

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	170,820		30,002		2,880		11,710	
Experience Period Cost								
Estimated Incurred Claims	84,605,741	495.29	27,958,155	931.86	1,783,481	619.24	5,353,267	457.17
Pay and Chase Recoveries	-1,022,485	-5.99	-180,323	-6.01	-17,913	-6.22	-69,372	-5.92
Total Cost	83,583,257	489.31	27,777,832	925.85	1,765,568	613.02	5,283,895	451.25
Projected FY2020 Member Months	169,006		30,516		2,983		11,804	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9967		0.9983		0.9981		0.9934	
PDL Adjustment - 7/1/2019	0.9845		0.9825		0.9992		0.9857	
Hep C & Orkambi Carve-In	1.0116		1.0071		1.0000		1.0000	
IMD Adjustment	0.9999		0.9998		1.0000		0.9998	
Projected Incurred Claims	91,304,075	540.24	30,554,943	1,001.29	1,922,151	644.32	5,540,123	469.35
Administrative Expenses	304,210	1.80	54,928	1.80	5,370	1.80	21,247	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	94,930,865	561.70	31,720,073	1,039.47	1,997,430	669.56	5,763,077	488.23

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Hidalgo SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	6,330		221,742	
Experience Period Cost				
Estimated Incurred Claims	2,950,646	466.11	122,651,291	553.13
Pay and Chase Recoveries	-41,455	-6.55	-1,331,548	-6.00
Total Cost	2,909,191	459.56	121,319,742	547.12
Projected FY2020 Member Months	6,449		220,757	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9985			
PDL Adjustment - 7/1/2019	0.9895			
Hep C & Orkambi Carve-In	1.0144			
IMD Adjustment	1.0000			
Projected Incurred Claims	4,024,884	624.15	133,346,175	604.04
Administrative Expenses	11,607	1.80	397,363	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	4,182,893	648.65	138,594,339	627.81

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	95,379		7,118		85,942		14,958	
Estimated Incurred Claims - Acute Care								
Professional	14,626,859	153.36	2,955,478	415.21	0	0.00	0	0.00
Emergency Room	5,459,342	57.24	934,750	131.32	0	0.00	0	0.00
Outpatient Facility	8,731,783	91.55	2,024,296	284.39	0	0.00	0	0.00
Inpatient Facility	19,322,453	202.59	4,432,867	622.77	0	0.00	0	0.00
Other Acute Care	4,026,268	42.21	1,348,925	189.51	0	0.00	0	0.00
Acute Care Total	52,166,705	546.94	11,696,317	1,643.21	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	9,941,723	104.23	6,876,864	966.12	15,166,185	176.47	16,392,772	1,095.92
Nursing Facility	67,874	0.71	60,466	8.49	291,278	3.39	512,465	34.26
Other Long Term Care	1,313,314	13.77	2,269,348	318.82	1,062,600	12.36	4,208,708	281.37
Long Term Care Total	11,322,911	118.72	9,206,677	1,293.44	16,520,063	192.22	21,113,945	1,411.55
Total - All Claims	63,489,616	665.66	20,902,994	2,936.64	16,520,063	192.22	21,113,945	1,411.55
Projected FY2020 Member Months	92,991		7,519		85,603		15,069	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9975		0.9986		1.0000		1.0000	
Acute Care - Inpatient	1.0061		1.0092		1.0000		1.0000	
FQHC Wrap Removal	0.9934		0.9970		1.0000		1.0000	
Long Term Care	1.0098		1.0080		1.0091		1.0082	
Projected Incurred Claims								
Acute Care	51,726,085	556.25	12,637,485	1,680.81	0	0.00	0	0.00
LTC	12,208,510	131.29	10,449,398	1,389.79	17,615,808	205.79	23,149,875	1,536.28
Total	63,934,595	687.53	23,086,883	3,070.60	17,615,808	205.79	23,149,875	1,536.28

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	435,406	4.68	32,735	4.35	34,364	0.40	16,398	1.09
Service Coordination & Other Expenses	3,827,026	41.15	493,001	65.57	3,296,426	38.51	829,752	55.06
Net Reinsurance Cost	13,103	0.14	1,983	0.26	965	0.01	149	0.01
Administrative Expenses								
Fixed Amount	1,766,838	19.00	142,855	19.00	1,626,456	19.00	286,307	19.00
Percentage of Premium	4,434,156	5.75%	1,505,322	5.75%	1,430,635	5.75%	1,538,617	5.75%
Total	6,200,994	66.68	1,648,177	219.21	3,057,091	35.71	1,824,924	121.11
Risk Margin	1,349,526	1.75%	458,141	1.75%	435,411	1.75%	468,275	1.75%
Premium Tax	1,349,526	1.75%	458,141	1.75%	435,411	1.75%	468,275	1.75%
Maintenance Tax	5,579	0.06	451	0.06	5,136	0.06	904	0.06
Projected Total Cost								
Acute Care	59,072,798	635.25	14,050,300	1,868.72	38,930	0.45	18,234	1.21
LTC	18,042,958	194.03	12,129,213	1,613.21	24,841,682	290.20	26,740,317	1,774.55
Total	77,115,756	829.28	26,179,513	3,481.93	24,880,612	290.65	26,758,552	1,775.76

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	2,653		21,095		4,802		1,803	
Estimated Incurred Claims - Acute Care								
Professional	709,448	267.38	0	0.00	480,897	100.14	995,465	552.12
Emergency Room	189,452	71.40	0	0.00	113,200	23.57	97,696	54.19
Outpatient Facility	549,660	207.16	0	0.00	302,377	62.96	1,164,160	645.68
Inpatient Facility	1,703,514	642.03	0	0.00	388,226	80.84	719,724	399.18
Other Acute Care	338,716	127.66	0	0.00	265,411	55.27	17,771	9.86
Acute Care Total	3,490,790	1,315.63	0	0.00	1,550,111	322.78	2,994,816	1,661.02
Estimated Incurred Claims - Long Term Care								
Attendant Care	18,181	6.85	48,914	2.32	0	0.00	49,767	27.60
Nursing Facility	10,019,694	3,776.28	68,150,640	3,230.64	0	0.00	0	0.00
Other Long Term Care	57,415	21.64	181,893	8.62	0	0.00	29,715	16.48
Long Term Care Total	10,095,290	3,804.77	68,381,446	3,241.58	0	0.00	79,482	44.08
Total - All Claims	13,586,080	5,120.40	68,381,446	3,241.58	1,550,111	322.78	3,074,298	1,705.10
Projected FY2020 Member Months	2,556		20,558		4,735		1,784	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9983		1.0000		0.9961		0.9963	
Acute Care - Inpatient	1.0181		1.0000		0.9985		1.0011	
FQHC Wrap Removal	0.9979		1.0000		0.9976		0.9962	
Long Term Care	1.0000		1.0000		1.0000		1.0098	
Projected Incurred Claims								
Acute Care	3,481,347	1,362.24	0	0.00	1,617,998	341.69	3,009,225	1,686.83
LTC	10,155,924	3,973.98	70,082,275	3,408.97	0	0.00	85,315	47.82
Total	13,637,271	5,336.23	70,082,275	3,408.97	1,617,998	341.69	3,094,540	1,734.66

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	15,911	6.23	39,247	1.91	29,122	6.15	12,196	6.84
Service Coordination & Other Expenses	110,039	43.06	882,148	42.91	206,689	43.65	78,236	43.86
Net Reinsurance Cost	415	0.16	177	0.01	458	0.10	186	0.10
Administrative Expenses								
Fixed Amount	48,556	19.00	390,606	19.00	89,971	19.00	33,895	19.00
Percentage of Premium	875,162	5.75%	4,523,694	5.75%	123,207	5.75%	203,969	5.75%
Total	923,719	361.45	4,914,300	239.04	213,178	45.02	237,864	133.34
Risk Margin	266,354	1.75%	1,376,776	1.75%	37,498	1.75%	62,077	1.75%
Premium Tax	266,354	1.75%	1,376,776	1.75%	37,498	1.75%	62,077	1.75%
Maintenance Tax	153	0.06	1,233	0.06	284	0.06	107	0.06
Projected Total Cost								
Acute Care	3,867,886	1,513.49	43,443	2.11	1,914,966	404.40	3,366,030	1,886.84
LTC	11,352,329	4,442.13	78,629,490	3,824.72	227,756	48.10	181,254	101.60
Total	15,220,215	5,955.63	78,672,933	3,826.84	2,142,723	452.50	3,547,284	1,988.44

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	233,751	
Estimated Incurred Claims - Acute Care		
Professional	19,768,147	84.57
Emergency Room	6,794,441	29.07
Outpatient Facility	12,772,275	54.64
Inpatient Facility	26,566,784	113.65
Other Acute Care	5,997,091	25.66
Acute Care Total	71,898,739	307.59
Estimated Incurred Claims - Long Term Care		
Attendant Care	48,494,406	207.46
Nursing Facility	79,102,416	338.41
Other Long Term Care	9,122,992	39.03
Long Term Care Total	136,719,814	584.90
Total - All Claims	208,618,552	892.48
Projected FY2020 Member Months	230,815	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	72,472,140	313.98
LTC	143,747,105	622.78
Total	216,219,245	936.76

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	615,380	2.67
Service Coordination & Other Expenses	9,723,316	42.13
Net Reinsurance Cost	17,436	0.08
Administrative Expenses		
Fixed Amount	4,385,485	19.00
Percentage of Premium	14,634,761	5.75%
Total	19,020,246	82.40
Risk Margin	4,454,058	1.75%
Premium Tax	4,454,058	1.75%
Maintenance Tax	13,849	0.06
Projected Total Cost		
Acute Care	82,372,588	356.88
LTC	172,145,000	745.81
Total	254,517,588	1,102.69

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	94,311		7,346		2,560		4,689	
Experience Period Cost								
Estimated Incurred Claims	41,875,106	444.01	5,773,780	786.02	1,684,860	658.13	2,503,797	533.98
Pay and Chase Recoveries	-238,342	-2.53	-22,207	-3.02	-6,601	-2.58	-12,472	-2.66
Total Cost	41,636,765	441.48	5,751,573	783.00	1,678,259	655.55	2,491,325	531.32
Projected FY2020 Member Months	92,991		7,519		2,556		4,735	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9963		0.9971		0.9922		0.9938	
PDL Adjustment - 7/1/2019	0.9852		0.9906		0.9984		0.9873	
Hep C & Orkambi Carve-In	1.0341		1.0000		1.0000		1.0000	
IMD Adjustment	0.9999		1.0000		0.9994		1.0000	
Projected Incurred Claims	46,350,180	498.43	6,367,649	846.91	1,748,003	683.99	2,622,720	553.86
Administrative Expenses	167,385	1.80	13,534	1.80	4,600	1.80	8,524	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	48,204,730	518.38	6,612,624	879.49	1,816,169	710.66	2,726,677	575.82

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Jefferson SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	1,779		110,685	
Experience Period Cost				
Estimated Incurred Claims	1,093,459	614.65	52,931,002	478.21
Pay and Chase Recoveries	-4,977	-2.80	-284,598	-2.57
Total Cost	1,088,482	611.85	52,646,404	475.64
Projected FY2020 Member Months	1,784		109,585	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9989			
PDL Adjustment - 7/1/2019	0.9937			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	1,468,162	822.98	58,556,714	534.35
Administrative Expenses	3,211	1.80	197,253	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,524,739	854.70	60,884,939	555.60

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	57,574		3,195		62,463		6,869	
Estimated Incurred Claims - Acute Care								
Professional	8,030,428	139.48	947,614	296.61	0	0.00	0	0.00
Emergency Room	2,334,329	40.54	191,886	60.06	0	0.00	0	0.00
Outpatient Facility	6,240,213	108.39	937,800	293.54	0	0.00	0	0.00
Inpatient Facility	12,718,744	220.91	1,630,180	510.26	0	0.00	0	0.00
Other Acute Care	3,362,661	58.41	643,659	201.47	0	0.00	0	0.00
Acute Care Total	32,686,375	567.73	4,351,140	1,361.93	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	2,635,121	45.77	3,010,118	942.18	4,592,856	73.53	6,460,834	940.58
Nursing Facility	23,714	0.41	39,580	12.39	227,222	3.64	198,780	28.94
Other Long Term Care	641,674	11.15	584,735	183.03	1,196,977	19.16	2,026,853	295.07
Long Term Care Total	3,300,509	57.33	3,634,433	1,137.60	6,017,055	96.33	8,686,467	1,264.59
Total - All Claims	35,986,884	625.06	7,985,573	2,499.53	6,017,055	96.33	8,686,467	1,264.59
Projected FY2020 Member Months	57,883		3,494		62,808		6,796	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9990		1.0014		1.0000		1.0000	
Acute Care - Inpatient	1.0015		1.0065		1.0000		1.0000	
FQHC Wrap Removal	0.9883		0.9951		1.0000		1.0000	
Long Term Care	1.0097		1.0083		1.0086		1.0076	
Projected Incurred Claims								
Acute Care	33,146,919	572.66	4,858,211	1,390.61	0	0.00	0	0.00
LTC	3,669,232	63.39	4,271,631	1,222.71	6,473,969	103.08	9,347,836	1,375.51
Total	36,816,151	636.05	9,129,843	2,613.31	6,473,969	103.08	9,347,836	1,375.51

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	141,887	2.45	16,867	4.83	88,955	1.42	9,059	1.33
Service Coordination & Other Expenses	2,759,829	47.68	183,222	52.45	2,865,468	45.62	355,446	52.30
Net Reinsurance Cost	2,085	0.04	122	0.03	2,175	0.03	233	0.03
Administrative Expenses								
Fixed Amount	1,099,771	19.00	66,378	19.00	1,193,357	19.00	129,122	19.00
Percentage of Premium	2,586,594	5.75%	595,380	5.75%	673,380	5.75%	623,604	5.75%
Total	3,686,365	63.69	661,758	189.42	1,866,737	29.72	752,726	110.76
Risk Margin	787,224	1.75%	181,202	1.75%	204,942	1.75%	189,793	1.75%
Premium Tax	787,224	1.75%	181,202	1.75%	204,942	1.75%	189,793	1.75%
Maintenance Tax	3,473	0.06	210	0.06	3,768	0.06	408	0.06
Projected Total Cost								
Acute Care	37,778,712	652.68	5,411,166	1,548.88	100,419	1.60	10,239	1.51
LTC	7,205,526	124.48	4,943,260	1,414.95	11,610,537	184.86	10,835,054	1,594.36
Total	44,984,239	777.16	10,354,426	2,963.84	11,710,955	186.46	10,845,293	1,595.86

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	2,293		18,659		6,996		1,305	
Estimated Incurred Claims - Acute Care								
Professional	468,252	204.19	0	0.00	742,084	106.07	314,600	241.07
Emergency Room	113,431	49.46	0	0.00	125,160	17.89	35,450	27.16
Outpatient Facility	297,742	129.84	0	0.00	475,828	68.01	1,244,747	953.83
Inpatient Facility	1,172,843	511.45	0	0.00	531,507	75.97	316,997	242.91
Other Acute Care	213,120	92.94	0	0.00	498,014	71.18	91,943	70.45
Acute Care Total	2,265,389	987.89	0	0.00	2,372,592	339.11	2,003,736	1,535.43
Estimated Incurred Claims - Long Term Care								
Attendant Care	3,101	1.35	15,856	0.85	0	0.00	25,827	19.79
Nursing Facility	9,229,790	4,024.91	64,799,501	3,472.80	0	0.00	0	0.00
Other Long Term Care	2,802	1.22	53,394	2.86	0	0.00	9,573	7.34
Long Term Care Total	9,235,693	4,027.48	64,868,751	3,476.51	0	0.00	35,400	27.13
Total - All Claims	11,501,082	5,015.37	64,868,751	3,476.51	2,372,592	339.11	2,039,136	1,562.56
Projected FY2020 Member Months	2,284		19,029		7,086		1,312	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9905		1.0000		1.0025		1.0012	
Acute Care - Inpatient	1.0052		1.0000		0.9982		1.0001	
FQHC Wrap Removal	0.9998		1.0000		0.9845		0.9950	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	2,292,654	1,003.99	0	0.00	2,525,712	356.42	2,051,799	1,563.58
LTC	9,605,984	4,206.61	69,570,924	3,656.03	0	0.00	38,621	29.43
Total	11,898,638	5,210.59	69,570,924	3,656.03	2,525,712	356.42	2,090,419	1,593.01

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	4,365	1.91	26,736	1.41	13,359	1.89	-41,327	-31.49
Service Coordination & Other Expenses	106,827	46.78	863,200	45.36	339,812	47.95	62,612	47.71
Net Reinsurance Cost	81	0.04	656	0.03	257	0.04	47	0.04
Administrative Expenses								
Fixed Amount	43,387	19.00	361,553	19.00	134,639	19.00	24,933	19.00
Percentage of Premium	763,716	5.75%	4,487,484	5.75%	190,983	5.75%	135,387	5.75%
Total	807,104	353.44	4,849,037	254.82	325,622	45.95	160,320	122.17
Risk Margin	232,435	1.75%	1,365,756	1.75%	58,125	1.75%	41,205	1.75%
Premium Tax	232,435	1.75%	1,365,756	1.75%	58,125	1.75%	41,205	1.75%
Maintenance Tax	137	0.06	1,142	0.06	425	0.06	79	0.06
Projected Total Cost								
Acute Care	2,540,481	1,112.52	30,184	1.59	2,946,989	415.87	2,242,500	1,708.90
LTC	10,741,541	4,703.88	78,013,023	4,099.67	374,449	52.84	112,060	85.40
Total	13,282,022	5,816.40	78,043,207	4,101.26	3,321,438	468.71	2,354,560	1,794.30

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	159,354	
Estimated Incurred Claims - Acute Care		
Professional	10,502,977	65.91
Emergency Room	2,800,256	17.57
Outpatient Facility	9,196,330	57.71
Inpatient Facility	16,370,271	102.73
Other Acute Care	4,809,398	30.18
Acute Care Total	43,679,233	274.10
Estimated Incurred Claims - Long Term Care		
Attendant Care	16,743,713	105.07
Nursing Facility	74,518,587	467.63
Other Long Term Care	4,516,008	28.34
Long Term Care Total	95,778,308	601.04
Total - All Claims	139,457,540	875.14
Projected FY2020 Member Months	160,692	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	44,875,296	279.26
LTC	102,978,197	640.84
Total	147,853,493	920.11

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	259,901	1.62
Service Coordination & Other Expenses	7,536,417	46.90
Net Reinsurance Cost	5,655	0.04
Administrative Expenses		
Fixed Amount	3,053,140	19.00
Percentage of Premium	10,056,528	5.75%
Total	13,109,668	81.58
Risk Margin	3,060,682	1.75%
Premium Tax	3,060,682	1.75%
Maintenance Tax	9,641	0.06
Projected Total Cost		
Acute Care	51,060,689	317.76
LTC	123,835,451	770.64
Total	174,896,140	1,088.40

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	57,665		3,291		2,269		7,021	
Experience Period Cost								
Estimated Incurred Claims	24,672,980	427.87	2,783,161	845.68	1,365,236	601.71	3,032,027	431.84
Pay and Chase Recoveries	-182,710	-3.17	-9,013	-2.74	-6,644	-2.93	-22,760	-3.24
Total Cost	24,490,270	424.70	2,774,148	842.94	1,358,591	598.78	3,009,266	428.60
Projected FY2020 Member Months	57,883		3,494		2,284		7,086	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9959		0.9962		0.9913		0.9858	
PDL Adjustment - 7/1/2019	0.9815		0.9863		0.9951		0.9890	
Hep C & Orkambi Carve-In	1.0283		1.0145		1.0182		1.0000	
IMD Adjustment	1.0000		1.0000		0.9988		1.0000	
Projected Incurred Claims	27,486,438	474.86	3,214,527	920.12	1,445,639	633.07	3,145,951	443.95
Administrative Expenses	104,189	1.80	6,288	1.80	4,110	1.80	12,755	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	28,591,324	493.95	3,337,633	955.36	1,502,331	657.89	3,273,271	461.92

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Lubbock SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	1,330		71,576	
Experience Period Cost				
Estimated Incurred Claims	586,817	441.22	32,440,220	453.23
Pay and Chase Recoveries	-4,226	-3.18	-225,353	-3.15
Total Cost	582,591	438.04	32,214,866	450.08
Projected FY2020 Member Months	1,312		72,058	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9994			
PDL Adjustment - 7/1/2019	0.9861			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	767,638	584.98	36,060,193	500.43
Administrative Expenses	2,362	1.80	129,705	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	797,928	608.06	37,502,485	520.45

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	83,989		10,067		97,805		28,628	
Estimated Incurred Claims - Acute Care								
Professional	13,670,053	162.76	4,165,402	413.78	0	0.00	0	0.00
Emergency Room	4,355,583	51.86	674,384	66.99	0	0.00	0	0.00
Outpatient Facility	4,925,534	58.64	1,061,548	105.45	0	0.00	0	0.00
Inpatient Facility	16,324,276	194.36	4,070,478	404.35	0	0.00	0	0.00
Other Acute Care	2,452,665	29.20	868,932	86.32	0	0.00	0	0.00
Acute Care Total	41,728,111	496.83	10,840,744	1,076.90	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	21,400,403	254.80	14,862,382	1,476.40	34,770,927	355.51	45,041,563	1,573.36
Nursing Facility	36,935	0.44	123,372	12.26	96,943	0.99	470,139	16.42
Other Long Term Care	2,999,375	35.71	1,721,558	171.02	3,510,062	35.89	4,561,493	159.34
Long Term Care Total	24,436,713	290.95	16,707,312	1,659.67	38,377,932	392.39	50,073,195	1,749.12
Total - All Claims	66,164,824	787.78	27,548,056	2,736.56	38,377,932	392.39	50,073,195	1,749.12
Projected FY2020 Member Months	83,409		10,410		96,516		28,300	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9976		1.0019		1.0000		1.0000	
Acute Care - Inpatient	1.0070		1.0101		1.0000		1.0000	
FQHC Wrap Removal	0.9884		0.9920		1.0000		1.0000	
Long Term Care	1.0093		1.0084		1.0091		1.0087	
Projected Incurred Claims								
Acute Care	41,972,251	503.21	11,458,074	1,100.68	0	0.00	0	0.00
LTC	26,824,445	321.60	18,571,511	1,784.01	40,544,241	420.08	53,900,590	1,904.62
Total	68,796,696	824.81	30,029,584	2,884.69	40,544,241	420.08	53,900,590	1,904.62

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	681,442	8.17	56,105	5.39	282,214	2.92	82,106	2.90
Service Coordination & Other Expenses	4,296,096	51.51	591,861	56.86	4,965,829	51.45	1,816,292	64.18
Net Reinsurance Cost	1,685	0.02	264	0.03	1,971	0.02	588	0.02
Administrative Expenses								
Fixed Amount	1,584,766	19.00	197,790	19.00	1,833,805	19.00	537,698	19.00
Percentage of Premium	4,775,237	5.75%	1,956,345	5.75%	3,018,123	5.75%	3,569,687	5.75%
Total	6,360,003	76.25	2,154,135	206.93	4,851,927	50.27	4,107,385	145.14
Risk Margin	1,453,333	1.75%	595,409	1.75%	918,559	1.75%	1,086,426	1.75%
Premium Tax	1,453,333	1.75%	595,409	1.75%	918,559	1.75%	1,086,426	1.75%
Maintenance Tax	5,005	0.06	625	0.06	5,791	0.06	1,698	0.06
Projected Total Cost								
Acute Care	48,071,938	576.34	12,771,514	1,226.85	313,152	3.24	91,122	3.22
LTC	34,975,654	419.33	21,251,878	2,041.49	52,175,941	540.59	61,990,389	2,190.48
Total	83,047,592	995.67	34,023,392	3,268.35	52,489,093	543.84	62,081,512	2,193.70

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	2,216		22,760		5,775		2,078	
Estimated Incurred Claims - Acute Care								
Professional	588,268	265.50	0	0.00	748,551	129.62	2,098,264	1,009.75
Emergency Room	111,901	50.50	0	0.00	105,502	18.27	73,525	35.38
Outpatient Facility	124,939	56.39	0	0.00	102,407	17.73	771,998	371.51
Inpatient Facility	1,505,160	679.32	0	0.00	487,135	84.35	531,817	255.93
Other Acute Care	79,325	35.80	0	0.00	278,328	48.19	45,405	21.85
Acute Care Total	2,409,594	1,087.52	0	0.00	1,721,923	298.16	3,521,010	1,694.42
Estimated Incurred Claims - Long Term Care								
Attendant Care	55,966	25.26	81,568	3.58	0	0.00	163,560	78.71
Nursing Facility	8,326,373	3,757.92	80,516,240	3,537.70	0	0.00	0	0.00
Other Long Term Care	56,236	25.38	180,609	7.94	0	0.00	10,917	5.25
Long Term Care Total	8,438,575	3,808.56	80,778,417	3,549.21	0	0.00	174,477	83.96
Total - All Claims	10,848,169	4,896.08	80,778,417	3,549.21	1,721,923	298.16	3,695,487	1,778.39
Projected FY2020 Member Months	2,298		22,323		5,891		2,144	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0050		1.0000		1.0044		1.0035	
Acute Care - Inpatient	1.0143		1.0000		1.0037		1.0024	
FQHC Wrap Removal	0.9998		1.0000		0.9826		0.9959	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	2,600,715	1,131.55	0	0.00	1,856,357	315.09	3,719,825	1,734.98
LTC	9,142,747	3,977.95	83,318,842	3,732.49	0	0.00	195,314	91.10
Total	11,743,462	5,109.50	83,318,842	3,732.49	1,856,357	315.09	3,915,138	1,826.08

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	17,699	7.70	61,764	2.77	43,833	7.44	-34,912	-16.28
Service Coordination & Other Expenses	127,220	55.35	1,234,738	55.31	303,360	51.49	111,484	52.00
Net Reinsurance Cost	42	0.02	428	0.02	123	0.02	55	0.03
Administrative Expenses								
Fixed Amount	43,669	19.00	424,129	19.00	111,938	19.00	40,736	19.00
Percentage of Premium	756,037	5.75%	5,388,288	5.75%	146,742	5.75%	255,511	5.75%
Total	799,705	347.95	5,812,417	260.38	258,679	43.91	296,247	138.17
Risk Margin	230,098	1.75%	1,639,914	1.75%	44,660	1.75%	77,764	1.75%
Premium Tax	230,098	1.75%	1,639,914	1.75%	44,660	1.75%	77,764	1.75%
Maintenance Tax	138	0.06	1,339	0.06	353	0.06	129	0.06
Projected Total Cost								
Acute Care	2,896,041	1,260.05	68,532	3.07	2,217,745	376.43	4,103,353	1,913.87
LTC	10,252,421	4,460.76	93,640,826	4,194.89	334,281	56.74	340,316	158.73
Total	13,148,463	5,720.81	93,709,358	4,197.96	2,552,027	433.17	4,443,669	2,072.60

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	253,316	
Estimated Incurred Claims - Acute Care		
Professional	21,270,539	83.97
Emergency Room	5,320,895	21.00
Outpatient Facility	6,986,426	27.58
Inpatient Facility	22,918,867	90.48
Other Acute Care	3,724,655	14.70
Acute Care Total	60,221,382	237.73
Estimated Incurred Claims - Long Term Care		
Attendant Care	116,376,369	459.41
Nursing Facility	89,570,003	353.59
Other Long Term Care	13,040,250	51.48
Long Term Care Total	218,986,621	864.48
Total - All Claims	279,208,003	1,102.21
Projected FY2020 Member Months	251,291	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	61,607,222	245.16
LTC	232,497,690	925.21
Total	294,104,912	1,170.38

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	1,190,250	4.74
Service Coordination & Other Expenses	13,446,881	53.51
Net Reinsurance Cost	5,156	0.02
Administrative Expenses		
Fixed Amount	4,774,530	19.00
Percentage of Premium	19,865,969	5.75%
Total	24,640,499	98.06
Risk Margin	6,046,164	1.75%
Premium Tax	6,046,164	1.75%
Maintenance Tax	15,077	0.06
Projected Total Cost		
Acute Care	70,533,398	280.68
LTC	274,961,707	1,094.20
Total	345,495,105	1,374.88

FY2020 STAR+PLUS Rating Summary
Nueces SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	83,754		10,099		2,279		5,778	
Experience Period Cost								
Estimated Incurred Claims	39,002,395	465.68	9,201,077	911.09	1,495,555	656.32	2,460,368	425.84
Pay and Chase Recoveries	-324,355	-3.87	-41,041	-4.06	-8,666	-3.80	-22,504	-3.89
Total Cost	38,678,040	461.81	9,160,036	907.03	1,486,888	652.52	2,437,865	421.94
Projected FY2020 Member Months	83,409		10,410		2,298		5,891	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9973		0.9986		0.9958		0.9920	
PDL Adjustment - 7/1/2019	0.9822		0.9883		0.9986		0.9879	
Hep C & Orkambi Carve-In	1.0409		1.0359		1.0063		1.0164	
IMD Adjustment	0.9997		0.9993		1.0000		1.0000	
Projected Incurred Claims	43,675,653	523.63	10,563,421	1,014.74	1,581,615	688.15	2,630,639	446.52
Administrative Expenses	150,136	1.80	18,738	1.80	4,137	1.80	10,605	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	45,415,325	544.49	10,965,968	1,053.41	1,643,266	714.97	2,737,040	464.58

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
 Nueces SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	2,167		104,076	
Experience Period Cost				
Estimated Incurred Claims	983,538	453.87	53,142,932	510.62
Pay and Chase Recoveries	-8,820	-4.07	-405,385	-3.90
Total Cost	974,718	449.80	52,737,547	506.72
Projected FY2020 Member Months	2,144		104,153	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9980			
PDL Adjustment - 7/1/2019	0.9890			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	1,289,861	601.61	59,741,188	573.59
Administrative Expenses	3,859	1.80	187,475	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,340,643	625.30	62,102,241	596.26

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	192,709		14,391		158,101		25,780	
Estimated Incurred Claims - Acute Care								
Professional	27,625,468	143.35	3,935,646	273.47	0	0.00	0	0.00
Emergency Room	13,112,209	68.04	1,943,430	135.04	0	0.00	0	0.00
Outpatient Facility	26,999,711	140.11	7,821,194	543.46	0	0.00	0	0.00
Inpatient Facility	37,422,851	194.19	7,313,437	508.18	0	0.00	0	0.00
Other Acute Care	8,107,778	42.07	956,427	66.46	0	0.00	0	0.00
Acute Care Total	113,268,017	587.77	21,970,134	1,526.61	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	20,266,497	105.17	16,889,443	1,173.57	32,880,864	207.97	30,330,400	1,176.53
Nursing Facility	182,450	0.95	467,067	32.45	875,978	5.54	1,272,006	49.34
Other Long Term Care	734,271	3.81	5,029,246	349.46	2,423,385	15.33	7,856,072	304.74
Long Term Care Total	21,183,218	109.92	22,385,757	1,555.49	36,180,227	228.84	39,458,478	1,530.61
Total - All Claims	134,451,235	697.69	44,355,891	3,082.10	36,180,227	228.84	39,458,478	1,530.61
Projected FY2020 Member Months	191,374		15,794		163,972		26,795	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9949		1.0015		1.0000		1.0000	
Acute Care - Inpatient	1.0014		1.0007		1.0000		1.0000	
FQHC Wrap Removal	0.9989		0.9994		1.0000		1.0000	
Long Term Care	1.0103		1.0077		1.0092		1.0077	
Projected Incurred Claims								
Acute Care	114,192,518	596.70	24,585,875	1,556.70	0	0.00	0	0.00
LTC	23,275,602	121.62	26,388,994	1,670.86	40,175,080	245.01	44,615,202	1,665.03
Total	137,468,120	718.32	50,974,869	3,227.56	40,175,080	245.01	44,615,202	1,665.03

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	370,807	1.94	30,816	1.95	124,107	0.76	31,385	1.17
Service Coordination & Other Expenses	8,082,970	42.24	940,909	59.58	6,961,019	42.45	1,595,464	59.54
Net Reinsurance Cost	4,308	0.02	381	0.02	3,615	0.02	646	0.02
Administrative Expenses								
Fixed Amount	3,636,100	19.00	300,079	19.00	3,115,462	19.00	509,113	19.00
Percentage of Premium	9,477,127	5.75%	3,310,479	5.75%	3,192,699	5.75%	2,962,338	5.75%
Total	13,113,228	68.52	3,610,558	228.61	6,308,161	38.47	3,471,451	129.55
Risk Margin	2,884,343	1.75%	1,007,537	1.75%	971,691	1.75%	901,581	1.75%
Premium Tax	2,884,343	1.75%	1,007,537	1.75%	971,691	1.75%	901,581	1.75%
Maintenance Tax	11,482	0.06	948	0.06	9,838	0.06	1,608	0.06
Projected Total Cost								
Acute Care	129,584,155	677.13	27,286,239	1,727.68	140,740	0.86	35,296	1.32
LTC	35,235,446	184.12	30,287,317	1,917.69	55,384,462	337.77	51,483,622	1,921.36
Total	164,819,601	861.24	57,573,556	3,645.37	55,525,202	338.63	51,518,918	1,922.68

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	8,348		52,456		23,799		4,597	
Estimated Incurred Claims - Acute Care								
Professional	2,911,582	348.78	0	0.00	1,290,045	54.21	5,980,005	1,300.85
Emergency Room	728,181	87.23	0	0.00	551,414	23.17	203,497	44.27
Outpatient Facility	2,015,071	241.38	0	0.00	2,442,439	102.63	1,357,690	295.34
Inpatient Facility	6,004,278	719.25	0	0.00	1,133,907	47.64	851,212	185.17
Other Acute Care	500,164	59.91	0	0.00	703,664	29.57	38,323	8.34
Acute Care Total	12,159,275	1,456.55	0	0.00	6,121,470	257.21	8,430,727	1,833.96
Estimated Incurred Claims - Long Term Care								
Attendant Care	60,975	7.30	146,996	2.80	0	0.00	121,773	26.49
Nursing Facility	30,912,502	3,702.98	176,927,813	3,372.89	0	0.00	66	0.01
Other Long Term Care	1,511	0.18	2,240,801	42.72	0	0.00	824	0.18
Long Term Care Total	30,974,987	3,710.47	179,315,610	3,418.41	0	0.00	122,664	26.68
Total - All Claims	43,134,262	5,167.02	179,315,610	3,418.41	6,121,470	257.21	8,553,390	1,860.65
Projected FY2020 Member Months	8,513		54,095		24,126		4,756	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9996		1.0000		1.0013		0.9989	
Acute Care - Inpatient	1.0030		1.0000		1.0011		1.0017	
FQHC Wrap Removal	0.9998		1.0000		0.9978		0.9992	
Long Term Care	1.0000		1.0000		1.0000		1.0098	
Projected Incurred Claims								
Acute Care	12,689,434	1,490.56	0	0.00	6,621,863	274.47	8,913,830	1,874.15
LTC	32,992,881	3,875.49	194,467,195	3,594.93	0	0.00	137,680	28.95
Total	45,682,315	5,366.05	194,467,195	3,594.93	6,621,863	274.47	9,051,510	1,903.10

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	16,454	1.93	35,823	0.66	46,631	1.93	9,309	1.96
Service Coordination & Other Expenses	361,828	42.50	2,365,308	43.73	1,025,480	42.50	195,712	41.15
Net Reinsurance Cost	187	0.02	1,043	0.02	529	0.02	118	0.02
Administrative Expenses								
Fixed Amount	161,751	19.00	1,027,801	19.00	458,401	19.00	90,368	19.00
Percentage of Premium	2,928,733	5.75%	12,539,145	5.75%	516,667	5.75%	592,253	5.75%
Total	3,090,484	363.02	13,566,946	250.80	975,068	40.42	682,621	143.52
Risk Margin	891,354	1.75%	3,816,261	1.75%	157,246	1.75%	180,251	1.75%
Premium Tax	891,354	1.75%	3,816,261	1.75%	157,246	1.75%	180,251	1.75%
Maintenance Tax	511	0.06	3,246	0.06	1,448	0.06	285	0.06
Projected Total Cost								
Acute Care	14,050,851	1,650.48	40,624	0.75	7,855,505	325.60	9,931,165	2,088.05
LTC	36,883,635	4,332.52	218,031,460	4,030.54	1,130,005	46.84	368,893	77.56
Total	50,934,486	5,982.99	218,072,084	4,031.29	8,985,510	372.44	10,300,058	2,165.61

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	480,181	
Estimated Incurred Claims - Acute Care		
Professional	41,742,747	86.93
Emergency Room	16,538,731	34.44
Outpatient Facility	40,636,104	84.63
Inpatient Facility	52,725,685	109.80
Other Acute Care	10,306,355	21.46
Acute Care Total	161,949,623	337.27
Estimated Incurred Claims - Long Term Care		
Attendant Care	100,696,947	209.71
Nursing Facility	210,637,883	438.66
Other Long Term Care	18,286,111	38.08
Long Term Care Total	329,620,942	686.45
Total - All Claims	491,570,564	1,023.72
Projected FY2020 Member Months	489,425	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	167,003,520	341.22
LTC	362,052,634	739.75
Total	529,056,154	1,080.97

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	665,333	1.36
Service Coordination & Other Expenses	21,528,689	43.99
Net Reinsurance Cost	10,828	0.02
Administrative Expenses		
Fixed Amount	9,299,075	19.00
Percentage of Premium	35,519,441	5.75%
Total	44,818,517	91.57
Risk Margin	10,810,265	1.75%
Premium Tax	10,810,265	1.75%
Maintenance Tax	29,366	0.06
Projected Total Cost		
Acute Care	188,924,575	386.01
LTC	428,804,840	876.14
Total	617,729,416	1,262.15

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	192,121		15,093		8,395		23,856	
Experience Period Cost								
Estimated Incurred Claims	87,032,768	453.01	15,397,785	1,020.18	6,003,134	715.09	10,604,990	444.54
Pay and Chase Recoveries	-142,731	-0.74	-12,025	-0.80	-6,078	-0.72	-17,266	-0.72
Total Cost	86,890,037	452.27	15,385,760	1,019.38	5,997,056	714.37	10,587,723	443.82
Projected FY2020 Member Months	191,374		15,794		8,513		24,126	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9960		0.9960		0.9974		0.9875	
PDL Adjustment - 7/1/2019	0.9816		0.9857		0.9957		0.9889	
Hep C & Orkambi Carve-In	1.0294		1.0093		1.0043		1.0062	
IMD Adjustment	0.9998		1.0000		0.9998		1.0000	
Projected Incurred Claims	96,879,328	506.23	17,469,615	1,106.12	6,391,324	750.75	11,178,043	463.31
Administrative Expenses	344,473	1.80	28,429	1.80	15,324	1.80	43,427	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	100,750,052	526.46	18,132,687	1,148.10	6,639,014	779.85	11,628,467	481.98

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Tarrant SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	4,654		244,119	
Experience Period Cost				
Estimated Incurred Claims	2,346,933	504.32	121,385,610	497.24
Pay and Chase Recoveries	-3,819	-0.82	-181,919	-0.75
Total Cost	2,343,114	503.50	121,203,691	496.49
Projected FY2020 Member Months	4,756		244,563	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9965			
PDL Adjustment - 7/1/2019	0.9934			
Hep C & Orkambi Carve-In	1.0425			
IMD Adjustment	1.0000			
Projected Incurred Claims	3,348,931	704.12	135,267,241	553.10
Administrative Expenses	8,561	1.80	440,214	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	3,479,266	731.52	140,629,486	575.02

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	110,501		7,472		111,222		19,093	
Estimated Incurred Claims - Acute Care								
Professional	16,269,329	147.23	3,013,429	403.31	0	0.00	0	0.00
Emergency Room	6,462,870	58.49	653,343	87.44	0	0.00	0	0.00
Outpatient Facility	9,471,057	85.71	2,524,467	337.87	0	0.00	0	0.00
Inpatient Facility	19,983,225	180.84	3,114,336	416.82	0	0.00	0	0.00
Other Acute Care	7,044,882	63.75	566,533	75.82	0	0.00	0	0.00
Acute Care Total	59,231,363	536.03	9,872,108	1,321.27	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	12,310,153	111.40	10,058,898	1,346.27	19,704,434	177.16	26,444,318	1,385.02
Nursing Facility	46,620	0.42	75,247	10.07	194,089	1.75	421,529	22.08
Other Long Term Care	2,800,915	25.35	4,830,174	646.46	1,838,761	16.53	4,209,303	220.46
Long Term Care Total	15,157,688	137.17	14,964,319	2,002.81	21,737,284	195.44	31,075,151	1,627.56
Total - All Claims	74,389,051	673.20	24,836,427	3,324.08	21,737,284	195.44	31,075,151	1,627.56
Projected FY2020 Member Months	110,955		7,743		112,074		19,152	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9826		1.0043		1.0000		1.0000	
Acute Care - Inpatient	1.0065		1.0046		1.0000		1.0000	
FQHC Wrap Removal	0.9704		0.9852		1.0000		1.0000	
Long Term Care	1.0101		1.0079		1.0090		1.0085	
Projected Incurred Claims								
Acute Care	58,223,323	524.75	10,352,242	1,337.06	0	0.00	0	0.00
LTC	16,836,798	151.74	16,660,319	2,151.79	23,446,955	209.21	33,934,966	1,771.90
Total	75,060,121	676.49	27,012,561	3,488.85	23,446,955	209.21	33,934,966	1,771.90

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	658,659	5.94	40,654	5.25	19,145	0.17	3,941	0.21
Service Coordination & Other Expenses	4,972,539	44.82	466,245	60.22	4,943,559	44.11	1,244,999	65.01
Net Reinsurance Cost	1,453	0.01	117	0.02	1,651	0.01	271	0.01
Administrative Expenses								
Fixed Amount	2,108,153	19.00	147,108	19.00	2,129,412	19.00	363,883	19.00
Percentage of Premium	5,246,761	5.75%	1,753,015	5.75%	1,935,513	5.75%	2,252,429	5.75%
Total	7,354,914	66.29	1,900,123	245.41	4,064,925	36.27	2,616,312	136.61
Risk Margin	1,596,840	1.75%	533,526	1.75%	589,069	1.75%	685,522	1.75%
Premium Tax	1,596,840	1.75%	533,526	1.75%	589,069	1.75%	685,522	1.75%
Maintenance Tax	6,657	0.06	465	0.06	6,724	0.06	1,149	0.06
Projected Total Cost								
Acute Care	66,692,969	601.08	11,514,676	1,487.20	22,915	0.20	4,640	0.24
LTC	24,555,054	221.31	18,972,542	2,450.43	33,638,182	300.14	39,168,041	2,045.14
Total	91,248,023	822.38	30,487,218	3,937.63	33,661,097	300.35	39,172,681	2,045.38

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	4,461		35,289		14,423		2,901	
Estimated Incurred Claims - Acute Care								
Professional	1,054,856	236.46	0	0.00	1,462,642	101.41	3,727,849	1,285.02
Emergency Room	183,723	41.18	0	0.00	294,757	20.44	92,326	31.83
Outpatient Facility	820,685	183.97	0	0.00	531,273	36.84	553,613	190.84
Inpatient Facility	2,466,926	552.99	0	0.00	1,476,363	102.36	539,848	186.09
Other Acute Care	256,199	57.43	0	0.00	689,203	47.78	32,092	11.06
Acute Care Total	4,782,388	1,072.04	0	0.00	4,454,239	308.83	4,945,729	1,704.84
Estimated Incurred Claims - Long Term Care								
Attendant Care	42,673	9.57	106,280	3.01	0	0.00	27,806	9.59
Nursing Facility	17,340,716	3,887.16	123,244,139	3,492.42	0	0.00	0	0.00
Other Long Term Care	311,910	69.92	290,483	8.23	0	0.00	71,955	24.80
Long Term Care Total	17,695,299	3,966.64	123,640,903	3,503.66	0	0.00	99,761	34.39
Total - All Claims	22,477,688	5,038.68	123,640,903	3,503.66	4,454,239	308.83	5,045,490	1,739.22
Projected FY2020 Member Months	4,510		35,871		14,664		3,019	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0007		1.0000		0.9919		1.0000	
Acute Care - Inpatient	1.0130		1.0000		1.0121		1.0028	
FQHC Wrap Removal	0.9982		1.0000		0.9796		0.9935	
Long Term Care	1.0000		1.0000		1.0000		1.0089	
Projected Incurred Claims								
Acute Care	4,994,528	1,107.44	0	0.00	4,751,289	324.02	5,241,785	1,736.00
LTC	18,685,145	4,143.06	132,169,252	3,684.59	0	0.00	112,544	37.27
Total	23,679,673	5,250.49	132,169,252	3,684.59	4,751,289	324.02	5,354,329	1,773.27

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	26,083	5.78	10,419	0.29	111,636	7.61	22,906	7.59
Service Coordination & Other Expenses	219,788	48.73	1,766,787	49.25	680,692	46.42	140,080	46.39
Net Reinsurance Cost	61	0.01	455	0.01	119	0.01	25	0.01
Administrative Expenses								
Fixed Amount	85,690	19.00	681,546	19.00	278,609	19.00	57,370	19.00
Percentage of Premium	1,521,394	5.75%	8,530,314	5.75%	368,965	5.75%	353,230	5.75%
Total	1,607,084	356.34	9,211,861	256.81	647,574	44.16	410,600	135.98
Risk Margin	463,033	1.75%	2,596,183	1.75%	112,294	1.75%	107,505	1.75%
Premium Tax	463,033	1.75%	2,596,183	1.75%	112,294	1.75%	107,505	1.75%
Maintenance Tax	271	0.06	2,152	0.06	880	0.06	181	0.06
Projected Total Cost								
Acute Care	5,552,400	1,231.13	11,982	0.33	5,666,703	386.45	5,863,424	1,941.88
LTC	20,906,625	4,635.63	148,341,309	4,135.43	750,074	51.15	279,706	92.63
Total	26,459,024	5,866.76	148,353,291	4,135.76	6,416,777	437.60	6,143,130	2,034.51

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	305,361	
Estimated Incurred Claims - Acute Care		
Professional	25,528,106	83.60
Emergency Room	7,687,020	25.17
Outpatient Facility	13,901,095	45.52
Inpatient Facility	27,580,697	90.32
Other Acute Care	8,588,910	28.13
Acute Care Total	83,285,827	272.75
Estimated Incurred Claims - Long Term Care		
Attendant Care	68,694,563	224.96
Nursing Facility	141,322,341	462.80
Other Long Term Care	14,353,500	47.01
Long Term Care Total	224,370,405	734.77
Total - All Claims	307,656,232	1,007.52
Projected FY2020 Member Months	307,988	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	83,563,167	271.32
LTC	241,845,979	785.24
Total	325,409,146	1,056.56

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	893,441	2.90
Service Coordination & Other Expenses	14,434,688	46.87
Net Reinsurance Cost	4,151	0.01
Administrative Expenses		
Fixed Amount	5,851,771	19.00
Percentage of Premium	21,961,621	5.75%
Total	27,813,392	90.31
Risk Margin	6,683,972	1.75%
Premium Tax	6,683,972	1.75%
Maintenance Tax	18,479	0.06
Projected Total Cost		
Acute Care	95,329,708	309.52
LTC	286,611,533	930.59
Total	381,941,241	1,240.12

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	110,630		7,510		4,406		14,423	
Experience Period Cost								
Estimated Incurred Claims	52,049,754	470.48	9,821,978	1,307.87	3,847,367	873.19	8,051,007	558.20
Pay and Chase Recoveries	-206,141	-1.86	-13,284	-1.77	-8,117	-1.84	-30,207	-2.09
Total Cost	51,843,612	468.62	9,808,693	1,306.10	3,839,250	871.35	8,020,800	556.11
Projected FY2020 Member Months	110,955		7,743		4,510		14,664	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9967		0.9993		0.9961		0.9922	
PDL Adjustment - 7/1/2019	0.9877		0.9892		0.9978		0.9921	
Hep C & Orkambi Carve-In	1.0434		1.0173		1.0000		1.0000	
IMD Adjustment	0.9993		1.0000		1.0000		0.9985	
Projected Incurred Claims	59,370,182	535.08	11,135,974	1,438.28	4,116,355	912.72	8,515,300	580.71
Administrative Expenses	199,720	1.80	13,937	1.80	8,118	1.80	26,395	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	61,730,468	556.35	11,554,311	1,492.32	4,274,065	947.69	8,851,497	603.64

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
Travis SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	2,975		139,945	
Experience Period Cost				
Estimated Incurred Claims	1,441,356	484.46	75,211,461	537.44
Pay and Chase Recoveries	-6,220	-2.09	-263,970	-1.89
Total Cost	1,435,136	482.37	74,947,491	535.55
Projected FY2020 Member Months	3,019		140,891	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9990			
PDL Adjustment - 7/1/2019	0.9883			
Hep C & Orkambi Carve-In	1.1784			
IMD Adjustment	1.0000			
Projected Incurred Claims	2,296,296	760.50	85,434,107	606.38
Administrative Expenses	5,435	1.80	253,604	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,385,214	789.95	88,795,555	630.24

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
MRSA Central SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	135,456		7,181		131,068		16,094	
Estimated Incurred Claims - Acute Care								
Professional	20,971,422	154.82	3,308,954	460.80	0	0.00	0	0.00
Emergency Room	6,863,676	50.67	510,134	71.04	0	0.00	0	0.00
Outpatient Facility	14,280,581	105.43	1,201,040	167.26	0	0.00	0	0.00
Inpatient Facility	28,779,398	212.46	3,409,253	474.77	0	0.00	0	0.00
Other Acute Care	2,924,339	21.59	411,242	57.27	0	0.00	0	0.00
Acute Care Total	73,819,416	544.97	8,840,623	1,231.14	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	11,215,329	82.80	9,366,019	1,304.31	17,732,255	135.29	21,347,545	1,326.41
Nursing Facility	73,130	0.54	227,814	31.73	176,540	1.35	988,194	61.40
Other Long Term Care	1,492,740	11.02	2,152,066	299.70	1,916,551	14.62	2,194,662	136.36
Long Term Care Total	12,781,199	94.36	11,745,899	1,635.73	19,825,346	151.26	24,530,402	1,524.18
Total - All Claims	86,600,615	639.33	20,586,523	2,866.87	19,825,346	151.26	24,530,402	1,524.18
Projected FY2020 Member Months	136,644		7,896		132,413		16,226	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9872		1.0015		1.0000		1.0000	
Acute Care - Inpatient	1.0050		1.0101		1.0000		1.0000	
FQHC Wrap Removal	0.9849		0.9910		1.0000		1.0000	
Long Term Care	1.0101		1.0074		1.0086		1.0080	
Projected Incurred Claims								
Acute Care	74,228,723	543.23	9,922,102	1,256.55	0	0.00	0	0.00
LTC	14,262,893	104.38	13,870,105	1,756.53	21,431,152	161.85	26,911,429	1,658.53
Total	88,491,615	647.61	23,792,207	3,013.09	21,431,152	161.85	26,911,429	1,658.53

FY2020 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	438,727	3.21	-32,622	-4.13	244,498	1.85	25,883	1.60
Service Coordination & Other Expenses	7,095,545	51.93	453,442	57.42	6,775,667	51.17	1,116,807	68.83
Net Reinsurance Cost	3,284	0.02	221	0.03	2,361	0.02	287	0.02
Administrative Expenses								
Fixed Amount	2,596,241	19.00	150,029	19.00	2,515,838	19.00	308,295	19.00
Percentage of Premium	6,249,513	5.75%	1,543,709	5.75%	1,962,759	5.75%	1,797,147	5.75%
Total	8,845,753	64.74	1,693,738	214.50	4,478,598	33.82	2,105,442	129.76
Risk Margin	1,902,026	1.75%	469,824	1.75%	597,362	1.75%	546,958	1.75%
Premium Tax	1,902,026	1.75%	469,824	1.75%	597,362	1.75%	546,958	1.75%
Maintenance Tax	8,199	0.06	474	0.06	7,945	0.06	974	0.06
Projected Total Cost								
Acute Care	84,689,140	619.78	10,966,905	1,388.87	272,020	2.05	28,837	1.78
LTC	23,998,034	175.62	15,880,204	2,011.10	33,862,923	255.74	31,225,901	1,924.43
Total	108,687,174	795.40	26,847,109	3,399.97	34,134,943	257.79	31,254,738	1,926.21

FY2020 STAR+PLUS Rating Summary
MRSA Central SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	5,786		50,890		10,383		1,849	
Estimated Incurred Claims - Acute Care								
Professional	1,446,968	250.10	0	0.00	1,357,805	130.77	1,648,105	891.35
Emergency Room	275,444	47.61	0	0.00	206,177	19.86	79,941	43.23
Outpatient Facility	669,726	115.76	0	0.00	394,599	38.00	1,379,135	745.88
Inpatient Facility	3,284,284	567.66	0	0.00	875,698	84.34	841,261	454.98
Other Acute Care	174,192	30.11	0	0.00	334,611	32.23	24,896	13.46
Acute Care Total	5,850,614	1,011.23	0	0.00	3,168,890	305.20	3,973,338	2,148.91
Estimated Incurred Claims - Long Term Care								
Attendant Care	16,931	2.93	85,464	1.68	0	0.00	21,929	11.86
Nursing Facility	22,584,999	3,903.61	173,896,563	3,417.14	0	0.00	13,766	7.45
Other Long Term Care	188,662	32.61	561,285	11.03	0	0.00	19,254	10.41
Long Term Care Total	22,790,592	3,939.15	174,543,313	3,429.85	0	0.00	54,949	29.72
Total - All Claims	28,641,206	4,950.38	174,543,313	3,429.85	3,168,890	305.20	4,028,287	2,178.63
Projected FY2020 Member Months	5,964		51,144		10,363		1,950	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0008		1.0000		0.9886		0.9976	
Acute Care - Inpatient	1.0149		1.0000		1.0030		1.0003	
FQHC Wrap Removal	0.9986		1.0000		0.9855		0.9958	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	6,245,204	1,047.16	0	0.00	3,297,301	318.17	4,256,925	2,182.65
LTC	24,537,678	4,114.34	184,474,276	3,606.96	0	0.00	62,885	32.24
Total	30,782,882	5,161.50	184,474,276	3,606.96	3,297,301	318.17	4,319,810	2,214.90

FY2020 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	32,283	5.41	79,967	1.56	45,943	4.43	-88,971	-45.62
Service Coordination & Other Expenses	328,648	55.11	2,832,259	55.38	541,516	52.25	101,997	52.30
Net Reinsurance Cost	130	0.02	939	0.02	289	0.03	55	0.03
Administrative Expenses								
Fixed Amount	113,315	19.00	971,737	19.00	196,902	19.00	37,057	19.00
Percentage of Premium	1,980,510	5.75%	11,934,798	5.75%	258,675	5.75%	276,891	5.75%
Total	2,093,825	351.08	12,906,535	252.36	455,578	43.96	313,948	160.97
Risk Margin	602,764	1.75%	3,632,330	1.75%	78,727	1.75%	84,271	1.75%
Premium Tax	602,764	1.75%	3,632,330	1.75%	78,727	1.75%	84,271	1.75%
Maintenance Tax	358	0.06	3,069	0.06	622	0.06	117	0.06
Projected Total Cost								
Acute Care	6,942,897	1,164.15	89,152	1.74	3,901,991	376.52	4,633,214	2,375.59
LTC	27,500,756	4,611.18	207,472,552	4,056.63	596,712	57.58	182,284	93.46
Total	34,443,652	5,775.32	207,561,704	4,058.38	4,498,703	434.10	4,815,498	2,469.05

FY2020 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	358,706	
Estimated Incurred Claims - Acute Care		
Professional	28,733,255	80.10
Emergency Room	7,935,372	22.12
Outpatient Facility	17,925,080	49.97
Inpatient Facility	37,189,894	103.68
Other Acute Care	3,869,281	10.79
Acute Care Total	95,652,882	266.66
Estimated Incurred Claims - Long Term Care		
Attendant Care	59,785,473	166.67
Nursing Facility	197,961,006	551.88
Other Long Term Care	8,525,220	23.77
Long Term Care Total	266,271,699	742.31
Total - All Claims	361,924,581	1,008.97
Projected FY2020 Member Months	362,601	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	97,950,256	270.13
LTC	285,550,418	787.51
Total	383,500,673	1,057.64

FY2020 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	745,707	2.06
Service Coordination & Other Expenses	19,245,881	53.08
Net Reinsurance Cost	7,565	0.02
Administrative Expenses		
Fixed Amount	6,889,414	19.00
Percentage of Premium	26,004,002	5.75%
Total	32,893,416	90.72
Risk Margin	7,914,262	1.75%
Premium Tax	7,914,262	1.75%
Maintenance Tax	21,756	0.06
Projected Total Cost		
Acute Care	111,524,156	307.57
LTC	340,719,366	939.65
Total	452,243,522	1,247.22

FY2020 STAR+PLUS Rating Summary
MRSA Central SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	136,078		7,465		5,891		10,376	
Experience Period Cost								
Estimated Incurred Claims	54,641,523	401.55	7,759,287	1,039.44	3,328,265	564.97	4,723,991	455.30
Pay and Chase Recoveries	-495,222	-3.64	-28,368	-3.80	-20,894	-3.55	-39,384	-3.80
Total Cost	54,146,301	397.91	7,730,919	1,035.64	3,307,371	561.42	4,684,606	451.50
Projected FY2020 Member Months	136,644		7,896		5,964		10,363	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9968		0.9987		0.9920		0.9926	
PDL Adjustment - 7/1/2019	0.9804		0.9889		0.9959		0.9896	
Hep C & Orkambi Carve-In	1.0622		1.0150		1.0072		1.0000	
IMD Adjustment	0.9991		1.0000		1.0000		0.9988	
Projected Incurred Claims	62,727,872	459.06	8,976,907	1,136.85	3,511,289	588.75	4,877,173	470.62
Administrative Expenses	245,960	1.80	14,213	1.80	10,735	1.80	18,654	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	65,257,856	477.57	9,317,223	1,179.95	3,649,766	611.97	5,073,396	489.56

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
MRSA Central SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	1,961		161,771	
Experience Period Cost				
Estimated Incurred Claims	1,359,380	693.08	71,812,445	443.91
Pay and Chase Recoveries	-7,477	-3.81	-591,345	-3.66
Total Cost	1,351,903	689.27	71,221,100	440.26
Projected FY2020 Member Months	1,950		162,818	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9991			
PDL Adjustment - 7/1/2019	0.9925			
Hep C & Orkambi Carve-In	1.0304			
IMD Adjustment	1.0000			
Projected Incurred Claims	1,861,294	954.34	81,954,533	503.35
Administrative Expenses	3,511	1.80	293,073	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,932,440	990.82	85,230,680	523.47

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
MRSA Northeast SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	203,913		16,946		186,464		51,336	
Estimated Incurred Claims - Acute Care								
Professional	30,886,474	151.47	6,811,493	401.96	0	0.00	0	0.00
Emergency Room	9,646,100	47.30	1,367,426	80.70	0	0.00	0	0.00
Outpatient Facility	21,738,882	106.61	7,014,924	413.97	0	0.00	0	0.00
Inpatient Facility	37,684,424	184.81	8,371,560	494.03	0	0.00	0	0.00
Other Acute Care	2,598,960	12.75	194,692	11.49	0	0.00	0	0.00
Acute Care Total	102,554,841	502.93	23,760,094	1,402.14	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	19,874,317	97.46	19,552,963	1,153.87	27,184,016	145.79	57,475,191	1,119.60
Nursing Facility	201,304	0.99	1,084,886	64.02	533,683	2.86	5,848,082	113.92
Other Long Term Care	3,808,802	18.68	5,913,867	348.99	2,992,253	16.05	9,288,087	180.93
Long Term Care Total	23,884,422	117.13	26,551,717	1,566.88	30,709,952	164.70	72,611,360	1,414.44
Total - All Claims	126,439,263	620.06	50,311,811	2,969.02	30,709,952	164.70	72,611,360	1,414.44
Projected FY2020 Member Months	203,360		18,354		187,046		51,065	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9943		0.9975		1.0000		1.0000	
Acute Care - Inpatient	1.0204		1.0194		1.0000		1.0000	
FQHC Wrap Removal	0.9934		0.9962		1.0000		1.0000	
Long Term Care	1.0099		1.0067		1.0086		1.0073	
Projected Incurred Claims								
Acute Care	105,154,840	517.09	26,540,488	1,446.03	0	0.00	0	0.00
LTC	26,344,593	129.55	30,861,027	1,681.43	32,962,841	176.23	78,541,151	1,538.05
Total	131,499,432	646.63	57,401,515	3,127.46	32,962,841	176.23	78,541,151	1,538.05

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	1,141,306	5.61	87,478	4.77	85,349	0.46	66,503	1.30
Service Coordination & Other Expenses	10,355,182	50.92	1,056,270	57.55	9,516,403	50.88	3,250,950	63.66
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	3,863,838	19.00	348,727	19.00	3,553,870	19.00	970,240	19.00
Percentage of Premium	9,305,937	5.75%	3,731,645	5.75%	2,922,818	5.75%	5,248,303	5.75%
Total	13,169,775	64.76	4,080,371	222.31	6,476,688	34.63	6,218,543	121.78
Risk Margin	2,832,242	1.75%	1,135,718	1.75%	889,553	1.75%	1,597,310	1.75%
Premium Tax	2,832,242	1.75%	1,135,718	1.75%	889,553	1.75%	1,597,310	1.75%
Maintenance Tax	12,202	0.06	1,101	0.06	11,223	0.06	3,064	0.06
Projected Total Cost								
Acute Care	120,546,182	592.77	29,520,346	1,608.38	94,048	0.50	73,282	1.44
LTC	41,296,199	203.07	35,377,826	1,927.52	50,737,561	271.26	91,201,548	1,785.98
Total	161,842,381	795.84	64,898,172	3,535.91	50,831,609	271.76	91,274,830	1,787.42

FY2020 STAR+PLUS Rating Summary
MRSA Northeast SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	7,426		66,652		13,166		3,386	
Estimated Incurred Claims - Acute Care								
Professional	1,950,600	262.69	0	0.00	1,347,004	102.31	4,083,554	1,206.01
Emergency Room	402,282	54.17	0	0.00	303,030	23.02	140,950	41.63
Outpatient Facility	1,491,460	200.85	0	0.00	1,090,076	82.79	1,750,508	516.98
Inpatient Facility	5,576,153	750.94	0	0.00	1,036,851	78.75	1,037,010	306.26
Other Acute Care	182,011	24.51	0	0.00	233,823	17.76	11,573	3.42
Acute Care Total	9,602,505	1,293.16	0	0.00	4,010,784	304.63	7,023,595	2,074.30
Estimated Incurred Claims - Long Term Care								
Attendant Care	116,347	15.67	175,118	2.63	0	0.00	103,990	30.71
Nursing Facility	29,548,968	3,979.34	226,246,610	3,394.43	0	0.00	0	0.00
Other Long Term Care	91,446	12.31	5,991,545	89.89	0	0.00	40,033	11.82
Long Term Care Total	29,756,761	4,007.32	232,413,273	3,486.95	0	0.00	144,023	42.53
Total - All Claims	39,359,266	5,300.48	232,413,273	3,486.95	4,010,784	304.63	7,167,618	2,116.84
Projected FY2020 Member Months	7,518		67,244		13,162		3,528	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9972		1.0000		0.9948		0.9974	
Acute Care - Inpatient	1.0427		1.0000		1.0201		1.0086	
FQHC Wrap Removal	0.9998		1.0000		0.9934		0.9989	
Long Term Care	1.0000		1.0000		1.0000		1.0098	
Projected Incurred Claims								
Acute Care	10,317,431	1,372.43	0	0.00	4,312,198	327.63	7,517,047	2,130.52
LTC	31,465,365	4,185.55	246,585,029	3,667.01	0	0.00	162,808	46.14
Total	41,782,797	5,557.98	246,585,029	3,667.01	4,312,198	327.63	7,679,855	2,176.66

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	44,549	5.93	35,085	0.52	70,527	5.36	22,768	6.45
Service Coordination & Other Expenses	414,008	55.07	3,710,099	55.17	670,778	50.96	178,031	50.46
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	142,835	19.00	1,277,638	19.00	250,075	19.00	67,037	19.00
Percentage of Premium	2,685,528	5.75%	15,942,351	5.75%	336,089	5.75%	503,586	5.75%
Total	2,828,363	376.23	17,219,989	256.08	586,165	44.54	570,623	161.73
Risk Margin	817,335	1.75%	4,852,020	1.75%	102,288	1.75%	153,265	1.75%
Premium Tax	817,335	1.75%	4,852,020	1.75%	102,288	1.75%	153,265	1.75%
Maintenance Tax	451	0.06	4,035	0.06	790	0.06	212	0.06
Projected Total Cost								
Acute Care	11,457,148	1,524.04	38,661	0.57	5,105,884	387.93	8,380,869	2,375.34
LTC	35,247,689	4,688.67	277,219,615	4,122.58	739,149	56.16	377,151	106.89
Total	46,704,837	6,212.71	277,258,276	4,123.16	5,845,033	444.09	8,758,020	2,482.24

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	549,288	
Estimated Incurred Claims - Acute Care		
Professional	45,079,125	82.07
Emergency Room	11,859,788	21.59
Outpatient Facility	33,085,850	60.23
Inpatient Facility	53,705,998	97.77
Other Acute Care	3,221,059	5.86
Acute Care Total	146,951,820	267.53
Estimated Incurred Claims - Long Term Care		
Attendant Care	124,481,942	226.62
Nursing Facility	263,463,533	479.65
Other Long Term Care	28,126,033	51.20
Long Term Care Total	416,071,508	757.47
Total - All Claims	563,023,327	1,025.01
Projected FY2020 Member Months	551,277	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	153,842,004	279.06
LTC	446,922,814	810.70
Total	600,764,817	1,089.77

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	1,553,566	2.82
Service Coordination & Other Expenses	29,151,721	52.88
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	10,474,260	19.00
Percentage of Premium	40,676,257	5.75%
Total	51,150,517	92.79
Risk Margin	12,379,730	1.75%
Premium Tax	12,379,730	1.75%
Maintenance Tax	33,077	0.06
Projected Total Cost		
Acute Care	175,216,420	317.84
LTC	532,196,738	965.39
Total	707,413,158	1,283.23

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	203,503		17,525		7,333		13,190	
Experience Period Cost								
Estimated Incurred Claims	84,093,062	413.23	17,350,542	990.05	5,863,948	799.69	5,625,683	426.51
Pay and Chase Recoveries	-196,495	-0.97	-13,214	-0.75	-7,655	-1.04	-11,899	-0.90
Total Cost	83,896,567	412.26	17,337,328	989.30	5,856,292	798.64	5,613,784	425.61
Projected FY2020 Member Months	203,360		18,354		7,518		13,162	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9988		0.9992		0.9977		0.9971	
PDL Adjustment - 7/1/2019	0.9781		0.9763		0.9963		0.9770	
Hep C & Orkambi Carve-In	1.0529		1.0220		1.0000		1.0000	
IMD Adjustment	0.9998		1.0000		0.9992		1.0000	
Projected Incurred Claims	95,909,644	471.63	19,823,668	1,080.07	6,284,575	835.98	5,797,769	440.50
Administrative Expenses	366,048	1.80	33,037	1.80	13,532	1.80	23,691	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	99,767,556	490.60	20,576,896	1,121.11	6,526,535	868.16	6,032,601	458.34

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	3,422		244,973	
Experience Period Cost				
Estimated Incurred Claims	1,454,854	425.17	114,388,089	466.94
Pay and Chase Recoveries	-4,023	-1.18	-233,287	-0.95
Total Cost	1,450,831	423.99	114,154,802	465.99
Projected FY2020 Member Months	3,528		245,922	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9977			
PDL Adjustment - 7/1/2019	0.9917			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	2,005,717	568.47	129,821,371	527.90
Administrative Expenses	6,351	1.80	442,659	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,085,044	590.95	134,988,633	548.91

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
MRSA West SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	138,592		8,582		191,608		29,422	
Estimated Incurred Claims - Acute Care								
Professional	22,129,230	159.67	4,130,646	481.29	0	0.00	0	0.00
Emergency Room	6,236,420	45.00	564,127	65.73	0	0.00	0	0.00
Outpatient Facility	10,824,954	78.11	2,038,012	237.46	0	0.00	0	0.00
Inpatient Facility	26,180,046	188.90	4,439,025	517.22	0	0.00	0	0.00
Other Acute Care	5,547,976	40.03	658,157	76.69	0	0.00	0	0.00
Acute Care Total	70,918,627	511.71	11,829,966	1,378.39	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	10,929,952	78.86	11,229,417	1,308.42	32,621,349	170.25	34,137,209	1,160.27
Nursing Facility	172,481	1.24	468,546	54.59	647,387	3.38	956,085	32.50
Other Long Term Care	723,051	5.22	1,599,280	186.34	2,569,155	13.41	5,256,034	178.64
Long Term Care Total	11,825,484	85.33	13,297,242	1,549.36	35,837,891	187.04	40,349,328	1,371.41
Total - All Claims	82,744,111	597.03	25,127,209	2,927.75	35,837,891	187.04	40,349,328	1,371.41
Projected FY2020 Member Months	135,660		9,846		189,300		28,999	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	1.2 %		0.9 %		1.2 %		0.9 %	
FY2020	0.8 %		0.9 %		0.8 %		0.9 %	
Long Term Care								
FY2019	4.7 %		4.2 %		3.2 %		4.2 %	
FY2020	4.6 %		2.3 %		2.8 %		3.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9912		0.9944		1.0000		1.0000	
Acute Care - Inpatient	1.0115		1.0128		1.0000		1.0000	
FQHC Wrap Removal	0.9778		0.9900		1.0000		1.0000	
Long Term Care	1.0099		1.0076		1.0093		1.0081	
Projected Incurred Claims								
Acute Care	69,423,389	511.74	13,776,871	1,399.26	0	0.00	0	0.00
LTC	12,802,360	94.37	16,384,608	1,664.11	37,911,605	200.27	43,279,818	1,492.44
Total	82,225,750	606.11	30,161,479	3,063.37	37,911,605	200.27	43,279,818	1,492.44

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	399,346	2.94	6,164	0.63	347,390	1.84	53,167	1.83
Service Coordination & Other Expenses	6,473,559	47.72	525,358	53.36	8,699,513	45.96	1,543,687	53.23
Net Reinsurance Cost	4,890	0.04	360	0.04	6,598	0.03	996	0.03
Administrative Expenses								
Fixed Amount	2,577,548	19.00	187,071	19.00	3,596,694	19.00	550,988	19.00
Percentage of Premium	5,809,511	5.75%	1,956,649	5.75%	3,204,360	5.75%	2,878,510	5.75%
Total	8,387,058	61.82	2,143,720	217.73	6,801,054	35.93	3,429,498	118.26
Risk Margin	1,768,112	1.75%	595,502	1.75%	975,240	1.75%	876,068	1.75%
Premium Tax	1,768,112	1.75%	595,502	1.75%	975,240	1.75%	876,068	1.75%
Maintenance Tax	8,140	0.06	591	0.06	11,358	0.06	1,740	0.06
Projected Total Cost								
Acute Care	79,350,664	584.92	15,282,768	1,552.21	390,069	2.06	59,683	2.06
LTC	21,684,302	159.84	18,745,907	1,903.94	55,337,928	292.33	50,001,359	1,724.22
Total	101,034,966	744.76	34,028,675	3,456.15	55,727,997	294.39	50,061,042	1,726.28

FY2020 STAR+PLUS Rating Summary
MRSA West SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2018 Experience Period								
Member Months	5,536		55,475		13,063		3,162	
Estimated Incurred Claims - Acute Care								
Professional	1,625,067	293.54	0	0.00	1,887,322	144.48	2,955,335	934.64
Emergency Room	278,121	50.24	0	0.00	222,878	17.06	96,649	30.57
Outpatient Facility	678,133	122.49	0	0.00	946,725	72.48	1,212,707	383.53
Inpatient Facility	4,168,762	753.01	0	0.00	734,555	56.23	533,054	168.58
Other Acute Care	322,974	58.34	0	0.00	336,816	25.78	40,558	12.83
Acute Care Total	7,073,057	1,277.61	0	0.00	4,128,296	316.04	4,838,304	1,530.14
Estimated Incurred Claims - Long Term Care								
Attendant Care	17,818	3.22	95,172	1.72	0	0.00	83,784	26.50
Nursing Facility	20,846,880	3,765.59	187,943,242	3,387.91	0	0.00	0	0.00
Other Long Term Care	1,919	0.35	205,077	3.70	0	0.00	431	0.14
Long Term Care Total	20,866,617	3,769.15	188,243,491	3,393.32	0	0.00	84,215	26.63
Total - All Claims	27,939,675	5,046.77	188,243,491	3,393.32	4,128,296	316.04	4,922,519	1,556.77
Projected FY2020 Member Months	5,832		55,370		12,782		3,194	
Annual Cost Trend Assumptions								
Acute Care								
FY2019	-0.4 %		-0.4 %		4.8 %		1.2 %	
FY2020	2.5 %		2.5 %		1.8 %		1.0 %	
Long Term Care								
FY2019	2.5 %		2.9 %		0.0 %		4.0 %	
FY2020	1.9 %		2.2 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9955		1.0000		0.9896		1.0007	
Acute Care - Inpatient	1.0232		1.0000		1.0040		1.0027	
FQHC Wrap Removal	0.9991		1.0000		0.9598		0.9919	
Long Term Care	1.0000		1.0000		1.0000		1.0099	
Projected Incurred Claims								
Acute Care	7,741,565	1,327.41	0	0.00	4,109,747	321.53	4,972,180	1,556.55
LTC	22,959,757	3,936.79	197,591,701	3,568.55	0	0.00	92,304	28.90
Total	30,701,322	5,264.19	197,591,701	3,568.55	4,109,747	321.53	5,064,484	1,585.45

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Capitation Expenses & Refunds	36,050	6.18	102,519	1.85	30,888	2.42	-73,589	-23.04
Service Coordination & Other Expenses	272,949	46.80	2,574,784	46.50	621,592	48.63	150,546	47.13
Net Reinsurance Cost	207	0.04	1,950	0.04	469	0.04	114	0.04
Administrative Expenses								
Fixed Amount	110,810	19.00	1,052,037	19.00	242,856	19.00	60,693	19.00
Percentage of Premium	1,971,898	5.75%	12,756,213	5.75%	317,205	5.75%	329,631	5.75%
Total	2,082,708	357.11	13,808,250	249.38	560,060	43.82	390,324	122.19
Risk Margin	600,143	1.75%	3,882,326	1.75%	96,541	1.75%	100,323	1.75%
Premium Tax	600,143	1.75%	3,882,326	1.75%	96,541	1.75%	100,323	1.75%
Maintenance Tax	350	0.06	3,322	0.06	767	0.06	192	0.06
Projected Total Cost								
Acute Care	8,601,489	1,474.85	115,118	2.08	4,831,654	378.01	5,463,890	1,710.49
LTC	25,692,381	4,405.34	221,732,061	4,004.52	684,950	53.59	268,827	84.16
Total	34,293,870	5,880.19	221,847,179	4,006.60	5,516,604	431.60	5,732,716	1,794.64

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Total	
	Amount	pmpm
FY2018 Experience Period		
Member Months	445,440	
Estimated Incurred Claims - Acute Care		
Professional	32,727,601	73.47
Emergency Room	7,398,196	16.61
Outpatient Facility	15,700,530	35.25
Inpatient Facility	36,055,442	80.94
Other Acute Care	6,906,482	15.50
Acute Care Total	98,788,250	221.78
Estimated Incurred Claims - Long Term Care		
Attendant Care	89,114,701	200.06
Nursing Facility	211,034,622	473.77
Other Long Term Care	10,354,946	23.25
Long Term Care Total	310,504,269	697.07
Total - All Claims	409,292,518	918.85
Projected FY2020 Member Months	440,984	
Annual Cost Trend Assumptions		
Acute Care		
FY2019		
FY2020		
Long Term Care		
FY2019		
FY2020		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
FQHC Wrap Removal		
Long Term Care		
Projected Incurred Claims		
Acute Care	100,023,752	226.82
LTC	331,022,153	750.64
Total	431,045,905	977.46

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Total	
	Amount	pmpm
Capitation Expenses & Refunds	901,935	2.05
Service Coordination & Other Expenses	20,861,989	47.31
Net Reinsurance Cost	15,583	0.04
Administrative Expenses		
Fixed Amount	8,378,696	19.00
Percentage of Premium	29,223,975	5.75%
Total	37,602,672	85.27
Risk Margin	8,894,253	1.75%
Premium Tax	8,894,253	1.75%
Maintenance Tax	26,459	0.06
Projected Total Cost		
Acute Care	114,095,336	258.73
LTC	394,147,713	893.79
Total	508,243,050	1,152.52

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2018 Experience Period								
Member Months	137,050		9,145		5,641		12,948	
Experience Period Cost								
Estimated Incurred Claims	61,227,579	446.75	8,719,125	953.43	3,812,011	675.81	6,767,129	522.63
Pay and Chase Recoveries	-441,828	-3.22	-31,285	-3.42	-16,734	-2.97	-45,050	-3.48
Total Cost	60,785,751	443.53	8,687,839	950.01	3,795,277	672.85	6,722,079	519.15
Projected FY2020 Member Months	135,660		9,846		5,832		12,782	
Annual Trend Assumption	6.6 %		5.6 %		3.2 %		3.7 %	
Rating Adjustments								
PDL Adjustment - FY2018	0.9952		0.9968		0.9948		0.9901	
PDL Adjustment - 7/1/2019	0.9816		0.9852		0.9941		0.9864	
Hep C & Orkambi Carve-In	1.0370		1.0354		1.0033		1.0000	
IMD Adjustment	0.9996		0.9998		0.9993		0.9999	
Projected Incurred Claims	67,777,932	499.61	10,412,925	1,057.60	4,100,474	703.09	6,884,547	538.62
Administrative Expenses	244,189	1.80	17,723	1.80	10,498	1.80	23,007	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	70,489,245	519.60	10,808,961	1,097.82	4,260,075	730.45	7,158,088	560.02

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2020 STAR+PLUS Rating Summary
 MRSA West SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2018 Experience Period				
Member Months	3,165		167,949	
Experience Period Cost				
Estimated Incurred Claims	1,376,352	434.83	81,902,196	487.66
Pay and Chase Recoveries	-9,681	-3.06	-544,579	-3.24
Total Cost	1,366,671	431.77	81,357,617	484.42
Projected FY2020 Member Months	3,194		167,315	
Annual Trend Assumption	20.0 %			
Rating Adjustments				
PDL Adjustment - FY2018	0.9973			
PDL Adjustment - 7/1/2019	0.9855			
Hep C & Orkambi Carve-In	1.0000			
IMD Adjustment	1.0000			
Projected Incurred Claims	1,836,924	575.05	91,012,803	543.96
Administrative Expenses	5,750	1.80	301,166	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,909,507	597.78	94,625,875	565.56

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

Attachment 4

Trend Analysis - Medical

The FY2020 rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. Separate trend factors were developed by type of service – acute care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption is applied to all service areas but varies by type of service, risk group and year.

The trend analysis included a review of health plan claims experience data through February 2019. Based on this information, estimates of monthly incurred claims were made through December 2018. The claims cost and trend experience was reviewed separately by service area, type of service and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights.

Exhibit A provides a summary of the FY2016, FY2017, FY2018 and FY2019 trends by service area, type of service and risk group. The FY2019 trend represents the trend during the period September 2018 through December 2018. All trends have been calculated as the average cost per member per month during the specified time period compared to the average cost during the same time period from the prior year. For example, the FY2017 trend is calculated as the average cost per member per month during FY2017 divided by the average cost per member per month during FY2016.

All trends have been adjusted to remove the impact of the various provider reimbursement changes that have impacted the program. These adjustments are made for all items that have materially impacted historical costs and have distorted the trend from one time period to the next. For example, the increase in attendant care reimbursement on September 1, 2015 distorts the FY2016 trend given that the increase in reimbursement for these services increases the average cost. As a result, the FY2016 observed trends were adjusted to remove the impact of the increased cost associated with these reimbursement changes to ensure the average cost during FY2015 and FY2016 are based on comparable services and reimbursement levels and the underlying trend is calculated.

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

The FY2019 trend assumptions were developed from two components: (i) the actual estimated trend for the period September 2018 through December 2018 and (ii) the projected trend for the period January 2019 through August 2019. The trends for the final eight months of FY2019 were projected using statewide experience from FY2015, FY2016, FY2017, FY2018 and 9/2018-12/2018. The weighting of each time period was based on the number of months within each time period. The OCC and HCBS risk groups have been in STAR+PLUS the entire time during the observed fiscal years and the historical trends were blended using the following: 3/13 weighting for FY2015, FY2016, FY2017 and FY2018 and 1/13 weighting to the first four months of FY2019. The IDD risk group entered STAR+PLUS on September 1, 2014 and does not have trend information available for FY2015. The historical trends for this risk group were weighted using the following: 3/10 weighting for FY2016, FY2017 and FY2018 and

1/10 for FY2019. The nursing facility risk group was new to the STAR+PLUS program on March 1, 2015 and therefore the observed trend for FY2016 only included six months (March 2016 through August 2016). As a result, the observed trends were blended using the following: 3/17 weighting for FY2016, 6/17 weighting for FY2017 and FY2018 and 2/17 weighting for the first four months of FY2019.

The MBCCP risk group was new to the STAR+PLUS program on September 1, 2017 and therefore, there is very limited historical trend information for this population. As a result, the trend assumption for the MBCCP risk group has been established as the weighted average of the trends for the other STAR+PLUS risk groups. As additional trend information is collected on this risk group in future rate developments, this assumption will be updated using a similar methodology as described above.

The FY2020 trend assumptions were then developed from a simple average of the FY2015-FY2019 trends. Exhibit B provides a summary of the statewide average trends by type of service and risk group for FY2015, FY2016, FY2017, FY2018 and the first four months of FY2019. In addition, the exhibit includes the trend assumptions developed based on the described methodology for FY2019 and FY2020.

Although the acute care medical trends were reviewed by type of service, a single acute care trend assumption was selected and applied in aggregate. The MCO is paid a single capitation rate that does not vary by medical component. Splitting the analysis into separate components does not add any additional accuracy to the analysis but could increase the probability of distortions in the projection due to reporting differences among fiscal years, small sample sizes in a given category of service, or variations in the trend projections that could emerge for a category. There is significant interaction amongst all categories of service as MCOs may shift cost away from inpatient to outpatient and looking at an individual category in isolation could lead to overgeneralizations.

Use of the aggregate trend captures all interactions between categories of service, including the ongoing shifts that occur, and is reflective of the expected level of trend in future periods. Because historical trends are adjusted to account for provider reimbursement changes, the primary driver of the trend assumptions is utilization changes. As a result, we have not separated the trend assumption into separate utilization and inflation components. Rather our trend combines the full impact of inflation, utilization, changes in mix of services and all other cost drivers into a single assumption.

Although trends were reviewed at the SDA level, it was determined that a statewide average trend is appropriate as the long term variation in average trends among the service areas is relatively small. SDA trends will continue to be monitored in future rate developments.

There are no significant outlier medical trends. The only negative trend assumption is for acute care service for the Medicaid Only Nursing Facility risk group for FY2019. The primary driver is the -6.2% trend observed during the period September 2018 through December 2018 which is attributed to lower than average hospital utilization on both inpatient and outpatient services. Although it is not expected that this level of reduction will continue in future periods, the impact of the actual trend during the first four months of FY2019 results in a slightly negative overall trend for FY2019 based on the methodology outlined above.

Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (CY2018) claims cost to the rating period (FY2020). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2019. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2019. From this experience, the average annual utilization and cost per service were determined for each of the four 12-month periods ending February 2019.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Anti-viral agents used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. In addition, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2019 and all of FY2020 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2017 plus two-sixths of the experience trend rate for the 12-month period ending February 2018 plus three-sixths of the experience trend rate for the 12-month period ending February 2019. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2019 and combining the results into a single trend assumption for each risk group. Exhibit C of this attachment presents a summary of the historical pharmacy trend analysis.

The preferred drug list (PDL) changes implemented in FY2018 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the two most recent 12-month periods assuming that the FY2018 PDL changes had not been implemented. Exhibit D of this attachment presents these adjustment factors and the resulting pharmacy trends assumptions used for the STAR+PLUS program.

Exhibit E of this attachment presents the trend analysis for the MBCCP risk group. This is a newer risk group to STAR+PLUS which became effective September 1, 2017. We have utilized STAR+PLUS experience only (the period beginning September 1, 2017) in our trend analysis. The pharmacy trends for the MBCCP risk group have been high as compared to the other

STAR+PLUS risk groups and other programs. The primary driver in the high trend for these clients is increased utilization in the specialty drug category, specifically, the drug Ibrance. Ibrance is a treatment for breast cancer and represents over one-third of the total pharmacy cost for the MBCCP risk group. The top eight drugs in the group are all specialty cancer medications representing over 60% of total pharmacy spend for these clients. The utilization and unit cost of these specialty drugs is increasing at a higher than average rate.

Exhibit F of this attachment presents the resulting MBCCP pharmacy trends after adjusting for the FY2018 PDL changes (described above).

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

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only OCC										
FY2016										
-Professional	1.055	1.036	1.089	1.116	1.059	1.108	1.012	1.043	1.073	0.923
-Outpatient - ER	0.947	1.035	1.052	1.090	1.212	1.100	1.095	1.116	0.955	1.021
-Outpatient - Non ER	0.994	1.010	0.918	0.941	1.095	0.869	0.941	0.986	0.981	0.967
-Inpatient	1.031	1.046	0.883	1.054	1.027	0.941	0.800	0.995	1.014	0.995
-Other Acute Care	1.047	0.992	1.258	1.162	0.967	0.989	1.167	0.960	1.646	1.410
-Total Acute Care	1.025	1.028	1.019	1.058	1.042	0.987	0.932	1.014	1.042	1.005
-Long Term Care	0.954	1.046	1.032	1.022	0.987	1.060	0.886	1.020	0.863	1.067
FY2017										
-Professional	1.056	0.984	1.101	0.968	0.980	0.976	1.033	0.979	0.980	1.049
-Outpatient - ER	0.999	0.976	1.110	1.088	1.177	1.133	1.205	1.046	0.870	0.966
-Outpatient - Non ER	1.048	0.928	1.086	1.009	1.000	1.011	1.201	1.007	0.962	1.051
-Inpatient	1.080	0.925	1.113	1.032	0.937	1.104	1.091	1.073	0.889	1.128
-Other Acute Care	1.161	1.983	0.996	1.047	0.851	1.018	0.916	1.033	0.897	1.084
-Total Acute Care	1.068	1.018	1.074	1.019	0.970	1.046	1.083	1.028	0.925	1.069
-Long Term Care	1.109	1.106	1.083	1.099	1.056	1.068	0.970	1.139	1.032	0.986
FY2018										
-Professional	0.943	0.977	0.952	0.992	0.965	1.024	1.073	0.996	1.049	0.914
-Outpatient - ER	0.965	0.767	0.960	0.933	1.047	0.994	0.953	0.942	0.887	0.957
-Outpatient - Non ER	1.137	0.852	0.993	0.974	1.037	0.935	1.053	0.988	1.014	1.115
-Inpatient	1.016	0.900	0.972	0.943	1.017	0.969	1.100	0.958	1.102	0.933
-Other Acute Care	1.242	1.247	1.019	1.055	1.212	0.866	1.086	1.231	1.073	0.945
-Total Acute Care	1.025	0.941	0.980	0.970	1.015	0.971	1.071	0.985	1.037	0.957
-Long Term Care	0.970	1.031	1.082	1.076	0.997	1.054	0.988	1.052	1.057	1.072
FY2019										
-Professional	1.051	1.025	0.941	0.973	0.976	0.980	1.077	1.042	0.999	1.031
-Outpatient - ER	1.040	0.875	1.190	1.070	1.112	0.906	0.975	0.963	0.907	0.931
-Outpatient - Non ER	0.997	0.960	0.954	0.981	1.016	0.975	1.032	0.833	0.923	1.033
-Inpatient	0.991	1.079	0.915	1.028	1.116	1.052	1.058	0.929	1.028	1.329
-Other Acute Care	1.136	0.974	1.042	0.968	1.178	1.054	1.006	1.318	1.189	1.110
-Total Acute Care	1.032	1.010	0.979	1.005	1.049	1.004	1.046	0.976	0.991	1.129
-Long Term Care	1.009	1.053	1.095	1.081	1.013	1.108	0.966	1.074	1.029	1.105

FY2020 STAR+PLUS Rating
Analysis of HMO Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only OCC				
FY2016				
-Professional	1.071	1.091	1.081	1.071
-Outpatient - ER	1.116	1.017	1.203	1.054
-Outpatient - Non ER	1.004	0.894	0.974	0.968
-Inpatient	1.000	1.080	1.040	1.026
-Other Acute Care	0.994	1.045	1.203	1.140
-Total Acute Care	1.026	1.035	1.069	1.035
-Long Term Care	1.117	1.001	1.021	1.005
FY2017				
-Professional	1.012	1.064	1.016	1.007
-Outpatient - ER	1.013	0.984	1.048	1.026
-Outpatient - Non ER	1.142	1.139	1.074	1.029
-Inpatient	1.063	0.952	0.989	1.012
-Other Acute Care	0.983	0.692	1.097	1.209
-Total Acute Care	1.052	1.013	1.022	1.021
-Long Term Care	1.166	1.211	1.135	1.093
FY2018				
-Professional	0.960	1.016	0.957	0.983
-Outpatient - ER	1.018	1.112	0.991	0.942
-Outpatient - Non ER	1.164	0.964	0.922	0.996
-Inpatient	0.969	0.947	0.991	0.972
-Other Acute Care	1.404	0.959	1.245	1.134
-Total Acute Care	1.016	0.985	0.984	0.987
-Long Term Care	1.051	1.153	0.948	1.038
FY2019				
-Professional	1.010	0.964	1.022	1.002
-Outpatient - ER	0.939	0.973	0.928	0.990
-Outpatient - Non ER	1.125	0.882	0.970	0.974
-Inpatient	1.154	0.925	1.194	1.060
-Other Acute Care	1.436	1.312	1.197	1.072
-Total Acute Care	1.096	0.941	1.082	1.020
-Long Term Care	1.053	1.118	0.888	1.050

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only HCBS										
FY2016										
-Professional	1.154	1.171	1.188	1.124	1.140	1.128	1.207	1.107	1.190	1.150
-Outpatient - ER	1.048	1.026	1.145	1.234	1.221	1.132	1.332	1.226	1.118	1.152
-Outpatient - Non ER	0.792	0.912	0.828	0.986	1.033	1.010	1.007	1.073	0.964	0.947
-Inpatient	0.971	1.208	1.010	1.023	1.106	1.208	1.434	0.958	0.993	1.093
-Other Acute Care	0.969	1.024	1.645	1.116	0.990	0.830	1.410	1.058	2.067	1.443
-Total Acute Care	0.983	1.094	1.083	1.065	1.071	1.090	1.280	1.042	1.073	1.090
-Long Term Care	0.903	0.911	0.943	0.975	0.957	0.874	0.989	0.965	0.988	0.947
FY2017										
-Professional	1.158	0.909	1.137	0.852	1.064	0.924	1.095	0.857	0.902	0.978
-Outpatient - ER	1.036	0.868	0.996	0.998	1.122	1.162	0.951	1.028	0.769	0.932
-Outpatient - Non ER	1.081	0.895	0.969	0.980	1.060	0.958	1.404	0.916	1.124	0.943
-Inpatient	1.055	0.906	0.989	1.000	0.977	1.049	0.851	1.060	0.985	0.983
-Other Acute Care	1.174	1.065	1.178	1.176	0.925	0.969	1.163	1.054	0.812	0.783
-Total Acute Care	1.107	0.928	1.058	0.963	1.023	0.998	1.059	0.962	0.978	0.959
-Long Term Care	1.048	0.979	1.110	1.081	1.099	1.044	1.121	1.048	1.086	1.100
FY2018										
-Professional	1.001	0.907	1.007	1.010	1.054	1.158	1.052	1.019	1.000	0.771
-Outpatient - ER	0.827	0.817	1.074	0.878	1.064	1.125	0.898	0.817	0.953	1.084
-Outpatient - Non ER	1.137	0.767	0.762	1.019	1.062	0.957	0.787	0.892	1.024	0.994
-Inpatient	1.108	0.770	0.951	1.095	1.038	1.002	1.075	0.832	1.159	0.866
-Other Acute Care	1.100	1.136	1.234	1.059	1.111	1.009	0.789	1.084	1.349	1.147
-Total Acute Care	1.055	0.872	1.001	1.037	1.057	1.038	0.938	0.919	1.065	0.884
-Long Term Care	1.034	1.009	1.039	1.069	1.041	1.076	0.976	1.018	1.078	1.121
FY2019										
-Professional	1.019	0.996	0.958	0.910	1.003	1.048	1.240	0.917	1.194	0.883
-Outpatient - ER	0.918	0.968	1.019	1.138	1.103	1.077	1.621	1.329	1.171	0.960
-Outpatient - Non ER	1.002	0.970	0.798	0.846	1.036	0.983	0.963	0.700	0.880	0.868
-Inpatient	0.984	1.272	0.883	0.814	1.005	0.849	1.601	0.820	1.459	0.934
-Other Acute Care	1.361	0.914	0.967	1.025	1.479	0.971	1.177	1.467	1.107	1.258
-Total Acute Care	1.049	1.053	0.917	0.878	1.063	0.954	1.294	0.923	1.140	0.920
-Long Term Care	1.069	1.122	1.040	1.136	1.054	1.187	1.165	1.054	1.042	1.048

FY2020 STAR+PLUS Rating
Analysis of HMO Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only HCBS				
FY2016				
-Professional	1.070	1.152	1.191	1.145
-Outpatient - ER	1.398	1.262	1.778	1.182
-Outpatient - Non ER	1.113	1.166	1.041	0.978
-Inpatient	1.076	1.073	1.057	1.074
-Other Acute Care	1.002	1.394	1.042	1.135
-Total Acute Care	1.075	1.156	1.099	1.077
-Long Term Care	0.879	0.936	0.981	0.946
FY2017				
-Professional	0.995	0.986	1.231	0.992
-Outpatient - ER	1.081	0.972	1.189	0.983
-Outpatient - Non ER	1.273	1.209	1.050	1.051
-Inpatient	1.144	1.095	1.224	1.015
-Other Acute Care	0.894	0.297	1.408	1.083
-Total Acute Care	1.086	1.055	1.196	1.011
-Long Term Care	0.975	1.089	1.083	1.066
FY2018				
-Professional	0.952	1.022	1.014	1.000
-Outpatient - ER	0.853	1.143	0.813	0.939
-Outpatient - Non ER	0.935	1.072	0.909	0.994
-Inpatient	0.866	0.955	1.018	1.003
-Other Acute Care	1.477	0.883	0.994	1.119
-Total Acute Care	0.924	1.015	0.983	1.002
-Long Term Care	0.958	1.063	1.002	1.044
FY2019				
-Professional	1.138	0.913	0.975	0.990
-Outpatient - ER	0.858	0.887	0.974	1.065
-Outpatient - Non ER	0.997	0.879	1.031	0.922
-Inpatient	1.071	0.832	1.553	1.052
-Other Acute Care	1.660	2.908	2.637	1.223
-Total Acute Care	1.097	0.884	1.232	1.010
-Long Term Care	1.041	1.049	0.962	1.080

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only Nursing Facility										
FY2016										
-Professional	1.101	1.229	1.336	1.018	1.060	1.082	0.870	1.187	0.967	1.050
-Outpatient - ER	0.889	1.519	2.009	1.026	0.830	1.263	1.136	1.126	0.732	0.831
-Outpatient - Non ER	0.996	1.954	0.859	0.800	1.007	1.010	1.546	0.636	1.030	0.872
-Inpatient	0.850	1.361	1.853	0.781	0.575	0.895	0.977	1.647	0.908	0.912
-Other Acute Care	0.859	1.050	0.907	0.742	0.767	0.665	1.218	0.965	2.664	0.546
-Total Acute Care	0.908	1.363	1.416	0.840	0.677	0.942	1.046	1.369	0.982	0.907
-Long Term Care	0.988	1.055	1.042	1.049	1.040	1.005	1.050	1.024	0.999	1.045
FY2017										
-Professional	1.116	0.996	1.185	1.110	1.280	0.982	1.113	0.861	1.197	1.263
-Outpatient - ER	1.081	1.041	1.668	0.966	1.302	1.116	1.329	1.149	0.890	1.301
-Outpatient - Non ER	0.922	0.878	0.717	1.082	1.103	1.012	1.223	0.835	0.988	1.390
-Inpatient	1.033	1.047	1.251	1.069	1.156	0.849	1.394	0.745	0.886	1.071
-Other Acute Care	1.073	1.280	1.037	1.215	1.248	1.316	0.946	0.824	1.035	1.338
-Total Acute Care	1.047	1.039	1.161	1.086	1.182	0.938	1.282	0.792	0.973	1.185
-Long Term Care	0.997	1.006	1.026	1.040	1.009	1.017	1.003	1.018	0.969	1.007
FY2018										
-Professional	0.989	1.080	1.073	1.076	1.276	1.056	0.885	1.203	1.042	0.924
-Outpatient - ER	0.955	0.733	0.734	1.034	0.891	1.228	0.861	1.045	1.197	0.979
-Outpatient - Non ER	0.845	0.807	0.787	0.917	0.937	1.049	0.549	1.139	1.032	1.081
-Inpatient	1.087	1.041	0.751	1.127	1.022	0.941	0.630	1.111	1.102	1.154
-Other Acute Care	1.394	1.310	0.661	0.867	1.628	1.040	1.556	0.448	0.814	1.114
-Total Acute Care	1.064	1.041	0.806	1.061	1.099	1.001	0.707	1.077	1.065	1.073
-Long Term Care	1.017	1.010	0.962	1.007	1.004	1.009	1.052	1.000	1.011	0.992
FY2019										
-Professional	0.977	1.058	1.109	0.982	1.122	0.851	1.313	0.917	0.957	0.739
-Outpatient - ER	0.901	0.640	0.552	0.842	0.936	0.807	0.768	0.826	0.866	0.880
-Outpatient - Non ER	1.010	0.822	1.158	0.650	1.754	0.546	0.482	1.070	0.798	0.489
-Inpatient	0.674	0.824	1.012	0.903	1.220	0.633	1.091	0.867	0.942	0.940
-Other Acute Care	1.180	0.865	0.497	1.003	1.306	0.936	1.186	2.135	1.746	2.140
-Total Acute Care	0.807	0.862	1.003	0.889	1.249	0.698	1.024	0.909	0.938	0.866
-Long Term Care	0.990	1.055	0.846	1.073	0.976	1.074	1.030	1.160	1.039	0.915

FY2020 STAR+PLUS Rating
Analysis of HMO Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only Nursing Facility				
FY2016				
-Professional	1.066	0.868	1.129	1.059
-Outpatient - ER	1.145	0.907	1.269	1.112
-Outpatient - Non ER	0.970	0.830	0.991	1.115
-Inpatient	0.858	0.713	1.185	1.004
-Other Acute Care	0.867	0.592	1.499	1.199
-Total Acute Care	0.922	0.756	1.177	1.015
-Long Term Care	1.035	1.078	1.040	1.036
FY2017				
-Professional	0.901	0.978	1.032	1.080
-Outpatient - ER	0.889	0.920	0.948	1.023
-Outpatient - Non ER	1.283	1.247	0.844	1.069
-Inpatient	0.987	1.023	1.094	1.039
-Other Acute Care	0.672	0.762	0.973	1.156
-Total Acute Care	0.968	1.037	1.035	1.050
-Long Term Care	1.022	1.018	1.025	1.012
FY2018				
-Professional	0.944	1.026	1.000	1.050
-Outpatient - ER	1.018	1.121	0.932	1.007
-Outpatient - Non ER	1.124	0.901	0.916	0.940
-Inpatient	0.969	1.023	1.034	1.049
-Other Acute Care	1.023	1.111	1.180	1.202
-Total Acute Care	0.982	1.007	1.015	1.034
-Long Term Care	1.053	1.030	0.992	1.014
FY2019				
-Professional	1.077	1.022	0.680	0.990
-Outpatient - ER	1.109	1.095	0.748	0.864
-Outpatient - Non ER	1.431	0.913	1.069	0.934
-Inpatient	1.344	0.867	0.992	0.934
-Other Acute Care	1.341	1.487	0.610	1.156
-Total Acute Care	1.269	0.923	0.888	0.938
-Long Term Care	1.039	1.045	1.028	1.035

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
IDD										
FY2016										
-Professional	1.104	1.041	1.102	0.924	0.953	0.996	1.209	0.994	0.890	1.137
-Outpatient - ER	1.042	1.031	0.975	0.940	1.166	1.396	1.103	0.880	1.131	0.979
-Outpatient - Non ER	1.126	1.052	1.225	0.901	0.991	1.018	0.954	1.002	1.080	0.868
-Inpatient	0.985	0.987	1.057	0.811	0.776	0.461	0.994	0.867	0.694	0.901
-Other Acute Care	1.188	1.027	0.725	0.984	1.152	0.699	1.287	0.951	1.344	0.982
-Total Acute Care	1.096	1.021	1.024	0.895	0.992	0.773	1.115	0.921	0.978	1.014
FY2017										
-Professional	1.130	1.102	1.106	1.028	1.093	0.845	1.060	0.978	1.093	0.860
-Outpatient - ER	1.034	1.138	0.972	0.984	1.215	0.813	1.132	1.096	0.875	0.834
-Outpatient - Non ER	1.038	1.044	0.980	1.006	1.004	0.970	1.123	1.514	0.964	1.179
-Inpatient	1.237	1.365	1.571	0.948	0.961	1.979	1.034	0.783	0.984	1.428
-Other Acute Care	1.022	1.084	1.115	0.904	0.978	0.831	0.866	0.927	0.650	1.083
-Total Acute Care	1.116	1.157	1.137	0.979	1.033	1.138	1.024	0.908	0.939	1.048
FY2018										
-Professional	0.959	0.975	0.964	0.997	1.106	1.119	1.111	0.985	0.936	0.854
-Outpatient - ER	0.980	0.667	1.474	1.075	1.169	1.856	1.004	0.848	0.974	1.098
-Outpatient - Non ER	0.856	0.787	0.861	0.969	1.093	1.172	1.040	0.948	0.927	0.983
-Inpatient	1.245	0.792	0.646	0.940	1.206	0.612	1.181	0.596	0.806	1.064
-Other Acute Care	0.946	1.144	1.326	0.932	1.021	1.875	1.132	0.565	1.089	1.656
-Total Acute Care	1.023	0.931	0.957	0.972	1.113	1.016	1.109	0.748	0.923	1.030
FY2019										
-Professional	1.039	1.021	1.142	1.003	1.139	0.874	0.931	0.892	1.141	0.818
-Outpatient - ER	1.183	0.938	0.970	1.031	1.369	1.583	1.311	0.485	1.326	0.875
-Outpatient - Non ER	1.096	1.188	0.925	0.929	1.214	0.599	0.472	2.291	0.974	0.788
-Inpatient	1.144	1.306	3.151	1.471	0.919	0.801	1.850	0.208	2.244	1.021
-Other Acute Care	1.397	1.160	0.832	1.241	1.284	1.190	1.022	0.953	1.121	0.917
-Total Acute Care	1.150	1.140	1.203	1.143	1.146	0.877	1.056	0.655	1.267	0.901

FY2020 STAR+PLUS Rating
Analysis of HMO Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
IDD				
FY2016				
-Professional	1.288	1.001	1.063	1.029
-Outpatient - ER	1.168	1.009	1.143	1.043
-Outpatient - Non ER	1.205	0.906	0.886	1.013
-Inpatient	1.669	0.768	0.766	0.901
-Other Acute Care	1.061	0.991	0.985	1.079
-Total Acute Care	1.287	0.918	0.933	0.989
FY2017				
-Professional	0.922	1.135	1.075	1.047
-Outpatient - ER	1.215	1.017	1.086	1.021
-Outpatient - Non ER	1.323	1.170	1.329	1.060
-Inpatient	1.153	1.227	1.114	1.174
-Other Acute Care	1.356	0.878	0.842	0.978
-Total Acute Care	1.089	1.131	1.096	1.053
FY2018				
-Professional	1.014	1.045	1.044	1.002
-Outpatient - ER	0.837	1.349	0.906	1.049
-Outpatient - Non ER	0.868	1.074	1.223	0.978
-Inpatient	0.681	0.929	0.685	0.948
-Other Acute Care	0.973	0.669	0.994	1.097
-Total Acute Care	0.865	1.004	0.970	0.980
FY2019				
-Professional	0.799	1.134	0.970	1.011
-Outpatient - ER	0.781	0.828	1.319	1.105
-Outpatient - Non ER	0.556	0.857	0.851	0.959
-Inpatient	0.877	0.904	1.843	1.493
-Other Acute Care	0.908	1.175	2.894	1.264
-Total Acute Care	0.795	0.968	1.233	1.110

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Dual Eligible OCC										
FY2016										
-Long Term Care	1.006	1.022	1.033	1.036	0.995	0.996	0.924	1.034	1.152	0.994
FY2017										
-Long Term Care	1.052	1.052	1.085	1.069	1.024	1.105	1.073	1.074	1.078	1.078
FY2018										
-Long Term Care	1.020	1.036	1.064	1.084	0.998	1.013	0.973	1.020	1.065	1.064
FY2019										
-Long Term Care	1.030	1.035	1.053	1.089	1.012	1.017	0.996	1.066	1.023	1.087
Dual Eligible HCBS										
FY2016										
-Long Term Care	0.980	0.987	0.948	0.991	0.998	0.962	1.029	1.033	1.032	0.957
FY2017										
-Long Term Care	1.048	1.030	1.049	1.087	1.074	1.025	1.083	1.082	1.044	1.084
FY2018										
-Long Term Care	1.023	1.030	1.055	1.071	1.044	1.058	1.016	1.010	1.056	1.069
FY2019										
-Long Term Care	1.042	1.055	1.025	1.105	1.030	1.121	1.052	1.061	1.047	1.067
Dual Eligible Nursing Facility										
FY2016										
-Long Term Care	1.047	1.035	1.006	1.012	1.014	1.029	0.995	1.041	0.998	1.010
FY2017										
-Long Term Care	1.036	1.021	1.033	1.019	1.021	1.008	1.031	1.013	0.999	1.019
FY2018										
-Long Term Care	1.023	1.029	1.001	1.029	1.022	0.994	1.035	0.998	1.029	1.002
FY2019										
-Long Term Care	1.013	1.036	0.975	1.081	1.049	1.073	1.025	1.139	1.025	1.029

FY2020 STAR+PLUS Rating
Analysis of HMO Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Dual Eligible OCC				
FY2016				
-Long Term Care	1.080	1.043	0.943	1.015
FY2017				
-Long Term Care	1.086	1.168	1.104	1.056
FY2018				
-Long Term Care	1.035	1.106	0.978	1.031
FY2019				
-Long Term Care	1.068	1.160	0.945	1.041
Dual Eligible HCBS				
FY2016				
-Long Term Care	1.032	1.097	1.026	1.006
FY2017				
-Long Term Care	1.051	1.064	1.043	1.064
FY2018				
-Long Term Care	0.998	1.066	1.041	1.045
FY2019				
-Long Term Care	1.068	1.062	1.038	1.055
Dual Eligible Nursing Facility				
FY2016				
-Long Term Care	1.032	1.028	1.038	1.023
FY2017				
-Long Term Care	1.012	1.016	1.022	1.018
FY2018				
-Long Term Care	1.018	1.018	1.015	1.019
FY2019				
-Long Term Care	1.050	1.033	1.012	1.043

FY2020 STAR+PLUS Rating
Trend Assumptions - Medical

	<u>FY2015</u>	<u>FY2016 (2)</u>	<u>FY2017</u>	<u>FY2018</u>	<u>9/18-12/18 (3)</u>	<u>1/19-8/19 (4)</u>	<u>Trend Assumptions</u>	
							<u>FY2019 (5)</u>	<u>FY2020 (6)</u>
Statewide Average Trend (1)								
Acute Care								
Medicaid Only OCC	-1.3 %	3.5 %	2.1 %	-1.3 %	2.0 %	0.8 %	1.2 %	0.8 %
Medicaid Only HCBS	-5.6 %	7.7 %	1.1 %	0.2 %	1.0 %	0.9 %	0.9 %	0.9 %
Medicaid Only NF		1.5 %	5.0 %	3.4 %	-6.2 %	2.5 %	-0.4 %	2.5 %
IDD		-1.1 %	5.3 %	-2.0 %	11.0 %	1.8 %	4.8 %	1.8 %
MBCCP (7)							1.2 %	1.0 %
Long Term Care								
Medicaid Only OCC	4.7 %	0.5 %	9.3 %	3.8 %	5.0 %	4.6 %	4.7 %	4.6 %
Medicaid Only HCBS	1.5 %	-5.4 %	6.6 %	4.4 %	8.0 %	2.3 %	4.2 %	2.3 %
Medicaid Only NF		3.6 %	1.2 %	1.4 %	3.5 %	1.9 %	2.5 %	1.9 %
Dual Eligible OCC	0.7 %	1.5 %	5.6 %	3.1 %	4.1 %	2.8 %	3.2 %	2.8 %
Dual Eligible HCBS	2.4 %	0.6 %	6.4 %	4.5 %	5.5 %	3.6 %	4.2 %	3.6 %
Dual Eligible NF		2.3 %	1.8 %	1.9 %	4.3 %	2.2 %	2.9 %	2.2 %
MBCCP (7)							4.0 %	3.3 %

Footnotes

(1) All trends are net of reimbursement changes.

(2) Nursing facility population was carved into managed care on 3/1/2015. FY2016 trend for nursing facility is for the period 3/16-8/16.

(3) Average trend during the period 9/1/2018-12/31/2018.

(4) Assumed trend during the period 1/1/2019-8/31/2019. Equals weighted average of the Statewide FY2015, FY2016, FY2017, FY2018 and 9/18-12/18 trends.

Weighted based on number of months.

(5) Combined 9/18-12/18 and 1/19-8/19 into single trend assumption based on number of months.

(6) Average trend during FY2015-FY2019.

(7) MBCCP trend assumptions set equal to the weighted average of other risk groups excluding nursing facility services.

FY2020 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Annual Trend in Number of Scripts per Member per Month						
Brand Drugs						
3/2013-2/2014	-7.9 %	-6.8 %			-7.3 %	-7.7 %
3/2014-2/2015	-12.1 %	-10.5 %			-11.4 %	-4.9 %
3/2015-2/2016	-9.1 %	-5.2 %			-5.6 %	-3.3 %
3/2016-2/2017	-5.4 %	-5.6 %	-9.8 %	-11.4 %	-5.1 %	-6.0 %
3/2017-2/2018	-4.9 %	-5.0 %	-8.1 %	-7.4 %	-4.4 %	-5.3 %
3/2018-2/2019	-8.1 %	-6.3 %	-8.8 %	-6.9 %	-7.1 %	-7.8 %
Use	-6.6 %	-5.7 %	-8.7 %	-7.8 %	-6.5 %	-6.7 %
Generic Drugs						
3/2013-2/2014	9.9 %	9.2 %			10.3 %	9.8 %
3/2014-2/2015	1.2 %	2.2 %			2.1 %	9.9 %
3/2015-2/2016	1.1 %	3.9 %			6.3 %	9.0 %
3/2016-2/2017	4.1 %	2.4 %	2.8 %	-1.7 %	4.5 %	3.4 %
3/2017-2/2018	5.8 %	3.4 %	6.1 %	-1.8 %	6.1 %	5.0 %
3/2018-2/2019	-1.4 %	0.0 %	1.8 %	-1.8 %	-0.4 %	-1.0 %
Use	1.9 %	1.5 %	3.4 %	-1.8 %	1.9 %	1.7 %
Specialty Drugs						
3/2013-2/2014	4.3 %	-3.2 %			4.1 %	3.3 %
3/2014-2/2015	-5.7 %	-5.2 %			-7.1 %	-2.4 %
3/2015-2/2016	-3.7 %	-5.5 %			-3.2 %	1.2 %
3/2016-2/2017	-0.3 %	-1.4 %	4.8 %	-6.5 %	-0.3 %	-0.6 %
3/2017-2/2018	4.5 %	6.7 %	11.4 %	-2.5 %	4.9 %	4.7 %
3/2018-2/2019	-2.5 %	-1.3 %	-1.3 %	-4.5 %	-2.0 %	-2.4 %
Use	0.2 %	1.4 %	4.0 %	-4.2 %	0.4 %	0.3 %
All Drugs						
3/2013-2/2014	5.4 %	5.1 %			5.9 %	5.4 %
3/2014-2/2015	-1.8 %	-0.6 %			-1.0 %	6.5 %
3/2015-2/2016	-0.9 %	2.0 %			3.9 %	6.5 %
3/2016-2/2017	2.4 %	0.9 %	0.8 %	-3.2 %	2.8 %	1.7 %
3/2017-2/2018	4.1 %	2.0 %	4.0 %	-2.5 %	4.4 %	3.4 %
3/2018-2/2019	-2.4 %	-1.0 %	0.4 %	-2.4 %	-1.4 %	-2.0 %
Use	0.7 %	0.4 %	2.0 %	-2.5 %	0.8 %	0.6 %

Annual Trend in Days Supply per Member per Month

Brand Drugs						
3/2013-2/2014	-8.7 %	-7.6 %			-8.2 %	-8.5 %
3/2014-2/2015	-12.5 %	-10.8 %			-11.7 %	-5.1 %
3/2015-2/2016	-9.3 %	-5.8 %			-6.8 %	-4.8 %
3/2016-2/2017	-5.6 %	-5.5 %	-10.0 %	-10.6 %	-5.2 %	-6.1 %
3/2017-2/2018	-4.7 %	-4.6 %	-8.3 %	-7.3 %	-4.2 %	-5.1 %
3/2018-2/2019	-7.0 %	-5.7 %	-7.7 %	-7.7 %	-6.2 %	-6.9 %
Use	-6.0 %	-5.3 %	-8.3 %	-8.0 %	-6.0 %	-6.1 %

FY2020 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Generic Drugs						
3/2013-2/2014	12.0 %	10.3 %			12.4 %	11.7 %
3/2014-2/2015	2.5 %	2.7 %			3.5 %	2.5 %
3/2015-2/2016	2.9 %	5.1 %			7.6 %	3.3 %
3/2016-2/2017	5.0 %	3.0 %	3.5 %	-1.7 %	5.3 %	4.7 %
3/2017-2/2018	7.1 %	4.4 %	6.3 %	-1.2 %	7.3 %	6.7 %
3/2018-2/2019	1.1 %	1.7 %	3.4 %	-2.4 %	1.8 %	1.2 %
Use	3.7 %	2.8 %	4.4 %	-1.9 %	3.5 %	3.6 %
Specialty Drugs						
3/2013-2/2014	4.7 %	-2.9 %			4.5 %	3.7 %
3/2014-2/2015	-5.7 %	-5.5 %			-7.1 %	-5.7 %
3/2015-2/2016	-3.0 %	-5.4 %			-3.8 %	-3.3 %
3/2016-2/2017	1.4 %	-0.3 %	6.3 %	-5.0 %	1.4 %	1.2 %
3/2017-2/2018	5.3 %	7.0 %	15.2 %	-1.4 %	5.7 %	5.5 %
3/2018-2/2019	-1.6 %	-0.3 %	1.1 %	-5.0 %	-1.1 %	-1.4 %
Use	1.2 %	2.1 %	6.7 %	-3.8 %	1.5 %	1.3 %
All Drugs						
3/2013-2/2014	6.4 %	5.5 %			6.9 %	6.3 %
3/2014-2/2015	-1.0 %	-0.5 %			-0.1 %	-0.9 %
3/2015-2/2016	0.4 %	2.8 %			4.6 %	0.8 %
3/2016-2/2017	3.0 %	1.4 %	1.2 %	-2.9 %	3.4 %	2.8 %
3/2017-2/2018	5.2 %	2.9 %	4.2 %	-1.9 %	5.4 %	4.8 %
3/2018-2/2019	-0.2 %	0.5 %	1.9 %	-3.0 %	0.6 %	-0.1 %
Use	2.3 %	1.6 %	3.0 %	-2.6 %	2.2 %	2.2 %
Annual Trend in Incurred Claims per Days Supply						
Brand Drugs						
3/2013-2/2014	12.4 %	13.6 %			12.6 %	12.6 %
3/2014-2/2015	14.4 %	16.7 %			16.1 %	14.8 %
3/2015-2/2016	13.6 %	14.9 %			15.5 %	13.8 %
3/2016-2/2017	7.7 %	7.5 %	5.7 %	6.5 %	7.6 %	7.6 %
3/2017-2/2018	9.1 %	8.4 %	6.4 %	6.9 %	8.9 %	9.0 %
3/2018-2/2019	7.7 %	7.7 %	7.7 %	4.0 %	7.6 %	7.7 %
Use	8.2 %	7.9 %	6.9 %	5.4 %	7.9 %	8.1 %
Generic Drugs						
3/2013-2/2014	-1.9 %	-4.4 %			-2.0 %	-2.3 %
3/2014-2/2015	0.6 %	6.0 %			3.0 %	1.6 %
3/2015-2/2016	9.9 %	11.0 %			11.3 %	10.1 %
3/2016-2/2017	2.5 %	4.1 %	0.2 %	2.4 %	0.0 %	2.8 %
3/2017-2/2018	-9.3 %	-10.7 %	-5.4 %	-3.3 %	0.0 %	-9.6 %
3/2018-2/2019	5.6 %	4.9 %	8.6 %	6.7 %	0.0 %	5.5 %
Use	0.1 %	-0.4 %	2.5 %	2.7 %	0.2 %	0.0 %

FY2020 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Specialty Drugs						
3/2013-2/2014	5.0 %	14.9 %			5.7 %	6.8 %
3/2014-2/2015	10.7 %	14.6 %			11.0 %	11.5 %
3/2015-2/2016	14.4 %	10.2 %			13.4 %	13.5 %
3/2016-2/2017	12.5 %	9.9 %	30.5 %	8.6 %	12.8 %	12.0 %
3/2017-2/2018	7.8 %	15.6 %	8.0 %	14.0 %	9.1 %	9.3 %
3/2018-2/2019	14.9 %	7.1 %	10.5 %	18.1 %	14.0 %	13.3 %
Use	12.1 %	10.4 %	13.0 %	15.2 %	12.0 %	11.8 %
All Drugs						
3/2013-2/2014	-0.9 %	1.0 %			-0.7 %	-0.6 %
3/2014-2/2015	2.7 %	6.3 %			3.3 %	3.4 %
3/2015-2/2016	6.2 %	5.6 %			5.0 %	6.1 %
3/2016-2/2017	3.0 %	3.0 %	-0.1 %	0.7 %	2.7 %	3.0 %
3/2017-2/2018	0.7 %	3.6 %	-2.4 %	2.8 %	0.9 %	1.2 %
3/2018-2/2019	5.5 %	3.3 %	2.1 %	4.2 %	5.0 %	5.1 %
Use	3.8 %	3.7 %	1.2 %	3.7 %	3.6 %	3.8 %
Annual Trend in Incurred Claims per Member per Month						
Brand Drugs						
3/2013-2/2014	2.6 %	5.0 %			3.4 %	3.0 %
3/2014-2/2015	0.1 %	4.0 %			2.5 %	0.8 %
3/2015-2/2016	3.0 %	8.2 %			7.7 %	3.9 %
3/2016-2/2017	1.7 %	1.6 %	-4.9 %	-4.9 %	2.0 %	1.7 %
3/2017-2/2018	4.0 %	3.4 %	-2.5 %	-0.9 %	4.3 %	3.9 %
3/2018-2/2019	0.1 %	1.7 %	-0.7 %	-4.0 %	0.9 %	0.4 %
Use	1.7 %	2.2 %	-2.0 %	-3.1 %	1.5 %	1.8 %
Generic Drugs						
3/2013-2/2014	9.9 %	5.5 %			10.1 %	9.1 %
3/2014-2/2015	3.1 %	8.8 %			6.6 %	4.1 %
3/2015-2/2016	13.1 %	16.7 %			19.8 %	13.7 %
3/2016-2/2017	7.6 %	7.2 %	3.7 %	0.7 %	8.2 %	7.5 %
3/2017-2/2018	-2.8 %	-6.7 %	0.6 %	-4.4 %	-1.8 %	-3.6 %
3/2018-2/2019	6.7 %	6.7 %	12.2 %	4.2 %	8.0 %	6.7 %
Use	3.7 %	2.3 %	6.9 %	0.7 %	4.0 %	3.6 %
Specialty Drugs						
3/2013-2/2014	9.9 %	11.6 %			10.4 %	10.1 %
3/2014-2/2015	4.4 %	8.3 %			3.1 %	5.0 %
3/2015-2/2016	10.9 %	4.3 %			9.1 %	9.9 %
3/2016-2/2017	14.2 %	9.7 %	38.8 %	3.2 %	14.4 %	13.5 %
3/2017-2/2018	13.4 %	23.7 %	24.4 %	12.4 %	15.3 %	14.9 %
3/2018-2/2019	13.1 %	6.7 %	11.7 %	12.3 %	12.8 %	12.1 %
Use	13.4 %	12.9 %	20.5 %	10.8 %	13.7 %	13.3 %

FY2020 Prescription Drug Rating Analysis
 STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
All Drugs						
3/2013-2/2014	5.5 %	6.6 %			6.1 %	5.7 %
3/2014-2/2015	1.7 %	5.8 %			3.3 %	2.4 %
3/2015-2/2016	6.6 %	8.6 %			9.8 %	6.9 %
3/2016-2/2017	6.1 %	4.4 %	1.1 %	-2.2 %	6.2 %	5.8 %
3/2017-2/2018	5.8 %	6.7 %	1.8 %	0.8 %	6.4 %	6.0 %
3/2018-2/2019	5.3 %	3.8 %	4.1 %	1.1 %	5.6 %	5.1 %
Use	6.2 %	5.3 %	4.2 %	1.0 %	5.9 %	6.1 %
Generic Dispensing Rate (Days Supply)						
3/2013-2/2014	75.8 %	76.0 %			75.8 %	75.8 %
3/2014-2/2015	78.5 %	78.4 %	80.7 %		78.6 %	75.1 %
3/2015-2/2016	80.5 %	80.2 %	82.6 %	86.0 %	80.8 %	80.8 %
3/2016-2/2017	82.0 %	81.5 %	84.5 %	87.1 %	82.3 %	82.3 %
3/2017-2/2018	83.5 %	82.7 %	86.2 %	87.7 %	83.8 %	83.8 %
3/2018-2/2019	84.6 %	83.7 %	87.4 %	88.3 %	84.8 %	84.8 %
Use	86.2 %	85.2 %	89.2 %	89.2 %	86.5 %	86.5 %

FY2020 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>
Incurred Claims per Member per Month					
3/2015-2/2016	379.195	829.147	457.476	729.312	416.540
3/2016-2/2017	402.487	865.396	462.713	712.996	442.526
3/2017-2/2018	426.005	923.007	470.908	718.534	470.985
3/2018-2/2019	448.694	958.485	490.050	726.317	497.475
PDL Adjustment Factors					
3/2017-2/2018	1.0013	1.0012	1.0002	1.0023	1.0012
3/2018-2/2019	1.0191	1.0140	1.0166	1.0557	1.0195
Adjusted Incurred Claims per Member per Month					
3/2015-2/2016	379.195	829.147	457.476	729.312	416.540
3/2016-2/2017	402.487	865.396	462.713	712.996	442.526
3/2017-2/2018	426.559	924.115	471.002	720.187	471.570
3/2018-2/2019	457.264	971.904	498.184	766.773	507.189
Annual Trend in Adjusted Incurred Claims per Member per Month					
3/2016-2/2017	6.1 %	4.4 %	1.1 %	-2.2 %	6.2 %
3/2017-2/2018	6.0 %	6.8 %	1.8 %	1.0 %	6.6 %
3/2018-2/2019	7.2 %	5.2 %	5.8 %	6.5 %	7.6 %
Use	6.6 %	5.6 %	3.7 %	3.2 %	

Notes:

Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 2017 and 2018.

FY2020 Prescription Drug Rating Analysis
MBCCP Pharmacy Trends

	<u>Brand</u>	<u>Generic</u>	<u>Specialty</u>	<u>Total</u>
Annual Trend in Number of Scripts per Member per Month				
9/2018-2/2019	14.6 %	15.4 %	20.7 %	15.4 %
Annual Trend in Days Supply per Member per Month				
9/2018-2/2019	20.7 %	23.9 %	25.2 %	23.6 %
Annual Trend in Incurred Claims per Days Supply				
9/2018-2/2019	19.4 %	-1.7 %	6.1 %	8.6 %
Annual Trend in Incurred Claims per Member per Month				
9/2018-2/2019	44.1 %	21.8 %	32.9 %	34.2 %
Generic Dispensing Rate (Days Supply)				
9/2017-2/2018				89.0 %
9/2018-2/2019				89.2 %
Use				89.5 %

FY2020 Prescription Drug Rating Analysis
MBCCP Pharmacy Trends

MBCCP

Incurred Claims per Member per Month

9/2017-2/2018	398.865
9/2018-2/2019	535.385

PDL Adjustment Factors

9/2017-2/2018	1.0000
9/2018-2/2019	1.0027

Adjusted Incurred Claims per Member per Month

9/2017-2/2018	398.865
9/2018-2/2019	536.831

Annual Trend in Adjusted Incurred Claims per Member per Month

9/2018-2/2019	34.6 %
Use	20.0 %

Notes:

Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 2017 and 2018.

Attachment 5

Provider Reimbursement and Benefit Revisions Effective During FY2018, FY2019 and FY2020

This attachment presents information regarding rating adjustments for the various provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting and before the end of FY2020.

All adjustments have been calculated through an analysis of health plan encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable FY2018 encounter data was repriced using the FFS reimbursement in place during FY2018, the FFS reimbursement that will be in place during FY2020 and the applicable percentage change determined. Although the MCOs are not required to change their reimbursement levels based on changes implemented by HHSC, the Medicaid fee schedule serves as a primary negotiating tool for both MCOs and providers in Texas. Many MCO/provider reimbursement contracts are directly tied to the Medicaid FFS fee schedule through established percentages (e.g. 100%, 102%, 95% etc.) As a result, MCO reimbursement has historically changed in conjunction with Medicaid FFS fee schedule changes, both increases and decreases. Furthermore, it is common for provider reimbursement contracts that are directly tied to the Medicaid fee schedule (i.e. set at a % of Medicaid) to automatically adjust when the Medicaid fee schedule changes with no further need for recontracting. The correlation between managed care reimbursement and FFS fee schedules has been consistently observed throughout the history of the Texas managed care programs and is reiterated through discussions with the MCOs.

As a result of annual evaluations, several hospitals have had their Standard Dollar Amount (SDA) revised between FY2018 and FY2020. In addition, the SDAs for all rural and children's hospitals will be increased effective September 1, 2019. Exhibit A presents a summary of the derivation of the rating adjustment factors associated with these revisions.

Beginning May 1, 2013 HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital's performance during the evaluation time period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2019. As a result, the adjustment factors shown in Exhibit B represent the restoration of those reductions that were in place during FY2018 net of those reductions that will be in place during FY2020.

Effective March 1, 2014 HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital's performance during the evaluation time period and can change from one fiscal year to the next. A new PPC reduction list will become effective September 1, 2019. As a result, the adjustment factors shown in Exhibit C represent the restoration of those reductions that were in place during FY2018 net of those reductions that will be in place during FY2020.

Effective September 1, 2019 HHSC is utilizing an adjustment to the FY2018 base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a

computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2020. The 10% PPR adjustment is intended to be an introductory step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods. Exhibit D presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2019 HHSC will make further revisions to the reimbursement rates for therapy services. Exhibit E presents a summary of the derivation of the rating adjustment factors.

Invalid clinician administered drugs (CAD) have been removed from the base period. HHSC has provided guidance to the MCOs which specifies the reporting requirements for a CAD to be considered a valid claim. Those claims not meeting these requirements are assumed to be invalid and have been removed from the rating analysis. Exhibit F presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2018 HHSC made revisions to the reimbursement for ambulance services. Exhibit G presents a summary of the derivation of the rating adjustment factors.

Effective November 1, 2017 and March 1, 2019 HHSC made revisions to the reimbursement for anesthesiology services. Exhibit H presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2018 HHSC instituted a change in policy that shifts claim recoveries associated with tort and coordination of benefit recoveries beyond 120 days from the MCOs to HHSC. Exhibit I presents a summary of the necessary rating adjustment factors. The adjustment factors have been calculated in aggregate across all non-dual risk groups. Tort and coordination of benefit recovery information was not available at the risk group level.

Base period data has been analyzed and costs for members age 21 to 64 with an IMD stay in excess of 15 days in a month have been removed from the analysis. The rating adjustment factors were estimated by the following steps:

1. Identifying a list of all members age 21-64 who had an IMD stay in excess of 15 days in a month.
2. For these members and their applicable eligibility month, collect all claims for these individuals.
3. Remove these claims from the base period via the adjustment factors presented in Exhibit J.
4. Reprice IMD utilization to the unit-cost reimbursement level at non-IMD facilities for comparable services. This adjustment is also included in Exhibit J.

Exhibits J.1 and J.2 present a summary of the derivation of the rating adjustment factors applicable to the medical and pharmacy rate development, respectively. Exhibit J.1 includes both the exclusion of claims for members with an IMD stay in excess of 15 days in a month and a repricing of IMD utilization to the unit cost of state-plan services at non-IMD facilities.

Effective September 1, 2017 FQHC wrap payments were carved out of managed care. HHSC has developed policy language to ensure that FQHCs are reimbursed their full encounter rate; however, the MCO will only be responsible for reimbursing the FQHC an amount no less than the rate paid to non-FQHC providers providing similar services. This adjustment was calculated by collecting the FQHC wrap payments paid by the MCOs during the FY2018 base period. Exhibit K presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2019 HHSC will adjust the reimbursement for attendant care services resulting from an increase in the minimum wage for attendant providers. Exhibit L presents a summary of the derivation of the rating adjustment factors.

HHSC has carved-in several low-utilization, high-cost drugs to the managed care capitated arrangement. These drugs were previously covered services under the plan but their cost was reimbursed to the MCOs using a non-risk arrangement. Anti-viral medications for the treatment of Hepatitis C (Epclusa, Harvoni, Viekira Pak, etc.) and Orkambi (a treatment for Cystic Fibrosis) have been added to capitated services effective September 1, 2018. As a result, a portion of the base period (CY2018) excludes the cost of these drugs and an adjustment factor is required to account for this understatement. Exhibit M of this attachment presents a summary of the derivation of the rating adjustment factors.

The carve-in adjustment factors are based on the actual experience of the program. The cost adjustment factors were determined by comparing pre carve-in (January 2018 through August 2018) base period claims cost for the Hepatitis-C drugs and Orkambi to the base period capitated pharmacy services claims cost, by service area and risk group. The resulting factors were then applied to projected FY2020 incurred pharmacy claims to account for the new capitated benefit.

During FY2018, HHSC implemented numerous changes to the Preferred Drug List (PDL). These changes included some of the program's highest expenditure drugs (Abilify, Suprax and Tamiflu) and had a significant impact on managed care pharmacy cost. These changes were implemented during the experience period used to develop the FY2020 capitation rates. As a result, it is necessary to adjust the base period experience to reflect this material change in cost. Exhibit N of this attachment presents a summary of the derivation of the rating adjustment factors.

Effective July 1, 2019, HHSC will implement another set of significant PDL changes. Most PDL changes have a relatively minor impact on overall pharmacy cost and, for purposes of rate setting, are assumed to be included in the trend. Occasionally, changes to the PDL include a single drug with a material impact on plan cost. That is the case with the upcoming PDL changes which include Nexium and Focalin, two of the program's top drugs. In order to recognize the anticipated cost impact of these changes we have developed adjustment factors to apply to the base period experience. Exhibit O of this attachment presents a summary of the derivation of the rating adjustment factors.

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

Heading**Attachment 5 Exhibits**

Acute Care – Non Inpatient	E, F, G, H, I and J.1
Acute Care – Inpatient	A, B, C and D
FQHC Wrap Removal	K
Long Term Care	L

Please note that the incurred claims reported on Attachment 5 are developed from the FY2018 detail encounter data which only includes claims paid through November 2018. As a result, the incurred claims reported on Attachment 3 vary slightly from Attachment 5 amounts for several reasons including: (i) Attachment 3 incurred claims include claims paid through February 2019, (ii) Attachment 3 incurred claims include a small amount of IBNR and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 incurred claims but not available in the detailed encounter data files. As noted on pages 1-3 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors detailed in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

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

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	91,432	1,269	0	0	19,565	0	3,361	7,946	123,573
Dallas	265,230	33,503	0	0	55,574	0	23,976	295	378,578
El Paso	8,292	-3,147	0	0	-899	0	-395	-345	3,505
Harris	1,966,069	468,243	0	0	201,321	0	94,398	20,853	2,750,885
Hidalgo	652,718	398,029	0	0	130,901	0	24,489	27,515	1,233,652
Jefferson	454,474	164,454	0	0	85,487	0	1,176	7,520	713,111
Lubbock	169,711	32,529	0	0	24,484	0	2,967	-128	229,564
Nueces	423,656	142,317	0	0	54,878	0	8,254	6,837	635,942
Tarrant	519,163	113,107	0	0	128,888	0	12,811	12,275	786,244
Travis	624,161	102,632	0	0	106,405	0	71,021	16,201	920,421
MRSA Central	555,721	119,413	0	0	125,558	0	14,870	4,945	820,508
MRSA Northeast	2,306,667	561,984	0	0	526,660	0	84,889	54,152	3,534,350
MRSA West	1,097,196	201,789	0	0	233,282	0	24,614	15,782	1,572,663
Total	9,134,490	2,336,123	0	0	1,692,104	0	366,431	173,848	13,702,996

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.08%	0.00%	0.00%	0.00%	0.19%	0.00%	0.04%	0.11%	0.07%
Dallas	0.14%	0.09%	0.00%	0.00%	0.27%	0.00%	0.31%	0.00%	0.14%
El Paso	0.02%	-0.03%	0.00%	0.00%	-0.06%	0.00%	-0.01%	-0.01%	0.01%
Harris	0.67%	0.79%	0.00%	0.00%	1.11%	0.00%	0.75%	0.11%	0.68%
Hidalgo	0.82%	1.05%	0.00%	0.00%	2.14%	0.00%	0.48%	0.29%	0.89%
Jefferson	0.91%	1.45%	0.00%	0.00%	2.49%	0.00%	0.09%	0.26%	1.03%
Lubbock	0.52%	0.71%	0.00%	0.00%	0.96%	0.00%	0.13%	-0.01%	0.52%
Nueces	1.07%	1.30%	0.00%	0.00%	1.93%	0.00%	0.53%	0.19%	1.09%
Tarrant	0.47%	0.51%	0.00%	0.00%	1.07%	0.00%	0.21%	0.15%	0.49%
Travis	1.16%	0.94%	0.00%	0.00%	1.91%	0.00%	1.74%	0.33%	1.16%
MRSA Central	0.80%	1.30%	0.00%	0.00%	1.79%	0.00%	0.51%	0.13%	0.89%
MRSA Northeast	2.30%	2.35%	0.00%	0.00%	4.98%	0.00%	2.19%	0.77%	2.43%
MRSA West	1.55%	1.62%	0.00%	0.00%	3.10%	0.00%	0.61%	0.33%	1.58%
Total	0.73%	0.81%	0.00%	0.00%	1.56%	0.00%	0.59%	0.20%	0.76%

Footnotes

(1) Equals the cost impact from reimbursement changes for hospital services at facilities whose standard dollar amount changed during FY2018-FY2020.

Includes Rural and Children's hospital changes effective 9/1/2019.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	140,689	34,564	0	0	8,565	0	9,347	3,243	196,407
Dallas	-288,405	-38,674	0	0	-10,314	0	-3,200	-563	-341,157
El Paso	85,651	28,845	0	0	9,271	0	3,920	594	128,281
Harris	-53,901	-27,074	0	0	-32,390	0	-1,062	20,542	-93,884
Hidalgo	-42,879	-39,054	0	0	-10,574	0	-2,412	2,143	-92,776
Jefferson	43,075	7,257	0	0	1,835	0	1,013	4,297	57,477
Lubbock	37,187	7,184	0	0	3,819	0	2,555	572	51,317
Nueces	9,223	3,560	0	0	2,087	0	997	3,090	18,957
Tarrant	169,323	35,580	0	0	27,892	0	5,741	3,683	242,219
Travis	21,155	4,785	0	0	3,505	0	4,579	-585	33,439
MRSA Central	29,773	4,067	0	0	1,090	0	-18	1,301	36,213
MRSA Northeast	50,290	7,426	0	0	4,862	0	1,863	4,318	68,758
MRSA West	18,690	4,292	0	0	2,582	0	404	212	26,179
Total	219,872	32,758	0	0	12,227	0	23,726	42,847	331,430

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.12%	0.10%	0.00%	0.00%	0.08%	0.00%	0.13%	0.05%	0.11%
Dallas	-0.16%	-0.10%	0.00%	0.00%	-0.05%	0.00%	-0.04%	-0.01%	-0.13%
El Paso	0.20%	0.24%	0.00%	0.00%	0.61%	0.00%	0.14%	0.02%	0.21%
Harris	-0.02%	-0.05%	0.00%	0.00%	-0.18%	0.00%	-0.01%	0.11%	-0.02%
Hidalgo	-0.05%	-0.10%	0.00%	0.00%	-0.17%	0.00%	-0.05%	0.02%	-0.07%
Jefferson	0.09%	0.06%	0.00%	0.00%	0.05%	0.00%	0.08%	0.15%	0.08%
Lubbock	0.11%	0.16%	0.00%	0.00%	0.15%	0.00%	0.11%	0.03%	0.12%
Nueces	0.02%	0.03%	0.00%	0.00%	0.07%	0.00%	0.06%	0.09%	0.03%
Tarrant	0.15%	0.16%	0.00%	0.00%	0.23%	0.00%	0.09%	0.04%	0.15%
Travis	0.04%	0.04%	0.00%	0.00%	0.06%	0.00%	0.11%	-0.01%	0.04%
MRSA Central	0.04%	0.04%	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.04%
MRSA Northeast	0.05%	0.03%	0.00%	0.00%	0.05%	0.00%	0.05%	0.06%	0.05%
MRSA West	0.03%	0.03%	0.00%	0.00%	0.03%	0.00%	0.01%	0.00%	0.03%
Total	0.02%	0.01%	0.00%	0.00%	0.01%	0.00%	0.04%	0.05%	0.02%

Footnotes

(1) Equals the net cost/savings resulting from PPR reimbursement reductions that will become effective 9/1/2019 versus those effective during FY2018.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Complications (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	16,417	-11,208	0	0	13	0	-625	-148	4,449
Dallas	216,717	71,175	0	0	36,877	0	7,131	5,186	337,087
El Paso	12,194	-1,231	0	0	-528	0	-1,379	2,713	11,768
Harris	-325,097	-19,151	0	0	-53,087	0	1,683	-596	-396,248
Hidalgo	130,567	53,100	0	0	19,456	0	10,262	4,965	218,350
Jefferson	-45,613	-23,557	0	0	-2,031	0	-1,389	-8,423	-81,013
Lubbock	-4,486	968	0	0	1,570	0	-327	-181	-2,457
Nueces	15,691	3,583	0	0	1,345	0	364	313	21,296
Tarrant	-102,649	-31,495	0	0	-26,223	0	-1,709	-1,078	-163,153
Travis	-18,909	-12,901	0	0	-5,887	0	-3,620	-1,128	-42,445
MRSA Central	87,984	10,524	0	0	17,643	0	1,160	673	117,984
MRSA Northeast	49,911	-743	0	0	21,243	0	3,194	4,517	78,123
MRSA West	-24,160	1,586	0	0	-4,189	0	-3,727	-1,919	-32,409
Total	8,566	40,651	0	0	6,203	0	11,018	4,895	71,333

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Complications (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.01%	-0.03%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%
Dallas	0.12%	0.18%	0.00%	0.00%	0.18%	0.00%	0.09%	0.05%	0.13%
El Paso	0.03%	-0.01%	0.00%	0.00%	-0.03%	0.00%	-0.05%	0.08%	0.02%
Harris	-0.11%	-0.03%	0.00%	0.00%	-0.29%	0.00%	0.01%	0.00%	-0.10%
Hidalgo	0.16%	0.14%	0.00%	0.00%	0.32%	0.00%	0.20%	0.05%	0.16%
Jefferson	-0.09%	-0.21%	0.00%	0.00%	-0.06%	0.00%	-0.10%	-0.29%	-0.12%
Lubbock	-0.01%	0.02%	0.00%	0.00%	0.06%	0.00%	-0.01%	-0.01%	-0.01%
Nueces	0.04%	0.03%	0.00%	0.00%	0.05%	0.00%	0.02%	0.01%	0.04%
Tarrant	-0.09%	-0.14%	0.00%	0.00%	-0.22%	0.00%	-0.03%	-0.01%	-0.10%
Travis	-0.04%	-0.12%	0.00%	0.00%	-0.11%	0.00%	-0.09%	-0.02%	-0.05%
MRSA Central	0.13%	0.11%	0.00%	0.00%	0.25%	0.00%	0.04%	0.02%	0.13%
MRSA Northeast	0.05%	0.00%	0.00%	0.00%	0.20%	0.00%	0.08%	0.06%	0.05%
MRSA West	-0.03%	0.01%	0.00%	0.00%	-0.06%	0.00%	-0.09%	-0.04%	-0.03%
Total	0.00%	0.01%	0.00%	0.00%	0.01%	0.00%	0.02%	0.01%	0.00%

Footnotes

(1) Equals the net cost/savings resulting from PPC reimbursement reductions that will become effective 9/1/2019 versus those effective during FY2018.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Quality Improvement (1)									
Bexar	-569,957	-159,729	0	0	-101,928	0	-48,440	-3,522	-883,577
Dallas	-1,319,704	-197,343	0	0	-211,242	0	-25,702	-1,039	-1,755,030
El Paso	-143,412	-58,785	0	0	-4,523	0	-6,321	0	-213,041
Harris	-1,549,248	-297,950	0	0	-166,824	0	-33,971	-8,277	-2,056,271
Hidalgo	-224,055	-139,797	0	0	-47,633	0	-15,108	-282	-426,875
Jefferson	-149,105	-41,695	0	0	-22,463	0	-2,921	-401	-216,584
Lubbock	-152,864	-11,104	0	0	-16,244	0	-9,499	0	-189,711
Nueces	-172,530	-38,052	0	0	-17,247	0	-3,738	-1,864	-233,431
Tarrant	-432,105	-102,082	0	0	-92,855	0	-9,835	-842	-637,719
Travis	-271,023	-43,700	0	0	-30,488	0	-21,904	-748	-367,862
MRSA Central	-327,501	-40,564	0	0	-39,510	0	-7,365	-5,931	-420,872
MRSA Northeast	-350,662	-102,933	0	0	-97,321	0	-12,181	-2,021	-565,118
MRSA West	-274,784	-45,907	0	0	-55,245	0	-5,470	-993	-382,400
Total	-5,936,950	-1,279,642	0	0	-903,523	0	-202,457	-25,920	-8,348,491

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.47%	-0.48%	0.00%	0.00%	-0.99%	0.00%	-0.65%	-0.05%	-0.49%
Dallas	-0.71%	-0.50%	0.00%	0.00%	-1.01%	0.00%	-0.33%	-0.01%	-0.67%
El Paso	-0.34%	-0.49%	0.00%	0.00%	-0.30%	0.00%	-0.23%	0.00%	-0.34%
Harris	-0.53%	-0.50%	0.00%	0.00%	-0.92%	0.00%	-0.27%	-0.04%	-0.51%
Hidalgo	-0.28%	-0.37%	0.00%	0.00%	-0.78%	0.00%	-0.30%	0.00%	-0.31%
Jefferson	-0.30%	-0.37%	0.00%	0.00%	-0.65%	0.00%	-0.22%	-0.01%	-0.31%
Lubbock	-0.47%	-0.24%	0.00%	0.00%	-0.64%	0.00%	-0.41%	0.00%	-0.43%
Nueces	-0.43%	-0.35%	0.00%	0.00%	-0.61%	0.00%	-0.24%	-0.05%	-0.40%
Tarrant	-0.39%	-0.46%	0.00%	0.00%	-0.77%	0.00%	-0.16%	-0.01%	-0.40%
Travis	-0.50%	-0.40%	0.00%	0.00%	-0.55%	0.00%	-0.54%	-0.02%	-0.46%
MRSA Central	-0.47%	-0.44%	0.00%	0.00%	-0.56%	0.00%	-0.25%	-0.15%	-0.46%
MRSA Northeast	-0.35%	-0.43%	0.00%	0.00%	-0.92%	0.00%	-0.31%	-0.03%	-0.39%
MRSA West	-0.39%	-0.37%	0.00%	0.00%	-0.73%	0.00%	-0.13%	-0.02%	-0.38%
Total	-0.48%	-0.45%	0.00%	0.00%	-0.83%	0.00%	-0.33%	-0.03%	-0.47%

Footnotes

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

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Therapy Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-28,944	-23,967	0	0	-419	0	-1,787	-726	-55,842
Dallas	-7,704	-3,157	0	0	-50	0	-218	-8	-11,137
El Paso	-15,909	-5,204	0	0	-63	0	-1,402	-763	-23,341
Harris	-36,132	-9,836	0	0	-174	0	-3,586	-713	-50,440
Hidalgo	-30,202	-24,699	0	0	-245	0	-3,792	-1,396	-60,334
Jefferson	-3,047	-664	0	0	0	0	-7	-60	-3,778
Lubbock	-877	-361	0	0	0	0	-270	0	-1,508
Nueces	-28,340	-7,328	0	0	0	0	-589	-1,761	-38,017
Tarrant	-2,373	-506	0	0	0	0	-113	-88	-3,080
Travis	-12,099	-2,468	0	0	-9	0	-484	-495	-15,555
MRSA Central	-2,940	-684	0	0	-9	0	-158	-230	-4,022
MRSA Northeast	-15,973	-12,824	0	0	-375	0	-523	-294	-29,990
MRSA West	-722	-372	0	0	0	0	-7	0	-1,101
Total	-185,263	-92,069	0	0	-1,344	0	-12,935	-6,534	-298,145
FY2018 Total Acute Care Incurred Claims (2)									
Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Therapy Reimbursement Changes

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

Footnotes

- (1) Equals the cost impact resulting from the therapy reimbursement changes effective 9/1/2019.
 (2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-54,853	-13,642	0	0	-544	0	0	-82	-69,121
Dallas	-29,405	-1,247	0	0	-328	0	-2	-14	-30,997
El Paso	-1,880	-462	0	0	0	0	-44	-478	-2,865
Harris	-286,584	-39,246	0	0	-1,711	0	-4,468	-173,716	-505,725
Hidalgo	-87,292	-25,143	0	0	-862	0	-1,054	-7,764	-122,115
Jefferson	-7,975	-23,325	0	0	-506	0	-8	-17,354	-49,168
Lubbock	-5,508	0	0	0	0	0	-3	-252	-5,764
Nueces	-33,635	-2,660	0	0	-4	0	-1	-573	-36,873
Tarrant	-84,917	-5,689	0	0	-1,636	0	-2,845	-19,943	-115,029
Travis	-152,697	-7,244	0	0	-5,547	0	-3,834	-22,100	-191,423
MRSA Central	-46,798	-3,079	0	0	-414	0	-106	-14,087	-64,484
MRSA Northeast	-196,990	-36,422	0	0	-6,896	0	-8,185	-25,901	-274,396
MRSA West	-9,375	-33,474	0	0	-5,070	0	-2,261	-84	-50,263
Total	-997,912	-191,634	0	0	-23,518	0	-22,811	-282,348	-1,518,223
FY2018 Total Acute Care Incurred Claims (2)									
Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.05%	-0.04%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	-0.04%
Dallas	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%
Harris	-0.10%	-0.07%	0.00%	0.00%	-0.01%	0.00%	-0.04%	-0.91%	-0.13%
Hidalgo	-0.11%	-0.07%	0.00%	0.00%	-0.01%	0.00%	-0.02%	-0.08%	-0.09%
Jefferson	-0.02%	-0.21%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.60%	-0.07%
Lubbock	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.01%
Nueces	-0.08%	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	-0.06%
Tarrant	-0.08%	-0.03%	0.00%	0.00%	-0.01%	0.00%	-0.05%	-0.24%	-0.07%
Travis	-0.28%	-0.07%	0.00%	0.00%	-0.10%	0.00%	-0.09%	-0.45%	-0.24%
MRSA Central	-0.07%	-0.03%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.37%	-0.07%
MRSA Northeast	-0.20%	-0.15%	0.00%	0.00%	-0.07%	0.00%	-0.21%	-0.37%	-0.19%
MRSA West	-0.01%	-0.27%	0.00%	0.00%	-0.07%	0.00%	-0.06%	0.00%	-0.05%
Total	-0.08%	-0.07%	0.00%	0.00%	-0.02%	0.00%	-0.04%	-0.33%	-0.08%

Footnotes

(1) Equals the cost impact from removing invalid CADs.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Ambulance Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-757	-264	0	0	-167	0	-69	-10	-1,267
Dallas	-1,106	-409	0	0	-1,554	0	-45	-7	-3,121
El Paso	-2,364	-32	0	0	-2,829	0	-12	-1	-5,238
Harris	-2,088	-568	0	0	-286	0	-89	-18	-3,049
Hidalgo	-5,331	-3,339	0	0	-278	0	-1,362	-16	-10,326
Jefferson	-1,212	-285	0	0	-655	0	-32	-5	-2,189
Lubbock	-7,641	-25	0	0	-40	0	-10	-1	-7,716
Nueces	-465	-583	0	0	-89	0	-31	-7	-1,173
Tarrant	-3,814	-75	0	0	-98	0	-14	-6	-4,007
Travis	-223	-56	0	0	-49	0	-27	-4	-359
MRSA Central	-835	-98	0	0	-191	0	-24	-5	-1,153
MRSA Northeast	-5,588	-1,667	0	0	-201	0	-19	-4	-7,479
MRSA West	-19,120	-7,699	0	0	-812	0	-23	-5	-27,660
Total	-50,545	-15,100	0	0	-7,251	0	-1,756	-87	-74,739

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Ambulance Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	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%	0.00%
Dallas	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%
El Paso	-0.01%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	0.00%	-0.01%
Harris	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	-0.01%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.03%	0.00%	-0.01%
Jefferson	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	0.00%
Lubbock	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
Nueces	0.00%	-0.01%	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%	0.00%
Travis	0.00%	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%	0.00%
MRSA Northeast	-0.01%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
MRSA West	-0.03%	-0.06%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	-0.03%
Total	0.00%	-0.01%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%

Footnotes

- (1) Equals the cost impact from reimbursement changes for ambulance services effective 9/1/2018.
 (2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Anesthesiology Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	25,707	5,128	0	0	1,242	0	1,022	1,010	34,108
Dallas	25,284	3,985	0	0	3,092	0	1,409	730	34,501
El Paso	6,508	1,016	0	0	63	0	367	682	8,637
Harris	14,499	4,171	0	0	932	0	2,054	1,755	23,410
Hidalgo	10,415	2,158	0	0	9	0	149	1,680	14,411
Jefferson	592	175	0	0	-28	0	275	-87	927
Lubbock	-1,062	-71	0	0	25	0	-579	9	-1,678
Nueces	9,040	1,790	0	0	512	0	225	401	11,968
Tarrant	17,017	4,021	0	0	1,010	0	1,575	805	24,428
Travis	3,821	1,718	0	0	409	0	1,626	-187	7,386
MRSA Central	1,867	-61	0	0	-98	0	108	-53	1,763
MRSA Northeast	2,023	30	0	0	585	0	-168	-280	2,189
MRSA West	6,353	534	0	0	353	0	95	234	7,569
Total	122,065	24,593	0	0	8,105	0	8,157	6,700	169,620

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Anesthesiology Reimbursement Changes

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

Footnotes

(1) Equals the cost impact from anesthesiology fee schedule changes effective 11/1/2017 and 3/1/2019.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating - Medical
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Tort and COB Adjustment

	<u>Estimated Impact (1)</u>	<u>FY2018 Acute Care Inc Claims (2)</u>	<u>Rate Adj Factor (3)</u>
Impact of Reimbursement Change (1)			
Bexar	333,878	179,186,358	0.19%
Dallas	358,157	262,755,168	0.14%
El Paso	195,794	62,138,953	0.32%
Harris	1,024,604	402,403,443	0.25%
Hidalgo	149,302	138,179,394	0.11%
Jefferson	162,282	69,205,243	0.23%
Lubbock	56,554	44,073,366	0.13%
Nueces	240,287	58,575,557	0.41%
Tarrant	185,248	159,956,220	0.12%
Travis	345,469	79,332,980	0.44%
MRSA Central	119,193	92,031,619	0.13%
MRSA Northeast	155,154	145,594,388	0.11%
MRSA West	68,593	99,509,805	0.07%
Total	3,394,514	1,792,942,494	0.19%

Footnotes

- (1) Equals the cost impact from policy changes for tort and COB claims beyond 120 days effective 9/1/2018.
 (2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Removal of Cost for Members with IMD in excess of 15 Days in a Month & Reprice IMD Unit Cost

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-1,327,909	-85,603	0	0	-55,231	0	-113,176	454	-1,581,465
Dallas	-5,642,501	-1,056,441	0	0	-370,464	0	-134,266	522	-7,203,150
El Paso	-953,266	-194,788	0	0	142	0	-11,084	0	-1,158,996
Harris	-5,274,384	-487,726	0	0	-61,012	0	-94,171	874	-5,916,419
Hidalgo	-280,727	-15,924	0	0	961	0	-29,379	104	-324,965
Jefferson	-227,175	-16,614	0	0	-12,649	0	-8,643	0	-265,081
Lubbock	-62,901	979	0	0	-27,560	0	3,466	0	-86,016
Nueces	-205,008	-14,882	0	0	2,045	0	879	0	-216,967
Tarrant	-639,413	9,080	0	0	-18,815	0	1,633	204	-647,311
Travis	-1,020,073	6,774	0	0	-15,582	0	-48,317	750	-1,076,448
MRSA Central	-928,258	5,560	0	0	-2,932	0	-36,962	319	-962,273
MRSA Northeast	-453,379	-35,054	0	0	-34,373	0	-15,757	0	-538,562
MRSA West	-651,913	-36,796	0	0	-33,207	0	-42,623	59	-764,480
Total	-17,666,908	-1,921,436	0	0	-628,677	0	-528,399	3,287	-20,742,133

FY2018 Total Acute Care Incurred Claims (2)

Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Removal of Cost for Members with IMD in excess of 15 Days in a Month & Reprice IMD Unit Cost

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-1.09%	-0.26%	0.00%	0.00%	-0.53%	0.00%	-1.51%	0.01%	-0.88%
Dallas	-3.05%	-2.70%	0.00%	0.00%	-1.78%	0.00%	-1.71%	0.01%	-2.74%
El Paso	-2.24%	-1.62%	0.00%	0.00%	0.01%	0.00%	-0.40%	0.00%	-1.87%
Harris	-1.80%	-0.83%	0.00%	0.00%	-0.34%	0.00%	-0.75%	0.00%	-1.47%
Hidalgo	-0.35%	-0.04%	0.00%	0.00%	0.02%	0.00%	-0.57%	0.00%	-0.24%
Jefferson	-0.45%	-0.15%	0.00%	0.00%	-0.37%	0.00%	-0.64%	0.00%	-0.38%
Lubbock	-0.19%	0.02%	0.00%	0.00%	-1.08%	0.00%	0.15%	0.00%	-0.20%
Nueces	-0.52%	-0.14%	0.00%	0.00%	0.07%	0.00%	0.06%	0.00%	-0.37%
Tarrant	-0.57%	0.04%	0.00%	0.00%	-0.16%	0.00%	0.03%	0.00%	-0.40%
Travis	-1.89%	0.06%	0.00%	0.00%	-0.28%	0.00%	-1.19%	0.02%	-1.36%
MRSA Central	-1.34%	0.06%	0.00%	0.00%	-0.04%	0.00%	-1.26%	0.01%	-1.05%
MRSA Northeast	-0.45%	-0.15%	0.00%	0.00%	-0.33%	0.00%	-0.41%	0.00%	-0.37%
MRSA West	-0.92%	-0.30%	0.00%	0.00%	-0.44%	0.00%	-1.05%	0.00%	-0.77%
Total	-1.41%	-0.67%	0.00%	0.00%	-0.58%	0.00%	-0.85%	0.00%	-1.16%

Footnotes

(1) Equals the cost impact resulting from the removal of claims for members with an IMD stay in excess of 15 days in a month and repricing IMD utilization to the unit cost of non-IMD providers.

(2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Pharmacy Adjustments

Removal of Cost for Members with IMD in excess of 15 Days in a Month

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-51,424	-8,301	0	0	-1,216	0	-9,302	0	-70,243
Dallas	-102,198	-19,865	0	0	-2,483	0	-6,603	0	-131,150
El Paso	-39,241	-18,275	0	0	0	0	-2,150	0	-59,665
Harris	-308,847	-45,263	0	0	-1,251	0	-10,159	0	-365,519
Hidalgo	-6,300	-4,724	0	0	0	0	-853	0	-11,877
Jefferson	-5,671	-25	0	0	-1,109	0	-4	0	-6,809
Lubbock	-646	0	0	0	-1,784	0	0	0	-2,430
Nueces	-11,924	-6,690	0	0	0	0	0	0	-18,615
Tarrant	-18,388	0	0	0	-1,350	0	-496	0	-20,235
Travis	-36,573	-100	0	0	-10	0	-11,573	0	-48,256
MRSA Central	-43,849	0	0	0	-21	0	-5,422	0	-49,291
MRSA Northeast	-16,811	-174	0	0	-4,746	0	-96	0	-21,827
MRSA West	-21,046	-1,823	0	0	-2,720	0	-771	0	-26,361
Total	-662,919	-105,239	0	0	-16,691	0	-47,428	0	-832,278

FY2018 Total Incurred Claims (2)

Bexar	100,842,845	23,144,325	0	0	5,495,719	0	10,597,513	1,714,486	141,794,887
Dallas	113,463,969	22,595,761	0	0	6,433,607	0	9,770,853	1,768,285	154,032,475
El Paso	33,675,899	8,919,062	0	0	530,599	0	4,945,313	1,732,130	49,803,003
Harris	238,123,885	33,563,707	0	0	7,563,875	0	23,498,883	5,462,488	308,212,839
Hidalgo	83,612,055	27,325,714	0	0	1,866,398	0	5,245,325	2,594,534	120,644,026
Jefferson	39,925,419	5,455,037	0	0	1,883,659	0	2,394,177	818,740	50,477,032
Lubbock	23,555,588	2,599,265	0	0	1,489,174	0	2,991,290	462,963	31,098,281
Nueces	37,401,589	8,923,253	0	0	1,560,884	0	2,531,617	911,385	51,328,728
Tarrant	85,798,512	14,302,972	0	0	5,828,365	0	10,455,891	2,110,679	118,496,420
Travis	49,327,672	9,585,646	0	0	4,255,058	0	7,753,748	1,375,575	72,297,699
MRSA Central	50,526,714	7,169,158	0	0	3,582,409	0	4,596,435	1,095,617	66,970,334
MRSA Northeast	79,284,928	16,002,771	0	0	5,886,489	0	5,579,357	1,382,941	108,136,486
MRSA West	58,533,671	7,901,454	0	0	3,794,579	0	6,452,027	1,215,996	77,897,726
Total	994,072,746	187,488,127	0	0	50,170,814	0	96,812,429	22,645,819	1,351,189,934

FY2020 STAR+PLUS Rating

Pharmacy Adjustments

Removal of Cost for Members with IMD in excess of 15 Days in a Month

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.05%	-0.04%	0.00%	0.00%	-0.02%	0.00%	-0.09%	0.00%	-0.05%
Dallas	-0.09%	-0.09%	0.00%	0.00%	-0.04%	0.00%	-0.07%	0.00%	-0.09%
El Paso	-0.12%	-0.20%	0.00%	0.00%	0.00%	0.00%	-0.04%	0.00%	-0.12%
Harris	-0.13%	-0.13%	0.00%	0.00%	-0.02%	0.00%	-0.04%	0.00%	-0.12%
Hidalgo	-0.01%	-0.02%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	-0.01%
Jefferson	-0.01%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	-0.01%
Lubbock	0.00%	0.00%	0.00%	0.00%	-0.12%	0.00%	0.00%	0.00%	-0.01%
Nueces	-0.03%	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.04%
Tarrant	-0.02%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	-0.02%
Travis	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	-0.07%
MRSA Central	-0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.12%	0.00%	-0.07%
MRSA Northeast	-0.02%	0.00%	0.00%	0.00%	-0.08%	0.00%	0.00%	0.00%	-0.02%
MRSA West	-0.04%	-0.02%	0.00%	0.00%	-0.07%	0.00%	-0.01%	0.00%	-0.03%
Total	-0.07%	-0.06%	0.00%	0.00%	-0.03%	0.00%	-0.05%	0.00%	-0.06%

Footnotes

(1) Equals the cost impact resulting from the removal of claims for members with an IMD stay in excess of 15 days in a month.

(2) Equals fiscal year 2018 managed care pharmacy incurred claims.

(3) Equals Cost Impact divided by FY2018 Pharmacy Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-1,137,856	-123,365	0	0	-4,536	0	-37,478	-48,643	-1,351,878
Dallas	-532,845	-82,336	0	0	-17,281	0	-22,648	-10,485	-665,594
El Paso	-131,039	-12,213	0	0	-1,479	0	-1,302	-6,922	-152,955
Harris	-1,370,105	-93,413	0	0	-21,089	0	-55,941	-33,753	-1,574,301
Hidalgo	-655,672	-108,186	0	0	-3,242	0	-14,436	-62,978	-844,514
Jefferson	-330,614	-34,549	0	0	-7,222	0	-3,213	-11,060	-386,659
Lubbock	-381,356	-22,791	0	0	-401	0	-35,946	-9,862	-450,356
Nueces	-461,819	-87,448	0	0	-500	0	-27,331	-14,474	-591,572
Tarrant	-122,373	-13,308	0	0	-2,414	0	-13,379	-6,702	-158,176
Travis	-1,597,021	-162,247	0	0	-10,095	0	-83,061	-31,805	-1,884,228
MRSA Central	-1,042,165	-82,513	0	0	-9,511	0	-42,594	-16,104	-1,192,887
MRSA Northeast	-661,119	-91,044	0	0	-2,113	0	-25,586	-7,726	-787,588
MRSA West	-1,565,605	-123,934	0	0	-6,592	0	-163,455	-39,411	-1,898,997
Total	-9,989,587	-1,037,346	0	0	-86,477	0	-526,371	-299,924	-11,939,704
FY2018 Total Acute Care Incurred Claims (2)									
Bexar	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243
Lubbock	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805
Total	1,249,577,124	286,708,217	0	0	108,509,882	0	62,086,345	86,060,926	1,792,942,494

FY2020 STAR+PLUS Rating
 Provider Reimbursement Adjustments - FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.94%	-0.37%	0.00%	0.00%	-0.04%	0.00%	-0.50%	-0.69%	-0.75%
Dallas	-0.29%	-0.21%	0.00%	0.00%	-0.08%	0.00%	-0.29%	-0.11%	-0.25%
El Paso	-0.31%	-0.10%	0.00%	0.00%	-0.10%	0.00%	-0.05%	-0.21%	-0.25%
Harris	-0.47%	-0.16%	0.00%	0.00%	-0.12%	0.00%	-0.44%	-0.18%	-0.39%
Hidalgo	-0.82%	-0.29%	0.00%	0.00%	-0.05%	0.00%	-0.28%	-0.67%	-0.61%
Jefferson	-0.66%	-0.30%	0.00%	0.00%	-0.21%	0.00%	-0.24%	-0.38%	-0.56%
Lubbock	-1.17%	-0.49%	0.00%	0.00%	-0.02%	0.00%	-1.55%	-0.50%	-1.02%
Nueces	-1.16%	-0.80%	0.00%	0.00%	-0.02%	0.00%	-1.74%	-0.41%	-1.01%
Tarrant	-0.11%	-0.06%	0.00%	0.00%	-0.02%	0.00%	-0.22%	-0.08%	-0.10%
Travis	-2.96%	-1.48%	0.00%	0.00%	-0.18%	0.00%	-2.04%	-0.65%	-2.38%
MRSA Central	-1.51%	-0.90%	0.00%	0.00%	-0.14%	0.00%	-1.45%	-0.42%	-1.30%
MRSA Northeast	-0.66%	-0.38%	0.00%	0.00%	-0.02%	0.00%	-0.66%	-0.11%	-0.54%
MRSA West	-2.22%	-1.00%	0.00%	0.00%	-0.09%	0.00%	-4.02%	-0.81%	-1.91%
Total	-0.80%	-0.36%	0.00%	0.00%	-0.08%	0.00%	-0.85%	-0.35%	-0.67%

Footnotes

- (1) Equals the cost impact from removing FQHC wrap payments from the capitation rate.
 (2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Long Term Care

Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	409,648	299,982	564,857	483,810	0	0	0	1,186	1,759,483
Dallas	571,354	302,490	669,740	609,251	0	0	0	1,590	2,154,426
El Paso	159,018	115,047	540,144	221,792	0	0	0	1,725	1,037,726
Harris	905,966	457,724	1,321,906	960,349	0	0	0	2,418	3,648,363
Hidalgo	901,038	518,706	2,886,518	2,244,729	0	0	0	14,016	6,565,008
Jefferson	100,331	72,531	151,465	174,406	0	0	0	511	499,245
Lubbock	28,607	28,072	50,229	66,214	0	0	0	350	173,473
Nueces	213,726	137,262	349,712	434,056	0	0	0	1,593	1,136,349
Tarrant	214,235	166,647	324,391	304,597	0	0	0	1,209	1,011,079
Travis	125,866	106,374	192,182	269,777	0	0	0	272	694,471
MRSA Central	110,178	80,050	174,307	197,722	0	0	0	214	562,470
MRSA Northeast	200,280	171,475	270,025	527,759	0	0	0	1,002	1,170,540
MRSA West	110,228	94,780	329,778	326,770	0	0	0	753	862,309
Total	4,050,474	2,551,140	7,825,255	6,821,232	0	0	0	26,841	21,274,942

FY2018 Total Long Term Care Incurred Claims (2)

Bexar	42,305,451	39,111,348	60,529,346	58,637,058	26,983,631	137,008,647	0	119,531	364,695,011
Dallas	58,255,335	39,455,018	73,471,580	74,864,167	38,381,351	199,883,897	0	160,788	484,472,136
El Paso	17,669,871	12,925,166	62,620,099	25,257,901	3,260,950	21,596,104	0	184,707	143,514,798
Harris	92,979,592	62,094,009	149,096,377	111,605,279	40,197,346	228,266,657	0	245,116	684,484,375
Hidalgo	102,422,702	61,024,405	332,806,619	251,063,899	11,168,593	110,087,560	0	1,463,287	870,037,065
Jefferson	10,187,824	9,098,979	16,655,960	21,187,113	9,788,674	67,818,357	0	52,132	134,789,038
Lubbock	2,943,928	3,367,844	5,839,043	8,696,847	8,707,831	64,031,022	0	35,398	93,621,913
Nueces	23,006,455	16,259,066	38,636,638	50,167,504	7,789,642	78,993,248	0	161,404	215,013,956
Tarrant	20,843,290	21,631,739	35,399,710	39,770,016	29,936,808	174,503,074	0	124,004	322,208,642
Travis	12,522,833	13,398,298	21,302,392	31,778,848	16,433,127	121,379,257	0	30,575	216,845,330
MRSA Central	10,950,723	10,833,804	20,345,416	24,634,189	21,298,247	172,407,099	0	21,598	260,491,076
MRSA Northeast	20,161,685	25,435,012	31,459,967	72,315,568	27,885,850	226,178,374	0	102,110	403,538,566
MRSA West	11,169,493	12,462,660	35,651,316	40,468,775	20,133,016	186,355,479	0	76,100	306,316,839
Total	425,419,184	327,097,348	883,814,462	810,447,163	261,965,066	1,788,508,775	0	2,776,749	4,500,028,748

FY2020 STAR+PLUS Rating

Provider Reimbursement Adjustments - Long Term Care

Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.97%	0.77%	0.93%	0.83%	0.00%	0.00%	0.00%	0.99%	0.48%
Dallas	0.98%	0.77%	0.91%	0.81%	0.00%	0.00%	0.00%	0.99%	0.44%
El Paso	0.90%	0.89%	0.86%	0.88%	0.00%	0.00%	0.00%	0.93%	0.72%
Harris	0.97%	0.74%	0.89%	0.86%	0.00%	0.00%	0.00%	0.99%	0.53%
Hidalgo	0.88%	0.85%	0.87%	0.89%	0.00%	0.00%	0.00%	0.96%	0.75%
Jefferson	0.98%	0.80%	0.91%	0.82%	0.00%	0.00%	0.00%	0.98%	0.37%
Lubbock	0.97%	0.83%	0.86%	0.76%	0.00%	0.00%	0.00%	0.99%	0.19%
Nueces	0.93%	0.84%	0.91%	0.87%	0.00%	0.00%	0.00%	0.99%	0.53%
Tarrant	1.03%	0.77%	0.92%	0.77%	0.00%	0.00%	0.00%	0.98%	0.31%
Travis	1.01%	0.79%	0.90%	0.85%	0.00%	0.00%	0.00%	0.89%	0.32%
MRSA Central	1.01%	0.74%	0.86%	0.80%	0.00%	0.00%	0.00%	0.99%	0.22%
MRSA Northeast	0.99%	0.67%	0.86%	0.73%	0.00%	0.00%	0.00%	0.98%	0.29%
MRSA West	0.99%	0.76%	0.93%	0.81%	0.00%	0.00%	0.00%	0.99%	0.28%
Total	0.95%	0.78%	0.89%	0.84%	0.00%	0.00%	0.00%	0.97%	0.47%

Footnotes

(1) Equals the cost impact from reimbursement changes for the attendant care minimum wage effective 9/1/2019.

(2) Equals FY2018 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by FY2018 Total Long Term Care Claims Paid.

FY2020 STAR+PLUS Rating
Pharmacy Adjustments
Carve-In Drugs

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Drug Carve-In (1)									
Bexar	4,994,746	555,260	0	0	165,813	0	88,543	0	5,804,361
Dallas	6,278,072	1,290,431	0	0	99,521	0	0	0	7,668,024
El Paso	1,188,592	282,638	0	0	0	0	0	0	1,471,229
Harris	6,990,260	912,291	0	0	139,354	0	0	26,184	8,068,089
Hidalgo	974,421	197,821	0	0	0	0	0	39,450	1,211,692
Jefferson	1,399,747	0	0	0	0	0	0	0	1,399,747
Lubbock	690,735	39,256	0	0	26,269	0	0	0	756,259
Nueces	1,558,196	331,154	0	0	10,223	0	40,679	0	1,940,252
Tarrant	2,553,161	141,890	0	0	25,878	0	65,058	99,403	2,885,390
Travis	2,213,787	169,550	0	0	0	0	0	247,304	2,630,641
MRSA Central	3,313,351	115,723	0	0	26,540	0	0	39,675	3,495,289
MRSA Northeast	4,395,150	378,166	0	0	0	0	0	0	4,773,316
MRSA West	2,233,173	305,757	0	0	13,085	0	0	0	2,552,016
Total	38,783,390	4,719,937	0	0	506,682	0	194,280	452,016	44,656,306
CY2018 Total Incurred Claims (2)									
Bexar	104,711,648	24,569,023	0	0	5,797,651	0	10,797,933	1,836,913	147,713,167
Dallas	117,128,204	24,486,366	0	0	6,338,894	0	9,790,304	2,034,252	159,778,020
El Paso	35,061,704	9,358,862	0	0	533,658	0	4,452,004	1,936,089	51,342,317
Harris	240,215,117	35,360,124	0	0	7,573,582	0	24,657,350	5,950,982	313,757,154
Hidalgo	84,001,844	27,862,089	0	0	2,147,529	0	5,352,342	2,739,564	122,103,368
Jefferson	41,048,292	5,750,195	0	0	1,761,852	0	2,494,030	1,069,367	52,123,735
Lubbock	24,407,580	2,707,283	0	0	1,443,344	0	3,015,112	544,775	32,118,094
Nueces	38,097,692	9,224,353	0	0	1,622,727	0	2,480,421	981,670	52,406,862
Tarrant	86,842,223	15,256,991	0	0	6,018,031	0	10,493,270	2,338,893	120,949,408
Travis	51,008,921	9,800,582	0	0	3,984,548	0	7,992,094	1,386,233	74,172,376
MRSA Central	53,269,306	7,714,887	0	0	3,686,135	0	4,701,439	1,305,090	70,676,857
MRSA Northeast	83,084,129	17,189,346	0	0	6,045,582	0	5,591,464	1,441,824	113,352,345
MRSA West	60,356,027	8,637,214	0	0	3,965,248	0	6,756,193	1,352,813	81,067,495
Total	1,019,232,684	197,917,315	0	0	50,918,782	0	98,573,955	24,918,464	1,391,561,199

FY2020 STAR+PLUS Rating
 Pharmacy Adjustments
 Carve-In Drugs

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	4.77%	2.26%	0.00%	0.00%	2.86%	0.00%	0.82%	0.00%	3.93%
Dallas	5.36%	5.27%	0.00%	0.00%	1.57%	0.00%	0.00%	0.00%	4.80%
El Paso	3.39%	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.87%
Harris	2.91%	2.58%	0.00%	0.00%	1.84%	0.00%	0.00%	0.44%	2.57%
Hidalgo	1.16%	0.71%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.99%
Jefferson	3.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.69%
Lubbock	2.83%	1.45%	0.00%	0.00%	1.82%	0.00%	0.00%	0.00%	2.35%
Nueces	4.09%	3.59%	0.00%	0.00%	0.63%	0.00%	1.64%	0.00%	3.70%
Tarrant	2.94%	0.93%	0.00%	0.00%	0.43%	0.00%	0.62%	4.25%	2.39%
Travis	4.34%	1.73%	0.00%	0.00%	0.00%	0.00%	0.00%	17.84%	3.55%
MRSA Central	6.22%	1.50%	0.00%	0.00%	0.72%	0.00%	0.00%	3.04%	4.95%
MRSA Northeast	5.29%	2.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.21%
MRSA West	3.70%	3.54%	0.00%	0.00%	0.33%	0.00%	0.00%	0.00%	3.15%
Total	3.81%	2.38%	0.00%	0.00%	1.00%	0.00%	0.20%	1.81%	3.21%

Footnotes

(1) Equals the cost impact from drug carve-in changes.

(2) Equals calendar year 2018 managed care pharmacy incurred claims.

(3) Equals Cost Impact of Drug Carve-in changes divided by CY2018 Pharmacy Incurred Claims.

FY2020 STAR+PLUS Rating
 Pharmacy Adjustments
 FY2018 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of PDL Changes (1)									
Bexar	-391,362	-63,168	0	0	-31,428	0	-107,191	-2,227	-595,376
Dallas	-420,657	-51,909	0	0	-32,975	0	-78,756	-2,890	-587,186
El Paso	-197,225	-49,776	0	0	-1,446	0	-65,481	194	-313,734
Harris	-536,760	-68,653	0	0	-23,024	0	-127,057	-4,787	-760,280
Hidalgo	-280,854	-48,429	0	0	-3,978	0	-35,455	-4,032	-372,748
Jefferson	-152,492	-16,878	0	0	-13,813	0	-15,508	-1,166	-199,857
Lubbock	-100,321	-10,262	0	0	-12,526	0	-42,697	-319	-166,125
Nueces	-103,169	-13,204	0	0	-6,885	0	-19,852	-1,970	-145,081
Tarrant	-347,234	-60,369	0	0	-15,364	0	-131,084	-8,140	-562,191
Travis	-169,055	-6,953	0	0	-15,442	0	-62,504	-1,409	-255,363
MRSA Central	-169,066	-10,068	0	0	-29,314	0	-34,588	-1,153	-244,189
MRSA Northeast	-98,023	-13,567	0	0	-13,816	0	-16,131	-3,326	-144,863
MRSA West	-287,462	-27,898	0	0	-20,537	0	-67,038	-3,705	-406,641
Total	-3,253,682	-441,134	0	0	-220,547	0	-803,342	-34,930	-4,753,634
CY2018 Total Incurred Claims (2)									
Bexar	104,711,648	24,569,023	0	0	5,797,651	0	10,797,933	1,836,913	147,713,167
Dallas	117,128,204	24,486,366	0	0	6,338,894	0	9,790,304	2,034,252	159,778,020
El Paso	35,061,704	9,358,862	0	0	533,658	0	4,452,004	1,936,089	51,342,317
Harris	240,215,117	35,360,124	0	0	7,573,582	0	24,657,350	5,950,982	313,757,154
Hidalgo	84,001,844	27,862,089	0	0	2,147,529	0	5,352,342	2,739,564	122,103,368
Jefferson	41,048,292	5,750,195	0	0	1,761,852	0	2,494,030	1,069,367	52,123,735
Lubbock	24,407,580	2,707,283	0	0	1,443,344	0	3,015,112	544,775	32,118,094
Nueces	38,097,692	9,224,353	0	0	1,622,727	0	2,480,421	981,670	52,406,862
Tarrant	86,842,223	15,256,991	0	0	6,018,031	0	10,493,270	2,338,893	120,949,408
Travis	51,008,921	9,800,582	0	0	3,984,548	0	7,992,094	1,386,233	74,172,376
MRSA Central	53,269,306	7,714,887	0	0	3,686,135	0	4,701,439	1,305,090	70,676,857
MRSA Northeast	83,084,129	17,189,346	0	0	6,045,582	0	5,591,464	1,441,824	113,352,345
MRSA West	60,356,027	8,637,214	0	0	3,965,248	0	6,756,193	1,352,813	81,067,495
Total	1,019,232,684	197,917,315	0	0	50,918,782	0	98,573,955	24,918,464	1,391,561,199

FY2020 STAR+PLUS Rating
 Pharmacy Adjustments
 FY2018 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.37%	-0.26%	0.00%	0.00%	-0.54%	0.00%	-0.99%	-0.12%	-0.40%
Dallas	-0.36%	-0.21%	0.00%	0.00%	-0.52%	0.00%	-0.80%	-0.14%	-0.37%
El Paso	-0.56%	-0.53%	0.00%	0.00%	-0.27%	0.00%	-1.47%	0.01%	-0.61%
Harris	-0.22%	-0.19%	0.00%	0.00%	-0.30%	0.00%	-0.52%	-0.08%	-0.24%
Hidalgo	-0.33%	-0.17%	0.00%	0.00%	-0.19%	0.00%	-0.66%	-0.15%	-0.31%
Jefferson	-0.37%	-0.29%	0.00%	0.00%	-0.78%	0.00%	-0.62%	-0.11%	-0.38%
Lubbock	-0.41%	-0.38%	0.00%	0.00%	-0.87%	0.00%	-1.42%	-0.06%	-0.52%
Nueces	-0.27%	-0.14%	0.00%	0.00%	-0.42%	0.00%	-0.80%	-0.20%	-0.28%
Tarrant	-0.40%	-0.40%	0.00%	0.00%	-0.26%	0.00%	-1.25%	-0.35%	-0.46%
Travis	-0.33%	-0.07%	0.00%	0.00%	-0.39%	0.00%	-0.78%	-0.10%	-0.34%
MRSA Central	-0.32%	-0.13%	0.00%	0.00%	-0.80%	0.00%	-0.74%	-0.09%	-0.35%
MRSA Northeast	-0.12%	-0.08%	0.00%	0.00%	-0.23%	0.00%	-0.29%	-0.23%	-0.13%
MRSA West	-0.48%	-0.32%	0.00%	0.00%	-0.52%	0.00%	-0.99%	-0.27%	-0.50%
Total	-0.32%	-0.22%	0.00%	0.00%	-0.43%	0.00%	-0.81%	-0.14%	-0.34%

Footnotes

- (1) Equals the cost impact from PDL changes implemented during FY2018.
 (2) Equals calendar year 2018 managed care pharmacy incurred claims.
 (3) Equals Cost Impact divided by CY2018 Pharmacy Incurred Claims.

FY2020 STAR+PLUS Rating
Pharmacy Adjustments
July 1, 2019 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of PDL Changes (1)									
Bexar	-1,275,774	-252,913	0	0	-8,951	0	-72,990	-25,143	-1,635,771
Dallas	-770,886	-157,161	0	0	-9,410	0	-45,455	-7,164	-990,076
El Paso	-299,074	-47,429	0	0	-1,022	0	-43,381	-5,272	-396,177
Harris	-2,482,918	-317,447	0	0	-12,800	0	-221,186	-22,510	-3,056,860
Hidalgo	-1,299,073	-487,123	0	0	-1,634	0	-76,573	-28,751	-1,893,155
Jefferson	-607,384	-53,867	0	0	-2,786	0	-31,670	-6,698	-702,406
Lubbock	-452,510	-37,062	0	0	-7,106	0	-33,141	-7,576	-537,396
Nueces	-677,903	-108,232	0	0	-2,283	0	-30,095	-10,811	-829,323
Tarrant	-1,596,183	-217,849	0	0	-25,696	0	-116,731	-15,455	-1,971,914
Travis	-625,137	-106,330	0	0	-8,912	0	-63,292	-16,207	-819,879
MRSA Central	-1,044,762	-85,366	0	0	-15,077	0	-48,704	-9,817	-1,203,726
MRSA Northeast	-1,816,238	-408,149	0	0	-22,201	0	-128,511	-12,036	-2,387,135
MRSA West	-1,108,431	-128,194	0	0	-23,526	0	-91,777	-19,603	-1,371,530
Total	-14,056,273	-2,407,123	0	0	-141,403	0	-1,003,507	-187,043	-17,795,348
CY2018 Total Incurred Claims (2)									
Bexar	104,711,648	24,569,023	0	0	5,797,651	0	10,797,933	1,836,913	147,713,167
Dallas	117,128,204	24,486,366	0	0	6,338,894	0	9,790,304	2,034,252	159,778,020
El Paso	35,061,704	9,358,862	0	0	533,658	0	4,452,004	1,936,089	51,342,317
Harris	240,215,117	35,360,124	0	0	7,573,582	0	24,657,350	5,950,982	313,757,154
Hidalgo	84,001,844	27,862,089	0	0	2,147,529	0	5,352,342	2,739,564	122,103,368
Jefferson	41,048,292	5,750,195	0	0	1,761,852	0	2,494,030	1,069,367	52,123,735
Lubbock	24,407,580	2,707,283	0	0	1,443,344	0	3,015,112	544,775	32,118,094
Nueces	38,097,692	9,224,353	0	0	1,622,727	0	2,480,421	981,670	52,406,862
Tarrant	86,842,223	15,256,991	0	0	6,018,031	0	10,493,270	2,338,893	120,949,408
Travis	51,008,921	9,800,582	0	0	3,984,548	0	7,992,094	1,386,233	74,172,376
MRSA Central	53,269,306	7,714,887	0	0	3,686,135	0	4,701,439	1,305,090	70,676,857
MRSA Northeast	83,084,129	17,189,346	0	0	6,045,582	0	5,591,464	1,441,824	113,352,345
MRSA West	60,356,027	8,637,214	0	0	3,965,248	0	6,756,193	1,352,813	81,067,495
Total	1,019,232,684	197,917,315	0	0	50,918,782	0	98,573,955	24,918,464	1,391,561,199

FY2020 STAR+PLUS Rating
 Pharmacy Adjustments
 July 1, 2019 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-1.22%	-1.03%	0.00%	0.00%	-0.15%	0.00%	-0.68%	-1.37%	-1.11%
Dallas	-0.66%	-0.64%	0.00%	0.00%	-0.15%	0.00%	-0.46%	-0.35%	-0.62%
El Paso	-0.85%	-0.51%	0.00%	0.00%	-0.19%	0.00%	-0.97%	-0.27%	-0.77%
Harris	-1.03%	-0.90%	0.00%	0.00%	-0.17%	0.00%	-0.90%	-0.38%	-0.97%
Hidalgo	-1.55%	-1.75%	0.00%	0.00%	-0.08%	0.00%	-1.43%	-1.05%	-1.55%
Jefferson	-1.48%	-0.94%	0.00%	0.00%	-0.16%	0.00%	-1.27%	-0.63%	-1.35%
Lubbock	-1.85%	-1.37%	0.00%	0.00%	-0.49%	0.00%	-1.10%	-1.39%	-1.67%
Nueces	-1.78%	-1.17%	0.00%	0.00%	-0.14%	0.00%	-1.21%	-1.10%	-1.58%
Tarrant	-1.84%	-1.43%	0.00%	0.00%	-0.43%	0.00%	-1.11%	-0.66%	-1.63%
Travis	-1.23%	-1.08%	0.00%	0.00%	-0.22%	0.00%	-0.79%	-1.17%	-1.11%
MRSA Central	-1.96%	-1.11%	0.00%	0.00%	-0.41%	0.00%	-1.04%	-0.75%	-1.70%
MRSA Northeast	-2.19%	-2.37%	0.00%	0.00%	-0.37%	0.00%	-2.30%	-0.83%	-2.11%
MRSA West	-1.84%	-1.48%	0.00%	0.00%	-0.59%	0.00%	-1.36%	-1.45%	-1.69%
Total	-1.38%	-1.22%	0.00%	0.00%	-0.28%	0.00%	-1.02%	-0.75%	-1.28%

Footnotes

- (1) Equals the cost impact from PDL changes implemented July 1, 2019.
 (2) Equals calendar year 2018 managed care pharmacy incurred claims.
 (3) Equals Cost Impact divided by CY2018 Pharmacy Incurred Claims.

Attachment 6

Acuity Risk Adjustment – Acute Care

The rate setting methodology incorporates a risk adjustment technique that is designed to adjust the base community rate in each service area to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships.

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

The column titled Case Mix on the chart is the risk adjustment factor. It is the ratio of the predicted average cost of the individual health plan's membership divided by the predicted average cost of the entire service area's membership. The risk adjustment factor is applied to the acute care portion of the community rate for each health plan and risk group.

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

Technical Specifications

TEXAS Actuarial Analysis (CDPS+Rx)

Programs: STAR, CHIP, CHIP Perinatal, STAR+PLUS, STAR Kids
Reporting Period: State Fiscal Year 2018

The Institute for Child Health Policy
University of Florida

The External Quality Review Organization
for Texas Medicaid Managed Care and CHIP

Issue Date: March 15, 2019

The University of Florida Institute for Child Health Policy (ICHP), the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care and CHIP, conducted health-based risk analyses for STAR, CHIP, STAR+PLUS, STAR Kids, and CHIP Perinatal at the request of the Texas Health and Human Services (HHS). ICHP performed these analyses using the Chronic Illness and Disability Payment System (CDPS) Version 6.3, which classifies diagnostic and pharmaceutical information in order to facilitate a comparison of managed care organizations' actual and expected expenditures.

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

Data Source

Program	Data Source
STAR	
	Member level enrollment data (SFY2015-SFY2018)
	MCO medical and pharmacy encounters (SFY2015-SFY2018)
CHIP	
	Member level enrollment data (SFY2015-SFY2018)
	MCO medical and pharmacy encounters (SFY2015-SFY2018)
STAR+PLUS	
	Member level enrollment data (SFY2015-SFY2018)
	MCO medical and pharmacy encounters (SFY2015-SFY2018)
STAR Kids	
	STAR Kids Eligibility data for SFY2015-SFY2016 (provided by HHS)
	STAR Kids enrollment data for SFY2017-SFY2018
	FFS and MCO medical and pharmacy claims/encounters (SFY2015-SFY2018, FFS data was only included for SFY2015-SFY2016)
CHIP Perinatal	
	Member level enrollment data (SFY2018)
	MCO medical and pharmacy encounters (SFY2018)

Time Period Covered: ICHP incorporates all dates of service from SFY2018 in its analyses, including medical and pharmacy encounters received by ICHP through January 2019.

New BABY Categories: CDPS authors have made a few modifications and incorporated the new BABY categories developed by ICHP to CDPS version 6.3 and going forward. ICHP uses the mappings of new BABY categories provided in CDPS version 6.3.

Enrollment Criteria: ICHP's analyses exclude all enrollees ages ≥ 1 that were not enrolled in the program continuously for at least four months in a state fiscal year; a one-month gap in enrollment within the four-month period was permitted, and the gap is only allowed in between the active period but not at the beginning or the end. However, all infants less than one year old are included as long as they were enrolled in the program at least 1 month within the state fiscal year. Transferees (clients that changed MCOs during the year) are included in the models and are assigned to the health plan with which they were most recently enrolled in the state fiscal year.

CHRISTUS Health Plan was transitioned to UnitedHealthCare Community Plan effective on 2/1/2018, and Sendero Health Plans was in STAR, CHIP and CHIP Perinatal programs before terminating effective on 4/30/2018. HHS requests to treat CHRISTUS and UnitedHealthCare as the same plan and combine results into UnitedHealthCare Community Plan, and calculate the risk ratio tables without Sendero Health Plan.

The analyses previously required enrollees of age ≥ 1 to be continuously enrolled for at least six months within a state fiscal year (allowing for a one-month gap within the six months). Starting in SFY2017, the continuous enrollment requirement changes to four months (still allowing for a one-month gap in between). Changing the enrollment criteria length allows more enrollees to be included in the analyses while still excluding those who were not enrolled long enough to have sufficient information to determine their health status. By changing the requirement from six to four months, enrollees meeting the continuous enrollment criteria increased from 78% to 88% in STAR population. This revised continuous enrollment period is similar to what is used in other analyses. For example, 3M™ requires members to enroll at least 3 months during a year in order to be assigned a clinical risk group (CRG).

Risk Groups: ICHP conducts CDPS analyses for the following state-defined risk groups.

Program	Risk Group
STAR	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 18 *
	Age 19 to 20 *
	TANF Adults (risk group code 003)
	Pregnant Women (risk group code 005, 020)
	AA/PCA (risk group code 070)
CHIP	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 18 *

STAR+PLUS	
	Medicaid Only Community (risk group code 100)
	Medicaid Only SPW (risk group code 111)
	Intellectual Developmental Disabilities (risk group code 122)
	Medicaid Only Nursing Facility (risk group code 120)
	MBCC (risk group code 130)
STAR Kids	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
	MDCP Waiver (risk group code 604)
	YES Waiver (risk group code 605)
	IDD Waiver (risk group code 606)
CHIP Perinatal	
	Perinatal Mother <= 198% FPL (risk group code 309)

***Note: age is calculated on the last day of the analysis year**

ICHP uses monthly risk-group information found in PPS enrollment files to identify enrollees' risk groups. In general, each enrollee is assigned to the risk group to which he or she was assigned for the majority of time during the analysis year. The only exception is for pregnant women. Enrollees are assigned to the pregnant women risk group if they were assigned in the eligibility data for any month of the analysis year. For age-related risk groups, ICHP uses the age of the enrollee at the end of the analysis year.

CDPS+Rx Weights: ICHP uses the prospective model where prior 3 years of data is used to predict expenditures of the analysis year. The expenditures per month for each eligible member (expenditure PMPM) are calculated from the encounter data. The "true" expenditures are used where the UHRIP (Uniform Hospital Rate Increase Program) increased payments are removed per HHS specifications. Texas-specific weights are developed using linear regression models with CDPS diagnostic, pharmacy and demographic categories as the independent variables and cost as the dependent variable, using prior 3 years of data. The Consumer Price Index (medical care component) is used to adjust expenditures when fitting these models.

Ancillary services in the following list are excluded when assigning the CDPS category, but included when calculating cost.

CPT code range 70000 to 79999, Radiology procedures
CPT code range 80000 to 89999, Pathology and laboratory procedures

ICHP calculates Texas-specific weights for STAR, CHIP, STAR+PLUS and STAR Kids programs. CHIP Perinatal program is not big enough to build weights on, so ICHP applies STAR weights to CHIP Perinatal population. To get a full picture of the health status, ICHP includes NorthSTAR encounter data in the calculation of STAR, STAR+PLUS and STAR Kids weights.

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

Presentation of Results: ICHP presents the results from its CDPS analyses in accompanying risk ratio tables organized by MCO and SDA for each risk group.

For each MCO, MCO/SDA combination and each risk group, ICHP calculates two ratios:

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

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

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2017 to Aug 31, 2018

STAR+PLUS						
SA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only OCC	202,738	100.00	1,221.05	1,221.05	1.00	1.00
Bexar	19,910	100.00	1,218.59	1,223.74	1.00	1.00
Amerigroup	3,952	19.85	1,156.95	1,200.59	0.98	0.96
Molina	2,481	12.46	1,267.32	1,197.38	0.98	1.06
Superior	13,477	67.69	1,227.89	1,235.40	1.01	0.99
Dallas	27,763	100.00	1,180.29	1,202.41	1.00	0.98
Molina	15,171	54.64	1,251.98	1,225.77	1.02	1.02
Superior	12,592	45.36	1,094.07	1,174.32	0.98	0.93
El Paso	6,409	100.00	1,340.16	1,304.31	1.00	1.03
Amerigroup	3,917	61.12	1,272.73	1,281.66	0.98	0.99
Molina	2,492	38.88	1,447.54	1,340.37	1.03	1.08
Harris	43,581	100.00	1,345.06	1,307.97	1.00	1.03
Amerigroup	16,766	38.47	1,301.07	1,252.44	0.96	1.04
Molina	4,582	10.51	1,147.71	1,103.86	0.84	1.04
United Health Care (United)	22,233	51.02	1,419.49	1,392.59	1.06	1.02
Hidalgo	15,068	100.00	1,583.52	1,208.08	1.00	1.31
HealthSpring	3,936	26.12	1,548.43	1,108.80	0.92	1.40
Molina	3,224	21.40	1,474.68	1,154.79	0.96	1.28
Superior	7,908	52.48	1,645.07	1,278.90	1.06	1.29
Jefferson	8,406	100.00	1,097.48	1,198.54	1.00	0.92
Amerigroup	2,817	33.51	993.48	1,087.90	0.91	0.91
Molina	2,264	26.93	1,075.90	1,131.67	0.94	0.95
United Health Care (United)	3,325	39.56	1,203.60	1,342.24	1.12	0.90
Lubbock	5,115	100.00	1,048.46	1,213.21	1.00	0.86
Amerigroup	2,033	39.75	1,090.52	1,209.44	1.00	0.90
Superior	3,082	60.25	1,021.01	1,215.67	1.00	0.84
MRSA Central	12,023	100.00	1,047.74	1,170.01	1.00	0.90
Superior	7,293	60.66	1,062.47	1,181.25	1.01	0.90
United Health Care (United)	4,730	39.34	1,024.63	1,152.38	0.98	0.89
MRSA Northeast	18,075	100.00	1,045.67	1,123.17	1.00	0.93
Health Spring	8,703	48.15	972.92	1,043.84	0.93	0.93
United Health Care (United)	9,372	51.85	1,113.94	1,197.62	1.07	0.93
MRSA West	12,242	100.00	1,063.28	1,162.95	1.00	0.91
Amerigroup	4,621	37.75	1,093.01	1,140.01	0.98	0.96
Superior	7,621	62.25	1,045.22	1,176.88	1.01	0.89
Nueces	7,328	100.00	1,268.83	1,245.77	1.00	1.02
Superior	3,687	50.31	1,238.64	1,195.12	0.96	1.04
United Health Care (United)	3,641	49.69	1,299.48	1,297.21	1.04	1.00
Tarrant	17,049	100.00	1,157.94	1,267.97	1.00	0.91
Amerigroup	12,800	75.08	1,165.53	1,300.18	1.03	0.90
Health Spring	4,249	24.92	1,134.84	1,169.96	0.92	0.97
Travis	9,769	100.00	1,152.48	1,085.60	1.00	1.06
Amerigroup	4,328	44.30	1,179.57	1,043.73	0.96	1.13
United Health Care (United)	5,441	55.70	1,130.40	1,119.74	1.03	1.01

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2017 to Aug 31, 2018

STAR+PLUS						
SA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only HCBS	17,704	100.00	4,048.86	4,048.86	1.00	1.00
Bexar	2,106	100.00	4,052.80	3,957.69	1.00	1.02
Amerigroup	281	13.34	4,349.13	4,240.49	1.07	1.03
Molina	304	14.43	3,416.17	3,828.38	0.97	0.89
Superior	1,521	72.22	4,123.09	3,930.93	0.99	1.05
Dallas	2,613	100.00	3,472.37	3,792.36	1.00	0.92
Molina	1,750	66.97	3,274.89	3,605.46	0.95	0.91
Superior	863	33.03	3,874.22	4,172.71	1.10	0.93
El Paso	746	100.00	3,925.11	4,081.24	1.00	0.96
Amerigroup	345	46.25	3,775.91	3,902.85	0.96	0.97
Molina	401	53.75	4,054.21	4,235.61	1.04	0.96
Harris	3,039	100.00	4,587.51	4,531.84	1.00	1.01
Amerigroup	1,030	33.89	4,585.24	4,530.92	1.00	1.01
Molina	501	16.49	4,125.84	4,203.68	0.93	0.98
United Health Care (United)	1,508	49.62	4,744.59	4,643.03	1.02	1.02
Hidalgo	2,569	100.00	4,319.14	3,660.34	1.00	1.18
HealthSpring	713	27.75	4,229.55	3,591.81	0.98	1.18
Molina	460	17.91	4,037.75	3,548.92	0.97	1.14
Superior	1,396	54.34	4,455.77	3,731.36	1.02	1.19
Jefferson	627	100.00	3,702.31	4,190.16	1.00	0.88
Amerigroup	157	25.04	3,910.65	4,804.00	1.15	0.81
Molina	328	52.31	3,464.80	3,864.78	0.92	0.90
United Health Care (United)	142	22.65	4,020.16	4,265.29	1.02	0.94
Lubbock	281	100.00	3,331.11	4,100.15	1.00	0.81
Amerigroup	140	49.82	3,029.10	3,940.05	0.96	0.77
Superior	141	50.18	3,639.53	4,263.66	1.04	0.85
MRSA Central	642	100.00	3,849.76	4,112.20	1.00	0.94
Superior	456	71.03	3,595.59	4,030.63	0.98	0.89
United Health Care (United)	186	28.97	4,486.02	4,316.41	1.05	1.04
MRSA Northeast	1,500	100.00	3,960.57	3,934.95	1.00	1.01
Health Spring	849	56.60	3,628.42	3,724.06	0.95	0.97
United Health Care (United)	651	43.40	4,394.93	4,210.72	1.07	1.04
MRSA West	753	100.00	3,891.90	4,072.14	1.00	0.96
Amerigroup	281	37.32	4,058.26	4,398.80	1.08	0.92
Superior	472	62.68	3,794.41	3,880.73	0.95	0.98
Nueces	888	100.00	3,649.58	3,836.70	1.00	0.95
Superior	553	62.27	3,663.20	3,758.55	0.98	0.97
United Health Care (United)	335	37.73	3,626.88	3,966.92	1.03	0.91
Tarrant	1,281	100.00	4,039.17	4,438.91	1.00	0.91
Amerigroup	1,030	80.41	4,008.02	4,465.98	1.01	0.90
Health Spring	251	19.59	4,166.76	4,328.06	0.98	0.96
Travis	659	100.00	4,680.70	4,140.16	1.00	1.13
Amerigroup	313	47.50	4,134.65	4,039.43	0.98	1.02
United Health Care (United)	346	52.50	5,177.56	4,231.81	1.02	1.22

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2017 to Aug 31, 2018

STAR+PLUS						
SA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only NF	6,405	100.00	5,906.05	5,906.05	1.00	1.00
Bexar	662	100.00	6,209.46	6,088.50	1.00	1.02
Amerigroup	140	21.15	5,813.98	5,709.22	0.94	1.02
Molina	172	25.98	6,770.09	5,942.81	0.98	1.14
Superior	350	52.87	6,086.77	6,305.13	1.04	0.97
Dallas	905	100.00	6,226.82	6,098.40	1.00	1.02
Molina	526	58.12	6,049.81	5,588.34	0.92	1.08
Superior	379	41.88	6,467.85	6,792.93	1.11	0.95
El Paso	71	100.00	6,306.49	6,468.61	1.00	0.97
Amerigroup	37	52.11	5,721.47	6,347.01	0.98	0.90
Molina	34	47.89	6,908.12	6,593.67	1.02	1.05
Harris	964	100.00	6,320.59	6,977.40	1.00	0.91
Amerigroup	341	35.37	6,318.44	6,909.33	0.99	0.91
Molina	157	16.29	6,221.08	6,579.92	0.94	0.95
United Health Care (United)	466	48.34	6,354.90	7,159.16	1.03	0.89
Hidalgo	248	100.00	6,541.08	6,649.52	1.00	0.98
HealthSpring	62	25.00	6,301.67	6,490.71	0.98	0.97
Molina	66	26.61	6,319.36	5,682.62	0.85	1.11
Superior	120	48.39	6,804.80	7,311.72	1.10	0.93
Jefferson	234	100.00	5,390.62	5,265.61	1.00	1.02
Amerigroup	75	32.05	5,157.54	5,071.77	0.96	1.02
Molina	78	33.33	5,748.18	5,350.97	1.02	1.07
United Health Care (United)	81	34.62	5,282.56	5,374.41	1.02	0.98
Lubbock	220	100.00	5,579.41	5,998.88	1.00	0.93
Amerigroup	105	47.73	5,608.08	6,198.17	1.03	0.90
Superior	115	52.27	5,551.21	5,802.91	0.97	0.96
MRSA Central	540	100.00	5,427.12	5,185.66	1.00	1.05
Superior	288	53.33	5,153.06	5,071.89	0.98	1.02
United Health Care (United)	252	46.67	5,747.11	5,318.50	1.03	1.08
MRSA Northeast	674	100.00	5,911.52	5,504.58	1.00	1.07
Health Spring	312	46.29	5,899.64	5,648.42	1.03	1.04
United Health Care (United)	362	53.71	5,921.82	5,379.86	0.98	1.10
MRSA West	501	100.00	5,495.11	5,255.45	1.00	1.05
Amerigroup	231	46.11	5,549.95	5,526.85	1.05	1.00
Superior	270	53.89	5,447.60	5,020.37	0.96	1.09
Nueces	200	100.00	5,335.61	5,548.01	1.00	0.96
Superior	100	50.00	5,375.18	5,655.29	1.02	0.95
United Health Care (United)	100	50.00	5,295.26	5,438.63	0.98	0.97
Tarrant	773	100.00	5,544.97	5,719.11	1.00	0.97
Amerigroup	571	73.87	5,629.35	5,922.89	1.04	0.95
Health Spring	202	26.13	5,304.89	5,139.34	0.90	1.03
Travis	413	100.00	5,861.14	5,389.28	1.00	1.09
Amerigroup	197	47.70	6,082.23	5,333.57	0.99	1.14
United Health Care (United)	216	52.30	5,662.16	5,439.41	1.01	1.04

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2017 to Aug 31, 2018

STAR+PLUS						
SA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--IDD	17,389	100.00	797.34	797.34	1.00	1.00
Bexar	1,808	100.00	864.48	822.97	1.00	1.05
Amerigroup	282	15.60	739.49	709.12	0.86	1.04
Molina	125	6.91	478.29	615.39	0.75	0.78
Superior	1,401	77.49	923.72	863.99	1.05	1.07
Dallas	2,243	100.00	685.50	699.17	1.00	0.98
Molina	1,008	44.94	728.28	672.20	0.96	1.08
Superior	1,235	55.06	650.54	721.21	1.03	0.90
El Paso	525	100.00	1,255.24	1,064.94	1.00	1.18
Amerigroup	375	71.43	1,326.83	1,041.44	0.98	1.27
Molina	150	28.57	1,074.37	1,124.31	1.06	0.96
Harris	3,877	100.00	819.50	818.01	1.00	1.00
Amerigroup	1,424	36.73	844.41	763.26	0.93	1.11
Molina	349	9.00	714.99	694.95	0.85	1.03
United Health Care (United)	2,104	54.27	820.11	875.97	1.07	0.94
Hidalgo	992	100.00	885.08	914.54	1.00	0.97
HealthSpring	278	28.02	745.19	787.03	0.86	0.95
Molina	207	20.87	734.06	812.64	0.89	0.90
Superior	507	51.11	1,024.62	1,026.94	1.12	1.00
Jefferson	405	100.00	765.24	822.31	1.00	0.93
Amerigroup	92	22.72	1,097.39	787.31	0.96	1.39
Molina	71	17.53	537.35	837.08	1.02	0.64
United Health Care (United)	242	59.75	708.62	831.03	1.01	0.85
Lubbock	601	100.00	761.11	862.29	1.00	0.88
Amerigroup	226	37.60	812.61	814.00	0.94	1.00
Superior	375	62.40	729.70	891.75	1.03	0.82
MRSA Central	891	100.00	742.25	740.56	1.00	1.00
Superior	629	70.59	776.31	750.50	1.01	1.03
United Health Care (United)	262	29.41	658.10	716.02	0.97	0.92
MRSA Northeast	1,131	100.00	735.14	760.09	1.00	0.97
Health Spring	566	50.04	648.98	731.31	0.96	0.89
United Health Care (United)	565	49.96	821.61	788.97	1.04	1.04
MRSA West	1,119	100.00	827.89	789.77	1.00	1.05
Amerigroup	325	29.04	766.38	748.88	0.95	1.02
Superior	794	70.96	853.11	806.54	1.02	1.06
Nueces	493	100.00	718.59	825.64	1.00	0.87
Superior	249	50.51	667.85	820.23	0.99	0.81
United Health Care (United)	244	49.49	770.21	831.14	1.01	0.93
Tarrant	2,054	100.00	700.61	734.78	1.00	0.95
Amerigroup	1,498	72.93	731.56	778.36	1.06	0.94
Health Spring	556	27.07	616.41	616.22	0.84	1.00
Travis	1,250	100.00	855.98	798.78	1.00	1.07
Amerigroup	335	26.80	928.47	729.06	0.91	1.27
United Health Care (United)	915	73.20	828.96	824.77	1.03	1.01

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2017 to Aug 31, 2018

STAR+PLUS						
SA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--MBCCP	4,957	100.00	2,137.37	2,137.37	1.00	1.00
Bexar	377	100.00	2,190.23	2,358.29	1.00	0.93
Amerigroup	48	12.73	1,971.97	2,388.54	1.01	0.83
Molina	46	12.20	2,019.56	2,108.51	0.89	0.96
Superior	283	75.07	2,257.88	2,395.83	1.02	0.94
Dallas	529	100.00	2,185.56	2,084.16	1.00	1.05
Molina	246	46.50	2,512.40	2,101.54	1.01	1.20
Superior	283	53.50	1,901.88	2,069.07	0.99	0.92
El Paso	309	100.00	1,493.28	1,757.27	1.00	0.85
Amerigroup	186	60.19	1,529.27	1,930.98	1.10	0.79
Molina	123	39.81	1,438.65	1,493.61	0.85	0.96
Harris	1,107	100.00	2,148.94	2,118.22	1.00	1.01
Amerigroup	297	26.83	2,073.91	1,815.06	0.86	1.14
Molina	122	11.02	2,835.84	1,816.08	0.86	1.56
United Health Care (United)	688	62.15	2,057.01	2,300.48	1.09	0.89
Hidalgo	582	100.00	2,070.59	2,022.18	1.00	1.02
HealthSpring	108	18.56	1,753.38	1,811.12	0.90	0.97
Molina	132	22.68	2,198.46	1,994.64	0.99	1.10
Superior	342	58.76	2,118.53	2,096.60	1.04	1.01
Jefferson	175	100.00	2,040.44	2,169.99	1.00	0.94
Amerigroup	28	16.00	1,442.68	2,039.69	0.94	0.71
Molina	35	20.00	1,587.41	1,801.14	0.83	0.88
United Health Care (United)	112	64.00	2,345.05	2,323.22	1.07	1.01
Lubbock	123	100.00	1,859.32	2,333.46	1.00	0.80
Amerigroup	51	41.46	1,845.41	2,102.26	0.90	0.88
Superior	72	58.54	1,868.97	2,493.77	1.07	0.75
MRSA Central	189	100.00	2,661.68	2,468.67	1.00	1.08
Superior	133	70.37	2,594.28	2,502.14	1.01	1.04
United Health Care (United)	56	29.63	2,827.79	2,386.18	0.97	1.19
MRSA Northeast	331	100.00	2,422.81	2,367.97	1.00	1.02
Health Spring	116	35.05	2,584.14	2,499.27	1.06	1.03
United Health Care (United)	215	64.95	2,340.27	2,300.79	0.97	1.02
MRSA West	305	100.00	1,947.94	2,249.63	1.00	0.87
Amerigroup	142	46.56	1,688.63	2,150.31	0.96	0.79
Superior	163	53.44	2,187.16	2,341.25	1.04	0.93
Nueces	206	100.00	2,126.05	1,985.69	1.00	1.07
Superior	131	63.59	2,206.37	2,052.01	1.03	1.08
United Health Care (United)	75	36.41	1,990.81	1,874.03	0.94	1.06
Tarrant	444	100.00	2,331.00	2,170.07	1.00	1.07
Amerigroup	369	83.11	2,383.39	2,230.18	1.03	1.07
Health Spring	75	16.89	2,063.16	1,862.75	0.86	1.11
Travis	280	100.00	2,264.86	2,055.25	1.00	1.10
Amerigroup	76	27.14	1,305.77	1,814.02	0.88	0.72
United Health Care (United)	204	72.86	2,619.14	2,144.36	1.04	1.22

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

FY2020 STAR+PLUS Rating
Adjusted Acuity Scores

	Medicaid Only OCC	Medicaid Only HCBS	Medicaid Only NF	IDD	MBCCP
Unadjusted Acuity Scores (1)					
Amerigroup - Bexar	0.98108	1.07146	0.93771	0.86165	1.01283
Molina - Bexar	0.97846	0.96733	0.97607	0.74777	0.89408
Superior - Bexar	1.00953	0.99324	1.03558	1.04984	1.01592
Molina - Dallas	1.01942	0.95071	0.91636	0.96143	1.00834
Superior - Dallas	0.97664	1.10029	1.11389	1.03151	0.99276
Amerigroup - El Paso	0.98264	0.95629	0.98120	0.97793	1.09885
Molina - El Paso	1.02765	1.03782	1.01933	1.05575	0.84996
Amerigroup - Harris	0.95755	0.99980	0.99024	0.93307	0.85688
Molina - Harris	0.84395	0.92759	0.94303	0.84957	0.85736
United - Harris	1.06470	1.02453	1.02605	1.07086	1.08605
HealthSpring - Hidalgo	0.91782	0.98128	0.97612	0.86057	0.89563
Molina - Hidalgo	0.95589	0.96956	0.85459	0.88857	0.98638
Superior - Hidalgo	1.05863	1.01940	1.09959	1.12290	1.03680
Amerigroup - Jefferson	0.90769	1.14650	0.96319	0.95744	0.93996
Molina - Jefferson	0.94421	0.92235	1.01621	1.01796	0.83002
United - Jefferson	1.11990	1.01793	1.02066	1.01061	1.07061
Amerigroup - Lubbock	0.99689	0.96095	1.03322	0.94400	0.90092
Superior - Lubbock	1.00203	1.03988	0.96733	1.03416	1.06870
Superior - Nueces	0.95934	0.97963	1.01934	0.99345	1.03340
United - Nueces	1.04129	1.03394	0.98028	1.00666	0.94377
Amerigroup - Tarrant	1.02541	1.00610	1.03563	1.05931	1.02770
HealthSpring - Tarrant	0.92271	0.97503	0.89863	0.83864	0.85838
Amerigroup - Travis	0.96143	0.97567	0.98966	0.91271	0.88263
United - Travis	1.03145	1.02214	1.00930	1.03253	1.04336
Superior - MRSA Central	1.00961	0.98016	0.97806	1.01342	1.01356
United - MRSA Central	0.98494	1.04966	1.02562	0.96686	0.96658
HealthSpring - MRSA Northeast	0.92937	0.94641	1.02613	0.96214	1.05545
United - MRSA Northeast	1.06629	1.07008	0.97734	1.03800	0.97163
Amerigroup - MRSA West	0.98028	1.08022	1.05164	0.94822	0.95585
Superior - MRSA West	1.01198	0.95300	0.95527	1.02123	1.04073

FY2020 STAR+PLUS Rating
Adjusted Acuity Scores

	Medicaid Only OCC	Medicaid Only HCBS	Medicaid Only NF	IDD	MBCCP
Budget Neutrality Adjustment (2)					
Amerigroup - Bexar	1.00010	0.99965	0.99936	1.00111	0.99914
Molina - Bexar	1.00010	0.99965	0.99936	1.00111	0.99914
Superior - Bexar	1.00010	0.99965	0.99936	1.00111	0.99914
Molina - Dallas	0.99989	0.99667	1.00207	0.99950	1.00027
Superior - Dallas	0.99989	0.99667	1.00207	0.99950	1.00027
Amerigroup - El Paso	0.99952	0.99922	0.99853	1.00003	1.00038
Molina - El Paso	0.99952	0.99922	0.99853	1.00003	1.00038
Amerigroup - Harris	0.99858	0.99938	0.99921	0.99949	1.00275
Molina - Harris	0.99858	0.99938	0.99921	0.99949	1.00275
United - Harris	0.99858	0.99938	0.99921	0.99949	1.00275
HealthSpring - Hidalgo	0.99986	0.99938	1.00906	0.99771	1.00179
Molina - Hidalgo	0.99986	0.99938	1.00906	0.99771	1.00179
Superior - Hidalgo	0.99986	0.99938	1.00906	0.99771	1.00179
Amerigroup - Jefferson	0.99551	0.99919	0.99955	0.99977	0.99913
Molina - Jefferson	0.99551	0.99919	0.99955	0.99977	0.99913
United - Jefferson	0.99551	0.99919	0.99955	0.99977	0.99913
Amerigroup - Lubbock	1.00002	1.00011	1.00245	1.00004	0.99767
Superior - Lubbock	1.00002	1.00011	1.00245	1.00004	0.99767
Superior - Nueces	1.00011	1.00046	1.00181	1.00021	0.99909
United - Nueces	1.00011	1.00046	1.00181	1.00021	0.99909
Amerigroup - Tarrant	1.00022	0.99997	1.00119	1.00003	1.00126
HealthSpring - Tarrant	1.00022	0.99997	1.00119	1.00003	1.00126
Amerigroup - Travis	0.99911	1.00130	0.99957	0.99985	1.00051
United - Travis	0.99911	1.00130	0.99957	0.99985	1.00051
Superior - MRSA Central	1.00024	0.99895	1.00025	1.00070	1.00021
United - MRSA Central	1.00024	0.99895	1.00025	1.00070	1.00021
HealthSpring - MRSA Northeast	0.99839	1.00264	1.00170	1.00046	0.99841
United - MRSA Northeast	0.99839	1.00264	1.00170	1.00046	0.99841
Amerigroup - MRSA West	1.00055	1.00279	1.00066	1.00313	0.99622
Superior - MRSA West	1.00055	1.00279	1.00066	1.00313	0.99622

FY2020 STAR+PLUS Rating
Adjusted Acuity Scores

	Medicaid Only OCC	Medicaid Only HCBS	Medicaid Only NF	IDD	MBCCP
Budget Neutral Acuity Scores (3)					
Amerigroup - Bexar	0.98117	1.07108	0.93711	0.86261	1.01195
Molina - Bexar	0.97856	0.96699	0.97545	0.74860	0.89331
Superior - Bexar	1.00962	0.99289	1.03492	1.05101	1.01504
Molina - Dallas	1.01932	0.94755	0.91825	0.96094	1.00861
Superior - Dallas	0.97654	1.09663	1.11619	1.03100	0.99303
Amerigroup - El Paso	0.98216	0.95554	0.97976	0.97796	1.09926
Molina - El Paso	1.02715	1.03701	1.01784	1.05579	0.85028
Amerigroup - Harris	0.95619	0.99917	0.98946	0.93259	0.85924
Molina - Harris	0.84275	0.92701	0.94229	0.84913	0.85972
United - Harris	1.06319	1.02390	1.02524	1.07032	1.08904
HealthSpring - Hidalgo	0.91770	0.98067	0.98496	0.85860	0.89723
Molina - Hidalgo	0.95576	0.96895	0.86233	0.88654	0.98815
Superior - Hidalgo	1.05848	1.01877	1.10955	1.12033	1.03866
Amerigroup - Jefferson	0.90361	1.14556	0.96275	0.95722	0.93914
Molina - Jefferson	0.93997	0.92160	1.01575	1.01773	0.82930
United - Jefferson	1.11487	1.01710	1.02020	1.01037	1.06968
Amerigroup - Lubbock	0.99691	0.96106	1.03576	0.94404	0.89882
Superior - Lubbock	1.00204	1.03999	0.96971	1.03420	1.06621
Superior - Nueces	0.95944	0.98008	1.02119	0.99366	1.03245
United - Nueces	1.04141	1.03442	0.98206	1.00687	0.94291
Amerigroup - Tarrant	1.02564	1.00607	1.03686	1.05934	1.02900
HealthSpring - Tarrant	0.92291	0.97499	0.89969	0.83867	0.85946
Amerigroup - Travis	0.96058	0.97694	0.98923	0.91257	0.88308
United - Travis	1.03053	1.02347	1.00887	1.03238	1.04389
Superior - MRSA Central	1.00985	0.97914	0.97831	1.01413	1.01377
United - MRSA Central	0.98518	1.04856	1.02588	0.96753	0.96679
HealthSpring - MRSA Northeast	0.92788	0.94891	1.02788	0.96259	1.05377
United - MRSA Northeast	1.06457	1.07291	0.97901	1.03848	0.97008
Amerigroup - MRSA West	0.98082	1.08323	1.05234	0.95118	0.95224
Superior - MRSA West	1.01253	0.95566	0.95590	1.02443	1.03679

Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits B-F.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2020 Acute Care Community Rates.

Attachment 7

Acuity Risk Adjustment – Long Term Care

HHSC has developed a long term care acuity model that measures the relative acuity among the health plans within a service area by analyzing the relative percentage of unique members who utilize Personal Attendant Services (PAS). PAS accounts for 84% of the cost of all long term care services for the OCC and HCBS risk groups and is the greatest indicator of relative cost for a given population.

Using the FY2018 encounter data, HHSC identified the following statistics for each MCO within each service area:

1. Total number of unique members during FY2018.
2. Total number of unique PAS utilizers during FY2018.
3. Percentage of unique members utilizing PAS during FY2018.

Data was collected separately for the following risk groups:

1. Medicaid Only OCC
2. Medicaid Only HCBS
3. Dual Eligible OCC
4. Dual Eligible HCBS

The relative acuity of each MCO within each service area was then defined as:

$$\frac{\text{MCO \% of unique members utilizing PAS}}{\text{SDA \% of unique members utilizing PAS}}$$

An MCO that enrolls a higher percentage of members who utilize PAS than the overall SDA average has an acuity score greater than 1.0.

Exhibit A provides a brief description of the HHSC analysis as provided by HHSC in their summary report. Exhibits B-E present a summary of the long term care risk adjustment analysis results by risk group. All information was provided by HHSC and reviewed by the actuary for reasonableness.

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

This long term care acuity model does not impact the nursing facility risk groups since attendant care is not a significant cost for these populations. The impact of relative acuity differences on the nursing facility populations is continuing to be studied but no adjustments will be made for the FY2020 premium rates.

Technical Specifications for LTSS Risk Adjustment, STAR+PLUS, State Fiscal Year 2018

Background

Elders and individuals with disabilities receiving Long-Term Support and Services (LTSS) in STAR+PLUS program have different functional conditions. To improve the accuracy and provide more equitable payments to MCOs that provide the services, HHSC calculated risk scores for "Attendant Care Services" using STAR+PLUS Enrollment and Encounter data.

Data Source

For SFY2018 analysis, HHSC used Enrollment data to collect members eligible to receive Personal Assistance Services (PAS) in STAR+PLUS program, and Encounter data to collect information on the number of actual members who utilized the services. Only paid claims, with financial arrangement codes from 06 to 10 were included in this analysis.

Analysis

Percent utilization and risk scores were calculated using the following formulas:

$$\text{Percent utilization} = \frac{\text{MCO Number of PAS Utilizers}}{\text{MCO Number of Eligible Enrollees}}$$

$$\text{Risk Score} = \frac{\text{Percent of MCO PAS Utilizers}}{\text{Percent of SDA PAS Utilizers}}$$

The analyses were stratified by Home and Community Based Services (HCBS) and Other Community Care (OCC) programs for dual and non-dual status.

The risk scores were used to adjust SFY2020 STAR+PLUS LTSS capitation rates. The acuity factors were developed and applied at 100% of the MCOs factors to adjust the rates.

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Medicaid Only OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	4,700	744	15.8%	0.8177
Molina - Bexar	3,036	570	18.8%	0.9698
Superior - Bexar	15,673	3,218	20.5%	1.0605
Bexar SDA Total	23,409	4,532	19.4%	1.0000
Molina - Dallas	17,803	3,695	20.8%	1.1145
Superior - Dallas	14,818	2,380	16.1%	0.8625
Dallas SDA Total	32,621	6,075	18.6%	1.0000
Amerigroup - El Paso	4,515	877	19.4%	0.9034
Molina - El Paso	2,922	722	24.7%	1.1492
El Paso SDA Total	7,437	1,599	21.5%	1.0000
Amerigroup - Harris	19,377	3,066	15.8%	0.8603
Molina - Harris	5,672	920	16.2%	0.8819
United - Harris	25,758	5,359	20.8%	1.1311
Harris SDA Total	50,807	9,345	18.4%	1.0000
HealthSpring - Hidalgo	4,684	2,236	47.7%	0.9788
Molina - Hidalgo	3,838	1,681	43.8%	0.8981
Superior - Hidalgo	9,044	4,650	51.4%	1.0542
Hidalgo SDA Total	17,566	8,567	48.8%	1.0000
Amerigroup - Jefferson	3,304	412	12.5%	0.9521
Molina - Jefferson	2,718	379	13.9%	1.0647
United - Jefferson	3,904	509	13.0%	0.9955
Jefferson SDA Total	9,926	1,300	13.1%	1.0000
Amerigroup - Lubbock	2,386	144	6.0%	0.9139
Superior - Lubbock	3,550	248	7.0%	1.0579
Lubbock SDA Total	5,936	392	6.6%	1.0000
Superior - Nueces	4,418	1,160	26.3%	0.9643
United - Nueces	4,275	1,207	28.2%	1.0369
Nueces SDA Total	8,693	2,367	27.2%	1.0000
Amerigroup - Tarrant	14,992	1,506	10.0%	0.9528
HealthSpring - Tarrant	5,438	648	11.9%	1.1302
Tarrant SDA Total	20,430	2,154	10.5%	1.0000
Amerigroup - Travis	5,048	675	13.4%	1.2354
United - Travis	6,510	576	8.8%	0.8175
Travis SDA Total	11,558	1,251	10.8%	1.0000
Superior - MRSA Central	8,418	874	10.4%	1.0459
United - MRSA Central	5,614	519	9.2%	0.9312
MRSA Central SDA Total	14,032	1,393	9.9%	1.0000
HealthSpring - MRSA Northeast	10,124	1,211	12.0%	0.9505
United - MRSA Northeast	10,942	1,440	13.2%	1.0458
MRSA Northeast SDA Total	21,066	2,651	12.6%	1.0000
Amerigroup - MRSA West	5,458	536	9.8%	0.9006
Superior - MRSA West	9,013	1,042	11.6%	1.0602
MRSA West SDA Total	14,471	1,578	10.9%	1.0000

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Medicaid Only HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	351	274	78.1%	1.0082
Molina - Bexar	389	245	63.0%	0.8134
Superior - Bexar	1,905	1,529	80.3%	1.0366
Bexar SDA Total	2,645	2,048	77.4%	1.0000
Molina - Dallas	2,090	1,465	70.1%	0.9888
Superior - Dallas	1,122	812	72.4%	1.0209
Dallas SDA Total	3,212	2,277	70.9%	1.0000
Amerigroup - El Paso	444	343	77.3%	0.9861
Molina - El Paso	461	366	79.4%	1.0134
El Paso SDA Total	905	709	78.3%	1.0000
Amerigroup - Harris	1,277	1,026	80.3%	1.0534
Molina - Harris	634	460	72.6%	0.9513
United - Harris	1,819	1,359	74.7%	0.9795
Harris SDA Total	3,730	2,845	76.3%	1.0000
HealthSpring - Hidalgo	828	785	94.8%	0.9996
Molina - Hidalgo	580	533	91.9%	0.9689
Superior - Hidalgo	1,675	1,606	95.9%	1.0109
Hidalgo SDA Total	3,083	2,924	94.8%	1.0000
Amerigroup - Jefferson	212	176	83.0%	1.1131
Molina - Jefferson	426	312	73.2%	0.9819
United - Jefferson	208	143	68.8%	0.9218
Jefferson SDA Total	846	631	74.6%	1.0000
Amerigroup - Lubbock	173	109	63.0%	0.9464
Superior - Lubbock	198	138	69.7%	1.0469
Lubbock SDA Total	371	247	66.6%	1.0000
Superior - Nueces	678	589	86.9%	0.9934
United - Nueces	398	352	88.4%	1.0113
Nueces SDA Total	1,076	941	87.5%	1.0000
Amerigroup - Tarrant	1,292	927	71.7%	1.0056
HealthSpring - Tarrant	338	236	69.8%	0.9786
Tarrant SDA Total	1,630	1,163	71.3%	1.0000
Amerigroup - Travis	386	326	84.5%	1.0321
United - Travis	412	327	79.4%	0.9699
Travis SDA Total	798	653	81.8%	1.0000
Superior - MRSA Central	596	416	69.8%	0.9655
United - MRSA Central	245	192	78.4%	1.0840
MRSA Central SDA Total	841	608	72.3%	1.0000
HealthSpring - MRSA Northeast	1,109	876	79.0%	1.0421
United - MRSA Northeast	825	590	71.5%	0.9435
MRSA Northeast SDA Total	1,934	1,466	75.8%	1.0000
Amerigroup - MRSA West	362	305	84.3%	1.0861
Superior - MRSA West	668	494	74.0%	0.9533
MRSA West SDA Total	1,030	799	77.6%	1.0000

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Dual Eligible OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	5,130	1,345	26.2%	0.9565
Molina - Bexar	4,437	1,172	26.4%	0.9636
Superior - Bexar	11,683	3,308	28.3%	1.0329
Bexar SDA Total	21,250	5,825	27.4%	1.0000
Molina - Dallas	16,513	4,322	26.2%	1.0422
Superior - Dallas	10,989	2,585	23.5%	0.9366
Dallas SDA Total	27,502	6,907	25.1%	1.0000
Amerigroup - El Paso	7,238	2,403	33.2%	0.9299
Molina - El Paso	6,772	2,599	38.4%	1.0749
El Paso SDA Total	14,010	5,002	35.7%	1.0000
Amerigroup - Harris	21,021	4,792	22.8%	0.9225
Molina - Harris	6,586	1,495	22.7%	0.9186
United - Harris	25,788	6,908	26.8%	1.0840
Harris SDA Total	53,395	13,195	24.7%	1.0000
HealthSpring - Hidalgo	11,023	6,632	60.2%	0.9651
Molina - Hidalgo	9,973	5,404	54.2%	0.8692
Superior - Hidalgo	18,689	12,703	68.0%	1.0903
Hidalgo SDA Total	39,685	24,739	62.3%	1.0000
Amerigroup - Jefferson	3,305	695	21.0%	1.0988
Molina - Jefferson	3,361	668	19.9%	1.0385
United - Jefferson	2,274	348	15.3%	0.7996
Jefferson SDA Total	8,940	1,711	19.1%	1.0000
Amerigroup - Lubbock	3,444	403	11.7%	0.9927
Superior - Lubbock	3,012	358	11.9%	1.0083
Lubbock SDA Total	6,456	761	11.8%	1.0000
Superior - Nueces	5,087	1,981	38.9%	1.0842
United - Nueces	4,752	1,553	32.7%	0.9099
Nueces SDA Total	9,839	3,534	35.9%	1.0000
Amerigroup - Tarrant	13,113	2,408	18.4%	1.0488
HealthSpring - Tarrant	4,804	729	15.2%	0.8667
Tarrant SDA Total	17,917	3,137	17.5%	1.0000
Amerigroup - Travis	5,700	1,211	21.2%	1.3036
United - Travis	5,940	686	11.5%	0.7086
Travis SDA Total	11,640	1,897	16.3%	1.0000
Superior - MRSA Central	6,187	916	14.8%	0.9779
United - MRSA Central	7,598	1,171	15.4%	1.0180
MRSA Central SDA Total	13,785	2,087	15.1%	1.0000
HealthSpring - MRSA Northeast	9,558	1,540	16.1%	0.9494
United - MRSA Northeast	10,241	1,820	17.8%	1.0472
MRSA Northeast SDA Total	19,799	3,360	17.0%	1.0000
Amerigroup - MRSA West	9,946	2,044	20.6%	1.0342
Superior - MRSA West	9,534	1,827	19.2%	0.9643
MRSA West SDA Total	19,480	3,871	19.9%	1.0000

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Dual Eligible HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	735	603	82.0%	0.9809
Molina - Bexar	816	655	80.3%	0.9597
Superior - Bexar	2,227	1,902	85.4%	1.0211
Bexar SDA Total	3,778	3,160	83.6%	1.0000
Molina - Dallas	3,702	2,805	75.8%	0.9914
Superior - Dallas	1,694	1,319	77.9%	1.0188
Dallas SDA Total	5,396	4,124	76.4%	1.0000
Amerigroup - El Paso	757	633	83.6%	0.9759
Molina - El Paso	836	732	87.6%	1.0219
El Paso SDA Total	1,593	1,365	85.7%	1.0000
Amerigroup - Harris	1,936	1,651	85.3%	1.0100
Molina - Harris	975	815	83.6%	0.9899
United - Harris	3,348	2,819	84.2%	0.9972
Harris SDA Total	6,259	5,285	84.4%	1.0000
HealthSpring - Hidalgo	3,321	3,262	98.2%	1.0086
Molina - Hidalgo	2,535	2,427	95.7%	0.9831
Superior - Hidalgo	6,350	6,198	97.6%	1.0023
Hidalgo SDA Total	12,206	11,887	97.4%	1.0000
Amerigroup - Jefferson	543	486	89.5%	1.0623
Molina - Jefferson	783	655	83.7%	0.9929
United - Jefferson	287	218	76.0%	0.9015
Jefferson SDA Total	1,613	1,359	84.3%	1.0000
Amerigroup - Lubbock	435	331	76.1%	0.9654
Superior - Lubbock	311	257	82.6%	1.0484
Lubbock SDA Total	746	588	78.8%	1.0000
Superior - Nueces	1,513	1,423	94.1%	1.0092
United - Nueces	1,382	1,275	92.3%	0.9899
Nueces SDA Total	2,895	2,698	93.2%	1.0000
Amerigroup - Tarrant	2,285	1,629	71.3%	0.9967
HealthSpring - Tarrant	637	461	72.4%	1.0118
Tarrant SDA Total	2,922	2,090	71.5%	1.0000
Amerigroup - Travis	918	823	89.7%	1.0072
United - Travis	1,057	935	88.5%	0.9938
Travis SDA Total	1,975	1,758	89.0%	1.0000
Superior - MRSA Central	788	644	81.7%	0.9660
United - MRSA Central	946	823	87.0%	1.0283
MRSA Central SDA Total	1,734	1,467	84.6%	1.0000
HealthSpring - MRSA Northeast	2,523	2,127	84.3%	1.0649
United - MRSA Northeast	2,790	2,079	74.5%	0.9413
MRSA Northeast SDA Total	5,313	4,206	79.2%	1.0000
Amerigroup - MRSA West	1,807	1,579	87.4%	1.0141
Superior - MRSA West	1,338	1,131	84.5%	0.9810
MRSA West SDA Total	3,145	2,710	86.2%	1.0000

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Unadjusted Acuity Scores (1)				
Amerigroup - Bexar	0.81765	1.00818	0.95646	0.98086
Molina - Bexar	0.96976	0.81342	0.96361	0.95968
Superior - Bexar	1.06054	1.03659	1.03294	1.02109
Molina - Dallas	1.11448	0.98879	1.04216	0.99140
Superior - Dallas	0.86246	1.02088	0.93665	1.01879
Amerigroup - El Paso	0.90342	0.98608	0.92989	0.97587
Molina - El Paso	1.14923	1.01340	1.07494	1.02185
Amerigroup - Harris	0.86026	1.05338	0.92248	1.00995
Molina - Harris	0.88185	0.95125	0.91857	0.98995
United - Harris	1.13114	0.97952	1.08399	0.99717
HealthSpring - Hidalgo	0.97881	0.99962	0.96514	1.00859
Molina - Hidalgo	0.89806	0.96894	0.86923	0.98309
Superior - Hidalgo	1.05423	1.01094	1.09035	1.00226
Amerigroup - Jefferson	0.95211	1.11306	1.09875	1.06231
Molina - Jefferson	1.06468	0.98194	1.03847	0.99287
United - Jefferson	0.99549	0.92175	0.79961	0.90155
Amerigroup - Lubbock	0.91390	0.94636	0.99271	0.96538
Superior - Lubbock	1.05787	1.04687	1.00834	1.04842
Superior - Nueces	0.96428	0.99336	1.08419	1.00919
United - Nueces	1.03691	1.01131	0.90987	0.98994
Amerigroup - Tarrant	0.95277	1.00560	1.04883	0.99671
HealthSpring - Tarrant	1.13021	0.97860	0.86671	1.01180
Amerigroup - Travis	1.23541	1.03210	1.30363	1.00718
United - Travis	0.81746	0.96993	0.70864	0.99377
Superior - MRSA Central	1.04585	0.96547	0.97791	0.96600
United - MRSA Central	0.93124	1.08400	1.01799	1.02832
HealthSpring - MRSA Northeast	0.95053	1.04207	0.94942	1.06493
United - MRSA Northeast	1.04577	0.94345	1.04721	0.94128
Amerigroup - MRSA West	0.90058	1.08613	1.03418	1.01409
Superior - MRSA West	1.06021	0.95332	0.96434	0.98097

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutrality Adjustment (2)				
Amerigroup - Bexar	0.99964	1.00051	1.00028	1.00027
Molina - Bexar	0.99964	1.00051	1.00028	1.00027
Superior - Bexar	0.99964	1.00051	1.00028	1.00027
Molina - Dallas	0.99932	0.99992	1.00015	1.00020
Superior - Dallas	0.99932	0.99992	1.00015	1.00020
Amerigroup - El Paso	0.99913	0.99901	1.00038	1.00006
Molina - El Paso	0.99913	0.99901	1.00038	1.00006
Amerigroup - Harris	0.99727	0.99904	0.99895	0.99999
Molina - Harris	0.99727	0.99904	0.99895	0.99999
United - Harris	0.99727	0.99904	0.99895	0.99999
HealthSpring - Hidalgo	0.99832	0.99958	0.99898	1.00002
Molina - Hidalgo	0.99832	0.99958	0.99898	1.00002
Superior - Hidalgo	0.99832	0.99958	0.99898	1.00002
Amerigroup - Jefferson	1.00053	0.99995	0.99913	1.00006
Molina - Jefferson	1.00053	0.99995	0.99913	1.00006
United - Jefferson	1.00053	0.99995	0.99913	1.00006
Amerigroup - Lubbock	0.99941	1.00407	1.00006	0.99924
Superior - Lubbock	0.99941	1.00407	1.00006	0.99924
Superior - Nueces	0.99978	1.00006	1.00112	1.00006
United - Nueces	0.99978	1.00006	1.00112	1.00006
Amerigroup - Tarrant	1.00296	0.99967	0.99946	1.00033
HealthSpring - Tarrant	1.00296	0.99967	0.99946	1.00033
Amerigroup - Travis	1.00013	0.99872	0.99925	0.99992
United - Travis	1.00013	0.99872	0.99925	0.99992
Superior - MRSA Central	0.99990	0.99891	0.99987	0.99926
United - MRSA Central	0.99990	0.99891	0.99987	0.99926
HealthSpring - MRSA Northeast	0.99922	0.99857	0.99988	0.99870
United - MRSA Northeast	0.99922	0.99857	0.99988	0.99870
Amerigroup - MRSA West	1.00289	1.00052	0.99973	1.00029
Superior - MRSA West	1.00289	1.00052	0.99973	1.00029

FY2020 STAR+PLUS Rating
Long Term Care Acuity Analysis
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutral Acuity Scores (3)				
Amerigroup - Bexar	0.81735	1.00869	0.95673	0.98112
Molina - Bexar	0.96941	0.81383	0.96388	0.95994
Superior - Bexar	1.06016	1.03712	1.03323	1.02137
Molina - Dallas	1.11372	0.98871	1.04231	0.99160
Superior - Dallas	0.86187	1.02080	0.93679	1.01899
Amerigroup - El Paso	0.90263	0.98511	0.93024	0.97593
Molina - El Paso	1.14822	1.01240	1.07535	1.02192
Amerigroup - Harris	0.85792	1.05236	0.92151	1.00995
Molina - Harris	0.87945	0.95034	0.91760	0.98994
United - Harris	1.12806	0.97858	1.08285	0.99716
HealthSpring - Hidalgo	0.97717	0.99920	0.96415	1.00861
Molina - Hidalgo	0.89655	0.96853	0.86834	0.98311
Superior - Hidalgo	1.05246	1.01051	1.08923	1.00227
Amerigroup - Jefferson	0.95262	1.11300	1.09779	1.06237
Molina - Jefferson	1.06525	0.98189	1.03757	0.99293
United - Jefferson	0.99603	0.92170	0.79891	0.90160
Amerigroup - Lubbock	0.91336	0.95022	0.99276	0.96465
Superior - Lubbock	1.05724	1.05113	1.00840	1.04762
Superior - Nueces	0.96407	0.99342	1.08540	1.00925
United - Nueces	1.03668	1.01137	0.91089	0.99000
Amerigroup - Tarrant	0.95559	1.00527	1.04827	0.99704
HealthSpring - Tarrant	1.13355	0.97827	0.86625	1.01213
Amerigroup - Travis	1.23556	1.03077	1.30265	1.00709
United - Travis	0.81757	0.96868	0.70810	0.99369
Superior - MRSA Central	1.04575	0.96442	0.97779	0.96529
United - MRSA Central	0.93115	1.08281	1.01786	1.02756
HealthSpring - MRSA Northeast	0.94978	1.04057	0.94930	1.06354
United - MRSA Northeast	1.04496	0.94210	1.04708	0.94006
Amerigroup - MRSA West	0.90318	1.08669	1.03390	1.01438
Superior - MRSA West	1.06327	0.95382	0.96408	0.98125

Footnotes:

- (1) Acuity scores as developed by HHSC from Exhibits B-E.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2020 Long Term Care Community Rates.

Attachment 8

Network Access Improvement Program (NAIP)

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

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

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

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

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

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

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

No additional NAIP arrangements have been permitted since FY2017 nor have the MCOs and providers been permitted to negotiate financial terms that differ from those currently in place.

The following information is provided as requested in the 2019-2020 Managed Care Rate Development Guide:

1. A description of the pass-through payment - CMS approved NAIP as an incentive payment in September 2014. The program was implemented in March 2015. Subsequently, CMS issued final Medicaid managed care rules. Following the publication of those rules, CMS performed an informal review of NAIP and in September 2016 concluded NAIP was a pass-through payment, not an incentive. The program is a voluntary program between MCOs and providers whereby agreements are entered into between these two parties to improve access to care and services for Medicaid managed care members. Examples include the recruitment of new primary care or specialty physicians, expanded physician office hours, and other similar initiatives. Each project had a specific associated cost which translated into a PMPM amount for the MCOs.
2. The amount of the pass-through payments both in total and on a per member per month basis – The overall NAIP program cost is \$427,301,316 of which \$33,047,025 is attributed to the STAR+PLUS program. The per member per month amounts are shown in the attached exhibit and in Attachment 1 Exhibit A.
3. The providers receiving the pass-through payments –
 - Texas Tech University Health Sciences Center - El Paso
 - University of Texas Medical School - Houston (UT Physicians)
 - Texas Tech University Health Sciences Center – Lubbock
 - UT Southwestern Accountable Care Network
 - Texas A&M Health Science Center
 - Texas Tech University Health Sciences Center – Lubbock
 - Parkland Health & Hospital System
 - Childress County Hospital District
 - University Health System
 - Midland Memorial Hospital
 - University Medical Center – Lubbock
 - Harris Health System
 - Palo Pinto General Hospital
 - University Medical Center of El Paso
 - Christus Spohn Health System

4. The financing mechanism for the pass-through payments – The non-federal share is provided by local governmental entities, including hospital districts.
5. The amount of pass-through payments incorporated into the capitation rates in the previous period – The NAIP premiums in effect for FY2019 were estimated to be:

STAR	\$394,696,813
<u>STAR+PLUS</u>	<u>\$32,647,329</u>
Total	\$427,344,142

6. The amount of pass-through payments incorporated into capitation rates for the rating period in effect on July 5, 2016 – The NAIP premiums in effect for FY2016 were:

STAR	\$479,056,321
<u>STAR+PLUS</u>	<u>\$33,638,645</u>
Total	\$512,694,966

The managed care contracts and rate certification which included these amounts were submitted to CMS for review on July 24, 2015.

7. The calculation of the base amount is included in Exhibit B. These amounts were calculated by HHSC based on the following methodology:

FY2018 managed care encounter data was used to perform the Upper Payment Limit (UPL) tests for inpatient Medicaid hospital services. The UPL test for inpatient services used a payment to charge ratio. Medicare charges and payments from the Medicare cost reports were used to calculate a Medicare Payment to Charge Ratio for each hospital. The Medicare payment to charge ratio was then multiplied by the Medicaid inpatient charges to estimate what Medicare would have paid for the Medicaid services. Medicaid payments were adjusted to include NAIP payments.

The upper payment limit test for outpatient services used a payment to charge ratio. General outpatient services (excluding services reimbursed on a fee schedule) were used from the FY2018 managed care encounter data. Medicare charges and payments from the Medicare cost reports were used to calculate a Payment to Charge Ratio for each hospital. The Medicare payment to charge ratio was then multiplied by the Medicaid outpatient charges to estimate what Medicare would have paid for the Medicaid services.

The total estimated Medicare payments for each category were compared to the Medicaid payments for each category to perform the UPL tests.

FY2020 STAR+PLUS Rating
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup	STAR	Dallas	14,970,957	2,357,631	6.35
Amerigroup	STAR	Lubbock, MRSA West	1,583,510	467,112	3.39
Amerigroup	STAR	MRSA West, Tarrant	4,408,469	1,676,224	2.63
Amerigroup	STAR, STAR+Plus	Dallas, Tarrant	19,323,688	3,841,688	5.03
Amerigroup	STAR, STAR+Plus	Harris	36,831,753	1,314,481	28.02
Amerigroup	STAR, STAR+Plus	Harris, Jefferson	8,031,757	1,431,686	5.61
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	12,978,293	555,340	23.37
Amerigroup	STAR, STAR+Plus	MRSA West	3,534,075	428,373	8.25
CFHP	STAR	Bexar	20,393,861	1,268,275	16.08
CHC	STAR	Harris	72,436,287	2,690,798	26.92
CHC	STAR	Jefferson	7,139,650	270,954	26.35
El Paso Health	STAR	El Paso	19,025,189	785,840	24.21
FirstCare	STAR	Lubbock, MRSA West	21,742,653	955,721	22.75
FirstCare	STAR	MRSA West	10,598,725	523,652	20.24
Molina	STAR	Dallas	1,506,853	314,583	4.79
PCHP	STAR	Dallas	32,240,400	1,905,461	16.92
Superior	STAR	Bexar	6,584,727	1,392,120	4.73
Superior	STAR	El Paso	11,858,154	604,083	19.63
Superior	STAR	Lubbock, MRSA West	4,157,459	1,291,136	3.22
Superior	STAR, STAR+Plus	Bexar	7,190,753	1,576,920	4.56
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,916,993	5,428,434	1.09
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	15,991,000	6,804,681	2.35
Superior	STAR, STAR+Plus	Lubbock, MRSA West	23,276,961	1,428,034	16.30
Superior	STAR, STAR+Plus	MRSA Central	604,335	974,734	0.62
United	STAR, STAR+Plus	Harris	24,523,615	1,018,000	24.09
United	STAR, STAR+Plus	Harris, Jefferson	5,078,239	1,260,109	4.03
United	STAR, STAR+Plus	Jefferson	5,374,823	242,109	22.20
CHC	STAR	Harris, Jefferson	12,498,596	2,961,753	4.22
United	STAR	Nueces	1,409,935	34,040	41.42
Superior	STAR, STAR+Plus	Nueces	10,298,741	291,254	35.36
United	STAR+Plus	Nueces	5,790,867	47,693	121.42

Footnotes:

- (1) MCOs may have NAIP arrangements with multiple providers.
- (2) Based on contracted amounts between MCOs and providers.
- (3) Based on HHSC's most recent caseload forecast. Includes all (i) all STAR Risk Groups except AAPCA, (ii) STAR+PLUS Medicaid Only OCC, (iii) STAR+PLUS Medicaid Only HCBS and (iv) IDD.

Network Access Improvement Program (NAIP) Summary

Ownership Type	MCO UPL Test Outpatient*			MCO UPL Test Inpatient*			MCO UPL Test Total*		
	Outpatient Medicare MCO Est. Payment	Outpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Inpatient Payment	Inpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Inpatient Payment	Inpatient Medicaid MCO Payment	Difference
Non-state Government	237,552,411	159,846,290	77,706,121	463,781,245	538,586,857	-74,805,612	701,333,656	698,433,147	2,900,509
Private	1,389,520,663	907,386,842	482,133,821	3,635,589,856	2,270,604,048	1,364,985,808	5,025,110,519	3,177,990,890	1,847,119,629
State Owned	113,585,218	45,262,069	68,323,149	111,292,647	96,048,198	15,244,449	224,877,865	141,310,267	83,567,598
Grand Total	1,740,658,292	1,112,495,201	628,163,091	4,210,663,748	2,905,239,103	1,305,424,645	5,951,322,040	4,017,734,304	1,933,587,736

Aggregate Maximum Pass Through Lesser of:

(i) 80% of Base Amount	1,546,870,189
(ii) Total NAIP in FY2016	512,694,966
Lesser of (i) and (ii)	512,694,966

FY2020 NAIP 427,301,316

*Calculated based on FY2018 managed care experience

Attachment 9

Quality Incentive Payment Program (QIPP)

Effective September 1, 2017 HHSC implemented the Quality Incentive Payment Program (QIPP) which is designed to incentivize nursing facilities to improve quality and innovation in the provision of nursing facility services, using the CMS five-star rating system as its measure of success.

QIPP is open to two classes of facilities: non-state government owned nursing facilities and private nursing facilities. Payments from managed care organizations to qualified nursing facilities will be made based on improvement on specific quality indicators.

Attachment A is a detailed summary of the QIPP which has been developed by the HHSC Rate Analysis Department.

Attachment B provides a summary of the QIPP add on amounts by service delivery area. The QIPP program impacts members in both the STAR+PLUS and Dual Demonstration programs. As a result, the eligible expenditures are spread across the two programs based on total membership within the nursing facility risk groups. Contracted Cost (\$599,999,303) is the total dollar value of the program assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Manage Care (MCO) days. The total program size was multiplied by each provider's percent of FFS & MCO days in the base period.

The QIPP premiums have been accounted for in the FY2020 STAR+PLUS rate development in a manner that is consistent with the pre-print that is currently under CMS review.

Quality Incentive Payment Program (QIPP)

Year 3: SFY 2020

Description

Effective September 1, 2017 HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities (NFs) to improve on the quality and innovation of their services. Pending CMS approval of QIPP Year Three, effective September 1, 2019, the program will encompass one pay-for-report component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

History

During the 83rd Legislative Session, the Texas Legislature outlined its goals for the incorporation of NFs in Medicaid managed care. The Texas Health and Human Services Commission (HHSC) was directed to encourage transformative efforts in the delivery of NF services, including "efforts to promote a resident-centered care culture through facility design and services provided."

In 2014, HHSC established the Minimum Payment Amount Program (MPAP), which became effective in 2015. MPAP established minimum payment amounts for qualified NFs in STAR+PLUS. The STAR+PLUS Managed Care Organizations (MCO) paid the minimum payment amounts to qualified NFs based on state direction. The program was intended to be a short-term program that would ultimately transition to a performance-based initiative.

HHSC Budget Rider 97 in the 2016-2017 budget directed HHSC to transition the MPAP to QIPP. Utilizing an MCO delivery system, QIPP established a provider payment initiative in which HHSC directs expenditures through its contracts with the STAR+PLUS MCOs, as authorized by 42 C.F.R. §438.6(c).

Rules are promulgated for QIPP on an as-needed basis; this process does not occur on an annual basis. The rules for QIPP Year Three are located in

the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1302, and §353.1304

State Fiscal Year 2020 begins QIPP Year Three. Funds are paid through components of the STAR+PLUS NF managed care based on per-member per-month (PMPM) capitation rates. The chart below provides a broad overview of changes in QIPP history:

	Potential Funding	Actual Funding	Components
Year 1 (SFY 2018)	\$400,000,000	\$399,333,542	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
Year 2 (SFY 2019)	\$446,000,000	\$427,649,611	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
Year 3 (SFY 2020)	\$600,000,000	In Progress	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only

Delivery System

QIPP utilizes an MCO delivery system based on a pre-set PMPM capitation payment. Payments from MCOs to qualified NFs are made based on the improvement of specific quality indicators.

Alignment with HHSC Quality Strategy

QIPP's pay-for-performance model is designed to support the Texas Managed Care Quality Strategy in required in the Code of Federal Regulations (CFR) Title 42, Chapter IV, Subchapter C, Part 438, Subpart E, Quality Measurement and Improvement.

It is the goal of HHSC to use its Managed Care Quality Improvement Strategy to:

- Transition from volume-based purchasing models to a pay-for-performance model

- Improve member satisfaction with care
- Reduce payments for low quality care

It is the intention of HHSC to achieve these goals through the mechanisms described in this strategy, including:

- Program integrity monitoring through both internal and external processes
- Implementation of financial incentives for high performing MCOs and financial disincentives for poor performing MCOs
- Developing and implementing targeted initiatives that encourage the adoption by MCOs of evidence-based clinical and administrative practices

Directed Pay Arrangement

Directed pay arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs. HHSC established QIPP in order develop a directed pay arrangement for NFs. QIPP is open to two classes of NFs: non-state government-owned (NSGO) NFs and privately-owned NFs.

In QIPP Year Three, NSGO NFs are eligible to participate if they meet one of the following criteria per Title 1 of the Texas Administrative Code (1 TAC) §355.1302:

- The NF is located in the same Regional Healthcare Partnership (RHP) as, or within 150 miles of, the non-state governmental entity;
- The NF has been owned by the non-state governmental entity for no less than four years prior to the first day of the eligibility period; or
- The NF certifies they can demonstrate an active partnership between the NF and the non-state governmental entity that owns the NF.

To ensure QIPP funds are focused on the Medicaid population, HHSC limits private NF's participation using the following definitions and criteria for QIPP Year Three per 1 TAC §353.1302:

1. The private NF must have a percentage of Medicaid NF days of service that is greater than or equal to 65 percent (based on the most current data available from Texas Medicaid NF cost reports).

2. For each private NF, the percentage of Medicaid NF days is calculated by summing the NF's Medicaid NF fee-for-service and managed care days of service, including dual-eligible demonstration days of service, and dividing that sum by the NF's total days of service in all licensed beds.
3. Medicaid hospice days of service are included in the denominator but excluded from the numerator.

In QIPP Year Three, Component One uses an alternative pay-for-report fee schedule and is available only to NSGO NFs; Components Two, Three, and Four are performance improvement initiatives and use a quality-based payment model. Components Two and Three are open to both classes of facilities, while Component Four is available only to NSGO NFs.

Capitation Rate Components

The total dollar value of the QIPP program for Year Three is \$600,000,000. The program is paid using joint state and federal funds. The state funds are provided by the NSGOs via an Intergovernmental Transfer (IGT); no state general revenue is used to fund the QIPP program. An NSGO NF's participation in QIPP is not conditioned on the provision of an intergovernmental transfer (IGT). For QIPP Year Three, funds are paid through four components of the STAR+PLUS NF managed care PMPM capitation rates. Each component's value is determined as a percentage of the total amount of funding available for the QIPP program. A breakdown of the QIPP Year Three funding is below:

QIPP Year 3 Estimated Funding	
Total Funds	\$ 600,000,000
NFS Funds (39.33%)	\$ 235,980,000
Federal Funds (60.67%)	\$ 364,020,000
MCO Fees	
MCO Admin Fee = 0.125%	\$ 750,000
MCO Risk Margin = 1.750%	\$ 10,500,000
MCO Premium Tax (State of Texas) - 1.750%	\$ 10,500,000
Total MCO Fees = 3.625%	\$ 21,750,000
Available Funds for Program Components	
Component 1 = NFS plus 10%	
43.26% of Total Funds	\$ 259,578,000
Component 2 = 30% of pool after C1/C4/MCO Fees	
10.16% of Total Fund	\$ 66,801,600
Component 3 = 70% of pool after C1/C4/MCO Fees	
23.7% of Total Fund	\$ 155,870,400
Component 4 = 16% of total funds	
16% of Total funds	\$ 96,000,000

The MCOs' distribution of QIPP funds to the NFs is based on each NF's performance on a set of defined quality metrics. Eligible expenditures are spread across the two programs based on total membership within the NF risk groups (NSGO and Private NFs). Payments are assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Manage Care (MCO) days. The total program size is multiplied by each provider's percent of FFS & MCO days in the base period. Fund distribution is allocated under four components.

Component One (C1): Quality Assurance and Performance Improvement (QAPI) Meetings

- C1 is contingent upon proper submission of a Quality Assurance and Performance Improvement (QAPI) Validation Report.
- The total value of C1 will be equal to 110 percent of the non-federal share of the QIPP funds.
- Interim allocation of funds across qualifying NSGO NFs will be based upon historical Medicaid days of NF service.

- Monthly payments to NSGO NFs will be triggered by the monthly submission of an attestation to HHSC that the NF held a QAPI meeting in which the NF reviewed its CMS-compliant plan for maintaining and improving safety and quality in the NF. QAPI meetings must contribute to a NF's ongoing development of improvement initiatives regarding clinical care, quality of life, and consumer choice.
- Private NFs are not eligible for payments from C1.

The interim allocation of funds, based on historical Medicaid fee-for-service and STAR+PLUS days of service, across qualifying NSGO NFs will be reconciled to the actual distribution of Medicaid NF days of service across these NFs during the eligibility period; the actual distribution of funds will be captured by HHSC's Medicaid contractors for fee-for-service and managed care 180 days after the last day of the eligibility period. This reconciliation will only be performed if the weighted average (weighted by Medicaid NF days of service during the eligibility period) of the absolute values of percentage changes between each NF's proportion of historical Medicaid days of NF service and actual Medicaid days of NF service is greater than 18 percent.

Component Two (C2): Workforce Development

- The total value of C2 will be equal to 30 percent of remaining QIPP funds after accounting for the funding of C1 and Component Four (C4).
- C2 is open to all provider types and allocation of funds across all qualifying NFs will be proportional, based upon historical Medicaid days of NF service.
- Monthly payments to NFs will be triggered by achievement in three equally weighted quality metrics and the submission of a report to HHSC through an online portal.

Component Three (C3): Minimum Data Set CMS Five-Star Quality Measures

- The total value of C3 will be equal to 70 percent of remaining QIPP funds after accounting for the funding of C1 and C4.
- C3 is open to all provider types and allocation of funds across qualifying NFs will be proportional, based upon historical Medicaid days of NF service.

- Quarterly payments to NFs will be triggered by achievement of performance requirements in three equally weighted CMS Five-Star quality metrics measured against facility specific fixed targets.

Component Four (C4): Infection Control Program

- The total value of C4 will be equal to 16 percent of the QIPP funds.
- Allocation of funds across qualifying NSGO NFs will be proportional, based upon historical Medicaid days of NF service.
- Quarterly payments to NSGO NFs will be triggered by achievement on three equally weighted quality metrics.
- Private NFs are not eligible for payments from C4.

Distribution of Payments

Payments from MCOs to qualified NFs are contingent on meeting pre-set goals based on the improvement of specific quality indicators. Prior to the beginning of the eligibility period, HHSC will calculate the portion of each PMPM associated with each QIPP-enrolled NF broken down by QIPP capitation rate component, quality metric, and payment period. For example: HHSC will calculate the portion of each PMPM associated with an NF for payment, from the MCO to the NF, as follows:

- Monthly payments from C1, as performance requirements are met, will be equal to the total value of C1 for the NF divided by twelve.
- Monthly payments from C2 associated with each quality metric will be equal to the total value of C2 associated with the quality metric divided by twelve.
- Quarterly payments from C3 associated with each quality metric will be equal to the total value of C3 associated with the quality metric divided by four.
- Quarterly payments from C4 associated with each quality metric will be equal to the total value of C4 associated with the quality metric divided by four.
- For purposes of the calculations, each quality metric will be allocated an equal portion of the total dollars included in the component.
- In situations where a NF does not have enough data for a quality metric to be calculated, the funding associated with that metric will be evenly distributed across all remaining metrics within the component.

MCOs will distribute payments to enrolled NFs as they meet their reporting and quality metric requirements. Payments will be equal to the portion of the QIPP PMPM associated with the achievement for the time-period in question multiplied by the number of member months for which the MCO received the QIPP PMPM. Funds are paid directly to the entity that holds the contract with the managed care organization. On behalf of HHSC, the MCO pays the full amount of each payment to the holder of the Medicaid contract. HHSC does not track the extent to which an NF owner uses the funds for expenses they directly incur. This is true regardless of the type of NF ownership (hospital district, private corporation, non-profit entity, etc.).

In the event of a change in NF ownership, the MCO will distribute the payment to the owner of the NF at the time of the payment.

Quality Metric Summary

Allocation of funds across qualifying NFs will be proportional, based upon historical Medicaid units of NF service. Payments of allocated funds from managed care organizations to qualified NFs will be triggered based on either the attainment of benchmarks or on demonstrated improvement in selected quality metrics, which will be equally weighted within each of the four components. For measures based on Minimum Data Set CMS Quality Measures, NFs must reach program-wide benchmarks or make incremental improvements toward pre-set goals to qualify for payments. An NF's baseline will remain the same throughout the measurement period, while the amount of improvement required each quarter increases. Initial quarterly goals are based on 5 percent relative improvement from the baseline. Subsequent quarterly goals increase incrementally by 5 percent, culminating in a 20 percent improvement at the end of the year.

HHSC has designated the following quality metrics for QIPP Year Three capitation rate components, covering the program eligibility period that begins on September 1, 2019.

Component One (C1) – Quality Assurance and Performance Improvement (QAPI) Meetings

C1 is open only to non-state government-owned (NSGO) providers and contains one metric. Funds in C1 are distributed monthly on a “Met” or Not

Met” basis, contingent upon proper submission of the QAPI Validation Report form. The metric is:

Metric 1: Facility holds a QAPI meeting each month in accordance with quarterly federal requirements.

Failure to participate in the review or to provide supporting records could result in a determination that C1 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k).

Component Two (C2) – Workforce Development

C2 is open to all provider types, and funds are distributed monthly. HHSC designates three equally weighted quality metrics for C2:

Metric 1: NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.

Metric 2: NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.

Metric 3: NF has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes.

HHSC will conduct quarterly reviews of RN hours and development plans on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to staff payroll hours and ongoing recruitment and retention outcomes. Failure to participate in the review or to provide supporting records could result in a determination that C2 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k) General Provision.

Component Three (C3) – Minimum Data Set CMS Five-Star Quality Measures

C3 is open to all provider types, and funds are distributed quarterly. All three metrics relate to Minimum Data Set (MDS) quality metrics and are measured against fixed as well as facility-specific targets. HHSC designates three equally weighted quality metrics for C3:

Metric 1: (CMS N015.01) Percent of high-risk residents with pressure ulcers.

Metric 2: (CMS N031.02) Percent of residents who received an antipsychotic medication.

Metric 3: (CMS N035.02) Percent of residents whose ability to move independently has worsened.

For a quality metric to be considered “Met” in a quarter, the NF must perform equal to or better than its facility-specific target or equal to or better than the quality metric’s fixed benchmark.

Component Four (C4) – Infection Control Program

C4 is open only to NSGO providers, and funds are distributed quarterly. The first metric is a Five-Star MDS quality metric and is measured against quarterly targets in the same way as those in C3. HHSC designates three equally weighted quality metrics for C4.

Metric 1: (CMS N024.01) Percent of residents with a urinary tract infection.

Metric 2: Percent of residents whose pneumococcal vaccine is up to date.

Metric 3: Facility has an infection control program that includes antibiotic stewardship.

Facilities will report additional data elements each quarter for tracking purposes. Reporting these elements is mandatory, but the specific values reported will not factor into a facility meeting or not meeting the quality metric.

HHSC will conduct quarterly reviews of infection prevention and control documentation on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to the data elements listed for metrics two and three. Failure to participate in the review or to provide supporting records could result in a determination that C4 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k).

FY2020 STAR+PLUS Rating
Quality Incentive Payment Program (QIPP) Summary

MCOs (1)	Impacted Programs	SDA	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup, Molina, Superior	STAR+PLUS, Dual Demo	Bexar	\$ 47,392,375	54,994	\$ 861.77
Molina, Superior	STAR+PLUS, Dual Demo	Dallas	76,193,669	76,742	992.85
Amerigroup, Molina	STAR+PLUS, Dual Demo	El Paso	5,259,370	11,912	441.53
Amerigroup, Molina, United	STAR+PLUS, Dual Demo	Harris	87,365,677	93,584	933.55
HealthSpring, Molina, Hidalgo	STAR+PLUS, Dual Demo	Hidalgo	30,905,617	36,198	853.79
Amerigroup, Molina, United	STAR+PLUS	Jefferson	19,759,140	23,243	850.11
Amerigroup, Superior	STAR+PLUS	Lubbock	24,281,858	20,920	1,160.70
Superior, United	STAR+PLUS	Nueces	22,339,101	24,769	901.89
Amerigroup, HealthSpring	STAR+PLUS, Dual Demo	Tarrant	67,016,241	69,585	963.08
Amerigroup, United	STAR+PLUS	Travis	46,417,444	39,399	1,178.14
Superior, United	STAR+PLUS	MRSA Central	42,408,697	56,509	750.48
HealthSpring, United	STAR+PLUS	MRSA Northeast	66,933,746	73,617	909.22
Amerigroup, Superior	STAR+PLUS	MRSA West	63,726,368	60,303	1,056.77

Footnotes:

(1) All MCOs will participate with all QIPP providers in their SDAs.

(2) Based on the total funding available that is allocated by the number of historical Medicaid days for each facility.

(3) Based on HHSC most recent caseload forecast. Includes the following risk groups: (i) STAR+PLUS Medicaid Only Nursing Facility, (ii) STAR+PLUS Dual Eligible Nursing Facility, and (iii) Dual Demo Nursing Facility.

Attachment 10

Uniform Hospital Rate Increase Program

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. CMS approved HHSC's statewide implementation of the program on August 18, 2017 and the program was expanded statewide March 1, 2018. UHRIP is a Medicaid managed care hospital directed payment program authorized under federal regulation 42 CFR 438.6(c). UHRIP will increase the reimbursement to contracted hospitals by a level percentage that varies by hospital class. HHSC has identified the following classes of hospitals within each SDA and the rate increase for each:

<u>SDA</u>	<u>Children's</u>	<u>Non- Urban Public</u>	<u>Rural Private</u>	<u>Rural Public</u>	<u>State- owned</u>	<u>Urban Public</u>	<u>Other</u>
Bexar	26%	40%	40%	40%	0%	40%	40%
Dallas	21%	63%	63%	0%	63%	63%	63%
El Paso	2%	0%	0%	0%	0%	52%	52%
Harris	4%	73%	73%	29%	0%	70%	55%
Hidalgo	0%	0%	64%	64%	0%	0%	64%
Jefferson	0%	0%	65%	65%	0%	0%	65%
Lubbock	18%	0%	32%	32%	0%	60%	60%
Nueces	0%	62%	62%	62%	0%	62%	62%
Tarrant	53%	0%	53%	53%	0%	53%	53%
Travis	7%	58%	58%	0%	0%	58%	58%
MRSA Central	0%	0%	51%	51%	0%	0%	51%
MRSA Northeast	0%	0%	59%	22%	0%	0%	59%
MRSA West	0%	81%	30%	60%	0%	81%	60%

All MCOs within the SDA will be required to increase their reimbursement rates to contracted hospitals by the established percentage rate increase.

UHRIP will only apply to the STAR and STAR+PLUS Medicaid managed care programs. The UHRIP increase will apply to all services provided by a hospital with the following exceptions:

1. Services provided to members at a non-contracted facility.
2. Non-emergent services provided in an emergency room for non-rural facilities.
3. Services provided to a member at an out of area facility if the facility is located in a SDA in which the MCO does not participate in the STAR or STAR+PLUS program.
4. Services provided at an Institute for Mental Disease (IMD).

The percentage increases by hospital were determined by HHSC according to the following methodology:

Each SDA requests a specific percentage increase within the CMS-approved range for a hospital class (the percentage increase for each hospital class in an SDA must not exceed the rate increase range approved by CMS for each program period) and HHSC confirms the requested increase for the SDA class is no more than 95% of the Medicaid Shortfall threshold for that class. HHSC then calculates the final percentage rate increases by multiplying the calculated reduction factor by the requested SDA percentage rate increases that comply with the 95% Medicaid Shortfall

threshold. The reduction factor is calculated by dividing the budget neutrality room allotment by the respective actuarial forecast for each SDA.

In the Texas Medicaid program, the actuary is not involved in the development of provider fee schedules or reimbursement arrangements. The final UHRIP increases were determined by HHSC and the MCOs are mandated to include such increases in their provider reimbursement arrangements.

The impact of the UHRIP increase was then estimated by collecting the encounter data for all UHRIP-eligible facilities. Exclusions to the data were then applied based on the contracting status of the MCO, facility/member location and emergency room status. The UHRIP eligible claims were then increased by the applicable reimbursement change and the impact on the base period for each individual MCO was determined.

Exhibit A presents a summary of the derivation of the rating adjustment factors which have been calculated at the individual plan level due to variations in each MCO's network configuration. The adjustments have been calculated by applying the applicable percentage increase to each MCO's FY2018 encounter data. Unlike other adjustment factors which are applied at the community level, the UHRIP adjustment factors have been calculated at the individual plan level due to the fact that each MCO may have varying levels of utilization at each class of hospital and could be disadvantaged if their actual utilization is higher or lower than the SDA average for a given class.

Exhibit B presents a summary of the calculation of the UHRIP premium add-on rates by MCO for all risk groups. The add-on is calculated as an MCO-specific amount due to the varying impacts the mandated increases will have on expected reimbursement for each MCO. The add-on is calculated as the projected FY2020 claims increased by the applicable UHRIP adjustment factor plus provision for risk margin, taxes and administrative fees.

The UHRIP component of the rate includes separate administrative fees, taxes and risk margin from the medical and pharmacy components of the rate. These amounts are defined as follows:

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS)
- Premium Tax – 1.75% of premium
- Health Insurance Providers Fee Non-Exempt – 2.58% or 2.05% of premium
- Health Insurance Providers Fee Exempt – 0.0% of premium

The 2.5% administrative fee was developed based on discussions between HHSC, the MCOs and the contracted hospitals. While there is an expectation of increased administrative cost associated with UHRIP as a result of contract negotiations, claims processing and other system changes it is not expected that this increased burden will be significant. As a result, the standard 5.75% of premium applicable to the overall rate development was reduced to 2.5% for the UHRIP component only.

The 1.5% (STAR) or 1.75% (STAR+PLUS) risk margin is set equal to the risk margin used in the overall rate development.

The 1.75% premium tax remains unchanged from the overall rate development.

Unlike the rate development for the medical and pharmacy components of the rate, the UHRIP premium will include a provision for the ACA Health Insurance Providers Fee (HIPF) where applicable. The 2.58% was calculated as the national average health insurance providers fee for the period September 1, 2019 through August 31, 2020 as a percentage of net premiums grossed up for federal income tax and state premium tax. The 2.05% was calculated in a similar fashion but excludes the federal income tax impact for those MCOs to which federal income tax does not apply. All taxes and fees are included in the UHRIP premium to ensure all costs and taxes associated with the program can be supported by the total funds available. HHSC will reconcile the provision for the UHRIP portion of the HIPF to each MCO's actual HIPF liability.

The UHRIP premiums have been accounted for in the FY2020 STAR+PLUS rate development in a manner that is consistent with the pre-print that is currently under CMS review.

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	4,154,235	819,956	0	0	476,062	0	149,876	104,549	5,704,678
Molina	3,459,843	867,273	0	0	420,389	0	37,468	134,958	4,919,932
Superior	16,308,763	3,933,823	0	0	1,319,343	0	1,030,199	806,988	23,399,116
Bexar Total	23,922,840	5,621,053	0	0	2,215,794	0	1,217,543	1,046,495	34,023,725
Dallas SDA									
Molina	25,802,279	4,705,946	0	0	2,427,784	0	583,640	1,749,131	35,268,779
Superior	24,040,207	4,376,790	0	0	3,795,467	0	755,575	1,227,641	34,195,680
Dallas Total	49,842,486	9,082,735	0	0	6,223,250	0	1,339,215	2,976,772	69,464,459
El Paso SDA									
Amerigroup	4,488,166	706,694	0	0	205,299	0	225,906	373,502	5,999,567
Molina	3,753,037	1,371,905	0	0	188,668	0	110,168	210,106	5,633,884
El Paso Total	8,241,203	2,078,599	0	0	393,967	0	336,074	583,608	11,633,451
Harris SDA									
Amerigroup	31,136,598	5,701,188	0	0	1,858,968	0	834,939	1,462,179	40,993,872
Molina	7,609,714	1,978,516	0	0	725,244	0	203,966	594,917	11,112,357
United	35,289,231	5,739,784	0	0	2,149,668	0	937,778	1,713,032	45,829,493
Harris Total	74,035,542	13,419,488	0	0	4,733,880	0	1,976,684	3,770,128	97,935,721
Hidalgo SDA									
Health Spring	4,311,353	2,207,983	0	0	424,683	0	157,675	277,813	7,379,507
Molina	4,036,725	1,331,566	0	0	452,307	0	134,249	270,940	6,225,787
Superior	11,339,628	5,123,133	0	0	1,135,506	0	622,608	1,018,912	19,239,787
Hidalgo Total	19,687,706	8,662,682	0	0	2,012,496	0	914,533	1,567,665	32,845,081
Jefferson SDA									
Amerigroup	3,608,248	633,875	0	0	311,800	0	82,011	101,957	4,737,890
Molina	3,821,002	1,116,802	0	0	325,295	0	36,249	112,742	5,412,090
United	5,222,994	607,278	0	0	309,122	0	121,430	197,821	6,458,645
Jefferson Total	12,652,244	2,357,956	0	0	946,217	0	239,690	412,521	16,608,626

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	4,682,538	631,337	0	0	430,972	0	156,240	321,366	6,222,452
Superior	5,627,195	589,248	0	0	339,051	0	271,777	435,516	7,262,786
Lubbock Total	10,309,733	1,220,584	0	0	770,023	0	428,017	756,882	13,485,238
Nueces SDA									
Superior	6,312,258	2,097,861	0	0	625,334	0	166,199	478,103	9,679,754
United	6,583,233	1,105,678	0	0	422,206	0	171,910	258,282	8,541,309
Nueces Total	12,895,491	3,203,538	0	0	1,047,540	0	338,109	736,385	18,221,064
Tarrant SDA									
Amerigroup	23,604,127	3,907,697	0	0	2,814,921	0	811,368	894,129	32,032,241
Health Spring	7,529,968	1,101,098	0	0	799,024	0	219,905	156,984	9,806,978
Tarrant Total	31,134,094	5,008,795	0	0	3,613,944	0	1,031,273	1,051,112	41,839,219
Travis SDA									
Amerigroup	5,031,564	900,053	0	0	857,251	0	216,159	121,118	7,126,144
United	8,093,691	1,177,459	0	0	851,926	0	591,085	444,526	11,158,687
Travis Total	13,125,254	2,077,512	0	0	1,709,178	0	807,244	565,644	18,284,831
MRSA Central SDA									
Superior	12,448,342	1,708,073	0	0	1,087,823	0	414,047	727,353	16,385,638
United	7,621,234	608,468	0	0	863,657	0	178,938	252,539	9,524,836
Central Total	20,069,576	2,316,541	0	0	1,951,480	0	592,985	979,892	25,910,475
MRSA Northeast SDA									
Health Spring	12,548,815	3,310,616	0	0	1,661,957	0	363,867	539,102	18,424,358
United	14,319,701	2,506,718	0	0	1,616,643	0	446,007	449,296	19,338,364
Northeast Total	26,868,516	5,817,334	0	0	3,278,600	0	809,874	988,398	37,762,722
MRSA West SDA									
Amerigroup	7,176,537	1,013,549	0	0	1,125,667	0	137,818	263,782	9,717,352
Superior	13,371,791	2,008,150	0	0	1,375,616	0	552,234	680,349	17,988,139
West Total	20,548,328	3,021,698	0	0	2,501,283	0	690,051	944,130	27,705,491

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
FY2018 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,300,030	4,886,667	0	0	2,168,904	0	930,578	985,666	30,271,843
Molina	16,587,968	4,461,895	0	0	2,609,967	0	267,957	878,997	24,806,785
Superior	83,512,592	23,621,550	0	0	5,558,946	0	6,274,654	5,139,989	124,107,730
Bexar Total	121,400,590	32,970,111	0	0	10,337,817	0	7,473,189	7,004,651	179,186,358
Dallas SDA									
Molina	106,711,981	24,025,104	0	0	10,989,450	0	3,787,662	5,636,062	151,150,259
Superior	78,258,572	15,111,245	0	0	9,849,872	0	4,044,857	4,340,363	111,604,910
Dallas Total	184,970,553	39,136,348	0	0	20,839,322	0	7,832,519	9,976,426	262,755,168
El Paso SDA									
Amerigroup	24,551,208	5,036,349	0	0	704,237	0	1,831,360	2,023,551	34,146,705
Molina	17,988,890	6,998,956	0	0	815,599	0	970,970	1,217,832	27,992,247
El Paso Total	42,540,099	12,035,305	0	0	1,519,836	0	2,802,330	3,241,383	62,138,953
Harris SDA									
Amerigroup	118,069,719	21,368,580	0	0	6,941,200	0	5,176,376	5,064,899	156,620,774
Molina	33,471,616	10,173,929	0	0	3,173,923	0	1,471,625	3,276,651	51,567,744
United	141,863,250	27,567,649	0	0	7,999,601	0	5,958,530	10,825,895	194,214,925
Harris Total	293,404,585	59,110,158	0	0	18,114,724	0	12,606,531	19,167,444	402,403,443
Hidalgo SDA									
Health Spring	19,367,457	10,306,112	0	0	1,415,503	0	1,060,752	1,609,259	33,759,085
Molina	17,418,448	6,179,608	0	0	1,707,919	0	827,265	2,507,077	28,640,317
Superior	42,991,342	21,347,982	0	0	2,996,340	0	3,226,286	5,218,043	75,779,993
Hidalgo Total	79,777,247	37,833,702	0	0	6,119,761	0	5,114,304	9,334,380	138,179,394
Jefferson SDA									
Amerigroup	15,408,092	2,519,999	0	0	1,105,015	0	444,090	388,826	19,866,022
Molina	14,659,649	5,974,061	0	0	1,137,436	0	282,615	515,762	22,569,523
United	20,131,472	2,855,283	0	0	1,193,563	0	615,022	1,974,357	26,769,698
Jefferson Total	50,199,213	11,349,343	0	0	3,436,014	0	1,341,727	2,878,945	69,205,243

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	13,749,616	2,164,341	0	0	1,282,567	0	868,112	814,876	18,879,511
Superior	18,886,458	2,441,447	0	0	1,258,930	0	1,449,816	1,157,205	25,193,855
Lubbock Total	32,636,074	4,605,787	0	0	2,541,497	0	2,317,928	1,972,080	44,073,366
Nueces SDA									
Superior	20,172,088	6,838,572	0	0	1,710,122	0	894,043	2,364,487	31,979,311
United	19,519,502	4,108,978	0	0	1,131,541	0	675,343	1,160,881	26,596,246
Nueces Total	39,691,590	10,947,550	0	0	2,841,663	0	1,569,386	3,525,367	58,575,557
Tarrant SDA									
Amerigroup	82,297,032	17,274,050	0	0	9,077,159	0	4,578,577	6,956,878	120,183,695
Health Spring	28,951,348	4,905,218	0	0	2,992,319	0	1,502,661	1,420,979	39,772,524
Tarrant Total	111,248,380	22,179,268	0	0	12,069,478	0	6,081,237	8,377,857	159,956,220
Travis SDA									
Amerigroup	24,374,326	4,830,340	0	0	2,753,645	0	1,254,478	799,704	34,012,494
United	29,494,051	6,124,839	0	0	2,818,767	0	2,818,449	4,064,379	45,320,486
Travis Total	53,868,377	10,955,180	0	0	5,572,411	0	4,072,927	4,864,084	79,332,980
MRSA Central SDA									
Superior	43,618,808	6,286,627	0	0	3,562,277	0	2,254,427	2,781,355	58,503,494
United	25,437,123	2,884,649	0	0	3,463,735	0	678,592	1,064,025	33,528,125
Central Total	69,055,931	9,171,276	0	0	7,026,013	0	2,933,020	3,845,380	92,031,619
MRSA Northeast SDA									
Health Spring	47,387,187	13,628,422	0	0	5,358,841	0	1,994,742	2,774,313	71,143,504
United	52,782,330	10,330,550	0	0	5,206,984	0	1,881,945	4,249,075	74,450,884
Northeast Total	100,169,517	23,958,971	0	0	10,565,825	0	3,876,687	7,023,387	145,594,388
MRSA West SDA									
Amerigroup	24,552,384	4,609,296	0	0	3,195,863	0	900,831	1,442,210	34,700,584
Superior	46,062,584	7,845,919	0	0	4,329,656	0	3,163,730	3,407,332	64,809,221
West Total	70,614,968	12,455,215	0	0	7,525,519	0	4,064,560	4,849,542	99,509,805

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	19.50%	16.78%	0.00%	0.00%	21.95%	0.00%	16.11%	10.61%	18.84%
Molina	20.86%	19.44%	0.00%	0.00%	16.11%	0.00%	13.98%	15.35%	19.83%
Superior	19.53%	16.65%	0.00%	0.00%	23.73%	0.00%	16.42%	15.70%	18.85%
Bexar Total	19.71%	17.05%	0.00%	0.00%	21.43%	0.00%	16.29%	14.94%	18.99%
Dallas SDA									
Molina	24.18%	19.59%	0.00%	0.00%	22.09%	0.00%	15.41%	31.03%	23.33%
Superior	30.72%	28.96%	0.00%	0.00%	38.53%	0.00%	18.68%	28.28%	30.64%
Dallas Total	26.95%	23.21%	0.00%	0.00%	29.86%	0.00%	17.10%	29.84%	26.44%
El Paso SDA									
Amerigroup	18.28%	14.03%	0.00%	0.00%	29.15%	0.00%	12.34%	18.46%	17.57%
Molina	20.86%	19.60%	0.00%	0.00%	23.13%	0.00%	11.35%	17.25%	20.13%
El Paso Total	19.37%	17.27%	0.00%	0.00%	25.92%	0.00%	11.99%	18.00%	18.72%
Harris SDA									
Amerigroup	26.37%	26.68%	0.00%	0.00%	26.78%	0.00%	16.13%	28.87%	26.17%
Molina	22.73%	19.45%	0.00%	0.00%	22.85%	0.00%	13.86%	18.16%	21.55%
United	24.88%	20.82%	0.00%	0.00%	26.87%	0.00%	15.74%	15.82%	23.60%
Harris Total	25.23%	22.70%	0.00%	0.00%	26.13%	0.00%	15.68%	19.67%	24.34%
Hidalgo SDA									
Health Spring	22.26%	21.42%	0.00%	0.00%	30.00%	0.00%	14.86%	17.26%	21.86%
Molina	23.17%	21.55%	0.00%	0.00%	26.48%	0.00%	16.23%	10.81%	21.74%
Superior	26.38%	24.00%	0.00%	0.00%	37.90%	0.00%	19.30%	19.53%	25.39%
Hidalgo Total	24.68%	22.90%	0.00%	0.00%	32.89%	0.00%	17.88%	16.79%	23.77%
Jefferson SDA									
Amerigroup	23.42%	25.15%	0.00%	0.00%	28.22%	0.00%	18.47%	26.22%	23.85%
Molina	26.06%	18.69%	0.00%	0.00%	28.60%	0.00%	12.83%	21.86%	23.98%
United	25.94%	21.27%	0.00%	0.00%	25.90%	0.00%	19.74%	10.02%	24.13%
Jefferson Total	25.20%	20.78%	0.00%	0.00%	27.54%	0.00%	17.86%	14.33%	24.00%

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	34.06%	29.17%	0.00%	0.00%	33.60%	0.00%	18.00%	39.44%	32.96%
Superior	29.79%	24.14%	0.00%	0.00%	26.93%	0.00%	18.75%	37.64%	28.83%
Lubbock Total	31.59%	26.50%	0.00%	0.00%	30.30%	0.00%	18.47%	38.38%	30.60%
Nueces SDA									
Superior	31.29%	30.68%	0.00%	0.00%	36.57%	0.00%	18.59%	20.22%	30.27%
United	33.73%	26.91%	0.00%	0.00%	37.31%	0.00%	25.46%	22.25%	32.11%
Nueces Total	32.49%	29.26%	0.00%	0.00%	36.86%	0.00%	21.54%	20.89%	31.11%
Tarrant SDA									
Amerigroup	28.68%	22.62%	0.00%	0.00%	31.01%	0.00%	17.72%	12.85%	26.65%
Health Spring	26.01%	22.45%	0.00%	0.00%	26.70%	0.00%	14.63%	11.05%	24.66%
Tarrant Total	27.99%	22.58%	0.00%	0.00%	29.94%	0.00%	16.96%	12.55%	26.16%
Travis SDA									
Amerigroup	20.64%	18.63%	0.00%	0.00%	31.13%	0.00%	17.23%	15.15%	20.95%
United	27.44%	19.22%	0.00%	0.00%	30.22%	0.00%	20.97%	10.94%	24.62%
Travis Total	24.37%	18.96%	0.00%	0.00%	30.67%	0.00%	19.82%	11.63%	23.05%
MRSA Central SDA									
Superior	28.54%	27.17%	0.00%	0.00%	30.54%	0.00%	18.37%	26.15%	28.01%
United	29.96%	21.09%	0.00%	0.00%	24.93%	0.00%	26.37%	23.73%	28.41%
Central Total	29.06%	25.26%	0.00%	0.00%	27.78%	0.00%	20.22%	25.48%	28.15%
MRSA Northeast SDA									
Health Spring	26.48%	24.29%	0.00%	0.00%	31.01%	0.00%	18.24%	19.43%	25.90%
United	27.13%	24.27%	0.00%	0.00%	31.05%	0.00%	23.70%	10.57%	25.97%
Northeast Total	26.82%	24.28%	0.00%	0.00%	31.03%	0.00%	20.89%	14.07%	25.94%

FY2020 STAR+PLUS Rating - Medical
 UHRIP Adjustment
 Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	29.23%	21.99%	0.00%	0.00%	35.22%	0.00%	15.30%	18.29%	28.00%
Superior	29.03%	25.59%	0.00%	0.00%	31.77%	0.00%	17.46%	19.97%	27.76%
West Total	29.10%	24.26%	0.00%	0.00%	33.24%	0.00%	16.98%	19.47%	27.84%

Footnotes

- (1) Equals the cost impact from increased UHRIP reimbursement effective 9/1/2019.
 (2) Equals FY2018 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2018 Total Acute Care Incurred Claims.

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	476.32	1,607.61	0.00	0.00	1,388.83	0.00	304.23	1,944.90
Molina	595.06	1,469.22	0.00	0.00	1,491.82	0.00	208.84	1,583.77
Superior	555.85	1,315.19	0.00	0.00	1,321.68	0.00	415.54	1,859.84
Dallas SDA								
Molina	600.16	1,260.87	0.00	0.00	2,031.73	0.00	341.86	2,284.06
Superior	523.76	1,457.13	0.00	0.00	1,990.32	0.00	292.44	1,606.20
El Paso SDA								
Amerigroup	553.48	1,234.44	0.00	0.00	1,749.44	0.00	449.75	1,087.82
Molina	637.97	1,659.61	0.00	0.00	2,062.02	0.00	627.61	925.90
Harris SDA								
Amerigroup	610.67	1,817.73	0.00	0.00	1,780.37	0.00	333.33	1,659.39
Molina	633.00	1,963.87	0.00	0.00	2,031.96	0.00	376.75	2,609.56
United	671.65	1,632.99	0.00	0.00	1,453.80	0.00	298.72	1,616.39
Hidalgo SDA								
Health Spring	446.94	1,363.32	0.00	0.00	2,107.45	0.00	347.55	1,307.69
Molina	482.26	1,327.77	0.00	0.00	2,463.55	0.00	365.41	1,827.19
Superior	487.21	1,344.54	0.00	0.00	2,219.89	0.00	581.42	1,499.16
Jefferson SDA								
Amerigroup	477.62	1,422.91	0.00	0.00	1,272.68	0.00	505.54	1,162.82
Molina	590.72	1,759.98	0.00	0.00	1,619.20	0.00	356.82	1,512.66
United	596.73	1,778.47	0.00	0.00	1,228.98	0.00	277.01	1,881.05
Lubbock SDA								
Amerigroup	611.62	1,379.47	0.00	0.00	1,152.42	0.00	354.89	1,582.69
Superior	546.91	1,402.04	0.00	0.00	878.23	0.00	357.36	1,551.07
Nueces SDA								
Superior	486.02	1,115.14	0.00	0.00	1,383.23	0.00	336.57	1,861.14
United	520.77	1,075.70	0.00	0.00	918.48	0.00	291.81	1,513.05

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Tarrant SDA								
Amerigroup	589.65	1,475.73	0.00	0.00	1,498.01	0.00	283.91	1,911.90
Health Spring	617.90	1,890.48	0.00	0.00	1,470.29	0.00	248.79	1,691.19
Travis SDA								
Amerigroup	467.51	1,284.98	0.00	0.00	1,361.72	0.00	328.01	974.13
United	569.07	1,390.07	0.00	0.00	898.04	0.00	322.54	2,022.02
MRSA Central SDA								
Superior	526.17	1,216.26	0.00	0.00	1,048.02	0.00	327.13	2,221.06
United	568.89	1,350.33	0.00	0.00	1,046.14	0.00	297.58	2,090.02
MRSA Northeast SDA								
Health Spring	493.81	1,531.42	0.00	0.00	1,695.80	0.00	326.60	2,391.79
United	537.93	1,324.18	0.00	0.00	1,128.97	0.00	328.69	1,985.14
MRSA West SDA								
Amerigroup	488.49	1,436.24	0.00	0.00	1,334.69	0.00	275.17	1,181.83
Superior	526.94	1,379.56	0.00	0.00	1,321.27	0.00	344.73	1,845.20
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.1950	0.1678	0.0000	0.0000	0.2195	0.0000	0.1611	0.1061
Molina	0.2086	0.1944	0.0000	0.0000	0.1611	0.0000	0.1398	0.1535
Superior	0.1953	0.1665	0.0000	0.0000	0.2373	0.0000	0.1642	0.1570
Dallas SDA								
Molina	0.2418	0.1959	0.0000	0.0000	0.2209	0.0000	0.1541	0.3103
Superior	0.3072	0.2896	0.0000	0.0000	0.3853	0.0000	0.1868	0.2828
El Paso SDA								
Amerigroup	0.1828	0.1403	0.0000	0.0000	0.2915	0.0000	0.1234	0.1846
Molina	0.2086	0.1960	0.0000	0.0000	0.2313	0.0000	0.1135	0.1725

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.2637	0.2668	0.0000	0.0000	0.2678	0.0000	0.1613	0.2887
Molina	0.2273	0.1945	0.0000	0.0000	0.2285	0.0000	0.1386	0.1816
United	0.2488	0.2082	0.0000	0.0000	0.2687	0.0000	0.1574	0.1582
Hidalgo SDA								
Health Spring	0.2226	0.2142	0.0000	0.0000	0.3000	0.0000	0.1486	0.1726
Molina	0.2317	0.2155	0.0000	0.0000	0.2648	0.0000	0.1623	0.1081
Superior	0.2638	0.2400	0.0000	0.0000	0.3790	0.0000	0.1930	0.1953
Jefferson SDA								
Amerigroup	0.2342	0.2515	0.0000	0.0000	0.2822	0.0000	0.1847	0.2622
Molina	0.2606	0.1869	0.0000	0.0000	0.2860	0.0000	0.1283	0.2186
United	0.2594	0.2127	0.0000	0.0000	0.2590	0.0000	0.1974	0.1002
Lubbock SDA								
Amerigroup	0.3406	0.2917	0.0000	0.0000	0.3360	0.0000	0.1800	0.3944
Superior	0.2979	0.2414	0.0000	0.0000	0.2693	0.0000	0.1875	0.3764
Nueces SDA								
Superior	0.3129	0.3068	0.0000	0.0000	0.3657	0.0000	0.1859	0.2022
United	0.3373	0.2691	0.0000	0.0000	0.3731	0.0000	0.2546	0.2225
Tarrant SDA								
Amerigroup	0.2868	0.2262	0.0000	0.0000	0.3101	0.0000	0.1772	0.1285
Health Spring	0.2601	0.2245	0.0000	0.0000	0.2670	0.0000	0.1463	0.1105
Travis SDA								
Amerigroup	0.2064	0.1863	0.0000	0.0000	0.3113	0.0000	0.1723	0.1515
United	0.2744	0.1922	0.0000	0.0000	0.3022	0.0000	0.2097	0.1094
MRSA Central SDA								
Superior	0.2854	0.2717	0.0000	0.0000	0.3054	0.0000	0.1837	0.2615
United	0.2996	0.2109	0.0000	0.0000	0.2493	0.0000	0.2637	0.2373

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	0.2648	0.2429	0.0000	0.0000	0.3101	0.0000	0.1824	0.1943
United	0.2713	0.2427	0.0000	0.0000	0.3105	0.0000	0.2370	0.1057
MRSA West SDA								
Amerigroup	0.2923	0.2199	0.0000	0.0000	0.3522	0.0000	0.1530	0.1829
Superior	0.2903	0.2559	0.0000	0.0000	0.3177	0.0000	0.1746	0.1997
Non Benefit Component								
Risk Margin	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Admin. Fee	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %
Premium Tax	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Health Insurer Fee								
Non-Exempt	2.58 %	2.58 %	2.58 %	2.58 %	2.58 %	2.58 %	2.58 %	2.58 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
UHRIP Premium PMPM (3)								
Bexar SDA								
Amerigroup	101.60	295.07	0.00	0.00	333.46	0.00	53.61	225.72
Molina	135.78	312.42	0.00	0.00	262.89	0.00	31.94	265.92
Superior	118.75	239.53	0.00	0.00	343.07	0.00	74.64	319.40
Dallas SDA								
Molina	158.74	270.19	0.00	0.00	490.93	0.00	57.62	775.26
Superior	176.00	461.59	0.00	0.00	838.84	0.00	59.75	496.86
El Paso SDA								
Amerigroup	110.67	189.45	0.00	0.00	557.82	0.00	60.71	219.66
Molina	145.57	355.81	0.00	0.00	521.71	0.00	77.92	174.71
Harris SDA								
Amerigroup	176.15	530.49	0.00	0.00	521.53	0.00	58.81	524.03
Molina	157.38	417.82	0.00	0.00	507.88	0.00	57.12	518.37
United	177.77	361.69	0.00	0.00	415.57	0.00	50.02	272.03

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Hidalgo SDA								
Health Spring	108.83	319.43	0.00	0.00	691.57	0.00	56.49	246.89
Molina	122.23	312.99	0.00	0.00	713.57	0.00	64.87	216.06
Superior	140.59	352.98	0.00	0.00	920.30	0.00	122.75	320.27
Jefferson SDA								
Amerigroup	122.36	391.45	0.00	0.00	392.86	0.00	102.14	333.51
Molina	168.39	359.81	0.00	0.00	506.55	0.00	50.08	361.70
United	164.67	402.43	0.00	0.00	338.62	0.00	58.17	200.51
Lubbock SDA								
Amerigroup	227.87	440.16	0.00	0.00	423.55	0.00	69.87	682.80
Superior	178.22	370.22	0.00	0.00	258.70	0.00	73.29	638.62
Nueces SDA								
Superior	166.35	374.23	0.00	0.00	553.32	0.00	68.44	411.64
United	186.87	307.95	0.00	0.00	364.56	0.00	79.04	358.14
Tarrant SDA								
Amerigroup	184.98	365.14	0.00	0.00	508.13	0.00	55.03	268.74
Health Spring	175.80	464.24	0.00	0.00	429.41	0.00	39.81	204.42
Travis SDA								
Amerigroup	105.55	261.86	0.00	0.00	463.69	0.00	61.82	161.43
United	166.12	284.22	0.00	0.00	288.71	0.00	71.95	235.33
MRSA Central SDA								
Superior	164.26	361.47	0.00	0.00	350.10	0.00	65.73	635.32
United	181.32	302.96	0.00	0.00	277.45	0.00	83.48	527.62

FY2020 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	143.03	406.89	0.00	0.00	575.22	0.00	65.16	508.34
United	155.26	341.89	0.00	0.00	372.92	0.00	82.87	223.22
MRSA West SDA								
Amerigroup	156.19	345.47	0.00	0.00	514.19	0.00	46.05	236.44
Superior	167.33	386.16	0.00	0.00	459.16	0.00	65.84	403.07

Footnotes

- (1) Projected claims pmpm based on individual MCO rating described in Attachment 2.
(2) From Exhibit A.
(3) (1) x (2) divided by (1 - non-benefit component).

Attachment 11

Community First Choice Initiative (CFC)

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

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

The CFC services include:

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

As a result of CFC, Texas is eligible for an enhanced federal match rate on all CFC eligible services. The calculation of the CFC portion of the rate is based on an estimation of the CFC eligible services included in the STAR PLUS premium rate. This calculation involved the following steps:

- a. Collect a list of CFC eligible members which were enrolled in STAR+PLUS during FY2018.
- b. Using the detail encounter data, summarize all Personal Attendant Services (PAS) utilized by the CFC eligible membership.
- c. Determine the PAS utilization by CFC members as a percentage of total long term care claims during the FY2018 base period. This calculation is shown in Exhibit A.
- d. Apply the CFC eligible PAS percentages calculated in Exhibit A to the long term care portion of the premium to estimate the CFC portion of the premium. This calculation is shown in Exhibit B.

The implementation of CFC did not impact the Nursing Facility, IDD or MBCCP risk groups. The CFC portion of the total premium is \$0.00 pmpm for these populations.

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates
CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services (1)					
Amerigroup - Bexar	679,929	3,622,254	1,027,345	4,059,005	9,388,532
Molina - Bexar	394,245	3,165,129	645,699	6,835,321	11,040,395
Superior - Bexar	2,717,070	21,079,329	2,301,579	20,228,897	46,326,875
Molina - Dallas	1,549,498	18,129,561	1,509,743	26,676,486	47,865,288
Superior - Dallas	1,341,390	10,459,957	1,386,859	11,744,857	24,933,063
Amerigroup - El Paso	840,605	4,529,609	1,867,575	5,946,304	13,184,093
Molina - El Paso	545,672	5,797,674	1,301,926	9,657,389	17,302,660
Amerigroup - Harris	1,833,930	13,172,261	2,593,859	17,976,255	35,576,305
Molina - Harris	481,960	6,453,322	528,484	10,700,457	18,164,223
United - Harris	5,445,752	17,043,658	5,681,703	34,602,695	62,773,808
HealthSpring - Hidalgo	1,109,708	13,460,029	2,470,675	38,636,281	55,676,694
Molina - Hidalgo	870,368	7,699,845	2,298,724	28,668,953	39,537,891
Superior - Hidalgo	3,011,133	26,494,045	6,104,572	78,672,513	114,282,263
Amerigroup - Jefferson	211,957	1,793,201	269,630	2,661,042	4,935,831
Molina - Jefferson	457,814	3,253,682	722,408	4,860,411	9,294,315
United - Jefferson	382,609	1,407,643	215,697	1,217,611	3,223,561
Amerigroup - Lubbock	187,404	1,006,774	428,285	1,575,409	3,197,872
Superior - Lubbock	289,237	1,363,414	280,196	1,728,319	3,661,166
Superior - Nueces	968,933	7,834,443	1,371,056	13,984,892	24,159,324
United - Nueces	806,349	4,449,854	719,056	8,561,158	14,536,417
Amerigroup - Tarrant	1,905,094	11,921,095	3,351,067	10,966,970	28,144,227
HealthSpring - Tarrant	488,880	3,053,160	311,108	2,849,270	6,702,417
Amerigroup - Travis	654,306	5,048,559	1,021,351	7,947,871	14,672,087
United - Travis	1,263,927	3,507,225	1,388,271	6,348,102	12,507,525
Superior - MRSA Central	642,820	5,206,706	548,694	4,388,226	10,786,447
United - MRSA Central	722,337	2,124,732	1,250,192	4,627,757	8,725,018
Health Spring - MRSA Northeast	953,362	9,998,775	1,104,781	13,418,898	25,475,816
United - MRSA Northeast	2,220,995	6,177,611	2,028,233	10,348,283	20,775,123
Amerigroup - MRSA West	707,837	2,953,317	2,649,337	9,497,362	15,807,852
Superior - MRSA West	716,839	5,581,716	983,362	6,395,651	13,677,567
Total	34,401,959	227,788,584	48,361,465	405,782,645	716,334,654

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates
CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
FY2018 Total Long Term Care Claims Paid (2)					
Amerigroup - Bexar	7,792,491	5,042,670	14,415,139	11,037,210	38,287,509
Molina - Bexar	4,856,999	3,888,569	12,256,698	11,936,478	32,938,743
Superior - Bexar	29,655,961	30,180,110	33,857,509	35,663,370	129,356,951
Molina - Dallas	36,858,864	24,516,251	46,710,919	49,950,333	158,036,366
Superior - Dallas	21,396,471	14,938,767	26,760,661	24,913,835	88,009,734
Amerigroup - El Paso	9,499,361	5,932,295	31,036,586	11,510,574	57,978,816
Molina - El Paso	8,170,511	6,992,871	31,583,513	13,747,326	60,494,221
Amerigroup - Harris	30,088,971	19,138,122	52,711,343	32,060,133	133,998,568
Molina - Harris	8,914,546	8,585,459	15,700,716	15,606,896	48,807,618
United - Harris	53,976,075	34,370,428	80,684,318	63,938,249	232,969,070
HealthSpring - Hidalgo	27,525,679	16,196,237	91,601,771	67,230,003	202,553,690
Molina - Hidalgo	19,245,856	9,290,035	67,890,159	48,153,893	144,579,944
Superior - Hidalgo	55,651,167	35,538,134	173,314,688	135,680,003	400,183,991
Amerigroup - Jefferson	3,337,282	2,922,668	6,617,756	8,251,393	21,129,100
Molina - Jefferson	3,128,070	3,985,166	6,664,242	9,055,230	22,832,708
United - Jefferson	3,722,472	2,191,144	3,373,962	3,880,490	13,168,068
Amerigroup - Lubbock	1,041,131	1,420,998	2,948,958	4,859,590	10,270,677
Superior - Lubbock	1,902,796	1,946,847	2,890,086	3,837,257	10,576,985
Superior - Nueces	11,032,882	9,905,631	22,060,882	26,565,309	69,564,704
United - Nueces	11,973,573	6,353,435	16,575,756	23,602,195	58,504,959
Amerigroup - Tarrant	14,719,602	17,434,862	27,552,887	31,427,337	91,134,688
HealthSpring - Tarrant	6,123,688	4,196,878	7,846,822	8,342,679	26,510,067
Amerigroup - Travis	8,055,175	6,000,584	14,531,408	16,094,382	44,681,548
United - Travis	4,467,659	7,397,714	6,770,985	15,684,466	34,320,823
Superior - MRSA Central	7,260,469	6,895,275	8,656,509	10,042,616	32,854,868
United - MRSA Central	3,690,255	3,938,529	11,688,907	14,591,573	33,909,264
Health Spring - MRSA Northeast	8,971,167	13,119,748	13,753,164	34,051,501	69,895,581
United - MRSA Northeast	11,190,518	12,315,264	17,706,803	38,264,066	79,476,651
Amerigroup - MRSA West	3,799,266	4,243,755	19,108,443	22,811,272	49,962,735
Superior - MRSA West	7,370,228	8,218,905	16,542,873	17,657,503	49,789,509
Total	425,419,184	327,097,348	883,814,462	810,447,163	2,446,778,157

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates
CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services Percentage of Total Long Term Care					
Amerigroup - Bexar	8.73%	71.83%	7.13%	36.78%	24.52%
Molina - Bexar	8.12%	81.40%	5.27%	57.26%	33.52%
Superior - Bexar	9.16%	69.85%	6.80%	56.72%	35.81%
Molina - Dallas	4.20%	73.95%	3.23%	53.41%	30.29%
Superior - Dallas	6.27%	70.02%	5.18%	47.14%	28.33%
Amerigroup - El Paso	8.85%	76.36%	6.02%	51.66%	22.74%
Molina - El Paso	6.68%	82.91%	4.12%	70.25%	28.60%
Amerigroup - Harris	6.10%	68.83%	4.92%	56.07%	26.55%
Molina - Harris	5.41%	75.17%	3.37%	68.56%	37.22%
United - Harris	10.09%	49.59%	7.04%	54.12%	26.95%
HealthSpring - Hidalgo	4.03%	83.11%	2.70%	57.47%	27.49%
Molina - Hidalgo	4.52%	82.88%	3.39%	59.54%	27.35%
Superior - Hidalgo	5.41%	74.55%	3.52%	57.98%	28.56%
Amerigroup - Jefferson	6.35%	61.35%	4.07%	32.25%	23.36%
Molina - Jefferson	14.64%	81.64%	10.84%	53.68%	40.71%
United - Jefferson	10.28%	64.24%	6.39%	31.38%	24.48%
Amerigroup - Lubbock	18.00%	70.85%	14.52%	32.42%	31.14%
Superior - Lubbock	15.20%	70.03%	9.70%	45.04%	34.61%
Superior - Nueces	8.78%	79.09%	6.21%	52.64%	34.73%
United - Nueces	6.73%	70.04%	4.34%	36.27%	24.85%
Amerigroup - Tarrant	12.94%	68.38%	12.16%	34.90%	30.88%
HealthSpring - Tarrant	7.98%	72.75%	3.96%	34.15%	25.28%
Amerigroup - Travis	8.12%	84.13%	7.03%	49.38%	32.84%
United - Travis	28.29%	47.41%	20.50%	40.47%	36.44%
Superior - MRSA Central	8.85%	75.51%	6.34%	43.70%	32.83%
United - MRSA Central	19.57%	53.95%	10.70%	31.72%	25.73%
Health Spring - MRSA Northeast	10.63%	76.21%	8.03%	39.41%	36.45%
United - MRSA Northeast	19.85%	50.16%	11.45%	27.04%	26.14%
Amerigroup - MRSA West	18.63%	69.59%	13.86%	41.63%	31.64%
Superior - MRSA West	9.73%	67.91%	5.94%	36.22%	27.47%
Total	8.09%	69.64%	5.47%	50.07%	29.28%

Footnotes

(1) Equals FY2018 health plan fee-for-service claims for CFC eligible members (from Encounter database).

(2) Equals FY2018 health plan fee-for-service claims for all long term care services (from Encounter database).

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2019 (LTC Only)				
Amerigroup - Bexar	241.11	2,118.79	425.36	2,100.21
Molina - Bexar	285.96	1,709.47	428.54	2,054.87
Superior - Bexar	312.73	2,178.50	459.37	2,186.37
Molina - Dallas	311.88	1,653.17	434.83	1,917.28
Superior - Dallas	241.35	1,706.83	390.81	1,970.25
Amerigroup - El Paso	311.79	1,822.46	553.39	2,154.71
Molina - El Paso	396.62	1,872.95	639.71	2,256.24
Amerigroup - Harris	259.87	2,402.92	384.86	2,374.86
Molina - Harris	266.39	2,169.96	383.23	2,327.82
United - Harris	341.70	2,234.45	452.25	2,344.80
HealthSpring - Hidalgo	779.50	2,541.38	1,027.72	2,638.34
Molina - Hidalgo	715.19	2,463.37	925.59	2,571.62
Superior - Hidalgo	839.56	2,570.16	1,161.04	2,621.76
Amerigroup - Jefferson	184.84	1,795.50	319.08	1,886.51
Molina - Jefferson	206.69	1,584.00	301.57	1,763.20
United - Jefferson	193.26	1,486.90	232.20	1,601.02
Amerigroup - Lubbock	113.70	1,344.51	185.11	1,539.45
Superior - Lubbock	131.61	1,487.30	188.02	1,671.85
Superior - Nueces	404.26	2,028.07	590.28	2,214.00
United - Nueces	434.71	2,064.70	495.37	2,171.77
Amerigroup - Tarrant	175.94	1,927.80	354.97	1,916.98
HealthSpring - Tarrant	208.71	1,876.03	293.33	1,946.01
Amerigroup - Travis	273.44	2,525.83	391.25	2,059.89
United - Travis	180.93	2,373.69	212.68	2,032.47
Superior - MRSA Central	183.66	1,939.54	252.07	1,859.35
United - MRSA Central	163.53	2,177.65	262.40	1,979.29
Health Spring - MRSA Northeast	192.87	2,005.73	257.98	1,900.99
United - MRSA Northeast	212.20	1,815.93	284.55	1,680.28
Amerigroup - MRSA West	144.37	2,068.99	304.37	1,751.10
Superior - MRSA West	169.96	1,816.01	283.81	1,693.92

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services as a Percentage of FY2018 Base Period (1)				
Amerigroup - Bexar	8.7%	71.8%	7.1%	36.8%
Molina - Bexar	8.1%	81.4%	5.3%	57.3%
Superior - Bexar	9.2%	69.8%	6.8%	56.7%
Molina - Dallas	4.2%	73.9%	3.2%	53.4%
Superior - Dallas	6.3%	70.0%	5.2%	47.1%
Amerigroup - El Paso	8.8%	76.4%	6.0%	51.7%
Molina - El Paso	6.7%	82.9%	4.1%	70.2%
Amerigroup - Harris	6.1%	68.8%	4.9%	56.1%
Molina - Harris	5.4%	75.2%	3.4%	68.6%
United - Harris	10.1%	49.6%	7.0%	54.1%
HealthSpring - Hidalgo	4.0%	83.1%	2.7%	57.5%
Molina - Hidalgo	4.5%	82.9%	3.4%	59.5%
Superior - Hidalgo	5.4%	74.6%	3.5%	58.0%
Amerigroup - Jefferson	6.4%	61.4%	4.1%	32.2%
Molina - Jefferson	14.6%	81.6%	10.8%	53.7%
United - Jefferson	10.3%	64.2%	6.4%	31.4%
Amerigroup - Lubbock	18.0%	70.8%	14.5%	32.4%
Superior - Lubbock	15.2%	70.0%	9.7%	45.0%
Superior - Nueces	8.8%	79.1%	6.2%	52.6%
United - Nueces	6.7%	70.0%	4.3%	36.3%
Amerigroup - Tarrant	12.9%	68.4%	12.2%	34.9%
HealthSpring - Tarrant	8.0%	72.7%	4.0%	34.2%
Amerigroup - Travis	8.1%	84.1%	7.0%	49.4%
United - Travis	28.3%	47.4%	20.5%	40.5%
Superior - MRSA Central	8.9%	75.5%	6.3%	43.7%
United - MRSA Central	19.6%	53.9%	10.7%	31.7%
Health Spring - MRSA Northeast	10.6%	76.2%	8.0%	39.4%
United - MRSA Northeast	19.8%	50.2%	11.5%	27.0%
Amerigroup - MRSA West	18.6%	69.6%	13.9%	41.6%
Superior - MRSA West	9.7%	67.9%	5.9%	36.2%

(1) From Exhibit A.

FY2020 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	21.04	1,521.97	30.31	772.37
Molina - Bexar	23.21	1,391.44	22.58	1,176.70
Superior - Bexar	28.65	1,521.58	31.23	1,240.15
Molina - Dallas	13.11	1,222.51	14.05	1,023.94
Superior - Dallas	15.13	1,195.10	20.25	928.81
Amerigroup - El Paso	27.59	1,391.54	33.30	1,113.11
Molina - El Paso	26.49	1,552.83	26.37	1,584.99
Amerigroup - Harris	15.84	1,653.87	18.94	1,331.59
Molina - Harris	14.40	1,631.07	12.90	1,596.01
United - Harris	34.47	1,108.02	31.85	1,268.98
HealthSpring - Hidalgo	31.43	2,112.04	27.72	1,516.22
Molina - Hidalgo	32.34	2,041.71	31.34	1,531.04
Superior - Hidalgo	45.43	1,916.08	40.89	1,520.20
Amerigroup - Jefferson	11.74	1,101.63	13.00	608.39
Molina - Jefferson	30.25	1,293.25	32.69	946.40
United - Jefferson	19.86	955.22	14.84	502.36
Amerigroup - Lubbock	20.47	952.58	26.88	499.07
Superior - Lubbock	20.01	1,041.58	18.23	753.01
Superior - Nueces	35.50	1,604.02	36.69	1,165.53
United - Nueces	29.28	1,446.09	21.49	787.76
Amerigroup - Tarrant	22.77	1,318.13	43.17	668.95
HealthSpring - Tarrant	16.66	1,364.78	11.63	664.62
Amerigroup - Travis	22.21	2,125.09	27.50	1,017.23
United - Travis	51.19	1,125.36	43.61	822.62
Superior - MRSA Central	16.26	1,464.57	15.98	812.46
United - MRSA Central	32.01	1,174.78	28.07	627.74
Health Spring - MRSA Northeast	20.50	1,528.60	20.72	749.14
United - MRSA Northeast	42.12	910.91	32.59	454.42
Amerigroup - MRSA West	26.90	1,439.85	42.20	729.06
Superior - MRSA West	16.53	1,233.31	16.87	613.55

(2) LTC Premium multiplied by CFC eligible percentage.

Attachment 12

Pay for Quality Program

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

The table below provides a description of the at risk and bonus measures and the calendar year(s) to which each applies for each program.

At-Risk Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2020	2018 2019 2020	2020	2018 2019 2020
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019 2020		2018 2019 2020
Prenatal and Postpartum Care (PPC)		2018		
Well Child Visits in the First 15 months of Life (W15)		2018 2019 2020		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2020			
Controlling High Blood Pressure (CBP)	2020			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)	2018 2019 2020			
Cervical cancer screening (CCS)	2018 2019 2020			
Adolescent Well Care (AWC)			2020	2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			2020	2018 2019 2020
Follow-up After Hospitalization for Mental Illness (FUH)			2020	
Immunizations for Adolescents (IMA) Combination 2		2020		2020
Getting Specialized Services composite			2020	

Bonus Pool Measures

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

The medical P4Q program assesses MCOs based on three categories:

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

The performance against self and performance against benchmarks measures are the at-risk components of the program: MCOs can lose money based on their performance on these measures. Utilizing both the performance against self and performance against benchmarks rewards high performing MCOs while still incentivizing improvement regardless of current level

of performance. The total percent capitation earned/lost for each at-risk measure in a program is added to determine the total capitation earned/lost for each MCO across all at-risk measures for that program.

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

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

The maximum bonus or penalty in the P4Q program is 3.0%; however, the typical results are far below these limits. As a result, it is confirmed that any bonus payments will not exceed 105 percent of the capitation payments.

Historically the impact of the P4Q program on total premium has been immaterial. HHSC performed simulations on the 2014 and 2015 managed care data and the average impact by MCO was less 0.1%. As a result, we do not believe the P4Q program has a material impact on the premium rate development.

Attachment 13

FY2020 STAR+PLUS Rate Certification Index

The index below includes the pages of this report that correspond to the applicable sections of the 2019-2020 Medicaid Managed Care Rate Development Guide, dated March 2019.

Section I. Medicaid Managed Care Rates

1. General Information

A. Rate Development Standards

- i. Rates are for the period September 1, 2019 through August 31, 2020 (FY2020).
- ii.
 - (a) The certification letter is on page 18 of the report.
 - (b) The final capitation rates are shown on pages 16-17 of the report.
 - (c)
 - (i) See pages 1 and 4 through 6 of the report.
 - (ii) See page 1 of the report.
 - (iii) See page 1 of the report.
 - (iv) Not applicable. There have been no changes since the prior certification.
 - (v) Pages 236-240 (NAIP), 241-252 (QIPP), 253-268 (UHRIP) and 276-278 (P4Q).
 - (vi) Not applicable.
- iii. Acknowledged.
- iv. Acknowledged.
- v. Acknowledged.
- vi. Acknowledged.
- vii. Acknowledged.
- viii. Acknowledged.

- ix. Acknowledged.
- B. Appropriate Documentation
 - i. Acknowledged.
 - ii. Acknowledged.
 - iii. See pages 269 through 275 of the report.
 - iv. (a) See pages 20 through 42 of the report.

(b) Not applicable. All rating adjustment factors have been included in the report.

2. Data

- A. Rate Development Standards
 - i. (a) Acknowledged.

(b) Acknowledged.

(c) Acknowledged.

(d) Not applicable.
- B. Appropriate Documentation
 - i. (a) See pages 1 through 3 of the report.
 - ii. (a) See pages 1 through 3 of the report.

(b) See pages 2 through 3 of the report.

(c) See pages 2 through 3 of the report.

(d) Not applicable.
 - iii. (a) Base period data is fully credible.

(b) See page 4 of the report.

(c) No errors found in the data.

(d) See pages 178 through 212 of the report.

(e) Value added services and non-capitated services have been excluded from the analysis.

3. Projected benefit Costs and Trends

A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Acknowledged.
- v. See page 179 and pages 199 through 202 of the report.

B. Appropriate Documentation

- i. See pages 16 through 17 and Attachment 1 pages 20 through 42 of the report.
- ii. (a) See Attachment 3 pages 50 through 155 of the report.

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

(c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjust for in the submitted encounter data are excluded from the base period as a negative add-on payment.
- iii. (a) See Attachment 4 pages 156 through 177 of the report.

(b) See Attachment 4 pages 156 through 177 of the report.

(c) See Attachment 4 pages 156 through 177 of the report.

(d) See Attachment 4 pages 156 through 177 of the report.

(e) Not applicable.

iv. Not applicable.

v. The STAR+PLUS program stipulates the following 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.

The cost for in lieu of services are not tracked from other services and are included in the rate development and are not treated differently than any other category of service. Historically these services have made up roughly 1.0% of total base period claims.

vi. (a) 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.

(b) All claims paid during retroactive enrollment periods are included in the base period data used to develop the FY2020 premium rate.

(c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2020 premium rate.

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

vii. See Attachment 5 pages 178 through 212 of the report.

- viii. See Attachment 5 pages 178 through 212 of the report.

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

See Attachment 12 pages 276 through 278 of the report.

B. Withhold Arrangements

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

See Attachment 12 pages 276 through 278 of the report.

C. Risk-Sharing Arrangements

- i. Rate Development Standards

Not applicable.

- ii. Appropriate Documentation

HHSC includes an experience rebate provision in its uniform managed care contracts which requires the MCOs to return a portion of net income before taxes if greater than the specified percentages. The net income is measured by the financial statistical reports (FSRs) submitted by the MCOs and audited by an external auditor. Net income is aggregated across all programs and service delivery areas. The aggregated net income is shared as follows:

Pre-tax Income as a % of Revenues	MCO Share	HHSC Share
$\leq 3\%$	100%	0%
$> 3\%$ and $\leq 5\%$	80%	20%
$> 5\%$ and $\leq 7\%$	60%	40%
$> 7\%$ and $\leq 9\%$	40%	60%
$> 9\%$ and $\leq 12\%$	20%	80%
$> 12\%$	0%	100%

D. Delivery System and Provider Payment Initiatives

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 19 pages 241 through 252 and Attachment 10 pages 253 through 268 of the report for a description of the QIPP and UHRIP programs. See Attachment 1 page 42 for the estimated value of these programs.

E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 8 pages 236 through 240.

(b) See Attachment 8 pages 236 through 240.

5. Projected Non-Benefit Costs

A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

iii. Acknowledged.

iv. Acknowledged.

B. Appropriate Documentation

- i. See page 15 of the report.
- ii. See page 15 of the report.
- iii. (a) See page 15 of the report.

(c) Not applicable.

(d) Not applicable.

(e) See page 15 of the report.

(f) See Attachment 1 pages 20 through 42 of the report.

(g) See page 15 of the report

6. Risk Adjustment and Acuity Adjustments

A. Rate Development Standards

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

B. Appropriate Documentation

- i. See Attachments 6 and 7 pages 213 through 235 of the report.
- ii. Not applicable, risk adjustment is only applied on a prospective basis.
- iii. No material changes have been made to the risk adjustment model applied to acute care or long term care other than annual updates of the data since the last rating period. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).
- iv. See Attachments 6 and 7 pages 213 through 235 of the report.

Section II. Medicaid Managed Care Rates with Long-Term Services and Supports

1. Managed Long-Term Services and Supports

- A. Acknowledged.
- B. Long term care rate development follows the same methodology as all other services described throughout the report.
- C. Appropriate Documentation
 - i. (a) Rates are set for the risk groups specified on page 5 of the report. This is a “non-blended” approach.
 - (b) Rate cells are specified on page 5 of the report. Description of the rate setting methodology is included in Attachment 3 pages 50 through 155 of the report. All trend analysis and other adjustment factors follow the same methodology as described throughout the report.
 - (c) Not applicable.
 - (d) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
 - (e) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
 - ii. The development of the administrative cost is described on page 15 of the report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the report.
 - iii. The rate setting is based on historical managed care data for all services, including long term care. The managed care data is fully credible and therefore no reliance is necessary on outside studies or research.