

# Rudd and Wisdom, Inc.

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May 25, 2022

Ms. Rachel Butler  
Chief Actuary  
Health and Human Services Commission  
4601 West Guadalupe  
Austin, Texas 78751

Re: STAR+PLUS Rate Amendment UMCC 529-12-0002 V2.35.1, STAR+PLUS Expansion 529-10-0020 V1.39.1, STAR+PLUS MRSA 529-13-0042 V1.24.1 and HHS001106500001

Dear Ms. Butler:

This letter amends the report titled State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting State Fiscal Year 2022 and dated July 8, 2021 which was amended in the letter titled STAR+PLUS Rate Amendment and dated November 4, 2021. In addition, this letter replaces in its entirety the amendment letter dated January 10, 2022. The amended FY2022 capitation rates were developed using identical methods and assumptions as the rates described in the original report. The amended rates are assumed to be payable for three distinct time periods (1) September 1, 2021 through December 31, 2021; (2) January 1, 2022 through February 28, 2022 and (3) March 1, 2022 through August 31, 2022.

### **A. Summary of the Revisions**

The following sections detail all changes implemented since the original certification and indicates where further information regarding the changes can be found.

#### Molina Acquisition of Cigna (Health Spring)

Effective January 1, 2022 Molina Healthcare acquired Cigna's Texas Medicaid and Medicare-Medicaid Plan (MMP) in all service delivery areas in which Cigna (Health Spring) currently operates. For the STAR+PLUS program this includes the Hidalgo, Tarrant and MRSA Northeast service delivery areas (SDAs). Details of the impact of this acquisition can be found in the STAR+PLUS rate amendment letter dated November 4, 2021. In summary, Molina will assume the membership and capitation rates of all Health Spring populations. In the Hidalgo SDA, where both MCOs previously operated, the premium rates will be blended together based on the enrollment distribution of the two health plans. This change did not impact the premium rates for any other MCO operating in the STAR+PLUS program and did not impact the overall projected cost.

## ARPA Reimbursement Increases

HHSC is providing additional payments to support providers' attendant and direct care staff recruitment and retention efforts under the terms of HHSC's spending plan for the American Rescue Plan Act (ARPA). Enhanced payments will impact attendant care services, nursing services and Home and Community-Based Services (HCBS) effective March 1, 2022 through August 31, 2022. These reimbursement changes have been updated since the January 10, 2022 amendment which triggers the replacement of that amendment with the rates described in this report.

## Outpatient Behavioral Health Reimbursement Change

Effective March 1, 2022 HHSC adjusted the reimbursement rates for certain outpatient behavioral health services. This item remains unchanged from the January 10, 2022 amendment.

## Nursing Facility Reimbursement Increase

Effective April 1, 2020 HHSC increased reimbursement to nursing facilities as a result of the public health emergency. Managed care plan reimbursement to nursing facilities traditionally mirrors Medicaid Fee-For-Service fee schedule changes. The increase in FFS fee schedules will result in increased cost to the managed care plans as their payments to nursing facilities will increase. The original report assumed that this reimbursement increase would be in effect until December 31, 2021. It is now known that this reimbursement increase will continue through August 31, 2022. As a result, the FY2022 capitation rates must be adjusted to properly reflect the increased reimbursement applied to nursing facilities.

## CHIRP

CHIRP is a Directed Payment Program (DPP) for hospitals providing healthcare services to adults and children enrolled in STAR and STAR+PLUS. Eligible hospitals include children's hospitals, rural hospitals, mental health hospitals, state-owned hospitals, and urban hospitals. CHIRP includes two components:

- Component 1: CHIRP continues to provide a uniform rate enhancement similar to UHRIP.
- Component 2: CHIRP's Average Commercial Incentive Award (ACIA) payment component allows participating providers to earn higher reimbursement rates based upon a percentage of the estimated average commercial reimbursement.

Retroactive to September 1, 2021 the CHIRP increases have been revised in order to cap payments at a 90 percent aggregate Average Commercial Reimbursement (ACR) for the hospital class.

HHSC has identified the following classes of hospitals within each SDA and the Component 1 (UHRIP) rate increase for each which is applicable to the period September 1, 2021 through August 31, 2022:

## 1. Inpatient

<u>SDA</u>	<u>Children's</u>	<u>Non-State-Owned</u>		<u>State-Owned</u>		<u>Urban</u>
		<u>IMD</u>	<u>Rural</u>	<u>IMD</u>	<u>Non-IMD</u>	
Bexar	48%	9%	63%	38%	0%	49%
Dallas	59%	32%	26%	289%	97%	68%
El Paso	11%	13%	0%	77%	0%	11%
Harris	31%	22%	6%	0%	17%	189%
Hidalgo	0%	14%	0%	6%	0%	74%
Jefferson	0%	0%	0%	0%	0%	84%
Lubbock	0%	0%	67%	0%	0%	0%
Nueces	30%	0%	19%	0%	0%	30%
Tarrant	10%	29%	0%	0%	0%	77%
Travis	0%	44%	18%	452%	0%	40%
MRSA Central	0%	59%	10%	0%	0%	50%
MRSA Northeast	0%	0%	0%	0%	0%	60%
MRSA West	0%	23%	3%	111%	0%	40%

## 2. Outpatient

<u>SDA</u>	<u>Children's</u>	<u>Non-State-Owned</u>		<u>State-Owned</u>		<u>Urban</u>
		<u>IMD</u>	<u>Rural</u>	<u>IMD</u>	<u>Non-IMD</u>	
Bexar	52%	0%	18%	0%	0%	57%
Dallas	0%	0%	60%	0%	134%	39%
El Paso	129%	0%	0%	0%	0%	56%
Harris	1%	0%	46%	0%	40%	41%
Hidalgo	0%	0%	11%	0%	0%	58%
Jefferson	0%	0%	25%	0%	0%	113%
Lubbock	55%	0%	50%	0%	0%	79%
Nueces	11%	0%	16%	0%	0%	81%
Tarrant	14%	0%	71%	0%	0%	66%
Travis	41%	0%	18%	0%	0%	120%
MRSA Central	0%	0%	12%	0%	0%	109%
MRSA Northeast	0%	0%	32%	0%	54%	122%
MRSA West	0%	0%	21%	0%	0%	93%

The Component 2 (ACIA) rate increases vary by hospital and are also separated for inpatient and outpatient services.

Given that the CHIRP add-on is calculated as a function of projected acute care claims, the reimbursement adjustments effective March 1, 2022 result in a slight change in the CHIRP premiums effective the same date. There are no other changes to the CHIRP program associated with this amendment. This item remains unchanged from the January 10, 2022 amendment.

## **B. Report Amendments**

This section of the letter details the amendments to the original actuarial report.

### ***Section I. Introduction***

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

### ***Section II. Overview of Rate Setting Methodology***

The rates have been calculated for the same service delivery areas, risk groups and services as outlined in the original report using the same general methodology.

The only differences between the rating methodology outlined in the original report and this amendment are:

- Molina will assume the FY2022 premium rates as calculated for the Tarrant and MRSA Northeast SDAs and the Hidalgo SDA rates for Molina are set equal to the weighted average of the Molina and Cigna (Health Spring) FY2022 premium rates.
- Update to the nursing facility reimbursement increase effective September 1, 2021 through August 31, 2022
- Inclusion of the two reimbursement changes effective March 1, 2022.
- Application of the updated CHIRP increases.

### ***Section III. Adjustment Factors***

The following language has been edited or added to this section.

#### ***Nursing Facility Reimbursement Increase***

Effective April 1, 2020 HHSC increased reimbursement to nursing facilities as a result of the public health emergency. Managed care plan reimbursement to nursing facilities traditionally mirrors Medicaid Fee-For-Service fee schedule changes. The increase in FFS fee schedules will result in increased cost to the managed care plans as their payments to nursing facilities will increase. The reimbursement increase is assumed to be in effect through August 31, 2022. Exhibit L - Revised of Attachment 5 presents a summary of the derivation of these adjustment factors.

#### ***March 1, 2022 Reimbursement Changes***

Effective March 1, 2022 HHSC will make reimbursement changes for certain attendant care, nursing, HCBS waiver and outpatient behavioral health services.

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) section has been updated to read:

The UHRIP component of the CHIRP program increases the reimbursement to contracted hospitals by a level percentage that varies by inpatient, outpatient and hospital class. The ACIA component of the CHIRP program increases the reimbursement to contracted hospitals by a hospital specific percentage that varies by inpatient and outpatient. All MCOs are required to increase their reimbursement rates to contracted hospitals by the established percentage rate

increases. Attachment 10 - Revised presents the development of the CHIRP add-on amounts to be included in the capitation rates effective September 1, 2021 along with additional information concerning the CHIRP program.

***Section IV. Administrative Fees, Taxes and Risk Margin***

No changes applicable to this section.

***Section V. Summary***

The tables in this section are replaced in their entirety with the following three tables for the periods: (1) September 1, 2021 through December 31, 2021; (2) January 1, 2022 through February 28, 2022 and (3) March 1, 2022 through August 31, 2022.

**Period 1: September 1, 2021 through December 31, 2021**

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,744.60	\$5,396.48	\$475.99	\$2,304.23
Molina - Bexar	1,829.82	5,272.52	480.13	2,160.68
Superior - Bexar	1,934.91	5,893.04	506.47	2,408.41
Molina - Dallas	2,058.97	5,407.88	496.27	2,108.46
Superior - Dallas	2,062.38	6,027.00	417.36	2,113.15
Amerigroup - El Paso	2,003.88	5,363.80	592.33	2,336.57
Molina - El Paso	2,150.10	5,483.77	670.56	2,344.44
Amerigroup - Harris	2,161.72	7,162.80	406.37	2,707.66
Molina - Harris	1,879.95	6,337.11	416.57	2,649.68
United - Harris	2,341.48	6,571.14	454.58	2,516.16
Health Spring - Hidalgo	2,233.68	5,868.76	1,066.84	2,802.14
Molina - Hidalgo	2,226.88	5,776.77	984.79	2,762.50
Superior - Hidalgo	2,396.68	6,146.85	1,185.53	2,803.81
Amerigroup - Jefferson	1,685.83	6,179.00	356.91	2,057.28
Molina - Jefferson	1,687.67	5,319.98	331.79	1,994.11
United - Jefferson	1,942.79	5,440.29	261.30	1,916.71
Amerigroup - Lubbock	1,794.38	4,975.70	221.34	1,683.88
Superior - Lubbock	1,614.58	4,928.14	222.46	1,865.97
Superior - Nueces	1,786.63	5,359.63	634.07	2,367.14
United - Nueces	2,101.58	5,493.48	595.00	2,309.42
Amerigroup - Tarrant	2,038.94	6,118.93	383.34	2,013.79
Health Spring - Tarrant	1,811.23	6,137.11	304.37	2,201.55
Amerigroup - Travis	1,759.39	6,572.13	399.55	2,289.91
United - Travis	1,873.92	6,349.54	254.18	2,236.67
Superior - MRSA Central	1,638.09	5,837.67	297.95	2,067.02
United - MRSA Central	1,736.63	6,193.64	313.89	2,062.41
Health Spring - MRSA Northeast	1,615.55	5,588.53	301.38	2,025.41
United - MRSA Northeast	1,795.47	5,887.82	327.01	1,732.19
Amerigroup - MRSA West	1,732.95	6,091.78	347.92	1,875.67
Superior - MRSA West	1,747.80	5,567.17	294.48	1,902.26

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,833.78	\$7,156.57	\$1,236.83	\$4,980.10
Molina - Bexar	10,338.30	7,156.57	1,247.56	5,327.50
Superior - Bexar	10,761.25	7,156.57	1,468.31	4,332.78
Molina - Dallas	11,422.59	7,208.57	1,148.77	4,135.67
Superior - Dallas	13,109.74	7,208.57	1,233.70	6,558.39
Amerigroup - El Paso	10,899.54	6,603.52	1,830.42	4,158.37
Molina - El Paso	11,917.58	6,603.52	1,999.99	3,685.65
Amerigroup - Harris	12,183.89	7,055.70	1,386.57	5,303.54
Molina - Harris	10,929.02	7,055.70	1,128.95	4,408.15
United - Harris	11,517.49	7,055.70	1,521.76	5,005.63
Health Spring - Hidalgo	11,704.06	7,477.06	1,157.76	3,182.10
Molina - Hidalgo	12,082.31	7,477.06	1,155.92	4,701.21
Superior - Hidalgo	12,670.64	7,477.06	1,543.17	4,526.04
Amerigroup - Jefferson	10,751.27	6,528.77	1,278.46	5,005.86
Molina - Jefferson	10,568.18	6,528.77	1,015.48	4,839.11
United - Jefferson	10,387.70	6,528.77	1,244.22	5,609.75
Amerigroup - Lubbock	10,086.63	6,939.02	1,199.06	7,257.38
Superior - Lubbock	10,113.54	6,939.02	1,175.10	5,445.43
Superior - Nueces	9,939.82	7,174.34	1,227.36	4,221.06
United - Nueces	9,734.66	7,174.34	1,307.31	4,072.70
Amerigroup - Tarrant	11,313.40	6,841.79	1,343.07	4,714.48
Health Spring - Tarrant	10,713.79	6,841.79	1,026.93	4,611.91
Amerigroup - Travis	10,670.48	7,485.93	1,336.80	3,400.74
United - Travis	10,783.40	7,485.93	1,355.34	4,599.05
Superior - MRSA Central	10,314.16	6,936.94	1,277.87	5,321.33
United - MRSA Central	9,988.78	6,936.94	1,382.04	6,223.05
Health Spring - MRSA Northeast	10,947.97	6,748.88	1,098.27	5,016.01
United - MRSA Northeast	10,610.60	6,748.88	1,236.38	4,035.99
Amerigroup - MRSA West	10,987.84	6,913.74	1,356.78	3,830.73
Superior - MRSA West	10,626.34	6,913.74	1,462.24	4,742.45

**Period 2: January 1, 2022 through February 28, 2022**

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,744.60	\$5,396.48	\$475.99	\$2,304.23
Molina - Bexar	1,829.82	5,272.52	480.13	2,160.68
Superior - Bexar	1,934.91	5,893.04	506.47	2,408.41
Molina - Dallas	2,058.97	5,407.88	496.27	2,108.46
Superior - Dallas	2,062.38	6,027.00	417.36	2,113.15
Amerigroup - El Paso	2,003.88	5,363.80	592.33	2,336.57
Molina - El Paso	2,150.10	5,483.77	670.56	2,344.44
Amerigroup - Harris	2,161.72	7,162.80	406.37	2,707.66
Molina - Harris	1,879.95	6,337.11	416.57	2,649.68
United - Harris	2,341.48	6,571.14	454.58	2,516.16
Molina - Hidalgo (formerly Health Spring)	2,230.57	5,821.54	1,028.19	2,783.21
Molina - Hidalgo	2,230.57	5,821.54	1,028.19	2,783.21
Superior - Hidalgo	2,396.68	6,146.85	1,185.53	2,803.81
Amerigroup - Jefferson	1,685.83	6,179.00	356.91	2,057.28
Molina - Jefferson	1,687.67	5,319.98	331.79	1,994.11
United - Jefferson	1,942.79	5,440.29	261.30	1,916.71
Amerigroup - Lubbock	1,794.38	4,975.70	221.34	1,683.88
Superior - Lubbock	1,614.58	4,928.14	222.46	1,865.97
Superior - Nueces	1,786.63	5,359.63	634.07	2,367.14
United - Nueces	2,101.58	5,493.48	595.00	2,309.42
Amerigroup - Tarrant	2,038.94	6,118.93	383.34	2,013.79
Molina - Tarrant (formerly Health Spring)	1,811.23	6,137.11	304.37	2,201.55
Amerigroup - Travis	1,759.39	6,572.13	399.55	2,289.91
United - Travis	1,873.92	6,349.54	254.18	2,236.67
Superior - MRSA Central	1,638.09	5,837.67	297.95	2,067.02
United - MRSA Central	1,736.63	6,193.64	313.89	2,062.41
Molina - MRSA Northeast (formerly Health Spring)	1,615.55	5,588.53	301.38	2,025.41
United - MRSA Northeast	1,795.47	5,887.82	327.01	1,732.19
Amerigroup - MRSA West	1,732.95	6,091.78	347.92	1,875.67
Superior - MRSA West	1,747.80	5,567.17	294.48	1,902.26



Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,833.78	\$7,156.57	\$1,236.83	\$4,980.10
Molina - Bexar	10,338.30	7,156.57	1,247.56	5,327.50
Superior - Bexar	10,761.25	7,156.57	1,468.31	4,332.78
Molina - Dallas	11,422.59	7,208.57	1,148.77	4,135.67
Superior - Dallas	13,109.74	7,208.57	1,233.70	6,558.39
Amerigroup - El Paso	10,899.54	6,603.52	1,830.42	4,158.37
Molina - El Paso	11,917.58	6,603.52	1,999.99	3,685.65
Amerigroup - Harris	12,183.89	7,055.70	1,386.57	5,303.54
Molina - Harris	10,929.02	7,055.70	1,128.95	4,408.15
United - Harris	11,517.49	7,055.70	1,521.76	5,005.63
Molina - Hidalgo (formerly Health Spring)	11,904.16	7,477.06	1,156.92	4,063.13
Molina - Hidalgo	11,904.16	7,477.06	1,156.92	4,063.13
Superior - Hidalgo	12,670.64	7,477.06	1,543.17	4,526.04
Amerigroup - Jefferson	10,751.27	6,528.77	1,278.46	5,005.86
Molina - Jefferson	10,568.18	6,528.77	1,015.48	4,839.11
United - Jefferson	10,387.70	6,528.77	1,244.22	5,609.75
Amerigroup - Lubbock	10,086.63	6,939.02	1,199.06	7,257.38
Superior - Lubbock	10,113.54	6,939.02	1,175.10	5,445.43
Superior - Nueces	9,939.82	7,174.34	1,227.36	4,221.06
United - Nueces	9,734.66	7,174.34	1,307.31	4,072.70
Amerigroup - Tarrant	11,313.40	6,841.79	1,343.07	4,714.48
Molina - Tarrant (formerly Health Spring)	10,713.79	6,841.79	1,026.93	4,611.91
Amerigroup - Travis	10,670.48	7,485.93	1,336.80	3,400.74
United - Travis	10,783.40	7,485.93	1,355.34	4,599.05
Superior - MRSA Central	10,314.16	6,936.94	1,277.87	5,321.33
United - MRSA Central	9,988.78	6,936.94	1,382.04	6,223.05
Molina - MRSA Northeast (formerly Health Spring)	10,947.97	6,748.88	1,098.27	5,016.01
United - MRSA Northeast	10,610.60	6,748.88	1,236.38	4,035.99
Amerigroup - MRSA West	10,987.84	6,913.74	1,356.78	3,830.73
Superior - MRSA West	10,626.34	6,913.74	1,462.24	4,742.45

**Period 3: March 1, 2022 through August 31, 2022**

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,803.86	\$5,824.79	\$573.77	\$2,779.96
Molina - Bexar	1,897.67	5,662.12	578.78	2,606.18
Superior - Bexar	2,005.86	6,360.22	610.69	2,906.09
Molina - Dallas	2,140.69	5,798.07	600.04	2,543.87
Superior - Dallas	2,119.73	6,430.55	504.09	2,549.55
Amerigroup - El Paso	2,087.72	5,906.39	732.55	2,869.97
Molina - El Paso	2,253.62	5,993.48	829.63	2,879.66
Amerigroup - Harris	2,234.51	7,822.95	495.48	3,292.88
Molina - Harris	1,954.83	6,983.13	507.99	3,222.22
United - Harris	2,427.10	7,171.62	554.58	3,059.51
Molina - Hidalgo (formerly Health Spring)	2,425.09	6,542.96	1,276.14	3,456.39
Molina - Hidalgo	2,425.09	6,542.96	1,276.14	3,456.39
Superior - Hidalgo	2,605.80	6,877.79	1,471.82	3,482.02
Amerigroup - Jefferson	1,729.11	6,671.95	426.38	2,483.82
Molina - Jefferson	1,738.66	5,752.57	396.01	2,407.04
United - Jefferson	1,987.49	5,870.06	310.80	2,312.96
Amerigroup - Lubbock	1,813.82	5,233.43	250.64	1,981.38
Superior - Lubbock	1,636.12	5,196.23	251.93	2,197.45
Superior - Nueces	1,881.32	5,879.40	773.45	2,895.53
United - Nueces	2,212.71	6,019.64	725.51	2,824.63
Amerigroup - Tarrant	2,082.36	6,554.02	460.15	2,411.59
Molina - Tarrant (formerly Health Spring)	1,855.04	6,583.63	364.62	2,637.24
Amerigroup - Travis	1,820.27	7,166.75	472.09	2,716.92
United - Travis	1,920.81	6,900.71	298.93	2,653.46
Superior - MRSA Central	1,674.81	6,296.01	344.75	2,472.80
United - MRSA Central	1,771.90	6,658.32	363.55	2,467.25
Molina - MRSA Northeast (formerly Health Spring)	1,661.96	6,102.37	354.73	2,449.03
United - MRSA Northeast	1,844.99	6,368.39	385.26	2,092.74
Amerigroup - MRSA West	1,761.14	6,464.44	410.95	2,247.77
Superior - MRSA West	1,776.44	5,918.64	347.09	2,279.83

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,849.30	\$7,157.02	\$1,239.29	\$4,993.87
Molina - Bexar	10,351.68	7,157.02	1,249.99	5,341.40
Superior - Bexar	10,776.43	7,157.02	1,471.27	4,346.41
Molina - Dallas	11,442.04	7,209.88	1,149.23	4,159.79
Superior - Dallas	13,135.53	7,209.88	1,234.30	6,583.17
Amerigroup - El Paso	10,915.56	6,608.73	1,831.17	4,182.66
Molina - El Paso	11,935.59	6,608.73	2,000.83	3,709.91
Amerigroup - Harris	12,203.55	7,057.92	1,388.37	5,324.63
Molina - Harris	10,943.87	7,057.92	1,130.33	4,429.09
United - Harris	11,534.37	7,057.92	1,523.69	5,026.64
Molina - Hidalgo (formerly Health Spring)	11,928.61	7,481.63	1,157.68	4,168.49
Molina - Hidalgo	11,928.61	7,481.63	1,157.68	4,168.49
Superior - Hidalgo	12,696.34	7,481.63	1,544.24	4,631.50
Amerigroup - Jefferson	10,763.75	6,529.58	1,279.91	5,016.19
Molina - Jefferson	10,579.97	6,529.58	1,016.49	4,849.44
United - Jefferson	10,398.68	6,529.58	1,245.47	5,620.12
Amerigroup - Lubbock	10,094.27	6,939.44	1,202.59	7,272.89
Superior - Lubbock	10,121.21	6,939.44	1,178.56	5,460.25
Superior - Nueces	9,949.51	7,175.27	1,229.40	4,261.32
United - Nueces	9,743.81	7,175.27	1,309.36	4,112.90
Amerigroup - Tarrant	11,338.23	6,842.63	1,344.53	4,726.29
Molina - Tarrant (formerly Health Spring)	10,735.39	6,842.63	1,027.99	4,623.71
Amerigroup - Travis	10,680.18	7,486.82	1,339.08	3,420.44
United - Travis	10,793.39	7,486.82	1,357.36	4,618.91
Superior - MRSA Central	10,322.15	6,937.38	1,280.88	5,338.45
United - MRSA Central	9,995.89	6,937.38	1,385.34	6,240.36
Molina - MRSA Northeast (formerly Health Spring)	10,963.09	6,749.31	1,099.79	5,034.83
United - MRSA Northeast	10,624.43	6,749.31	1,238.12	4,054.65
Amerigroup - MRSA West	10,992.57	6,914.16	1,360.31	3,839.97
Superior - MRSA West	10,630.61	6,914.16	1,466.17	4,751.92

**Section VI. Actuarial Certification of FY2022 STAR+PLUS Health Plan Premium Rates**

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

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of the STAR+PLUS premium rates for the period September 1, 2021 through August 31, 2022 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the amended FY2022 premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

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

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

The assumptions, methodologies and factors used in developing the certified capitation rates are based on valid rate development standards and represent actual cost differences in providing covered services to the covered populations, and these differences do not vary with the rate of FFP associated with the covered populations. All rates have been developed based on the actual managed care experience of the covered populations. Any services subject to varying FFP have been separately identified and documented throughout this report.

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



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



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



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



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

## ***Section VII. Attachments***

The following sections indicate any revisions applicable to each of the attachments in the original actuarial report dated July 8, 2021 and the amendment letter dated November 4, 2021.

### ***Attachment 1 - Summary of FY2022 STAR+PLUS Rating Analysis***

Exhibit A Revised. This exhibit presents summary information regarding the FY2022 rates. Included on the exhibit are current (previously submitted rates effective September 1, 2021) premium rates split between medical (acute care and long-term care), prescription drug, NEMT, NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS rates; Revised September 1, 2021 through August 31, 2022 average premium rates split between medical (acute care and long-term care), prescription drug, NEMT, NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS rates and a comparison of the current and revised premium rates. The revised average premium rates are the average of the three time periods with effective dates (1) September 1, 2021; (2) January 1, 2022 and (3) March 1, 2022.

Exhibit B Revised. This exhibit presents a comparison of the projected expenditures under the current (previously submitted rates effective September 1, 2021) premium rates and the revised September 1, 2021 through August 31, 2022 premium rates. The projection is split by each component.

Exhibit C Revised. This exhibit provides the details of the blending of the Molina and Cigna (Health Spring) capitation rates in the Hidalgo SDA. The FY2022 capitation rates have been blended into a single rate based on the enrollment distribution of the two MCOs that were combined effective January 1, 2022. This adjustment is budget neutral.

Exhibit D Revised. This exhibit provides the rates separately for the three time periods split by component. The averages shown in Exhibit A Revised are based on a simple average of these three time periods.

The reasons for the rate changes shown in Exhibit A Revised are due the four items previously discussed:

- Molina acquisition of Health Spring.
- Two reimbursement changes effective March 1, 2022.
- Nursing facility reimbursement change extending through August 31, 2022.
- CHIRP revisions effective September 1, 2021.

There are no other changes to the premium rates.

### ***Attachment 2 - Individual Health Plan Experience Analysis***

No changes applicable to this section.

### ***Attachment 3 - Community Experience Analysis***

Attachment 3 Revised includes the community rating exhibits for the medical component of the rate development for all risk groups in each SDA. This Attachment has been revised and separated into two components:

- Attachment 3 – Revised
- Attachment 3 – Revised Mid-Year

The only change to these exhibits is the application of the revised Acute Care Non-Inpatient and Long Term Care adjustment factors as discussed in Attachment 5 – Exhibits L-Revised, S-Revised and T-Revised. The exhibits Attachment 3 – Revised are applicable to the period September 1, 2021 through February 28, 2022 while the exhibits Attachment 3 – Revised Mid-Year are applicable to the period March 1, 2022 through August 31, 2022. The only differences between the two sets of exhibits are the application of the two adjustment factors which are effective March 1, 2022 through August 31, 2022. There have been no changes to the Pharmacy or NEMT rating exhibits.

### ***Attachment 4 - Trend Analysis***

No changes applicable to this section.

### ***Attachment 5 - Provider Reimbursement Eligibility Changes and Benefit Revisions***

The following language has been edited or added to this section.

Effective April 1, 2020, HHSC increased the reimbursement for nursing facilities. This increase is assumed to be in place through August 31, 2022. Exhibit L-Revised presents a summary of the derivation of the rating adjustment factors.

Effective March 1, 2022 through August 31, 2022 HHSC will implement reimbursement increases for certain personal attendant, nursing and HCBS waiver services. Exhibit S-Revised presents a summary of the derivation of the rating adjustment factors.

Effective March 1, 2022 HHSC will make revisions to the reimbursement for outpatient behavioral health services. Exhibit T-Revised presents a summary of the derivation of the rating adjustment factors.

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

**Heading**

**Attachment 5 Exhibits**

Acute Care – Non Inpatient	F, G, H, and I.1
Acute Care – Inpatient	A, B, C, D and E
Wrap & Carve-Out Removal	J and O.1
Long Term Care	K and L-Revised
Other – NF Eligibility	M.1

The key below includes a description of where each adjustment has been included in Attachments 3 – Revised Mid-Year.

**Heading**

**Attachment 5 Exhibits**

Acute Care – Non Inpatient	F, G, H, I.1 and T-Revised
Acute Care – Inpatient	A, B, C, D and E
Wrap & Carve-Out Removal	J and O.1
Long Term Care	K, L-Revised and S-Revised
Other – NF Eligibility	M.1

***Attachment 6 – Acuity Risk Adjustment – Acute Care***

There have been no changes to this section.

***Attachment 7 – Acuity Risk Adjustment – Long Term Care***

There have been no changes to this section.

***Attachment 8 – Network Access Improvement Program (NAIP)***

There have been no changes to this section.

***Attachment 9 – Quality Incentive Payment Program (QIPP)***

No changes applicable to this section.

***Attachment 10 – Comprehensive Hospital Increase Reimbursement Program (CHIRP)***

Comprehensive Hospital Increase Reimbursement Program (CHIRP)

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. Effective September 1, 2021 UHRIP will be replaced by the Comprehensive Hospital Increase Reimbursement Program (CHIRP).

CHIRP is comprised of two components, (1) Uniform Hospital Rate Increase Payment (UHRIP)

and (2) Average Commercial Incentive Award (ACIA). Payments from managed care organizations to qualified hospitals will be a directed uniform rate increase above the negotiated rate. The percentage increase will be uniform for hospitals within a class within a service delivery area (SDA), but increases may vary between classes of hospitals due to the choice to participate in the optional ACIA component.

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

CHIRP will only apply to the STAR and STAR+PLUS Medicaid managed care programs. The CHIRP 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. Outpatient services provided at an Institute for Mental Disease (IMD).
5. Service provided at an IMD to members over age 21 and under age 65.
6. Claims for COVID-19 testing, diagnosis, or treatment.

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

- The total value of the provider's UHRIP component will be equal to a percentage of the estimated Medicare gap on a per class basis. Allocation of funds across hospital classes will be proportional to the combined Medicare gap of each hospital class within an SDA to the total Medicare gap of all hospital classes within the SDA.
- The total value of provider's ACIA will be equal to a percentage of the ACR gap less payments received under UHRIP, on a per provider basis, capping payments at a 90 percent aggregate Average Commercial Reimbursement (ACR) for the hospital class.

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

The impact of the CHIRP increases was then estimated by collecting the encounter data for all CHIRP-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 CHIRP 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 - Revised is a detailed summary of the CHIRP which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.



Exhibit B - Revised 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 March 2019 through February 2020 encounter data. Unlike other adjustment factors which are applied at the community level, the CHIRP 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 C.1 – Revised and Exhibit C.2 - Revised present a summary of the calculation of the CHIRP premium add-on rates by MCO for all risk groups for the two periods (1) September 1, 2021 through February 28, 2022 and (2) March 1, 2022 through August 31, 2022. 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 FY2022 claims increased by the applicable CHIRP adjustment factor plus provision for risk margin, taxes and administrative fees.

The CHIRP component of the rate includes separate administrative fees, taxes and risk margin from the other 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

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 CHIRP 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 5.25% of premium applicable to the overall rate development was reduced to 2.5% for the CHIRP component.

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.

Exhibit D.1 - Revised and Exhibit D.2 - Revised present a summary of the CHIRP premium add-on rates split between the UHRIP and ACIA components for the two periods (1) September 1, 2021 through February 28, 2022 and (2) March 1, 2022 through August 31, 2022. Attachment 1 Exhibit C - Revised includes the blended CHIRP component of the premium rate for the Molina and former Cigna populations in the Hidalgo SDA.

The revised CHIRP premiums have been accounted for in the FY2022 rate development in a manner that is consistent with the pre-print that is currently under CMS review.

As a result of the reimbursement changes effective March 1, 2022, the CHIRP premiums will also be adjusted effective this same date.

***Attachment 11 – Texas Incentive for Physicians and Professional Services Program (TIPPS)***

The only change to this section is that Exhibit A is a revised detailed summary of the TIPPS which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments based on follow up questions from CMS regarding the DPP programs. There are no other changes to this section and the rates calculated in the original report require no further revisions.

***Attachment 12 – Directed Payment Program for Behavioral Health Services Program (DPP BHS)***

No changes applicable to this section.

***Attachment 13 – Rural Access to Primary and Preventative Services Program (RAPPS)***

The only change to this section is that Exhibit A is a revised detailed summary of the RAPPS which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments. based on follow up questions from CMS regarding the DPP programs. There are no other changes to this section and the rates calculated in the original report require no further revisions.

***Attachment 14 – Community First Choice Initiative (CFC)***

There are three changes applicable to this section:

- The application of the nursing facility reimbursement changes for the full year which impact the long term care component of the capitation rate. Exhibit B.1 – Revised presents the calculation of the CFC component of the rates for the period September 1, 2021 through February 28, 2022.
- The application of the March 1, 2022 reimbursement changes which impact the long term care component of the capitation rate. Exhibit B.2 – Revised presents the calculation of the CFC component of the rates for the period March 1, 2022 through August 31, 2022.
- The blending of the Molina and Cigna (Health Spring) rates in the Hidalgo SDA for the period January 1, 2022 through August 31, 2022. Attachment 1 Exhibit C - Revised includes the blended CFC component of the long-term care rate for the Molina and former Cigna populations in the Hidalgo SDA.

***Attachment 15– Pay for Quality Program***

There have been no changes to this section.

***Attachment 16 - FY2022 STAR+PLUS Rate Certification Index***

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

## Section I. Medicaid Managed Care Rates

### 1. General Information

#### A. Rate Development Standards

- i. Rate ranges are not being utilized in this rate development.
- ii. Rates are for the period September 1, 2021 through August 31, 2022. The rates vary by time period as specified on pages 6-11.
- iii. (a) The certification letter is on page 12 of the amendment letter.  
(b) The final capitation rates are shown on pages 6-11 of the amendment letter.  
(c) (i) See pages 1 and 4-6 of the original report.  
(ii) The rates included in this amendment are for the period September 1, 2021 through August 31, 2022 and vary by time period as specified.  
(iii) See page 1 of the original report.  
(iv) Not applicable. There have been no changes since the prior certification.  
(v) Pages 306-317 of the original report (NAIP); 318-327 of the original report (QIPP); 328-352 of the original report, 15-17 and 264-295 of the amendment letter (CHIRP); 353-370 of the original report and 296-301 of the amendment letter (TIPPS); 371-387 of the original report (DPP BHS); 388-403 of the original report and 302-306 of the amendment letter (RAPPS) and 411-413 (P4Q) of the original report.  
(vi) (A) The rationale for the adjustments is included on pages 1-3 of the amendment letter.  
(B) The adjustments were calculated in a consistent manner with all other adjustment factors. The calculations of these adjustments are included in Attachment 5 – Revised and Attachment 10 – Revised.  
(C) A de minimis adjustment has not been made to the rates prior to this Amendment.  
(D) The differences are listed on pages 1-3 of the amendment letter.
- iv. Acknowledged.
- v. Acknowledged.

- vi. Acknowledged.
- vii. Acknowledged.
- viii. Not applicable.
- ix. Not applicable.
- x. Acknowledged.
- xi. Acknowledged.
- xii. See pages 4, 8, 9, 16 and 17 of the original report for discussion on how COVID-19 and PHE have been accounted for in the FY2022 rate development.
- xiii. Acknowledged.

B. Appropriate Documentation

- i. The actuary is certifying capitation rates. See pages 6-11 of the amendment letter.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 12 of the amendment letter.
- vii. See pages 404-410 of the original report and pages 18 and 307-312 of the amendment letter.
- viii. (a) See Attachment 1 Revised pages 31-101 of the amendment letter.  
  
(b) Not applicable. All rating adjustment factors have been included in the original report and the amendment letter.  
  
(c) FY2021 rates were not adjusted by a *de minimis* amount using the authority in 42 C.F.R 438.7(c)(3).
- ix. Not applicable. There are no known amendments at this time.

- x. (a) Texas Medicaid Managed Care data has been studied for all programs, risk groups and service delivery areas through December 2020 to study the impact of COVID and the PHE.  
  
(b) See pages 16 and 17 of the original report.  
  
(c) See pages 16 and 17 of the original report. Similar to the prior rating period we are not making a prospective adjustment to the FY2022 capitation rates as the STAR+PLUS impact is expected to be minimal. In addition, the experience rebate provisions have been tightened to limit the possibility of excessive profits in FY2022.

## 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 original report.
- ii. (a) See pages 1 through 3 of the original report.  
  
(b) See pages 2 through 3 of the original report.  
  
(c) See pages 2 through 3 of the original report.  
  
(d) Not applicable.
- iii. (a) Base period data is fully credible.  
  
(b) See page 4 of the original report.  
  
(c) No errors found in the data.  
  
(d) See pages 235-280 of the original report and pages 258-263 of the amendment letter.

(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. See page 236 and pages 255-258 of the original report.

#### B. Appropriate Documentation

- i. See pages 6-11 and Attachment 1 Revised pages 31-101 of the amendment letter.
- ii. (a) See Attachment 3 pages 62-208 of the original report and Attachment 3 Revised pages 102-257 of the amendment letter.  
  
(b) The only changes in the development of the benefit cost since the last certification. are those outlined on pages 1 through 2 of the amendment letter.  
  
(c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjusted for in the submitted encounter data are excluded from the base period as a negative add-on payment.
- iii. (a) See Attachment 4 pages 209-234 of the original report.  
  
(b) See Attachment 4 pages 209-234 of the original report.  
  
(c) See Attachment 4 pages 209-234 of the original report.  
  
(d) See Attachment 4 pages 209-234 of the original 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 is not tracked from other services and are included in the rate development and are not treated differently than any other category of service.

- 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 FY2022 premium rate.
- (c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2022 premium rate.
- (d) No adjustments are necessary to account for retroactive enrollment periods because the enrollment criteria have not changed from the base period to the rating period. All retroactive enrollment and claims information has been included in the base period data, the trend calculations and all other adjustment factors.
- vii. See Attachment 5 pages 235-280 of the original report and pages 258-263 of the amendment letter.
- viii. See Attachment 5 pages 235-280 of the original report and pages 258-263 of the amendment letter.

#### 4. Special Contract Provisions Related to Payment

##### A. Incentive Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 15 pages 411-413 of the original report.

##### B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 15 pages 411-413 of the original report.

##### C. Risk-Sharing Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

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



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

D. State Directed Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) The tables below provide the requested information. Further information on each program can be found in Attachment 9 (QIPP), Attachment 10 Revised (CHIRP), Attachment 11 Revised (TIPPS), Attachment 12 (DPP BHS) and Attachment 13 Revised (RAPPS).

i. See table below

<b>Control name of the state directed payment</b>	<b>Type of payment</b>	<b>Brief description</b>	<b>Is the payment included as a rate adjustment or a separate payment term</b>
Quality Incentive Payment Program (QIPP)	PMPM payment	Allocation based on total program funding distributed by proportion of Medicaid days.	Adjustment applied to base capitation rates and included in monthly premium.
Comprehensive Hospital Increase Reimbursement Program (CHIRP)	Uniform % rate increase. Two components (i) UHRIP and (ii) ACIA	UHRIP - Equal to a percentage of the estimated Medicare gap on a per class basis. ACIA - equal to a percentage of the ACR gap less payments received under UHRIP, on a per provider basis.	Adjustment applied to base capitation rates and included in monthly premium.
Texas Incentive for Physician and Professional Services (TIPPS)	Per member per month payment and uniform % increase for certain procedure codes.	PMPM payment and uniform rate increase developed through comparison of MCO reimbursement and ACR.	Adjustment applied to base capitation rates and included in monthly premium.
The Directed Payment Program for Behavioral Health Services (DPP BHS)	Uniform dollar increases and uniform % increases.	Payment and uniform rate increase developed through comparison of MCO reimbursement and ACR.	Adjustment applied to base capitation rates and included in monthly premium.
The Rural Access to Primary and Preventive Services (RAPPS)	Uniform dollar increases and uniform % increases.	Payment and uniform rate increase developed through comparison of MCO reimbursement and ACR.	Adjustment applied to base capitation rates and included in monthly premium.

ii. See table below

<b>Control name of the state directed payment</b>	<b>Rate cells affected</b>	<b>Impact</b>	<b>Description of the adjustment</b>	<b>Confirmation the rates are consistent with the preprint</b>	<b>For maximum fee schedules, provide the information requested in (E) below</b>
Quality Incentive Payment Program (QIPP)	STAR+PLUS – nursing facility risk groups	Attachment 1 – Exhibit A Revised and Attachment 9	See attachment 9	Confirmed	Not applicable
Comprehensive Hospital Increase Reimbursement Program (CHIRP)	STAR – all risk groups STAR+PLUS – all non-dual risk groups	Attachment 1 – Exhibit A Revised and Attachment 10 Revised	See attachment 10 Revised	Confirmed	Not applicable
Texas Incentive for Physician and Professional Services (TIPPS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 11	See Attachment 11 Revised	Confirmed	Not applicable
The Directed Payment Program for Behavioral Health Services (DPP BHS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 12	See Attachment 12	Confirmed	Not applicable
The Rural Access to Primary and Preventive Services (RAPPS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 13	See Attachment 13 Revised	Confirmed	Not applicable

iii. Not applicable.

(b) A minimum fee schedule for nursing facility reimbursement is a statutory requirement per Texas Government Section Code 533.00251(c). This requirement has been in place since nursing facility services were carved into the STAR+PLUS program on March 1, 2015. Reimbursement as a result of this minimum fee schedule is reflected in the historical nursing facility claims data used as the base period and all other rating analysis and requires no further adjustments in the FY2022 rate development.

(c) Confirmed.

E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 8 pages 306 through 317 of the original report.

(b) See Attachment 8 pages 306 through 317 of the original report.

(c) See Attachment 8 pages 306 through 317 of the original report.

(d) Not applicable.

**5. Projected Non-Benefit Costs**

A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

B. Appropriate Documentation

i. See page 18 of the original report.

ii. See page 18 of the original report.

iii. See page 18 of the original 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 281-305 of the original 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 281-305 of the original 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 original report. This is a “non-blended” approach.  
  
(b) Rate cells are specified on page 5 of the original report. Description of the rate setting methodology is included in Attachment 3 pages 62 through 208 of the original 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 18 of the original report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the original 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.

### **Section III. New Adult Group Capitation Rates**

Not Applicable.

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	622.20	1,507.75	0.00	0.00	1,622.95	0.00	480.61	3,061.33
Molina - Bexar	628.84	1,529.50	0.00	0.00	1,464.41	0.00	493.09	2,884.90
Superior - Bexar	665.83	1,616.81	0.00	0.00	1,613.56	0.00	567.69	2,573.14
Molina - Dallas	696.93	1,500.45	0.00	0.00	2,093.75	0.00	448.05	2,344.75
Superior - Dallas	690.34	1,668.72	0.00	0.00	2,270.63	0.00	482.66	3,261.60
Amerigroup - El Paso	688.42	1,464.97	0.00	0.00	2,281.57	0.00	718.77	2,178.99
Molina - El Paso	694.05	1,503.23	0.00	0.00	2,392.55	0.00	760.72	2,017.36
Amerigroup - Harris	737.40	1,873.24	0.00	0.00	1,927.68	0.00	469.08	2,759.03
Molina - Harris	661.90	1,621.48	0.00	0.00	1,757.13	0.00	406.92	2,521.54
United - Harris	808.81	1,950.44	0.00	0.00	1,964.37	0.00	528.11	2,893.91
Health Spring - Hidalgo	610.75	1,408.98	0.00	0.00	2,524.86	0.00	540.98	1,578.12
Molina - Hidalgo	630.19	1,325.00	0.00	0.00	2,378.57	0.00	553.71	2,381.86
Superior - Hidalgo	675.52	1,484.89	0.00	0.00	2,958.09	0.00	688.75	2,146.70
Amerigroup - Jefferson	611.76	1,968.33	0.00	0.00	1,626.84	0.00	407.63	2,892.94
Molina - Jefferson	612.35	1,606.23	0.00	0.00	1,661.67	0.00	356.08	2,546.07
United - Jefferson	725.87	1,779.81	0.00	0.00	1,820.85	0.00	429.69	3,189.96
Amerigroup - Lubbock	733.18	1,630.00	0.00	0.00	1,454.49	0.00	473.94	2,583.16
Superior - Lubbock	690.48	1,688.92	0.00	0.00	1,567.11	0.00	503.03	2,436.71
Superior - Nueces	574.01	1,468.50	0.00	0.00	1,319.79	0.00	537.37	2,303.34
United - Nueces	654.48	1,489.26	0.00	0.00	1,294.55	0.00	524.21	2,333.39
Amerigroup - Tarrant	733.38	1,704.83	0.00	0.00	1,842.83	0.00	505.81	2,599.39
Health Spring - Tarrant	643.83	1,694.01	0.00	0.00	1,656.73	0.00	410.58	2,588.94
Amerigroup - Travis	610.23	1,487.43	0.00	0.00	1,027.97	0.00	393.05	1,952.65
United - Travis	647.72	1,571.30	0.00	0.00	1,122.81	0.00	454.54	2,733.77
Superior - MRSA Central	639.84	1,614.90	0.00	0.00	1,520.03	0.00	520.92	2,556.14
United - MRSA Central	666.61	1,791.22	0.00	0.00	1,430.95	0.00	557.46	3,004.83
Health Spring - MRSA Northeast	583.15	1,445.41	0.00	0.00	1,808.26	0.00	446.83	2,779.41
United - MRSA Northeast	659.94	1,699.37	0.00	0.00	1,741.03	0.00	503.58	2,393.22
Amerigroup - MRSA West	653.02	1,881.46	0.00	0.00	1,704.24	0.00	556.06	2,236.08
Superior - MRSA West	666.06	1,681.45	0.00	0.00	1,689.03	0.00	586.79	2,671.49

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	279.48	2,124.92	462.50	2,255.49	5,080.14	4,825.67	0.00	108.62
Molina - Bexar	320.24	1,931.87	466.64	2,112.13	5,080.14	4,825.67	0.00	108.62
Superior - Bexar	334.89	2,317.48	492.97	2,359.54	5,080.14	4,825.67	0.00	108.62
Molina - Dallas	365.99	1,942.30	480.43	2,058.38	4,909.61	4,664.25	0.00	146.05
Superior - Dallas	256.14	2,008.00	401.55	2,063.06	4,909.61	4,664.25	0.00	146.05
Amerigroup - El Paso	349.53	2,170.89	582.46	2,297.32	5,136.68	4,994.88	0.00	129.01
Molina - El Paso	431.92	2,038.69	660.69	2,305.17	5,136.68	4,994.88	0.00	129.01
Amerigroup - Harris	303.57	2,821.49	395.01	2,673.13	5,211.77	4,695.17	0.00	117.27
Molina - Harris	313.07	2,762.37	405.21	2,615.22	5,211.77	4,695.17	0.00	117.27
United - Harris	357.54	2,567.16	443.21	2,481.87	5,211.77	4,695.17	0.00	117.27
Health Spring - Hidalgo	817.41	2,911.71	1,055.88	2,772.03	5,046.49	5,372.97	0.00	452.60
Molina - Hidalgo	758.40	2,811.15	973.84	2,732.40	5,046.49	5,372.97	0.00	452.60
Superior - Hidalgo	849.80	2,897.64	1,174.55	2,773.70	5,046.49	5,372.97	0.00	452.60
Amerigroup - Jefferson	198.22	2,201.52	332.37	1,977.11	4,804.68	4,282.23	0.00	86.09
Molina - Jefferson	233.96	1,931.84	307.26	1,914.03	4,804.68	4,282.23	0.00	86.09
United - Jefferson	204.57	1,919.41	236.81	1,836.73	4,804.68	4,282.23	0.00	86.09
Amerigroup - Lubbock	120.53	1,597.83	191.56	1,591.17	4,980.68	4,475.70	0.00	116.58
Superior - Lubbock	134.82	1,663.38	192.68	1,772.86	4,980.68	4,475.70	0.00	116.58
Superior - Nueces	409.99	2,266.42	613.97	2,312.04	4,927.15	4,904.12	0.00	211.22
United - Nueces	481.39	2,294.31	574.91	2,254.35	4,927.15	4,904.12	0.00	211.22
Amerigroup - Tarrant	199.87	2,095.96	365.89	1,967.01	4,623.84	4,449.27	0.00	85.87
Health Spring - Tarrant	202.06	2,151.58	287.02	2,154.38	4,623.84	4,449.27	0.00	85.87
Amerigroup - Travis	281.26	2,727.87	379.10	2,221.83	5,244.80	4,667.72	0.00	120.71
United - Travis	214.99	2,528.35	233.87	2,168.66	5,244.80	4,667.72	0.00	120.71
Superior - MRSA Central	195.66	2,101.26	260.65	1,983.77	5,055.00	4,670.27	0.00	124.02
United - MRSA Central	187.03	2,129.93	276.58	1,979.17	5,055.00	4,670.27	0.00	124.02
Health Spring - MRSA Northeast	223.77	2,245.31	278.78	1,966.92	4,927.09	4,556.90	0.00	124.79
United - MRSA Northeast	238.68	2,099.89	304.36	1,674.12	4,927.09	4,556.90	0.00	124.79
Amerigroup - MRSA West	157.32	1,958.62	322.90	1,803.53	4,723.46	4,429.59	0.00	87.80
Superior - MRSA West	159.99	1,847.49	269.50	1,830.07	4,723.46	4,429.59	0.00	87.80



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	531.83	1,164.37	0.00	0.00	753.22	0.00	553.62	1,333.60
Molina - Bexar	537.50	1,181.17	0.00	0.00	679.64	0.00	568.01	1,256.74
Superior - Bexar	569.12	1,248.59	0.00	0.00	748.86	0.00	653.93	1,120.93
Molina - Dallas	436.49	893.26	0.00	0.00	464.64	0.00	410.60	624.68
Superior - Dallas	432.36	993.44	0.00	0.00	503.90	0.00	442.32	868.94
Amerigroup - El Paso	573.81	1,133.93	0.00	0.00	471.35	0.00	770.50	1,059.26
Molina - El Paso	578.51	1,163.55	0.00	0.00	494.28	0.00	815.47	980.69
Amerigroup - Harris	539.30	1,104.03	0.00	0.00	683.14	0.00	598.73	1,188.18
Molina - Harris	484.08	955.64	0.00	0.00	622.70	0.00	519.39	1,085.90
United - Harris	591.52	1,149.52	0.00	0.00	696.14	0.00	674.08	1,246.27
Health Spring - Hidalgo	507.05	1,088.91	0.00	0.00	648.02	0.00	476.06	728.83
Molina - Hidalgo	523.19	1,024.01	0.00	0.00	610.47	0.00	487.26	1,100.02
Superior - Hidalgo	560.81	1,147.58	0.00	0.00	759.21	0.00	606.09	991.41
Amerigroup - Jefferson	486.33	1,064.09	0.00	0.00	671.15	0.00	653.94	1,131.18
Molina - Jefferson	486.80	868.34	0.00	0.00	685.52	0.00	571.24	995.55
United - Jefferson	577.04	962.18	0.00	0.00	751.19	0.00	689.33	1,247.31
Amerigroup - Lubbock	483.06	1,041.00	0.00	0.00	696.13	0.00	488.05	988.40
Superior - Lubbock	454.92	1,078.62	0.00	0.00	750.03	0.00	518.01	932.36
Superior - Nueces	486.14	1,016.00	0.00	0.00	674.87	0.00	501.56	719.63
United - Nueces	554.30	1,030.36	0.00	0.00	661.97	0.00	489.28	729.02
Amerigroup - Tarrant	530.48	1,095.81	0.00	0.00	803.86	0.00	535.95	1,283.94
Health Spring - Tarrant	465.72	1,088.86	0.00	0.00	722.68	0.00	435.04	1,278.77
Amerigroup - Travis	505.11	1,398.23	0.00	0.00	781.81	0.00	600.44	616.20
United - Travis	536.14	1,477.06	0.00	0.00	853.94	0.00	694.38	862.70
Superior - MRSA Central	441.31	1,261.53	0.00	0.00	596.52	0.00	548.15	1,246.87
United - MRSA Central	459.78	1,399.27	0.00	0.00	561.56	0.00	586.60	1,465.74
Health Spring - MRSA Northeast	450.12	1,070.92	0.00	0.00	926.25	0.00	462.39	996.01
United - MRSA Northeast	509.39	1,259.07	0.00	0.00	891.81	0.00	521.12	857.62
Amerigroup - MRSA West	510.54	1,346.43	0.00	0.00	708.01	0.00	583.61	622.67
Superior - MRSA West	520.73	1,203.30	0.00	0.00	701.70	0.00	615.86	743.91

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 NEMT Premium Rates pmpm								
Amerigroup - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Superior - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Superior - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Amerigroup - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Molina - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Amerigroup - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
United - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Health Spring - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Superior - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Amerigroup - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Molina - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
United - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Amerigroup - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
United - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
Amerigroup - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Health Spring - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Amerigroup - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
United - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
Superior - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
United - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
Health Spring - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
United - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
Amerigroup - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16
Superior - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 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	6.30	6.30	0.00	0.00	0.00	0.00	6.30	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	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	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	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	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	3.19	3.19	0.00	0.00	0.00	0.00	3.19	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	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 CHIRP pmpm								
Amerigroup - Bexar	247.26	543.90	0.00	0.00	1,074.42	0.00	148.57	415.13
Molina - Bexar	284.35	573.75	0.00	0.00	784.69	0.00	126.94	1,032.48
Superior - Bexar	299.04	660.25	0.00	0.00	1,008.41	0.00	191.52	461.91
Molina - Dallas	380.79	846.52	0.00	0.00	1,251.61	0.00	129.60	846.60
Superior - Dallas	613.85	1,243.39	0.00	0.00	2,830.08	0.00	255.37	2,219.23
Amerigroup - El Paso	292.27	475.90	0.00	0.00	1,366.09	0.00	261.22	695.72
Molina - El Paso	347.99	660.62	0.00	0.00	2,273.73	0.00	345.66	460.58
Amerigroup - Harris	533.07	1,373.88	0.00	0.00	2,103.26	0.00	247.58	1,405.64
Molina - Harris	347.45	909.00	0.00	0.00	869.71	0.00	135.32	618.96
United - Harris	518.84	819.59	0.00	0.00	1,226.15	0.00	252.72	725.38
Health Spring - Hidalgo	259.14	398.50	0.00	0.00	1,384.35	0.00	117.56	388.93
Molina - Hidalgo	282.64	561.77	0.00	0.00	1,945.95	0.00	92.75	743.73
Superior - Hidalgo	274.58	566.02	0.00	0.00	1,809.10	0.00	224.55	934.76
Amerigroup - Jefferson	369.61	906.21	0.00	0.00	1,383.97	0.00	200.50	1,184.59
Molina - Jefferson	322.13	824.49	0.00	0.00	1,145.55	0.00	73.19	1,203.75
United - Jefferson	415.62	711.38	0.00	0.00	815.98	0.00	105.57	1,124.65
Amerigroup - Lubbock	383.63	589.22	0.00	0.00	478.84	0.00	94.41	3,759.53
Superior - Lubbock	295.40	463.15	0.00	0.00	396.00	0.00	77.79	2,230.50
Superior - Nueces	260.92	494.81	0.00	0.00	741.42	0.00	151.74	1,003.84
United - Nueces	259.79	470.47	0.00	0.00	539.76	0.00	166.64	804.06
Amerigroup - Tarrant	523.27	1,139.47	0.00	0.00	1,589.13	0.00	267.85	705.00
Health Spring - Tarrant	463.29	1,131.42	0.00	0.00	1,270.71	0.00	162.78	632.69
Amerigroup - Travis	310.72	867.91	0.00	0.00	716.20	0.00	308.45	689.97
United - Travis	438.92	700.12	0.00	0.00	673.23	0.00	182.20	882.28
Superior - MRSA Central	331.70	771.29	0.00	0.00	854.53	0.00	196.79	1,539.13
United - MRSA Central	392.69	780.00	0.00	0.00	621.35	0.00	222.67	1,693.13
Health Spring - MRSA Northeast	286.36	704.10	0.00	0.00	1,014.68	0.00	142.99	1,067.58
United - MRSA Northeast	322.40	708.14	0.00	0.00	775.35	0.00	168.99	605.16
Amerigroup - MRSA West	337.05	802.32	0.00	0.00	1,355.97	0.00	158.16	842.46
Superior - MRSA West	334.69	731.74	0.00	0.00	972.04	0.00	207.43	1,215.96

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 TIPPS pmpm								
Amerigroup - Bexar	52.56	53.23	0.00	0.00	50.20	0.00	51.31	65.03
Molina - Bexar	53.53	56.18	0.00	0.00	50.98	0.00	52.07	61.56
Superior - Bexar	53.34	54.92	0.00	0.00	51.26	0.00	51.68	65.58
Molina - Dallas	137.80	139.69	0.00	0.00	137.10	0.00	136.67	142.23
Superior - Dallas	30.77	31.05	0.00	0.00	30.47	0.00	30.58	31.31
Amerigroup - El Paso	59.82	60.59	0.00	0.00	58.15	0.00	59.11	68.06
Molina - El Paso	59.54	60.20	0.00	0.00	58.41	0.00	59.07	65.77
Amerigroup - Harris	51.80	55.20	0.00	0.00	50.07	0.00	50.79	58.00
Molina - Harris	64.42	67.61	0.00	0.00	62.74	0.00	64.03	71.15
United - Harris	69.16	70.46	0.00	0.00	66.35	0.00	69.22	75.30
Health Spring - Hidalgo	3.12	3.11	0.00	0.00	3.27	0.00	3.07	3.12
Molina - Hidalgo	3.71	3.87	0.00	0.00	3.25	0.00	3.41	5.92
Superior - Hidalgo	3.58	3.90	0.00	0.00	3.53	0.00	3.47	5.47
Amerigroup - Jefferson	1.44	2.64	0.00	0.00	1.38	0.00	2.68	5.13
Molina - Jefferson	1.28	3.90	0.00	0.00	0.66	0.00	0.86	5.72
United - Jefferson	1.55	2.14	0.00	0.00	0.46	0.00	1.35	2.98
Amerigroup - Lubbock	114.39	117.72	0.00	0.00	110.18	0.00	115.62	119.89
Superior - Lubbock	73.66	77.08	0.00	0.00	69.68	0.00	73.20	78.55
Superior - Nueces	1.69	2.70	0.00	0.00	0.97	0.00	1.14	4.37
United - Nueces	0.57	0.74	0.00	0.00	0.11	0.00	0.55	1.49
Amerigroup - Tarrant	25.48	25.98	0.00	0.00	23.84	0.00	24.07	28.09
Health Spring - Tarrant	8.84	9.45	0.00	0.00	7.14	0.00	7.62	13.35
Amerigroup - Travis	0.06	0.00	0.00	0.00	0.00	0.00	0.05	0.40
United - Travis	0.98	1.28	0.00	0.00	0.10	0.00	0.76	3.37
Superior - MRSA Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - MRSA Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Health Spring - MRSA Northeast	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - MRSA Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - MRSA West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - MRSA West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 DPP BHS pmpm								
Amerigroup - Bexar	21.20	25.21	0.00	0.00	17.04	0.00	16.74	16.71
Molina - Bexar	20.12	20.78	0.00	0.00	16.02	0.00	16.04	15.46
Superior - Bexar	22.50	21.99	0.00	0.00	17.68	0.00	17.23	17.49
Molina - Dallas	26.07	28.87	0.00	0.00	19.19	0.00	21.19	17.99
Superior - Dallas	24.27	26.92	0.00	0.00	18.51	0.00	20.05	18.54
Amerigroup - El Paso	32.15	30.96	0.00	0.00	23.73	0.00	22.67	23.30
Molina - El Paso	31.67	33.89	0.00	0.00	22.10	0.00	22.43	23.55
Amerigroup - Harris	9.89	9.50	0.00	0.00	7.48	0.00	7.71	7.90
Molina - Harris	5.57	5.95	0.00	0.00	4.38	0.00	4.18	4.58
United - Harris	9.72	8.76	0.00	0.00	6.05	0.00	6.93	6.38
Health Spring - Hidalgo	31.46	34.27	0.00	0.00	19.02	0.00	18.34	18.92
Molina - Hidalgo	28.38	31.14	0.00	0.00	21.38	0.00	17.84	18.64
Superior - Hidalgo	27.63	24.26	0.00	0.00	21.13	0.00	17.16	18.37
Amerigroup - Jefferson	11.78	12.33	0.00	0.00	12.51	0.00	8.78	11.07
Molina - Jefferson	12.62	15.14	0.00	0.00	14.44	0.00	11.44	9.19
United - Jefferson	2.02	1.43	0.00	0.00	0.86	0.00	1.05	0.86
Amerigroup - Lubbock	20.09	21.80	0.00	0.00	13.68	0.00	13.45	12.58
Superior - Lubbock	20.89	17.69	0.00	0.00	12.89	0.00	12.79	13.22
Superior - Nueces	7.26	6.31	0.00	0.00	4.89	0.00	5.15	4.29
United - Nueces	15.11	15.84	0.00	0.00	10.43	0.00	10.67	11.17
Amerigroup - Tarrant	7.55	6.61	0.00	0.00	5.18	0.00	5.34	5.08
Health Spring - Tarrant	14.05	13.61	0.00	0.00	10.62	0.00	10.83	9.76
Amerigroup - Travis	43.35	44.37	0.00	0.00	40.12	0.00	36.23	33.91
United - Travis	33.01	28.56	0.00	0.00	24.92	0.00	24.53	21.80
Superior - MRSA Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - MRSA Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Health Spring - MRSA Northeast	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - MRSA Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - MRSA West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - MRSA West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 RAPPS pmpm								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.71	0.00	0.13	0.09
Molina - Bexar	0.05	0.05	0.00	0.00	0.05	0.00	0.05	0.05
Superior - Bexar	0.10	0.10	0.00	0.00	0.26	0.00	0.10	0.10
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Amerigroup - El Paso	0.14	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - El Paso	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.04	0.04	0.00	0.00	0.04	0.00	0.04	0.04
Health Spring - Hidalgo	0.27	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.21	0.33	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.31	0.40	0.00	0.00	0.25	0.00	0.32	0.25
Amerigroup - Jefferson	0.56	0.50	0.00	0.00	1.88	0.00	0.50	0.50
Molina - Jefferson	0.41	0.34	0.00	0.00	2.09	0.00	0.40	0.34
United - Jefferson	0.71	0.65	0.00	0.00	1.92	0.00	0.71	0.65
Amerigroup - Lubbock	0.98	1.07	0.00	0.00	0.91	0.00	0.85	0.77
Superior - Lubbock	1.13	1.20	0.00	0.00	1.18	0.00	1.08	1.08
Superior - Nueces	0.46	0.34	0.00	0.00	1.17	0.00	0.39	0.34
United - Nueces	0.45	0.34	0.00	0.00	0.90	0.00	0.38	0.34
Amerigroup - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Health Spring - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Amerigroup - Travis	0.53	0.63	0.00	0.00	2.66	0.00	0.47	0.67
United - Travis	0.63	0.64	0.00	0.00	3.29	0.00	0.61	0.51
Superior - MRSA Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - MRSA Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Health Spring - MRSA Northeast	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - MRSA Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - MRSA West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - MRSA West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Previously Submitted FY2022 Total Premium Rates pmpm								
Amerigroup - Bexar	1,771.84	5,461.29	475.91	2,301.40	10,530.44	6,752.47	1,254.33	5,016.67
Molina - Bexar	1,861.85	5,335.12	480.05	2,158.04	10,007.69	6,752.47	1,259.55	5,375.97
Superior - Bexar	1,968.34	5,968.26	506.38	2,405.45	10,451.93	6,752.47	1,491.80	4,363.93
Molina - Dallas	2,060.19	5,407.12	496.07	2,103.75	11,010.50	6,795.03	1,149.46	4,138.46
Superior - Dallas	2,063.87	6,027.57	417.19	2,108.43	12,697.82	6,795.03	1,234.35	6,561.85
Amerigroup - El Paso	2,009.69	5,372.38	592.27	2,333.01	10,510.80	6,179.53	1,835.70	4,170.58
Molina - El Paso	2,157.31	5,495.32	670.50	2,340.86	11,550.98	6,179.53	2,006.78	3,693.20
Amerigroup - Harris	2,220.91	7,309.70	406.30	2,704.29	11,958.86	6,664.61	1,408.21	5,552.18
Molina - Harris	1,891.40	6,363.44	416.50	2,646.38	10,503.89	6,664.61	1,133.19	4,435.56
United - Harris	2,391.03	6,627.85	454.50	2,513.03	11,146.33	6,664.61	1,554.94	5,080.71
Health Spring - Hidalgo	2,237.20	5,873.23	1,066.65	2,800.81	11,317.79	7,058.51	1,159.57	3,186.89
Molina - Hidalgo	2,234.72	5,784.81	984.61	2,761.18	11,697.89	7,058.51	1,158.53	4,719.14
Superior - Hidalgo	2,402.95	6,154.95	1,185.32	2,802.48	12,289.37	7,058.51	1,546.41	4,565.72
Amerigroup - Jefferson	1,713.61	6,254.06	356.72	2,054.61	10,367.17	6,142.09	1,282.51	5,327.66
Molina - Jefferson	1,698.33	5,343.59	331.61	1,991.53	10,179.37	6,142.09	1,016.56	4,862.87
United - Jefferson	1,975.87	5,490.02	261.16	1,914.23	10,060.70	6,142.09	1,250.76	5,668.66
Amerigroup - Lubbock	1,891.31	5,101.61	221.18	1,680.37	9,810.77	6,568.48	1,207.35	7,597.07
Superior - Lubbock	1,701.46	5,087.72	222.30	1,862.06	9,853.43	6,568.48	1,201.64	5,825.16
Superior - Nueces	1,798.81	5,373.27	633.91	2,365.60	9,555.86	6,784.51	1,231.69	4,263.19
United - Nueces	2,110.58	5,505.66	594.85	2,307.91	9,320.47	6,784.51	1,312.22	4,106.85
Amerigroup - Tarrant	2,045.36	6,130.55	382.88	2,009.59	10,918.50	6,478.70	1,346.25	4,723.54
Health Spring - Tarrant	1,819.25	6,146.95	304.01	2,196.96	10,321.54	6,478.70	1,030.21	4,625.55
Amerigroup - Travis	1,769.66	6,593.90	399.18	2,286.69	10,246.15	7,108.63	1,342.04	3,430.67
United - Travis	1,890.79	6,374.77	253.95	2,233.52	10,355.68	7,108.63	1,360.37	4,641.30
Superior - MRSA Central	1,661.30	5,885.79	297.66	2,064.37	9,924.49	6,551.06	1,291.90	5,508.31
United - MRSA Central	1,758.26	6,232.56	313.59	2,059.77	9,567.48	6,551.06	1,390.55	6,340.34
Health Spring - MRSA Northeast	1,620.91	5,599.08	300.81	2,022.61	10,542.69	6,373.95	1,101.28	5,031.34
United - MRSA Northeast	1,803.70	5,898.43	326.39	1,729.81	10,198.43	6,373.95	1,239.62	4,043.64
Amerigroup - MRSA West	1,746.14	6,137.38	347.69	1,872.90	10,637.35	6,543.41	1,358.91	3,849.42
Superior - MRSA West	1,764.62	5,604.84	294.29	1,899.44	10,236.96	6,543.41	1,468.21	4,781.41

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	622.44	1,508.28	0.00	0.00	1,626.88	0.00	481.54	3,061.76
Molina - Bexar	629.08	1,530.05	0.00	0.00	1,467.96	0.00	494.05	2,885.31
Superior - Bexar	666.09	1,617.39	0.00	0.00	1,617.46	0.00	568.79	2,573.50
Molina - Dallas	696.80	1,500.45	0.00	0.00	2,097.30	0.00	448.22	2,345.06
Superior - Dallas	690.22	1,668.71	0.00	0.00	2,274.48	0.00	482.85	3,262.04
Amerigroup - El Paso	688.55	1,465.13	0.00	0.00	2,283.63	0.00	719.04	2,179.03
Molina - El Paso	694.19	1,503.41	0.00	0.00	2,394.71	0.00	761.01	2,017.40
Amerigroup - Harris	737.49	1,873.56	0.00	0.00	1,931.31	0.00	469.66	2,759.26
Molina - Harris	661.98	1,621.76	0.00	0.00	1,760.44	0.00	407.43	2,521.75
United - Harris	808.90	1,950.77	0.00	0.00	1,968.07	0.00	528.77	2,894.15
Molina - Hidalgo (formerly Health Spring)	616.71	1,380.33	0.00	0.00	2,475.49	0.00	545.22	1,888.97
Molina - Hidalgo	623.18	1,352.34	0.00	0.00	2,426.73	0.00	549.46	2,156.88
Superior - Hidalgo	675.55	1,484.99	0.00	0.00	2,960.77	0.00	689.14	2,146.80
Amerigroup - Jefferson	611.77	1,968.33	0.00	0.00	1,629.44	0.00	408.10	2,893.07
Molina - Jefferson	612.38	1,606.24	0.00	0.00	1,664.32	0.00	356.49	2,546.18
United - Jefferson	725.89	1,779.81	0.00	0.00	1,823.75	0.00	430.18	3,190.10
Amerigroup - Lubbock	733.42	1,630.71	0.00	0.00	1,456.47	0.00	475.40	2,583.65
Superior - Lubbock	690.70	1,689.65	0.00	0.00	1,569.24	0.00	504.58	2,437.18
Superior - Nueces	573.95	1,468.67	0.00	0.00	1,321.40	0.00	538.14	2,303.59
United - Nueces	654.42	1,489.44	0.00	0.00	1,296.13	0.00	524.96	2,333.64
Amerigroup - Tarrant	733.45	1,705.69	0.00	0.00	1,848.44	0.00	506.26	2,599.50
Molina - Tarrant (formerly Health Spring)	643.90	1,694.86	0.00	0.00	1,661.78	0.00	410.95	2,589.05
Amerigroup - Travis	610.36	1,488.10	0.00	0.00	1,030.56	0.00	393.65	1,952.81
United - Travis	647.86	1,572.00	0.00	0.00	1,125.64	0.00	455.23	2,733.99
Superior - MRSA Central	640.10	1,615.29	0.00	0.00	1,522.13	0.00	521.99	2,556.49
United - MRSA Central	666.88	1,791.65	0.00	0.00	1,432.93	0.00	558.60	3,005.24
Molina - MRSA Northeast (formerly Health Spring)	583.13	1,445.38	0.00	0.00	1,811.86	0.00	447.39	2,779.63
United - MRSA Northeast	659.92	1,699.33	0.00	0.00	1,744.49	0.00	504.21	2,393.41
Amerigroup - MRSA West	653.22	1,881.68	0.00	0.00	1,705.11	0.00	557.40	2,236.40
Superior - MRSA West	666.27	1,681.65	0.00	0.00	1,689.89	0.00	588.20	2,671.87

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	308.69	2,339.52	511.47	2,496.19	5,506.32	5,230.00	0.00	115.02
Molina - Bexar	353.72	2,126.96	516.05	2,337.52	5,506.32	5,230.00	0.00	115.02
Superior - Bexar	369.90	2,551.51	545.17	2,611.34	5,506.32	5,230.00	0.00	115.02
Molina - Dallas	406.96	2,140.18	532.52	2,280.80	5,330.13	5,078.45	0.00	157.68
Superior - Dallas	284.81	2,212.58	445.09	2,285.98	5,330.13	5,078.45	0.00	157.68
Amerigroup - El Paso	391.18	2,443.75	652.63	2,567.58	5,561.31	5,421.48	0.00	141.25
Molina - El Paso	483.38	2,294.93	740.29	2,576.36	5,561.31	5,421.48	0.00	141.25
Amerigroup - Harris	339.64	3,153.02	439.64	2,969.11	5,653.26	5,087.37	0.00	127.47
Molina - Harris	350.27	3,086.96	450.99	2,904.79	5,653.26	5,087.37	0.00	127.47
United - Harris	400.03	2,868.81	493.29	2,756.68	5,653.26	5,087.37	0.00	127.47
Molina - Hidalgo (formerly Health Spring)	896.57	3,238.33	1,154.28	3,097.33	5,452.06	5,793.81	0.00	505.10
Molina - Hidalgo	876.90	3,204.80	1,126.93	3,084.12	5,452.06	5,793.81	0.00	505.10
Superior - Hidalgo	954.23	3,263.40	1,317.91	3,114.14	5,452.06	5,793.81	0.00	505.10
Amerigroup - Jefferson	219.72	2,450.37	367.30	2,193.05	5,244.07	4,669.32	0.00	91.09
Molina - Jefferson	259.32	2,150.20	339.55	2,123.08	5,244.07	4,669.32	0.00	91.09
United - Jefferson	226.75	2,136.38	261.70	2,037.34	5,244.07	4,669.32	0.00	91.09
Amerigroup - Lubbock	129.92	1,728.32	206.37	1,743.43	5,415.09	4,846.45	0.00	123.23
Superior - Lubbock	145.33	1,799.23	207.58	1,942.51	5,415.09	4,846.45	0.00	123.23
Superior - Nueces	457.36	2,527.50	683.82	2,577.78	5,353.42	5,294.42	0.00	230.96
United - Nueces	537.01	2,558.61	640.32	2,513.47	5,353.42	5,294.42	0.00	230.96
Amerigroup - Tarrant	221.36	2,315.33	404.76	2,170.11	5,030.23	4,812.78	0.00	91.64
Molina - Tarrant (formerly Health Spring)	223.78	2,376.77	317.51	2,376.82	5,030.23	4,812.78	0.00	91.64
Amerigroup - Travis	311.47	3,026.10	415.74	2,438.56	5,686.82	5,045.47	0.00	130.34
United - Travis	238.08	2,804.77	256.48	2,380.21	5,686.82	5,045.47	0.00	130.34
Superior - MRSA Central	213.61	2,331.95	284.34	2,189.31	5,498.14	5,056.37	0.00	132.31
United - MRSA Central	204.19	2,363.77	301.71	2,184.23	5,498.14	5,056.37	0.00	132.31
Molina - MRSA Northeast (formerly Health Spring)	246.99	2,504.72	306.03	2,181.53	5,354.06	4,932.05	0.00	134.18
United - MRSA Northeast	263.45	2,342.50	334.11	1,856.78	5,354.06	4,932.05	0.00	134.18
Amerigroup - MRSA West	171.14	2,147.15	354.65	1,992.35	5,141.30	4,800.13	0.00	92.21
Superior - MRSA West	174.03	2,025.33	296.00	2,021.68	5,141.30	4,800.13	0.00	92.21

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	531.83	1,164.37	0.00	0.00	753.22	0.00	553.62	1,333.60
Molina - Bexar	537.50	1,181.17	0.00	0.00	679.64	0.00	568.01	1,256.74
Superior - Bexar	569.12	1,248.59	0.00	0.00	748.86	0.00	653.93	1,120.93
Molina - Dallas	436.49	893.26	0.00	0.00	464.64	0.00	410.60	624.68
Superior - Dallas	432.36	993.44	0.00	0.00	503.90	0.00	442.32	868.94
Amerigroup - El Paso	573.81	1,133.93	0.00	0.00	471.35	0.00	770.50	1,059.26
Molina - El Paso	578.51	1,163.55	0.00	0.00	494.28	0.00	815.47	980.69
Amerigroup - Harris	539.30	1,104.03	0.00	0.00	683.14	0.00	598.73	1,188.18
Molina - Harris	484.08	955.64	0.00	0.00	622.70	0.00	519.39	1,085.90
United - Harris	591.52	1,149.52	0.00	0.00	696.14	0.00	674.08	1,246.27
Molina - Hidalgo (formerly Health Spring)	511.96	1,066.70	0.00	0.00	634.77	0.00	479.51	872.35
Molina - Hidalgo	517.34	1,045.07	0.00	0.00	622.26	0.00	483.25	996.08
Superior - Hidalgo	560.81	1,147.58	0.00	0.00	759.21	0.00	606.09	991.41
Amerigroup - Jefferson	486.33	1,064.09	0.00	0.00	671.15	0.00	653.94	1,131.18
Molina - Jefferson	486.80	868.34	0.00	0.00	685.52	0.00	571.24	995.55
United - Jefferson	577.04	962.18	0.00	0.00	751.19	0.00	689.33	1,247.31
Amerigroup - Lubbock	483.06	1,041.00	0.00	0.00	696.13	0.00	488.05	988.40
Superior - Lubbock	454.92	1,078.62	0.00	0.00	750.03	0.00	518.01	932.36
Superior - Nueces	486.14	1,016.00	0.00	0.00	674.87	0.00	501.56	719.63
United - Nueces	554.30	1,030.36	0.00	0.00	661.97	0.00	489.28	729.02
Amerigroup - Tarrant	530.48	1,095.81	0.00	0.00	803.86	0.00	535.95	1,283.94
Molina - Tarrant (formerly Health Spring)	465.72	1,088.86	0.00	0.00	722.68	0.00	435.04	1,278.77
Amerigroup - Travis	505.11	1,398.23	0.00	0.00	781.81	0.00	600.44	616.20
United - Travis	536.14	1,477.06	0.00	0.00	853.94	0.00	694.38	862.70
Superior - MRSA Central	441.31	1,261.53	0.00	0.00	596.52	0.00	548.15	1,246.87
United - MRSA Central	459.78	1,399.27	0.00	0.00	561.56	0.00	586.60	1,465.74
Molina - MRSA Northeast (formerly Health Spring)	450.12	1,070.92	0.00	0.00	926.25	0.00	462.39	996.01
United - MRSA Northeast	509.39	1,259.07	0.00	0.00	891.81	0.00	521.12	857.62
Amerigroup - MRSA West	510.54	1,346.43	0.00	0.00	708.01	0.00	583.61	622.67
Superior - MRSA West	520.73	1,203.30	0.00	0.00	701.70	0.00	615.86	743.91

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 NEMT Premium Rates pmpm (Community Rates)								
Amerigroup - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Superior - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Superior - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Amerigroup - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Molina - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Amerigroup - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
United - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Hidalgo (formerly Health Spring)	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Superior - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Amerigroup - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Molina - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
United - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Amerigroup - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
United - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
Amerigroup - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Molina - Tarrant (formerly Health Spring)	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Amerigroup - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
United - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
Superior - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
United - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
Molina - MRSA Northeast (formerly Health Spring)	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
United - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
Amerigroup - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16
Superior - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 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	6.30	6.30	0.00	0.00	0.00	0.00	6.30	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	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	0.00
Molina - Hidalgo (formerly Health Spring)	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	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	0.00
Molina - Tarrant (formerly Health Spring)	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	3.19	3.19	0.00	0.00	0.00	0.00	3.19	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	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	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Hidalgo (formerly Health Spring)	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Molina - Tarrant (formerly Health Spring)	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 CHIRP Rates pmpm								
Amerigroup - Bexar	220.20	478.13	0.00	0.00	955.42	0.00	131.37	378.62
Molina - Bexar	252.53	510.32	0.00	0.00	692.27	0.00	115.21	984.16
Superior - Bexar	265.82	584.02	0.00	0.00	895.25	0.00	168.41	430.83
Molina - Dallas	379.60	844.50	0.00	0.00	1,249.36	0.00	128.97	843.94
Superior - Dallas	612.49	1,240.03	0.00	0.00	2,830.53	0.00	254.84	2,216.10
Amerigroup - El Paso	286.61	465.60	0.00	0.00	1,336.16	0.00	256.05	683.39
Molina - El Paso	340.95	647.52	0.00	0.00	2,222.56	0.00	339.01	452.89
Amerigroup - Harris	474.12	1,225.21	0.00	0.00	1,893.01	0.00	226.26	1,157.12
Molina - Harris	336.17	880.82	0.00	0.00	857.47	0.00	131.27	591.61
United - Harris	469.52	761.14	0.00	0.00	1,160.57	0.00	219.85	650.37
Molina - Hidalgo (formerly Health Spring)	261.56	448.27	0.00	0.00	1,572.47	0.00	107.93	516.33
Molina - Hidalgo	267.95	501.51	0.00	0.00	1,759.04	0.00	99.39	630.22
Superior - Hidalgo	268.42	557.53	0.00	0.00	1,794.97	0.00	221.46	895.22
Amerigroup - Jefferson	341.97	828.78	0.00	0.00	1,332.33	0.00	196.71	862.84
Molina - Jefferson	311.59	798.81	0.00	0.00	1,098.22	0.00	72.21	1,180.05
United - Jefferson	382.70	659.57	0.00	0.00	706.18	0.00	99.17	1,065.80
Amerigroup - Lubbock	286.80	460.98	0.00	0.00	322.14	0.00	86.43	3,420.46
Superior - Lubbock	208.57	301.04	0.00	0.00	223.41	0.00	51.44	1,851.07
Superior - Nueces	248.78	479.81	0.00	0.00	702.35	0.00	147.66	961.86
United - Nueces	250.80	456.90	0.00	0.00	530.68	0.00	162.01	770.03
Amerigroup - Tarrant	517.01	1,125.17	0.00	0.00	1,584.45	0.00	264.95	695.98
Molina - Tarrant (formerly Health Spring)	455.39	1,118.80	0.00	0.00	1,262.33	0.00	159.67	619.08
Amerigroup - Travis	300.56	844.56	0.00	0.00	700.78	0.00	303.76	660.11
United - Travis	422.27	673.36	0.00	0.00	661.10	0.00	177.49	840.12
Superior - MRSA Central	308.65	721.26	0.00	0.00	802.96	0.00	183.20	1,352.08
United - MRSA Central	371.27	739.16	0.00	0.00	601.10	0.00	214.68	1,575.81
Molina - MRSA Northeast (formerly Health Spring)	281.01	691.10	0.00	0.00	996.96	0.00	140.19	1,052.06
United - MRSA Northeast	314.19	695.26	0.00	0.00	764.01	0.00	166.00	597.26
Amerigroup - MRSA West	323.94	754.30	0.00	0.00	1,290.12	0.00	156.46	823.67
Superior - MRSA West	317.94	691.77	0.00	0.00	944.86	0.00	202.02	1,176.96



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 TIPPS Rates pmpm								
Amerigroup - Bexar	52.56	53.23	0.00	0.00	50.20	0.00	51.31	65.03
Molina - Bexar	53.53	56.18	0.00	0.00	50.98	0.00	52.07	61.56
Superior - Bexar	53.34	54.92	0.00	0.00	51.26	0.00	51.68	65.58
Molina - Dallas	137.80	139.69	0.00	0.00	137.10	0.00	136.67	142.23
Superior - Dallas	30.77	31.05	0.00	0.00	30.47	0.00	30.58	31.31
Amerigroup - El Paso	59.82	60.59	0.00	0.00	58.15	0.00	59.11	68.06
Molina - El Paso	59.54	60.20	0.00	0.00	58.41	0.00	59.07	65.77
Amerigroup - Harris	51.80	55.20	0.00	0.00	50.07	0.00	50.79	58.00
Molina - Harris	64.42	67.61	0.00	0.00	62.74	0.00	64.03	71.15
United - Harris	69.16	70.46	0.00	0.00	66.35	0.00	69.22	75.30
Molina - Hidalgo (formerly Health Spring)	3.30	3.37	0.00	0.00	3.26	0.00	3.18	4.20
Molina - Hidalgo	3.50	3.62	0.00	0.00	3.26	0.00	3.29	5.13
Superior - Hidalgo	3.58	3.90	0.00	0.00	3.53	0.00	3.47	5.47
Amerigroup - Jefferson	1.44	2.64	0.00	0.00	1.38	0.00	2.68	5.13
Molina - Jefferson	1.28	3.90	0.00	0.00	0.66	0.00	0.86	5.72
United - Jefferson	1.55	2.14	0.00	0.00	0.46	0.00	1.35	2.98
Amerigroup - Lubbock	114.39	117.72	0.00	0.00	110.18	0.00	115.62	119.89
Superior - Lubbock	73.66	77.08	0.00	0.00	69.68	0.00	73.20	78.55
Superior - Nueces	1.69	2.70	0.00	0.00	0.97	0.00	1.14	4.37
United - Nueces	0.57	0.74	0.00	0.00	0.11	0.00	0.55	1.49
Amerigroup - Tarrant	25.48	25.98	0.00	0.00	23.84	0.00	24.07	28.09
Molina - Tarrant (formerly Health Spring)	8.84	9.45	0.00	0.00	7.14	0.00	7.62	13.35
Amerigroup - Travis	0.06	0.00	0.00	0.00	0.00	0.00	0.05	0.40
United - Travis	0.98	1.28	0.00	0.00	0.10	0.00	0.76	3.37
Superior - MRSA Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - MRSA Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Molina - MRSA Northeast (formerly Health Spring)	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - MRSA Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - MRSA West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - MRSA West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 DPP BHS Rates pmpm								
Amerigroup - Bexar	21.20	25.21	0.00	0.00	17.04	0.00	16.74	16.71
Molina - Bexar	20.12	20.78	0.00	0.00	16.02	0.00	16.04	15.46
Superior - Bexar	22.50	21.99	0.00	0.00	17.68	0.00	17.23	17.49
Molina - Dallas	26.07	28.87	0.00	0.00	19.19	0.00	21.19	17.99
Superior - Dallas	24.27	26.92	0.00	0.00	18.51	0.00	20.05	18.54
Amerigroup - El Paso	32.15	30.96	0.00	0.00	23.73	0.00	22.67	23.30
Molina - El Paso	31.67	33.89	0.00	0.00	22.10	0.00	22.43	23.55
Amerigroup - Harris	9.89	9.50	0.00	0.00	7.48	0.00	7.71	7.90
Molina - Harris	5.57	5.95	0.00	0.00	4.38	0.00	4.18	4.58
United - Harris	9.72	8.76	0.00	0.00	6.05	0.00	6.93	6.38
Molina - Hidalgo (formerly Health Spring)	30.52	33.20	0.00	0.00	19.85	0.00	18.19	18.81
Molina - Hidalgo	29.49	32.15	0.00	0.00	20.64	0.00	18.02	18.72
Superior - Hidalgo	27.63	24.26	0.00	0.00	21.13	0.00	17.16	18.37
Amerigroup - Jefferson	11.78	12.33	0.00	0.00	12.51	0.00	8.78	11.07
Molina - Jefferson	12.62	15.14	0.00	0.00	14.44	0.00	11.44	9.19
United - Jefferson	2.02	1.43	0.00	0.00	0.86	0.00	1.05	0.86
Amerigroup - Lubbock	20.09	21.80	0.00	0.00	13.68	0.00	13.45	12.58
Superior - Lubbock	20.89	17.69	0.00	0.00	12.89	0.00	12.79	13.22
Superior - Nueces	7.26	6.31	0.00	0.00	4.89	0.00	5.15	4.29
United - Nueces	15.11	15.84	0.00	0.00	10.43	0.00	10.67	11.17
Amerigroup - Tarrant	7.55	6.61	0.00	0.00	5.18	0.00	5.34	5.08
Molina - Tarrant (formerly Health Spring)	14.05	13.61	0.00	0.00	10.62	0.00	10.83	9.76
Amerigroup - Travis	43.35	44.37	0.00	0.00	40.12	0.00	36.23	33.91
United - Travis	33.01	28.56	0.00	0.00	24.92	0.00	24.53	21.80
Superior - MRSA Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - MRSA Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Molina - MRSA Northeast (formerly Health Spring)	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - MRSA Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - MRSA West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - MRSA West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 RAPPS Rates pmpm								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.71	0.00	0.13	0.09
Molina - Bexar	0.05	0.05	0.00	0.00	0.05	0.00	0.05	0.05
Superior - Bexar	0.10	0.10	0.00	0.00	0.26	0.00	0.10	0.10
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Amerigroup - El Paso	0.14	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - El Paso	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.04	0.04	0.00	0.00	0.04	0.00	0.04	0.04
Molina - Hidalgo (formerly Health Spring)	0.25	0.25	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.23	0.29	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.31	0.40	0.00	0.00	0.25	0.00	0.32	0.25
Amerigroup - Jefferson	0.56	0.50	0.00	0.00	1.88	0.00	0.50	0.50
Molina - Jefferson	0.41	0.34	0.00	0.00	2.09	0.00	0.40	0.34
United - Jefferson	0.71	0.65	0.00	0.00	1.92	0.00	0.71	0.65
Amerigroup - Lubbock	0.98	1.07	0.00	0.00	0.91	0.00	0.85	0.77
Superior - Lubbock	1.13	1.20	0.00	0.00	1.18	0.00	1.08	1.08
Superior - Nueces	0.46	0.34	0.00	0.00	1.17	0.00	0.39	0.34
United - Nueces	0.45	0.34	0.00	0.00	0.90	0.00	0.38	0.34
Amerigroup - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Molina - Tarrant (formerly Health Spring)	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Amerigroup - Travis	0.53	0.63	0.00	0.00	2.66	0.00	0.47	0.67
United - Travis	0.63	0.64	0.00	0.00	3.29	0.00	0.61	0.51
Superior - MRSA Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - MRSA Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Molina - MRSA Northeast (formerly Health Spring)	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - MRSA Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - MRSA West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - MRSA West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Total Premium Rates pmpm								
Amerigroup - Bexar	1,774.23	5,610.64	524.88	2,542.10	10,841.54	7,156.80	1,238.06	4,986.99
Molina - Bexar	1,863.75	5,467.32	529.46	2,383.43	10,344.99	7,156.80	1,248.78	5,334.45
Superior - Bexar	1,970.39	6,126.63	558.58	2,657.25	10,768.84	7,156.80	1,469.79	4,339.60
Molina - Dallas	2,099.83	5,602.98	548.16	2,326.17	11,432.32	7,209.23	1,149.00	4,147.73
Superior - Dallas	2,091.06	6,228.78	460.73	2,331.35	13,122.64	7,209.23	1,234.00	6,570.78
Amerigroup - El Paso	2,045.80	5,635.10	662.44	2,603.27	10,907.55	6,606.13	1,830.80	4,170.52
Molina - El Paso	2,201.86	5,738.63	750.10	2,612.05	11,926.59	6,606.13	2,000.41	3,697.78
Amerigroup - Harris	2,198.12	7,492.88	450.93	3,000.27	12,193.72	7,056.81	1,387.47	5,314.09
Molina - Harris	1,917.39	6,660.12	462.28	2,935.95	10,936.45	7,056.81	1,129.64	4,418.62
United - Harris	2,384.29	6,871.38	504.58	2,787.84	11,525.93	7,056.81	1,522.73	5,016.14
Molina - Hidalgo (formerly Health Spring)	2,328.87	6,197.99	1,165.05	3,126.11	11,849.69	7,479.35	1,157.58	3,822.13
Molina - Hidalgo	2,326.60	6,167.33	1,137.70	3,112.90	11,975.77	7,479.35	1,156.97	4,328.50
Superior - Hidalgo	2,501.24	6,512.32	1,328.68	3,142.92	12,683.49	7,479.35	1,543.71	4,578.77
Amerigroup - Jefferson	1,707.47	6,425.48	391.65	2,270.55	10,757.51	6,529.18	1,279.19	5,011.03
Molina - Jefferson	1,713.17	5,536.28	363.90	2,200.58	10,574.08	6,529.18	1,015.99	4,844.28
United - Jefferson	1,965.14	5,655.18	286.05	2,114.84	10,393.19	6,529.18	1,244.85	5,614.94
Amerigroup - Lubbock	1,804.10	5,104.57	235.99	1,832.63	10,090.45	6,939.23	1,200.83	7,265.14
Superior - Lubbock	1,625.35	5,062.19	237.20	2,031.71	10,117.38	6,939.23	1,176.83	5,452.84
Superior - Nueces	1,833.98	5,619.52	703.76	2,631.34	9,944.67	7,174.81	1,228.38	4,241.19
United - Nueces	2,157.15	5,756.56	660.26	2,567.03	9,739.24	7,174.81	1,308.34	4,092.80
Amerigroup - Tarrant	2,060.65	6,336.48	421.75	2,212.69	11,325.82	6,842.21	1,343.80	4,720.39
Molina - Tarrant (formerly Health Spring)	1,833.14	6,360.37	334.50	2,419.40	10,724.59	6,842.21	1,027.46	4,617.81
Amerigroup - Travis	1,789.83	6,869.44	435.82	2,503.42	10,675.33	7,486.38	1,337.94	3,410.59
United - Travis	1,897.37	6,625.13	276.56	2,445.07	10,788.40	7,486.38	1,356.35	4,608.98
Superior - MRSA Central	1,656.45	6,066.84	321.35	2,269.91	10,318.16	6,937.16	1,279.38	5,329.89
United - MRSA Central	1,754.27	6,425.98	338.72	2,264.83	9,992.34	6,937.16	1,383.69	6,231.71
Molina - MRSA Northeast (formerly Health Spring)	1,638.76	5,845.45	328.06	2,237.22	10,955.53	6,749.10	1,099.03	5,025.42
United - MRSA Northeast	1,820.23	6,128.11	356.14	1,912.47	10,617.52	6,749.10	1,237.25	4,045.32
Amerigroup - MRSA West	1,747.05	6,278.11	379.44	2,061.72	10,990.21	6,913.95	1,358.55	3,835.35
Superior - MRSA West	1,762.12	5,742.91	320.79	2,091.05	10,628.48	6,913.95	1,464.21	4,747.19

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Acute Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Molina - Hidalgo (formerly Health Spring)	1.0%	-2.0%	0.0%	0.0%	-2.0%	0.0%	0.8%	19.7%
Molina - Hidalgo	-1.1%	2.1%	0.0%	0.0%	2.0%	0.0%	-0.8%	-9.4%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.3%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.3%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
Amerigroup - Tarrant	0.0%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Long Term Care Premium Rate Change								
Amerigroup - Bexar	10.5%	10.1%	10.6%	10.7%	8.4%	8.4%	0.0%	5.9%
Molina - Bexar	10.5%	10.1%	10.6%	10.7%	8.4%	8.4%	0.0%	5.9%
Superior - Bexar	10.5%	10.1%	10.6%	10.7%	8.4%	8.4%	0.0%	5.9%
Molina - Dallas	11.2%	10.2%	10.8%	10.8%	8.6%	8.9%	0.0%	8.0%
Superior - Dallas	11.2%	10.2%	10.8%	10.8%	8.6%	8.9%	0.0%	8.0%
Amerigroup - El Paso	11.9%	12.6%	12.0%	11.8%	8.3%	8.5%	0.0%	9.5%
Molina - El Paso	11.9%	12.6%	12.0%	11.8%	8.3%	8.5%	0.0%	9.5%
Amerigroup - Harris	11.9%	11.8%	11.3%	11.1%	8.5%	8.4%	0.0%	8.7%
Molina - Harris	11.9%	11.8%	11.3%	11.1%	8.5%	8.4%	0.0%	8.7%
United - Harris	11.9%	11.8%	11.3%	11.1%	8.5%	8.4%	0.0%	8.7%
Molina - Hidalgo (formerly Health Spring)	9.7%	11.2%	9.3%	11.7%	8.0%	7.8%	0.0%	11.6%
Molina - Hidalgo	15.6%	14.0%	15.7%	12.9%	8.0%	7.8%	0.0%	11.6%
Superior - Hidalgo	12.3%	12.6%	12.2%	12.3%	8.0%	7.8%	0.0%	11.6%
Amerigroup - Jefferson	10.8%	11.3%	10.5%	10.9%	9.1%	9.0%	0.0%	5.8%
Molina - Jefferson	10.8%	11.3%	10.5%	10.9%	9.1%	9.0%	0.0%	5.8%
United - Jefferson	10.8%	11.3%	10.5%	10.9%	9.1%	9.0%	0.0%	5.8%
Amerigroup - Lubbock	7.8%	8.2%	7.7%	9.6%	8.7%	8.3%	0.0%	5.7%
Superior - Lubbock	7.8%	8.2%	7.7%	9.6%	8.7%	8.3%	0.0%	5.7%
Superior - Nueces	11.6%	11.5%	11.4%	11.5%	8.7%	8.0%	0.0%	9.3%
United - Nueces	11.6%	11.5%	11.4%	11.5%	8.7%	8.0%	0.0%	9.3%
Amerigroup - Tarrant	10.7%	10.5%	10.6%	10.3%	8.8%	8.2%	0.0%	6.7%
Molina - Tarrant (formerly Health Spring)	10.7%	10.5%	10.6%	10.3%	8.8%	8.2%	0.0%	6.7%
Amerigroup - Travis	10.7%	10.9%	9.7%	9.8%	8.4%	8.1%	0.0%	8.0%
United - Travis	10.7%	10.9%	9.7%	9.8%	8.4%	8.1%	0.0%	8.0%
Superior - MRSA Central	9.2%	11.0%	9.1%	10.4%	8.8%	8.3%	0.0%	6.7%
United - MRSA Central	9.2%	11.0%	9.1%	10.4%	8.8%	8.3%	0.0%	6.7%
Molina - MRSA Northeast (formerly Health Spring)	10.4%	11.6%	9.8%	10.9%	8.7%	8.2%	0.0%	7.5%
United - MRSA Northeast	10.4%	11.6%	9.8%	10.9%	8.7%	8.2%	0.0%	7.5%
Amerigroup - MRSA West	8.8%	9.6%	9.8%	10.5%	8.8%	8.4%	0.0%	5.0%
Superior - MRSA West	8.8%	9.6%	9.8%	10.5%	8.8%	8.4%	0.0%	5.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	1.0%	-2.0%	0.0%	0.0%	-2.0%	0.0%	0.7%	19.7%
Molina - Hidalgo	-1.1%	2.1%	0.0%	0.0%	1.9%	0.0%	-0.8%	-9.4%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 NEMT Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 NAIP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 CHIRP Premium Rate Change								
Amerigroup - Bexar	-10.9%	-12.1%	0.0%	0.0%	-11.1%	0.0%	-11.6%	-8.8%
Molina - Bexar	-11.2%	-11.1%	0.0%	0.0%	-11.8%	0.0%	-9.2%	-4.7%
Superior - Bexar	-11.1%	-11.5%	0.0%	0.0%	-11.2%	0.0%	-12.1%	-6.7%
Molina - Dallas	-0.3%	-0.2%	0.0%	0.0%	-0.2%	0.0%	-0.5%	-0.3%
Superior - Dallas	-0.2%	-0.3%	0.0%	0.0%	0.0%	0.0%	-0.2%	-0.1%
Amerigroup - El Paso	-1.9%	-2.2%	0.0%	0.0%	-2.2%	0.0%	-2.0%	-1.8%
Molina - El Paso	-2.0%	-2.0%	0.0%	0.0%	-2.3%	0.0%	-1.9%	-1.7%
Amerigroup - Harris	-11.1%	-10.8%	0.0%	0.0%	-10.0%	0.0%	-8.6%	-17.7%
Molina - Harris	-3.2%	-3.1%	0.0%	0.0%	-1.4%	0.0%	-3.0%	-4.4%
United - Harris	-9.5%	-7.1%	0.0%	0.0%	-5.3%	0.0%	-13.0%	-10.3%
Molina - Hidalgo (formerly Health Spring)	0.9%	12.5%	0.0%	0.0%	13.6%	0.0%	-8.2%	32.8%
Molina - Hidalgo	-5.2%	-10.7%	0.0%	0.0%	-9.6%	0.0%	7.2%	-15.3%
Superior - Hidalgo	-2.2%	-1.5%	0.0%	0.0%	-0.8%	0.0%	-1.4%	-4.2%
Amerigroup - Jefferson	-7.5%	-8.5%	0.0%	0.0%	-3.7%	0.0%	-1.9%	-27.2%
Molina - Jefferson	-3.3%	-3.1%	0.0%	0.0%	-4.1%	0.0%	-1.3%	-2.0%
United - Jefferson	-7.9%	-7.3%	0.0%	0.0%	-13.5%	0.0%	-6.1%	-5.2%
Amerigroup - Lubbock	-25.2%	-21.8%	0.0%	0.0%	-32.7%	0.0%	-8.5%	-9.0%
Superior - Lubbock	-29.4%	-35.0%	0.0%	0.0%	-43.6%	0.0%	-33.9%	-17.0%
Superior - Nueces	-4.7%	-3.0%	0.0%	0.0%	-5.3%	0.0%	-2.7%	-4.2%
United - Nueces	-3.5%	-2.9%	0.0%	0.0%	-1.7%	0.0%	-2.8%	-4.2%
Amerigroup - Tarrant	-1.2%	-1.3%	0.0%	0.0%	-0.3%	0.0%	-1.1%	-1.3%
Molina - Tarrant (formerly Health Spring)	-1.7%	-1.1%	0.0%	0.0%	-0.7%	0.0%	-1.9%	-2.2%
Amerigroup - Travis	-3.3%	-2.7%	0.0%	0.0%	-2.2%	0.0%	-1.5%	-4.3%
United - Travis	-3.8%	-3.8%	0.0%	0.0%	-1.8%	0.0%	-2.6%	-4.8%
Superior - MRSA Central	-7.0%	-6.5%	0.0%	0.0%	-6.0%	0.0%	-6.9%	-12.2%
United - MRSA Central	-5.5%	-5.2%	0.0%	0.0%	-3.3%	0.0%	-3.6%	-6.9%
Molina - MRSA Northeast (formerly Health Spring)	-1.9%	-1.8%	0.0%	0.0%	-1.7%	0.0%	-2.0%	-1.5%
United - MRSA Northeast	-2.5%	-1.8%	0.0%	0.0%	-1.5%	0.0%	-1.8%	-1.3%
Amerigroup - MRSA West	-3.9%	-6.0%	0.0%	0.0%	-4.9%	0.0%	-1.1%	-2.2%
Superior - MRSA West	-5.0%	-5.5%	0.0%	0.0%	-2.8%	0.0%	-2.6%	-3.2%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 TIPPS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	5.8%	8.4%	0.0%	0.0%	-0.2%	0.0%	3.5%	34.6%
Molina - Hidalgo	-5.8%	-6.4%	0.0%	0.0%	0.2%	0.0%	-3.5%	-13.3%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 DPP BHS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	-3.0%	-3.1%	0.0%	0.0%	4.4%	0.0%	-0.8%	-0.6%
Molina - Hidalgo	3.9%	3.3%	0.0%	0.0%	-3.5%	0.0%	1.0%	0.4%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 RAPPS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo (formerly Health Spring)	-7.4%	19.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	9.5%	-12.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast (formerly Health Spring)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Revised Average FY2022 Total Premium Rate Change								
Amerigroup - Bexar	0.1%	2.7%	10.3%	10.5%	3.0%	6.0%	-1.3%	-0.6%
Molina - Bexar	0.1%	2.5%	10.3%	10.4%	3.4%	6.0%	-0.9%	-0.8%
Superior - Bexar	0.1%	2.7%	10.3%	10.5%	3.0%	6.0%	-1.5%	-0.6%
Molina - Dallas	1.9%	3.6%	10.5%	10.6%	3.8%	6.1%	0.0%	0.2%
Superior - Dallas	1.3%	3.3%	10.4%	10.6%	3.3%	6.1%	0.0%	0.1%
Amerigroup - El Paso	1.8%	4.9%	11.8%	11.6%	3.8%	6.9%	-0.3%	0.0%
Molina - El Paso	2.1%	4.4%	11.9%	11.6%	3.3%	6.9%	-0.3%	0.1%
Amerigroup - Harris	-1.0%	2.5%	11.0%	10.9%	2.0%	5.9%	-1.5%	-4.3%
Molina - Harris	1.4%	4.7%	11.0%	10.9%	4.1%	5.9%	-0.3%	-0.4%
United - Harris	-0.3%	3.7%	11.0%	10.9%	3.4%	5.9%	-2.1%	-1.3%
Molina - Hidalgo (formerly Health Spring)	4.1%	5.5%	9.2%	11.6%	4.7%	6.0%	-0.2%	19.9%
Molina - Hidalgo	4.1%	6.6%	15.5%	12.7%	2.4%	6.0%	-0.1%	-8.3%
Superior - Hidalgo	4.1%	5.8%	12.1%	12.1%	3.2%	6.0%	-0.2%	0.3%
Amerigroup - Jefferson	-0.4%	2.7%	9.8%	10.5%	3.8%	6.3%	-0.3%	-5.9%
Molina - Jefferson	0.9%	3.6%	9.7%	10.5%	3.9%	6.3%	-0.1%	-0.4%
United - Jefferson	-0.5%	3.0%	9.5%	10.5%	3.3%	6.3%	-0.5%	-0.9%
Amerigroup - Lubbock	-4.6%	0.1%	6.7%	9.1%	2.9%	5.6%	-0.5%	-4.4%
Superior - Lubbock	-4.5%	-0.5%	6.7%	9.1%	2.7%	5.6%	-2.1%	-6.4%
Superior - Nueces	2.0%	4.6%	11.0%	11.2%	4.1%	5.8%	-0.3%	-0.5%
United - Nueces	2.2%	4.6%	11.0%	11.2%	4.5%	5.8%	-0.3%	-0.3%
Amerigroup - Tarrant	0.7%	3.4%	10.2%	10.1%	3.7%	5.6%	-0.2%	-0.1%
Molina - Tarrant (formerly Health Spring)	0.8%	3.5%	10.0%	10.1%	3.9%	5.6%	-0.3%	-0.2%
Amerigroup - Travis	1.1%	4.2%	9.2%	9.5%	4.2%	5.3%	-0.3%	-0.6%
United - Travis	0.3%	3.9%	8.9%	9.5%	4.2%	5.3%	-0.3%	-0.7%
Superior - MRSA Central	-0.3%	3.1%	8.0%	10.0%	4.0%	5.9%	-1.0%	-3.2%
United - MRSA Central	-0.2%	3.1%	8.0%	10.0%	4.4%	5.9%	-0.5%	-1.7%
Molina - MRSA Northeast (formerly Health Spring)	1.1%	4.4%	9.1%	10.6%	3.9%	5.9%	-0.2%	-0.1%
United - MRSA Northeast	0.9%	3.9%	9.1%	10.6%	4.1%	5.9%	-0.2%	0.0%
Amerigroup - MRSA West	0.1%	2.3%	9.1%	10.1%	3.3%	5.7%	0.0%	-0.4%
Superior - MRSA West	-0.1%	2.5%	9.0%	10.1%	3.8%	5.7%	-0.3%	-0.7%

## FY2022 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2022 Premium		% Rate Change
	Current Rates	Proposed Rates	Current Rates	Proposed Rates	
Non-Nursing Facility					
Medical (1)	995.38	1,064.92	5,935,477,174	6,350,140,061	7.0%
Pharmacy	275.30	275.30	1,641,613,577	1,641,613,577	0.0%
NEMT	20.69	20.69	123,388,871	123,388,871	0.0%
NAIP	4.76	4.76	28,374,266	28,374,266	0.0%
CHIRP	205.01	193.74	1,222,454,904	1,155,268,107	-5.5%
TIPPS	19.51	19.51	116,330,208	116,330,208	0.0%
DPP BHS	8.95	8.95	53,353,338	53,353,338	0.0%
RAPPS	0.22	0.22	1,298,889	1,298,889	0.0%
Total	1,529.81	1,588.09	9,122,291,228	9,469,767,318	3.8%
Nursing Facility					
Medical (1)	4,924.34	5,317.56	2,355,112,327	2,543,174,741	8.0%
Pharmacy	88.78	88.78	42,461,247	42,461,247	0.0%
NEMT	9.42	9.42	4,506,893	4,506,893	0.0%
QIPP	1,970.44	1,970.44	942,382,429	942,382,429	0.0%
CHIRP	157.05	151.20	75,109,994	72,313,074	-3.7%
TIPPS	4.84	4.84	2,316,733	2,316,733	0.0%
DPP BHS	1.90	1.90	906,621	906,621	0.0%
RAPPS	0.12	0.12	57,330	57,330	0.0%
Total	7,156.90	7,544.27	3,422,853,575	3,608,119,069	5.4%
Total					
Medical (1)	1,287.11	1,380.68	8,290,589,502	8,893,314,802	7.3%
Pharmacy	261.45	261.45	1,684,074,824	1,684,074,824	0.0%
NEMT	19.86	19.86	127,895,764	127,895,764	0.0%
NAIP & QIPP	150.71	150.71	970,756,696	970,756,696	0.0%
CHIRP	201.45	190.58	1,297,564,898	1,227,581,182	-5.4%
TIPPS	18.42	18.42	118,646,941	118,646,941	0.0%
DPP BHS	8.42	8.42	54,259,959	54,259,959	0.0%
RAPPS	0.21	0.21	1,356,219	1,356,219	0.0%
Total	1,947.62	2,030.33	12,545,144,803	13,077,886,387	4.2%

## Notes:

(1) Includes LTSS.



## FY2022 STAR+PLUS Rating Summary

## Hidalgo Blended Rate Calculation

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Projected Membership Distribution								
Health Spring - Hidalgo	54.3%	48.7%	52.9%	52.2%	47.1%	46.9%	53.8%	42.0%
Molina - Hidalgo	45.7%	51.3%	47.1%	47.8%	52.9%	53.1%	46.2%	58.0%
1/1/2022-2/28/2022 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	610.76	1,408.97	0.00	0.00	2,524.65	0.00	540.98	1,578.12
Molina - Hidalgo	630.19	1,325.00	0.00	0.00	2,378.38	0.00	553.71	2,381.86
Blended Rate	619.64	1,365.87	0.00	0.00	2,447.27	0.00	546.86	2,044.26
1/1/2022-2/28/2022 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	817.48	2,912.28	1,056.07	2,773.36	5,443.93	5,791.52	0.00	452.60
Molina - Hidalgo	758.47	2,811.69	974.02	2,733.72	5,443.93	5,791.52	0.00	452.60
Blended Rate	790.52	2,860.65	1,017.42	2,754.43	5,443.93	5,791.52	0.00	452.60
1/1/2022-2/28/2022 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	507.05	1,088.91	0.00	0.00	648.02	0.00	476.06	728.83
Molina - Hidalgo	523.19	1,024.01	0.00	0.00	610.47	0.00	487.26	1,100.02
Blended Rate	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
1/1/2022-2/28/2022 NEMT Premium Rates pmpm (Community Rates)								
Health Spring - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Blended Rate	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
1/1/2022-2/28/2022 NAIP Rates pmpm								
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
Blended Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/2022-2/28/2022 QIPP Rates pmpm								
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Blended Rate	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

## Hidalgo Blended Rate Calculation

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
1/1/2022-2/28/2022 CHIRP Rates pmpm								
Health Spring - Hidalgo	255.54	393.47	0.00	0.00	1,373.39	0.00	115.75	384.14
Molina - Hidalgo	274.73	553.19	0.00	0.00	1,933.12	0.00	90.14	725.80
Blended Rate	264.31	475.45	0.00	0.00	1,669.50	0.00	103.92	582.29
1/1/2022-2/28/2022 TIPPS Rates pmpm								
Health Spring - Hidalgo	3.12	3.11	0.00	0.00	3.27	0.00	3.07	3.12
Molina - Hidalgo	3.71	3.87	0.00	0.00	3.25	0.00	3.41	5.92
Blended Rate	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
1/1/2022-2/28/2022 DPP BHS Rates pmpm								
Health Spring - Hidalgo	31.46	34.27	0.00	0.00	19.02	0.00	18.34	18.92
Molina - Hidalgo	28.38	31.14	0.00	0.00	21.38	0.00	17.84	18.64
Blended Rate	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
1/1/2022-2/28/2022 RAPPS Rates pmpm								
Health Spring - Hidalgo	0.27	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.21	0.33	0.00	0.00	0.21	0.00	0.21	0.21
Blended Rate	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
1/1/2022-2/28/2022 Total Premium Rates pmpm								
Health Spring - Hidalgo	2,233.68	5,868.76	1,066.84	2,802.14	11,704.06	7,477.06	1,157.76	3,182.10
Molina - Hidalgo	2,226.88	5,776.77	984.79	2,762.50	12,082.31	7,477.06	1,155.92	4,701.21
Blended Rate	2,230.57	5,821.54	1,028.19	2,783.21	11,904.16	7,477.06	1,156.92	4,063.13
1/1/2022-2/28/2022 CFC Component Rates pmpm								
Health Spring - Hidalgo	24.62	2,402.11	18.45	1,522.83	0.00	0.00	0.00	0.00
Molina - Hidalgo	19.98	2,235.70	20.94	1,497.55	0.00	0.00	0.00	0.00
Blended Rate	22.50	2,316.69	19.62	1,510.76	0.00	0.00	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

## Hidalgo Blended Rate Calculation

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2022-8/31/2022 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	610.81	1,409.17	0.00	0.00	2,529.65	0.00	541.60	1,578.26
Molina - Hidalgo	630.25	1,325.18	0.00	0.00	2,383.09	0.00	554.34	2,382.07
Blended Rate	619.69	1,366.06	0.00	0.00	2,452.12	0.00	547.49	2,044.44
3/1/2022-8/31/2022 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	1,018.23	3,646.23	1,313.44	3,451.17	5,460.19	5,796.09	0.00	557.60
Molina - Hidalgo	944.72	3,520.30	1,211.38	3,401.83	5,460.19	5,796.09	0.00	557.60
Blended Rate	984.65	3,581.59	1,265.37	3,427.61	5,460.19	5,796.09	0.00	557.60
3/1/2022-8/31/2022 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Health Spring - Hidalgo	507.05	1,088.91	0.00	0.00	648.02	0.00	476.06	728.83
Molina - Hidalgo	523.19	1,024.01	0.00	0.00	610.47	0.00	487.26	1,100.02
Blended Rate	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
3/1/2022-8/31/2022 NEMT Premium Rates pmpm (Community Rates)								
Health Spring - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Blended Rate	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
3/1/2022-8/31/2022 NAIP Rates pmpm								
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
Blended Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3/1/2022-8/31/2022 QIPP Rates pmpm								
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Blended Rate	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

## Hidalgo Blended Rate Calculation

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2022-8/31/2022 CHIRP Rates pmpm								
Health Spring - Hidalgo	255.87	393.71	0.00	0.00	1,376.13	0.00	115.90	384.25
Molina - Hidalgo	275.09	553.52	0.00	0.00	1,936.98	0.00	90.26	726.02
Blended Rate	264.65	475.74	0.00	0.00	1,672.84	0.00	104.05	582.47
3/1/2022-8/31/2022 TIPPS Rates pmpm								
Health Spring - Hidalgo	3.12	3.11	0.00	0.00	3.27	0.00	3.07	3.12
Molina - Hidalgo	3.71	3.87	0.00	0.00	3.25	0.00	3.41	5.92
Blended Rate	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
3/1/2022-8/31/2022 DPP BHS Rates pmpm								
Health Spring - Hidalgo	31.46	34.27	0.00	0.00	19.02	0.00	18.34	18.92
Molina - Hidalgo	28.38	31.14	0.00	0.00	21.38	0.00	17.84	18.64
Blended Rate	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
3/1/2022-8/31/2022 RAPPS Rates pmpm								
Health Spring - Hidalgo	0.27	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.21	0.33	0.00	0.00	0.21	0.00	0.21	0.21
Blended Rate	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
3/1/2022-8/31/2022 Total Premium Rates pmpm								
Health Spring - Hidalgo	2,434.81	6,603.15	1,324.21	3,479.95	11,728.06	7,481.63	1,158.53	3,287.35
Molina - Hidalgo	2,413.55	6,485.89	1,222.15	3,430.61	12,107.14	7,481.63	1,156.67	4,806.64
Blended Rate	2,425.09	6,542.96	1,276.14	3,456.39	11,928.61	7,481.63	1,157.68	4,168.49
3/1/2022-8/31/2022 CFC Component Rates pmpm								
Health Spring - Hidalgo	30.66	3,007.48	22.95	1,895.02	0.00	0.00	0.00	0.00
Molina - Hidalgo	24.89	2,799.15	26.04	1,863.55	0.00	0.00	0.00	0.00
Blended Rate	28.02	2,900.54	24.41	1,879.99	0.00	0.00	0.00	0.00

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	622.20	1,507.74	0.00	0.00	1,622.75	0.00	480.61	3,061.33
Molina - Bexar	628.83	1,529.50	0.00	0.00	1,464.23	0.00	493.09	2,884.90
Superior - Bexar	665.83	1,616.81	0.00	0.00	1,613.35	0.00	567.69	2,573.14
Molina - Dallas	696.93	1,500.45	0.00	0.00	2,093.54	0.00	448.05	2,344.75
Superior - Dallas	690.34	1,668.71	0.00	0.00	2,270.40	0.00	482.66	3,261.60
Amerigroup - El Paso	688.42	1,464.97	0.00	0.00	2,281.35	0.00	718.77	2,178.99
Molina - El Paso	694.05	1,503.24	0.00	0.00	2,392.32	0.00	760.72	2,017.36
Amerigroup - Harris	737.41	1,873.24	0.00	0.00	1,927.47	0.00	469.08	2,759.03
Molina - Harris	661.90	1,621.48	0.00	0.00	1,756.94	0.00	406.92	2,521.54
United - Harris	808.81	1,950.44	0.00	0.00	1,964.16	0.00	528.11	2,893.91
Health Spring - Hidalgo	610.76	1,408.97	0.00	0.00	2,524.65	0.00	540.98	1,578.12
Molina - Hidalgo	630.19	1,325.00	0.00	0.00	2,378.38	0.00	553.71	2,381.86
Superior - Hidalgo	675.51	1,484.89	0.00	0.00	2,957.84	0.00	688.75	2,146.70
Amerigroup - Jefferson	611.76	1,968.32	0.00	0.00	1,626.63	0.00	407.63	2,892.94
Molina - Jefferson	612.36	1,606.23	0.00	0.00	1,661.45	0.00	356.08	2,546.07
United - Jefferson	725.87	1,779.80	0.00	0.00	1,820.61	0.00	429.69	3,189.96
Amerigroup - Lubbock	733.18	1,630.00	0.00	0.00	1,454.30	0.00	473.94	2,583.15
Superior - Lubbock	690.47	1,688.91	0.00	0.00	1,566.90	0.00	503.03	2,436.71
Superior - Nueces	574.00	1,468.50	0.00	0.00	1,319.61	0.00	537.37	2,303.34
United - Nueces	654.48	1,489.26	0.00	0.00	1,294.37	0.00	524.21	2,333.39
Amerigroup - Tarrant	733.37	1,704.82	0.00	0.00	1,842.61	0.00	505.81	2,599.39
Health Spring - Tarrant	643.83	1,694.00	0.00	0.00	1,656.53	0.00	410.58	2,588.94
Amerigroup - Travis	610.22	1,487.43	0.00	0.00	1,027.83	0.00	393.05	1,952.65
United - Travis	647.71	1,571.29	0.00	0.00	1,122.66	0.00	454.54	2,733.77
Superior - MRSA Central	639.84	1,614.90	0.00	0.00	1,519.83	0.00	520.92	2,556.14
United - MRSA Central	666.61	1,791.21	0.00	0.00	1,430.76	0.00	557.46	3,004.83
Health Spring - MRSA Northeast	583.15	1,445.41	0.00	0.00	1,808.04	0.00	446.83	2,779.40
United - MRSA Northeast	659.94	1,699.36	0.00	0.00	1,740.82	0.00	503.58	2,393.22
Amerigroup - MRSA West	653.01	1,881.45	0.00	0.00	1,704.02	0.00	556.06	2,236.08
Superior - MRSA West	666.06	1,681.45	0.00	0.00	1,688.81	0.00	586.79	2,671.49

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	279.50	2,126.16	462.58	2,258.32	5,505.12	5,229.77	0.00	108.62
Molina - Bexar	320.27	1,932.99	466.72	2,114.77	5,505.12	5,229.77	0.00	108.62
Superior - Bexar	334.92	2,318.82	493.06	2,362.50	5,505.12	5,229.77	0.00	108.62
Molina - Dallas	366.08	1,945.25	480.63	2,063.09	5,326.41	5,077.79	0.00	146.05
Superior - Dallas	256.20	2,011.05	401.72	2,067.78	5,326.41	5,077.79	0.00	146.05
Amerigroup - El Paso	349.59	2,172.78	582.52	2,300.88	5,556.91	5,418.87	0.00	129.17
Molina - El Paso	432.00	2,040.46	660.75	2,308.75	5,556.91	5,418.87	0.00	129.17
Amerigroup - Harris	303.59	2,823.70	395.08	2,676.50	5,651.04	5,086.26	0.00	117.27
Molina - Harris	313.09	2,764.53	405.28	2,618.52	5,651.04	5,086.26	0.00	117.27
United - Harris	357.57	2,569.17	443.29	2,485.00	5,651.04	5,086.26	0.00	117.27
Health Spring - Hidalgo	817.48	2,912.28	1,056.07	2,773.36	5,443.93	5,791.52	0.00	452.60
Molina - Hidalgo	758.47	2,811.69	974.02	2,733.72	5,443.93	5,791.52	0.00	452.60
Superior - Hidalgo	849.88	2,898.20	1,174.76	2,775.03	5,443.93	5,791.52	0.00	452.60
Amerigroup - Jefferson	198.24	2,204.07	332.56	1,979.78	5,242.94	4,668.91	0.00	86.09
Molina - Jefferson	233.97	1,934.07	307.44	1,916.61	5,242.94	4,668.91	0.00	86.09
United - Jefferson	204.58	1,921.64	236.95	1,839.21	5,242.94	4,668.91	0.00	86.09
Amerigroup - Lubbock	120.59	1,600.44	191.72	1,594.68	5,413.92	4,846.24	0.00	116.66
Superior - Lubbock	134.90	1,666.10	192.84	1,776.77	5,413.92	4,846.24	0.00	116.66
Superior - Nueces	410.10	2,267.95	614.13	2,313.58	5,351.33	5,293.95	0.00	211.22
United - Nueces	481.52	2,295.86	575.06	2,255.86	5,351.33	5,293.95	0.00	211.22
Amerigroup - Tarrant	199.98	2,099.44	366.35	1,971.21	5,028.70	4,812.36	0.00	85.87
Health Spring - Tarrant	202.17	2,155.15	287.38	2,158.97	5,028.70	4,812.36	0.00	85.87
Amerigroup - Travis	281.38	2,730.00	379.47	2,225.05	5,686.57	5,045.02	0.00	120.71
United - Travis	215.08	2,530.33	234.10	2,171.81	5,686.57	5,045.02	0.00	120.71
Superior - MRSA Central	195.75	2,103.49	260.94	1,986.42	5,497.66	5,056.15	0.00	124.29
United - MRSA Central	187.12	2,132.19	276.88	1,981.81	5,497.66	5,056.15	0.00	124.29
Health Spring - MRSA Northeast	223.89	2,247.90	279.35	1,969.72	5,352.43	4,931.83	0.00	125.10
United - MRSA Northeast	238.80	2,102.31	304.98	1,676.50	5,352.43	4,931.83	0.00	125.10
Amerigroup - MRSA West	157.46	1,961.27	323.13	1,806.30	5,140.85	4,799.92	0.00	88.02
Superior - MRSA West	160.12	1,849.99	269.69	1,832.89	5,140.85	4,799.92	0.00	88.02

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	531.83	1,164.37	0.00	0.00	753.22	0.00	553.62	1,333.60
Molina - Bexar	537.50	1,181.17	0.00	0.00	679.64	0.00	568.01	1,256.74
Superior - Bexar	569.12	1,248.59	0.00	0.00	748.86	0.00	653.93	1,120.93
Molina - Dallas	436.49	893.26	0.00	0.00	464.64	0.00	410.60	624.68
Superior - Dallas	432.36	993.44	0.00	0.00	503.90	0.00	442.32	868.94
Amerigroup - El Paso	573.81	1,133.93	0.00	0.00	471.35	0.00	770.50	1,059.26
Molina - El Paso	578.51	1,163.55	0.00	0.00	494.28	0.00	815.47	980.69
Amerigroup - Harris	539.30	1,104.03	0.00	0.00	683.14	0.00	598.73	1,188.18
Molina - Harris	484.08	955.64	0.00	0.00	622.70	0.00	519.39	1,085.90
United - Harris	591.52	1,149.52	0.00	0.00	696.14	0.00	674.08	1,246.27
Health Spring - Hidalgo	507.05	1,088.91	0.00	0.00	648.02	0.00	476.06	728.83
Molina - Hidalgo	523.19	1,024.01	0.00	0.00	610.47	0.00	487.26	1,100.02
Superior - Hidalgo	560.81	1,147.58	0.00	0.00	759.21	0.00	606.09	991.41
Amerigroup - Jefferson	486.33	1,064.09	0.00	0.00	671.15	0.00	653.94	1,131.18
Molina - Jefferson	486.80	868.34	0.00	0.00	685.52	0.00	571.24	995.55
United - Jefferson	577.04	962.18	0.00	0.00	751.19	0.00	689.33	1,247.31
Amerigroup - Lubbock	483.06	1,041.00	0.00	0.00	696.13	0.00	488.05	988.40
Superior - Lubbock	454.92	1,078.62	0.00	0.00	750.03	0.00	518.01	932.36
Superior - Nueces	486.14	1,016.00	0.00	0.00	674.87	0.00	501.56	719.63
United - Nueces	554.30	1,030.36	0.00	0.00	661.97	0.00	489.28	729.02
Amerigroup - Tarrant	530.48	1,095.81	0.00	0.00	803.86	0.00	535.95	1,283.94
Health Spring - Tarrant	465.72	1,088.86	0.00	0.00	722.68	0.00	435.04	1,278.77
Amerigroup - Travis	505.11	1,398.23	0.00	0.00	781.81	0.00	600.44	616.20
United - Travis	536.14	1,477.06	0.00	0.00	853.94	0.00	694.38	862.70
Superior - MRSA Central	441.31	1,261.53	0.00	0.00	596.52	0.00	548.15	1,246.87
United - MRSA Central	459.78	1,399.27	0.00	0.00	561.56	0.00	586.60	1,465.74
Health Spring - MRSA Northeast	450.12	1,070.92	0.00	0.00	926.25	0.00	462.39	996.01
United - MRSA Northeast	509.39	1,259.07	0.00	0.00	891.81	0.00	521.12	857.62
Amerigroup - MRSA West	510.54	1,346.43	0.00	0.00	708.01	0.00	583.61	622.67
Superior - MRSA West	520.73	1,203.30	0.00	0.00	701.70	0.00	615.86	743.91

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 NEMT Premium Rates pmpm								
Amerigroup - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Superior - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Superior - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Amerigroup - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Molina - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Amerigroup - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
United - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Health Spring - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Superior - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Amerigroup - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Molina - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
United - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Amerigroup - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
United - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
Amerigroup - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Health Spring - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Amerigroup - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
United - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
Superior - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
United - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
Health Spring - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
United - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
Amerigroup - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16
Superior - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16



FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 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	6.30	6.30	0.00	0.00	0.00	0.00	6.30	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	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	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	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	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	3.19	3.19	0.00	0.00	0.00	0.00	3.19	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	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 CHIRP pmpm								
Amerigroup - Bexar	220.00	477.86	0.00	0.00	952.98	0.00	131.07	378.56
Molina - Bexar	252.30	510.03	0.00	0.00	690.50	0.00	114.95	984.01
Superior - Bexar	265.58	583.69	0.00	0.00	892.96	0.00	168.03	430.76
Molina - Dallas	379.48	844.33	0.00	0.00	1,247.11	0.00	128.91	843.81
Superior - Dallas	612.30	1,239.78	0.00	0.00	2,825.43	0.00	254.72	2,215.77
Amerigroup - El Paso	286.40	465.43	0.00	0.00	1,334.82	0.00	255.94	683.35
Molina - El Paso	340.70	647.29	0.00	0.00	2,220.33	0.00	338.87	452.87
Amerigroup - Harris	473.85	1,224.77	0.00	0.00	1,889.23	0.00	225.94	1,157.00
Molina - Harris	335.98	880.51	0.00	0.00	855.76	0.00	131.08	591.55
United - Harris	469.26	760.87	0.00	0.00	1,158.25	0.00	219.54	650.30
Health Spring - Hidalgo	255.54	393.47	0.00	0.00	1,373.39	0.00	115.75	384.14
Molina - Hidalgo	274.73	553.19	0.00	0.00	1,933.12	0.00	90.14	725.80
Superior - Hidalgo	268.24	557.36	0.00	0.00	1,793.18	0.00	221.31	895.08
Amerigroup - Jefferson	341.81	828.61	0.00	0.00	1,330.02	0.00	196.45	862.79
Molina - Jefferson	311.45	798.65	0.00	0.00	1,096.32	0.00	72.11	1,179.99
United - Jefferson	382.53	659.43	0.00	0.00	704.96	0.00	99.03	1,065.74
Amerigroup - Lubbock	286.64	460.70	0.00	0.00	321.65	0.00	86.12	3,419.77
Superior - Lubbock	208.45	300.86	0.00	0.00	223.08	0.00	51.25	1,850.69
Superior - Nueces	248.64	479.64	0.00	0.00	701.38	0.00	147.41	961.71
United - Nueces	250.66	456.74	0.00	0.00	529.95	0.00	161.73	769.91
Amerigroup - Tarrant	516.75	1,124.38	0.00	0.00	1,579.39	0.00	264.67	695.94
Health Spring - Tarrant	455.16	1,118.02	0.00	0.00	1,258.30	0.00	159.50	619.05
Amerigroup - Travis	300.34	844.01	0.00	0.00	698.90	0.00	303.21	660.04
United - Travis	421.97	672.92	0.00	0.00	659.33	0.00	177.17	840.03
Superior - MRSA Central	308.40	720.94	0.00	0.00	801.74	0.00	182.76	1,351.88
United - MRSA Central	370.97	738.83	0.00	0.00	600.18	0.00	214.16	1,575.57
Health Spring - MRSA Northeast	280.88	690.96	0.00	0.00	994.84	0.00	139.98	1,051.95
United - MRSA Northeast	314.05	695.12	0.00	0.00	762.39	0.00	165.75	597.20
Amerigroup - MRSA West	323.73	754.08	0.00	0.00	1,289.29	0.00	156.03	823.55
Superior - MRSA West	317.74	691.57	0.00	0.00	944.25	0.00	201.46	1,176.78

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 TIPPS pmpm								
Amerigroup - Bexar	52.56	53.23	0.00	0.00	50.20	0.00	51.31	65.03
Molina - Bexar	53.53	56.18	0.00	0.00	50.98	0.00	52.07	61.56
Superior - Bexar	53.34	54.92	0.00	0.00	51.26	0.00	51.68	65.58
Molina - Dallas	137.80	139.69	0.00	0.00	137.10	0.00	136.67	142.23
Superior - Dallas	30.77	31.05	0.00	0.00	30.47	0.00	30.58	31.31
Amerigroup - El Paso	59.82	60.59	0.00	0.00	58.15	0.00	59.11	68.06
Molina - El Paso	59.54	60.20	0.00	0.00	58.41	0.00	59.07	65.77
Amerigroup - Harris	51.80	55.20	0.00	0.00	50.07	0.00	50.79	58.00
Molina - Harris	64.42	67.61	0.00	0.00	62.74	0.00	64.03	71.15
United - Harris	69.16	70.46	0.00	0.00	66.35	0.00	69.22	75.30
Health Spring - Hidalgo	3.12	3.11	0.00	0.00	3.27	0.00	3.07	3.12
Molina - Hidalgo	3.71	3.87	0.00	0.00	3.25	0.00	3.41	5.92
Superior - Hidalgo	3.58	3.90	0.00	0.00	3.53	0.00	3.47	5.47
Amerigroup - Jefferson	1.44	2.64	0.00	0.00	1.38	0.00	2.68	5.13
Molina - Jefferson	1.28	3.90	0.00	0.00	0.66	0.00	0.86	5.72
United - Jefferson	1.55	2.14	0.00	0.00	0.46	0.00	1.35	2.98
Amerigroup - Lubbock	114.39	117.72	0.00	0.00	110.18	0.00	115.62	119.89
Superior - Lubbock	73.66	77.08	0.00	0.00	69.68	0.00	73.20	78.55
Superior - Nueces	1.69	2.70	0.00	0.00	0.97	0.00	1.14	4.37
United - Nueces	0.57	0.74	0.00	0.00	0.11	0.00	0.55	1.49
Amerigroup - Tarrant	25.48	25.98	0.00	0.00	23.84	0.00	24.07	28.09
Health Spring - Tarrant	8.84	9.45	0.00	0.00	7.14	0.00	7.62	13.35
Amerigroup - Travis	0.06	0.00	0.00	0.00	0.00	0.00	0.05	0.40
United - Travis	0.98	1.28	0.00	0.00	0.10	0.00	0.76	3.37
Superior - MRSA Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - MRSA Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Health Spring - MRSA Northeast	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - MRSA Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - MRSA West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - MRSA West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 DPP BHS pmpm								
Amerigroup - Bexar	21.20	25.21	0.00	0.00	17.04	0.00	16.74	16.71
Molina - Bexar	20.12	20.78	0.00	0.00	16.02	0.00	16.04	15.46
Superior - Bexar	22.50	21.99	0.00	0.00	17.68	0.00	17.23	17.49
Molina - Dallas	26.07	28.87	0.00	0.00	19.19	0.00	21.19	17.99
Superior - Dallas	24.27	26.92	0.00	0.00	18.51	0.00	20.05	18.54
Amerigroup - El Paso	32.15	30.96	0.00	0.00	23.73	0.00	22.67	23.30
Molina - El Paso	31.67	33.89	0.00	0.00	22.10	0.00	22.43	23.55
Amerigroup - Harris	9.89	9.50	0.00	0.00	7.48	0.00	7.71	7.90
Molina - Harris	5.57	5.95	0.00	0.00	4.38	0.00	4.18	4.58
United - Harris	9.72	8.76	0.00	0.00	6.05	0.00	6.93	6.38
Health Spring - Hidalgo	31.46	34.27	0.00	0.00	19.02	0.00	18.34	18.92
Molina - Hidalgo	28.38	31.14	0.00	0.00	21.38	0.00	17.84	18.64
Superior - Hidalgo	27.63	24.26	0.00	0.00	21.13	0.00	17.16	18.37
Amerigroup - Jefferson	11.78	12.33	0.00	0.00	12.51	0.00	8.78	11.07
Molina - Jefferson	12.62	15.14	0.00	0.00	14.44	0.00	11.44	9.19
United - Jefferson	2.02	1.43	0.00	0.00	0.86	0.00	1.05	0.86
Amerigroup - Lubbock	20.09	21.80	0.00	0.00	13.68	0.00	13.45	12.58
Superior - Lubbock	20.89	17.69	0.00	0.00	12.89	0.00	12.79	13.22
Superior - Nueces	7.26	6.31	0.00	0.00	4.89	0.00	5.15	4.29
United - Nueces	15.11	15.84	0.00	0.00	10.43	0.00	10.67	11.17
Amerigroup - Tarrant	7.55	6.61	0.00	0.00	5.18	0.00	5.34	5.08
Health Spring - Tarrant	14.05	13.61	0.00	0.00	10.62	0.00	10.83	9.76
Amerigroup - Travis	43.35	44.37	0.00	0.00	40.12	0.00	36.23	33.91
United - Travis	33.01	28.56	0.00	0.00	24.92	0.00	24.53	21.80
Superior - MRSA Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - MRSA Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Health Spring - MRSA Northeast	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - MRSA Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - MRSA West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - MRSA West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 RAPPs ppm								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.71	0.00	0.13	0.09
Molina - Bexar	0.05	0.05	0.00	0.00	0.05	0.00	0.05	0.05
Superior - Bexar	0.10	0.10	0.00	0.00	0.26	0.00	0.10	0.10
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Amerigroup - El Paso	0.14	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - El Paso	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.04	0.04	0.00	0.00	0.04	0.00	0.04	0.04
Health Spring - Hidalgo	0.27	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.21	0.33	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.31	0.40	0.00	0.00	0.25	0.00	0.32	0.25
Amerigroup - Jefferson	0.56	0.50	0.00	0.00	1.88	0.00	0.50	0.50
Molina - Jefferson	0.41	0.34	0.00	0.00	2.09	0.00	0.40	0.34
United - Jefferson	0.71	0.65	0.00	0.00	1.92	0.00	0.71	0.65
Amerigroup - Lubbock	0.98	1.07	0.00	0.00	0.91	0.00	0.85	0.77
Superior - Lubbock	1.13	1.20	0.00	0.00	1.18	0.00	1.08	1.08
Superior - Nueces	0.46	0.34	0.00	0.00	1.17	0.00	0.39	0.34
United - Nueces	0.45	0.34	0.00	0.00	0.90	0.00	0.38	0.34
Amerigroup - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Health Spring - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Amerigroup - Travis	0.53	0.63	0.00	0.00	2.66	0.00	0.47	0.67
United - Travis	0.63	0.64	0.00	0.00	3.29	0.00	0.61	0.51
Superior - MRSA Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - MRSA Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Health Spring - MRSA Northeast	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - MRSA Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - MRSA West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - MRSA West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
9/1/2021-12/31/2021 Total Premium Rates pmpm								
Amerigroup - Bexar	1,744.60	5,396.48	475.99	2,304.23	10,833.78	7,156.57	1,236.83	4,980.10
Molina - Bexar	1,829.82	5,272.52	480.13	2,160.68	10,338.30	7,156.57	1,247.56	5,327.50
Superior - Bexar	1,934.91	5,893.04	506.47	2,408.41	10,761.25	7,156.57	1,468.31	4,332.78
Molina - Dallas	2,058.97	5,407.88	496.27	2,108.46	11,422.59	7,208.57	1,148.77	4,135.67
Superior - Dallas	2,062.38	6,027.00	417.36	2,113.15	13,109.74	7,208.57	1,233.70	6,558.39
Amerigroup - El Paso	2,003.88	5,363.80	592.33	2,336.57	10,899.54	6,603.52	1,830.42	4,158.37
Molina - El Paso	2,150.10	5,483.77	670.56	2,344.44	11,917.58	6,603.52	1,999.99	3,685.65
Amerigroup - Harris	2,161.72	7,162.80	406.37	2,707.66	12,183.89	7,055.70	1,386.57	5,303.54
Molina - Harris	1,879.95	6,337.11	416.57	2,649.68	10,929.02	7,055.70	1,128.95	4,408.15
United - Harris	2,341.48	6,571.14	454.58	2,516.16	11,517.49	7,055.70	1,521.76	5,005.63
Health Spring - Hidalgo	2,233.68	5,868.76	1,066.84	2,802.14	11,704.06	7,477.06	1,157.76	3,182.10
Molina - Hidalgo	2,226.88	5,776.77	984.79	2,762.50	12,082.31	7,477.06	1,155.92	4,701.21
Superior - Hidalgo	2,396.68	6,146.85	1,185.53	2,803.81	12,670.64	7,477.06	1,543.17	4,526.04
Amerigroup - Jefferson	1,685.83	6,179.00	356.91	2,057.28	10,751.27	6,528.77	1,278.46	5,005.86
Molina - Jefferson	1,687.67	5,319.98	331.79	1,994.11	10,568.18	6,528.77	1,015.48	4,839.11
United - Jefferson	1,942.79	5,440.29	261.30	1,916.71	10,387.70	6,528.77	1,244.22	5,609.75
Amerigroup - Lubbock	1,794.38	4,975.70	221.34	1,683.88	10,086.63	6,939.02	1,199.06	7,257.38
Superior - Lubbock	1,614.58	4,928.14	222.46	1,865.97	10,113.54	6,939.02	1,175.10	5,445.43
Superior - Nueces	1,786.63	5,359.63	634.07	2,367.14	9,939.82	7,174.34	1,227.36	4,221.06
United - Nueces	2,101.58	5,493.48	595.00	2,309.42	9,734.66	7,174.34	1,307.31	4,072.70
Amerigroup - Tarrant	2,038.94	6,118.93	383.34	2,013.79	11,313.40	6,841.79	1,343.07	4,714.48
Health Spring - Tarrant	1,811.23	6,137.11	304.37	2,201.55	10,713.79	6,841.79	1,026.93	4,611.91
Amerigroup - Travis	1,759.39	6,572.13	399.55	2,289.91	10,670.48	7,485.93	1,336.80	3,400.74
United - Travis	1,873.92	6,349.54	254.18	2,236.67	10,783.40	7,485.93	1,355.34	4,599.05
Superior - MRSA Central	1,638.09	5,837.67	297.95	2,067.02	10,314.16	6,936.94	1,277.87	5,321.33
United - MRSA Central	1,736.63	6,193.64	313.89	2,062.41	9,988.78	6,936.94	1,382.04	6,223.05
Health Spring - MRSA Northeast	1,615.55	5,588.53	301.38	2,025.41	10,947.97	6,748.88	1,098.27	5,016.01
United - MRSA Northeast	1,795.47	5,887.82	327.01	1,732.19	10,610.60	6,748.88	1,236.38	4,035.99
Amerigroup - MRSA West	1,732.95	6,091.78	347.92	1,875.67	10,987.84	6,913.74	1,356.78	3,830.73
Superior - MRSA West	1,747.80	5,567.17	294.48	1,902.26	10,626.34	6,913.74	1,462.24	4,742.45

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	622.20	1,507.74	0.00	0.00	1,622.75	0.00	480.61	3,061.33
Molina - Bexar	628.83	1,529.50	0.00	0.00	1,464.23	0.00	493.09	2,884.90
Superior - Bexar	665.83	1,616.81	0.00	0.00	1,613.35	0.00	567.69	2,573.14
Molina - Dallas	696.93	1,500.45	0.00	0.00	2,093.54	0.00	448.05	2,344.75
Superior - Dallas	690.34	1,668.71	0.00	0.00	2,270.40	0.00	482.66	3,261.60
Amerigroup - El Paso	688.42	1,464.97	0.00	0.00	2,281.35	0.00	718.77	2,178.99
Molina - El Paso	694.05	1,503.24	0.00	0.00	2,392.32	0.00	760.72	2,017.36
Amerigroup - Harris	737.41	1,873.24	0.00	0.00	1,927.47	0.00	469.08	2,759.03
Molina - Harris	661.90	1,621.48	0.00	0.00	1,756.94	0.00	406.92	2,521.54
United - Harris	808.81	1,950.44	0.00	0.00	1,964.16	0.00	528.11	2,893.91
Molina - Hidalgo (formerly Health Spring)	619.64	1,365.87	0.00	0.00	2,447.27	0.00	546.86	2,044.26
Molina - Hidalgo	619.64	1,365.87	0.00	0.00	2,447.27	0.00	546.86	2,044.26
Superior - Hidalgo	675.51	1,484.89	0.00	0.00	2,957.84	0.00	688.75	2,146.70
Amerigroup - Jefferson	611.76	1,968.32	0.00	0.00	1,626.63	0.00	407.63	2,892.94
Molina - Jefferson	612.36	1,606.23	0.00	0.00	1,661.45	0.00	356.08	2,546.07
United - Jefferson	725.87	1,779.80	0.00	0.00	1,820.61	0.00	429.69	3,189.96
Amerigroup - Lubbock	733.18	1,630.00	0.00	0.00	1,454.30	0.00	473.94	2,583.15
Superior - Lubbock	690.47	1,688.91	0.00	0.00	1,566.90	0.00	503.03	2,436.71
Superior - Nueces	574.00	1,468.50	0.00	0.00	1,319.61	0.00	537.37	2,303.34
United - Nueces	654.48	1,489.26	0.00	0.00	1,294.37	0.00	524.21	2,333.39
Amerigroup - Tarrant	733.37	1,704.82	0.00	0.00	1,842.61	0.00	505.81	2,599.39
Molina - Tarrant (formerly Health Spring)	643.83	1,694.00	0.00	0.00	1,656.53	0.00	410.58	2,588.94
Amerigroup - Travis	610.22	1,487.43	0.00	0.00	1,027.83	0.00	393.05	1,952.65
United - Travis	647.71	1,571.29	0.00	0.00	1,122.66	0.00	454.54	2,733.77
Superior - MRSA Central	639.84	1,614.90	0.00	0.00	1,519.83	0.00	520.92	2,556.14
United - MRSA Central	666.61	1,791.21	0.00	0.00	1,430.76	0.00	557.46	3,004.83
Molina - MRSA Northeast (formerly Health Spring)	583.15	1,445.41	0.00	0.00	1,808.04	0.00	446.83	2,779.40
United - MRSA Northeast	659.94	1,699.36	0.00	0.00	1,740.82	0.00	503.58	2,393.22
Amerigroup - MRSA West	653.01	1,881.45	0.00	0.00	1,704.02	0.00	556.06	2,236.08
Superior - MRSA West	666.06	1,681.45	0.00	0.00	1,688.81	0.00	586.79	2,671.49



## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	279.50	2,126.16	462.58	2,258.32	5,505.12	5,229.77	0.00	108.62
Molina - Bexar	320.27	1,932.99	466.72	2,114.77	5,505.12	5,229.77	0.00	108.62
Superior - Bexar	334.92	2,318.82	493.06	2,362.50	5,505.12	5,229.77	0.00	108.62
Molina - Dallas	366.08	1,945.25	480.63	2,063.09	5,326.41	5,077.79	0.00	146.05
Superior - Dallas	256.20	2,011.05	401.72	2,067.78	5,326.41	5,077.79	0.00	146.05
Amerigroup - El Paso	349.59	2,172.78	582.52	2,300.88	5,556.91	5,418.87	0.00	129.17
Molina - El Paso	432.00	2,040.46	660.75	2,308.75	5,556.91	5,418.87	0.00	129.17
Amerigroup - Harris	303.59	2,823.70	395.08	2,676.50	5,651.04	5,086.26	0.00	117.27
Molina - Harris	313.09	2,764.53	405.28	2,618.52	5,651.04	5,086.26	0.00	117.27
United - Harris	357.57	2,569.17	443.29	2,485.00	5,651.04	5,086.26	0.00	117.27
Molina - Hidalgo (formerly Health Spring)	790.52	2,860.65	1,017.42	2,754.43	5,443.93	5,791.52	0.00	452.60
Molina - Hidalgo	790.52	2,860.65	1,017.42	2,754.43	5,443.93	5,791.52	0.00	452.60
Superior - Hidalgo	849.88	2,898.20	1,174.76	2,775.03	5,443.93	5,791.52	0.00	452.60
Amerigroup - Jefferson	198.24	2,204.07	332.56	1,979.78	5,242.94	4,668.91	0.00	86.09
Molina - Jefferson	233.97	1,934.07	307.44	1,916.61	5,242.94	4,668.91	0.00	86.09
United - Jefferson	204.58	1,921.64	236.95	1,839.21	5,242.94	4,668.91	0.00	86.09
Amerigroup - Lubbock	120.59	1,600.44	191.72	1,594.68	5,413.92	4,846.24	0.00	116.66
Superior - Lubbock	134.90	1,666.10	192.84	1,776.77	5,413.92	4,846.24	0.00	116.66
Superior - Nueces	410.10	2,267.95	614.13	2,313.58	5,351.33	5,293.95	0.00	211.22
United - Nueces	481.52	2,295.86	575.06	2,255.86	5,351.33	5,293.95	0.00	211.22
Amerigroup - Tarrant	199.98	2,099.44	366.35	1,971.21	5,028.70	4,812.36	0.00	85.87
Molina - Tarrant (formerly Health Spring)	202.17	2,155.15	287.38	2,158.97	5,028.70	4,812.36	0.00	85.87
Amerigroup - Travis	281.38	2,730.00	379.47	2,225.05	5,686.57	5,045.02	0.00	120.71
United - Travis	215.08	2,530.33	234.10	2,171.81	5,686.57	5,045.02	0.00	120.71
Superior - MRSA Central	195.75	2,103.49	260.94	1,986.42	5,497.66	5,056.15	0.00	124.29
United - MRSA Central	187.12	2,132.19	276.88	1,981.81	5,497.66	5,056.15	0.00	124.29
Molina - MRSA Northeast (formerly Health Spring)	223.89	2,247.90	279.35	1,969.72	5,352.43	4,931.83	0.00	125.10
United - MRSA Northeast	238.80	2,102.31	304.98	1,676.50	5,352.43	4,931.83	0.00	125.10
Amerigroup - MRSA West	157.46	1,961.27	323.13	1,806.30	5,140.85	4,799.92	0.00	88.02
Superior - MRSA West	160.12	1,849.99	269.69	1,832.89	5,140.85	4,799.92	0.00	88.02

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	531.83	1,164.37	0.00	0.00	753.22	0.00	553.62	1,333.60
Molina - Bexar	537.50	1,181.17	0.00	0.00	679.64	0.00	568.01	1,256.74
Superior - Bexar	569.12	1,248.59	0.00	0.00	748.86	0.00	653.93	1,120.93
Molina - Dallas	436.49	893.26	0.00	0.00	464.64	0.00	410.60	624.68
Superior - Dallas	432.36	993.44	0.00	0.00	503.90	0.00	442.32	868.94
Amerigroup - El Paso	573.81	1,133.93	0.00	0.00	471.35	0.00	770.50	1,059.26
Molina - El Paso	578.51	1,163.55	0.00	0.00	494.28	0.00	815.47	980.69
Amerigroup - Harris	539.30	1,104.03	0.00	0.00	683.14	0.00	598.73	1,188.18
Molina - Harris	484.08	955.64	0.00	0.00	622.70	0.00	519.39	1,085.90
United - Harris	591.52	1,149.52	0.00	0.00	696.14	0.00	674.08	1,246.27
Molina - Hidalgo (formerly Health Spring)	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
Molina - Hidalgo	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
Superior - Hidalgo	560.81	1,147.58	0.00	0.00	759.21	0.00	606.09	991.41
Amerigroup - Jefferson	486.33	1,064.09	0.00	0.00	671.15	0.00	653.94	1,131.18
Molina - Jefferson	486.80	868.34	0.00	0.00	685.52	0.00	571.24	995.55
United - Jefferson	577.04	962.18	0.00	0.00	751.19	0.00	689.33	1,247.31
Amerigroup - Lubbock	483.06	1,041.00	0.00	0.00	696.13	0.00	488.05	988.40
Superior - Lubbock	454.92	1,078.62	0.00	0.00	750.03	0.00	518.01	932.36
Superior - Nueces	486.14	1,016.00	0.00	0.00	674.87	0.00	501.56	719.63
United - Nueces	554.30	1,030.36	0.00	0.00	661.97	0.00	489.28	729.02
Amerigroup - Tarrant	530.48	1,095.81	0.00	0.00	803.86	0.00	535.95	1,283.94
Molina - Tarrant (formerly Health Spring)	465.72	1,088.86	0.00	0.00	722.68	0.00	435.04	1,278.77
Amerigroup - Travis	505.11	1,398.23	0.00	0.00	781.81	0.00	600.44	616.20
United - Travis	536.14	1,477.06	0.00	0.00	853.94	0.00	694.38	862.70
Superior - MRSA Central	441.31	1,261.53	0.00	0.00	596.52	0.00	548.15	1,246.87
United - MRSA Central	459.78	1,399.27	0.00	0.00	561.56	0.00	586.60	1,465.74
Molina - MRSA Northeast (formerly Health Spring)	450.12	1,070.92	0.00	0.00	926.25	0.00	462.39	996.01
United - MRSA Northeast	509.39	1,259.07	0.00	0.00	891.81	0.00	521.12	857.62
Amerigroup - MRSA West	510.54	1,346.43	0.00	0.00	708.01	0.00	583.61	622.67
Superior - MRSA West	520.73	1,203.30	0.00	0.00	701.70	0.00	615.86	743.91

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 NEMT Premium Rates pmpm								
Amerigroup - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Superior - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Superior - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Amerigroup - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Molina - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Amerigroup - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
United - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Hidalgo (formerly Health Spring)	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Superior - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Amerigroup - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Molina - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
United - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Amerigroup - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
United - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
Amerigroup - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Molina - Tarrant (formerly Health Spring)	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Amerigroup - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
United - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
Superior - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
United - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
Molina - MRSA Northeast (formerly Health Spring)	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
United - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
Amerigroup - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16
Superior - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 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	6.30	6.30	0.00	0.00	0.00	0.00	6.30	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	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	0.00
Molina - Hidalgo (formerly Health Spring)	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	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	0.00
Molina - Tarrant (formerly Health Spring)	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	3.19	3.19	0.00	0.00	0.00	0.00	3.19	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	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	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Hidalgo (formerly Health Spring)	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Molina - Tarrant (formerly Health Spring)	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 CHIRP pmpm								
Amerigroup - Bexar	220.00	477.86	0.00	0.00	952.98	0.00	131.07	378.56
Molina - Bexar	252.30	510.03	0.00	0.00	690.50	0.00	114.95	984.01
Superior - Bexar	265.58	583.69	0.00	0.00	892.96	0.00	168.03	430.76
Molina - Dallas	379.48	844.33	0.00	0.00	1,247.11	0.00	128.91	843.81
Superior - Dallas	612.30	1,239.78	0.00	0.00	2,825.43	0.00	254.72	2,215.77
Amerigroup - El Paso	286.40	465.43	0.00	0.00	1,334.82	0.00	255.94	683.35
Molina - El Paso	340.70	647.29	0.00	0.00	2,220.33	0.00	338.87	452.87
Amerigroup - Harris	473.85	1,224.77	0.00	0.00	1,889.23	0.00	225.94	1,157.00
Molina - Harris	335.98	880.51	0.00	0.00	855.76	0.00	131.08	591.55
United - Harris	469.26	760.87	0.00	0.00	1,158.25	0.00	219.54	650.30
Molina - Hidalgo (formerly Health Spring)	264.31	475.45	0.00	0.00	1,669.50	0.00	103.92	582.29
Molina - Hidalgo	264.31	475.45	0.00	0.00	1,669.50	0.00	103.92	582.29
Superior - Hidalgo	268.24	557.36	0.00	0.00	1,793.18	0.00	221.31	895.08
Amerigroup - Jefferson	341.81	828.61	0.00	0.00	1,330.02	0.00	196.45	862.79
Molina - Jefferson	311.45	798.65	0.00	0.00	1,096.32	0.00	72.11	1,179.99
United - Jefferson	382.53	659.43	0.00	0.00	704.96	0.00	99.03	1,065.74
Amerigroup - Lubbock	286.64	460.70	0.00	0.00	321.65	0.00	86.12	3,419.77
Superior - Lubbock	208.45	300.86	0.00	0.00	223.08	0.00	51.25	1,850.69
Superior - Nueces	248.64	479.64	0.00	0.00	701.38	0.00	147.41	961.71
United - Nueces	250.66	456.74	0.00	0.00	529.95	0.00	161.73	769.91
Amerigroup - Tarrant	516.75	1,124.38	0.00	0.00	1,579.39	0.00	264.67	695.94
Molina - Tarrant (formerly Health Spring)	455.16	1,118.02	0.00	0.00	1,258.30	0.00	159.50	619.05
Amerigroup - Travis	300.34	844.01	0.00	0.00	698.90	0.00	303.21	660.04
United - Travis	421.97	672.92	0.00	0.00	659.33	0.00	177.17	840.03
Superior - MRSA Central	308.40	720.94	0.00	0.00	801.74	0.00	182.76	1,351.88
United - MRSA Central	370.97	738.83	0.00	0.00	600.18	0.00	214.16	1,575.57
Molina - MRSA Northeast (formerly Health Spring)	280.88	690.96	0.00	0.00	994.84	0.00	139.98	1,051.95
United - MRSA Northeast	314.05	695.12	0.00	0.00	762.39	0.00	165.75	597.20
Amerigroup - MRSA West	323.73	754.08	0.00	0.00	1,289.29	0.00	156.03	823.55
Superior - MRSA West	317.74	691.57	0.00	0.00	944.25	0.00	201.46	1,176.78

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 TIPPS pmpm								
Amerigroup - Bexar	52.56	53.23	0.00	0.00	50.20	0.00	51.31	65.03
Molina - Bexar	53.53	56.18	0.00	0.00	50.98	0.00	52.07	61.56
Superior - Bexar	53.34	54.92	0.00	0.00	51.26	0.00	51.68	65.58
Molina - Dallas	137.80	139.69	0.00	0.00	137.10	0.00	136.67	142.23
Superior - Dallas	30.77	31.05	0.00	0.00	30.47	0.00	30.58	31.31
Amerigroup - El Paso	59.82	60.59	0.00	0.00	58.15	0.00	59.11	68.06
Molina - El Paso	59.54	60.20	0.00	0.00	58.41	0.00	59.07	65.77
Amerigroup - Harris	51.80	55.20	0.00	0.00	50.07	0.00	50.79	58.00
Molina - Harris	64.42	67.61	0.00	0.00	62.74	0.00	64.03	71.15
United - Harris	69.16	70.46	0.00	0.00	66.35	0.00	69.22	75.30
Molina - Hidalgo (formerly Health Spring)	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
Molina - Hidalgo	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
Superior - Hidalgo	3.58	3.90	0.00	0.00	3.53	0.00	3.47	5.47
Amerigroup - Jefferson	1.44	2.64	0.00	0.00	1.38	0.00	2.68	5.13
Molina - Jefferson	1.28	3.90	0.00	0.00	0.66	0.00	0.86	5.72
United - Jefferson	1.55	2.14	0.00	0.00	0.46	0.00	1.35	2.98
Amerigroup - Lubbock	114.39	117.72	0.00	0.00	110.18	0.00	115.62	119.89
Superior - Lubbock	73.66	77.08	0.00	0.00	69.68	0.00	73.20	78.55
Superior - Nueces	1.69	2.70	0.00	0.00	0.97	0.00	1.14	4.37
United - Nueces	0.57	0.74	0.00	0.00	0.11	0.00	0.55	1.49
Amerigroup - Tarrant	25.48	25.98	0.00	0.00	23.84	0.00	24.07	28.09
Molina - Tarrant (formerly Health Spring)	8.84	9.45	0.00	0.00	7.14	0.00	7.62	13.35
Amerigroup - Travis	0.06	0.00	0.00	0.00	0.00	0.00	0.05	0.40
United - Travis	0.98	1.28	0.00	0.00	0.10	0.00	0.76	3.37
Superior - MRSA Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - MRSA Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Molina - MRSA Northeast (formerly Health Spring)	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - MRSA Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - MRSA West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - MRSA West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 DPP BHS pmpm								
Amerigroup - Bexar	21.20	25.21	0.00	0.00	17.04	0.00	16.74	16.71
Molina - Bexar	20.12	20.78	0.00	0.00	16.02	0.00	16.04	15.46
Superior - Bexar	22.50	21.99	0.00	0.00	17.68	0.00	17.23	17.49
Molina - Dallas	26.07	28.87	0.00	0.00	19.19	0.00	21.19	17.99
Superior - Dallas	24.27	26.92	0.00	0.00	18.51	0.00	20.05	18.54
Amerigroup - El Paso	32.15	30.96	0.00	0.00	23.73	0.00	22.67	23.30
Molina - El Paso	31.67	33.89	0.00	0.00	22.10	0.00	22.43	23.55
Amerigroup - Harris	9.89	9.50	0.00	0.00	7.48	0.00	7.71	7.90
Molina - Harris	5.57	5.95	0.00	0.00	4.38	0.00	4.18	4.58
United - Harris	9.72	8.76	0.00	0.00	6.05	0.00	6.93	6.38
Molina - Hidalgo (formerly Health Spring)	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
Molina - Hidalgo	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
Superior - Hidalgo	27.63	24.26	0.00	0.00	21.13	0.00	17.16	18.37
Amerigroup - Jefferson	11.78	12.33	0.00	0.00	12.51	0.00	8.78	11.07
Molina - Jefferson	12.62	15.14	0.00	0.00	14.44	0.00	11.44	9.19
United - Jefferson	2.02	1.43	0.00	0.00	0.86	0.00	1.05	0.86
Amerigroup - Lubbock	20.09	21.80	0.00	0.00	13.68	0.00	13.45	12.58
Superior - Lubbock	20.89	17.69	0.00	0.00	12.89	0.00	12.79	13.22
Superior - Nueces	7.26	6.31	0.00	0.00	4.89	0.00	5.15	4.29
United - Nueces	15.11	15.84	0.00	0.00	10.43	0.00	10.67	11.17
Amerigroup - Tarrant	7.55	6.61	0.00	0.00	5.18	0.00	5.34	5.08
Molina - Tarrant (formerly Health Spring)	14.05	13.61	0.00	0.00	10.62	0.00	10.83	9.76
Amerigroup - Travis	43.35	44.37	0.00	0.00	40.12	0.00	36.23	33.91
United - Travis	33.01	28.56	0.00	0.00	24.92	0.00	24.53	21.80
Superior - MRSA Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - MRSA Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Molina - MRSA Northeast (formerly Health Spring)	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - MRSA Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - MRSA West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - MRSA West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32



FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 RAPPS pmpm								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.71	0.00	0.13	0.09
Molina - Bexar	0.05	0.05	0.00	0.00	0.05	0.00	0.05	0.05
Superior - Bexar	0.10	0.10	0.00	0.00	0.26	0.00	0.10	0.10
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Amerigroup - El Paso	0.14	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - El Paso	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.04	0.04	0.00	0.00	0.04	0.00	0.04	0.04
Molina - Hidalgo (formerly Health Spring)	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.31	0.40	0.00	0.00	0.25	0.00	0.32	0.25
Amerigroup - Jefferson	0.56	0.50	0.00	0.00	1.88	0.00	0.50	0.50
Molina - Jefferson	0.41	0.34	0.00	0.00	2.09	0.00	0.40	0.34
United - Jefferson	0.71	0.65	0.00	0.00	1.92	0.00	0.71	0.65
Amerigroup - Lubbock	0.98	1.07	0.00	0.00	0.91	0.00	0.85	0.77
Superior - Lubbock	1.13	1.20	0.00	0.00	1.18	0.00	1.08	1.08
Superior - Nueces	0.46	0.34	0.00	0.00	1.17	0.00	0.39	0.34
United - Nueces	0.45	0.34	0.00	0.00	0.90	0.00	0.38	0.34
Amerigroup - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Molina - Tarrant (formerly Health Spring)	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Amerigroup - Travis	0.53	0.63	0.00	0.00	2.66	0.00	0.47	0.67
United - Travis	0.63	0.64	0.00	0.00	3.29	0.00	0.61	0.51
Superior - MRSA Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - MRSA Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Molina - MRSA Northeast (formerly Health Spring)	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - MRSA Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - MRSA West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - MRSA West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
1/1/2022-2/28/2022 Total Premium Rates pmpm								
Amerigroup - Bexar	1,744.60	5,396.48	475.99	2,304.23	10,833.78	7,156.57	1,236.83	4,980.10
Molina - Bexar	1,829.82	5,272.52	480.13	2,160.68	10,338.30	7,156.57	1,247.56	5,327.50
Superior - Bexar	1,934.91	5,893.04	506.47	2,408.41	10,761.25	7,156.57	1,468.31	4,332.78
Molina - Dallas	2,058.97	5,407.88	496.27	2,108.46	11,422.59	7,208.57	1,148.77	4,135.67
Superior - Dallas	2,062.38	6,027.00	417.36	2,113.15	13,109.74	7,208.57	1,233.70	6,558.39
Amerigroup - El Paso	2,003.88	5,363.80	592.33	2,336.57	10,899.54	6,603.52	1,830.42	4,158.37
Molina - El Paso	2,150.10	5,483.77	670.56	2,344.44	11,917.58	6,603.52	1,999.99	3,685.65
Amerigroup - Harris	2,161.72	7,162.80	406.37	2,707.66	12,183.89	7,055.70	1,386.57	5,303.54
Molina - Harris	1,879.95	6,337.11	416.57	2,649.68	10,929.02	7,055.70	1,128.95	4,408.15
United - Harris	2,341.48	6,571.14	454.58	2,516.16	11,517.49	7,055.70	1,521.76	5,005.63
Molina - Hidalgo (formerly Health Spring)	2,230.57	5,821.54	1,028.19	2,783.21	11,904.16	7,477.06	1,156.92	4,063.13
Molina - Hidalgo	2,230.57	5,821.54	1,028.19	2,783.21	11,904.16	7,477.06	1,156.92	4,063.13
Superior - Hidalgo	2,396.68	6,146.85	1,185.53	2,803.81	12,670.64	7,477.06	1,543.17	4,526.04
Amerigroup - Jefferson	1,685.83	6,179.00	356.91	2,057.28	10,751.27	6,528.77	1,278.46	5,005.86
Molina - Jefferson	1,687.67	5,319.98	331.79	1,994.11	10,568.18	6,528.77	1,015.48	4,839.11
United - Jefferson	1,942.79	5,440.29	261.30	1,916.71	10,387.70	6,528.77	1,244.22	5,609.75
Amerigroup - Lubbock	1,794.38	4,975.70	221.34	1,683.88	10,086.63	6,939.02	1,199.06	7,257.38
Superior - Lubbock	1,614.58	4,928.14	222.46	1,865.97	10,113.54	6,939.02	1,175.10	5,445.43
Superior - Nueces	1,786.63	5,359.63	634.07	2,367.14	9,939.82	7,174.34	1,227.36	4,221.06
United - Nueces	2,101.58	5,493.48	595.00	2,309.42	9,734.66	7,174.34	1,307.31	4,072.70
Amerigroup - Tarrant	2,038.94	6,118.93	383.34	2,013.79	11,313.40	6,841.79	1,343.07	4,714.48
Molina - Tarrant (formerly Health Spring)	1,811.23	6,137.11	304.37	2,201.55	10,713.79	6,841.79	1,026.93	4,611.91
Amerigroup - Travis	1,759.39	6,572.13	399.55	2,289.91	10,670.48	7,485.93	1,336.80	3,400.74
United - Travis	1,873.92	6,349.54	254.18	2,236.67	10,783.40	7,485.93	1,355.34	4,599.05
Superior - MRSA Central	1,638.09	5,837.67	297.95	2,067.02	10,314.16	6,936.94	1,277.87	5,321.33
United - MRSA Central	1,736.63	6,193.64	313.89	2,062.41	9,988.78	6,936.94	1,382.04	6,223.05
Molina - MRSA Northeast (formerly Health Spring)	1,615.55	5,588.53	301.38	2,025.41	10,947.97	6,748.88	1,098.27	5,016.01
United - MRSA Northeast	1,795.47	5,887.82	327.01	1,732.19	10,610.60	6,748.88	1,236.38	4,035.99
Amerigroup - MRSA West	1,732.95	6,091.78	347.92	1,875.67	10,987.84	6,913.74	1,356.78	3,830.73
Superior - MRSA West	1,747.80	5,567.17	294.48	1,902.26	10,626.34	6,913.74	1,462.24	4,742.45

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	622.68	1,508.81	0.00	0.00	1,631.01	0.00	482.47	3,062.19
Molina - Bexar	629.33	1,530.59	0.00	0.00	1,471.69	0.00	495.00	2,885.71
Superior - Bexar	666.35	1,617.96	0.00	0.00	1,621.57	0.00	569.89	2,573.85
Molina - Dallas	696.67	1,500.44	0.00	0.00	2,101.06	0.00	448.39	2,345.37
Superior - Dallas	690.10	1,668.71	0.00	0.00	2,278.56	0.00	483.03	3,262.47
Amerigroup - El Paso	688.68	1,465.29	0.00	0.00	2,285.90	0.00	719.31	2,179.06
Molina - El Paso	694.32	1,503.57	0.00	0.00	2,397.09	0.00	761.29	2,017.43
Amerigroup - Harris	737.57	1,873.88	0.00	0.00	1,935.14	0.00	470.24	2,759.48
Molina - Harris	662.05	1,622.03	0.00	0.00	1,763.93	0.00	407.93	2,521.96
United - Harris	808.99	1,951.10	0.00	0.00	1,971.97	0.00	529.42	2,894.39
Molina - Hidalgo (formerly Health Spring)	619.69	1,366.06	0.00	0.00	2,452.12	0.00	547.49	2,044.44
Molina - Hidalgo	619.69	1,366.06	0.00	0.00	2,452.12	0.00	547.49	2,044.44
Superior - Hidalgo	675.58	1,485.09	0.00	0.00	2,963.70	0.00	689.53	2,146.89
Amerigroup - Jefferson	611.78	1,968.34	0.00	0.00	1,632.24	0.00	408.56	2,893.19
Molina - Jefferson	612.39	1,606.24	0.00	0.00	1,667.18	0.00	356.89	2,546.29
United - Jefferson	725.90	1,779.82	0.00	0.00	1,826.89	0.00	430.67	3,190.23
Amerigroup - Lubbock	733.66	1,631.42	0.00	0.00	1,458.63	0.00	476.85	2,584.14
Superior - Lubbock	690.92	1,690.39	0.00	0.00	1,571.57	0.00	506.12	2,437.64
Superior - Nueces	573.90	1,468.84	0.00	0.00	1,323.19	0.00	538.91	2,303.83
United - Nueces	654.36	1,489.61	0.00	0.00	1,297.88	0.00	525.71	2,333.88
Amerigroup - Tarrant	733.52	1,706.55	0.00	0.00	1,854.27	0.00	506.71	2,599.60
Molina - Tarrant (formerly Health Spring)	643.97	1,695.72	0.00	0.00	1,667.02	0.00	411.31	2,589.15
Amerigroup - Travis	610.50	1,488.77	0.00	0.00	1,033.29	0.00	394.24	1,952.96
United - Travis	648.00	1,572.71	0.00	0.00	1,128.62	0.00	455.92	2,734.20
Superior - MRSA Central	640.36	1,615.68	0.00	0.00	1,524.43	0.00	523.05	2,556.83
United - MRSA Central	667.15	1,792.08	0.00	0.00	1,435.09	0.00	559.73	3,005.64
Molina - MRSA Northeast (formerly Health Spring)	583.11	1,445.35	0.00	0.00	1,815.68	0.00	447.94	2,779.85
United - MRSA Northeast	659.89	1,699.29	0.00	0.00	1,748.16	0.00	504.83	2,393.60
Amerigroup - MRSA West	653.43	1,881.91	0.00	0.00	1,706.20	0.00	558.73	2,236.71
Superior - MRSA West	666.48	1,681.85	0.00	0.00	1,690.97	0.00	589.61	2,672.24

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	337.88	2,552.87	560.36	2,734.05	5,507.51	5,230.22	0.00	121.41
Molina - Bexar	387.16	2,320.93	565.37	2,560.27	5,507.51	5,230.22	0.00	121.41
Superior - Bexar	404.87	2,784.20	597.28	2,860.18	5,507.51	5,230.22	0.00	121.41
Molina - Dallas	447.83	2,335.11	584.40	2,498.50	5,333.84	5,079.10	0.00	169.30
Superior - Dallas	313.41	2,414.10	488.45	2,504.18	5,333.84	5,079.10	0.00	169.30
Amerigroup - El Paso	432.76	2,714.72	722.74	2,834.28	5,565.70	5,424.08	0.00	153.32
Molina - El Paso	534.76	2,549.39	819.82	2,843.97	5,565.70	5,424.08	0.00	153.32
Amerigroup - Harris	375.69	3,482.34	484.19	3,261.72	5,655.48	5,088.48	0.00	137.67
Molina - Harris	387.45	3,409.38	496.70	3,191.06	5,655.48	5,088.48	0.00	137.67
United - Harris	442.49	3,168.45	543.29	3,028.35	5,655.48	5,088.48	0.00	137.67
Molina - Hidalgo (formerly Health Spring)	984.65	3,581.59	1,265.37	3,427.61	5,460.19	5,796.09	0.00	557.60
Molina - Hidalgo	984.65	3,581.59	1,265.37	3,427.61	5,460.19	5,796.09	0.00	557.60
Superior - Hidalgo	1,058.58	3,628.60	1,461.05	3,453.24	5,460.19	5,796.09	0.00	557.60
Amerigroup - Jefferson	241.19	2,696.67	402.03	2,406.32	5,245.20	4,669.72	0.00	96.08
Molina - Jefferson	284.66	2,366.33	371.66	2,329.54	5,245.20	4,669.72	0.00	96.08
United - Jefferson	248.91	2,351.12	286.45	2,235.46	5,245.20	4,669.72	0.00	96.08
Amerigroup - Lubbock	139.24	1,856.20	221.02	1,892.18	5,416.26	4,846.66	0.00	129.80
Superior - Lubbock	155.76	1,932.35	222.31	2,108.25	5,416.26	4,846.66	0.00	129.80
Superior - Nueces	504.62	2,787.05	753.51	2,841.97	5,355.51	5,294.88	0.00	250.70
United - Nueces	592.50	2,821.35	705.57	2,771.07	5,355.51	5,294.88	0.00	250.70
Amerigroup - Tarrant	242.73	2,531.22	443.16	2,369.01	5,031.75	4,813.20	0.00	97.40
Molina - Tarrant (formerly Health Spring)	245.38	2,598.39	347.63	2,594.66	5,031.75	4,813.20	0.00	97.40
Amerigroup - Travis	341.55	3,322.19	452.01	2,652.06	5,687.06	5,045.91	0.00	139.97
United - Travis	261.08	3,079.21	278.85	2,588.60	5,687.06	5,045.91	0.00	139.97
Superior - MRSA Central	231.46	2,560.41	307.74	2,392.20	5,498.61	5,056.59	0.00	140.32
United - MRSA Central	221.26	2,595.34	326.54	2,386.65	5,498.61	5,056.59	0.00	140.32
Molina - MRSA Northeast (formerly Health Spring)	270.09	2,761.53	332.70	2,393.34	5,355.68	4,932.26	0.00	143.26
United - MRSA Northeast	288.09	2,582.68	363.23	2,037.05	5,355.68	4,932.26	0.00	143.26
Amerigroup - MRSA West	184.81	2,333.03	386.16	2,178.40	5,141.74	4,800.34	0.00	96.39
Superior - MRSA West	187.94	2,200.66	322.30	2,210.46	5,141.74	4,800.34	0.00	96.39

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	531.83	1,164.37	0.00	0.00	753.22	0.00	553.62	1,333.60
Molina - Bexar	537.50	1,181.17	0.00	0.00	679.64	0.00	568.01	1,256.74
Superior - Bexar	569.12	1,248.59	0.00	0.00	748.86	0.00	653.93	1,120.93
Molina - Dallas	436.49	893.26	0.00	0.00	464.64	0.00	410.60	624.68
Superior - Dallas	432.36	993.44	0.00	0.00	503.90	0.00	442.32	868.94
Amerigroup - El Paso	573.81	1,133.93	0.00	0.00	471.35	0.00	770.50	1,059.26
Molina - El Paso	578.51	1,163.55	0.00	0.00	494.28	0.00	815.47	980.69
Amerigroup - Harris	539.30	1,104.03	0.00	0.00	683.14	0.00	598.73	1,188.18
Molina - Harris	484.08	955.64	0.00	0.00	622.70	0.00	519.39	1,085.90
United - Harris	591.52	1,149.52	0.00	0.00	696.14	0.00	674.08	1,246.27
Molina - Hidalgo (formerly Health Spring)	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
Molina - Hidalgo	514.42	1,055.60	0.00	0.00	628.15	0.00	481.24	944.11
Superior - Hidalgo	560.81	1,147.58	0.00	0.00	759.21	0.00	606.09	991.41
Amerigroup - Jefferson	486.33	1,064.09	0.00	0.00	671.15	0.00	653.94	1,131.18
Molina - Jefferson	486.80	868.34	0.00	0.00	685.52	0.00	571.24	995.55
United - Jefferson	577.04	962.18	0.00	0.00	751.19	0.00	689.33	1,247.31
Amerigroup - Lubbock	483.06	1,041.00	0.00	0.00	696.13	0.00	488.05	988.40
Superior - Lubbock	454.92	1,078.62	0.00	0.00	750.03	0.00	518.01	932.36
Superior - Nueces	486.14	1,016.00	0.00	0.00	674.87	0.00	501.56	719.63
United - Nueces	554.30	1,030.36	0.00	0.00	661.97	0.00	489.28	729.02
Amerigroup - Tarrant	530.48	1,095.81	0.00	0.00	803.86	0.00	535.95	1,283.94
Molina - Tarrant (formerly Health Spring)	465.72	1,088.86	0.00	0.00	722.68	0.00	435.04	1,278.77
Amerigroup - Travis	505.11	1,398.23	0.00	0.00	781.81	0.00	600.44	616.20
United - Travis	536.14	1,477.06	0.00	0.00	853.94	0.00	694.38	862.70
Superior - MRSA Central	441.31	1,261.53	0.00	0.00	596.52	0.00	548.15	1,246.87
United - MRSA Central	459.78	1,399.27	0.00	0.00	561.56	0.00	586.60	1,465.74
Molina - MRSA Northeast (formerly Health Spring)	450.12	1,070.92	0.00	0.00	926.25	0.00	462.39	996.01
United - MRSA Northeast	509.39	1,259.07	0.00	0.00	891.81	0.00	521.12	857.62
Amerigroup - MRSA West	510.54	1,346.43	0.00	0.00	708.01	0.00	583.61	622.67
Superior - MRSA West	520.73	1,203.30	0.00	0.00	701.70	0.00	615.86	743.91

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 NEMT Premium Rates pmpm								
Amerigroup - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Superior - Bexar	17.22	41.82	13.41	45.91	10.62	5.66	3.35	16.16
Molina - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Superior - Dallas	16.12	56.03	15.64	45.37	10.62	6.80	3.35	16.16
Amerigroup - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Molina - El Paso	13.55	35.06	9.81	35.69	10.62	22.12	3.35	16.16
Amerigroup - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
United - Harris	14.91	41.39	11.29	31.16	10.62	4.60	3.35	16.16
Molina - Hidalgo (formerly Health Spring)	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Molina - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Superior - Hidalgo	8.00	27.54	10.77	28.78	10.62	4.59	3.35	16.16
Amerigroup - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Molina - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
United - Jefferson	28.78	93.31	24.35	77.50	10.62	5.72	3.35	16.16
Amerigroup - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Lubbock	17.77	85.29	29.62	89.20	10.62	27.54	3.35	16.16
Superior - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
United - Nueces	27.35	87.20	19.94	53.56	10.62	5.41	3.35	16.16
Amerigroup - Tarrant	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Molina - Tarrant (formerly Health Spring)	21.45	58.01	16.99	42.58	10.62	10.24	3.35	16.16
Amerigroup - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
United - Travis	18.40	67.46	20.08	64.86	10.62	18.94	3.35	16.16
Superior - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
United - MRSA Central	24.76	104.33	37.01	80.60	10.62	11.74	3.35	16.16
Molina - MRSA Northeast (formerly Health Spring)	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
United - MRSA Northeast	24.59	78.44	22.03	55.69	10.62	7.12	3.35	16.16
Amerigroup - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16
Superior - MRSA West	19.35	70.03	24.79	69.37	10.62	10.52	3.35	16.16

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 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	6.30	6.30	0.00	0.00	0.00	0.00	6.30	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	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	0.00
Molina - Hidalgo (formerly Health Spring)	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	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	0.00
Molina - Tarrant (formerly Health Spring)	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	3.19	3.19	0.00	0.00	0.00	0.00	3.19	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	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	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,921.14	1,921.14	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,123.98	2,123.98	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,162.53	1,162.53	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,964.84	1,964.84	0.00	0.00
Molina - Hidalgo (formerly Health Spring)	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,680.95	1,680.95	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,854.14	1,854.14	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,065.24	2,065.24	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,874.98	1,874.98	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Molina - Tarrant (formerly Health Spring)	0.00	0.00	0.00	0.00	2,019.19	2,019.19	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,421.97	2,421.97	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,869.05	1,869.05	0.00	0.00
Molina - MRSA Northeast (formerly Health Spring)	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,809.93	1,809.93	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,103.30	2,103.30	0.00	0.00



FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 CHIRP pmpm								
Amerigroup - Bexar	220.40	478.39	0.00	0.00	957.85	0.00	131.67	378.68
Molina - Bexar	252.76	510.60	0.00	0.00	694.03	0.00	115.47	984.31
Superior - Bexar	266.06	584.34	0.00	0.00	897.53	0.00	168.79	430.89
Molina - Dallas	379.71	844.67	0.00	0.00	1,251.61	0.00	129.03	844.06
Superior - Dallas	612.68	1,240.28	0.00	0.00	2,835.63	0.00	254.95	2,216.43
Amerigroup - El Paso	286.81	465.76	0.00	0.00	1,337.50	0.00	256.15	683.42
Molina - El Paso	341.19	647.74	0.00	0.00	2,224.78	0.00	339.14	452.91
Amerigroup - Harris	474.38	1,225.64	0.00	0.00	1,896.78	0.00	226.58	1,157.24
Molina - Harris	336.35	881.13	0.00	0.00	859.18	0.00	131.45	591.67
United - Harris	469.78	761.41	0.00	0.00	1,162.88	0.00	220.16	650.43
Molina - Hidalgo (formerly Health Spring)	264.65	475.74	0.00	0.00	1,672.84	0.00	104.05	582.47
Molina - Hidalgo	264.65	475.74	0.00	0.00	1,672.84	0.00	104.05	582.47
Superior - Hidalgo	268.59	557.70	0.00	0.00	1,796.76	0.00	221.60	895.35
Amerigroup - Jefferson	342.12	828.94	0.00	0.00	1,334.63	0.00	196.97	862.88
Molina - Jefferson	311.72	798.97	0.00	0.00	1,100.12	0.00	72.31	1,180.11
United - Jefferson	382.87	659.70	0.00	0.00	707.40	0.00	99.30	1,065.85
Amerigroup - Lubbock	286.95	461.25	0.00	0.00	322.62	0.00	86.74	3,421.15
Superior - Lubbock	208.68	301.22	0.00	0.00	223.74	0.00	51.62	1,851.44
Superior - Nueces	248.91	479.97	0.00	0.00	703.31	0.00	147.91	962.00
United - Nueces	250.93	457.06	0.00	0.00	531.41	0.00	162.28	770.14
Amerigroup - Tarrant	517.27	1,125.96	0.00	0.00	1,589.51	0.00	265.23	696.01
Molina - Tarrant (formerly Health Spring)	455.62	1,119.58	0.00	0.00	1,266.36	0.00	159.83	619.11
Amerigroup - Travis	300.77	845.10	0.00	0.00	702.65	0.00	304.30	660.17
United - Travis	422.57	673.79	0.00	0.00	662.87	0.00	177.81	840.20
Superior - MRSA Central	308.89	721.58	0.00	0.00	804.18	0.00	183.64	1,352.28
United - MRSA Central	371.56	739.49	0.00	0.00	602.01	0.00	215.19	1,576.04
Molina - MRSA Northeast (formerly Health Spring)	281.13	691.23	0.00	0.00	999.07	0.00	140.39	1,052.16
United - MRSA Northeast	314.33	695.39	0.00	0.00	765.63	0.00	166.24	597.32
Amerigroup - MRSA West	324.15	754.52	0.00	0.00	1,290.95	0.00	156.89	823.79
Superior - MRSA West	318.14	691.97	0.00	0.00	945.47	0.00	202.57	1,177.13

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 TIPPS pmpm								
Amerigroup - Bexar	52.56	53.23	0.00	0.00	50.20	0.00	51.31	65.03
Molina - Bexar	53.53	56.18	0.00	0.00	50.98	0.00	52.07	61.56
Superior - Bexar	53.34	54.92	0.00	0.00	51.26	0.00	51.68	65.58
Molina - Dallas	137.80	139.69	0.00	0.00	137.10	0.00	136.67	142.23
Superior - Dallas	30.77	31.05	0.00	0.00	30.47	0.00	30.58	31.31
Amerigroup - El Paso	59.82	60.59	0.00	0.00	58.15	0.00	59.11	68.06
Molina - El Paso	59.54	60.20	0.00	0.00	58.41	0.00	59.07	65.77
Amerigroup - Harris	51.80	55.20	0.00	0.00	50.07	0.00	50.79	58.00
Molina - Harris	64.42	67.61	0.00	0.00	62.74	0.00	64.03	71.15
United - Harris	69.16	70.46	0.00	0.00	66.35	0.00	69.22	75.30
Molina - Hidalgo (formerly Health Spring)	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
Molina - Hidalgo	3.39	3.50	0.00	0.00	3.26	0.00	3.23	4.74
Superior - Hidalgo	3.58	3.90	0.00	0.00	3.53	0.00	3.47	5.47
Amerigroup - Jefferson	1.44	2.64	0.00	0.00	1.38	0.00	2.68	5.13
Molina - Jefferson	1.28	3.90	0.00	0.00	0.66	0.00	0.86	5.72
United - Jefferson	1.55	2.14	0.00	0.00	0.46	0.00	1.35	2.98
Amerigroup - Lubbock	114.39	117.72	0.00	0.00	110.18	0.00	115.62	119.89
Superior - Lubbock	73.66	77.08	0.00	0.00	69.68	0.00	73.20	78.55
Superior - Nueces	1.69	2.70	0.00	0.00	0.97	0.00	1.14	4.37
United - Nueces	0.57	0.74	0.00	0.00	0.11	0.00	0.55	1.49
Amerigroup - Tarrant	25.48	25.98	0.00	0.00	23.84	0.00	24.07	28.09
Molina - Tarrant (formerly Health Spring)	8.84	9.45	0.00	0.00	7.14	0.00	7.62	13.35
Amerigroup - Travis	0.06	0.00	0.00	0.00	0.00	0.00	0.05	0.40
United - Travis	0.98	1.28	0.00	0.00	0.10	0.00	0.76	3.37
Superior - MRSA Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - MRSA Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Molina - MRSA Northeast (formerly Health Spring)	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - MRSA Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - MRSA West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - MRSA West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 DPP BHS pmpm								
Amerigroup - Bexar	21.20	25.21	0.00	0.00	17.04	0.00	16.74	16.71
Molina - Bexar	20.12	20.78	0.00	0.00	16.02	0.00	16.04	15.46
Superior - Bexar	22.50	21.99	0.00	0.00	17.68	0.00	17.23	17.49
Molina - Dallas	26.07	28.87	0.00	0.00	19.19	0.00	21.19	17.99
Superior - Dallas	24.27	26.92	0.00	0.00	18.51	0.00	20.05	18.54
Amerigroup - El Paso	32.15	30.96	0.00	0.00	23.73	0.00	22.67	23.30
Molina - El Paso	31.67	33.89	0.00	0.00	22.10	0.00	22.43	23.55
Amerigroup - Harris	9.89	9.50	0.00	0.00	7.48	0.00	7.71	7.90
Molina - Harris	5.57	5.95	0.00	0.00	4.38	0.00	4.18	4.58
United - Harris	9.72	8.76	0.00	0.00	6.05	0.00	6.93	6.38
Molina - Hidalgo (formerly Health Spring)	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
Molina - Hidalgo	30.05	32.66	0.00	0.00	20.27	0.00	18.11	18.76
Superior - Hidalgo	27.63	24.26	0.00	0.00	21.13	0.00	17.16	18.37
Amerigroup - Jefferson	11.78	12.33	0.00	0.00	12.51	0.00	8.78	11.07
Molina - Jefferson	12.62	15.14	0.00	0.00	14.44	0.00	11.44	9.19
United - Jefferson	2.02	1.43	0.00	0.00	0.86	0.00	1.05	0.86
Amerigroup - Lubbock	20.09	21.80	0.00	0.00	13.68	0.00	13.45	12.58
Superior - Lubbock	20.89	17.69	0.00	0.00	12.89	0.00	12.79	13.22
Superior - Nueces	7.26	6.31	0.00	0.00	4.89	0.00	5.15	4.29
United - Nueces	15.11	15.84	0.00	0.00	10.43	0.00	10.67	11.17
Amerigroup - Tarrant	7.55	6.61	0.00	0.00	5.18	0.00	5.34	5.08
Molina - Tarrant (formerly Health Spring)	14.05	13.61	0.00	0.00	10.62	0.00	10.83	9.76
Amerigroup - Travis	43.35	44.37	0.00	0.00	40.12	0.00	36.23	33.91
United - Travis	33.01	28.56	0.00	0.00	24.92	0.00	24.53	21.80
Superior - MRSA Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - MRSA Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Molina - MRSA Northeast (formerly Health Spring)	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - MRSA Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - MRSA West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - MRSA West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32

FY2022 STAR+PLUS Rating Summary  
Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 RAPPS pmpm								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.71	0.00	0.13	0.09
Molina - Bexar	0.05	0.05	0.00	0.00	0.05	0.00	0.05	0.05
Superior - Bexar	0.10	0.10	0.00	0.00	0.26	0.00	0.10	0.10
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Amerigroup - El Paso	0.14	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - El Paso	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.04	0.04	0.00	0.00	0.04	0.00	0.04	0.04
Molina - Hidalgo (formerly Health Spring)	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.24	0.27	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.31	0.40	0.00	0.00	0.25	0.00	0.32	0.25
Amerigroup - Jefferson	0.56	0.50	0.00	0.00	1.88	0.00	0.50	0.50
Molina - Jefferson	0.41	0.34	0.00	0.00	2.09	0.00	0.40	0.34
United - Jefferson	0.71	0.65	0.00	0.00	1.92	0.00	0.71	0.65
Amerigroup - Lubbock	0.98	1.07	0.00	0.00	0.91	0.00	0.85	0.77
Superior - Lubbock	1.13	1.20	0.00	0.00	1.18	0.00	1.08	1.08
Superior - Nueces	0.46	0.34	0.00	0.00	1.17	0.00	0.39	0.34
United - Nueces	0.45	0.34	0.00	0.00	0.90	0.00	0.38	0.34
Amerigroup - Tarrant	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Molina - Tarrant (formerly Health Spring)	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Amerigroup - Travis	0.53	0.63	0.00	0.00	2.66	0.00	0.47	0.67
United - Travis	0.63	0.64	0.00	0.00	3.29	0.00	0.61	0.51
Superior - MRSA Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - MRSA Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Molina - MRSA Northeast (formerly Health Spring)	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - MRSA Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - MRSA West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - MRSA West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25

## FY2022 STAR+PLUS Rating Summary

## Rates by Time Period

	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible	IDD	MBCCP
3/1/2022-8/31/2022 Total Premium Rates pmpm								
Amerigroup - Bexar	1,803.86	5,824.79	573.77	2,779.96	10,849.30	7,157.02	1,239.29	4,993.87
Molina - Bexar	1,897.67	5,662.12	578.78	2,606.18	10,351.68	7,157.02	1,249.99	5,341.40
Superior - Bexar	2,005.86	6,360.22	610.69	2,906.09	10,776.43	7,157.02	1,471.27	4,346.41
Molina - Dallas	2,140.69	5,798.07	600.04	2,543.87	11,442.04	7,209.88	1,149.23	4,159.79
Superior - Dallas	2,119.73	6,430.55	504.09	2,549.55	13,135.53	7,209.88	1,234.30	6,583.17
Amerigroup - El Paso	2,087.72	5,906.39	732.55	2,869.97	10,915.56	6,608.73	1,831.17	4,182.66
Molina - El Paso	2,253.62	5,993.48	829.63	2,879.66	11,935.59	6,608.73	2,000.83	3,709.91
Amerigroup - Harris	2,234.51	7,822.95	495.48	3,292.88	12,203.55	7,057.92	1,388.37	5,324.63
Molina - Harris	1,954.83	6,983.13	507.99	3,222.22	10,943.87	7,057.92	1,130.33	4,429.09
United - Harris	2,427.10	7,171.62	554.58	3,059.51	11,534.37	7,057.92	1,523.69	5,026.64
Molina - Hidalgo (formerly Health Spring)	2,425.09	6,542.96	1,276.14	3,456.39	11,928.61	7,481.63	1,157.68	4,168.49
Molina - Hidalgo	2,425.09	6,542.96	1,276.14	3,456.39	11,928.61	7,481.63	1,157.68	4,168.49
Superior - Hidalgo	2,605.80	6,877.79	1,471.82	3,482.02	12,696.34	7,481.63	1,544.24	4,631.50
Amerigroup - Jefferson	1,729.11	6,671.95	426.38	2,483.82	10,763.75	6,529.58	1,279.91	5,016.19
Molina - Jefferson	1,738.66	5,752.57	396.01	2,407.04	10,579.97	6,529.58	1,016.49	4,849.44
United - Jefferson	1,987.49	5,870.06	310.80	2,312.96	10,398.68	6,529.58	1,245.47	5,620.12
Amerigroup - Lubbock	1,813.82	5,233.43	250.64	1,981.38	10,094.27	6,939.44	1,202.59	7,272.89
Superior - Lubbock	1,636.12	5,196.23	251.93	2,197.45	10,121.21	6,939.44	1,178.56	5,460.25
Superior - Nueces	1,881.32	5,879.40	773.45	2,895.53	9,949.51	7,175.27	1,229.40	4,261.32
United - Nueces	2,212.71	6,019.64	725.51	2,824.63	9,743.81	7,175.27	1,309.36	4,112.90
Amerigroup - Tarrant	2,082.36	6,554.02	460.15	2,411.59	11,338.23	6,842.63	1,344.53	4,726.29
Molina - Tarrant (formerly Health Spring)	1,855.04	6,583.63	364.62	2,637.24	10,735.39	6,842.63	1,027.99	4,623.71
Amerigroup - Travis	1,820.27	7,166.75	472.09	2,716.92	10,680.18	7,486.82	1,339.08	3,420.44
United - Travis	1,920.81	6,900.71	298.93	2,653.46	10,793.39	7,486.82	1,357.36	4,618.91
Superior - MRSA Central	1,674.81	6,296.01	344.75	2,472.80	10,322.15	6,937.38	1,280.88	5,338.45
United - MRSA Central	1,771.90	6,658.32	363.55	2,467.25	9,995.89	6,937.38	1,385.34	6,240.36
Molina - MRSA Northeast (formerly Health Spring)	1,661.96	6,102.37	354.73	2,449.03	10,963.09	6,749.31	1,099.79	5,034.83
United - MRSA Northeast	1,844.99	6,368.39	385.26	2,092.74	10,624.43	6,749.31	1,238.12	4,054.65
Amerigroup - MRSA West	1,761.14	6,464.44	410.95	2,247.77	10,992.57	6,914.16	1,360.31	3,839.97
Superior - MRSA West	1,776.44	5,918.64	347.09	2,279.83	10,630.61	6,914.16	1,466.17	4,751.92

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	221,343		26,033		196,154		33,168	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	36,438,774	164.63	8,853,881	340.10	0	0.00	0	0.00
Emergency Room	10,019,240	45.27	1,703,889	65.45	0	0.00	0	0.00
Outpatient Facility	12,566,491	56.77	3,571,390	137.19	0	0.00	0	0.00
Inpatient Facility	41,879,601	189.21	11,150,881	428.34	0	0.00	0	0.00
Other Acute Care	22,367,467	101.05	10,670,545	409.89	0	0.00	0	0.00
Acute Care Total	123,271,574	556.93	35,950,586	1,380.96	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	42,677,277	192.81	41,249,191	1,584.50	61,620,009	314.14	53,359,852	1,608.78
Nursing Facility	104,543	0.47	376,149	14.45	351,578	1.79	897,146	27.05
Other Long Term Care	2,243,963	10.14	3,503,749	134.59	3,567,653	18.19	6,001,016	180.93
Long Term Care Total	45,025,784	203.42	45,129,089	1,733.53	65,539,240	334.12	60,258,014	1,816.75
Total - All Claims	168,297,357	760.35	81,079,674	3,114.50	65,539,240	334.12	60,258,014	1,816.75
Projected FY2022 Member Months	230,727		28,130		206,184		31,864	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9909		0.9963		1.0000		1.0000	
Acute Care - Inpatient	1.0099		1.0138		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9902		0.9962		1.0000		1.0000	
Long Term Care	1.0051		1.0030		1.0048		1.0042	
Other Adjustments - NF Eligibility	1.0184		0.9969		1.0339		0.9952	

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	133,271,714	577.62	40,046,003	1,423.61	0	0.00	0	0.00
LTC	55,053,047	238.61	55,346,829	1,967.54	77,056,517	373.73	64,428,329	2,021.98
Total	188,324,761	816.22	95,392,832	3,391.15	77,056,517	373.73	64,428,329	2,021.98
Capitation Expenses & Refunds	2,133,133	9.25	504,608	17.94	933,622	4.53	148,406	4.66
Service Coordination & Other Expenses	11,939,989	51.75	1,611,938	57.30	9,895,032	47.99	1,646,442	51.67
Net Reinsurance Cost	14,255	0.06	2,228	0.08	408	0.00	64	0.00
Administrative Expenses								
Fixed Amount	2,768,724	12.00	337,559	12.00	2,474,202	12.00	382,367	12.00
Percentage of Premium	11,805,889	5.25%	5,629,795	5.25%	5,199,642	5.25%	3,832,236	5.25%
Total	14,574,613	63.17	5,967,354	212.14	7,673,844	37.22	4,214,604	132.27
Risk Margin	3,935,296	1.75%	1,876,598	1.75%	1,733,214	1.75%	1,277,412	1.75%
Premium Tax	3,935,296	1.75%	1,876,598	1.75%	1,733,214	1.75%	1,277,412	1.75%
Maintenance Tax	16,728	0.07	2,039	0.07	14,948	0.07	2,310	0.07
Projected Total Cost								
Acute Care	150,564,693	652.57	44,597,703	1,585.42	1,023,594	4.96	162,707	5.11
LTC	74,309,379	322.07	62,636,494	2,226.69	98,017,205	475.39	72,832,273	2,285.73
Total	224,874,072	974.63	107,234,197	3,812.10	99,040,799	480.35	72,994,980	2,290.83

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,029		38,939		20,906		4,343	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,268,837	322.78	0	0.00	2,192,193	104.86	5,925,918	1,364.48
Emergency Room	321,844	45.79	0	0.00	469,729	22.47	188,389	43.38
Outpatient Facility	516,977	73.55	0	0.00	731,578	34.99	1,204,580	277.36
Inpatient Facility	5,091,630	724.37	0	0.00	2,269,546	108.56	975,227	224.55
Other Acute Care	1,171,305	166.64	0	0.00	2,374,015	113.56	273,399	62.95
Acute Care Total	9,370,593	1,333.13	0	0.00	8,037,061	384.44	8,567,514	1,972.72
Est Inc. Claims - Long Term Care								
Attendant Care	33,176	4.72	75,731	1.94	0	0.00	167,574	38.58
Nursing Facility	29,939,006	4,259.35	148,221,830	3,806.51	0	0.00	114	0.03
Other Long Term Care	1,183	0.17	612,243	15.72	0	0.00	0	0.00
Long Term Care Total	29,973,365	4,264.24	148,909,803	3,824.18	0	0.00	167,688	38.61
Total - All Claims	39,343,958	5,597.38	148,909,803	3,824.18	8,037,061	384.44	8,735,202	2,011.33
Projected FY2022 Member Months	6,288		34,644		19,940		4,946	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9972		1.0000		0.9939		1.0011	
Acute Care - Inpatient	1.0150		1.0000		1.0030		1.0060	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9939		0.9939	
Long Term Care	1.1326		1.1331		1.0000		1.0055	
Other Adjustments - NF Eligibility	0.9786		1.0220		0.9972		1.0000	



FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	8,999,505	1,431.19	0	0.00	8,536,424	428.11	12,030,214	2,432.52
LTC	31,228,199	4,966.20	163,190,797	4,710.50	0	0.00	213,315	43.13
Total	40,227,704	6,397.38	163,190,797	4,710.50	8,536,424	428.11	12,243,529	2,475.66
Capitation Expenses & Refunds	36,419	5.79	115,230	3.33	110,966	5.57	-114,668	-23.19
Service Coordination & Other Expenses	300,884	47.85	1,602,624	46.26	1,088,092	54.57	275,808	55.77
Net Reinsurance Cost	788	0.13	101	0.00	682	0.03	222	0.04
Administrative Expenses								
Fixed Amount	75,458	12.00	415,728	12.00	239,279	12.00	59,347	12.00
Percentage of Premium	2,338,290	5.25%	9,511,964	5.25%	574,013	5.25%	717,141	5.25%
Total	2,413,748	383.86	9,927,692	286.56	813,291	40.79	776,488	157.01
Risk Margin	779,430	1.75%	3,170,655	1.75%	191,338	1.75%	239,047	1.75%
Premium Tax	779,430	1.75%	3,170,655	1.75%	191,338	1.75%	239,047	1.75%
Maintenance Tax	456	0.07	2,512	0.07	1,446	0.07	359	0.07
Projected Total Cost								
Acute Care	9,921,858	1,577.87	126,390	3.65	9,741,147	488.53	13,122,666	2,653.42
LTC	34,617,001	5,505.12	181,053,875	5,226.12	1,192,430	59.80	537,165	108.62
Total	44,538,859	7,082.98	181,180,264	5,229.77	10,933,576	548.33	13,659,831	2,762.03

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	547,915	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	55,679,604	101.62
Emergency Room	12,703,091	23.18
Outpatient Facility	18,591,017	33.93
Inpatient Facility	61,366,885	112.00
Other Acute Care	36,856,732	67.27
Acute Care Total	185,197,329	338.00
Est Inc. Claims - Long Term Care		
Attendant Care	199,182,810	363.53
Nursing Facility	179,890,365	328.32
Other Long Term Care	15,929,806	29.07
Long Term Care Total	395,002,982	720.92
Total - All Claims	580,200,310	1,058.92
Projected FY2022 Member Months	562,722	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	202,883,860	360.54
LTC	446,517,033	793.49
Total	649,400,893	1,154.04
Capitation Expenses & Refunds	3,867,717	6.87
Service Coordination & Other Expenses	28,360,808	50.40
Net Reinsurance Cost	18,747	0.03
Administrative Expenses		
Fixed Amount	6,752,664	12.00
Percentage of Premium	39,608,970	5.25%
Total	46,361,634	82.39
Risk Margin	13,202,990	1.75%
Premium Tax	13,202,990	1.75%
Maintenance Tax	40,797	0.07
Projected Total Cost		
Acute Care	229,260,756	407.41
LTC	525,195,821	933.31
Total	754,456,577	1,340.73

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	221,343		26,033		196,154		33,168	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	36,438,774	164.63	8,853,881	340.10	0	0.00	0	0.00
Emergency Room	10,019,240	45.27	1,703,889	65.45	0	0.00	0	0.00
Outpatient Facility	12,566,491	56.77	3,571,390	137.19	0	0.00	0	0.00
Inpatient Facility	41,879,601	189.21	11,150,881	428.34	0	0.00	0	0.00
Other Acute Care	22,367,467	101.05	10,670,545	409.89	0	0.00	0	0.00
Acute Care Total	123,271,574	556.93	35,950,586	1,380.96	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	42,677,277	192.81	41,249,191	1,584.50	61,620,009	314.14	53,359,852	1,608.78
Nursing Facility	104,543	0.47	376,149	14.45	351,578	1.79	897,146	27.05
Other Long Term Care	2,243,963	10.14	3,503,749	134.59	3,567,653	18.19	6,001,016	180.93
Long Term Care Total	45,025,784	203.42	45,129,089	1,733.53	65,539,240	334.12	60,258,014	1,816.75
Total - All Claims	168,297,357	760.35	81,079,674	3,114.50	65,539,240	334.12	60,258,014	1,816.75
Projected FY2022 Member Months	230,727		28,130		206,184		31,864	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9927		0.9974		1.0000		1.0000	
Acute Care - Inpatient	1.0099		1.0138		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9902		0.9962		1.0000		1.0000	
Long Term Care	1.2612		1.2106		1.2539		1.2229	
Other Adjustments - NF Eligibility	1.0184		0.9969		1.0339		0.9952	

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	133,513,806	578.67	40,090,217	1,425.18	0	0.00	0	0.00
LTC	69,080,592	299.40	66,802,464	2,374.78	96,159,601	466.38	78,459,873	2,462.34
Total	202,594,398	878.07	106,892,681	3,799.96	96,159,601	466.38	78,459,873	2,462.34
Capitation Expenses & Refunds	2,133,133	9.25	504,608	17.94	933,622	4.53	148,406	4.66
Service Coordination & Other Expenses	11,939,989	51.75	1,611,938	57.30	9,895,032	47.99	1,646,442	51.67
Net Reinsurance Cost	14,255	0.06	2,228	0.08	408	0.00	64	0.00
Administrative Expenses								
Fixed Amount	2,768,724	12.00	337,559	12.00	2,474,202	12.00	382,367	12.00
Percentage of Premium	12,626,882	5.25%	6,291,430	5.25%	6,298,723	5.25%	4,639,531	5.25%
Total	15,395,606	66.73	6,628,990	235.66	8,772,926	42.55	5,021,898	157.60
Risk Margin	4,208,961	1.75%	2,097,143	1.75%	2,099,574	1.75%	1,546,510	1.75%
Premium Tax	4,208,961	1.75%	2,097,143	1.75%	2,099,574	1.75%	1,546,510	1.75%
Maintenance Tax	16,728	0.07	2,039	0.07	14,948	0.07	2,310	0.07
Projected Total Cost								
Acute Care	150,681,494	653.07	44,629,502	1,586.55	1,023,594	4.96	162,707	5.11
LTC	89,830,536	389.34	75,207,269	2,673.57	118,952,091	576.92	88,209,306	2,768.31
Total	240,512,030	1,042.41	119,836,771	4,260.12	119,975,685	581.89	88,372,013	2,773.42

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,029		38,939		20,906		4,343	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,268,837	322.78	0	0.00	2,192,193	104.86	5,925,918	1,364.48
Emergency Room	321,844	45.79	0	0.00	469,729	22.47	188,389	43.38
Outpatient Facility	516,977	73.55	0	0.00	731,578	34.99	1,204,580	277.36
Inpatient Facility	5,091,630	724.37	0	0.00	2,269,546	108.56	975,227	224.55
Other Acute Care	1,171,305	166.64	0	0.00	2,374,015	113.56	273,399	62.95
Acute Care Total	9,370,593	1,333.13	0	0.00	8,037,061	384.44	8,567,514	1,972.72
Est Inc. Claims - Long Term Care								
Attendant Care	33,176	4.72	75,731	1.94	0	0.00	167,574	38.58
Nursing Facility	29,939,006	4,259.35	148,221,830	3,806.51	0	0.00	114	0.03
Other Long Term Care	1,183	0.17	612,243	15.72	0	0.00	0	0.00
Long Term Care Total	29,973,365	4,264.24	148,909,803	3,824.18	0	0.00	167,688	38.61
Total - All Claims	39,343,958	5,597.38	148,909,803	3,824.18	8,037,061	384.44	8,735,202	2,011.33
Projected FY2022 Member Months	6,288		34,644		19,940		4,946	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0023		1.0000		0.9984		1.0014	
Acute Care - Inpatient	1.0150		1.0000		1.0030		1.0060	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9939		0.9939	
Long Term Care	1.1331		1.1332		1.0000		1.2763	
Other Adjustments - NF Eligibility	0.9786		1.0220		0.9972		1.0000	

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	9,045,532	1,438.50	0	0.00	8,575,074	430.05	12,033,819	2,433.25
LTC	31,241,985	4,968.39	163,205,199	4,710.92	0	0.00	270,765	54.75
Total	40,287,516	6,406.90	163,205,199	4,710.92	8,575,074	430.05	12,304,583	2,488.00
Capitation Expenses & Refunds	36,419	5.79	115,230	3.33	110,966	5.57	-114,668	-23.19
Service Coordination & Other Expenses	300,884	47.85	1,602,624	46.26	1,088,092	54.57	275,808	55.77
Net Reinsurance Cost	788	0.13	101	0.00	682	0.03	222	0.04
Administrative Expenses								
Fixed Amount	75,458	12.00	415,728	12.00	239,279	12.00	59,347	12.00
Percentage of Premium	2,341,731	5.25%	9,512,792	5.25%	576,236	5.25%	720,654	5.25%
Total	2,417,189	384.40	9,928,521	286.59	815,515	40.90	780,001	157.72
Risk Margin	780,577	1.75%	3,170,931	1.75%	192,079	1.75%	240,218	1.75%
Premium Tax	780,577	1.75%	3,170,931	1.75%	192,079	1.75%	240,218	1.75%
Maintenance Tax	456	0.07	2,512	0.07	1,446	0.07	359	0.07
Projected Total Cost								
Acute Care	9,972,365	1,585.90	126,390	3.65	9,783,502	490.65	13,126,317	2,654.16
LTC	34,632,041	5,507.51	181,069,658	5,226.58	1,192,430	59.80	600,423	121.41
Total	44,604,407	7,093.41	181,196,048	5,230.22	10,975,932	550.45	13,726,740	2,775.56

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	547,915	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	55,679,604	101.62
Emergency Room	12,703,091	23.18
Outpatient Facility	18,591,017	33.93
Inpatient Facility	61,366,885	112.00
Other Acute Care	36,856,732	67.27
Acute Care Total	185,197,329	338.00
Est Inc. Claims - Long Term Care		
Attendant Care	199,182,810	363.53
Nursing Facility	179,890,365	328.32
Other Long Term Care	15,929,806	29.07
Long Term Care Total	395,002,982	720.92
Total - All Claims	580,200,310	1,058.92
Projected FY2022 Member Months	562,722	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	203,258,448	361.21
LTC	505,220,477	897.82
Total	708,478,925	1,259.02
Capitation Expenses & Refunds	3,867,717	6.87
Service Coordination & Other Expenses	28,360,808	50.40
Net Reinsurance Cost	18,747	0.03
Administrative Expenses		
Fixed Amount	6,752,664	12.00
Percentage of Premium	43,007,980	5.25%
Total	49,760,644	88.43
Risk Margin	14,335,993	1.75%
Premium Tax	14,335,993	1.75%
Maintenance Tax	40,797	0.07
Projected Total Cost		
Acute Care	229,505,871	407.85
LTC	589,693,755	1,047.93
Total	819,199,626	1,455.78

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	305,215		35,502		250,694		53,246	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	39,009,368	127.81	10,024,033	282.35	0	0.00	0	0.00
Emergency Room	14,987,482	49.10	3,135,218	88.31	0	0.00	0	0.00
Outpatient Facility	27,752,808	90.93	6,701,210	188.76	0	0.00	0	0.00
Inpatient Facility	66,389,322	217.52	16,752,548	471.88	0	0.00	0	0.00
Other Acute Care	32,389,542	106.12	12,102,272	340.89	0	0.00	0	0.00
Acute Care Total	180,528,521	591.48	48,715,281	1,372.18	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	59,863,522	196.14	44,636,786	1,257.30	71,171,389	283.90	73,137,326	1,373.57
Nursing Facility	263,227	0.86	1,108,972	31.24	787,179	3.14	2,522,276	47.37
Other Long Term Care	1,631,440	5.35	7,938,723	223.61	5,745,816	22.92	11,099,979	208.47
Long Term Care Total	61,758,189	202.34	53,684,481	1,512.15	77,704,383	309.96	86,759,581	1,629.41
Total - All Claims	242,286,710	793.82	102,399,762	2,884.34	77,704,383	309.96	86,759,581	1,629.41
Projected FY2022 Member Months	317,297		42,649		265,131		56,863	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9825		0.9930		1.0000		1.0000	
Acute Care - Inpatient	1.0148		1.0178		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9964		0.9981		1.0000		1.0000	
Long Term Care	1.0053		1.0041		1.0053		1.0050	
Other Adjustments - NF Eligibility	1.0230		0.9901		1.0396		0.9883	

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	196,020,910	617.78	60,068,251	1,408.44	0	0.00	0	0.00
LTC	75,663,324	238.46	72,777,851	1,706.44	92,473,481	348.78	102,486,800	1,802.34
Total	271,684,234	856.25	132,846,101	3,114.88	92,473,481	348.78	102,486,800	1,802.34
Capitation Expenses & Refunds	2,029,390	6.40	302,985	7.10	860,916	3.25	134,163	2.36
Service Coordination & Other Expenses	14,525,049	45.78	3,513,960	82.39	11,771,829	44.40	3,817,000	67.13
Net Reinsurance Cost	85,152	0.27	14,078	0.33	1,544	0.01	392	0.01
Administrative Expenses								
Fixed Amount	3,807,561	12.00	511,787	12.00	3,181,573	12.00	682,359	12.00
Percentage of Premium	16,808,883	5.25%	7,893,239	5.25%	6,231,452	5.25%	6,163,347	5.25%
Total	20,616,444	64.98	8,405,025	197.07	9,413,024	35.50	6,845,705	120.39
Risk Margin	5,602,961	1.75%	2,631,080	1.75%	2,077,151	1.75%	2,054,449	1.75%
Premium Tax	5,602,961	1.75%	2,631,080	1.75%	2,077,151	1.75%	2,054,449	1.75%
Maintenance Tax	23,004	0.07	3,092	0.07	19,222	0.07	4,123	0.07
Projected Total Cost								
Acute Care	220,163,523	693.87	66,430,821	1,557.62	945,162	3.56	147,457	2.59
LTC	100,005,672	315.18	83,916,581	1,967.61	117,749,155	444.12	117,249,623	2,061.96
Total	320,169,195	1,009.05	150,347,401	3,525.23	118,694,317	447.68	117,397,080	2,064.55

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,150		55,245		26,839		5,849	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	3,251,211	320.32	0	0.00	1,796,971	66.95	6,029,751	1,030.90
Emergency Room	695,220	68.49	0	0.00	415,466	15.48	206,202	35.25
Outpatient Facility	1,424,663	140.36	0	0.00	691,790	25.78	4,857,114	830.42
Inpatient Facility	10,123,004	997.34	0	0.00	2,210,183	82.35	1,403,831	240.01
Other Acute Care	2,781,390	274.03	0	0.00	3,492,705	130.14	350,735	59.96
Acute Care Total	18,275,489	1,800.54	0	0.00	8,607,115	320.69	12,847,633	2,196.55
Est Inc. Claims - Long Term Care								
Attendant Care	212,961	20.98	249,678	4.52	0	0.00	422,603	72.25
Nursing Facility	41,147,830	4,053.97	201,879,572	3,654.26	0	0.00	1,983	0.34
Other Long Term Care	34,370	3.39	1,504,133	27.23	0	0.00	686	0.12
Long Term Care Total	41,395,162	4,078.34	203,633,383	3,686.01	0	0.00	425,272	72.71
Total - All Claims	59,670,651	5,878.88	203,633,383	3,686.01	8,607,115	320.69	13,272,905	2,269.26
Projected FY2022 Member Months	9,424		47,717		26,294		6,558	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9974		1.0000		0.9906		1.0002	
Acute Care - Inpatient	1.0233		1.0000		1.0133		1.0032	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9970		0.9987	
Long Term Care	1.1345		1.1412		1.0000		1.0043	
Other Adjustments - NF Eligibility	0.9889		1.0228		1.0002		1.0000	

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	18,549,240	1,968.21	0	0.00	9,512,866	361.79	17,782,840	2,711.54
LTC	45,310,128	4,807.74	218,368,178	4,576.34	0	0.00	532,039	81.13
Total	63,859,368	6,775.95	218,368,178	4,576.34	9,512,866	361.79	18,314,879	2,792.67
Capitation Expenses & Refunds	36,105	3.83	65,318	1.37	97,486	3.71	-191,645	-29.22
Service Coordination & Other Expenses	415,106	44.05	2,084,883	43.69	1,263,103	48.04	339,699	51.80
Net Reinsurance Cost	2,800	0.30	289	0.01	6,071	0.23	1,105	0.17
Administrative Expenses								
Fixed Amount	113,093	12.00	572,601	12.00	315,524	12.00	78,698	12.00
Percentage of Premium	3,706,768	5.25%	12,720,519	5.25%	644,208	5.25%	1,066,870	5.25%
Total	3,819,861	405.32	13,293,120	278.58	959,733	36.50	1,145,568	174.68
Risk Margin	1,235,589	1.75%	4,240,173	1.75%	214,736	1.75%	355,623	1.75%
Premium Tax	1,235,589	1.75%	4,240,173	1.75%	214,736	1.75%	355,623	1.75%
Maintenance Tax	683	0.07	3,459	0.07	1,906	0.07	475	0.07
Projected Total Cost								
Acute Care	20,406,788	2,165.31	71,899	1.51	10,886,415	414.03	19,363,479	2,952.56
LTC	50,198,313	5,326.41	242,223,695	5,076.28	1,384,222	52.64	957,850	146.05
Total	70,605,101	7,491.72	242,295,594	5,077.79	12,270,637	466.68	20,321,329	3,098.62

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	742,740	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	60,111,334	80.93
Emergency Room	19,439,590	26.17
Outpatient Facility	41,427,586	55.78
Inpatient Facility	96,878,888	130.43
Other Acute Care	51,116,642	68.82
Acute Care Total	268,974,040	362.14
Est Inc. Claims - Long Term Care		
Attendant Care	249,694,265	336.18
Nursing Facility	247,711,039	333.51
Other Long Term Care	27,955,147	37.64
Long Term Care Total	525,360,451	707.33
Total - All Claims	794,334,491	1,069.47
Projected FY2022 Member Months	771,933	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	301,934,108	391.14
LTC	607,611,799	787.13
Total	909,545,907	1,178.27
Capitation Expenses & Refunds	3,334,718	4.32
Service Coordination & Other Expenses	37,730,629	48.88
Net Reinsurance Cost	111,431	0.14
Administrative Expenses		
Fixed Amount	9,263,196	12.00
Percentage of Premium	55,235,284	5.25%
Total	64,498,480	83.55
Risk Margin	18,411,761	1.75%
Premium Tax	18,411,761	1.75%
Maintenance Tax	55,965	0.07
Projected Total Cost		
Acute Care	338,415,542	438.40
LTC	713,685,111	924.54
Total	1,052,100,653	1,362.94

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	305,215		35,502		250,694		53,246	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	39,009,368	127.81	10,024,033	282.35	0	0.00	0	0.00
Emergency Room	14,987,482	49.10	3,135,218	88.31	0	0.00	0	0.00
Outpatient Facility	27,752,808	90.93	6,701,210	188.76	0	0.00	0	0.00
Inpatient Facility	66,389,322	217.52	16,752,548	471.88	0	0.00	0	0.00
Other Acute Care	32,389,542	106.12	12,102,272	340.89	0	0.00	0	0.00
Acute Care Total	180,528,521	591.48	48,715,281	1,372.18	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	59,863,522	196.14	44,636,786	1,257.30	71,171,389	283.90	73,137,326	1,373.57
Nursing Facility	263,227	0.86	1,108,972	31.24	787,179	3.14	2,522,276	47.37
Other Long Term Care	1,631,440	5.35	7,938,723	223.61	5,745,816	22.92	11,099,979	208.47
Long Term Care Total	61,758,189	202.34	53,684,481	1,512.15	77,704,383	309.96	86,759,581	1,629.41
Total - All Claims	242,286,710	793.82	102,399,762	2,884.34	77,704,383	309.96	86,759,581	1,629.41
Projected FY2022 Member Months	317,297		42,649		265,131		56,863	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9831		0.9934		1.0000		1.0000	
Acute Care - Inpatient	1.0148		1.0178		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9964		0.9981		1.0000		1.0000	
Long Term Care	1.2735		1.2155		1.2595		1.2267	
Other Adjustments - NF Eligibility	1.0230		0.9901		1.0396		0.9883	



FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	196,140,617	618.16	60,092,447	1,409.00	0	0.00	0	0.00
LTC	95,849,242	302.08	88,100,266	2,065.71	115,856,310	436.98	125,095,082	2,199.93
Total	291,989,860	920.24	148,192,714	3,474.71	115,856,310	436.98	125,095,082	2,199.93
Capitation Expenses & Refunds	2,029,390	6.40	302,985	7.10	860,916	3.25	134,163	2.36
Service Coordination & Other Expenses	14,525,049	45.78	3,513,960	82.39	11,771,829	44.40	3,817,000	67.13
Net Reinsurance Cost	85,152	0.27	14,078	0.33	1,544	0.01	392	0.01
Administrative Expenses								
Fixed Amount	3,807,561	12.00	511,787	12.00	3,181,573	12.00	682,359	12.00
Percentage of Premium	17,977,152	5.25%	8,776,194	5.25%	7,576,765	5.25%	7,464,097	5.25%
Total	21,784,713	68.66	9,287,981	217.78	10,758,338	40.58	8,146,456	143.26
Risk Margin	5,992,384	1.75%	2,925,398	1.75%	2,525,588	1.75%	2,488,032	1.75%
Premium Tax	5,992,384	1.75%	2,925,398	1.75%	2,525,588	1.75%	2,488,032	1.75%
Maintenance Tax	23,004	0.07	3,092	0.07	19,222	0.07	4,123	0.07
Projected Total Cost								
Acute Care	220,085,802	693.63	66,431,008	1,557.63	945,162	3.56	147,457	2.59
LTC	122,336,133	385.56	100,734,598	2,361.95	143,374,174	540.77	142,025,823	2,497.68
Total	342,421,935	1,079.19	167,165,607	3,919.58	144,319,336	544.33	142,173,279	2,500.27

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,150		55,245		26,839		5,849	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	3,251,211	320.32	0	0.00	1,796,971	66.95	6,029,751	1,030.90
Emergency Room	695,220	68.49	0	0.00	415,466	15.48	206,202	35.25
Outpatient Facility	1,424,663	140.36	0	0.00	691,790	25.78	4,857,114	830.42
Inpatient Facility	10,123,004	997.34	0	0.00	2,210,183	82.35	1,403,831	240.01
Other Acute Care	2,781,390	274.03	0	0.00	3,492,705	130.14	350,735	59.96
Acute Care Total	18,275,489	1,800.54	0	0.00	8,607,115	320.69	12,847,633	2,196.55
Est Inc. Claims - Long Term Care								
Attendant Care	212,961	20.98	249,678	4.52	0	0.00	422,603	72.25
Nursing Facility	41,147,830	4,053.97	201,879,572	3,654.26	0	0.00	1,983	0.34
Other Long Term Care	34,370	3.39	1,504,133	27.23	0	0.00	686	0.12
Long Term Care Total	41,395,162	4,078.34	203,633,383	3,686.01	0	0.00	425,272	72.71
Total - All Claims	59,670,651	5,878.88	203,633,383	3,686.01	8,607,115	320.69	13,272,905	2,269.26
Projected FY2022 Member Months	9,424		47,717		26,294		6,558	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0010		1.0000		0.9915		1.0005	
Acute Care - Inpatient	1.0233		1.0000		1.0133		1.0032	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9970		0.9987	
Long Term Care	1.1361		1.1415		1.0000		1.2658	
Other Adjustments - NF Eligibility	0.9889		1.0228		1.0002		1.0000	

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	18,616,192	1,975.32	0	0.00	9,521,509	362.12	17,788,174	2,712.36
LTC	45,374,029	4,814.52	218,425,583	4,577.54	0	0.00	670,572	102.25
Total	63,990,221	6,789.83	218,425,583	4,577.54	9,521,509	362.12	18,458,745	2,814.61
Capitation Expenses & Refunds	36,105	3.83	65,318	1.37	97,486	3.71	-191,645	-29.22
Service Coordination & Other Expenses	415,106	44.05	2,084,883	43.69	1,263,103	48.04	339,699	51.80
Net Reinsurance Cost	2,800	0.30	289	0.01	6,071	0.23	1,105	0.17
Administrative Expenses								
Fixed Amount	113,093	12.00	572,601	12.00	315,524	12.00	78,698	12.00
Percentage of Premium	3,714,296	5.25%	12,723,821	5.25%	644,706	5.25%	1,075,147	5.25%
Total	3,827,389	406.11	13,296,423	278.65	960,230	36.52	1,153,845	175.94
Risk Margin	1,238,099	1.75%	4,241,274	1.75%	214,902	1.75%	358,382	1.75%
Premium Tax	1,238,099	1.75%	4,241,274	1.75%	214,902	1.75%	358,382	1.75%
Maintenance Tax	683	0.07	3,459	0.07	1,906	0.07	475	0.07
Projected Total Cost								
Acute Care	20,480,216	2,173.10	71,899	1.51	10,895,887	414.39	19,368,692	2,953.36
LTC	50,268,286	5,333.84	242,286,605	5,077.60	1,384,222	52.64	1,110,298	169.30
Total	70,748,501	7,506.94	242,358,503	5,079.10	12,280,109	467.04	20,478,990	3,122.66

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	742,740	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	60,111,334	80.93
Emergency Room	19,439,590	26.17
Outpatient Facility	41,427,586	55.78
Inpatient Facility	96,878,888	130.43
Other Acute Care	51,116,642	68.82
Acute Care Total	268,974,040	362.14
Est Inc. Claims - Long Term Care		
Attendant Care	249,694,265	336.18
Nursing Facility	247,711,039	333.51
Other Long Term Care	27,955,147	37.64
Long Term Care Total	525,360,451	707.33
Total - All Claims	794,334,491	1,069.47
Projected FY2022 Member Months	771,933	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 Dallas SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	302,158,940	391.43
LTC	689,371,084	893.05
Total	991,530,023	1,284.48
Capitation Expenses & Refunds	3,334,718	4.32
Service Coordination & Other Expenses	37,730,629	48.88
Net Reinsurance Cost	111,431	0.14
Administrative Expenses		
Fixed Amount	9,263,196	12.00
Percentage of Premium	59,952,179	5.25%
Total	69,215,375	89.67
Risk Margin	19,984,060	1.75%
Premium Tax	19,984,060	1.75%
Maintenance Tax	55,965	0.07
Projected Total Cost		
Acute Care	338,426,122	438.41
LTC	803,520,139	1,040.92
Total	1,141,946,261	1,479.33

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	70,460		9,606		141,530		15,918	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	11,285,715	160.17	3,096,167	322.32	0	0.00	0	0.00
Emergency Room	2,984,316	42.35	880,771	91.69	0	0.00	0	0.00
Outpatient Facility	5,470,757	77.64	1,197,681	124.68	0	0.00	0	0.00
Inpatient Facility	9,692,166	137.56	2,894,184	301.29	0	0.00	0	0.00
Other Acute Care	13,072,195	185.53	4,648,741	483.94	0	0.00	0	0.00
Acute Care Total	42,505,149	603.25	12,717,545	1,323.92	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	16,797,873	238.40	12,688,293	1,320.87	57,740,692	407.97	23,267,104	1,461.69
Nursing Facility	58,918	0.84	272,754	28.39	114,398	0.81	669,261	42.04
Other Long Term Care	2,244,133	31.85	2,787,321	290.16	9,835,911	69.50	5,418,533	340.40
Long Term Care Total	19,100,924	271.09	15,748,367	1,639.43	67,691,000	478.28	29,354,898	1,844.13
Total - All Claims	61,606,074	874.34	28,465,912	2,963.35	67,691,000	478.28	29,354,898	1,844.13
Projected FY2022 Member Months	73,625		10,240		141,908		14,639	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9828		0.9904		1.0000		1.0000	
Acute Care - Inpatient	1.0086		1.0051		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9964		0.9982		1.0000		1.0000	
Long Term Care	1.0049		1.0027		1.0047		1.0032	
Other Adjustments - NF Eligibility	1.0120		0.9958		1.0084		0.9928	

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	45,625,632	619.70	13,786,640	1,346.37	0	0.00	0	0.00
LTC	23,259,436	315.92	19,026,908	1,858.13	74,037,282	521.73	29,944,277	2,045.47
Total	68,885,067	935.62	32,813,548	3,204.50	74,037,282	521.73	29,944,277	2,045.47
Capitation Expenses & Refunds	178,289	2.42	38,562	3.77	235,027	1.66	38,916	2.66
Service Coordination & Other Expenses	2,239,104	30.41	541,569	52.89	4,338,023	30.57	638,720	43.63
Net Reinsurance Cost	15,374	0.21	2,741	0.27	686	0.00	87	0.01
Administrative Expenses								
Fixed Amount	883,498	12.00	122,878	12.00	1,702,892	12.00	175,672	12.00
Percentage of Premium	4,154,356	5.25%	1,928,550	5.25%	4,621,392	5.25%	1,771,982	5.25%
Total	5,037,854	68.43	2,051,428	200.34	6,324,284	44.57	1,947,654	133.04
Risk Margin	1,384,785	1.75%	642,850	1.75%	1,540,464	1.75%	590,661	1.75%
Premium Tax	1,384,785	1.75%	642,850	1.75%	1,540,464	1.75%	590,661	1.75%
Maintenance Tax	5,338	0.07	742	0.07	10,288	0.07	1,061	0.07
Projected Total Cost								
Acute Care	50,858,094	690.77	15,210,830	1,485.46	258,315	1.82	42,743	2.92
LTC	28,272,504	384.01	21,523,461	2,101.94	87,768,203	618.49	33,709,294	2,302.65
Total	79,130,597	1,074.78	36,734,290	3,587.39	88,026,518	620.31	33,752,037	2,305.57

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	1,020		7,134		5,949		3,326	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	550,266	539.48	0	0.00	658,794	110.74	2,998,179	901.44
Emergency Room	50,998	50.00	0	0.00	140,419	23.60	69,524	20.90
Outpatient Facility	232,122	227.57	0	0.00	197,474	33.19	1,500,901	451.26
Inpatient Facility	1,067,634	1,046.70	0	0.00	687,256	115.52	428,246	128.76
Other Acute Care	149,214	146.29	0	0.00	1,599,869	268.93	163,685	49.21
Acute Care Total	2,050,235	2,010.03	0	0.00	3,283,813	551.99	5,160,535	1,551.57
Est Inc. Claims - Long Term Care								
Attendant Care	19,426	19.05	117,837	16.52	0	0.00	246,337	74.06
Nursing Facility	4,480,366	4,392.52	27,662,845	3,877.61	0	0.00	8,155	2.45
Other Long Term Care	4,106	4.03	68,631	9.62	0	0.00	4,161	1.25
Long Term Care Total	4,503,898	4,415.59	27,849,314	3,903.74	0	0.00	258,653	77.77
Total - All Claims	6,554,132	6,425.62	27,849,314	3,903.74	3,283,813	551.99	5,419,188	1,629.34
Projected FY2022 Member Months	957		6,395		6,000		3,713	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9984		1.0000		0.9888		1.0001	
Acute Care - Inpatient	1.0227		1.0000		1.0113		1.0040	
Wrap & Carve-Out Removal	0.9982		1.0000		0.9994		0.9989	
Long Term Care	1.1290		1.1344		1.0000		1.0070	
Other Adjustments - NF Eligibility	0.9605		1.0399		0.9999		1.0000	



FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,042,726	2,134.13	0	0.00	3,729,791	621.65	7,118,645	1,917.03
LTC	4,815,802	5,031.30	31,322,663	4,898.34	0	0.00	323,075	87.00
Total	6,858,528	7,165.43	31,322,663	4,898.34	3,729,791	621.65	7,441,720	2,004.03
Capitation Expenses & Refunds	6,478	6.77	22,718	3.55	13,051	2.18	8,926	2.40
Service Coordination & Other Expenses	29,581	30.90	196,627	30.75	180,293	30.05	112,664	30.34
Net Reinsurance Cost	298	0.31	36	0.01	799	0.13	719	0.19
Administrative Expenses								
Fixed Amount	11,486	12.00	76,735	12.00	71,998	12.00	44,560	12.00
Percentage of Premium	397,357	5.25%	1,819,189	5.25%	229,928	5.25%	437,770	5.25%
Total	408,843	427.14	1,895,924	296.49	301,926	50.32	482,330	129.89
Risk Margin	132,452	1.75%	606,396	1.75%	76,643	1.75%	145,923	1.75%
Premium Tax	132,452	1.75%	606,396	1.75%	76,643	1.75%	145,923	1.75%
Maintenance Tax	69	0.07	464	0.07	435	0.07	269	0.07
Projected Total Cost								
Acute Care	2,249,802	2,350.48	24,936	3.90	4,182,000	697.02	7,858,821	2,116.36
LTC	5,318,901	5,556.91	34,626,288	5,414.97	197,582	32.93	479,655	129.17
Total	7,568,703	7,907.39	34,651,224	5,418.87	4,379,581	729.95	8,338,476	2,245.53

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	254,943	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	18,589,122	72.91
Emergency Room	4,126,029	16.18
Outpatient Facility	8,598,936	33.73
Inpatient Facility	14,769,486	57.93
Other Acute Care	19,633,704	77.01
Acute Care Total	65,717,277	257.77
Est Inc. Claims - Long Term Care		
Attendant Care	110,877,561	434.91
Nursing Facility	33,266,697	130.49
Other Long Term Care	20,362,796	79.87
Long Term Care Total	164,507,054	645.27
Total - All Claims	230,224,331	903.04
Projected FY2022 Member Months	257,477	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	72,303,433	280.82
LTC	182,729,443	709.69
Total	255,032,876	990.51
Capitation Expenses & Refunds	541,968	2.10
Service Coordination & Other Expenses	8,276,581	32.14
Net Reinsurance Cost	20,741	0.08
Administrative Expenses		
Fixed Amount	3,089,719	12.00
Percentage of Premium	15,360,525	5.25%
Total	18,450,244	71.66
Risk Margin	5,120,175	1.75%
Premium Tax	5,120,175	1.75%
Maintenance Tax	18,667	0.07
Projected Total Cost		
Acute Care	80,685,540	313.37
LTC	211,895,887	822.97
Total	292,581,427	1,136.34

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	70,460		9,606		141,530		15,918	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	11,285,715	160.17	3,096,167	322.32	0	0.00	0	0.00
Emergency Room	2,984,316	42.35	880,771	91.69	0	0.00	0	0.00
Outpatient Facility	5,470,757	77.64	1,197,681	124.68	0	0.00	0	0.00
Inpatient Facility	9,692,166	137.56	2,894,184	301.29	0	0.00	0	0.00
Other Acute Care	13,072,195	185.53	4,648,741	483.94	0	0.00	0	0.00
Acute Care Total	42,505,149	603.25	12,717,545	1,323.92	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	16,797,873	238.40	12,688,293	1,320.87	57,740,692	407.97	23,267,104	1,461.69
Nursing Facility	58,918	0.84	272,754	28.39	114,398	0.81	669,261	42.04
Other Long Term Care	2,244,133	31.85	2,787,321	290.16	9,835,911	69.50	5,418,533	340.40
Long Term Care Total	19,100,924	271.09	15,748,367	1,639.43	67,691,000	478.28	29,354,898	1,844.13
Total - All Claims	61,606,074	874.34	28,465,912	2,963.35	67,691,000	478.28	29,354,898	1,844.13
Projected FY2022 Member Months	73,625		10,240		141,908		14,639	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9842		0.9911		1.0000		1.0000	
Acute Care - Inpatient	1.0086		1.0051		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9964		0.9982		1.0000		1.0000	
Long Term Care	1.2680		1.2605		1.2671		1.2424	
Other Adjustments - NF Eligibility	1.0120		0.9958		1.0084		0.9928	

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	45,690,626	620.59	13,796,384	1,347.33	0	0.00	0	0.00
LTC	29,349,154	398.63	23,918,837	2,335.86	93,373,783	657.99	37,084,101	2,533.18
Total	75,039,779	1,019.22	37,715,220	3,683.19	93,373,783	657.99	37,084,101	2,533.18
Capitation Expenses & Refunds	178,289	2.42	38,562	3.77	235,027	1.66	38,916	2.66
Service Coordination & Other Expenses	2,239,104	30.41	541,569	52.89	4,338,023	30.57	638,720	43.63
Net Reinsurance Cost	15,374	0.21	2,741	0.27	686	0.00	87	0.01
Administrative Expenses								
Fixed Amount	883,498	12.00	122,878	12.00	1,702,892	12.00	175,672	12.00
Percentage of Premium	4,508,463	5.25%	2,210,564	5.25%	5,733,903	5.25%	2,182,766	5.25%
Total	5,391,961	73.24	2,333,442	227.88	7,436,795	52.41	2,358,438	161.10
Risk Margin	1,502,821	1.75%	736,855	1.75%	1,911,301	1.75%	727,589	1.75%
Premium Tax	1,502,821	1.75%	736,855	1.75%	1,911,301	1.75%	727,589	1.75%
Maintenance Tax	5,338	0.07	742	0.07	10,288	0.07	1,061	0.07
Projected Total Cost								
Acute Care	50,877,247	691.03	15,214,146	1,485.78	258,315	1.82	42,743	2.92
LTC	34,998,240	475.36	26,891,841	2,626.20	108,958,889	767.82	41,533,758	2,837.14
Total	85,875,487	1,166.39	42,105,987	4,111.98	109,217,204	769.64	41,576,502	2,840.05

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	1,020		7,134		5,949		3,326	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	550,266	539.48	0	0.00	658,794	110.74	2,998,179	901.44
Emergency Room	50,998	50.00	0	0.00	140,419	23.60	69,524	20.90
Outpatient Facility	232,122	227.57	0	0.00	197,474	33.19	1,500,901	451.26
Inpatient Facility	1,067,634	1,046.70	0	0.00	687,256	115.52	428,246	128.76
Other Acute Care	149,214	146.29	0	0.00	1,599,869	268.93	163,685	49.21
Acute Care Total	2,050,235	2,010.03	0	0.00	3,283,813	551.99	5,160,535	1,551.57
Est Inc. Claims - Long Term Care								
Attendant Care	19,426	19.05	117,837	16.52	0	0.00	246,337	74.06
Nursing Facility	4,480,366	4,392.52	27,662,845	3,877.61	0	0.00	8,155	2.45
Other Long Term Care	4,106	4.03	68,631	9.62	0	0.00	4,161	1.25
Long Term Care Total	4,503,898	4,415.59	27,849,314	3,903.74	0	0.00	258,653	77.77
Total - All Claims	6,554,132	6,425.62	27,849,314	3,903.74	3,283,813	551.99	5,419,188	1,629.34
Projected FY2022 Member Months	957		6,395		6,000		3,713	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0004		1.0000		0.9896		1.0002	
Acute Care - Inpatient	1.0227		1.0000		1.0113		1.0040	
Wrap & Carve-Out Removal	0.9982		1.0000		0.9994		0.9989	
Long Term Care	1.1308		1.1355		1.0000		1.2606	
Other Adjustments - NF Eligibility	0.9605		1.0399		0.9999		1.0000	

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,046,818	2,138.41	0	0.00	3,732,808	622.15	7,119,357	1,917.22
LTC	4,823,480	5,039.32	31,353,036	4,903.09	0	0.00	404,437	108.91
Total	6,870,298	7,177.73	31,353,036	4,903.09	3,732,808	622.15	7,523,794	2,026.14
Capitation Expenses & Refunds	6,478	6.77	22,718	3.55	13,051	2.18	8,926	2.40
Service Coordination & Other Expenses	29,581	30.90	196,627	30.75	180,293	30.05	112,664	30.34
Net Reinsurance Cost	298	0.31	36	0.01	799	0.13	719	0.19
Administrative Expenses								
Fixed Amount	11,486	12.00	76,735	12.00	71,998	12.00	44,560	12.00
Percentage of Premium	398,034	5.25%	1,820,937	5.25%	230,102	5.25%	442,492	5.25%
Total	409,520	427.85	1,897,671	296.76	302,100	50.35	487,052	131.16
Risk Margin	132,678	1.75%	606,979	1.75%	76,701	1.75%	147,497	1.75%
Premium Tax	132,678	1.75%	606,979	1.75%	76,701	1.75%	147,497	1.75%
Maintenance Tax	69	0.07	464	0.07	435	0.07	269	0.07
Projected Total Cost								
Acute Care	2,254,287	2,355.16	24,936	3.90	4,185,307	697.57	7,859,093	2,116.43
LTC	5,327,314	5,565.70	34,659,574	5,420.18	197,582	32.93	569,327	153.32
Total	7,581,601	7,920.86	34,684,510	5,424.08	4,382,888	730.50	8,428,420	2,269.75

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	254,943	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	18,589,122	72.91
Emergency Room	4,126,029	16.18
Outpatient Facility	8,598,936	33.73
Inpatient Facility	14,769,486	57.93
Other Acute Care	19,633,704	77.01
Acute Care Total	65,717,277	257.77
Est Inc. Claims - Long Term Care		
Attendant Care	110,877,561	434.91
Nursing Facility	33,266,697	130.49
Other Long Term Care	20,362,796	79.87
Long Term Care Total	164,507,054	645.27
Total - All Claims	230,224,331	903.04
Projected FY2022 Member Months	257,477	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	72,385,993	281.14
LTC	220,306,828	855.64
Total	292,692,820	1,136.77
Capitation Expenses & Refunds	541,968	2.10
Service Coordination & Other Expenses	8,276,581	32.14
Net Reinsurance Cost	20,741	0.08
Administrative Expenses		
Fixed Amount	3,089,719	12.00
Percentage of Premium	17,527,261	5.25%
Total	20,616,980	80.07
Risk Margin	5,842,420	1.75%
Premium Tax	5,842,420	1.75%
Maintenance Tax	18,667	0.07
Projected Total Cost		
Acute Care	80,716,074	313.49
LTC	253,136,524	983.14
Total	333,852,598	1,296.63

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	491,839		38,933		530,890		60,082	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	81,118,937	164.93	15,815,914	406.23	0	0.00	0	0.00
Emergency Room	31,915,586	64.89	4,522,173	116.15	0	0.00	0	0.00
Outpatient Facility	43,819,013	89.09	7,581,427	194.73	0	0.00	0	0.00
Inpatient Facility	114,937,994	233.69	25,199,461	647.25	0	0.00	0	0.00
Other Acute Care	58,273,578	118.48	11,252,499	289.02	0	0.00	0	0.00
Acute Care Total	330,065,107	671.08	64,371,474	1,653.39	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	96,430,451	196.06	51,070,597	1,311.76	145,992,752	275.00	96,703,360	1,609.52
Nursing Facility	354,420	0.72	2,093,680	53.78	451,115	0.85	2,918,741	48.58
Other Long Term Care	15,215,279	30.94	29,668,509	762.04	12,113,825	22.82	23,698,212	394.43
Long Term Care Total	112,000,149	227.72	82,832,786	2,127.57	158,557,692	298.66	123,320,313	2,052.53
Total - All Claims	442,065,257	898.80	147,204,260	3,780.96	158,557,692	298.66	123,320,313	2,052.53
Projected FY2022 Member Months	520,263		41,551		556,687		60,522	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9843		0.9936		1.0000		1.0000	
Acute Care - Inpatient	1.0049		1.0059		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9928		0.9973		1.0000		1.0000	
Long Term Care	1.0051		1.0030		1.0049		1.0040	
Other Adjustments - NF Eligibility	1.0099		0.9970		1.0312		0.9951	

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	355,839,486	683.96	70,163,943	1,688.62	0	0.00	0	0.00
LTC	137,805,292	264.88	100,346,238	2,415.02	185,503,740	333.23	138,213,974	2,283.72
Total	493,644,778	948.84	170,510,181	4,103.64	185,503,740	333.23	138,213,974	2,283.72
Capitation Expenses & Refunds	5,035,462	9.68	321,786	7.74	1,521,361	2.73	145,709	2.41
Service Coordination & Other Expenses	19,148,654	36.81	1,933,406	46.53	20,170,652	36.23	2,947,537	48.70
Net Reinsurance Cost	24,470	0.05	3,433	0.08	587	0.00	107	0.00
Administrative Expenses								
Fixed Amount	6,243,154	12.00	498,612	12.00	6,680,244	12.00	726,259	12.00
Percentage of Premium	30,155,668	5.25%	9,968,984	5.25%	12,307,550	5.25%	8,172,048	5.25%
Total	36,398,823	69.96	10,467,595	251.92	18,987,794	34.11	8,898,306	147.03
Risk Margin	10,051,889	1.75%	3,322,995	1.75%	4,102,517	1.75%	2,724,016	1.75%
Premium Tax	10,051,889	1.75%	3,322,995	1.75%	4,102,517	1.75%	2,724,016	1.75%
Maintenance Tax	37,719	0.07	3,012	0.07	40,360	0.07	4,388	0.07
Projected Total Cost								
Acute Care	400,467,868	769.74	77,474,605	1,864.57	1,667,889	3.00	159,798	2.64
LTC	173,925,817	334.30	112,410,798	2,705.37	232,761,639	418.12	155,498,255	2,569.30
Total	574,393,685	1,104.05	189,885,403	4,569.94	234,429,528	421.12	155,658,053	2,571.94

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,599		67,759		45,438		10,634	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	4,291,983	404.94	0	0.00	5,047,331	111.08	8,888,463	835.85
Emergency Room	861,366	81.27	0	0.00	1,048,859	23.08	638,703	60.06
Outpatient Facility	1,672,316	157.78	0	0.00	1,605,724	35.34	8,137,701	765.25
Inpatient Facility	8,223,774	775.90	0	0.00	4,458,644	98.13	4,075,643	383.27
Other Acute Care	1,958,431	184.78	0	0.00	4,208,187	92.61	284,288	26.73
Acute Care Total	17,007,869	1,604.67	0	0.00	16,368,745	360.24	22,024,798	2,071.17
Est Inc. Claims - Long Term Care								
Attendant Care	128,528	12.13	436,533	6.44	0	0.00	535,102	50.32
Nursing Facility	45,663,471	4,308.28	249,708,892	3,685.25	0	0.00	7,382	0.69
Other Long Term Care	75,375	7.11	893,728	13.19	0	0.00	119,288	11.22
Long Term Care Total	45,867,374	4,327.52	251,039,152	3,704.88	0	0.00	661,772	62.23
Total - All Claims	62,875,243	5,932.19	251,039,152	3,704.88	16,368,745	360.24	22,686,570	2,133.40
Projected FY2022 Member Months	9,617		58,039		44,761		11,915	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0002		1.0000		0.9843		0.9996	
Acute Care - Inpatient	1.0103		1.0000		0.9986		0.9999	
Wrap & Carve-Out Removal	0.9985		1.0000		0.9917		0.9976	
Long Term Care	1.1333		1.1322		1.0000		1.0047	
Other Adjustments - NF Eligibility	0.9911		1.0279		1.0000		1.0000	

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	16,737,242	1,740.38	0	0.00	17,713,909	395.75	30,312,812	2,544.03
LTC	49,118,151	5,107.42	266,181,758	4,586.25	0	0.00	827,682	69.46
Total	65,855,393	6,847.80	266,181,758	4,586.25	17,713,909	395.75	31,140,494	2,613.49
Capitation Expenses & Refunds	78,266	8.14	129,301	2.23	446,728	9.98	119,116	10.00
Service Coordination & Other Expenses	386,102	40.15	2,359,459	40.65	1,649,235	36.85	443,532	37.22
Net Reinsurance Cost	747	0.08	99	0.00	1,644	0.04	684	0.06
Administrative Expenses								
Fixed Amount	115,404	12.00	696,468	12.00	537,128	12.00	142,984	12.00
Percentage of Premium	3,822,380	5.25%	15,498,074	5.25%	1,170,931	5.25%	1,832,332	5.25%
Total	3,937,784	409.46	16,194,543	279.03	1,708,059	38.16	1,975,316	165.78
Risk Margin	1,274,127	1.75%	5,166,025	1.75%	390,310	1.75%	610,777	1.75%
Premium Tax	1,274,127	1.75%	5,166,025	1.75%	390,310	1.75%	610,777	1.75%
Maintenance Tax	697	0.07	4,208	0.07	3,245	0.07	864	0.07
Projected Total Cost								
Acute Care	18,461,110	1,919.63	141,808	2.44	20,496,060	457.90	33,504,260	2,811.87
LTC	54,346,133	5,651.04	295,059,609	5,083.81	1,807,381	40.38	1,397,302	117.27
Total	72,807,243	7,570.67	295,201,418	5,086.26	22,303,441	498.28	34,901,561	2,929.14

## FY2022 STAR+PLUS Rating Summary

## Harris SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	1,256,174	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	115,162,627	91.68
Emergency Room	38,986,687	31.04
Outpatient Facility	62,816,181	50.01
Inpatient Facility	156,895,516	124.90
Other Acute Care	75,976,983	60.48
Acute Care Total	449,837,994	358.10
Est Inc. Claims - Long Term Care		
Attendant Care	391,297,322	311.50
Nursing Facility	301,197,701	239.77
Other Long Term Care	81,784,215	65.11
Long Term Care Total	774,279,238	616.38
Total - All Claims	1,224,117,232	974.48
Projected FY2022 Member Months	1,303,354	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	490,767,392	376.54
LTC	877,996,835	673.64
Total	1,368,764,227	1,050.19
Capitation Expenses & Refunds	7,797,729	5.98
Service Coordination & Other Expenses	49,038,579	37.62
Net Reinsurance Cost	31,772	0.02
Administrative Expenses		
Fixed Amount	15,640,253	12.00
Percentage of Premium	82,927,967	5.25%
Total	98,568,220	75.63
Risk Margin	27,642,656	1.75%
Premium Tax	27,642,656	1.75%
Maintenance Tax	94,493	0.07
Projected Total Cost		
Acute Care	552,373,398	423.81
LTC	1,027,206,934	788.13
Total	1,579,580,332	1,211.93

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	491,839		38,933		530,890		60,082	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	81,118,937	164.93	15,815,914	406.23	0	0.00	0	0.00
Emergency Room	31,915,586	64.89	4,522,173	116.15	0	0.00	0	0.00
Outpatient Facility	43,819,013	89.09	7,581,427	194.73	0	0.00	0	0.00
Inpatient Facility	114,937,994	233.69	25,199,461	647.25	0	0.00	0	0.00
Other Acute Care	58,273,578	118.48	11,252,499	289.02	0	0.00	0	0.00
Acute Care Total	330,065,107	671.08	64,371,474	1,653.39	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	96,430,451	196.06	51,070,597	1,311.76	145,992,752	275.00	96,703,360	1,609.52
Nursing Facility	354,420	0.72	2,093,680	53.78	451,115	0.85	2,918,741	48.58
Other Long Term Care	15,215,279	30.94	29,668,509	762.04	12,113,825	22.82	23,698,212	394.43
Long Term Care Total	112,000,149	227.72	82,832,786	2,127.57	158,557,692	298.66	123,320,313	2,052.53
Total - All Claims	442,065,257	898.80	147,204,260	3,780.96	158,557,692	298.66	123,320,313	2,052.53
Projected FY2022 Member Months	520,263		41,551		556,687		60,522	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9854		0.9943		1.0000		1.0000	
Acute Care - Inpatient	1.0049		1.0059		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9928		0.9973		1.0000		1.0000	
Long Term Care	1.2777		1.2419		1.2663		1.2296	
Other Adjustments - NF Eligibility	1.0099		0.9970		1.0312		0.9951	



FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	356,237,153	684.73	70,213,374	1,689.81	0	0.00	0	0.00
LTC	175,180,402	336.72	124,247,251	2,990.24	233,757,972	419.91	169,270,819	2,796.87
Total	531,417,555	1,021.44	194,460,625	4,680.05	233,757,972	419.91	169,270,819	2,796.87
Capitation Expenses & Refunds	5,035,462	9.68	321,786	7.74	1,521,361	2.73	145,709	2.41
Service Coordination & Other Expenses	19,148,654	36.81	1,933,406	46.53	20,170,652	36.23	2,947,537	48.70
Net Reinsurance Cost	24,470	0.05	3,433	0.08	587	0.00	107	0.00
Administrative Expenses								
Fixed Amount	6,243,154	12.00	498,612	12.00	6,680,244	12.00	726,259	12.00
Percentage of Premium	32,328,897	5.25%	11,346,954	5.25%	15,083,821	5.25%	9,958,880	5.25%
Total	38,572,051	74.14	11,845,566	285.09	21,764,065	39.10	10,685,139	176.55
Risk Margin	10,776,299	1.75%	3,782,318	1.75%	5,027,940	1.75%	3,319,627	1.75%
Premium Tax	10,776,299	1.75%	3,782,318	1.75%	5,027,940	1.75%	3,319,627	1.75%
Maintenance Tax	37,719	0.07	3,012	0.07	40,360	0.07	4,388	0.07
Projected Total Cost								
Acute Care	400,556,147	769.91	77,501,055	1,865.20	1,667,889	3.00	159,798	2.64
LTC	215,232,361	413.70	138,631,410	3,336.42	285,642,989	513.11	189,533,153	3,131.66
Total	615,788,509	1,183.61	216,132,465	5,201.62	287,310,878	516.11	189,692,952	3,134.30

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,599		67,759		45,438		10,634	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	4,291,983	404.94	0	0.00	5,047,331	111.08	8,888,463	835.85
Emergency Room	861,366	81.27	0	0.00	1,048,859	23.08	638,703	60.06
Outpatient Facility	1,672,316	157.78	0	0.00	1,605,724	35.34	8,137,701	765.25
Inpatient Facility	8,223,774	775.90	0	0.00	4,458,644	98.13	4,075,643	383.27
Other Acute Care	1,958,431	184.78	0	0.00	4,208,187	92.61	284,288	26.73
Acute Care Total	17,007,869	1,604.67	0	0.00	16,368,745	360.24	22,024,798	2,071.17
Est Inc. Claims - Long Term Care								
Attendant Care	128,528	12.13	436,533	6.44	0	0.00	535,102	50.32
Nursing Facility	45,663,471	4,308.28	249,708,892	3,685.25	0	0.00	7,382	0.69
Other Long Term Care	75,375	7.11	893,728	13.19	0	0.00	119,288	11.22
Long Term Care Total	45,867,374	4,327.52	251,039,152	3,704.88	0	0.00	661,772	62.23
Total - All Claims	62,875,243	5,932.19	251,039,152	3,704.88	16,368,745	360.24	22,686,570	2,133.40
Projected FY2022 Member Months	9,617		58,039		44,761		11,915	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0042		1.0000		0.9871		0.9998	
Acute Care - Inpatient	1.0103		1.0000		0.9986		0.9999	
Wrap & Carve-Out Removal	0.9985		1.0000		0.9917		0.9976	
Long Term Care	1.1342		1.1327		1.0000		1.2727	
Other Adjustments - NF Eligibility	0.9911		1.0279		1.0000		1.0000	

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	16,804,177	1,747.34	0	0.00	17,764,299	396.87	30,318,877	2,544.53
LTC	49,157,157	5,111.48	266,299,309	4,588.28	0	0.00	1,048,463	87.99
Total	65,961,335	6,858.82	266,299,309	4,588.28	17,764,299	396.87	31,367,340	2,632.53
Capitation Expenses & Refunds	78,266	8.14	129,301	2.23	446,728	9.98	119,116	10.00
Service Coordination & Other Expenses	386,102	40.15	2,359,459	40.65	1,649,235	36.85	443,532	37.22
Net Reinsurance Cost	747	0.08	99	0.00	1,644	0.04	684	0.06
Administrative Expenses								
Fixed Amount	115,404	12.00	696,468	12.00	537,128	12.00	142,984	12.00
Percentage of Premium	3,828,476	5.25%	15,504,838	5.25%	1,173,830	5.25%	1,845,383	5.25%
Total	3,943,880	410.09	16,201,306	279.15	1,710,958	38.22	1,988,367	166.88
Risk Margin	1,276,159	1.75%	5,168,279	1.75%	391,277	1.75%	615,128	1.75%
Premium Tax	1,276,159	1.75%	5,168,279	1.75%	391,277	1.75%	615,128	1.75%
Maintenance Tax	697	0.07	4,208	0.07	3,245	0.07	864	0.07
Projected Total Cost								
Acute Care	18,534,541	1,927.27	141,808	2.44	20,551,282	459.14	33,509,827	2,812.34
LTC	54,388,803	5,655.48	295,188,432	5,086.03	1,807,381	40.38	1,640,333	137.67
Total	72,923,344	7,582.74	295,330,240	5,088.48	22,358,663	499.52	35,150,160	2,950.00

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	1,256,174	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	115,162,627	91.68
Emergency Room	38,986,687	31.04
Outpatient Facility	62,816,181	50.01
Inpatient Facility	156,895,516	124.90
Other Acute Care	75,976,983	60.48
Acute Care Total	449,837,994	358.10
Est Inc. Claims - Long Term Care		
Attendant Care	391,297,322	311.50
Nursing Facility	301,197,701	239.77
Other Long Term Care	81,784,215	65.11
Long Term Care Total	774,279,238	616.38
Total - All Claims	1,224,117,232	974.48
Projected FY2022 Member Months	1,303,354	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	491,337,881	376.98
LTC	1,018,961,373	781.80
Total	1,510,299,254	1,158.78
Capitation Expenses & Refunds	7,797,729	5.98
Service Coordination & Other Expenses	49,038,579	37.62
Net Reinsurance Cost	31,772	0.02
Administrative Expenses		
Fixed Amount	15,640,253	12.00
Percentage of Premium	91,071,079	5.25%
Total	106,711,331	81.87
Risk Margin	30,357,026	1.75%
Premium Tax	30,357,026	1.75%
Maintenance Tax	94,493	0.07
Projected Total Cost		
Acute Care	552,622,347	424.00
LTC	1,182,064,863	906.94
Total	1,734,687,211	1,330.94

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		387,723		124,227	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	26,290,363	157.01	8,918,251	291.33	0	0.00	0	0.00
Emergency Room	6,361,524	37.99	1,923,550	62.84	0	0.00	0	0.00
Outpatient Facility	11,929,728	71.25	4,563,207	149.07	0	0.00	0	0.00
Inpatient Facility	26,275,042	156.92	10,953,253	357.81	0	0.00	0	0.00
Other Acute Care	21,355,858	127.54	11,519,017	376.29	0	0.00	0	0.00
Acute Care Total	92,212,516	550.72	37,877,277	1,237.33	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	86,350,720	515.71	60,687,353	1,982.47	278,706,833	718.83	241,136,637	1,941.10
Nursing Facility	116,644	0.70	187,586	6.13	1,002,967	2.59	1,681,720	13.54
Other Long Term Care	12,569,567	75.07	7,843,290	256.22	50,592,871	130.49	28,735,032	231.31
Long Term Care Total	99,036,931	591.48	68,718,230	2,244.81	330,302,670	851.90	271,553,388	2,185.94
Total - All Claims	191,249,446	1,142.20	106,595,506	3,482.15	330,302,670	851.90	271,553,388	2,185.94
Projected FY2022 Member Months	174,868		32,552		375,397		119,409	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9981		1.0016		1.0000		1.0000	
Acute Care - Inpatient	1.0163		1.0145		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9920		0.9974		1.0000		1.0000	
Long Term Care	1.0048		1.0027		1.0049		1.0032	
Other Adjustments - NF Eligibility	1.0120		1.0002		1.0042		0.9991	

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	100,792,746	576.39	41,959,924	1,289.01	0	0.00	0	0.00
LTC	120,523,493	689.22	83,186,917	2,555.51	347,470,032	925.61	291,357,194	2,439.98
Total	221,316,238	1,265.62	125,146,841	3,844.52	347,470,032	925.61	291,357,194	2,439.98
Capitation Expenses & Refunds	1,959,786	11.21	574,509	17.65	2,203,903	5.87	786,780	6.59
Service Coordination & Other Expenses	9,630,356	55.07	2,185,636	67.14	20,233,930	53.90	7,778,420	65.14
Net Reinsurance Cost	18,176	0.10	3,396	0.10	918	0.00	256	0.00
Administrative Expenses								
Fixed Amount	2,098,420	12.00	390,624	12.00	4,504,763	12.00	1,432,914	12.00
Percentage of Premium	13,522,599	5.25%	7,381,838	5.25%	21,543,167	5.25%	17,338,763	5.25%
Total	15,621,020	89.33	7,772,461	238.77	26,047,930	69.39	18,771,677	157.20
Risk Margin	4,507,533	1.75%	2,460,613	1.75%	7,181,056	1.75%	5,779,588	1.75%
Premium Tax	4,507,533	1.75%	2,460,613	1.75%	7,181,056	1.75%	5,779,588	1.75%
Maintenance Tax	12,678	0.07	2,360	0.07	27,216	0.07	8,657	0.07
Projected Total Cost								
Acute Care	113,679,071	650.08	46,761,196	1,436.51	2,416,242	6.44	862,505	7.22
LTC	143,894,248	822.87	93,845,233	2,882.93	407,929,799	1,086.66	329,399,654	2,758.57
Total	257,573,319	1,472.96	140,606,429	4,319.44	410,346,041	1,093.10	330,262,159	2,765.80

## FY2022 STAR+PLUS Rating Summary

## Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,919		30,174		11,552		6,481	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,336,661	457.92	0	0.00	1,245,410	107.81	4,941,597	762.47
Emergency Room	170,651	58.46	0	0.00	192,824	16.69	200,776	30.98
Outpatient Facility	368,945	126.39	0	0.00	553,651	47.93	3,864,562	596.29
Inpatient Facility	3,956,780	1,355.53	0	0.00	1,038,699	89.92	885,724	136.66
Other Acute Care	923,137	316.25	0	0.00	2,052,508	177.68	229,467	35.41
Acute Care Total	6,756,174	2,314.55	0	0.00	5,083,092	440.02	10,122,127	1,561.82
Est Inc. Claims - Long Term Care								
Attendant Care	100,202	34.33	361,236	11.97	0	0.00	2,003,399	309.12
Nursing Facility	12,626,288	4,325.55	127,395,753	4,222.04	0	0.00	0	0.00
Other Long Term Care	25,502	8.74	462,854	15.34	0	0.00	62,499	9.64
Long Term Care Total	12,751,993	4,368.62	128,219,843	4,249.35	0	0.00	2,065,897	318.76
Total - All Claims	19,508,167	6,683.17	128,219,843	4,249.35	5,083,092	440.02	12,188,024	1,880.58
Projected FY2022 Member Months	2,623		26,441		11,415		7,298	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0028		1.0000		0.9966		1.0014	
Acute Care - Inpatient	1.0317		1.0000		1.0072		1.0077	
Wrap & Carve-Out Removal	0.9992		1.0000		0.9977		0.9921	
Long Term Care	1.1247		1.1235		1.0000		1.0045	
Other Adjustments - NF Eligibility	0.9502		1.0267		0.9967		1.0000	



FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	6,468,641	2,465.79	0	0.00	5,650,180	495.00	14,056,253	1,926.09
LTC	12,869,255	4,905.65	137,855,694	5,213.73	0	0.00	2,596,096	355.74
Total	19,337,896	7,371.43	137,855,694	5,213.73	5,650,180	495.00	16,652,349	2,281.82
Capitation Expenses & Refunds	26,615	10.15	163,468	6.18	80,015	7.01	-78,103	-10.70
Service Coordination & Other Expenses	141,423	53.91	1,395,311	52.77	627,295	54.96	404,134	55.38
Net Reinsurance Cost	326	0.12	75	0.00	1,209	0.11	751	0.10
Administrative Expenses								
Fixed Amount	31,480	12.00	317,291	12.00	136,975	12.00	87,574	12.00
Percentage of Premium	1,124,100	5.25%	8,039,476	5.25%	373,771	5.25%	981,950	5.25%
Total	1,155,580	440.50	8,356,767	316.05	510,746	44.75	1,069,524	146.55
Risk Margin	374,700	1.75%	2,679,825	1.75%	124,590	1.75%	327,317	1.75%
Premium Tax	374,700	1.75%	2,679,825	1.75%	124,590	1.75%	327,317	1.75%
Maintenance Tax	190	0.07	1,917	0.07	828	0.07	529	0.07
Projected Total Cost								
Acute Care	7,130,056	2,717.91	179,225	6.78	6,432,007	563.49	15,400,843	2,110.33
LTC	14,281,375	5,443.93	152,953,657	5,784.74	687,447	60.23	3,302,976	452.60
Total	21,411,431	8,161.85	153,132,882	5,791.52	7,119,453	623.72	18,703,818	2,562.93

## FY2022 STAR+PLUS Rating Summary

## Hidalgo SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	761,127	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	42,732,283	56.14
Emergency Room	8,849,325	11.63
Outpatient Facility	21,280,092	27.96
Inpatient Facility	43,109,499	56.64
Other Acute Care	36,079,988	47.40
Acute Care Total	152,051,186	199.77
Est Inc. Claims - Long Term Care		
Attendant Care	669,346,380	879.41
Nursing Facility	143,010,957	187.89
Other Long Term Care	100,291,615	131.77
Long Term Care Total	912,648,952	1,199.08
Total - All Claims	1,064,700,138	1,398.85
Projected FY2022 Member Months	750,003	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	168,927,743	225.24
LTC	995,858,681	1,327.81
Total	1,164,786,424	1,553.04
Capitation Expenses & Refunds	5,716,973	7.62
Service Coordination & Other Expenses	42,396,504	56.53
Net Reinsurance Cost	25,107	0.03
Administrative Expenses		
Fixed Amount	9,000,041	12.00
Percentage of Premium	70,305,665	5.25%
Total	79,305,706	105.74
Risk Margin	23,435,222	1.75%
Premium Tax	23,435,222	1.75%
Maintenance Tax	54,375	0.07
Projected Total Cost		
Acute Care	192,861,144	257.15
LTC	1,146,294,389	1,528.39
Total	1,339,155,533	1,785.53

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		387,723		124,227	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	26,290,363	157.01	8,918,251	291.33	0	0.00	0	0.00
Emergency Room	6,361,524	37.99	1,923,550	62.84	0	0.00	0	0.00
Outpatient Facility	11,929,728	71.25	4,563,207	149.07	0	0.00	0	0.00
Inpatient Facility	26,275,042	156.92	10,953,253	357.81	0	0.00	0	0.00
Other Acute Care	21,355,858	127.54	11,519,017	376.29	0	0.00	0	0.00
Acute Care Total	92,212,516	550.72	37,877,277	1,237.33	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	86,350,720	515.71	60,687,353	1,982.47	278,706,833	718.83	241,136,637	1,941.10
Nursing Facility	116,644	0.70	187,586	6.13	1,002,967	2.59	1,681,720	13.54
Other Long Term Care	12,569,567	75.07	7,843,290	256.22	50,592,871	130.49	28,735,032	231.31
Long Term Care Total	99,036,931	591.48	68,718,230	2,244.81	330,302,670	851.90	271,553,388	2,185.94
Total - All Claims	191,249,446	1,142.20	106,595,506	3,482.15	330,302,670	851.90	271,553,388	2,185.94
Projected FY2022 Member Months	174,868		32,552		375,397		119,409	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9994		1.0022		1.0000		1.0000	
Acute Care - Inpatient	1.0163		1.0145		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9920		0.9974		1.0000		1.0000	
Long Term Care	1.2726		1.2626		1.2688		1.2568	
Other Adjustments - NF Eligibility	1.0120		1.0002		1.0042		0.9991	

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	100,924,026	577.14	41,985,060	1,289.78	0	0.00	0	0.00
LTC	152,645,498	872.92	104,748,979	3,217.90	438,720,247	1,168.68	365,009,690	3,056.79
Total	253,569,524	1,450.06	146,734,039	4,507.68	438,720,247	1,168.68	365,009,690	3,056.79
Capitation Expenses & Refunds	1,959,786	11.21	574,509	17.65	2,203,903	5.87	786,780	6.59
Service Coordination & Other Expenses	9,630,356	55.07	2,185,636	67.14	20,233,930	53.90	7,778,420	65.14
Net Reinsurance Cost	18,176	0.10	3,396	0.10	918	0.00	256	0.00
Administrative Expenses								
Fixed Amount	2,098,420	12.00	390,624	12.00	4,504,763	12.00	1,432,914	12.00
Percentage of Premium	15,378,268	5.25%	8,623,841	5.25%	26,793,180	5.25%	21,576,304	5.25%
Total	17,476,688	99.94	9,014,465	276.93	31,297,943	83.37	23,009,218	192.69
Risk Margin	5,126,089	1.75%	2,874,614	1.75%	8,931,060	1.75%	7,192,101	1.75%
Premium Tax	5,126,089	1.75%	2,874,614	1.75%	8,931,060	1.75%	7,192,101	1.75%
Maintenance Tax	12,678	0.07	2,360	0.07	27,216	0.07	8,657	0.07
Projected Total Cost								
Acute Care	113,690,118	650.15	46,767,572	1,436.70	2,416,242	6.44	862,505	7.22
LTC	179,229,268	1,024.94	117,496,060	3,609.49	507,930,035	1,353.05	410,114,719	3,434.52
Total	292,919,386	1,675.09	164,263,632	5,046.19	510,346,277	1,359.48	410,977,224	3,441.75

## FY2022 STAR+PLUS Rating Summary

## Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,919		30,174		11,552		6,481	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,336,661	457.92	0	0.00	1,245,410	107.81	4,941,597	762.47
Emergency Room	170,651	58.46	0	0.00	192,824	16.69	200,776	30.98
Outpatient Facility	368,945	126.39	0	0.00	553,651	47.93	3,864,562	596.29
Inpatient Facility	3,956,780	1,355.53	0	0.00	1,038,699	89.92	885,724	136.66
Other Acute Care	923,137	316.25	0	0.00	2,052,508	177.68	229,467	35.41
Acute Care Total	6,756,174	2,314.55	0	0.00	5,083,092	440.02	10,122,127	1,561.82
Est Inc. Claims - Long Term Care								
Attendant Care	100,202	34.33	361,236	11.97	0	0.00	2,003,399	309.12
Nursing Facility	12,626,288	4,325.55	127,395,753	4,222.04	0	0.00	0	0.00
Other Long Term Care	25,502	8.74	462,854	15.34	0	0.00	62,499	9.64
Long Term Care Total	12,751,993	4,368.62	128,219,843	4,249.35	0	0.00	2,065,897	318.76
Total - All Claims	19,508,167	6,683.17	128,219,843	4,249.35	5,083,092	440.02	12,188,024	1,880.58
Projected FY2022 Member Months	2,623		26,441		11,415		7,298	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0048		1.0000		0.9979		1.0017	
Acute Care - Inpatient	1.0317		1.0000		1.0072		1.0077	
Wrap & Carve-Out Removal	0.9992		1.0000		0.9977		0.9921	
Long Term Care	1.1281		1.1244		1.0000		1.2739	
Other Adjustments - NF Eligibility	0.9502		1.0267		0.9967		1.0000	

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	6,481,542	2,470.71	0	0.00	5,657,550	495.64	14,060,464	1,926.66
LTC	12,908,159	4,920.47	137,966,126	5,217.91	0	0.00	3,292,352	451.14
Total	19,389,701	7,391.18	137,966,126	5,217.91	5,657,550	495.64	17,352,815	2,377.81
Capitation Expenses & Refunds	26,615	10.15	163,468	6.18	80,015	7.01	-78,103	-10.70
Service Coordination & Other Expenses	141,423	53.91	1,395,311	52.77	627,295	54.96	404,134	55.38
Net Reinsurance Cost	326	0.12	75	0.00	1,209	0.11	751	0.10
Administrative Expenses								
Fixed Amount	31,480	12.00	317,291	12.00	136,975	12.00	87,574	12.00
Percentage of Premium	1,127,081	5.25%	8,045,830	5.25%	374,195	5.25%	1,022,251	5.25%
Total	1,158,561	441.63	8,363,121	316.29	511,170	44.78	1,109,825	152.08
Risk Margin	375,694	1.75%	2,681,943	1.75%	124,732	1.75%	340,750	1.75%
Premium Tax	375,694	1.75%	2,681,943	1.75%	124,732	1.75%	340,750	1.75%
Maintenance Tax	190	0.07	1,917	0.07	828	0.07	529	0.07
Projected Total Cost								
Acute Care	7,144,186	2,723.30	179,225	6.78	6,440,084	564.20	15,402,191	2,110.52
LTC	14,324,017	5,460.19	153,074,678	5,789.32	687,447	60.23	4,069,261	557.60
Total	21,468,204	8,183.49	153,253,903	5,796.09	7,127,530	624.42	19,471,453	2,668.12

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	761,127	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	42,732,283	56.14
Emergency Room	8,849,325	11.63
Outpatient Facility	21,280,092	27.96
Inpatient Facility	43,109,499	56.64
Other Acute Care	36,079,988	47.40
Acute Care Total	152,051,186	199.77
Est Inc. Claims - Long Term Care		
Attendant Care	669,346,380	879.41
Nursing Facility	143,010,957	187.89
Other Long Term Care	100,291,615	131.77
Long Term Care Total	912,648,952	1,199.08
Total - All Claims	1,064,700,138	1,398.85
Projected FY2022 Member Months	750,003	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	169,108,642	225.48
LTC	1,215,291,052	1,620.38
Total	1,384,399,693	1,845.86
Capitation Expenses & Refunds	5,716,973	7.62
Service Coordination & Other Expenses	42,396,504	56.53
Net Reinsurance Cost	25,107	0.03
Administrative Expenses		
Fixed Amount	9,000,041	12.00
Percentage of Premium	82,940,949	5.25%
Total	91,940,990	122.59
Risk Margin	27,646,983	1.75%
Premium Tax	27,646,983	1.75%
Maintenance Tax	54,375	0.07
Projected Total Cost		
Acute Care	192,902,123	257.20
LTC	1,386,925,486	1,849.23
Total	1,579,827,609	2,106.43

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		84,046		14,986	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	14,874,652	163.09	2,992,095	360.97	0	0.00	0	0.00
Emergency Room	5,005,678	54.88	933,079	112.57	0	0.00	0	0.00
Outpatient Facility	6,526,159	71.55	1,963,867	236.92	0	0.00	0	0.00
Inpatient Facility	18,181,292	199.34	4,787,705	577.60	0	0.00	0	0.00
Other Acute Care	6,833,519	74.92	2,095,442	252.80	0	0.00	0	0.00
Acute Care Total	51,421,299	563.79	12,772,189	1,540.86	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	10,209,494	111.94	8,901,506	1,073.89	15,197,262	180.82	17,798,689	1,187.69
Nursing Facility	32,155	0.35	181,297	21.87	104,263	1.24	603,102	40.24
Other Long Term Care	1,616,376	17.72	3,865,115	466.29	422,284	5.02	4,414,757	294.59
Long Term Care Total	11,858,025	130.01	12,947,918	1,562.06	15,723,809	187.09	22,816,547	1,522.52
Total - All Claims	63,279,324	693.81	25,720,107	3,102.92	15,723,809	187.09	22,816,547	1,522.52
Projected FY2022 Member Months	93,522		8,150		90,729		14,763	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0113		1.0092		1.0000		1.0000	
Acute Care - Inpatient	1.0061		1.0044		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9896		0.9962		1.0000		1.0000	
Long Term Care	1.0052		1.0048		1.0056		1.0047	
Other Adjustments - NF Eligibility	1.0147		0.9936		1.0821		0.9952	

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	55,362,858	591.98	12,948,420	1,588.84	0	0.00	0	0.00
LTC	14,211,881	151.96	14,426,605	1,770.22	19,887,102	219.19	25,029,228	1,695.36
Total	69,574,739	743.94	27,375,025	3,359.07	19,887,102	219.19	25,029,228	1,695.36
Capitation Expenses & Refunds	658,851	7.04	30,238	3.71	122,895	1.35	13,859	0.94
Service Coordination & Other Expenses	3,386,187	36.21	441,630	54.19	3,121,032	34.40	644,787	43.67
Net Reinsurance Cost	9,954	0.11	1,894	0.23	302	0.00	74	0.01
Administrative Expenses								
Fixed Amount	1,122,261	12.00	97,795	12.00	1,088,745	12.00	177,160	12.00
Percentage of Premium	4,301,190	5.25%	1,607,920	5.25%	1,393,862	5.25%	1,488,191	5.25%
Total	5,423,451	57.99	1,705,715	209.30	2,482,608	27.36	1,665,351	112.80
Risk Margin	1,433,730	1.75%	535,973	1.75%	464,621	1.75%	496,064	1.75%
Premium Tax	1,433,730	1.75%	535,973	1.75%	464,621	1.75%	496,064	1.75%
Maintenance Tax	6,780	0.07	591	0.07	6,578	0.07	1,070	0.07
Projected Total Cost								
Acute Care	62,389,127	667.11	14,276,261	1,751.78	135,010	1.49	15,269	1.03
LTC	19,538,295	208.92	16,350,778	2,006.33	26,414,748	291.14	28,331,228	1,919.02
Total	81,927,422	876.03	30,627,039	3,758.11	26,549,758	292.63	28,346,496	1,920.06

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,448		20,697		4,521		1,773	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	594,611	242.90	0	0.00	413,219	91.40	1,269,633	716.09
Emergency Room	183,241	74.85	0	0.00	106,675	23.60	110,821	62.50
Outpatient Facility	498,988	203.83	0	0.00	272,390	60.25	1,833,906	1,034.35
Inpatient Facility	1,759,627	718.80	0	0.00	214,373	47.42	599,208	337.96
Other Acute Care	418,232	170.85	0	0.00	261,754	57.90	85,309	48.12
Acute Care Total	3,454,699	1,411.23	0	0.00	1,268,412	280.56	3,898,878	2,199.03
Est Inc. Claims - Long Term Care								
Attendant Care	15,459	6.31	47,284	2.28	0	0.00	32,415	18.28
Nursing Facility	9,711,979	3,967.31	69,709,003	3,368.07	0	0.00	311	0.18
Other Long Term Care	34,545	14.11	288,074	13.92	0	0.00	31,879	17.98
Long Term Care Total	9,761,982	3,987.74	70,044,361	3,384.28	0	0.00	64,605	36.44
Total - All Claims	13,216,681	5,398.97	70,044,361	3,384.28	1,268,412	280.56	3,963,483	2,235.47
Projected FY2022 Member Months	2,210		17,733		4,371		1,953	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0100		1.0000		1.0064		1.0034	
Acute Care - Inpatient	1.0193		1.0000		1.0064		1.0065	
Wrap & Carve-Out Removal	0.9979		1.0000		0.9953		0.9968	
Long Term Care	1.1449		1.1438		1.0000		1.0044	
Other Adjustments - NF Eligibility	0.9875		1.0221		0.9998		1.0000	

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	3,432,054	1,552.71	0	0.00	1,393,026	318.71	5,327,214	2,727.04
LTC	10,471,147	4,737.31	74,627,677	4,208.42	0	0.00	79,430	40.66
Total	13,903,201	6,290.02	74,627,677	4,208.42	1,393,026	318.71	5,406,644	2,767.70
Capitation Expenses & Refunds	10,045	4.54	9,029	0.51	34,879	7.98	15,809	8.09
Service Coordination & Other Expenses	83,501	37.78	698,324	39.38	162,732	37.23	73,682	37.72
Net Reinsurance Cost	339	0.15	51	0.00	357	0.08	186	0.10
Administrative Expenses								
Fixed Amount	26,524	12.00	212,795	12.00	52,451	12.00	23,442	12.00
Percentage of Premium	806,847	5.25%	4,346,664	5.25%	94,573	5.25%	317,584	5.25%
Total	833,371	377.03	4,559,460	257.12	147,023	33.64	341,025	174.57
Risk Margin	268,949	1.75%	1,448,888	1.75%	31,524	1.75%	105,861	1.75%
Premium Tax	268,949	1.75%	1,448,888	1.75%	31,524	1.75%	105,861	1.75%
Maintenance Tax	160	0.07	1,286	0.07	317	0.07	142	0.07
Projected Total Cost								
Acute Care	3,779,754	1,710.02	9,951	0.56	1,623,046	371.33	5,881,036	3,010.54
LTC	11,588,762	5,242.94	82,783,651	4,668.35	178,336	40.80	168,174	86.09
Total	15,368,516	6,952.95	82,793,602	4,668.91	1,801,382	412.13	6,049,210	3,096.63

FY2022 STAR+PLUS Rating Summary  
 Jefferson SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	227,966	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	20,144,211	88.36
Emergency Room	6,339,494	27.81
Outpatient Facility	11,095,311	48.67
Inpatient Facility	25,542,205	112.04
Other Acute Care	9,694,256	42.53
Acute Care Total	72,815,477	319.41
Est Inc. Claims - Long Term Care		
Attendant Care	52,202,108	228.99
Nursing Facility	80,342,111	352.43
Other Long Term Care	10,673,029	46.82
Long Term Care Total	143,217,248	628.24
Total - All Claims	216,032,725	947.65
Projected FY2022 Member Months	233,431	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 Jefferson SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	78,463,572	336.13
LTC	158,733,070	680.00
Total	237,196,642	1,016.13
Capitation Expenses & Refunds	895,605	3.84
Service Coordination & Other Expenses	8,611,874	36.89
Net Reinsurance Cost	13,157	0.06
Administrative Expenses		
Fixed Amount	2,801,174	12.00
Percentage of Premium	14,356,830	5.25%
Total	17,158,004	73.50
Risk Margin	4,785,610	1.75%
Premium Tax	4,785,610	1.75%
Maintenance Tax	16,924	0.07
Projected Total Cost		
Acute Care	88,109,454	377.45
LTC	185,353,972	794.04
Total	273,463,426	1,171.49

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		84,046		14,986	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	14,874,652	163.09	2,992,095	360.97	0	0.00	0	0.00
Emergency Room	5,005,678	54.88	933,079	112.57	0	0.00	0	0.00
Outpatient Facility	6,526,159	71.55	1,963,867	236.92	0	0.00	0	0.00
Inpatient Facility	18,181,292	199.34	4,787,705	577.60	0	0.00	0	0.00
Other Acute Care	6,833,519	74.92	2,095,442	252.80	0	0.00	0	0.00
Acute Care Total	51,421,299	563.79	12,772,189	1,540.86	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	10,209,494	111.94	8,901,506	1,073.89	15,197,262	180.82	17,798,689	1,187.69
Nursing Facility	32,155	0.35	181,297	21.87	104,263	1.24	603,102	40.24
Other Long Term Care	1,616,376	17.72	3,865,115	466.29	422,284	5.02	4,414,757	294.59
Long Term Care Total	11,858,025	130.01	12,947,918	1,562.06	15,723,809	187.09	22,816,547	1,522.52
Total - All Claims	63,279,324	693.81	25,720,107	3,102.92	15,723,809	187.09	22,816,547	1,522.52
Projected FY2022 Member Months	93,522		8,150		90,729		14,763	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0122		1.0096		1.0000		1.0000	
Acute Care - Inpatient	1.0061		1.0044		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9896		0.9962		1.0000		1.0000	
Long Term Care	1.2751		1.2367		1.2615		1.2284	
Other Adjustments - NF Eligibility	1.0147		0.9936		1.0821		0.9952	



FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	55,412,128	592.51	12,953,552	1,589.47	0	0.00	0	0.00
LTC	18,027,824	192.77	17,756,153	2,178.78	24,947,871	274.97	30,602,074	2,072.84
Total	73,439,952	785.27	30,709,705	3,768.25	24,947,871	274.97	30,602,074	2,072.84
Capitation Expenses & Refunds	658,851	7.04	30,238	3.71	122,895	1.35	13,859	0.94
Service Coordination & Other Expenses	3,386,187	36.21	441,630	54.19	3,121,032	34.40	644,787	43.67
Net Reinsurance Cost	9,954	0.11	1,894	0.23	302	0.00	74	0.01
Administrative Expenses								
Fixed Amount	1,122,261	12.00	97,795	12.00	1,088,745	12.00	177,160	12.00
Percentage of Premium	4,523,572	5.25%	1,799,778	5.25%	1,685,030	5.25%	1,808,821	5.25%
Total	5,645,833	60.37	1,897,573	232.84	2,773,775	30.57	1,985,981	134.52
Risk Margin	1,507,857	1.75%	599,926	1.75%	561,677	1.75%	602,940	1.75%
Premium Tax	1,507,857	1.75%	599,926	1.75%	561,677	1.75%	602,940	1.75%
Maintenance Tax	6,780	0.07	591	0.07	6,578	0.07	1,070	0.07
Projected Total Cost								
Acute Care	62,392,132	667.14	14,276,366	1,751.79	135,010	1.49	15,269	1.03
LTC	23,771,140	254.18	20,005,117	2,454.74	31,960,796	352.27	34,438,456	2,332.70
Total	86,163,272	921.32	34,281,483	4,206.53	32,095,806	353.76	34,453,725	2,333.73

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,448		20,697		4,521		1,773	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	594,611	242.90	0	0.00	413,219	91.40	1,269,633	716.09
Emergency Room	183,241	74.85	0	0.00	106,675	23.60	110,821	62.50
Outpatient Facility	498,988	203.83	0	0.00	272,390	60.25	1,833,906	1,034.35
Inpatient Facility	1,759,627	718.80	0	0.00	214,373	47.42	599,208	337.96
Other Acute Care	418,232	170.85	0	0.00	261,754	57.90	85,309	48.12
Acute Care Total	3,454,699	1,411.23	0	0.00	1,268,412	280.56	3,898,878	2,199.03
Est Inc. Claims - Long Term Care								
Attendant Care	15,459	6.31	47,284	2.28	0	0.00	32,415	18.28
Nursing Facility	9,711,979	3,967.31	69,709,003	3,368.07	0	0.00	311	0.18
Other Long Term Care	34,545	14.11	288,074	13.92	0	0.00	31,879	17.98
Long Term Care Total	9,761,982	3,987.74	70,044,361	3,384.28	0	0.00	64,605	36.44
Total - All Claims	13,216,681	5,398.97	70,044,361	3,384.28	1,268,412	280.56	3,963,483	2,235.47
Projected FY2022 Member Months	2,210		17,733		4,371		1,953	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0135		1.0000		1.0091		1.0035	
Acute Care - Inpatient	1.0193		1.0000		1.0064		1.0065	
Wrap & Carve-Out Removal	0.9979		1.0000		0.9953		0.9968	
Long Term Care	1.1454		1.1440		1.0000		1.2287	
Other Adjustments - NF Eligibility	0.9875		1.0221		0.9998		1.0000	

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	3,443,947	1,558.09	0	0.00	1,396,764	319.56	5,327,745	2,727.31
LTC	10,475,720	4,739.38	74,640,726	4,209.15	0	0.00	97,169	49.74
Total	13,919,667	6,297.47	74,640,726	4,209.15	1,396,764	319.56	5,424,913	2,777.05
Capitation Expenses & Refunds	10,045	4.54	9,029	0.51	34,879	7.98	15,809	8.09
Service Coordination & Other Expenses	83,501	37.78	698,324	39.38	162,732	37.23	73,682	37.72
Net Reinsurance Cost	339	0.15	51	0.00	357	0.08	186	0.10
Administrative Expenses								
Fixed Amount	26,524	12.00	212,795	12.00	52,451	12.00	23,442	12.00
Percentage of Premium	807,794	5.25%	4,347,415	5.25%	94,788	5.25%	318,635	5.25%
Total	834,319	377.46	4,560,210	257.16	147,238	33.69	342,076	175.11
Risk Margin	269,265	1.75%	1,449,138	1.75%	31,596	1.75%	106,212	1.75%
Premium Tax	269,265	1.75%	1,449,138	1.75%	31,596	1.75%	106,212	1.75%
Maintenance Tax	160	0.07	1,286	0.07	317	0.07	142	0.07
Projected Total Cost								
Acute Care	3,792,804	1,715.92	9,951	0.56	1,627,142	372.27	5,881,535	3,010.80
LTC	11,593,757	5,245.20	82,797,952	4,669.16	178,336	40.80	187,696	96.08
Total	15,386,561	6,961.12	82,807,903	4,669.72	1,805,478	413.07	6,069,231	3,106.88

FY2022 STAR+PLUS Rating Summary  
 Jefferson SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	227,966	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	20,144,211	88.36
Emergency Room	6,339,494	27.81
Outpatient Facility	11,095,311	48.67
Inpatient Facility	25,542,205	112.04
Other Acute Care	9,694,256	42.53
Acute Care Total	72,815,477	319.41
Est Inc. Claims - Long Term Care		
Attendant Care	52,202,108	228.99
Nursing Facility	80,342,111	352.43
Other Long Term Care	10,673,029	46.82
Long Term Care Total	143,217,248	628.24
Total - All Claims	216,032,725	947.65
Projected FY2022 Member Months	233,431	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 Jefferson SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	78,534,135	336.43
LTC	176,547,537	756.32
Total	255,081,672	1,092.75
Capitation Expenses & Refunds	895,605	3.84
Service Coordination & Other Expenses	8,611,874	36.89
Net Reinsurance Cost	13,157	0.06
Administrative Expenses		
Fixed Amount	2,801,174	12.00
Percentage of Premium	15,385,832	5.25%
Total	18,187,006	77.91
Risk Margin	5,128,611	1.75%
Premium Tax	5,128,611	1.75%
Maintenance Tax	16,924	0.07
Projected Total Cost		
Acute Care	88,130,208	377.54
LTC	204,933,250	877.92
Total	293,063,459	1,255.46

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	56,119		3,659		62,636		6,873	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	7,937,737	141.44	1,145,307	313.01	0	0.00	0	0.00
Emergency Room	2,554,737	45.52	274,075	74.90	0	0.00	0	0.00
Outpatient Facility	5,659,194	100.84	751,184	205.30	0	0.00	0	0.00
Inpatient Facility	11,942,184	212.80	1,482,061	405.05	0	0.00	0	0.00
Other Acute Care	5,158,596	91.92	1,634,879	446.81	0	0.00	0	0.00
Acute Care Total	33,252,449	592.53	5,287,505	1,445.07	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	2,765,273	49.28	4,116,078	1,124.92	4,978,246	79.48	7,374,815	1,073.01
Nursing Facility	55,335	0.99	110,012	30.07	67,411	1.08	283,280	41.22
Other Long Term Care	423,541	7.55	448,718	122.63	534,259	8.53	1,515,645	220.52
Long Term Care Total	3,244,149	57.81	4,674,808	1,277.62	5,579,916	89.08	9,173,740	1,334.75
Total - All Claims	36,496,597	650.34	9,962,313	2,722.69	5,579,916	89.08	9,173,740	1,334.75
Projected FY2022 Member Months	58,161		4,474		65,164		7,140	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0030		1.0072		1.0000		1.0000	
Acute Care - Inpatient	1.0179		1.0187		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9874		0.9940		1.0000		1.0000	
Long Term Care	1.0067		1.0041		1.0063		1.0048	
Other Adjustments - NF Eligibility	1.0196		0.9902		1.1938		0.9870	

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	36,404,183	625.92	6,710,448	1,499.75	0	0.00	0	0.00
LTC	3,954,694	68.00	6,451,705	1,441.92	7,508,679	115.23	10,526,257	1,474.17
Total	40,358,877	693.92	13,162,153	2,941.66	7,508,679	115.23	10,526,257	1,474.17
Capitation Expenses & Refunds	542,887	9.33	65,150	14.56	216,818	3.33	22,297	3.12
Service Coordination & Other Expenses	2,822,344	48.53	221,230	49.44	2,919,573	44.80	320,696	44.91
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	697,933	12.00	53,693	12.00	781,968	12.00	85,685	12.00
Percentage of Premium	2,556,031	5.25%	776,859	5.25%	657,718	5.25%	630,314	5.25%
Total	3,253,964	55.95	830,552	185.62	1,439,686	22.09	715,999	100.27
Risk Margin	852,010	1.75%	258,953	1.75%	219,239	1.75%	210,105	1.75%
Premium Tax	852,010	1.75%	258,953	1.75%	219,239	1.75%	210,105	1.75%
Maintenance Tax	4,217	0.07	324	0.07	4,724	0.07	518	0.07
Projected Total Cost								
Acute Care	41,184,018	708.10	7,455,493	1,666.26	237,609	3.65	24,435	3.42
LTC	7,502,292	128.99	7,341,823	1,640.85	12,290,350	188.61	11,981,541	1,677.98
Total	48,686,310	837.09	14,797,316	3,307.11	12,527,959	192.25	12,005,975	1,681.40

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,208		18,547		6,901		1,381	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	530,889	240.44	0	0.00	690,983	100.13	452,874	327.93
Emergency Room	101,563	46.00	0	0.00	110,133	15.96	32,384	23.45
Outpatient Facility	225,771	102.25	0	0.00	158,297	22.94	1,577,652	1,142.40
Inpatient Facility	1,357,932	615.01	0	0.00	509,499	73.83	398,409	288.49
Other Acute Care	450,463	204.01	0	0.00	884,653	128.19	119,429	86.48
Acute Care Total	2,666,620	1,207.71	0	0.00	2,353,565	341.05	2,580,747	1,868.75
Est Inc. Claims - Long Term Care								
Attendant Care	13,802	6.25	18,918	1.02	0	0.00	64,841	46.95
Nursing Facility	8,953,391	4,054.98	65,941,235	3,555.36	0	0.00	2,517	1.82
Other Long Term Care	14,347	6.50	166,211	8.96	0	0.00	0	0.00
Long Term Care Total	8,981,540	4,067.73	66,126,364	3,565.34	0	0.00	67,358	48.78
Total - All Claims	11,648,160	5,275.43	66,126,364	3,565.34	2,353,565	341.05	2,648,106	1,917.53
Projected FY2022 Member Months	2,024		16,109		6,684		1,536	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0011		1.0000		1.0005		0.9908	
Acute Care - Inpatient	1.0451		1.0000		1.0148		1.0057	
Wrap & Carve-Out Removal	0.9989		1.0000		0.9819		0.9954	
Long Term Care	1.1381		1.1316		1.0000		1.0070	
Other Adjustments - NF Eligibility	1.0038		1.0166		0.9999		1.0000	



FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,781,396	1,374.11	0	0.00	2,560,948	383.15	3,508,064	2,283.39
LTC	9,883,763	4,882.92	70,276,985	4,362.68	0	0.00	83,835	54.57
Total	12,665,159	6,257.03	70,276,985	4,362.68	2,560,948	383.15	3,591,899	2,337.96
Capitation Expenses & Refunds	17,247	8.52	49,631	3.08	27,220	4.07	-44,776	-29.14
Service Coordination & Other Expenses	96,866	47.86	714,483	44.35	332,879	49.80	79,274	51.60
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	24,290	12.00	193,304	12.00	80,206	12.00	18,436	12.00
Percentage of Premium	736,652	5.25%	4,098,485	5.25%	172,703	5.25%	209,709	5.25%
Total	760,942	375.93	4,291,789	266.43	252,909	37.84	228,145	148.50
Risk Margin	245,551	1.75%	1,366,162	1.75%	57,568	1.75%	69,903	1.75%
Premium Tax	245,551	1.75%	1,366,162	1.75%	57,568	1.75%	69,903	1.75%
Maintenance Tax	147	0.07	1,168	0.07	485	0.07	111	0.07
Projected Total Cost								
Acute Care	3,072,887	1,518.11	54,391	3.38	2,924,777	437.59	3,815,236	2,483.32
LTC	10,958,574	5,413.92	78,011,990	4,842.86	364,799	54.58	179,224	116.66
Total	14,031,461	6,932.03	78,066,380	4,846.24	3,289,576	492.17	3,994,460	2,599.98

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	158,324	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	10,757,789	67.95
Emergency Room	3,072,893	19.41
Outpatient Facility	8,372,098	52.88
Inpatient Facility	15,690,085	99.10
Other Acute Care	8,248,021	52.10
Acute Care Total	46,140,886	291.43
Est Inc. Claims - Long Term Care		
Attendant Care	19,331,974	122.10
Nursing Facility	75,413,181	476.32
Other Long Term Care	3,102,721	19.60
Long Term Care Total	97,847,876	618.02
Total - All Claims	143,988,762	909.46
Projected FY2022 Member Months	161,293	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	51,965,039	322.18
LTC	108,685,919	673.84
Total	160,650,958	996.02
Capitation Expenses & Refunds	896,475	5.56
Service Coordination & Other Expenses	7,507,345	46.54
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	1,935,515	12.00
Percentage of Premium	9,838,470	5.25%
Total	11,773,986	73.00
Risk Margin	3,279,490	1.75%
Premium Tax	3,279,490	1.75%
Maintenance Tax	11,694	0.07
Projected Total Cost		
Acute Care	58,768,847	364.36
LTC	128,630,591	797.50
Total	187,399,438	1,161.86

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	56,119		3,659		62,636		6,873	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	7,937,737	141.44	1,145,307	313.01	0	0.00	0	0.00
Emergency Room	2,554,737	45.52	274,075	74.90	0	0.00	0	0.00
Outpatient Facility	5,659,194	100.84	751,184	205.30	0	0.00	0	0.00
Inpatient Facility	11,942,184	212.80	1,482,061	405.05	0	0.00	0	0.00
Other Acute Care	5,158,596	91.92	1,634,879	446.81	0	0.00	0	0.00
Acute Care Total	33,252,449	592.53	5,287,505	1,445.07	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	2,765,273	49.28	4,116,078	1,124.92	4,978,246	79.48	7,374,815	1,073.01
Nursing Facility	55,335	0.99	110,012	30.07	67,411	1.08	283,280	41.22
Other Long Term Care	423,541	7.55	448,718	122.63	534,259	8.53	1,515,645	220.52
Long Term Care Total	3,244,149	57.81	4,674,808	1,277.62	5,579,916	89.08	9,173,740	1,334.75
Total - All Claims	36,496,597	650.34	9,962,313	2,722.69	5,579,916	89.08	9,173,740	1,334.75
Projected FY2022 Member Months	58,161		4,474		65,164		7,140	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0041		1.0084		1.0000		1.0000	
Acute Care - Inpatient	1.0179		1.0187		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9874		0.9940		1.0000		1.0000	
Long Term Care	1.2722		1.1704		1.2404		1.1999	
Other Adjustments - NF Eligibility	1.0196		0.9902		1.1938		0.9870	

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	36,444,108	626.61	6,718,443	1,501.53	0	0.00	0	0.00
LTC	4,997,678	85.93	7,520,243	1,680.73	9,255,456	142.03	12,570,119	1,760.41
Total	41,441,785	712.53	14,238,686	3,182.26	9,255,456	142.03	12,570,119	1,760.41
Capitation Expenses & Refunds	542,887	9.33	65,150	14.56	216,818	3.33	22,297	3.12
Service Coordination & Other Expenses	2,822,344	48.53	221,230	49.44	2,919,573	44.80	320,696	44.91
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	697,933	12.00	53,693	12.00	781,968	12.00	85,685	12.00
Percentage of Premium	2,618,336	5.25%	838,797	5.25%	758,217	5.25%	747,906	5.25%
Total	3,316,268	57.02	892,489	199.47	1,540,185	23.64	833,591	116.74
Risk Margin	872,779	1.75%	279,599	1.75%	252,739	1.75%	249,302	1.75%
Premium Tax	872,779	1.75%	279,599	1.75%	252,739	1.75%	249,302	1.75%
Maintenance Tax	4,217	0.07	324	0.07	4,724	0.07	518	0.07
Projected Total Cost								
Acute Care	41,210,376	708.56	7,462,006	1,667.71	237,609	3.65	24,435	3.42
LTC	8,662,683	148.94	8,515,071	1,903.07	14,204,626	217.98	14,221,390	1,991.66
Total	49,873,059	857.50	15,977,078	3,570.78	14,442,235	221.63	14,245,824	1,995.09

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,208		18,547		6,901		1,381	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	530,889	240.44	0	0.00	690,983	100.13	452,874	327.93
Emergency Room	101,563	46.00	0	0.00	110,133	15.96	32,384	23.45
Outpatient Facility	225,771	102.25	0	0.00	158,297	22.94	1,577,652	1,142.40
Inpatient Facility	1,357,932	615.01	0	0.00	509,499	73.83	398,409	288.49
Other Acute Care	450,463	204.01	0	0.00	884,653	128.19	119,429	86.48
Acute Care Total	2,666,620	1,207.71	0	0.00	2,353,565	341.05	2,580,747	1,868.75
Est Inc. Claims - Long Term Care								
Attendant Care	13,802	6.25	18,918	1.02	0	0.00	64,841	46.95
Nursing Facility	8,953,391	4,054.98	65,941,235	3,555.36	0	0.00	2,517	1.82
Other Long Term Care	14,347	6.50	166,211	8.96	0	0.00	0	0.00
Long Term Care Total	8,981,540	4,067.73	66,126,364	3,565.34	0	0.00	67,358	48.78
Total - All Claims	11,648,160	5,275.43	66,126,364	3,565.34	2,353,565	341.05	2,648,106	1,917.53
Projected FY2022 Member Months	2,024		16,109		6,684		1,536	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0041		1.0000		1.0077		0.9912	
Acute Care - Inpatient	1.0451		1.0000		1.0148		1.0057	
Wrap & Carve-Out Removal	0.9989		1.0000		0.9819		0.9954	
Long Term Care	1.1386		1.1317		1.0000		1.2273	
Other Adjustments - NF Eligibility	1.0038		1.0166		0.9999		1.0000	

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,789,731	1,378.22	0	0.00	2,579,378	385.91	3,509,480	2,284.31
LTC	9,888,105	4,885.07	70,283,196	4,363.07	0	0.00	102,176	66.51
Total	12,677,836	6,263.29	70,283,196	4,363.07	2,579,378	385.91	3,611,656	2,350.81
Capitation Expenses & Refunds	17,247	8.52	49,631	3.08	27,220	4.07	-44,776	-29.14
Service Coordination & Other Expenses	96,866	47.86	714,483	44.35	332,879	49.80	79,274	51.60
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	24,290	12.00	193,304	12.00	80,206	12.00	18,436	12.00
Percentage of Premium	737,381	5.25%	4,098,842	5.25%	173,763	5.25%	210,846	5.25%
Total	761,671	376.29	4,292,146	266.45	253,969	38.00	229,282	149.24
Risk Margin	245,794	1.75%	1,366,281	1.75%	57,921	1.75%	70,282	1.75%
Premium Tax	245,794	1.75%	1,366,281	1.75%	57,921	1.75%	70,282	1.75%
Maintenance Tax	147	0.07	1,168	0.07	485	0.07	111	0.07
Projected Total Cost								
Acute Care	3,082,033	1,522.63	54,391	3.38	2,944,974	440.61	3,816,688	2,484.27
LTC	10,963,321	5,416.26	78,018,796	4,843.28	364,799	54.58	199,424	129.80
Total	14,045,354	6,938.89	78,073,186	4,846.66	3,309,773	495.19	4,016,111	2,614.07

FY2022 STAR+PLUS Rating Summary  
 Lubbock SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	158,324	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	10,757,789	67.95
Emergency Room	3,072,893	19.41
Outpatient Facility	8,372,098	52.88
Inpatient Facility	15,690,085	99.10
Other Acute Care	8,248,021	52.10
Acute Care Total	46,140,886	291.43
Est Inc. Claims - Long Term Care		
Attendant Care	19,331,974	122.10
Nursing Facility	75,413,181	476.32
Other Long Term Care	3,102,721	19.60
Long Term Care Total	97,847,876	618.02
Total - All Claims	143,988,762	909.46
Projected FY2022 Member Months	161,293	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	52,041,140	322.65
LTC	114,616,973	710.61
Total	166,658,112	1,033.26
Capitation Expenses & Refunds	896,475	5.56
Service Coordination & Other Expenses	7,507,345	46.54
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	1,935,515	12.00
Percentage of Premium	10,184,088	5.25%
Total	12,119,603	75.14
Risk Margin	3,394,696	1.75%
Premium Tax	3,394,696	1.75%
Maintenance Tax	11,694	0.07
Projected Total Cost		
Acute Care	58,832,512	364.76
LTC	135,150,108	837.92
Total	193,982,620	1,202.67

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	81,969		10,400		95,008		27,331	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	12,438,120	151.74	3,524,897	338.93	0	0.00	0	0.00
Emergency Room	4,352,622	53.10	788,193	75.79	0	0.00	0	0.00
Outpatient Facility	4,634,502	56.54	930,361	89.46	0	0.00	0	0.00
Inpatient Facility	14,996,113	182.95	5,023,882	483.07	0	0.00	0	0.00
Other Acute Care	5,334,741	65.08	2,748,399	264.27	0	0.00	0	0.00
Acute Care Total	41,756,099	509.41	13,015,731	1,251.51	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	21,465,680	261.88	16,268,485	1,564.28	36,110,030	380.07	44,013,613	1,610.39
Nursing Facility	49,443	0.60	130,763	12.57	84,812	0.89	424,591	15.54
Other Long Term Care	3,152,246	38.46	2,027,145	194.92	3,305,686	34.79	4,661,605	170.56
Long Term Care Total	24,667,369	300.94	18,426,394	1,771.77	39,500,529	415.76	49,099,809	1,796.49
Total - All Claims	66,423,468	810.35	31,442,125	3,023.28	39,500,529	415.76	49,099,809	1,796.49
Projected FY2022 Member Months	83,834		10,334		97,389		27,258	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0138		1.0124		1.0000		1.0000	
Acute Care - Inpatient	1.0227		1.0263		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9839		0.9899		1.0000		1.0000	
Long Term Care	1.0052		1.0039		1.0051		1.0041	
Other Adjustments - NF Eligibility	1.0134		0.9965		1.0523		0.9982	

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	45,375,178	541.25	13,623,737	1,318.34	0	0.00	0	0.00
LTC	29,450,064	351.29	20,791,415	2,011.94	46,110,132	473.46	54,659,964	2,005.26
Total	74,825,242	892.54	34,415,152	3,330.27	46,110,132	473.46	54,659,964	2,005.26
Capitation Expenses & Refunds	1,097,406	13.09	244,959	23.70	468,854	4.81	148,800	5.46
Service Coordination & Other Expenses	4,341,935	51.79	614,208	59.44	5,044,092	51.79	1,781,532	65.36
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,006,007	12.00	124,008	12.00	1,168,673	12.00	327,100	12.00
Percentage of Premium	4,676,192	5.25%	2,036,659	5.25%	3,037,740	5.25%	3,274,813	5.25%
Total	5,682,199	67.78	2,160,668	209.08	4,206,413	43.19	3,601,913	132.14
Risk Margin	1,558,731	1.75%	678,886	1.75%	1,012,580	1.75%	1,091,604	1.75%
Premium Tax	1,558,731	1.75%	678,886	1.75%	1,012,580	1.75%	1,091,604	1.75%
Maintenance Tax	6,078	0.07	749	0.07	7,061	0.07	1,976	0.07
Projected Total Cost								
Acute Care	51,601,455	615.52	15,252,694	1,475.97	513,813	5.28	163,069	5.98
LTC	37,468,866	446.94	23,540,814	2,277.99	57,347,899	588.85	62,214,327	2,282.40
Total	89,070,321	1,062.46	38,793,508	3,753.96	57,861,712	594.13	62,377,395	2,288.38

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,273		22,110		5,632		2,612	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	523,154	230.16	0	0.00	608,064	107.97	1,978,716	757.55
Emergency Room	141,396	62.21	0	0.00	135,734	24.10	105,681	40.46
Outpatient Facility	204,021	89.76	0	0.00	193,478	34.35	1,541,422	590.13
Inpatient Facility	1,327,653	584.10	0	0.00	622,364	110.51	743,603	284.69
Other Acute Care	178,673	78.61	0	0.00	508,069	90.21	90,546	34.67
Acute Care Total	2,374,896	1,044.83	0	0.00	2,067,709	367.14	4,459,967	1,707.49
Est Inc. Claims - Long Term Care								
Attendant Care	38,605	16.98	74,229	3.36	0	0.00	283,643	108.59
Nursing Facility	9,239,263	4,064.79	85,967,875	3,888.19	0	0.00	0	0.00
Other Long Term Care	43,964	19.34	79,052	3.58	0	0.00	38,010	14.55
Long Term Care Total	9,321,832	4,101.11	86,121,156	3,895.12	0	0.00	321,654	123.14
Total - All Claims	11,696,728	5,145.94	86,121,156	3,895.12	2,067,709	367.14	4,781,621	1,830.64
Projected FY2022 Member Months	2,056		19,318		5,195		3,170	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0161		1.0000		1.0031		1.0048	
Acute Care - Inpatient	1.0359		1.0000		1.0050		1.0044	
Wrap & Carve-Out Removal	0.9993		1.0000		0.9829		0.9917	
Long Term Care	1.1369		1.1263		1.0000		1.0045	
Other Adjustments - NF Eligibility	0.9834		1.0197		1.0001		1.0000	

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,409,607	1,172.15	0	0.00	2,130,336	410.04	6,673,371	2,105.32
LTC	9,904,198	4,817.87	91,922,960	4,758.36	0	0.00	435,616	137.43
Total	12,313,805	5,990.01	91,922,960	4,758.36	2,130,336	410.04	7,108,987	2,242.74
Capitation Expenses & Refunds	35,826	17.43	90,693	4.69	52,053	10.02	-14,729	-4.65
Service Coordination & Other Expenses	114,118	55.51	1,074,207	55.61	272,769	52.50	172,974	54.57
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	24,669	12.00	231,818	12.00	62,346	12.00	38,037	12.00
Percentage of Premium	718,520	5.25%	5,369,158	5.25%	144,864	5.25%	420,316	5.25%
Total	743,189	361.52	5,600,976	289.93	207,210	39.88	458,354	144.60
Risk Margin	239,507	1.75%	1,789,719	1.75%	48,288	1.75%	140,105	1.75%
Premium Tax	239,507	1.75%	1,789,719	1.75%	48,288	1.75%	140,105	1.75%
Maintenance Tax	149	0.07	1,401	0.07	377	0.07	230	0.07
Projected Total Cost								
Acute Care	2,685,249	1,306.23	99,389	5.14	2,460,396	473.56	7,336,508	2,314.52
LTC	11,000,852	5,351.33	102,170,287	5,288.81	298,925	57.54	669,518	211.22
Total	13,686,101	6,657.56	102,269,676	5,293.95	2,759,321	531.10	8,006,026	2,525.74

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	247,335	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	19,072,950	77.11
Emergency Room	5,523,626	22.33
Outpatient Facility	7,503,783	30.34
Inpatient Facility	22,713,615	91.83
Other Acute Care	8,860,428	35.82
Acute Care Total	63,674,403	257.44
Est Inc. Claims - Long Term Care		
Attendant Care	118,254,286	478.11
Nursing Facility	95,896,747	387.72
Other Long Term Care	13,307,709	53.80
Long Term Care Total	227,458,742	919.64
Total - All Claims	291,133,145	1,177.08
Projected FY2022 Member Months	248,555	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	70,212,229	282.48
LTC	253,274,350	1,018.99
Total	323,486,579	1,301.47
Capitation Expenses & Refunds	2,123,862	8.54
Service Coordination & Other Expenses	13,415,836	53.98
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	2,982,659	12.00
Percentage of Premium	19,678,263	5.25%
Total	22,660,922	91.17
Risk Margin	6,559,421	1.75%
Premium Tax	6,559,421	1.75%
Maintenance Tax	18,020	0.07
Projected Total Cost		
Acute Care	80,112,573	322.31
LTC	294,711,488	1,185.70
Total	374,824,061	1,508.01

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	81,969		10,400		95,008		27,331	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	12,438,120	151.74	3,524,897	338.93	0	0.00	0	0.00
Emergency Room	4,352,622	53.10	788,193	75.79	0	0.00	0	0.00
Outpatient Facility	4,634,502	56.54	930,361	89.46	0	0.00	0	0.00
Inpatient Facility	14,996,113	182.95	5,023,882	483.07	0	0.00	0	0.00
Other Acute Care	5,334,741	65.08	2,748,399	264.27	0	0.00	0	0.00
Acute Care Total	41,756,099	509.41	13,015,731	1,251.51	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	21,465,680	261.88	16,268,485	1,564.28	36,110,030	380.07	44,013,613	1,610.39
Nursing Facility	49,443	0.60	130,763	12.57	84,812	0.89	424,591	15.54
Other Long Term Care	3,152,246	38.46	2,027,145	194.92	3,305,686	34.79	4,661,605	170.56
Long Term Care Total	24,667,369	300.94	18,426,394	1,771.77	39,500,529	415.76	49,099,809	1,796.49
Total - All Claims	66,423,468	810.35	31,442,125	3,023.28	39,500,529	415.76	49,099,809	1,796.49
Projected FY2022 Member Months	83,834		10,334		97,389		27,258	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0149		1.0131		1.0000		1.0000	
Acute Care - Inpatient	1.0227		1.0263		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9839		0.9899		1.0000		1.0000	
Long Term Care	1.2722		1.2410		1.2663		1.2429	
Other Adjustments - NF Eligibility	1.0134		0.9965		1.0523		0.9982	



FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	45,424,411	541.84	13,633,157	1,319.25	0	0.00	0	0.00
LTC	37,272,554	444.60	25,701,908	2,487.11	58,092,986	596.50	67,659,466	2,482.16
Total	82,696,966	986.44	39,335,065	3,806.36	58,092,986	596.50	67,659,466	2,482.16
Capitation Expenses & Refunds	1,097,406	13.09	244,959	23.70	468,854	4.81	148,800	5.46
Service Coordination & Other Expenses	4,341,935	51.79	614,208	59.44	5,044,092	51.79	1,781,532	65.36
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,006,007	12.00	124,008	12.00	1,168,673	12.00	327,100	12.00
Percentage of Premium	5,129,086	5.25%	2,319,723	5.25%	3,727,164	5.25%	4,022,730	5.25%
Total	6,135,093	73.18	2,443,731	236.47	4,895,837	50.27	4,349,830	159.58
Risk Margin	1,709,695	1.75%	773,241	1.75%	1,242,388	1.75%	1,340,910	1.75%
Premium Tax	1,709,695	1.75%	773,241	1.75%	1,242,388	1.75%	1,340,910	1.75%
Maintenance Tax	6,078	0.07	749	0.07	7,061	0.07	1,976	0.07
Projected Total Cost								
Acute Care	51,592,047	615.41	15,256,280	1,476.31	513,813	5.28	163,069	5.98
LTC	46,104,821	549.95	28,928,914	2,799.38	70,479,794	723.69	76,460,356	2,805.03
Total	97,696,868	1,165.36	44,185,194	4,275.70	70,993,606	728.97	76,623,424	2,811.01

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,273		22,110		5,632		2,612	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	523,154	230.16	0	0.00	608,064	107.97	1,978,716	757.55
Emergency Room	141,396	62.21	0	0.00	135,734	24.10	105,681	40.46
Outpatient Facility	204,021	89.76	0	0.00	193,478	34.35	1,541,422	590.13
Inpatient Facility	1,327,653	584.10	0	0.00	622,364	110.51	743,603	284.69
Other Acute Care	178,673	78.61	0	0.00	508,069	90.21	90,546	34.67
Acute Care Total	2,374,896	1,044.83	0	0.00	2,067,709	367.14	4,459,967	1,707.49
Est Inc. Claims - Long Term Care								
Attendant Care	38,605	16.98	74,229	3.36	0	0.00	283,643	108.59
Nursing Facility	9,239,263	4,064.79	85,967,875	3,888.19	0	0.00	0	0.00
Other Long Term Care	43,964	19.34	79,052	3.58	0	0.00	38,010	14.55
Long Term Care Total	9,321,832	4,101.11	86,121,156	3,895.12	0	0.00	321,654	123.14
Total - All Claims	11,696,728	5,145.94	86,121,156	3,895.12	2,067,709	367.14	4,781,621	1,830.64
Projected FY2022 Member Months	2,056		19,318		5,195		3,170	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0189		1.0000		1.0065		1.0051	
Acute Care - Inpatient	1.0359		1.0000		1.0050		1.0044	
Wrap & Carve-Out Removal	0.9993		1.0000		0.9829		0.9917	
Long Term Care	1.1378		1.1265		1.0000		1.2665	
Other Adjustments - NF Eligibility	0.9834		1.0197		1.0001		1.0000	

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,416,247	1,175.38	0	0.00	2,137,557	411.43	6,675,363	2,105.94
LTC	9,912,039	4,821.68	91,939,283	4,759.20	0	0.00	549,236	173.27
Total	12,328,286	5,997.06	91,939,283	4,759.20	2,137,557	411.43	7,224,600	2,279.22
Capitation Expenses & Refunds	35,826	17.43	90,693	4.69	52,053	10.02	-14,729	-4.65
Service Coordination & Other Expenses	114,118	55.51	1,074,207	55.61	272,769	52.50	172,974	54.57
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	24,669	12.00	231,818	12.00	62,346	12.00	38,037	12.00
Percentage of Premium	719,353	5.25%	5,370,097	5.25%	145,280	5.25%	426,968	5.25%
Total	744,022	361.93	5,601,916	289.98	207,626	39.96	465,005	146.70
Risk Margin	239,784	1.75%	1,790,032	1.75%	48,427	1.75%	142,323	1.75%
Premium Tax	239,784	1.75%	1,790,032	1.75%	48,427	1.75%	142,323	1.75%
Maintenance Tax	149	0.07	1,401	0.07	377	0.07	230	0.07
Projected Total Cost								
Acute Care	2,692,534	1,309.77	99,389	5.14	2,468,309	475.09	7,338,073	2,315.02
LTC	11,009,436	5,355.51	102,188,175	5,289.74	298,925	57.54	794,652	250.70
Total	13,701,970	6,665.28	102,287,564	5,294.88	2,767,234	532.62	8,132,725	2,565.71

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	247,335	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	19,072,950	77.11
Emergency Room	5,523,626	22.33
Outpatient Facility	7,503,783	30.34
Inpatient Facility	22,713,615	91.83
Other Acute Care	8,860,428	35.82
Acute Care Total	63,674,403	257.44
Est Inc. Claims - Long Term Care		
Attendant Care	118,254,286	478.11
Nursing Facility	95,896,747	387.72
Other Long Term Care	13,307,709	53.80
Long Term Care Total	227,458,742	919.64
Total - All Claims	291,133,145	1,177.08
Projected FY2022 Member Months	248,555	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	70,286,735	282.78
LTC	291,127,472	1,171.28
Total	361,414,208	1,454.06
Capitation Expenses & Refunds	2,123,862	8.54
Service Coordination & Other Expenses	13,415,836	53.98
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	2,982,659	12.00
Percentage of Premium	21,860,401	5.25%
Total	24,843,060	99.95
Risk Margin	7,286,800	1.75%
Premium Tax	7,286,800	1.75%
Maintenance Tax	18,020	0.07
Projected Total Cost		
Acute Care	80,123,515	322.36
LTC	336,265,072	1,352.88
Total	416,388,586	1,675.24

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	191,030		16,737		163,096		27,355	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	26,672,755	139.63	4,604,303	275.10	0	0.00	0	0.00
Emergency Room	13,443,928	70.38	2,388,104	142.68	0	0.00	0	0.00
Outpatient Facility	17,059,344	89.30	3,825,366	228.56	0	0.00	0	0.00
Inpatient Facility	35,561,576	186.16	8,357,034	499.31	0	0.00	0	0.00
Other Acute Care	16,778,663	87.83	5,458,045	326.11	0	0.00	0	0.00
Acute Care Total	109,516,265	573.29	24,632,853	1,471.76	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	21,038,102	110.13	18,855,950	1,126.60	34,477,227	211.39	32,857,475	1,201.15
Nursing Facility	260,281	1.36	659,691	39.42	597,225	3.66	1,298,914	47.48
Other Long Term Care	1,816,510	9.51	8,211,352	490.61	1,760,448	10.79	9,888,868	361.50
Long Term Care Total	23,114,892	121.00	27,726,994	1,656.63	36,834,899	225.85	44,045,257	1,610.14
Total - All Claims	132,631,157	694.29	52,359,846	3,128.39	36,834,899	225.85	44,045,257	1,610.14
Projected FY2022 Member Months	200,629		19,316		179,608		28,288	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9976		0.9995		1.0000		1.0000	
Acute Care - Inpatient	1.0122		1.0113		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9986		0.9994		1.0000		1.0000	
Long Term Care	1.0061		1.0046		1.0067		1.0044	
Other Adjustments - NF Eligibility	1.0272		0.9956		1.0759		0.9922	

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	122,438,766	610.27	29,384,313	1,521.26	0	0.00	0	0.00
LTC	28,750,203	143.30	36,329,222	1,880.80	47,305,110	263.38	50,550,156	1,786.98
Total	151,188,969	753.57	65,713,535	3,402.05	47,305,110	263.38	50,550,156	1,786.98
Capitation Expenses & Refunds	5,489,462	27.36	524,353	27.15	113,890	0.63	19,812	0.70
Service Coordination & Other Expenses	7,507,829	37.42	730,219	37.80	6,804,158	37.88	1,136,139	40.16
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,407,553	12.00	231,790	12.00	2,155,302	12.00	339,457	12.00
Percentage of Premium	9,585,686	5.25%	3,866,376	5.25%	3,244,441	5.25%	2,994,520	5.25%
Total	11,993,240	59.78	4,098,166	212.17	5,399,743	30.06	3,333,977	117.86
Risk Margin	3,195,229	1.75%	1,288,792	1.75%	1,081,480	1.75%	998,173	1.75%
Premium Tax	3,195,229	1.75%	1,288,792	1.75%	1,081,480	1.75%	998,173	1.75%
Maintenance Tax	14,546	0.07	1,400	0.07	13,022	0.07	2,051	0.07
Projected Total Cost								
Acute Care	142,344,919	709.49	32,890,892	1,702.79	124,811	0.69	21,712	0.77
LTC	40,239,583	200.57	40,754,366	2,109.89	61,674,073	343.38	57,016,769	2,015.58
Total	182,584,503	910.06	73,645,258	3,812.69	61,798,884	344.08	57,038,481	2,016.35

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	8,154		52,732		24,511		4,587	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,991,791	366.91	0	0.00	1,598,292	65.21	6,167,422	1,344.54
Emergency Room	630,228	77.29	0	0.00	739,798	30.18	218,105	47.55
Outpatient Facility	1,334,878	163.71	0	0.00	1,016,677	41.48	1,203,168	262.30
Inpatient Facility	5,807,810	712.27	0	0.00	2,013,703	82.16	847,333	184.72
Other Acute Care	1,288,222	157.99	0	0.00	2,694,570	109.93	219,613	47.88
Acute Care Total	12,052,930	1,478.16	0	0.00	8,063,040	328.96	8,655,642	1,886.99
Est Inc. Claims - Long Term Care								
Attendant Care	75,996	9.32	140,427	2.66	0	0.00	173,613	37.85
Nursing Facility	31,373,674	3,847.64	185,761,608	3,522.75	0	0.00	3,573	0.78
Other Long Term Care	2,767	0.34	855,246	16.22	0	0.00	264	0.06
Long Term Care Total	31,452,436	3,857.30	186,757,281	3,541.63	0	0.00	177,450	38.69
Total - All Claims	43,505,366	5,335.46	186,757,281	3,541.63	8,063,040	328.96	8,833,091	1,925.68
Projected FY2022 Member Months	7,508		44,554		23,539		5,174	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9989		1.0000		0.9985		1.0032	
Acute Care - Inpatient	1.0218		1.0000		1.0069		1.0050	
Wrap & Carve-Out Removal	0.9999		1.0000		0.9987		0.9989	
Long Term Care	1.1389		1.1295		1.0000		1.0052	
Other Adjustments - NF Eligibility	0.9838		1.0191		0.9981		1.0000	



FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	12,084,643	1,609.62	0	0.00	8,746,081	371.55	12,112,054	2,341.10
LTC	34,094,648	4,541.26	193,197,271	4,336.27	0	0.00	223,515	43.20
Total	46,179,291	6,150.88	193,197,271	4,336.27	8,746,081	371.55	12,335,569	2,384.30
Capitation Expenses & Refunds	128,579	17.13	102,328	2.30	423,948	18.01	89,193	17.24
Service Coordination & Other Expenses	289,168	38.52	1,810,686	40.64	876,750	37.25	180,734	34.93
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	90,093	12.00	534,646	12.00	282,472	12.00	62,084	12.00
Percentage of Premium	2,686,140	5.25%	11,256,470	5.25%	594,384	5.25%	728,841	5.25%
Total	2,776,233	369.78	11,791,115	264.65	876,855	37.25	790,925	152.88
Risk Margin	895,380	1.75%	3,752,157	1.75%	198,128	1.75%	242,947	1.75%
Premium Tax	895,380	1.75%	3,752,157	1.75%	198,128	1.75%	242,947	1.75%
Maintenance Tax	544	0.07	3,230	0.07	1,707	0.07	375	0.07
Projected Total Cost								
Acute Care	13,410,346	1,786.20	112,140	2.52	10,360,775	440.15	13,438,438	2,597.47
LTC	37,754,230	5,028.70	214,296,803	4,809.84	960,822	40.82	444,253	85.87
Total	51,164,576	6,814.90	214,408,943	4,812.36	11,321,597	480.97	13,882,691	2,683.34

## FY2022 STAR+PLUS Rating Summary

## Tarrant SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	488,202	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	42,034,564	86.10
Emergency Room	17,420,163	35.68
Outpatient Facility	24,439,432	50.06
Inpatient Facility	52,587,457	107.72
Other Acute Care	26,439,113	54.16
Acute Care Total	162,920,729	333.72
Est Inc. Claims - Long Term Care		
Attendant Care	107,618,791	220.44
Nursing Facility	219,954,965	450.54
Other Long Term Care	22,535,453	46.16
Long Term Care Total	350,109,209	717.14
Total - All Claims	513,029,938	1,050.86
Projected FY2022 Member Months	508,616	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	184,765,856	363.27
LTC	390,450,125	767.67
Total	575,215,982	1,130.94
Capitation Expenses & Refunds	6,891,566	13.55
Service Coordination & Other Expenses	19,335,682	38.02
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	6,103,396	12.00
Percentage of Premium	34,956,859	5.25%
Total	41,060,255	80.73
Risk Margin	11,652,286	1.75%
Premium Tax	11,652,286	1.75%
Maintenance Tax	36,875	0.07
Projected Total Cost		
Acute Care	212,704,033	418.20
LTC	453,140,899	890.93
Total	665,844,932	1,309.13

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	191,030		16,737		163,096		27,355	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	26,672,755	139.63	4,604,303	275.10	0	0.00	0	0.00
Emergency Room	13,443,928	70.38	2,388,104	142.68	0	0.00	0	0.00
Outpatient Facility	17,059,344	89.30	3,825,366	228.56	0	0.00	0	0.00
Inpatient Facility	35,561,576	186.16	8,357,034	499.31	0	0.00	0	0.00
Other Acute Care	16,778,663	87.83	5,458,045	326.11	0	0.00	0	0.00
Acute Care Total	109,516,265	573.29	24,632,853	1,471.76	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	21,038,102	110.13	18,855,950	1,126.60	34,477,227	211.39	32,857,475	1,201.15
Nursing Facility	260,281	1.36	659,691	39.42	597,225	3.66	1,298,914	47.48
Other Long Term Care	1,816,510	9.51	8,211,352	490.61	1,760,448	10.79	9,888,868	361.50
Long Term Care Total	23,114,892	121.00	27,726,994	1,656.63	36,834,899	225.85	44,045,257	1,610.14
Total - All Claims	132,631,157	694.29	52,359,846	3,128.39	36,834,899	225.85	44,045,257	1,610.14
Projected FY2022 Member Months	200,629		19,316		179,608		28,288	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9986		1.0009		1.0000		1.0000	
Acute Care - Inpatient	1.0122		1.0113		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9986		0.9994		1.0000		1.0000	
Long Term Care	1.2774		1.2158		1.2583		1.2131	
Other Adjustments - NF Eligibility	1.0272		0.9956		1.0759		0.9922	

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	122,561,499	610.88	29,425,471	1,523.39	0	0.00	0	0.00
LTC	36,502,842	181.94	43,966,821	2,276.21	59,127,863	329.20	61,053,757	2,158.29
Total	159,064,341	792.83	73,392,292	3,799.59	59,127,863	329.20	61,053,757	2,158.29
Capitation Expenses & Refunds	5,489,462	27.36	524,353	27.15	113,890	0.63	19,812	0.70
Service Coordination & Other Expenses	7,507,829	37.42	730,219	37.80	6,804,158	37.88	1,136,139	40.16
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,407,553	12.00	231,790	12.00	2,155,302	12.00	339,457	12.00
Percentage of Premium	10,038,790	5.25%	4,308,168	5.25%	3,924,655	5.25%	3,598,837	5.25%
Total	12,446,343	62.04	4,539,958	235.04	6,079,956	33.85	3,938,294	139.22
Risk Margin	3,346,263	1.75%	1,436,056	1.75%	1,308,218	1.75%	1,199,612	1.75%
Premium Tax	3,346,263	1.75%	1,436,056	1.75%	1,308,218	1.75%	1,199,612	1.75%
Maintenance Tax	14,546	0.07	1,400	0.07	13,022	0.07	2,051	0.07
Projected Total Cost								
Acute Care	142,375,042	709.64	32,924,184	1,704.52	124,811	0.69	21,712	0.77
LTC	48,840,006	243.43	49,136,150	2,543.83	74,630,515	415.52	68,527,565	2,422.49
Total	191,215,048	953.08	82,060,334	4,248.34	74,755,326	416.21	68,549,278	2,423.26

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	8,154		52,732		24,511		4,587	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,991,791	366.91	0	0.00	1,598,292	65.21	6,167,422	1,344.54
Emergency Room	630,228	77.29	0	0.00	739,798	30.18	218,105	47.55
Outpatient Facility	1,334,878	163.71	0	0.00	1,016,677	41.48	1,203,168	262.30
Inpatient Facility	5,807,810	712.27	0	0.00	2,013,703	82.16	847,333	184.72
Other Acute Care	1,288,222	157.99	0	0.00	2,694,570	109.93	219,613	47.88
Acute Care Total	12,052,930	1,478.16	0	0.00	8,063,040	328.96	8,655,642	1,886.99
Est Inc. Claims - Long Term Care								
Attendant Care	75,996	9.32	140,427	2.66	0	0.00	173,613	37.85
Nursing Facility	31,373,674	3,847.64	185,761,608	3,522.75	0	0.00	3,573	0.78
Other Long Term Care	2,767	0.34	855,246	16.22	0	0.00	264	0.06
Long Term Care Total	31,452,436	3,857.30	186,757,281	3,541.63	0	0.00	177,450	38.69
Total - All Claims	43,505,366	5,335.46	186,757,281	3,541.63	8,063,040	328.96	8,833,091	1,925.68
Projected FY2022 Member Months	7,508		44,554		23,539		5,174	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0053		1.0000		1.0006		1.0033	
Acute Care - Inpatient	1.0218		1.0000		1.0069		1.0050	
Wrap & Carve-Out Removal	0.9999		1.0000		0.9987		0.9989	
Long Term Care	1.1396		1.1297		1.0000		1.2489	
Other Adjustments - NF Eligibility	0.9838		1.0191		0.9981		1.0000	

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	12,162,070	1,619.94	0	0.00	8,764,476	372.33	12,113,261	2,341.33
LTC	34,115,604	4,544.05	193,231,480	4,337.03	0	0.00	277,704	53.68
Total	46,277,673	6,163.99	193,231,480	4,337.03	8,764,476	372.33	12,390,965	2,395.01
Capitation Expenses & Refunds	128,579	17.13	102,328	2.30	423,948	18.01	89,193	17.24
Service Coordination & Other Expenses	289,168	38.52	1,810,686	40.64	876,750	37.25	180,734	34.93
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	90,093	12.00	534,646	12.00	282,472	12.00	62,084	12.00
Percentage of Premium	2,691,801	5.25%	11,258,438	5.25%	595,442	5.25%	732,028	5.25%
Total	2,781,894	370.54	11,793,084	264.69	877,914	37.30	794,112	153.49
Risk Margin	897,267	1.75%	3,752,813	1.75%	198,481	1.75%	244,009	1.75%
Premium Tax	897,267	1.75%	3,752,813	1.75%	198,481	1.75%	244,009	1.75%
Maintenance Tax	544	0.07	3,230	0.07	1,707	0.07	375	0.07
Projected Total Cost								
Acute Care	13,495,308	1,797.52	112,140	2.52	10,380,933	441.00	13,439,467	2,597.67
LTC	37,777,084	5,031.75	214,334,293	4,810.68	960,822	40.82	503,932	97.40
Total	51,272,392	6,829.26	214,446,433	4,813.20	11,341,755	481.82	13,943,399	2,695.07

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	488,202	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	42,034,564	86.10
Emergency Room	17,420,163	35.68
Outpatient Facility	24,439,432	50.06
Inpatient Facility	52,587,457	107.72
Other Acute Care	26,439,113	54.16
Acute Care Total	162,920,729	333.72
Est Inc. Claims - Long Term Care		
Attendant Care	107,618,791	220.44
Nursing Facility	219,954,965	450.54
Other Long Term Care	22,535,453	46.16
Long Term Care Total	350,109,209	717.14
Total - All Claims	513,029,938	1,050.86
Projected FY2022 Member Months	508,616	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	185,026,777	363.78
LTC	428,276,072	842.04
Total	613,302,849	1,205.83
Capitation Expenses & Refunds	6,891,566	13.55
Service Coordination & Other Expenses	19,335,682	38.02
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	6,103,396	12.00
Percentage of Premium	37,148,158	5.25%
Total	43,251,554	85.04
Risk Margin	12,382,719	1.75%
Premium Tax	12,382,719	1.75%
Maintenance Tax	36,875	0.07
Projected Total Cost		
Acute Care	212,873,598	418.53
LTC	494,710,366	972.66
Total	707,583,964	1,391.19

## FY2022 STAR+PLUS Rating Summary

## Travis SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	110,032		7,732		111,377		18,613	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	17,230,902	156.60	2,679,392	346.53	0	0.00	0	0.00
Emergency Room	5,841,436	53.09	591,247	76.47	0	0.00	0	0.00
Outpatient Facility	5,477,374	49.78	1,032,466	133.53	0	0.00	0	0.00
Inpatient Facility	18,968,441	172.39	3,936,228	509.08	0	0.00	0	0.00
Other Acute Care	14,909,514	135.50	2,400,115	310.41	0	0.00	0	0.00
Acute Care Total	62,427,665	567.36	10,639,448	1,376.03	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	13,143,345	119.45	10,270,370	1,328.29	20,533,110	184.36	26,114,050	1,403.00
Nursing Facility	72,704	0.66	156,575	20.25	113,739	1.02	528,162	28.38
Other Long Term Care	3,708,046	33.70	5,607,806	725.27	532,343	4.78	5,897,854	316.87
Long Term Care Total	16,924,094	153.81	16,034,752	2,073.82	21,179,192	190.16	32,540,066	1,748.24
Total - All Claims	79,351,760	721.17	26,674,199	3,449.84	21,179,192	190.16	32,540,066	1,748.24
Projected FY2022 Member Months	116,243		8,009		123,204		18,413	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9861		1.0006		1.0000		1.0000	
Acute Care - Inpatient	1.0058		0.9980		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9537		0.9789		1.0000		1.0000	
Long Term Care	1.0058		1.0047		1.0063		1.0055	
Other Adjustments - NF Eligibility	1.0151		0.9984		1.0804		0.9948	

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	65,078,956	559.85	11,053,862	1,380.23	0	0.00	0	0.00
LTC	20,918,684	179.96	18,911,014	2,361.30	27,424,840	222.60	35,858,564	1,947.47
Total	85,997,640	739.81	29,964,876	3,741.52	27,424,840	222.60	35,858,564	1,947.47
Capitation Expenses & Refunds	995,299	8.56	57,258	7.15	217,586	1.77	31,974	1.74
Service Coordination & Other Expenses	4,326,942	37.22	319,932	39.95	4,488,531	36.43	811,350	44.06
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,394,919	12.00	96,105	12.00	1,478,449	12.00	220,955	12.00
Percentage of Premium	5,334,761	5.25%	1,751,271	5.25%	1,934,206	5.25%	2,124,405	5.25%
Total	6,729,680	57.89	1,847,376	230.67	3,412,655	27.70	2,345,359	127.38
Risk Margin	1,778,254	1.75%	583,757	1.75%	644,735	1.75%	708,135	1.75%
Premium Tax	1,778,254	1.75%	583,757	1.75%	644,735	1.75%	708,135	1.75%
Maintenance Tax	8,428	0.07	581	0.07	8,932	0.07	1,335	0.07
Projected Total Cost								
Acute Care	73,573,963	632.93	12,215,657	1,525.29	238,450	1.94	35,040	1.90
LTC	28,040,532	241.22	21,141,879	2,639.85	36,603,564	297.10	40,429,812	2,195.74
Total	101,614,496	874.15	33,357,536	4,165.14	36,842,014	299.03	40,464,851	2,197.64

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	4,587		35,922		14,461		3,138	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,104,029	240.69	0	0.00	1,377,342	95.25	4,189,467	1,335.08
Emergency Room	228,197	49.75	0	0.00	266,073	18.40	92,434	29.46
Outpatient Facility	270,923	59.06	0	0.00	203,429	14.07	928,454	295.87
Inpatient Facility	2,023,751	441.19	0	0.00	1,426,553	98.65	586,415	186.88
Other Acute Care	527,712	115.05	0	0.00	1,367,929	94.59	75,828	24.16
Acute Care Total	4,154,612	905.74	0	0.00	4,641,326	320.95	5,872,598	1,871.45
Est Inc. Claims - Long Term Care								
Attendant Care	23,867	5.20	116,838	3.25	0	0.00	116,943	37.27
Nursing Facility	19,518,818	4,255.25	132,997,982	3,702.41	0	0.00	2,594	0.83
Other Long Term Care	283,311	61.76	495,232	13.79	0	0.00	79,339	25.28
Long Term Care Total	19,825,996	4,322.21	133,610,052	3,719.45	0	0.00	198,876	63.38
Total - All Claims	23,980,608	5,227.95	133,610,052	3,719.45	4,641,326	320.95	6,071,473	1,934.82
Projected FY2022 Member Months	4,303		31,209		13,957		3,604	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9890		1.0000		0.9760		1.0030	
Acute Care - Inpatient	1.0111		1.0000		0.9940		1.0043	
Wrap & Carve-Out Removal	0.9974		1.0000		0.9694		0.9912	
Long Term Care	1.1334		1.1281		1.0000		1.0046	
Other Adjustments - NF Eligibility	0.9981		1.0190		0.9982		1.0000	

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	4,208,000	977.84	0	0.00	4,739,487	339.59	8,295,269	2,301.85
LTC	22,109,238	5,137.64	141,934,324	4,547.89	0	0.00	254,909	70.73
Total	26,317,238	6,115.48	141,934,324	4,547.89	4,739,487	339.59	8,550,178	2,372.59
Capitation Expenses & Refunds	35,564	8.26	56,451	1.81	137,642	9.86	36,156	10.03
Service Coordination & Other Expenses	177,355	41.21	1,304,925	41.81	542,112	38.84	140,748	39.06
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	51,641	12.00	374,506	12.00	167,479	12.00	43,245	12.00
Percentage of Premium	1,529,382	5.25%	8,266,087	5.25%	321,486	5.25%	504,609	5.25%
Total	1,581,022	367.39	8,640,593	276.86	488,965	35.03	547,854	152.02
Risk Margin	509,794	1.75%	2,755,362	1.75%	107,162	1.75%	168,203	1.75%
Premium Tax	509,794	1.75%	2,755,362	1.75%	107,162	1.75%	168,203	1.75%
Maintenance Tax	312	0.07	2,263	0.07	1,012	0.07	261	0.07
Projected Total Cost								
Acute Care	4,659,585	1,082.77	61,865	1.98	5,529,446	396.19	9,176,586	2,546.41
LTC	24,471,494	5,686.57	157,387,416	5,043.04	594,095	42.57	435,018	120.71
Total	29,131,079	6,769.35	157,449,281	5,045.02	6,123,541	438.76	9,611,604	2,667.12

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	305,862	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	26,581,131	86.91
Emergency Room	7,019,387	22.95
Outpatient Facility	7,912,646	25.87
Inpatient Facility	26,941,388	88.08
Other Acute Care	19,281,097	63.04
Acute Care Total	87,735,649	286.85
Est Inc. Claims - Long Term Care		
Attendant Care	70,318,524	229.90
Nursing Facility	153,390,573	501.50
Other Long Term Care	16,603,931	54.29
Long Term Care Total	240,313,028	785.69
Total - All Claims	328,048,677	1,072.54
Projected FY2022 Member Months	318,941	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	93,375,574	292.77
LTC	267,411,572	838.43
Total	360,787,146	1,131.20
Capitation Expenses & Refunds	1,567,931	4.92
Service Coordination & Other Expenses	12,111,896	37.98
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	3,827,298	12.00
Percentage of Premium	21,766,206	5.25%
Total	25,593,504	80.25
Risk Margin	7,255,402	1.75%
Premium Tax	7,255,402	1.75%
Maintenance Tax	23,123	0.07
Projected Total Cost		
Acute Care	105,490,591	330.75
LTC	309,103,812	969.16
Total	414,594,403	1,299.91

## FY2022 STAR+PLUS Rating Summary

## Travis SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	110,032		7,732		111,377		18,613	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	17,230,902	156.60	2,679,392	346.53	0	0.00	0	0.00
Emergency Room	5,841,436	53.09	591,247	76.47	0	0.00	0	0.00
Outpatient Facility	5,477,374	49.78	1,032,466	133.53	0	0.00	0	0.00
Inpatient Facility	18,968,441	172.39	3,936,228	509.08	0	0.00	0	0.00
Other Acute Care	14,909,514	135.50	2,400,115	310.41	0	0.00	0	0.00
Acute Care Total	62,427,665	567.36	10,639,448	1,376.03	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	13,143,345	119.45	10,270,370	1,328.29	20,533,110	184.36	26,114,050	1,403.00
Nursing Facility	72,704	0.66	156,575	20.25	113,739	1.02	528,162	28.38
Other Long Term Care	3,708,046	33.70	5,607,806	725.27	532,343	4.78	5,897,854	316.87
Long Term Care Total	16,924,094	153.81	16,034,752	2,073.82	21,179,192	190.16	32,540,066	1,748.24
Total - All Claims	79,351,760	721.17	26,674,199	3,449.84	21,179,192	190.16	32,540,066	1,748.24
Projected FY2022 Member Months	116,243		8,009		123,204		18,413	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9875		1.0019		1.0000		1.0000	
Acute Care - Inpatient	1.0058		0.9980		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9537		0.9789		1.0000		1.0000	
Long Term Care	1.2659		1.2268		1.2421		1.2042	
Other Adjustments - NF Eligibility	1.0151		0.9984		1.0804		0.9948	



FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	65,171,351	560.65	11,068,223	1,382.02	0	0.00	0	0.00
LTC	26,328,258	226.49	23,091,502	2,883.29	33,851,131	274.76	42,944,687	2,332.32
Total	91,499,608	787.14	34,159,726	4,265.31	33,851,131	274.76	42,944,687	2,332.32
Capitation Expenses & Refunds	995,299	8.56	57,258	7.15	217,586	1.77	31,974	1.74
Service Coordination & Other Expenses	4,326,942	37.22	319,932	39.95	4,488,531	36.43	811,350	44.06
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,394,919	12.00	96,105	12.00	1,478,449	12.00	220,955	12.00
Percentage of Premium	5,651,313	5.25%	1,992,618	5.25%	2,303,938	5.25%	2,532,099	5.25%
Total	7,046,231	60.62	2,088,723	260.81	3,782,387	30.70	2,753,054	149.52
Risk Margin	1,883,771	1.75%	664,206	1.75%	767,979	1.75%	844,033	1.75%
Premium Tax	1,883,771	1.75%	664,206	1.75%	767,979	1.75%	844,033	1.75%
Maintenance Tax	8,428	0.07	581	0.07	8,932	0.07	1,335	0.07
Projected Total Cost								
Acute Care	73,606,789	633.21	12,226,640	1,526.66	238,450	1.94	35,040	1.90
LTC	34,037,261	292.81	25,727,991	3,212.49	43,646,075	354.26	48,195,426	2,617.48
Total	107,644,051	926.02	37,954,631	4,739.15	43,884,526	356.19	48,230,465	2,619.39

## FY2022 STAR+PLUS Rating Summary

## Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	4,587		35,922		14,461		3,138	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,104,029	240.69	0	0.00	1,377,342	95.25	4,189,467	1,335.08
Emergency Room	228,197	49.75	0	0.00	266,073	18.40	92,434	29.46
Outpatient Facility	270,923	59.06	0	0.00	203,429	14.07	928,454	295.87
Inpatient Facility	2,023,751	441.19	0	0.00	1,426,553	98.65	586,415	186.88
Other Acute Care	527,712	115.05	0	0.00	1,367,929	94.59	75,828	24.16
Acute Care Total	4,154,612	905.74	0	0.00	4,641,326	320.95	5,872,598	1,871.45
Est Inc. Claims - Long Term Care								
Attendant Care	23,867	5.20	116,838	3.25	0	0.00	116,943	37.27
Nursing Facility	19,518,818	4,255.25	132,997,982	3,702.41	0	0.00	2,594	0.83
Other Long Term Care	283,311	61.76	495,232	13.79	0	0.00	79,339	25.28
Long Term Care Total	19,825,996	4,322.21	133,610,052	3,719.45	0	0.00	198,876	63.38
Total - All Claims	23,980,608	5,227.95	133,610,052	3,719.45	4,641,326	320.95	6,071,473	1,934.82
Projected FY2022 Member Months	4,303		31,209		13,957		3,604	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9943		1.0000		0.9795		1.0032	
Acute Care - Inpatient	1.0111		1.0000		0.9940		1.0043	
Wrap & Carve-Out Removal	0.9974		1.0000		0.9694		0.9912	
Long Term Care	1.1335		1.1283		1.0000		1.2529	
Other Adjustments - NF Eligibility	0.9981		1.0190		0.9982		1.0000	

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	4,230,550	983.08	0	0.00	4,756,483	340.81	8,296,923	2,302.31
LTC	22,111,188	5,138.10	141,959,487	4,548.70	0	0.00	317,913	88.22
Total	26,341,739	6,121.17	141,959,487	4,548.70	4,756,483	340.81	8,614,836	2,390.53
Capitation Expenses & Refunds	35,564	8.26	56,451	1.81	137,642	9.86	36,156	10.03
Service Coordination & Other Expenses	177,355	41.21	1,304,925	41.81	542,112	38.84	140,748	39.06
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	51,641	12.00	374,506	12.00	167,479	12.00	43,245	12.00
Percentage of Premium	1,530,791	5.25%	8,267,535	5.25%	322,464	5.25%	508,329	5.25%
Total	1,582,432	367.72	8,642,041	276.91	489,943	35.10	551,574	153.06
Risk Margin	510,264	1.75%	2,755,845	1.75%	107,488	1.75%	169,443	1.75%
Premium Tax	510,264	1.75%	2,755,845	1.75%	107,488	1.75%	169,443	1.75%
Maintenance Tax	312	0.07	2,263	0.07	1,012	0.07	261	0.07
Projected Total Cost								
Acute Care	4,684,338	1,088.53	61,865	1.98	5,548,072	397.52	9,178,061	2,546.82
LTC	24,473,592	5,687.06	157,414,993	5,043.93	594,095	42.57	504,402	139.97
Total	29,157,930	6,775.59	157,476,857	5,045.91	6,142,167	440.09	9,682,463	2,686.79

## FY2022 STAR+PLUS Rating Summary

## Travis SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	305,862	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	26,581,131	86.91
Emergency Room	7,019,387	22.95
Outpatient Facility	7,912,646	25.87
Inpatient Facility	26,941,388	88.08
Other Acute Care	19,281,097	63.04
Acute Care Total	87,735,649	286.85
Est Inc. Claims - Long Term Care		
Attendant Care	70,318,524	229.90
Nursing Facility	153,390,573	501.50
Other Long Term Care	16,603,931	54.29
Long Term Care Total	240,313,028	785.69
Total - All Claims	328,048,677	1,072.54
Projected FY2022 Member Months	318,941	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	93,523,531	293.23
LTC	290,604,167	911.15
Total	384,127,698	1,204.38
Capitation Expenses & Refunds	1,567,931	4.92
Service Coordination & Other Expenses	12,111,896	37.98
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	3,827,298	12.00
Percentage of Premium	23,109,087	5.25%
Total	26,936,385	84.46
Risk Margin	7,703,029	1.75%
Premium Tax	7,703,029	1.75%
Maintenance Tax	23,123	0.07
Projected Total Cost		
Acute Care	105,579,254	331.03
LTC	334,593,836	1,049.08
Total	440,173,090	1,380.11

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	136,835		7,796		131,504		15,548	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	18,718,041	136.79	2,609,602	334.74	0	0.00	0	0.00
Emergency Room	6,032,429	44.09	557,185	71.47	0	0.00	0	0.00
Outpatient Facility	12,963,759	94.74	1,547,438	198.49	0	0.00	0	0.00
Inpatient Facility	28,669,277	209.52	4,503,778	577.70	0	0.00	0	0.00
Other Acute Care	8,608,990	62.92	1,903,264	244.13	0	0.00	0	0.00
Acute Care Total	74,992,496	548.05	11,121,266	1,426.53	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	11,841,862	86.54	9,676,188	1,241.17	18,403,579	139.95	20,643,455	1,327.72
Nursing Facility	126,472	0.92	188,597	24.19	151,832	1.15	1,215,656	78.19
Other Long Term Care	1,889,258	13.81	2,886,076	370.20	829,356	6.31	2,304,507	148.22
Long Term Care Total	13,857,592	101.27	12,750,861	1,635.56	19,384,768	147.41	24,163,618	1,554.13
Total - All Claims	88,850,088	649.32	23,872,127	3,062.10	19,384,768	147.41	24,163,618	1,554.13
Projected FY2022 Member Months	143,547		8,646		142,304		15,517	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0022		1.0118		1.0000		1.0000	
Acute Care - Inpatient	1.0161		1.0264		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9758		0.9872		1.0000		1.0000	
Long Term Care	1.0061		1.0042		1.0068		1.0047	
Other Adjustments - NF Eligibility	1.0255		0.9987		1.1247		0.9947	

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	82,392,451	573.98	12,978,931	1,501.12	0	0.00	0	0.00
LTC	17,187,807	119.74	16,098,510	1,861.93	25,574,836	179.72	26,839,729	1,729.69
Total	99,580,259	693.71	29,077,442	3,363.05	25,574,836	179.72	26,839,729	1,729.69
Capitation Expenses & Refunds	1,517,570	10.57	192,643	22.28	370,983	2.61	37,256	2.40
Service Coordination & Other Expenses	7,659,563	53.36	517,118	59.81	7,317,761	51.42	1,026,064	66.12
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,722,561	12.00	103,754	12.00	1,707,653	12.00	186,205	12.00
Percentage of Premium	6,356,980	5.25%	1,719,790	5.25%	2,012,637	5.25%	1,616,159	5.25%
Total	8,079,540	56.29	1,823,544	210.91	3,720,290	26.14	1,802,364	116.15
Risk Margin	2,118,993	1.75%	573,263	1.75%	670,879	1.75%	538,720	1.75%
Premium Tax	2,118,993	1.75%	573,263	1.75%	670,879	1.75%	538,720	1.75%
Maintenance Tax	10,407	0.07	627	0.07	10,317	0.07	1,125	0.07
Projected Total Cost								
Acute Care	93,527,534	651.55	14,485,661	1,675.39	406,557	2.86	40,829	2.63
LTC	27,557,792	191.98	18,272,239	2,113.34	37,929,388	266.54	30,743,149	1,981.24
Total	121,085,326	843.53	32,757,900	3,788.72	38,335,945	269.39	30,783,978	1,983.87

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	6,133		49,984		10,098		2,063	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,400,524	228.36	0	0.00	928,797	91.98	1,931,581	936.30
Emergency Room	391,240	63.79	0	0.00	198,778	19.68	84,717	41.07
Outpatient Facility	932,393	152.03	0	0.00	374,380	37.07	1,431,198	693.75
Inpatient Facility	3,836,646	625.57	0	0.00	1,340,956	132.79	551,329	267.25
Other Acute Care	856,456	139.65	0	0.00	833,767	82.57	63,754	30.90
Acute Care Total	7,417,260	1,209.40	0	0.00	3,676,679	364.10	4,062,581	1,969.26
Est Inc. Claims - Long Term Care								
Attendant Care	37,906	6.18	88,797	1.78	0	0.00	83,621	40.53
Nursing Facility	25,805,097	4,207.58	185,114,304	3,703.47	0	0.00	2,611	1.27
Other Long Term Care	158,474	25.84	278,764	5.58	0	0.00	19,043	9.23
Long Term Care Total	26,001,476	4,239.60	185,481,864	3,710.82	0	0.00	105,276	51.03
Total - All Claims	33,418,737	5,449.00	185,481,864	3,710.82	3,676,679	364.10	4,167,856	2,020.29
Projected FY2022 Member Months	5,644		42,845		9,419		2,402	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0162		1.0000		1.0009		1.0122	
Acute Care - Inpatient	1.0273		1.0000		1.0227		1.0155	
Wrap & Carve-Out Removal	0.9985		1.0000		0.9833		0.9946	
Long Term Care	1.1393		1.1316		1.0000		1.0109	
Other Adjustments - NF Eligibility	0.9756		1.0172		0.9993		1.0000	



FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	7,528,453	1,333.91	0	0.00	3,887,833	412.75	5,957,755	2,480.03
LTC	27,945,639	4,951.48	194,660,011	4,543.38	0	0.00	137,681	57.31
Total	35,474,093	6,285.40	194,660,011	4,543.38	3,887,833	412.75	6,095,435	2,537.34
Capitation Expenses & Refunds	45,508	8.06	108,937	2.54	55,031	5.84	-79,161	-32.95
Service Coordination & Other Expenses	313,912	55.62	2,388,029	55.74	522,878	55.51	134,116	55.83
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	67,727	12.00	514,137	12.00	113,033	12.00	28,827	12.00
Percentage of Premium	2,065,574	5.25%	11,373,037	5.25%	263,476	5.25%	355,527	5.25%
Total	2,133,301	377.98	11,887,174	277.45	376,509	39.97	384,354	159.99
Risk Margin	688,525	1.75%	3,791,012	1.75%	87,825	1.75%	118,509	1.75%
Premium Tax	688,525	1.75%	3,791,012	1.75%	87,825	1.75%	118,509	1.75%
Maintenance Tax	409	0.07	3,106	0.07	683	0.07	174	0.07
Projected Total Cost								
Acute Care	8,316,078	1,473.47	119,383	2.79	4,445,568	471.96	6,473,359	2,694.66
LTC	31,028,194	5,497.66	216,509,900	5,053.36	573,017	60.83	298,578	124.29
Total	39,344,271	6,971.12	216,629,283	5,056.15	5,018,585	532.79	6,771,937	2,818.95

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	359,961	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	25,588,546	71.09
Emergency Room	7,264,349	20.18
Outpatient Facility	17,249,169	47.92
Inpatient Facility	38,901,987	108.07
Other Acute Care	12,266,232	34.08
Acute Care Total	101,270,283	281.34
Est Inc. Claims - Long Term Care		
Attendant Care	60,775,408	168.84
Nursing Facility	212,604,568	590.63
Other Long Term Care	8,365,477	23.24
Long Term Care Total	281,745,454	782.71
Total - All Claims	383,015,737	1,064.05
Projected FY2022 Member Months	370,325	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	112,745,424	304.45
LTC	308,444,214	832.90
Total	421,189,638	1,137.35
Capitation Expenses & Refunds	2,248,769	6.07
Service Coordination & Other Expenses	19,879,441	53.68
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	4,443,897	12.00
Percentage of Premium	25,763,179	5.25%
Total	30,207,076	81.57
Risk Margin	8,587,726	1.75%
Premium Tax	8,587,726	1.75%
Maintenance Tax	26,849	0.07
Projected Total Cost		
Acute Care	127,814,970	345.14
LTC	362,912,256	979.98
Total	490,727,225	1,325.13

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	136,835		7,796		131,504		15,548	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	18,718,041	136.79	2,609,602	334.74	0	0.00	0	0.00
Emergency Room	6,032,429	44.09	557,185	71.47	0	0.00	0	0.00
Outpatient Facility	12,963,759	94.74	1,547,438	198.49	0	0.00	0	0.00
Inpatient Facility	28,669,277	209.52	4,503,778	577.70	0	0.00	0	0.00
Other Acute Care	8,608,990	62.92	1,903,264	244.13	0	0.00	0	0.00
Acute Care Total	74,992,496	548.05	11,121,266	1,426.53	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	11,841,862	86.54	9,676,188	1,241.17	18,403,579	139.95	20,643,455	1,327.72
Nursing Facility	126,472	0.92	188,597	24.19	151,832	1.15	1,215,656	78.19
Other Long Term Care	1,889,258	13.81	2,886,076	370.20	829,356	6.31	2,304,507	148.22
Long Term Care Total	13,857,592	101.27	12,750,861	1,635.56	19,384,768	147.41	24,163,618	1,554.13
Total - All Claims	88,850,088	649.32	23,872,127	3,062.10	19,384,768	147.41	24,163,618	1,554.13
Projected FY2022 Member Months	143,547		8,646		142,304		15,517	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0038		1.0127		1.0000		1.0000	
Acute Care - Inpatient	1.0161		1.0264		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9758		0.9872		1.0000		1.0000	
Long Term Care	1.2710		1.2298		1.2538		1.2195	
Other Adjustments - NF Eligibility	1.0255		0.9987		1.1247		0.9947	

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	82,523,990	574.89	12,990,476	1,502.46	0	0.00	0	0.00
LTC	21,713,252	151.26	19,715,144	2,280.22	31,849,155	223.81	32,577,933	2,099.48
Total	104,237,242	726.16	32,705,621	3,782.67	31,849,155	223.81	32,577,933	2,099.48
Capitation Expenses & Refunds	1,517,570	10.57	192,643	22.28	370,983	2.61	37,256	2.40
Service Coordination & Other Expenses	7,659,563	53.36	517,118	59.81	7,317,761	51.42	1,026,064	66.12
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,722,561	12.00	103,754	12.00	1,707,653	12.00	186,205	12.00
Percentage of Premium	6,624,916	5.25%	1,928,534	5.25%	2,373,625	5.25%	1,946,302	5.25%
Total	8,347,476	58.15	2,032,288	235.05	4,081,278	28.68	2,132,507	137.43
Risk Margin	2,208,305	1.75%	642,845	1.75%	791,208	1.75%	648,767	1.75%
Premium Tax	2,208,305	1.75%	642,845	1.75%	791,208	1.75%	648,767	1.75%
Maintenance Tax	10,407	0.07	627	0.07	10,317	0.07	1,125	0.07
Projected Total Cost								
Acute Care	93,603,880	652.08	14,492,689	1,676.20	406,557	2.86	40,829	2.63
LTC	32,584,990	227.00	22,241,297	2,572.39	44,805,354	314.86	37,031,592	2,386.50
Total	126,188,870	879.08	36,733,986	4,248.59	45,211,911	317.71	37,072,421	2,389.13

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	6,133		49,984		10,098		2,063	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,400,524	228.36	0	0.00	928,797	91.98	1,931,581	936.30
Emergency Room	391,240	63.79	0	0.00	198,778	19.68	84,717	41.07
Outpatient Facility	932,393	152.03	0	0.00	374,380	37.07	1,431,198	693.75
Inpatient Facility	3,836,646	625.57	0	0.00	1,340,956	132.79	551,329	267.25
Other Acute Care	856,456	139.65	0	0.00	833,767	82.57	63,754	30.90
Acute Care Total	7,417,260	1,209.40	0	0.00	3,676,679	364.10	4,062,581	1,969.26
Est Inc. Claims - Long Term Care								
Attendant Care	37,906	6.18	88,797	1.78	0	0.00	83,621	40.53
Nursing Facility	25,805,097	4,207.58	185,114,304	3,703.47	0	0.00	2,611	1.27
Other Long Term Care	158,474	25.84	278,764	5.58	0	0.00	19,043	9.23
Long Term Care Total	26,001,476	4,239.60	185,481,864	3,710.82	0	0.00	105,276	51.03
Total - All Claims	33,418,737	5,449.00	185,481,864	3,710.82	3,676,679	364.10	4,167,856	2,020.29
Projected FY2022 Member Months	5,644		42,845		9,419		2,402	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0193		1.0000		1.0057		1.0125	
Acute Care - Inpatient	1.0273		1.0000		1.0227		1.0155	
Wrap & Carve-Out Removal	0.9985		1.0000		0.9833		0.9946	
Long Term Care	1.1395		1.1317		1.0000		1.2677	
Other Adjustments - NF Eligibility	0.9756		1.0172		0.9993		1.0000	

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	7,551,420	1,337.98	0	0.00	3,906,478	414.72	5,959,520	2,480.77
LTC	27,950,545	4,952.35	194,677,214	4,543.79	0	0.00	172,656	71.87
Total	35,501,964	6,290.33	194,677,214	4,543.79	3,906,478	414.72	6,132,176	2,552.64
Capitation Expenses & Refunds	45,508	8.06	108,937	2.54	55,031	5.84	-79,161	-32.95
Service Coordination & Other Expenses	313,912	55.62	2,388,029	55.74	522,878	55.51	134,116	55.83
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	67,727	12.00	514,137	12.00	113,033	12.00	28,827	12.00
Percentage of Premium	2,067,178	5.25%	11,374,027	5.25%	264,548	5.25%	357,641	5.25%
Total	2,134,905	378.27	11,888,164	277.47	377,582	40.09	386,468	160.87
Risk Margin	689,059	1.75%	3,791,342	1.75%	88,183	1.75%	119,214	1.75%
Premium Tax	689,059	1.75%	3,791,342	1.75%	88,183	1.75%	119,214	1.75%
Maintenance Tax	409	0.07	3,106	0.07	683	0.07	174	0.07
Projected Total Cost								
Acute Care	8,341,282	1,477.93	119,383	2.79	4,466,001	474.13	6,475,117	2,695.39
LTC	31,033,534	5,498.61	216,528,752	5,053.80	573,017	60.83	337,084	140.32
Total	39,374,816	6,976.54	216,648,135	5,056.59	5,039,017	534.96	6,812,201	2,835.71

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	359,961	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	25,588,546	71.09
Emergency Room	7,264,349	20.18
Outpatient Facility	17,249,169	47.92
Inpatient Facility	38,901,987	108.07
Other Acute Care	12,266,232	34.08
Acute Care Total	101,270,283	281.34
Est Inc. Claims - Long Term Care		
Attendant Care	60,775,408	168.84
Nursing Facility	212,604,568	590.63
Other Long Term Care	8,365,477	23.24
Long Term Care Total	281,745,454	782.71
Total - All Claims	383,015,737	1,064.05
Projected FY2022 Member Months	370,325	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	112,931,884	304.95
LTC	328,655,900	887.48
Total	441,587,784	1,192.43
Capitation Expenses & Refunds	2,248,769	6.07
Service Coordination & Other Expenses	19,879,441	53.68
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	4,443,897	12.00
Percentage of Premium	26,936,771	5.25%
Total	31,380,668	84.74
Risk Margin	8,978,924	1.75%
Premium Tax	8,978,924	1.75%
Maintenance Tax	26,849	0.07
Projected Total Cost		
Acute Care	127,945,739	345.50
LTC	385,135,619	1,039.99
Total	513,081,358	1,385.49

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		186,582		48,789	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	30,794,877	151.93	7,071,257	392.89	0	0.00	0	0.00
Emergency Room	10,146,434	50.06	1,623,022	90.18	0	0.00	0	0.00
Outpatient Facility	17,078,598	84.26	5,249,029	291.65	0	0.00	0	0.00
Inpatient Facility	36,667,892	180.90	8,987,717	499.37	0	0.00	0	0.00
Other Acute Care	9,102,446	44.91	1,131,247	62.85	0	0.00	0	0.00
Acute Care Total	103,790,247	512.06	24,062,271	1,336.94	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	22,711,456	112.05	18,544,878	1,030.39	29,264,603	156.85	49,601,061	1,016.64
Nursing Facility	129,047	0.64	1,186,154	65.90	675,523	3.62	6,607,008	135.42
Other Long Term Care	4,463,258	22.02	10,715,178	595.35	1,385,023	7.42	12,583,620	257.92
Long Term Care Total	27,303,762	134.71	30,446,210	1,691.64	31,325,149	167.89	68,791,689	1,409.98
Total - All Claims	131,094,009	646.76	54,508,481	3,028.59	31,325,149	167.89	68,791,689	1,409.98
Projected FY2022 Member Months	211,049		17,560		198,992		46,203	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0249		1.0171		1.0000		1.0000	
Acute Care - Inpatient	1.0224		1.0222		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9821		0.9913		1.0000		1.0000	
Long Term Care	1.0060		1.0046		1.0085		1.0044	
Other Adjustments - NF Eligibility	1.0263		0.9953		1.1240		0.9964	

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	117,304,231	555.81	24,750,579	1,409.45	0	0.00	0	0.00
LTC	33,635,777	159.37	33,715,685	1,919.97	40,775,107	204.91	72,606,796	1,571.47
Total	150,940,008	715.19	58,466,264	3,329.42	40,775,107	204.91	72,606,796	1,571.47
Capitation Expenses & Refunds	1,287,103	6.10	92,617	5.27	145,280	0.73	33,660	0.73
Service Coordination & Other Expenses	10,518,817	49.84	1,166,523	66.43	9,944,411	49.97	3,269,931	70.77
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,532,589	12.00	210,726	12.00	2,387,909	12.00	554,438	12.00
Percentage of Premium	9,510,055	5.25%	3,448,453	5.25%	3,064,684	5.25%	4,399,539	5.25%
Total	12,042,644	57.06	3,659,179	208.38	5,452,593	27.40	4,953,977	107.22
Risk Margin	3,170,018	1.75%	1,149,484	1.75%	1,021,561	1.75%	1,466,513	1.75%
Premium Tax	3,170,018	1.75%	1,149,484	1.75%	1,021,561	1.75%	1,466,513	1.75%
Maintenance Tax	15,301	0.07	1,273	0.07	14,427	0.07	3,350	0.07
Projected Total Cost								
Acute Care	132,133,093	626.08	27,323,772	1,555.98	159,211	0.80	36,887	0.80
LTC	49,010,817	232.22	38,361,053	2,184.51	58,215,730	292.55	83,763,852	1,812.95
Total	181,143,910	858.30	65,684,825	3,740.49	58,374,941	293.35	83,800,739	1,813.75

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,059		65,474		13,021		3,223	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,045,744	289.81	0	0.00	1,365,677	104.88	3,328,260	1,032.66
Emergency Room	430,029	60.92	0	0.00	282,025	21.66	130,605	40.52
Outpatient Facility	956,061	135.44	0	0.00	792,986	60.90	1,323,092	410.52
Inpatient Facility	6,150,388	871.28	0	0.00	1,184,562	90.97	1,052,236	326.48
Other Acute Care	682,462	96.68	0	0.00	536,394	41.19	64,317	19.96
Acute Care Total	10,264,684	1,454.13	0	0.00	4,161,644	319.61	5,898,511	1,830.13
Est Inc. Claims - Long Term Care								
Attendant Care	75,729	10.73	138,294	2.11	0	0.00	132,266	41.04
Nursing Facility	29,183,831	4,134.27	236,377,712	3,610.25	0	0.00	7,822	2.43
Other Long Term Care	140,059	19.84	799,783	12.22	0	0.00	47,567	14.76
Long Term Care Total	29,399,619	4,164.84	237,315,790	3,624.58	0	0.00	187,654	58.22
Total - All Claims	39,664,303	5,618.97	237,315,790	3,624.58	4,161,644	319.61	6,086,165	1,888.35
Projected FY2022 Member Months	6,357		56,670		12,558		3,544	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0121		1.0000		1.0160		1.0157	
Acute Care - Inpatient	1.0367		1.0000		1.0211		1.0057	
Wrap & Carve-Out Removal	0.9992		1.0000		0.9846		0.9962	
Long Term Care	1.1372		1.1309		1.0000		1.0107	
Other Adjustments - NF Eligibility	0.9688		1.0165		0.9979		1.0000	

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	10,183,181	1,601.83	0	0.00	4,610,933	367.17	8,130,932	2,294.23
LTC	30,650,469	4,821.36	251,162,458	4,431.99	0	0.00	231,705	65.38
Total	40,833,650	6,423.19	251,162,458	4,431.99	4,610,933	367.17	8,362,637	2,359.60
Capitation Expenses & Refunds	52,695	8.29	149,118	2.63	74,457	5.93	23,401	6.60
Service Coordination & Other Expenses	341,188	53.67	3,037,709	53.60	630,313	50.19	171,673	48.44
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	76,287	12.00	680,044	12.00	150,696	12.00	42,529	12.00
Percentage of Premium	2,376,411	5.25%	14,673,157	5.25%	314,558	5.25%	494,823	5.25%
Total	2,452,697	385.81	15,353,201	270.92	465,254	37.05	537,352	151.62
Risk Margin	792,137	1.75%	4,891,052	1.75%	104,853	1.75%	164,941	1.75%
Premium Tax	792,137	1.75%	4,891,052	1.75%	104,853	1.75%	164,941	1.75%
Maintenance Tax	461	0.07	4,109	0.07	910	0.07	257	0.07
Projected Total Cost								
Acute Care	11,238,373	1,767.81	163,417	2.88	5,300,819	422.11	8,981,846	2,534.32
LTC	34,026,592	5,352.43	279,325,281	4,928.95	690,754	55.01	443,357	125.10
Total	45,264,965	7,120.25	279,488,698	4,931.83	5,991,573	477.11	9,425,202	2,659.42

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	544,838	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	44,605,815	81.87
Emergency Room	12,612,115	23.15
Outpatient Facility	25,399,765	46.62
Inpatient Facility	54,042,796	99.19
Other Acute Care	11,516,866	21.14
Acute Care Total	148,177,356	271.97
Est Inc. Claims - Long Term Care		
Attendant Care	120,468,288	221.11
Nursing Facility	274,167,096	503.21
Other Long Term Care	30,134,488	55.31
Long Term Care Total	424,769,872	779.63
Total - All Claims	572,947,229	1,051.59
Projected FY2022 Member Months	552,935	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	164,979,857	298.37
LTC	462,777,996	836.95
Total	627,757,853	1,135.32
Capitation Expenses & Refunds	1,858,332	3.36
Service Coordination & Other Expenses	29,080,565	52.59
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	6,635,217	12.00
Percentage of Premium	38,281,680	5.25%
Total	44,916,897	81.23
Risk Margin	12,760,560	1.75%
Premium Tax	12,760,560	1.75%
Maintenance Tax	40,088	0.07
Projected Total Cost		
Acute Care	185,337,418	335.19
LTC	543,837,435	983.55
Total	729,174,854	1,318.74

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		186,582		48,789	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	30,794,877	151.93	7,071,257	392.89	0	0.00	0	0.00
Emergency Room	10,146,434	50.06	1,623,022	90.18	0	0.00	0	0.00
Outpatient Facility	17,078,598	84.26	5,249,029	291.65	0	0.00	0	0.00
Inpatient Facility	36,667,892	180.90	8,987,717	499.37	0	0.00	0	0.00
Other Acute Care	9,102,446	44.91	1,131,247	62.85	0	0.00	0	0.00
Acute Care Total	103,790,247	512.06	24,062,271	1,336.94	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	22,711,456	112.05	18,544,878	1,030.39	29,264,603	156.85	49,601,061	1,016.64
Nursing Facility	129,047	0.64	1,186,154	65.90	675,523	3.62	6,607,008	135.42
Other Long Term Care	4,463,258	22.02	10,715,178	595.35	1,385,023	7.42	12,583,620	257.92
Long Term Care Total	27,303,762	134.71	30,446,210	1,691.64	31,325,149	167.89	68,791,689	1,409.98
Total - All Claims	131,094,009	646.76	54,508,481	3,028.59	31,325,149	167.89	68,791,689	1,409.98
Projected FY2022 Member Months	211,049		17,560		198,992		46,203	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0258		1.0175		1.0000		1.0000	
Acute Care - Inpatient	1.0224		1.0222		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9821		0.9913		1.0000		1.0000	
Long Term Care	1.2787		1.2426		1.2601		1.2319	
Other Adjustments - NF Eligibility	1.0263		0.9953		1.1240		0.9964	



FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	117,407,240	556.30	24,760,313	1,410.00	0	0.00	0	0.00
LTC	42,753,547	202.58	41,703,275	2,374.84	50,947,657	256.03	89,052,481	1,927.41
Total	160,160,786	758.88	66,463,588	3,784.84	50,947,657	256.03	89,052,481	1,927.41
Capitation Expenses & Refunds	1,287,103	6.10	92,617	5.27	145,280	0.73	33,660	0.73
Service Coordination & Other Expenses	10,518,817	49.84	1,166,523	66.43	9,944,411	49.97	3,269,931	70.77
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,532,589	12.00	210,726	12.00	2,387,909	12.00	554,438	12.00
Percentage of Premium	10,040,566	5.25%	3,908,573	5.25%	3,649,954	5.25%	5,345,729	5.25%
Total	12,573,155	59.57	4,119,299	234.58	6,037,863	30.34	5,900,167	127.70
Risk Margin	3,346,855	1.75%	1,302,858	1.75%	1,216,651	1.75%	1,781,910	1.75%
Premium Tax	3,346,855	1.75%	1,302,858	1.75%	1,216,651	1.75%	1,781,910	1.75%
Maintenance Tax	15,301	0.07	1,273	0.07	14,427	0.07	3,350	0.07
Projected Total Cost								
Acute Care	132,122,845	626.03	27,322,639	1,555.92	159,211	0.80	36,887	0.80
LTC	59,126,028	280.15	47,126,376	2,683.66	69,363,730	348.57	101,786,520	2,203.02
Total	191,248,873	906.18	74,449,016	4,239.58	69,522,941	349.37	101,823,407	2,203.82

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,059		65,474		13,021		3,223	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	2,045,744	289.81	0	0.00	1,365,677	104.88	3,328,260	1,032.66
Emergency Room	430,029	60.92	0	0.00	282,025	21.66	130,605	40.52
Outpatient Facility	956,061	135.44	0	0.00	792,986	60.90	1,323,092	410.52
Inpatient Facility	6,150,388	871.28	0	0.00	1,184,562	90.97	1,052,236	326.48
Other Acute Care	682,462	96.68	0	0.00	536,394	41.19	64,317	19.96
Acute Care Total	10,264,684	1,454.13	0	0.00	4,161,644	319.61	5,898,511	1,830.13
Est Inc. Claims - Long Term Care								
Attendant Care	75,729	10.73	138,294	2.11	0	0.00	132,266	41.04
Nursing Facility	29,183,831	4,134.27	236,377,712	3,610.25	0	0.00	7,822	2.43
Other Long Term Care	140,059	19.84	799,783	12.22	0	0.00	47,567	14.76
Long Term Care Total	29,399,619	4,164.84	237,315,790	3,624.58	0	0.00	187,654	58.22
Total - All Claims	39,664,303	5,618.97	237,315,790	3,624.58	4,161,644	319.61	6,086,165	1,888.35
Projected FY2022 Member Months	6,357		56,670		12,558		3,544	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0164		1.0000		1.0190		1.0159	
Acute Care - Inpatient	1.0367		1.0000		1.0211		1.0057	
Wrap & Carve-Out Removal	0.9992		1.0000		0.9846		0.9962	
Long Term Care	1.1379		1.1310		1.0000		1.2656	
Other Adjustments - NF Eligibility	0.9688		1.0165		0.9979		1.0000	

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	10,226,445	1,608.63	0	0.00	4,624,548	368.25	8,132,533	2,294.68
LTC	30,669,336	4,824.33	251,184,667	4,432.38	0	0.00	290,141	81.87
Total	40,895,781	6,432.97	251,184,667	4,432.38	4,624,548	368.25	8,422,674	2,376.54
Capitation Expenses & Refunds	52,695	8.29	149,118	2.63	74,457	5.93	23,401	6.60
Service Coordination & Other Expenses	341,188	53.67	3,037,709	53.60	630,313	50.19	171,673	48.44
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	76,287	12.00	680,044	12.00	150,696	12.00	42,529	12.00
Percentage of Premium	2,379,985	5.25%	14,674,434	5.25%	315,341	5.25%	498,277	5.25%
Total	2,456,272	386.38	15,354,478	270.94	466,037	37.11	540,806	152.59
Risk Margin	793,328	1.75%	4,891,478	1.75%	105,114	1.75%	166,092	1.75%
Premium Tax	793,328	1.75%	4,891,478	1.75%	105,114	1.75%	166,092	1.75%
Maintenance Tax	461	0.07	4,109	0.07	910	0.07	257	0.07
Projected Total Cost								
Acute Care	11,285,843	1,775.28	163,417	2.88	5,315,739	423.29	8,983,284	2,534.73
LTC	34,047,211	5,355.68	279,349,620	4,929.38	690,754	55.01	507,713	143.26
Total	45,333,054	7,130.96	279,513,037	4,932.26	6,006,493	478.30	9,490,997	2,677.98

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	544,838	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	44,605,815	81.87
Emergency Room	12,612,115	23.15
Outpatient Facility	25,399,765	46.62
Inpatient Facility	54,042,796	99.19
Other Acute Care	11,516,866	21.14
Acute Care Total	148,177,356	271.97
Est Inc. Claims - Long Term Care		
Attendant Care	120,468,288	221.11
Nursing Facility	274,167,096	503.21
Other Long Term Care	30,134,488	55.31
Long Term Care Total	424,769,872	779.63
Total - All Claims	572,947,229	1,051.59
Projected FY2022 Member Months	552,935	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	165,151,080	298.68
LTC	506,601,103	916.20
Total	671,752,183	1,214.89
Capitation Expenses & Refunds	1,858,332	3.36
Service Coordination & Other Expenses	29,080,565	52.59
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	6,635,217	12.00
Percentage of Premium	40,812,860	5.25%
Total	47,448,077	85.81
Risk Margin	13,604,287	1.75%
Premium Tax	13,604,287	1.75%
Maintenance Tax	40,088	0.07
Projected Total Cost		
Acute Care	185,389,866	335.28
LTC	591,997,952	1,070.65
Total	777,387,818	1,405.93

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		185,182		28,274	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	20,319,870	152.25	3,445,696	345.50	0	0.00	0	0.00
Emergency Room	6,411,527	48.04	848,468	85.08	0	0.00	0	0.00
Outpatient Facility	8,022,089	60.11	1,507,703	151.18	0	0.00	0	0.00
Inpatient Facility	27,100,416	203.05	5,276,701	529.10	0	0.00	0	0.00
Other Acute Care	11,169,455	83.69	3,561,386	357.10	0	0.00	0	0.00
Acute Care Total	73,023,356	547.14	14,639,955	1,467.96	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	9,744,002	73.01	12,944,144	1,297.92	30,720,298	165.89	35,058,945	1,239.97
Nursing Facility	228,257	1.71	284,233	28.50	375,152	2.03	785,648	27.79
Other Long Term Care	631,943	4.73	1,352,075	135.57	1,758,505	9.50	4,729,675	167.28
Long Term Care Total	10,604,203	79.45	14,580,452	1,461.99	32,853,956	177.41	40,574,268	1,435.04
Total - All Claims	83,627,559	626.59	29,220,407	2,929.95	32,853,956	177.41	40,574,268	1,435.04
Projected FY2022 Member Months	139,642		11,342		190,461		28,198	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0142		1.0260		1.0000		1.0000	
Acute Care - Inpatient	1.0214		1.0259		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9753		0.9886		1.0000		1.0000	
Long Term Care	1.0068		1.0035		1.0059		1.0044	
Other Adjustments - NF Eligibility	1.0252		1.0004		1.0834		0.9962	

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	81,327,097	582.40	17,813,111	1,570.54	0	0.00	0	0.00
LTC	13,123,232	93.98	18,895,892	1,666.00	39,648,923	208.17	45,090,908	1,599.07
Total	94,450,329	676.38	36,709,003	3,236.54	39,648,923	208.17	45,090,908	1,599.07
Capitation Expenses & Refunds	1,457,768	10.44	233,919	20.62	709,657	3.73	103,098	3.66
Service Coordination & Other Expenses	6,916,255	49.53	575,933	50.78	8,763,198	46.01	1,276,212	45.26
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,675,701	12.00	136,105	12.00	2,285,531	12.00	338,378	12.00
Percentage of Premium	6,012,914	5.25%	2,166,497	5.25%	2,958,475	5.25%	2,693,215	5.25%
Total	7,688,616	55.06	2,302,602	203.01	5,244,006	27.53	3,031,593	107.51
Risk Margin	2,004,305	1.75%	722,166	1.75%	986,158	1.75%	897,738	1.75%
Premium Tax	2,004,305	1.75%	722,166	1.75%	986,158	1.75%	897,738	1.75%
Maintenance Tax	10,124	0.07	822	0.07	13,808	0.07	2,044	0.07
Projected Total Cost								
Acute Care	92,313,925	661.08	19,850,382	1,750.16	777,706	4.08	112,985	4.01
LTC	22,217,777	159.11	21,416,228	1,888.21	55,574,203	291.79	51,186,348	1,815.24
Total	114,531,701	820.18	41,266,611	3,638.37	56,351,909	295.87	51,299,332	1,819.24

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	5,928		54,726		12,447		3,401	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,363,874	230.07	0	0.00	1,329,693	106.83	3,697,233	1,087.10
Emergency Room	289,116	48.77	0	0.00	338,208	27.17	125,774	36.98
Outpatient Facility	815,391	137.55	0	0.00	373,964	30.04	1,509,329	443.79
Inpatient Facility	4,756,719	802.42	0	0.00	1,546,265	124.23	770,361	226.51
Other Acute Care	938,014	158.23	0	0.00	1,672,568	134.38	173,234	50.94
Acute Care Total	8,163,113	1,377.04	0	0.00	5,260,697	422.65	6,275,933	1,845.32
Est Inc. Claims - Long Term Care								
Attendant Care	25,112	4.24	103,028	1.88	0	0.00	82,996	24.40
Nursing Facility	23,547,119	3,972.19	191,379,364	3,497.05	0	0.00	7,177	2.11
Other Long Term Care	864	0.15	404,964	7.40	0	0.00	108	0.03
Long Term Care Total	23,573,095	3,976.57	191,887,356	3,506.33	0	0.00	90,282	26.55
Total - All Claims	31,736,208	5,353.61	191,887,356	3,506.33	5,260,697	422.65	6,366,214	1,871.87
Projected FY2022 Member Months	5,466		48,371		12,152		3,807	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0065		1.0000		0.9961		1.0124	
Acute Care - Inpatient	1.0515		1.0000		1.0124		1.0114	
Wrap & Carve-Out Removal	0.9981		1.0000		0.9554		0.9908	
Long Term Care	1.1405		1.1331		1.0000		1.0147	
Other Adjustments - NF Eligibility	0.9723		1.0215		0.9970		1.0000	



FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	8,384,457	1,533.92	0	0.00	5,560,159	457.55	8,779,370	2,306.33
LTC	25,326,524	4,633.45	208,810,857	4,316.87	0	0.00	113,916	29.93
Total	33,710,982	6,167.37	208,810,857	4,316.87	5,560,159	457.55	8,893,285	2,336.25
Capitation Expenses & Refunds	53,816	9.85	184,426	3.81	64,177	5.28	-89,974	-23.64
Service Coordination & Other Expenses	265,149	48.51	2,281,966	47.18	628,853	51.75	191,223	50.23
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	65,592	12.00	580,451	12.00	145,825	12.00	45,680	12.00
Percentage of Premium	1,961,684	5.25%	12,189,275	5.25%	368,213	5.25%	520,138	5.25%
Total	2,027,276	370.89	12,769,726	264.00	514,038	42.30	565,818	148.64
Risk Margin	653,895	1.75%	4,063,092	1.75%	122,738	1.75%	173,379	1.75%
Premium Tax	653,895	1.75%	4,063,092	1.75%	122,738	1.75%	173,379	1.75%
Maintenance Tax	396	0.07	3,507	0.07	881	0.07	276	0.07
Projected Total Cost								
Acute Care	9,265,409	1,695.09	202,111	4.18	6,324,430	520.44	9,572,343	2,514.64
LTC	28,100,000	5,140.85	231,974,554	4,795.75	689,154	56.71	335,044	88.02
Total	37,365,408	6,835.94	232,176,665	4,799.92	7,013,584	577.15	9,907,387	2,602.65

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	433,395	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	30,156,366	69.58
Emergency Room	8,013,094	18.49
Outpatient Facility	12,228,475	28.22
Inpatient Facility	39,450,462	91.03
Other Acute Care	17,514,657	40.41
Acute Care Total	107,363,054	247.73
Est Inc. Claims - Long Term Care		
Attendant Care	88,678,526	204.61
Nursing Facility	216,606,951	499.79
Other Long Term Care	8,878,134	20.49
Long Term Care Total	314,163,611	724.89
Total - All Claims	421,526,665	972.62
Projected FY2022 Member Months	439,439	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	121,864,194	277.32
LTC	351,010,252	798.77
Total	472,874,446	1,076.09
Capitation Expenses & Refunds	2,716,888	6.18
Service Coordination & Other Expenses	20,898,790	47.56
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	5,273,263	12.00
Percentage of Premium	28,870,411	5.25%
Total	34,143,674	77.70
Risk Margin	9,623,470	1.75%
Premium Tax	9,623,470	1.75%
Maintenance Tax	31,859	0.07
Projected Total Cost		
Acute Care	138,419,291	314.99
LTC	411,493,308	936.41
Total	549,912,598	1,251.40

FY2022 STAR+PLUS Rating Summary  
MRSA West SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		185,182		28,274	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	20,319,870	152.25	3,445,696	345.50	0	0.00	0	0.00
Emergency Room	6,411,527	48.04	848,468	85.08	0	0.00	0	0.00
Outpatient Facility	8,022,089	60.11	1,507,703	151.18	0	0.00	0	0.00
Inpatient Facility	27,100,416	203.05	5,276,701	529.10	0	0.00	0	0.00
Other Acute Care	11,169,455	83.69	3,561,386	357.10	0	0.00	0	0.00
Acute Care Total	73,023,356	547.14	14,639,955	1,467.96	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	9,744,002	73.01	12,944,144	1,297.92	30,720,298	165.89	35,058,945	1,239.97
Nursing Facility	228,257	1.71	284,233	28.50	375,152	2.03	785,648	27.79
Other Long Term Care	631,943	4.73	1,352,075	135.57	1,758,505	9.50	4,729,675	167.28
Long Term Care Total	10,604,203	79.45	14,580,452	1,461.99	32,853,956	177.41	40,574,268	1,435.04
Total - All Claims	83,627,559	626.59	29,220,407	2,929.95	32,853,956	177.41	40,574,268	1,435.04
Projected FY2022 Member Months	139,642		11,342		190,461		28,198	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.1 %		1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0155		1.0266		1.0000		1.0000	
Acute Care - Inpatient	1.0214		1.0259		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9753		0.9886		1.0000		1.0000	
Long Term Care	1.2731		1.1999		1.2604		1.2192	
Other Adjustments - NF Eligibility	1.0252		1.0004		1.0834		0.9962	

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected Incurred Claims								
Acute Care	81,431,342	583.14	17,823,528	1,571.45	0	0.00	0	0.00
LTC	16,594,345	118.84	22,594,102	1,992.06	49,680,388	260.84	54,734,006	1,941.05
Total	98,025,688	701.98	40,417,630	3,563.52	49,680,388	260.84	54,734,006	1,941.05
Capitation Expenses & Refunds	1,457,768	10.44	233,919	20.62	709,657	3.73	103,098	3.66
Service Coordination & Other Expenses	6,916,255	49.53	575,933	50.78	8,763,198	46.01	1,276,212	45.26
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,675,701	12.00	136,105	12.00	2,285,531	12.00	338,378	12.00
Percentage of Premium	6,218,620	5.25%	2,379,870	5.25%	3,535,628	5.25%	3,248,023	5.25%
Total	7,894,321	56.53	2,515,975	221.83	5,821,159	30.56	3,586,401	127.19
Risk Margin	2,072,873	1.75%	793,290	1.75%	1,178,543	1.75%	1,082,674	1.75%
Premium Tax	2,072,873	1.75%	793,290	1.75%	1,178,543	1.75%	1,082,674	1.75%
Maintenance Tax	10,124	0.07	822	0.07	13,808	0.07	2,044	0.07
Projected Total Cost								
Acute Care	92,372,108	661.49	19,855,155	1,750.58	777,706	4.08	112,985	4.01
LTC	26,077,794	186.75	25,475,704	2,246.13	66,567,589	349.51	61,754,126	2,190.00
Total	118,449,902	848.24	45,330,859	3,996.71	67,345,296	353.59	61,867,110	2,194.01

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	5,928		54,726		12,447		3,401	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	1,363,874	230.07	0	0.00	1,329,693	106.83	3,697,233	1,087.10
Emergency Room	289,116	48.77	0	0.00	338,208	27.17	125,774	36.98
Outpatient Facility	815,391	137.55	0	0.00	373,964	30.04	1,509,329	443.79
Inpatient Facility	4,756,719	802.42	0	0.00	1,546,265	124.23	770,361	226.51
Other Acute Care	938,014	158.23	0	0.00	1,672,568	134.38	173,234	50.94
Acute Care Total	8,163,113	1,377.04	0	0.00	5,260,697	422.65	6,275,933	1,845.32
Est Inc. Claims - Long Term Care								
Attendant Care	25,112	4.24	103,028	1.88	0	0.00	82,996	24.40
Nursing Facility	23,547,119	3,972.19	191,379,364	3,497.05	0	0.00	7,177	2.11
Other Long Term Care	864	0.15	404,964	7.40	0	0.00	108	0.03
Long Term Care Total	23,573,095	3,976.57	191,887,356	3,506.33	0	0.00	90,282	26.55
Total - All Claims	31,736,208	5,353.61	191,887,356	3,506.33	5,260,697	422.65	6,366,214	1,871.87
Projected FY2022 Member Months	5,466		48,371		12,152		3,807	
Annual Cost Trend Assumptions								
Acute Care	3.3 %		3.3 %		4.9 %		8.7 %	
Long Term Care	2.0 %		2.5 %		0.0 %		4.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0078		1.0000		1.0016		1.0127	
Acute Care - Inpatient	1.0515		1.0000		1.0124		1.0114	
Wrap & Carve-Out Removal	0.9981		1.0000		0.9554		0.9908	
Long Term Care	1.1407		1.1332		1.0000		1.2724	
Other Adjustments - NF Eligibility	0.9723		1.0215		0.9970		1.0000	

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	8,395,287	1,535.90	0	0.00	5,590,860	460.07	8,781,971	2,307.01
LTC	25,330,966	4,634.26	208,829,285	4,317.25	0	0.00	142,846	37.53
Total	33,726,252	6,170.17	208,829,285	4,317.25	5,590,860	460.07	8,924,818	2,344.54
Capitation Expenses & Refunds	53,816	9.85	184,426	3.81	64,177	5.28	-89,974	-23.64
Service Coordination & Other Expenses	265,149	48.51	2,281,966	47.18	628,853	51.75	191,223	50.23
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	65,592	12.00	580,451	12.00	145,825	12.00	45,680	12.00
Percentage of Premium	1,962,563	5.25%	12,190,335	5.25%	369,980	5.25%	521,952	5.25%
Total	2,028,155	371.05	12,770,786	264.02	515,805	42.45	567,632	149.12
Risk Margin	654,188	1.75%	4,063,445	1.75%	123,327	1.75%	173,984	1.75%
Premium Tax	654,188	1.75%	4,063,445	1.75%	123,327	1.75%	173,984	1.75%
Maintenance Tax	396	0.07	3,507	0.07	881	0.07	276	0.07
Projected Total Cost								
Acute Care	9,277,291	1,697.27	202,111	4.18	6,358,075	523.21	9,575,033	2,515.35
LTC	28,104,852	5,141.74	231,994,749	4,796.16	689,154	56.71	366,910	96.39
Total	37,382,143	6,839.01	232,196,861	4,800.34	7,047,229	579.92	9,941,943	2,611.73

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	433,395	
Est. Inc. Claims - Acute Care (Excl. UHRIP)		
Professional	30,156,366	69.58
Emergency Room	8,013,094	18.49
Outpatient Facility	12,228,475	28.22
Inpatient Facility	39,450,462	91.03
Other Acute Care	17,514,657	40.41
Acute Care Total	107,363,054	247.73
Est Inc. Claims - Long Term Care		
Attendant Care	88,678,526	204.61
Nursing Facility	216,606,951	499.79
Other Long Term Care	8,878,134	20.49
Long Term Care Total	314,163,611	724.89
Total - All Claims	421,526,665	972.62
Projected FY2022 Member Months	439,439	
Annual Cost Trend Assumptions		
Acute Care		
Long Term Care		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		



FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	122,022,988	277.68
LTC	377,905,938	859.97
Total	499,928,926	1,137.65
Capitation Expenses & Refunds	2,716,888	6.18
Service Coordination & Other Expenses	20,898,790	47.56
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	5,273,263	12.00
Percentage of Premium	30,426,970	5.25%
Total	35,700,233	81.24
Risk Margin	10,142,323	1.75%
Premium Tax	10,142,323	1.75%
Maintenance Tax	31,859	0.07
Projected Total Cost		
Acute Care	138,530,465	315.24
LTC	441,030,877	1,003.62
Total	579,561,343	1,318.87

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility Reimbursement Increase

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	7,260	39,715	21,141	112,495	3,706,399	19,252,606	0	0	23,139,616
Dallas	22,297	120,852	64,261	307,367	5,307,749	28,453,586	0	0	34,276,112
El Paso	4,741	20,807	7,212	70,470	540,566	3,640,776	0	633	4,285,205
Harris	20,192	92,308	52,388	236,191	5,570,527	32,035,976	0	0	38,007,583
Hidalgo	13,110	19,957	85,809	212,178	1,504,994	15,625,244	0	0	17,461,292
Jefferson	2,324	22,404	15,642	47,187	1,342,877	9,755,533	0	0	11,185,967
Lubbock	4,123	11,587	10,700	32,150	1,169,193	8,501,824	0	126	9,729,704
Nueces	10,115	19,222	20,530	48,361	1,187,123	10,599,674	0	0	11,885,024
Tarrant	23,153	66,381	87,044	144,791	4,249,196	23,517,968	0	0	28,088,534
Travis	9,142	16,833	39,552	71,401	2,420,407	16,273,167	0	0	18,830,502
MRSA Central	12,982	20,001	44,966	51,042	3,230,639	23,088,986	0	537	26,449,154
MRSA Northeast	25,673	50,366	131,454	156,258	3,710,076	30,027,577	0	901	34,102,303
MRSA West	19,270	28,119	45,765	96,743	3,147,960	24,992,175	0	896	28,330,929
Total	174,383	528,553	626,463	1,586,634	37,087,706	245,765,094	0	3,093	285,771,926
3/2019-2/2020 Total Long Term Care Incurred Claims (2)									
Bexar	43,934,586	42,183,935	65,563,724	59,807,462	27,950,792	144,659,763	0	167,285	384,267,547
Dallas	60,963,472	51,347,221	77,537,975	85,873,007	39,473,974	201,577,922	0	429,108	517,202,679
El Paso	18,898,568	14,706,974	67,355,636	29,046,949	4,191,240	27,095,702	0	255,156	161,550,225
Harris	101,103,548	76,339,584	159,457,981	124,762,417	41,793,942	242,314,018	0	540,886	746,312,378
Hidalgo	101,646,550	64,354,226	330,320,179	271,305,843	12,072,661	126,525,745	0	2,074,518	908,299,722
Jefferson	10,460,265	12,138,400	16,136,513	22,901,863	9,264,860	67,823,468	0	39,384	138,764,753
Lubbock	2,915,273	4,639,947	5,723,610	9,129,407	8,464,478	64,616,737	0	62,922	95,552,375
Nueces	23,169,286	17,342,344	39,734,261	49,301,521	8,670,576	83,957,573	0	293,952	222,469,512
Tarrant	21,964,357	25,164,124	37,513,430	44,154,640	30,580,824	181,583,296	0	156,712	341,117,382
Travis	13,457,638	13,914,833	22,519,353	32,910,406	18,137,437	127,078,442	0	116,662	228,134,771
MRSA Central	11,762,812	11,657,695	19,789,214	24,532,517	23,197,549	175,481,181	0	83,254	266,504,222
MRSA Northeast	23,156,292	27,296,158	31,827,479	69,363,256	27,035,908	229,380,593	0	140,871	408,200,557
MRSA West	9,910,771	13,707,048	33,270,629	40,488,315	22,408,114	187,744,681	0	89,370	307,618,927
Total	443,343,419	374,792,487	906,749,984	863,577,605	273,242,355	1,859,839,123	0	4,450,078	4,725,995,051

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility 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	0.02%	0.09%	0.03%	0.19%	13.26%	13.31%	0.00%	0.00%	6.02%
Dallas	0.04%	0.24%	0.08%	0.36%	13.45%	14.12%	0.00%	0.00%	6.63%
El Paso	0.03%	0.14%	0.01%	0.24%	12.90%	13.44%	0.00%	0.25%	2.65%
Harris	0.02%	0.12%	0.03%	0.19%	13.33%	13.22%	0.00%	0.00%	5.09%
Hidalgo	0.01%	0.03%	0.03%	0.08%	12.47%	12.35%	0.00%	0.00%	1.92%
Jefferson	0.02%	0.18%	0.10%	0.21%	14.49%	14.38%	0.00%	0.00%	8.06%
Lubbock	0.14%	0.25%	0.19%	0.35%	13.81%	13.16%	0.00%	0.20%	10.18%
Nueces	0.04%	0.11%	0.05%	0.10%	13.69%	12.63%	0.00%	0.00%	5.34%
Tarrant	0.11%	0.26%	0.23%	0.33%	13.89%	12.95%	0.00%	0.00%	8.23%
Travis	0.07%	0.12%	0.18%	0.22%	13.34%	12.81%	0.00%	0.00%	8.25%
MRSA Central	0.11%	0.17%	0.23%	0.21%	13.93%	13.16%	0.00%	0.64%	9.92%
MRSA Northeast	0.11%	0.18%	0.41%	0.23%	13.72%	13.09%	0.00%	0.64%	8.35%
MRSA West	0.19%	0.21%	0.14%	0.24%	14.05%	13.31%	0.00%	1.00%	9.21%
Total	0.04%	0.14%	0.07%	0.18%	13.57%	13.21%	0.00%	0.07%	6.05%

## Footnotes

- (1) Equals the cost impact from increased reimbursement for nursing facilities assumed to be in place through 8/31/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Long Term Care Claims Paid.

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 ARPA Reimbursement Adjustment

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	11,193,846	8,733,308	16,254,558	13,026,197	11,948	18,816	0	45,043	49,283,717
Dallas	16,262,982	10,810,808	19,606,760	18,947,285	56,735	63,238	0	111,724	65,859,533
El Paso	4,948,446	3,781,074	17,590,442	6,923,352	6,848	26,727	0	64,253	33,341,143
Harris	27,422,158	18,182,155	41,468,500	28,038,991	32,812	85,107	0	144,272	115,373,995
Hidalgo	27,086,612	16,679,990	86,751,709	68,594,953	35,964	94,999	0	556,386	199,800,613
Jefferson	2,808,414	2,801,989	4,106,437	5,097,762	3,744	14,575	0	8,796	14,841,716
Lubbock	768,657	768,161	1,331,237	1,772,997	3,530	6,065	0	13,769	4,664,417
Nueces	6,152,992	4,095,801	10,327,346	11,722,768	6,854	13,517	0	76,649	32,395,928
Tarrant	5,920,732	5,289,959	9,373,099	9,174,988	19,746	38,568	0	37,982	29,855,072
Travis	3,479,915	3,076,824	5,275,889	6,504,602	1,721	20,876	0	28,837	18,388,665
MRSA Central	3,097,251	2,619,472	4,854,338	5,245,414	5,680	10,973	0	21,144	15,854,272
MRSA Northeast	6,277,926	6,465,956	7,942,269	15,710,935	17,008	23,830	0	35,529	36,473,453
MRSA West	2,620,997	2,682,881	8,418,174	8,660,556	4,247	22,744	0	22,689	22,432,288
Total	118,040,929	85,988,378	233,300,758	199,420,801	206,836	440,036	0	1,167,073	638,564,811
3/2019-2/2020 Total Long Term Care Incurred Claims (2)									
Bexar	43,934,586	42,183,935	65,563,724	59,807,462	27,950,792	144,659,763	0	167,285	384,267,547
Dallas	60,963,472	51,347,221	77,537,975	85,873,007	39,473,974	201,577,922	0	429,108	517,202,679
El Paso	18,898,568	14,706,974	67,355,636	29,046,949	4,191,240	27,095,702	0	255,156	161,550,225
Harris	101,103,548	76,339,584	159,457,981	124,762,417	41,793,942	242,314,018	0	540,886	746,312,378
Hidalgo	101,646,550	64,354,226	330,320,179	271,305,843	12,072,661	126,525,745	0	2,074,518	908,299,722
Jefferson	10,460,265	12,138,400	16,136,513	22,901,863	9,264,860	67,823,468	0	39,384	138,764,753
Lubbock	2,915,273	4,639,947	5,723,610	9,129,407	8,464,478	64,616,737	0	62,922	95,552,375
Nueces	23,169,286	17,342,344	39,734,261	49,301,521	8,670,576	83,957,573	0	293,952	222,469,512
Tarrant	21,964,357	25,164,124	37,513,430	44,154,640	30,580,824	181,583,296	0	156,712	341,117,382
Travis	13,457,638	13,914,833	22,519,353	32,910,406	18,137,437	127,078,442	0	116,662	228,134,771
MRSA Central	11,762,812	11,657,695	19,789,214	24,532,517	23,197,549	175,481,181	0	83,254	266,504,222
MRSA Northeast	23,156,292	27,296,158	31,827,479	69,363,256	27,035,908	229,380,593	0	140,871	408,200,557
MRSA West	9,910,771	13,707,048	33,270,629	40,488,315	22,408,114	187,744,681	0	89,370	307,618,927
Total	443,343,419	374,792,487	906,749,984	863,577,605	273,242,355	1,859,839,123	0	4,450,078	4,725,995,051

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 ARPA Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	25.48%	20.70%	24.79%	21.78%	0.04%	0.01%	0.00%	26.93%	12.83%
Dallas	26.68%	21.05%	25.29%	22.06%	0.14%	0.03%	0.00%	26.04%	12.73%
El Paso	26.18%	25.71%	26.12%	23.84%	0.16%	0.10%	0.00%	25.18%	20.64%
Harris	27.12%	23.82%	26.01%	22.47%	0.08%	0.04%	0.00%	26.67%	15.46%
Hidalgo	26.65%	25.92%	26.26%	25.28%	0.30%	0.08%	0.00%	26.82%	22.00%
Jefferson	26.85%	23.08%	25.45%	22.26%	0.04%	0.02%	0.00%	22.33%	10.70%
Lubbock	26.37%	16.56%	23.26%	19.42%	0.04%	0.01%	0.00%	21.88%	4.88%
Nueces	26.56%	23.62%	25.99%	23.78%	0.08%	0.02%	0.00%	26.08%	14.56%
Tarrant	26.96%	21.02%	24.99%	20.78%	0.06%	0.02%	0.00%	24.24%	8.75%
Travis	25.86%	22.11%	23.43%	19.76%	0.01%	0.02%	0.00%	24.72%	8.06%
MRSA Central	26.33%	22.47%	24.53%	21.38%	0.02%	0.01%	0.00%	25.40%	5.95%
MRSA Northeast	27.11%	23.69%	24.95%	22.65%	0.06%	0.01%	0.00%	25.22%	8.94%
MRSA West	26.45%	19.57%	25.30%	21.39%	0.02%	0.01%	0.00%	25.39%	7.29%
Total	26.63%	22.94%	25.73%	23.09%	0.08%	0.02%	0.00%	26.23%	13.51%

## Footnotes

- (1) Equals the cost impact from reimbursement changes associated with ARPA effective 3/1/2022-8/31/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Long Term Care Claims Paid.

## FY2022 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Outpatient Behavioral Health Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	214,178	43,154	0	0	53,912	0	34,491	2,137	347,873
Dallas	111,793	21,326	0	0	71,861	0	7,587	4,171	216,737
El Paso	56,921	8,827	0	0	4,328	0	2,823	726	73,625
Harris	380,973	45,627	0	0	72,421	0	42,867	5,093	546,982
Hidalgo	114,331	25,833	0	0	14,040	0	6,708	2,680	163,592
Jefferson	42,093	4,931	0	0	12,318	0	3,177	360	62,879
Lubbock	35,857	6,426	0	0	8,476	0	16,300	1,026	68,085
Nueces	44,250	9,186	0	0	7,602	0	6,306	1,459	68,802
Tarrant	111,203	37,972	0	0	78,314	0	17,014	1,114	245,617
Travis	81,336	16,122	0	0	25,922	0	15,241	1,157	139,777
MRSA Central	113,635	9,846	0	0	26,757	0	17,609	1,284	169,131
MRSA Northeast	84,163	12,003	0	0	46,738	0	12,876	1,430	157,210
MRSA West	93,341	9,428	0	0	11,287	0	28,794	1,866	144,716
Total	1,484,074	250,683	0	0	433,974	0	211,792	24,503	2,405,026
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Outpatient Behavioral Health Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.18%	0.11%	0.00%	0.00%	0.51%	0.00%	0.45%	0.03%	0.19%
Dallas	0.06%	0.04%	0.00%	0.00%	0.36%	0.00%	0.09%	0.03%	0.08%
El Paso	0.14%	0.07%	0.00%	0.00%	0.20%	0.00%	0.08%	0.01%	0.11%
Harris	0.12%	0.07%	0.00%	0.00%	0.40%	0.00%	0.29%	0.02%	0.13%
Hidalgo	0.13%	0.06%	0.00%	0.00%	0.20%	0.00%	0.13%	0.03%	0.11%
Jefferson	0.09%	0.04%	0.00%	0.00%	0.35%	0.00%	0.27%	0.01%	0.09%
Lubbock	0.11%	0.12%	0.00%	0.00%	0.30%	0.00%	0.72%	0.04%	0.15%
Nueces	0.11%	0.07%	0.00%	0.00%	0.28%	0.00%	0.34%	0.03%	0.11%
Tarrant	0.10%	0.14%	0.00%	0.00%	0.64%	0.00%	0.21%	0.01%	0.15%
Travis	0.14%	0.13%	0.00%	0.00%	0.54%	0.00%	0.36%	0.02%	0.16%
MRSA Central	0.16%	0.08%	0.00%	0.00%	0.30%	0.00%	0.48%	0.03%	0.17%
MRSA Northeast	0.08%	0.04%	0.00%	0.00%	0.43%	0.00%	0.29%	0.02%	0.10%
MRSA West	0.13%	0.06%	0.00%	0.00%	0.13%	0.00%	0.56%	0.03%	0.13%
Total	0.12%	0.07%	0.00%	0.00%	0.39%	0.00%	0.30%	0.02%	0.13%

## Footnotes

- (1) Equals the cost impact from reimbursement changes for outpatient behavioral health services effective 3/1/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

**Texas Health and Human Services Commission  
State Fiscal Year 2022 Directed Payment Programs**

## **Comprehensive Hospital Increase Reimbursement Program**

### **Overview**

#### **Program Description**

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a directed payment program that provides increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons enrolled in Medicaid STAR and STAR+PLUS managed care programs. CHIRP is the successor to the Uniform Hospital Rate Increase Program (UHRIP) beginning on September 1, 2021. HHSC will include CHIRP funding in Medicaid managed care organizations' (MCOs) per member per month (PMPM) capitation rates. Then MCOs will pay CHIRP funds to providers through two components of the program.

#### **Eligible Provider Classes**

(1) Children's hospitals, (2) rural hospitals, (3) state-owned hospitals that are not institutions for mental diseases (IMDs), (4) urban hospitals, (5) non-state-owned IMDs, and (6) state-owned IMDs.

#### **Participating Medicaid Programs**

STAR, STAR+PLUS

#### **Program Funding Estimated for SFY 2022**

\$ 4,821,379,646\*

\*Based on HHSC System Forecasting caseload projection as of August 2021.

The program is paid using joint state and federal funds. The state funds are provided by local governmental entities via an Intergovernmental Transfer (IGT) and Local Provider Participation Funds (LPPF); no state General Revenue Funds are used.

#### **History**

CHIRP replaces UHRIP beginning September 1, 2021, which is year five of the program. HHSC and stakeholders wanted to reform certain aspects of UHRIP, such as improving its tie to the state's Medicaid Quality Strategy and incorporating the efforts to further healthcare transformation and quality improvement in the Medicaid program. CHIRP continues to be a statewide program that provides for increased Medicaid payments for inpatient and outpatient services to participating Texas hospitals. However, for Program Year 5, CHIRP includes new eligibility requirements, new hospital classes, and new financing components. Additionally, participating hospitals are required to report program measures as a condition of participation for CHIRP that will be used to evaluate the program.



The rules for the CHIRP program years on or after September 1, 2021 are in the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1306, and §353.1307. Rules for CHIRP are promulgated for on an as-needed basis rather than an annual basis.

## **Program Design**

### **Delivery System**

The CHIRP program uses a Medicaid MCO delivery system to provide increased Medicaid payments for participating hospitals. Texas Medicaid managed care organizations receive additional funding through their monthly capitation rate from HHSC and are directed to increase payment rates for enrolled hospitals.

### **Alignment with HHSC Quality Strategy**

CHIRP intends to advance four goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) promoting effective practices for people with chronic, complex and serious conditions; (3) attracting and retaining high-performing Medicaid providers to participate in team based, collaborative, and coordinated care; and (4) keeping patients free from harm.

### **Directed Payment Arrangement**

CHIRP is a Medicaid managed care hospital directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment 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.

CHIRP is comprised of two payment components:

- The Uniform Hospital Rate Increase Payment
- The Average Commercial Incentive Award

The MCOs' distribution of CHIRP funds to the enrolled hospitals will be a directed uniform rate increase above the negotiated rate. Enrolled hospitals will be paid based upon utilization/claims for services in the program period. The hospital must have provided at least one Medicaid service to a Medicaid client in each reporting period to be eligible for payments. The percentage increase will be uniform for hospitals within a class within a service delivery area (SDA), but increases may vary between classes of hospitals due to the choice to participate in the optional ACIA component.

In determining the percentage increases, HHSC will consider information provided by the participants in the SDA. HHSC will also consider:

- the class or classes of a hospital;
- the type of service or services;
- actuarial soundness of the capitation payment needed to support the rate increase;

- available budget neutrality room under any applicable federal waiver programs;
- hospital market dynamics within the SDA; and
- other HHSC goals and priorities.

CHIRP will only apply to the STAR and STAR+PLUS Medicaid managed care programs. The CHIRP increase will apply to all inpatient and outpatient 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. Outpatient services provided at an Institution for Mental Diseases (IMD).
5. Service provided at an IMD to members over age 21 and under age 65.
6. Claims for COVID-19 testing, diagnosis, or treatment.

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

- The total value of the provider's UHRIP component will be equal to a percentage of the estimated Medicare gap on a per class basis. Allocation of funds across hospital classes will be proportional to the combined Medicare gap of each hospital class within an SDA to the total Medicare gap of all hospital classes within the SDA.
- The total value of provider's ACIA will be equal to a percentage of the ACR gap less payments received under UHRIP, on a per provider basis, capping payments at a 90 percent aggregate Average Commercial Reimbursement (ACR) for the hospital class.

### **Capitation Rate Components**

The UHRIP component provides hospitals an increased payment that is based on a percentage of the Medicare gap, which is the difference between what Medicare is estimated to pay for the services and what Medicaid actually paid for the same services. All hospitals participating in CHIRP must participate in the UHRIP component.

The ACIA component is an optional component. It provides hospitals a payment based on a percentage of the average commercial reimbursement gap, which is the difference between what an average commercial payor is estimated to pay for the services and what Medicaid actually paid for the same services, less payments received under the UHRIP component.

Hospitals apply for participation in CHIRP, and hospitals are required to report program measures as a condition of participation for each component in which they participate. While all participating providers must report on measures for UHRIP, only those providers who opt into the ACIA component must report measures for ACIA.

For CHIRP, funds are paid through two components of the managed care PMPM capitation rates. A breakdown of the CHIRP Year Five anticipated funding is below:

<b>CHIRP Year 5 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 4,821,379,646</b>
Federal Share Funds (67.75%)	\$ 3,266,361,364
Non-Federal Share Funds (32.25%)	\$ 1,555,018,282
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50 %	\$ 120,534,491
MCO Risk Margin STAR = 1.50 %	\$ 53,906,848
MCO Risk Margin STAR+PLUS = 1.75%	\$ 21,482,821
MCO Premium Tax = 1.75 %	\$ 84,374,144
<b>Total MCO Fees (STAR = 5.75% and STAR+PLUS = 6.00%)</b>	<b>\$ 280,298,304</b>
IGT Funds Needed for Pool Size	\$ 1,555,018,282
<b>Available Funds for Program Components</b>	
UHRIP Component	
51.99% of Total Funds	\$ 2,506,397,009
ACIA Component	
42.20% of Total Funds	\$ 2,034,684,333

### **Distribution of Payments**

HHSC will direct MCOs to increase rates beginning the first day of the program period that includes the increased capitation rates paid by HHSC to each MCO pursuant to the contract between them. CHIRP payments will be distributed based upon actual utilization and paid as a percentage increase above the contracted rate between the MCO and the hospital. Providers must meet quality metric reporting requirements in order to be eligible for program participation and distribution of payments.

### **Quality Metric Summary**

UHRIP includes two structure measures and one outcome measure applicable to all participating hospitals. ACIA includes structure measures and data-based outcome and process measures.

ACIA includes six modules, which are groupings of measures around a similar hospital service type. Providers must report on all modules for which they are eligible. The number of measures a hospital will be required to report is determined by the hospital's provider class as defined in

program enrollment and historic volume and type of services provided. For hospitals participating in ACIA, the maximum number of ACIA structure measures a provider will be required to report based on class and volume is 4 and the minimum number is 0. The maximum number of ACIA data-based measures a hospital will be required to report based on class and volume is 7 and the minimum number is 0. Hospitals that are not eligible for any ACIA measures based on volume are still eligible to participate in ACIA but will not be required to report quality metric data. Data will be used to monitor provider-level progress toward state quality objectives and annual program evaluation.

For adult and pediatric hospital safety outcome measures, hospitals will report a performance rate as specified for all-payer types. For all other outcome and process measures, hospitals must report performance rates stratified by Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.

The table below identifies the quality measures by program component.

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
UHRIP	C1-105	HIE Participation	Structure	NA	NA
	C1-126	Healthcare Quality Learning Collaborative Participation	Structure	NA	NA
	C1-127	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	Outcome	2456	Brigham and Women's Hospital
ACIA Maternal Care	C2-128	AIM Collaborative Participation	Structure	NA	NA
	C2-129	Severe Maternal Morbidity	Outcome	NA	AIM
	C2-130	PC-02 Cesarean Section	Outcome	0471	The Joint Commission
ACIA Hospital Safety	C2-131	Hospital Safety Collaborative Participation	Structure	NA	NA
	C2-132	Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Outcome	0138	CDC
	C2-133	Central Line Associated Bloodstream Infection (CLABSI) Outcome Measure	Outcome	0139	CDC
	C2-134	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Outcome	1717	CDC
	C2-135	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Outcome	0753	CDC
ACIA Pediatric	C2-155	Pediatric SSI	Outcome	NA	Children's Hospitals'

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
					Solutions for Patient Safety National Children's Network
	C2-156	Hospital Safety Collaborative Participation	Structure	NA	NA
	C2-157	Pediatric Adverse Drug Events	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-158	Pediatric CLABSI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-159	Pediatric CAUTI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-160	Engagement in Integrated Behavioral Health	Process	NA	Texas HHSC (Developed by Meadows Mental Health Policy Institute)
ACIA Psychiatric Care Transitions	C2-141	Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for psychiatric patients	Structure	NA	NA
ACIA Care Transitions	C2-142	Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for non-psychiatric patients	Structure	NA	NA
ACIA Rural Hospital Best Practices	C2-103	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	0028e	PCPI
	C2-104	Preventive Care and Screening: Influenza Immunization	Process	0041e	AMA-PCPI

### **Reporting Requirements**

- As a condition of participation in the program, a hospital must report data for all measures for which it is eligible. A hospital that fails to submit the required data by deadlines communicated by HHSC will be determined to be out of compliance with program eligibility requirements, will be removed from CHIRP, and will have all funds they received recouped.
- For a structure measure, a provider must submit responses to qualitative reporting questions that summarize a hospital’s progress towards implementing evidence-based best practices for high quality care. Hospitals are not required to implement the best practices as a condition of reporting or program participation.
- For outcome and process measures, a provider must submit numerator and denominator rates as specified by HHSC.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP 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	8,759,102	1,881,218	0	0	1,220,148	0	332,254	153,234	12,345,955
Molina	6,108,262	1,898,287	0	0	1,206,762	0	140,490	324,512	9,678,313
Superior	34,893,851	10,215,436	0	0	3,529,271	0	2,212,604	1,085,530	51,936,692
Bexar Total	49,761,215	13,994,940	0	0	5,956,180	0	2,685,348	1,563,276	73,960,959
Dallas SDA									
Molina	55,564,688	18,336,067	0	0	6,491,102	0	1,290,699	1,373,426	83,055,983
Superior	76,282,279	14,731,600	0	0	11,994,774	0	3,109,143	6,418,118	112,535,914
Dallas Total	131,846,968	33,067,667	0	0	18,485,877	0	4,399,843	7,791,544	195,591,897
El Paso SDA									
Amerigroup	10,912,789	1,963,782	0	0	577,154	0	920,029	1,039,654	15,413,407
Molina	8,586,392	3,249,578	0	0	1,220,088	0	483,175	432,961	13,972,194
El Paso Total	19,499,181	5,213,359	0	0	1,797,242	0	1,403,204	1,472,615	29,385,601
Harris SDA									
Amerigroup	79,255,422	16,431,519	0	0	6,326,952	0	3,154,744	2,627,262	107,795,899
Molina	14,580,232	4,694,379	0	0	1,226,201	0	435,615	561,380	21,497,806
United	98,546,194	15,201,261	0	0	5,781,416	0	4,011,698	3,112,835	126,653,404
Harris Total	192,381,848	36,327,159	0	0	13,334,569	0	7,602,056	6,301,477	255,947,109
Hidalgo SDA									
Health Spring	8,198,287	2,804,348	0	0	992,476	0	276,254	290,807	12,562,172
Molina	8,247,536	3,113,038	0	0	1,461,917	0	181,371	734,156	13,738,018
Superior	21,495,012	9,713,577	0	0	2,253,614	0	1,138,051	2,712,880	37,313,134
Hidalgo Total	37,940,835	15,630,963	0	0	4,708,006	0	1,595,676	3,737,844	63,613,325
Jefferson SDA									
Amerigroup	8,827,632	1,774,543	0	0	937,221	0	156,619	214,449	11,910,464
Molina	5,584,645	2,745,748	0	0	660,725	0	38,973	256,550	9,286,639
United	13,252,671	1,395,464	0	0	595,949	0	220,625	823,301	16,288,010
Jefferson Total	27,664,947	5,915,754	0	0	2,193,895	0	416,216	1,294,300	37,485,113

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
<b>Lubbock SDA</b>									
Amerigroup	5,765,194	717,465	0	0	265,772	0	189,199	1,163,755	8,101,386
Superior	5,802,938	548,526	0	0	243,222	0	173,320	1,308,053	8,076,059
Lubbock Total	11,568,133	1,265,991	0	0	508,994	0	362,519	2,471,808	16,177,445
<b>Nueces SDA</b>									
Superior	8,801,620	2,937,693	0	0	721,845	0	350,709	1,204,629	14,016,495
United	8,326,574	1,655,528	0	0	603,178	0	298,454	538,125	11,421,859
Nueces Total	17,128,194	4,593,220	0	0	1,325,023	0	649,163	1,742,754	25,438,354
<b>Tarrant SDA</b>									
Amerigroup	64,700,676	14,899,172	0	0	8,139,171	0	3,920,873	2,019,591	93,679,483
Health Spring	19,499,918	3,968,247	0	0	2,486,335	0	840,132	392,305	27,186,937
Tarrant Total	84,200,594	18,867,419	0	0	10,625,506	0	4,761,005	2,411,896	120,866,420
<b>Travis SDA</b>									
Amerigroup	14,394,381	3,448,169	0	0	1,249,290	0	989,343	363,065	20,444,248
United	22,104,761	3,115,906	0	0	1,897,693	0	1,458,268	1,493,546	30,070,174
Travis Total	36,499,143	6,564,075	0	0	3,146,983	0	2,447,611	1,856,610	50,514,422
<b>MRSA Central SDA</b>									
Superior	22,111,777	3,400,742	0	0	2,355,239	0	1,025,332	1,424,882	30,317,972
United	17,451,045	2,041,261	0	0	2,056,136	0	571,814	762,660	22,882,917
Central Total	39,562,821	5,442,004	0	0	4,411,376	0	1,597,146	2,187,542	53,200,888
<b>MRSA Northeast SDA</b>									
Health Spring	22,618,595	6,713,005	0	0	2,606,407	0	729,421	878,684	33,546,112
United	29,966,301	5,870,103	0	0	2,830,737	0	1,008,024	935,587	40,610,752
Northeast Total	52,584,896	12,583,108	0	0	5,437,144	0	1,737,445	1,814,271	74,156,864
<b>MRSA West SDA</b>									
Amerigroup	14,768,109	2,431,806	0	0	2,812,607	0	551,167	858,970	21,422,659
Superior	22,374,402	4,231,048	0	0	3,062,177	0	1,436,703	1,750,280	32,854,610
West Total	37,142,510	6,662,854	0	0	5,874,784	0	1,987,870	2,609,251	54,277,269



FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,109,186	5,028,973	0	0	1,980,803	0	922,129	886,400	29,927,492
Molina	14,479,149	5,353,291	0	0	2,442,428	0	469,545	1,466,610	24,211,023
Superior	84,379,577	27,795,258	0	0	6,208,086	0	6,337,263	6,133,291	130,853,474
Bexar Total	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas SDA									
Molina	100,762,283	31,745,860	0	0	11,163,009	0	3,838,433	2,839,445	150,349,030
Superior	77,402,402	18,648,621	0	0	8,573,133	0	4,714,039	10,035,076	119,373,272
Dallas Total	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso SDA									
Amerigroup	23,810,391	5,198,494	0	0	742,777	0	2,132,867	3,691,190	35,575,719
Molina	17,819,757	8,063,836	0	0	1,431,281	0	1,210,134	1,365,951	29,890,960
El Paso Total	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris SDA									
Amerigroup	118,759,779	25,035,316	0	0	7,291,547	0	5,667,886	7,246,899	164,001,426
Molina	32,114,759	11,420,443	0	0	2,596,360	0	1,354,453	2,680,757	50,166,771
United	154,721,603	31,883,387	0	0	8,227,055	0	7,895,843	11,708,574	214,436,463
Harris Total	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo SDA									
Health Spring	19,235,575	8,132,097	0	0	1,931,179	0	863,873	883,762	31,046,486
Molina	21,378,104	6,995,779	0	0	1,901,744	0	681,952	2,108,665	33,066,245
Superior	46,610,197	26,023,950	0	0	3,334,791	0	3,470,489	6,794,537	86,233,964
Hidalgo Total	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson SDA									
Amerigroup	14,923,422	3,535,417	0	0	1,214,448	0	403,666	670,979	20,747,932
Molina	12,046,504	6,389,902	0	0	1,318,762	0	166,582	622,182	20,543,933
United	22,303,330	3,019,861	0	0	973,565	0	614,547	2,298,544	29,209,847
Jefferson Total	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	13,864,526	2,354,299	0	0	1,135,155	0	835,386	1,045,405	19,234,771
Superior	18,077,183	3,003,828	0	0	1,666,799	0	1,434,156	1,504,776	25,686,743
Lubbock Total	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces SDA									
Superior	20,588,874	9,196,985	0	0	1,421,036	0	1,131,905	2,883,656	35,222,456
United	18,945,322	4,443,692	0	0	1,284,443	0	724,604	1,491,469	26,889,529
Nueces Total	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant SDA									
Amerigroup	80,759,915	21,268,323	0	0	8,800,234	0	6,114,021	6,915,616	123,858,110
Health Spring	28,304,490	5,947,721	0	0	3,404,808	0	1,821,751	1,880,029	41,358,800
Tarrant Total	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis SDA									
Amerigroup	27,181,321	6,643,163	0	0	2,061,805	0	1,487,436	1,097,503	38,471,227
United	32,168,956	5,912,976	0	0	2,757,488	0	2,704,266	4,607,974	48,151,660
Travis Total	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central SDA									
Superior	42,409,346	7,376,136	0	0	4,699,534	0	2,459,215	2,656,466	59,600,696
United	29,881,540	4,587,362	0	0	4,291,572	0	1,176,289	1,405,107	41,341,871
Central Total	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast SDA									
Health Spring	49,584,868	14,842,852	0	0	5,094,638	0	2,116,668	2,374,417	74,013,444
United	54,582,222	12,352,597	0	0	5,727,871	0	2,292,293	3,461,695	78,416,679
Northeast Total	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West SDA									
Amerigroup	27,480,985	5,740,936	0	0	3,858,631	0	1,536,706	1,993,170	40,610,427
Superior	44,371,793	9,871,339	0	0	4,978,952	0	3,639,851	4,103,606	66,965,540
West Total	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP 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	41.49%	37.41%	0.00%	0.00%	61.60%	0.00%	36.03%	17.29%	41.25%
Molina	42.19%	35.46%	0.00%	0.00%	49.41%	0.00%	29.92%	22.13%	39.97%
Superior	41.35%	36.75%	0.00%	0.00%	56.85%	0.00%	34.91%	17.70%	39.69%
Bexar Total	41.48%	36.66%	0.00%	0.00%	56.02%	0.00%	34.74%	18.42%	39.98%
Dallas SDA									
Molina	55.14%	57.76%	0.00%	0.00%	58.15%	0.00%	33.63%	48.37%	55.24%
Superior	98.55%	79.00%	0.00%	0.00%	139.91%	0.00%	65.95%	63.96%	94.27%
Dallas Total	74.00%	65.62%	0.00%	0.00%	93.67%	0.00%	51.45%	60.52%	72.52%
El Paso SDA									
Amerigroup	45.83%	37.78%	0.00%	0.00%	77.70%	0.00%	43.14%	28.17%	43.33%
Molina	48.18%	40.30%	0.00%	0.00%	85.24%	0.00%	39.93%	31.70%	46.74%
El Paso Total	46.84%	39.31%	0.00%	0.00%	82.67%	0.00%	41.97%	29.12%	44.89%
Harris SDA									
Amerigroup	66.74%	65.63%	0.00%	0.00%	86.77%	0.00%	55.66%	36.25%	65.73%
Molina	45.40%	41.11%	0.00%	0.00%	47.23%	0.00%	32.16%	20.94%	42.85%
United	63.69%	47.68%	0.00%	0.00%	70.27%	0.00%	50.81%	26.59%	59.06%
Harris Total	62.95%	53.16%	0.00%	0.00%	73.61%	0.00%	50.96%	29.12%	59.72%
Hidalgo SDA									
Health Spring	42.62%	34.48%	0.00%	0.00%	51.39%	0.00%	31.98%	32.91%	40.46%
Molina	38.58%	44.50%	0.00%	0.00%	76.87%	0.00%	26.60%	34.82%	41.55%
Superior	46.12%	37.33%	0.00%	0.00%	67.58%	0.00%	32.79%	39.93%	43.27%
Hidalgo Total	43.50%	37.98%	0.00%	0.00%	65.68%	0.00%	31.81%	38.19%	42.31%
Jefferson SDA									
Amerigroup	59.15%	50.19%	0.00%	0.00%	77.17%	0.00%	38.80%	31.96%	57.41%
Molina	46.36%	42.97%	0.00%	0.00%	50.10%	0.00%	23.40%	41.23%	45.20%
United	59.42%	46.21%	0.00%	0.00%	61.21%	0.00%	35.90%	35.82%	55.76%
Jefferson Total	56.15%	45.70%	0.00%	0.00%	62.56%	0.00%	35.13%	36.04%	53.17%

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	41.58%	30.47%	0.00%	0.00%	23.41%	0.00%	22.65%	111.32%	42.12%
Superior	32.10%	18.26%	0.00%	0.00%	14.59%	0.00%	12.09%	86.93%	31.44%
Lubbock Total	36.22%	23.63%	0.00%	0.00%	18.17%	0.00%	15.97%	96.93%	36.01%
Nueces SDA									
Superior	42.75%	31.94%	0.00%	0.00%	50.80%	0.00%	30.98%	41.77%	39.79%
United	43.95%	37.26%	0.00%	0.00%	46.96%	0.00%	41.19%	36.08%	42.48%
Nueces Total	43.33%	33.67%	0.00%	0.00%	48.98%	0.00%	34.97%	39.83%	40.96%
Tarrant SDA									
Amerigroup	80.11%	70.05%	0.00%	0.00%	92.49%	0.00%	64.13%	29.20%	75.63%
Health Spring	68.89%	66.72%	0.00%	0.00%	73.02%	0.00%	46.12%	20.87%	65.73%
Tarrant Total	77.20%	69.32%	0.00%	0.00%	87.06%	0.00%	59.99%	27.42%	73.16%
Travis SDA									
Amerigroup	52.96%	51.91%	0.00%	0.00%	60.59%	0.00%	66.51%	33.08%	53.14%
United	68.71%	52.70%	0.00%	0.00%	68.82%	0.00%	53.92%	32.41%	62.45%
Travis Total	61.50%	52.28%	0.00%	0.00%	65.30%	0.00%	58.39%	32.54%	58.32%
MRSA Central SDA									
Superior	52.14%	46.10%	0.00%	0.00%	50.12%	0.00%	41.69%	53.64%	50.87%
United	58.40%	44.50%	0.00%	0.00%	47.91%	0.00%	48.61%	54.28%	55.35%
Central Total	54.73%	45.49%	0.00%	0.00%	49.06%	0.00%	43.93%	53.86%	52.70%
MRSA Northeast SDA									
Health Spring	45.62%	45.23%	0.00%	0.00%	51.16%	0.00%	34.46%	37.01%	45.32%
United	54.90%	47.52%	0.00%	0.00%	49.42%	0.00%	43.97%	27.03%	51.79%
Northeast Total	50.48%	46.27%	0.00%	0.00%	50.24%	0.00%	39.41%	31.09%	48.65%

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	53.74%	42.36%	0.00%	0.00%	72.89%	0.00%	35.87%	43.10%	52.75%
Superior	50.42%	42.86%	0.00%	0.00%	61.50%	0.00%	39.47%	42.65%	49.06%
West Total	51.69%	42.68%	0.00%	0.00%	66.48%	0.00%	38.40%	42.80%	50.45%

## Footnotes

(1) Equals the cost impact from increased CHIRP reimbursement effective 9/1/2021.

(2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	498.44	1,200.72	0.00	0.00	1,454.22	0.00	341.96	2,058.12
Molina	562.13	1,352.04	0.00	0.00	1,313.63	0.00	361.15	4,179.73
Superior	603.74	1,492.98	0.00	0.00	1,476.49	0.00	452.44	2,287.65
Dallas SDA								
Molina	646.92	1,374.08	0.00	0.00	2,015.97	0.00	360.32	1,639.82
Superior	584.03	1,475.18	0.00	0.00	1,898.30	0.00	363.06	3,256.45
El Paso SDA								
Amerigroup	587.42	1,158.02	0.00	0.00	1,614.84	0.00	557.68	2,280.26
Molina	664.72	1,509.80	0.00	0.00	2,448.51	0.00	797.74	1,342.89
Harris SDA								
Amerigroup	667.40	1,754.21	0.00	0.00	2,046.65	0.00	381.58	3,000.23
Molina	695.63	2,013.34	0.00	0.00	1,703.19	0.00	383.13	2,655.50
United	692.57	1,500.04	0.00	0.00	1,549.38	0.00	406.15	2,298.90
Hidalgo SDA								
Health Spring	563.60	1,072.70	0.00	0.00	2,512.14	0.00	340.22	1,097.21
Molina	669.39	1,168.54	0.00	0.00	2,363.90	0.00	318.53	1,959.37
Superior	546.72	1,403.48	0.00	0.00	2,494.22	0.00	634.44	2,107.12
Jefferson SDA								
Amerigroup	543.20	1,551.90	0.00	0.00	1,620.09	0.00	475.93	2,537.63
Molina	631.49	1,747.11	0.00	0.00	2,056.96	0.00	289.69	2,690.25
United	605.15	1,341.42	0.00	0.00	1,082.60	0.00	259.30	2,796.76
Lubbock SDA								
Amerigroup	648.00	1,421.26	0.00	0.00	1,291.56	0.00	357.40	2,887.70
Superior	610.40	1,548.78	0.00	0.00	1,437.23	0.00	398.50	2,001.21
Nueces SDA								
Superior	546.73	1,411.59	0.00	0.00	1,297.83	0.00	447.27	2,164.25
United	536.11	1,152.28	0.00	0.00	1,060.80	0.00	369.10	2,005.87

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Tarrant SDA								
Amerigroup	606.35	1,508.81	0.00	0.00	1,605.18	0.00	387.95	2,240.36
Health Spring	621.07	1,575.14	0.00	0.00	1,619.84	0.00	325.09	2,788.23
Travis SDA								
Amerigroup	533.08	1,528.35	0.00	0.00	1,084.28	0.00	428.53	1,875.56
United	577.28	1,200.27	0.00	0.00	900.57	0.00	308.87	2,436.37
MRSA Central SDA								
Superior	555.99	1,470.02	0.00	0.00	1,503.66	0.00	412.07	2,369.06
United	597.10	1,560.67	0.00	0.00	1,177.57	0.00	414.14	2,728.51
MRSA Northeast SDA								
Health Spring	578.76	1,435.99	0.00	0.00	1,827.90	0.00	381.84	2,671.80
United	537.72	1,375.02	0.00	0.00	1,450.11	0.00	354.35	2,076.85
MRSA West SDA								
Amerigroup	566.26	1,673.36	0.00	0.00	1,662.68	0.00	408.89	1,796.14
Superior	592.37	1,516.73	0.00	0.00	1,443.24	0.00	479.79	2,593.61
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.4149	0.3741	0.0000	0.0000	0.6160	0.0000	0.3603	0.1729
Molina	0.4219	0.3546	0.0000	0.0000	0.4941	0.0000	0.2992	0.2213
Superior	0.4135	0.3675	0.0000	0.0000	0.5685	0.0000	0.3491	0.1770
Dallas SDA								
Molina	0.5514	0.5776	0.0000	0.0000	0.5815	0.0000	0.3363	0.4837
Superior	0.9855	0.7900	0.0000	0.0000	1.3991	0.0000	0.6595	0.6396
El Paso SDA								
Amerigroup	0.4583	0.3778	0.0000	0.0000	0.7770	0.0000	0.4314	0.2817
Molina	0.4818	0.4030	0.0000	0.0000	0.8524	0.0000	0.3993	0.3170

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.6674	0.6563	0.0000	0.0000	0.8677	0.0000	0.5566	0.3625
Molina	0.4540	0.4111	0.0000	0.0000	0.4723	0.0000	0.3216	0.2094
United	0.6369	0.4768	0.0000	0.0000	0.7027	0.0000	0.5081	0.2659
Hidalgo SDA								
Health Spring	0.4262	0.3448	0.0000	0.0000	0.5139	0.0000	0.3198	0.3291
Molina	0.3858	0.4450	0.0000	0.0000	0.7687	0.0000	0.2660	0.3482
Superior	0.4612	0.3733	0.0000	0.0000	0.6758	0.0000	0.3279	0.3993
Jefferson SDA								
Amerigroup	0.5915	0.5019	0.0000	0.0000	0.7717	0.0000	0.3880	0.3196
Molina	0.4636	0.4297	0.0000	0.0000	0.5010	0.0000	0.2340	0.4123
United	0.5942	0.4621	0.0000	0.0000	0.6121	0.0000	0.3590	0.3582
Lubbock SDA								
Amerigroup	0.4158	0.3047	0.0000	0.0000	0.2341	0.0000	0.2265	1.1132
Superior	0.3210	0.1826	0.0000	0.0000	0.1459	0.0000	0.1209	0.8693
Nueces SDA								
Superior	0.4275	0.3194	0.0000	0.0000	0.5080	0.0000	0.3098	0.4177
United	0.4395	0.3726	0.0000	0.0000	0.4696	0.0000	0.4119	0.3608
Tarrant SDA								
Amerigroup	0.8011	0.7005	0.0000	0.0000	0.9249	0.0000	0.6413	0.2920
Health Spring	0.6889	0.6672	0.0000	0.0000	0.7302	0.0000	0.4612	0.2087
Travis SDA								
Amerigroup	0.5296	0.5191	0.0000	0.0000	0.6059	0.0000	0.6651	0.3308
United	0.6871	0.5270	0.0000	0.0000	0.6882	0.0000	0.5392	0.3241
MRSA Central SDA								
Superior	0.5214	0.4610	0.0000	0.0000	0.5012	0.0000	0.4169	0.5364
United	0.5840	0.4450	0.0000	0.0000	0.4791	0.0000	0.4861	0.5428



FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	0.4562	0.4523	0.0000	0.0000	0.5116	0.0000	0.3446	0.3701
United	0.5490	0.4752	0.0000	0.0000	0.4942	0.0000	0.4397	0.2703
MRSA West SDA								
Amerigroup	0.5374	0.4236	0.0000	0.0000	0.7289	0.0000	0.3587	0.4310
Superior	0.5042	0.4286	0.0000	0.0000	0.6150	0.0000	0.3947	0.4265
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	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
CHIRP Premium PMPM (3)								
Bexar SDA								
Amerigroup	220.00	477.86	0.00	0.00	952.98	0.00	131.07	378.56
Molina	252.30	510.03	0.00	0.00	690.50	0.00	114.95	984.01
Superior	265.58	583.69	0.00	0.00	892.96	0.00	168.03	430.76
Dallas SDA								
Molina	379.48	844.33	0.00	0.00	1,247.11	0.00	128.91	843.81
Superior	612.30	1,239.78	0.00	0.00	2,825.43	0.00	254.72	2,215.77
El Paso SDA								
Amerigroup	286.40	465.43	0.00	0.00	1,334.82	0.00	255.94	683.35
Molina	340.70	647.29	0.00	0.00	2,220.33	0.00	338.87	452.87
Harris SDA								
Amerigroup	473.85	1,224.77	0.00	0.00	1,889.23	0.00	225.94	1,157.00
Molina	335.98	880.51	0.00	0.00	855.76	0.00	131.08	591.55
United	469.26	760.87	0.00	0.00	1,158.25	0.00	219.54	650.30

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>		
Hidalgo SDA								
Health Spring	255.54	393.47	0.00	0.00	1,373.39	0.00	115.75	384.14
Molina	274.73	553.19	0.00	0.00	1,933.12	0.00	90.14	725.80
Superior	268.24	557.36	0.00	0.00	1,793.18	0.00	221.31	895.08
Jefferson SDA								
Amerigroup	341.81	828.61	0.00	0.00	1,330.02	0.00	196.45	862.79
Molina	311.45	798.65	0.00	0.00	1,096.32	0.00	72.11	1,179.99
United	382.53	659.43	0.00	0.00	704.96	0.00	99.03	1,065.74
Lubbock SDA								
Amerigroup	286.64	460.70	0.00	0.00	321.65	0.00	86.12	3,419.77
Superior	208.45	300.86	0.00	0.00	223.08	0.00	51.25	1,850.69
Nueces SDA								
Superior	248.64	479.64	0.00	0.00	701.38	0.00	147.41	961.71
United	250.66	456.74	0.00	0.00	529.95	0.00	161.73	769.91
Tarrant SDA								
Amerigroup	516.75	1,124.38	0.00	0.00	1,579.39	0.00	264.67	695.94
Health Spring	455.16	1,118.02	0.00	0.00	1,258.30	0.00	159.50	619.05
Travis SDA								
Amerigroup	300.34	844.01	0.00	0.00	698.90	0.00	303.21	660.04
United	421.97	672.92	0.00	0.00	659.33	0.00	177.17	840.03
MRSA Central SDA								
Superior	308.40	720.94	0.00	0.00	801.74	0.00	182.76	1,351.88
United	370.97	738.83	0.00	0.00	600.18	0.00	214.16	1,575.57

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>		
MRSA Northeast SDA								
Health Spring	280.88	690.96	0.00	0.00	994.84	0.00	139.98	1,051.95
United	314.05	695.12	0.00	0.00	762.39	0.00	165.75	597.20
MRSA West SDA								
Amerigroup	323.73	754.08	0.00	0.00	1,289.29	0.00	156.03	823.55
Superior	317.74	691.57	0.00	0.00	944.25	0.00	201.46	1,176.78

## Footnotes

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

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	499.35	1,202.05	0.00	0.00	1,461.66	0.00	343.51	2,058.73
Molina	563.15	1,353.53	0.00	0.00	1,320.35	0.00	362.78	4,180.98
Superior	604.83	1,494.63	0.00	0.00	1,484.04	0.00	454.49	2,288.34
Dallas SDA								
Molina	647.31	1,374.63	0.00	0.00	2,023.24	0.00	360.65	1,640.31
Superior	584.39	1,475.78	0.00	0.00	1,905.15	0.00	363.38	3,257.42
El Paso SDA								
Amerigroup	588.26	1,158.84	0.00	0.00	1,618.08	0.00	558.13	2,280.48
Molina	665.66	1,510.87	0.00	0.00	2,453.42	0.00	798.39	1,343.02
Harris SDA								
Amerigroup	668.14	1,755.45	0.00	0.00	2,054.83	0.00	382.66	3,000.83
Molina	696.41	2,014.76	0.00	0.00	1,710.00	0.00	384.22	2,656.03
United	693.35	1,501.09	0.00	0.00	1,555.58	0.00	407.31	2,299.36
Hidalgo SDA								
Health Spring	564.34	1,073.34	0.00	0.00	2,517.15	0.00	340.66	1,097.54
Molina	670.26	1,169.24	0.00	0.00	2,368.62	0.00	318.95	1,959.96
Superior	547.43	1,404.32	0.00	0.00	2,499.19	0.00	635.27	2,107.76
Jefferson SDA								
Amerigroup	543.69	1,552.51	0.00	0.00	1,625.70	0.00	477.20	2,537.88
Molina	632.05	1,747.80	0.00	0.00	2,064.09	0.00	290.47	2,690.52
United	605.69	1,341.95	0.00	0.00	1,086.35	0.00	259.99	2,797.04
Lubbock SDA								
Amerigroup	648.71	1,422.95	0.00	0.00	1,295.43	0.00	359.98	2,888.86
Superior	611.07	1,550.63	0.00	0.00	1,441.53	0.00	401.37	2,002.02
Nueces SDA								
Superior	547.32	1,412.57	0.00	0.00	1,301.40	0.00	448.78	2,164.89
United	536.69	1,153.07	0.00	0.00	1,063.72	0.00	370.35	2,006.47

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Tarrant SDA								
Amerigroup	606.96	1,510.92	0.00	0.00	1,615.46	0.00	388.77	2,240.59
Health Spring	621.69	1,577.35	0.00	0.00	1,630.21	0.00	325.77	2,788.51
Travis SDA								
Amerigroup	533.84	1,530.33	0.00	0.00	1,090.09	0.00	430.07	1,875.94
United	578.10	1,201.83	0.00	0.00	905.40	0.00	309.98	2,436.85
MRSA Central SDA								
Superior	556.88	1,471.33	0.00	0.00	1,508.24	0.00	414.05	2,369.76
United	598.05	1,562.06	0.00	0.00	1,181.16	0.00	416.13	2,729.32
MRSA Northeast SDA								
Health Spring	579.26	1,436.56	0.00	0.00	1,835.66	0.00	382.97	2,672.33
United	538.19	1,375.56	0.00	0.00	1,456.27	0.00	355.40	2,077.26
MRSA West SDA								
Amerigroup	566.99	1,674.33	0.00	0.00	1,664.83	0.00	411.15	1,796.67
Superior	593.13	1,517.62	0.00	0.00	1,445.10	0.00	482.44	2,594.38
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.4149	0.3741	0.0000	0.0000	0.6160	0.0000	0.3603	0.1729
Molina	0.4219	0.3546	0.0000	0.0000	0.4941	0.0000	0.2992	0.2213
Superior	0.4135	0.3675	0.0000	0.0000	0.5685	0.0000	0.3491	0.1770
Dallas SDA								
Molina	0.5514	0.5776	0.0000	0.0000	0.5815	0.0000	0.3363	0.4837
Superior	0.9855	0.7900	0.0000	0.0000	1.3991	0.0000	0.6595	0.6396
El Paso SDA								
Amerigroup	0.4583	0.3778	0.0000	0.0000	0.7770	0.0000	0.4314	0.2817
Molina	0.4818	0.4030	0.0000	0.0000	0.8524	0.0000	0.3993	0.3170

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.6674	0.6563	0.0000	0.0000	0.8677	0.0000	0.5566	0.3625
Molina	0.4540	0.4111	0.0000	0.0000	0.4723	0.0000	0.3216	0.2094
United	0.6369	0.4768	0.0000	0.0000	0.7027	0.0000	0.5081	0.2659
Hidalgo SDA								
Health Spring	0.4262	0.3448	0.0000	0.0000	0.5139	0.0000	0.3198	0.3291
Molina	0.3858	0.4450	0.0000	0.0000	0.7687	0.0000	0.2660	0.3482
Superior	0.4612	0.3733	0.0000	0.0000	0.6758	0.0000	0.3279	0.3993
Jefferson SDA								
Amerigroup	0.5915	0.5019	0.0000	0.0000	0.7717	0.0000	0.3880	0.3196
Molina	0.4636	0.4297	0.0000	0.0000	0.5010	0.0000	0.2340	0.4123
United	0.5942	0.4621	0.0000	0.0000	0.6121	0.0000	0.3590	0.3582
Lubbock SDA								
Amerigroup	0.4158	0.3047	0.0000	0.0000	0.2341	0.0000	0.2265	1.1132
Superior	0.3210	0.1826	0.0000	0.0000	0.1459	0.0000	0.1209	0.8693
Nueces SDA								
Superior	0.4275	0.3194	0.0000	0.0000	0.5080	0.0000	0.3098	0.4177
United	0.4395	0.3726	0.0000	0.0000	0.4696	0.0000	0.4119	0.3608
Tarrant SDA								
Amerigroup	0.8011	0.7005	0.0000	0.0000	0.9249	0.0000	0.6413	0.2920
Health Spring	0.6889	0.6672	0.0000	0.0000	0.7302	0.0000	0.4612	0.2087
Travis SDA								
Amerigroup	0.5296	0.5191	0.0000	0.0000	0.6059	0.0000	0.6651	0.3308
United	0.6871	0.5270	0.0000	0.0000	0.6882	0.0000	0.5392	0.3241
MRSA Central SDA								
Superior	0.5214	0.4610	0.0000	0.0000	0.5012	0.0000	0.4169	0.5364
United	0.5840	0.4450	0.0000	0.0000	0.4791	0.0000	0.4861	0.5428

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	0.4562	0.4523	0.0000	0.0000	0.5116	0.0000	0.3446	0.3701
United	0.5490	0.4752	0.0000	0.0000	0.4942	0.0000	0.4397	0.2703
MRSA West SDA								
Amerigroup	0.5374	0.4236	0.0000	0.0000	0.7289	0.0000	0.3587	0.4310
Superior	0.5042	0.4286	0.0000	0.0000	0.6150	0.0000	0.3947	0.4265
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	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
CHIRP Premium PMPM (3)								
Bexar SDA								
Amerigroup	220.40	478.39	0.00	0.00	957.85	0.00	131.67	378.68
Molina	252.76	510.60	0.00	0.00	694.03	0.00	115.47	984.31
Superior	266.06	584.34	0.00	0.00	897.53	0.00	168.79	430.89
Dallas SDA								
Molina	379.71	844.67	0.00	0.00	1,251.61	0.00	129.03	844.06
Superior	612.68	1,240.28	0.00	0.00	2,835.63	0.00	254.95	2,216.43
El Paso SDA								
Amerigroup	286.81	465.76	0.00	0.00	1,337.50	0.00	256.15	683.42
Molina	341.19	647.74	0.00	0.00	2,224.78	0.00	339.14	452.91
Harris SDA								
Amerigroup	474.38	1,225.64	0.00	0.00	1,896.78	0.00	226.58	1,157.24
Molina	336.35	881.13	0.00	0.00	859.18	0.00	131.45	591.67
United	469.78	761.41	0.00	0.00	1,162.88	0.00	220.16	650.43

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Hidalgo SDA								
Health Spring	255.87	393.71	0.00	0.00	1,376.13	0.00	115.90	384.25
Molina	275.09	553.52	0.00	0.00	1,936.98	0.00	90.26	726.02
Superior	268.59	557.70	0.00	0.00	1,796.76	0.00	221.60	895.35
Jefferson SDA								
Amerigroup	342.12	828.94	0.00	0.00	1,334.63	0.00	196.97	862.88
Molina	311.72	798.97	0.00	0.00	1,100.12	0.00	72.31	1,180.11
United	382.87	659.70	0.00	0.00	707.40	0.00	99.30	1,065.85
Lubbock SDA								
Amerigroup	286.95	461.25	0.00	0.00	322.62	0.00	86.74	3,421.15
Superior	208.68	301.22	0.00	0.00	223.74	0.00	51.62	1,851.44
Nueces SDA								
Superior	248.91	479.97	0.00	0.00	703.31	0.00	147.91	962.00
United	250.93	457.06	0.00	0.00	531.41	0.00	162.28	770.14
Tarrant SDA								
Amerigroup	517.27	1,125.96	0.00	0.00	1,589.51	0.00	265.23	696.01
Health Spring	455.62	1,119.58	0.00	0.00	1,266.36	0.00	159.83	619.11
Travis SDA								
Amerigroup	300.77	845.10	0.00	0.00	702.65	0.00	304.30	660.17
United	422.57	673.79	0.00	0.00	662.87	0.00	177.81	840.20
MRSA Central SDA								
Superior	308.89	721.58	0.00	0.00	804.18	0.00	183.64	1,352.28
United	371.56	739.49	0.00	0.00	602.01	0.00	215.19	1,576.04



## FY2022 STAR+PLUS Rating - Medical

## CHIRP Adjustment

## Calculation of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	281.13	691.23	0.00	0.00	999.07	0.00	140.39	1,052.16
United	314.33	695.39	0.00	0.00	765.63	0.00	166.24	597.32
MRSA West SDA								
Amerigroup	324.15	754.52	0.00	0.00	1,290.95	0.00	156.89	823.79
Superior	318.14	691.97	0.00	0.00	945.47	0.00	202.57	1,177.13

## Footnotes

(1) Projected claims pmpm based on individual MCO rating described in Attachment 2.

(2) From Exhibit B-Revised.

(3) (1) x (2) divided by (1 - non-benefit component).

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total CHIRP Premium PMPM (1)								
Amerigroup - Bexar	220.00	477.86	0.00	0.00	952.98	0.00	131.07	378.56
Molina - Bexar	252.30	510.03	0.00	0.00	690.50	0.00	114.95	984.01
Superior - Bexar	265.58	583.69	0.00	0.00	892.96	0.00	168.03	430.76
Molina - Dallas	379.48	844.33	0.00	0.00	1,247.11	0.00	128.91	843.81
Superior - Dallas	612.30	1,239.78	0.00	0.00	2,825.43	0.00	254.72	2,215.77
Amerigroup - El Paso	286.40	465.43	0.00	0.00	1,334.82	0.00	255.94	683.35
Molina - El Paso	340.70	647.29	0.00	0.00	2,220.33	0.00	338.87	452.87
Amerigroup - Harris	473.85	1,224.77	0.00	0.00	1,889.23	0.00	225.94	1,157.00
Molina - Harris	335.98	880.51	0.00	0.00	855.76	0.00	131.08	591.55
United - Harris	469.26	760.87	0.00	0.00	1,158.25	0.00	219.54	650.30
Health Spring - Hidalgo*	255.54	393.47	0.00	0.00	1,373.39	0.00	115.75	384.14
Molina - Hidalgo*	274.73	553.19	0.00	0.00	1,933.12	0.00	90.14	725.80
Superior - Hidalgo	268.24	557.36	0.00	0.00	1,793.18	0.00	221.31	895.08
Amerigroup - Jefferson	341.81	828.61	0.00	0.00	1,330.02	0.00	196.45	862.79
Molina - Jefferson	311.45	798.65	0.00	0.00	1,096.32	0.00	72.11	1,179.99
United - Jefferson	382.53	659.43	0.00	0.00	704.96	0.00	99.03	1,065.74
Amerigroup - Lubbock	286.64	460.70	0.00	0.00	321.65	0.00	86.12	3,419.77
Superior - Lubbock	208.45	300.86	0.00	0.00	223.08	0.00	51.25	1,850.69
Superior - Nueces	248.64	479.64	0.00	0.00	701.38	0.00	147.41	961.71
United - Nueces	250.66	456.74	0.00	0.00	529.95	0.00	161.73	769.91
Amerigroup - Tarrant	516.75	1,124.38	0.00	0.00	1,579.39	0.00	264.67	695.94
Health Spring - Tarrant	455.16	1,118.02	0.00	0.00	1,258.30	0.00	159.50	619.05
Amerigroup - Travis	300.34	844.01	0.00	0.00	698.90	0.00	303.21	660.04
United - Travis	421.97	672.92	0.00	0.00	659.33	0.00	177.17	840.03
Superior - Central	308.40	720.94	0.00	0.00	801.74	0.00	182.76	1,351.88
United - Central	370.97	738.83	0.00	0.00	600.18	0.00	214.16	1,575.57
Health Spring - Northeast	280.88	690.96	0.00	0.00	994.84	0.00	139.98	1,051.95
United - Northeast	314.05	695.12	0.00	0.00	762.39	0.00	165.75	597.20
Amerigroup - West	323.73	754.08	0.00	0.00	1,289.29	0.00	156.03	823.55
Superior - West	317.74	691.57	0.00	0.00	944.25	0.00	201.46	1,176.78

(1) From Exhibit C.1 - Revised

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
UHRIP Premium PMPM (2)								
Amerigroup - Bexar	121.53	219.20	0.00	0.00	374.69	0.00	68.65	249.16
Molina - Bexar	145.08	292.85	0.00	0.00	313.87	0.00	66.93	843.95
Superior - Bexar	148.17	301.93	0.00	0.00	414.20	0.00	84.95	336.58
Molina - Dallas	177.08	385.91	0.00	0.00	529.73	0.00	60.03	420.60
Superior - Dallas	185.27	375.07	0.00	0.00	747.61	0.00	79.68	1,028.55
Amerigroup - El Paso	72.87	86.48	0.00	0.00	143.45	0.00	42.72	427.91
Molina - El Paso	78.56	127.53	0.00	0.00	259.44	0.00	52.45	241.43
Amerigroup - Harris	471.65	1,224.59	0.00	0.00	1,853.96	0.00	225.82	1,154.77
Molina - Harris	333.53	879.87	0.00	0.00	819.89	0.00	127.61	591.55
United - Harris	463.80	726.56	0.00	0.00	1,145.55	0.00	210.72	645.65
Health Spring - Hidalgo*	144.68	212.71	0.00	0.00	815.11	0.00	61.42	278.62
Molina - Hidalgo*	148.33	301.95	0.00	0.00	917.90	0.00	49.95	546.12
Superior - Hidalgo	155.29	325.79	0.00	0.00	997.16	0.00	123.51	577.44
Amerigroup - Jefferson	290.96	707.60	0.00	0.00	1,155.60	0.00	186.02	780.46
Molina - Jefferson	260.73	668.55	0.00	0.00	844.89	0.00	60.00	999.69
United - Jefferson	316.87	565.11	0.00	0.00	559.96	0.00	83.80	938.70
Amerigroup - Lubbock	160.55	257.79	0.00	0.00	193.60	0.00	43.61	1,648.75
Superior - Lubbock	94.16	174.48	0.00	0.00	154.73	0.00	32.64	880.53
Superior - Nueces	123.77	227.36	0.00	0.00	298.78	0.00	71.90	608.06
United - Nueces	138.53	245.04	0.00	0.00	235.07	0.00	102.52	558.02
Amerigroup - Tarrant	243.25	490.04	0.00	0.00	632.00	0.00	115.64	347.73
Health Spring - Tarrant	220.15	461.65	0.00	0.00	524.03	0.00	77.88	395.99
Amerigroup - Travis	127.20	331.85	0.00	0.00	251.35	0.00	57.72	407.44
United - Travis	198.24	233.16	0.00	0.00	220.64	0.00	69.76	543.00
Superior - Central	192.76	418.80	0.00	0.00	388.87	0.00	101.13	873.53
United - Central	259.17	424.20	0.00	0.00	337.74	0.00	148.12	1,241.47
Health Spring - Northeast	146.04	342.81	0.00	0.00	423.53	0.00	71.01	599.45
United - Northeast	178.08	411.63	0.00	0.00	367.16	0.00	83.16	339.81
Amerigroup - West	141.02	319.01	0.00	0.00	446.98	0.00	85.13	448.08
Superior - West	113.24	247.52	0.00	0.00	291.10	0.00	66.71	563.70

(2) UHRIP component of total CHIRP premium rate.

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 9/1/2021-2/28/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
ACIA Premium PMPM (3)								
Amerigroup - Bexar	98.47	258.66	0.00	0.00	578.29	0.00	62.42	129.40
Molina - Bexar	107.22	217.18	0.00	0.00	376.63	0.00	48.02	140.06
Superior - Bexar	117.41	281.76	0.00	0.00	478.76	0.00	83.08	94.18
Molina - Dallas	202.40	458.42	0.00	0.00	717.38	0.00	68.88	423.21
Superior - Dallas	427.03	864.71	0.00	0.00	2,077.82	0.00	175.04	1,187.22
Amerigroup - El Paso	213.53	378.95	0.00	0.00	1,191.37	0.00	213.22	255.44
Molina - El Paso	262.14	519.76	0.00	0.00	1,960.89	0.00	286.42	211.44
Amerigroup - Harris	2.20	0.18	0.00	0.00	35.27	0.00	0.12	2.23
Molina - Harris	2.45	0.64	0.00	0.00	35.87	0.00	3.47	0.00
United - Harris	5.46	34.31	0.00	0.00	12.70	0.00	8.82	4.65
Health Spring - Hidalgo*	110.86	180.76	0.00	0.00	558.28	0.00	54.33	105.52
Molina - Hidalgo*	126.40	251.24	0.00	0.00	1,015.22	0.00	40.19	179.68
Superior - Hidalgo	112.95	231.57	0.00	0.00	796.02	0.00	97.80	317.64
Amerigroup - Jefferson	50.85	121.01	0.00	0.00	174.42	0.00	10.43	82.33
Molina - Jefferson	50.72	130.10	0.00	0.00	251.43	0.00	12.11	180.30
United - Jefferson	65.66	94.32	0.00	0.00	145.00	0.00	15.23	127.04
Amerigroup - Lubbock	126.09	202.91	0.00	0.00	128.05	0.00	42.51	1,771.02
Superior - Lubbock	114.29	126.38	0.00	0.00	68.35	0.00	18.61	970.16
Superior - Nueces	124.87	252.28	0.00	0.00	402.60	0.00	75.51	353.65
United - Nueces	112.13	211.70	0.00	0.00	294.88	0.00	59.21	211.89
Amerigroup - Tarrant	273.50	634.34	0.00	0.00	947.39	0.00	149.03	348.21
Health Spring - Tarrant	235.01	656.37	0.00	0.00	734.27	0.00	81.62	223.06
Amerigroup - Travis	173.14	512.16	0.00	0.00	447.55	0.00	245.49	252.60
United - Travis	223.73	439.76	0.00	0.00	438.69	0.00	107.41	297.03
Superior - Central	115.64	302.14	0.00	0.00	412.87	0.00	81.63	478.35
United - Central	111.80	314.63	0.00	0.00	262.44	0.00	66.04	334.10
Health Spring - Northeast	134.84	348.15	0.00	0.00	571.31	0.00	68.97	452.50
United - Northeast	135.97	283.49	0.00	0.00	395.23	0.00	82.59	257.39
Amerigroup - West	182.71	435.07	0.00	0.00	842.31	0.00	70.90	375.47
Superior - West	204.50	444.05	0.00	0.00	653.15	0.00	134.75	613.08

(3) ACIA component of total CHIRP premium rate.

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total CHIRP Premium PMPM (1)								
Amerigroup - Bexar	220.40	478.39	0.00	0.00	957.85	0.00	131.67	378.68
Molina - Bexar	252.76	510.60	0.00	0.00	694.03	0.00	115.47	984.31
Superior - Bexar	266.06	584.34	0.00	0.00	897.53	0.00	168.79	430.89
Molina - Dallas	379.71	844.67	0.00	0.00	1,251.61	0.00	129.03	844.06
Superior - Dallas	612.68	1,240.28	0.00	0.00	2,835.63	0.00	254.95	2,216.43
Amerigroup - El Paso	286.81	465.76	0.00	0.00	1,337.50	0.00	256.15	683.42
Molina - El Paso	341.19	647.74	0.00	0.00	2,224.78	0.00	339.14	452.91
Amerigroup - Harris	474.38	1,225.64	0.00	0.00	1,896.78	0.00	226.58	1,157.24
Molina - Harris	336.35	881.13	0.00	0.00	859.18	0.00	131.45	591.67
United - Harris	469.78	761.41	0.00	0.00	1,162.88	0.00	220.16	650.43
Health Spring - Hidalgo*	255.87	393.71	0.00	0.00	1,376.13	0.00	115.90	384.25
Molina - Hidalgo*	275.09	553.52	0.00	0.00	1,936.98	0.00	90.26	726.02
Superior - Hidalgo	268.59	557.70	0.00	0.00	1,796.76	0.00	221.60	895.35
Amerigroup - Jefferson	342.12	828.94	0.00	0.00	1,334.63	0.00	196.97	862.88
Molina - Jefferson	311.72	798.97	0.00	0.00	1,100.12	0.00	72.31	1,180.11
United - Jefferson	382.87	659.70	0.00	0.00	707.40	0.00	99.30	1,065.85
Amerigroup - Lubbock	286.95	461.25	0.00	0.00	322.62	0.00	86.74	3,421.15
Superior - Lubbock	208.68	301.22	0.00	0.00	223.74	0.00	51.62	1,851.44
Superior - Nueces	248.91	479.97	0.00	0.00	703.31	0.00	147.91	962.00
United - Nueces	250.93	457.06	0.00	0.00	531.41	0.00	162.28	770.14
Amerigroup - Tarrant	517.27	1,125.96	0.00	0.00	1,589.51	0.00	265.23	696.01
Health Spring - Tarrant	455.62	1,119.58	0.00	0.00	1,266.36	0.00	159.83	619.11
Amerigroup - Travis	300.77	845.10	0.00	0.00	702.65	0.00	304.30	660.17
United - Travis	422.57	673.79	0.00	0.00	662.87	0.00	177.81	840.20
Superior - Central	308.89	721.58	0.00	0.00	804.18	0.00	183.64	1,352.28
United - Central	371.56	739.49	0.00	0.00	602.01	0.00	215.19	1,576.04
Health Spring - Northeast	281.13	691.23	0.00	0.00	999.07	0.00	140.39	1,052.16
United - Northeast	314.33	695.39	0.00	0.00	765.63	0.00	166.24	597.32
Amerigroup - West	324.15	754.52	0.00	0.00	1,290.95	0.00	156.89	823.79
Superior - West	318.14	691.97	0.00	0.00	945.47	0.00	202.57	1,177.13

(1) From Exhibit C.2 - Revised

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
UHRIP Premium PMPM (2)								
Amerigroup - Bexar	121.76	219.44	0.00	0.00	376.61	0.00	68.96	249.24
Molina - Bexar	145.34	293.17	0.00	0.00	315.48	0.00	67.23	844.20
Superior - Bexar	148.44	302.27	0.00	0.00	416.32	0.00	85.34	336.68
Molina - Dallas	177.18	386.07	0.00	0.00	531.64	0.00	60.08	420.72
Superior - Dallas	185.39	375.22	0.00	0.00	750.30	0.00	79.75	1,028.86
Amerigroup - El Paso	72.97	86.54	0.00	0.00	143.73	0.00	42.75	427.95
Molina - El Paso	78.68	127.62	0.00	0.00	259.96	0.00	52.49	241.46
Amerigroup - Harris	472.18	1,225.45	0.00	0.00	1,861.37	0.00	226.46	1,155.00
Molina - Harris	333.91	880.49	0.00	0.00	823.16	0.00	127.98	591.67
United - Harris	464.32	727.07	0.00	0.00	1,150.14	0.00	211.32	645.78
Health Spring - Hidalgo*	144.87	212.84	0.00	0.00	816.74	0.00	61.50	278.70
Molina - Hidalgo*	148.53	302.14	0.00	0.00	919.73	0.00	50.01	546.29
Superior - Hidalgo	155.49	325.98	0.00	0.00	999.14	0.00	123.68	577.61
Amerigroup - Jefferson	291.22	707.88	0.00	0.00	1,159.61	0.00	186.51	780.53
Molina - Jefferson	260.96	668.81	0.00	0.00	847.81	0.00	60.16	999.79
United - Jefferson	317.15	565.33	0.00	0.00	561.90	0.00	84.03	938.79
Amerigroup - Lubbock	160.73	258.10	0.00	0.00	194.18	0.00	43.92	1,649.42
Superior - Lubbock	94.26	174.69	0.00	0.00	155.20	0.00	32.88	880.89
Superior - Nueces	123.90	227.51	0.00	0.00	299.60	0.00	72.14	608.24
United - Nueces	138.68	245.21	0.00	0.00	235.72	0.00	102.87	558.18
Amerigroup - Tarrant	243.49	490.73	0.00	0.00	636.05	0.00	115.89	347.77
Health Spring - Tarrant	220.37	462.30	0.00	0.00	527.39	0.00	78.05	396.03
Amerigroup - Travis	127.38	332.28	0.00	0.00	252.69	0.00	57.92	407.52
United - Travis	198.52	233.46	0.00	0.00	221.82	0.00	70.01	543.11
Superior - Central	193.07	419.17	0.00	0.00	390.06	0.00	101.62	873.79
United - Central	259.58	424.58	0.00	0.00	338.77	0.00	148.83	1,241.84
Health Spring - Northeast	146.17	342.94	0.00	0.00	425.33	0.00	71.22	599.57
United - Northeast	178.23	411.79	0.00	0.00	368.72	0.00	83.40	339.87
Amerigroup - West	141.20	319.19	0.00	0.00	447.56	0.00	85.60	448.21
Superior - West	113.39	247.66	0.00	0.00	291.48	0.00	67.08	563.86

(2) UHRIP component of total CHIRP premium rate.

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM - 3/1/2022-8/31/2022

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
ACIA Premium PMPM (3)								
Amerigroup - Bexar	98.64	258.95	0.00	0.00	581.24	0.00	62.71	129.44
Molina - Bexar	107.42	217.43	0.00	0.00	378.55	0.00	48.24	140.11
Superior - Bexar	117.62	282.07	0.00	0.00	481.21	0.00	83.45	94.21
Molina - Dallas	202.53	458.60	0.00	0.00	719.97	0.00	68.95	423.34
Superior - Dallas	427.29	865.06	0.00	0.00	2,085.33	0.00	175.20	1,187.57
Amerigroup - El Paso	213.84	379.22	0.00	0.00	1,193.77	0.00	213.40	255.47
Molina - El Paso	262.51	520.12	0.00	0.00	1,964.82	0.00	286.65	211.45
Amerigroup - Harris	2.20	0.19	0.00	0.00	35.41	0.00	0.12	2.24
Molina - Harris	2.44	0.64	0.00	0.00	36.02	0.00	3.47	0.00
United - Harris	5.46	34.34	0.00	0.00	12.74	0.00	8.84	4.65
Health Spring - Hidalgo*	111.00	180.87	0.00	0.00	559.39	0.00	54.40	105.55
Molina - Hidalgo*	126.56	251.38	0.00	0.00	1,017.25	0.00	40.25	179.73
Superior - Hidalgo	113.10	231.72	0.00	0.00	797.62	0.00	97.92	317.74
Amerigroup - Jefferson	50.90	121.06	0.00	0.00	175.02	0.00	10.46	82.35
Molina - Jefferson	50.76	130.16	0.00	0.00	252.31	0.00	12.15	180.32
United - Jefferson	65.72	94.37	0.00	0.00	145.50	0.00	15.27	127.06
Amerigroup - Lubbock	126.22	203.15	0.00	0.00	128.44	0.00	42.82	1,771.73
Superior - Lubbock	114.42	126.53	0.00	0.00	68.54	0.00	18.74	970.55
Superior - Nueces	125.01	252.46	0.00	0.00	403.71	0.00	75.77	353.76
United - Nueces	112.25	211.85	0.00	0.00	295.69	0.00	59.41	211.96
Amerigroup - Tarrant	273.78	635.23	0.00	0.00	953.46	0.00	149.34	348.24
Health Spring - Tarrant	235.25	657.28	0.00	0.00	738.97	0.00	81.78	223.08
Amerigroup - Travis	173.39	512.82	0.00	0.00	449.96	0.00	246.38	252.65
United - Travis	224.05	440.33	0.00	0.00	441.05	0.00	107.80	297.09
Superior - Central	115.82	302.41	0.00	0.00	414.12	0.00	82.02	478.49
United - Central	111.98	314.91	0.00	0.00	263.24	0.00	66.36	334.20
Health Spring - Northeast	134.96	348.29	0.00	0.00	573.74	0.00	69.17	452.59
United - Northeast	136.10	283.60	0.00	0.00	396.91	0.00	82.84	257.45
Amerigroup - West	182.95	435.33	0.00	0.00	843.39	0.00	71.29	375.58
Superior - West	204.75	444.31	0.00	0.00	653.99	0.00	135.49	613.27

(3) ACIA component of total CHIRP premium rate.

\*Prior to the blending of the Hidalgo rates due to Molina/Health Spring acquisition.

**Texas Health and Human Services Commission  
State Fiscal Year 2022 Directed Payment Programs**

## **Texas Incentives for Physicians and Professional Services**

### **Overview**

#### **Program Description**

The Texas Incentives for Physicians and Professional Services (TIPPS) program is a directed payment program designed to provide rate enhancements to physician groups and to advance the goals and objectives of the state's managed care quality strategy.

The TIPPS program target beneficiaries include adults and children enrolled in Medicaid STAR, STAR+PLUS, and STAR Kids managed care programs. TIPPS program year one will begin on September 1, 2021. The TIPPS program consists of three program components, and TIPPS funds will be paid to Medicaid Managed Care Organizations (MCOs) through three components of the managed care per member per month (PMPM) capitation rates distributed to TIPPS-participating physician groups. Physician groups are required to report on quality metrics as a condition of participation in the program. The quantitative and qualitative data will be used to monitor provider-level progress toward state quality objectives and to evaluate the program.

#### **Eligible Provider Classes**

(1) Health-Related Institution (HRI) physician groups, (2) Indirect Medical Education (IME) physician groups, and (3) other physician groups. Only HRI and IME physician groups are eligible for Components 1 and 2. All physician groups are eligible for Component 3.

#### **Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

#### **Program Funding Estimated for SFY 2022**

\$586,455,951\*

\*Based on HHSC System Forecasting caseload projection as of August 2021.

The program is paid using joint state and federal funds. The state funds are provided by local governmental entities via an Intergovernmental Transfer (IGT) and Local Provider Participation Funds (LPPF); no state General Revenue Funds are used.

#### **History**

HHSC proposed the TIPPS program as a part of an effort to replace the Texas Delivery System Reform Incentive Payment (DSRIP) program and the Network Access Improvement Program (NAIP), which are ending in state fiscal years 2022 and 2023, respectively. The TIPPS program is intended to support access and improve outpatient care for Medicaid managed care members and expand successful innovations from DSRIP to a broader base of physician practice groups



across the state to improve primary care, chronic care, maternal health, behavioral health, and social drivers of health (SDOH).

The rules for the TIPPS program are in the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1309, and §353.1311. Rules for the TIPPS program are promulgated on an as-needed basis rather than an annual basis.

## **Program Design**

### **Delivery System**

The TIPPS program uses the Medicaid MCO delivery system to provide increased Medicaid payments for TIPPS-participating physician groups.

### **Alignment with HHSC Quality Strategy**

TIPPS is designed to advance the following goals from the Texas Medicaid Quality Strategy: (1) promote optimal health for Texans; and (3) promote effective practices for people with chronic, complex, and serious conditions.

### **Directed Payment Arrangement**

TIPPS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment 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.

- Component 1 is a uniform dollar increase paid monthly that includes structure measures on quality improvement activities (65 percent of total program value). HRIs and IMEs are eligible to participate in Component 1.
- Component 2 is a uniform rate enhancement paid semiannually that includes measures focused on primary care and chronic care (25 percent of total program value). HRIs and IMEs are eligible to participate in Component 2.
- Component 3 is a uniform rate enhancement for certain outpatient services that includes measures focused on maternal health, chronic care, behavioral health, and social determinates of health (10 percent of total program value). Component 3 rate enhancements will be applied to the following 9 CPT codes that align with the measures: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 92215. All physician groups otherwise eligible to participate in TIPPS and enrolled with an MCO for the delivery of Medicaid covered benefits are eligible to participate in Component 3.
- Physician practice groups must have a minimum denominator volume of 30 Medicaid patients in at least 50 percent of the quality metrics in CY2021 in each Component 2 and 3 to be eligible to participate in the Component.

### **Capitation Rate Components**

The program is comprised of three payment components payable to three classes of physician groups.

Component 1: Only applicable to Class 1 and Class 2 providers. Component 1 is a uniform dollar increase. It will be equal to 65% of the total program funds. The estimated value of the incentive payment for each provider will be based upon the proportion of historical counts of unique members served by the provider to the total number of members receiving services from participating providers. Payment distribution will be reconciled to actual utilization during the program year following a period of 120 days to allow for claims adjudication and encounter data collection. This component is considered a fee schedule requirement as a uniform dollar increase.

Component 2: Only applicable to Class 1 and Class 2 providers. It will consist of a uniform rate increase paid on a semi-annual basis. This component will be equal to 25% of the total program funds. Payment distribution will be reconciled to actual utilization during the program year following a period of 120 days to allow for claims adjudication and encounter data collection.

Component 3: A uniform rate increase limited to professional encounters that is available to all provider classes. The rate increase will be applicable to CPT codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. This component is considered a fee schedule requirement as a uniform percentage increase.

A breakdown of the TIPPS Year One anticipated funding is below:

<b>TIPPS Year 1 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 586,455,951</b>
Federal Share Funds (67.64%)	\$ 396,681,240
Non-Federal Share Funds (32.36%)	\$ 189,774,712
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50%	\$ 14,661,399
MCO Risk Margin STAR = 1.50 %	\$ 6,183,120
MCO Risk Margin STAR+PLUS = 1.75%	\$ 2,076,320
MCO Risk Margin STAR Kids = 1.75%	\$ 973,019
MCO Premium Tax = 1.75%	\$ 10,262,979
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 34,156,837</b>
IGT Funds Needed for Pool Size	\$ 189,774,712
<b>Available Funds for Program Components</b>	
Component 1	
61.21% of Total Funds	\$ 358,944,046

Component 2	
23.54% of Total Funds	\$ 138,055,402
Component 3	
9.43% of Total Funds	\$ 55,299,666

### **Distribution of Payments**

HHSC will calculate the portion of each PMPM associated with each TIPPS-participating physician group broken down by TIPPS capitation rate component and payment period as follows.

Component 1: Monthly payments to TIPPS-participating HRI and IME physician groups will be directed through MCOs. HHSC will reconcile the interim allocation of funds across qualifying HRI and IME physician groups to the actual distribution of Medicaid clients served across these physician groups during the program period as captured by Medicaid MCOs contracted with HHSC for managed care 120 days after the last day of the program period.

Component 2: Semi-annual payments to TIPPS-participating HRI and IME physician groups will be directed through MCOs. HHSC will reconcile the interim allocation of funds across qualifying HRI and IME physician groups to the actual distribution of Medicaid clients served across these physician groups during the program period as captured by Medicaid MCOs contracted with HHSC for managed care 120 days after the last day of the program period.

Component 3: Payments to all TIPPS-participating physician groups is attributed as a uniform rate increase for certain outpatient services. Applicable CPT codes include: 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215.

As a condition of participation, all physician groups participating in TIPPS must report certain quality data.

The MCO will distribute payments to TIPPS-participating physician groups based on program requirements. The MCO must pay the TIPPS-participating physician group the HHSC-calculated payment amounts no later than the date specified by HHSC. Components 1 and 2 are paid by MCOs to providers based on the monthly and semiannual TIPPS scorecards published on the Provider Finance website. Component 3 is paid at adjudication for in-network providers, regardless of SDA, and excludes non-risk payments if and where applicable.

### **Quality Metric Summary**

Component 1 consists of structure measures, while Components 2 and 3 consist of process and outcome measures. The table below identifies the quality measures by program component.

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
Component 1: Uniform Dollar Increase	T1-106	Patient-Centered Medical Home (PCMH) Accreditation or Recognition Status	Structure	NA	NA
	T1-107	Same-day, walk-in, or after-hours appointments in the outpatient setting	Structure	NA	NA
	T1-101	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA
	T1-108	Pre-visit planning and/or standing order protocols	Structure	NA	NA
	T1-109	Patient education focused on disease self-management	Structure	NA	NA
	T1-110	Identification of pregnant women at-risk for Hypertension, Preeclampsia, or Eclampsia; treatment based on best practices; and follow-up with postpartum women diagnosed with Hypertension, Preeclampsia, or Eclampsia	Structure	NA	NA
	T1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	T1-111	Telehealth to provide virtual medical appointments and/or consultations for specialty services, including both physical health and behavioral health services	Structure	NA	NA
Component 2: Uniform Rate Enhancement	T2-104	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	00283	NCQA
	T2-112	Cervical Cancer Screening	Process	0032	NCQA
	T2-113	Childhood Immunization Status	Process	0038	NCQA
	T2-114	Immunization for Adolescents	Process	0407	NCQA
	T2-115	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process	0418	CMS
	T2-116	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Process	0057	NCQA
	T2-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	T2-117	Tobacco Use and Help with Quitting Among Adolescents	Process	2803	NCQA
	T2-118	Chlamydia Screening in Women	Process	0033	NCQA
	T2-119	Controlling High Blood Pressure	Outcome	0018	NCQA
	T3-121	Food Insecurity Screening	Process	NA	Texas HHSC

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
Component 3: T3	T3-122	Maternity Care: Post-Partum Follow-Up and Care Coordination	Process	NA	CMS
	T3-123	Behavioral Health Risk Assessment for Pregnant Women	Process	NA	Texas HHSC
	T3-102	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA
	T3-124	Depression Response at Twelve Months	Outcome	1885	MN Community Measurement
	T3-125	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Process	0024	NCQA

### Reporting Requirements

A TIPPS-participating physician group must report all required quality measures and must have provided at least one Medicaid service to a Medicaid managed care client in each reporting period. As a condition of participation in the program, an enrolled provider must report data for all measures in the components for which it is eligible. A provider that fails to submit the required data by deadlines communicated by HHSC will be determined to be not in compliance with program eligibility requirements, will be removed from the program, and will have all funds that it received recouped.

Component 1: TIPPS-participating IME and HRI physician groups must submit responses to qualitative reporting questions that summarize progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.

Components 2 and 3: For outcome and process measures, a provider must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. A physician practice groups must report rates stratified by the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.

Reported qualitative and numeric data will be used to monitor provider-level progress toward state quality objectives.

**Texas Health and Human Services Commission  
State Fiscal Year 2022 Directed Payment Programs**

## **Rural Access to Primary and Preventive Services**

### **Overview**

#### **Program Description**

The Rural Access to Primary and Preventive Services (RAPPS) program is a directed payment program designed to incentivize the provision of primary and preventive services for Medicaid-enrolled individuals in rural communities of the state and focuses on the management of chronic conditions.

The RAPPS program target population includes adults and children enrolled in Medicaid STAR, STAR+PLUS, and STAR Kids managed care programs. RAPPS program year one will begin on September 1, 2021. RAPPS funds will be paid through two components in the Medicaid Managed Care Organizations' (MCOs) capitation rates and distributed to enrolled RHCs who meet program requirements.

#### **Eligible Provider Classes**

Two classes of rural health clinics (RHCs) are eligible for the program: (1) Hospital-based RHCs, which include non-state government-owned and private RHCs, and (2) free-standing RHCs.

#### **Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

#### **Program Funding Estimated for SFY 2022**

\$10,898,966\*

\*Based on HHSC System Forecasting caseload projection as of August 2021.

The program is paid using joint state and federal funds. The state funds are provided by local governmental entities via an Intergovernmental Transfer (IGT) and Local Provider Participation Funds (LPPF); no state General Revenue Funds are used.

#### **History**

HHSC proposed the RAPPS program to succeed the Texas Delivery System Reform Incentive Payment (DSRIP) program, ending in state fiscal year 2022. The state's approved DSRIP Transition Plan identifies rural health care as a key focus area. The RAPPS program is intended to improve primary and preventive care access and chronic care management for Medicaid enrollees in rural areas and provide the right care, in the right place, at the right time for Medicaid enrollees in rural communities.

The rules for the RAPPS program are in the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1315, and §353.1317. Rules for the RAPPS program are promulgated on an as-needed basis rather than an annual basis.

## **Program Design**

### **Delivery System**

The RAPPS program uses a Medicaid MCO delivery system to provide increased Medicaid payments for RAPPS-participating RHCs. RAPPS funds are paid through the MCO capitation rates and will be distributed to RAPPS-participating RHCs.

### **Alignment with HHSC Quality Strategy**

RAPPS is designed to advance the following goals from the Texas Medicaid Quality Strategy: (1) promote optimal health for Texans; and (2) promote effective practices for people with chronic, complex and serious conditions.

### **Directed Payment Arrangement**

RAPPS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment 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.

Funds under RAPPS will be paid through two components of the MCO's managed care per member per month (PMPM) capitation rates.

- Component 1 is a uniform dollar increase paid prospectively on a monthly basis (75 percent of the total program value). Hospital-based RHCs and free-standing RHCs have different uniform dollar increases.
- Component 2 is a uniform percentage rate increase for certain services. The increase will be consistent across RHCs and RHC classes.

The RHC must have had provided at least one Medicaid service to a Medicaid managed care client for each reporting period to be eligible for payments.

### **Capitation Rate Components**

A minimum of 30 Medicaid managed care encounters in the prior state fiscal year is required for program eligibility and all payment components.

- Component 1 provides a uniform dollar increase on All-Inclusive Clinic Visit, T1015, and office visit codes. Payments will be based on units using each provider's utilization during service period March 1, 2019 to February 2020 with a seven percent increase for estimated enrollment growth among the three Medicaid managed care programs (STAR, STAR+PLUS, and STAR Kids). Payments will be paid prospectively on a monthly basis (equal to 1/12 of the annual amount).

- Component 2 provides a uniform percentage increase on All-Inclusive Clinic Visit, T1015, and office visit MCO payments, for the STAR/STAR+PLUS/STAR Kids programs. Under Component 2, the uniform percent increase will be 3.77 percent for all RHCs.

A breakdown of the RAPPS Year One anticipated funding is below:

<b>RAPPS Year 1 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 10,898,966</b>
Federal Share Funds (67.73%)	\$ 7,381,693
Non-Federal Share Funds (32.27%)	\$ 3,517,273
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50%	\$ 272,474
MCO Risk Margin STAR = 1.50 %	\$ 137,935
MCO Risk Margin STAR+PLUS = 1.75%	\$ 23,737
MCO Risk Margin STAR Kids = 1.75%	\$ 6,071
MCO Premium Tax = 1.75%	\$ 190,732
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 630,949</b>
IGT Funds Needed for Pool Size	\$ 3,517,273
<b>Available Funds for Program Components</b>	
Component 1	
71.11% of Total Funds	\$ 7,749,925
Component 2	
23.10% of Total Funds	\$ 2,518,092

### **Distribution of Payments**

HHSC will calculate the portion of each monthly prospective payment associated with each RAPPS-participating RHC broken down by RAPPS capitation rate component and payment period as follows.

Component 1: Monthly payments to RAPPS-participating RHCs will be paid prospectively. HHSC will reconcile the interim allocation of funds across RAPPS-participating RHCs to the actual Medicaid utilization across these RAPPS-participating RHCs during the program period as captured by Medicaid MCOs contracted with HHSC for managed care 120 days after the last day of the program period.

Component 2: RAPPS-participating RHCs will receive a uniform percent rate increase for certain services. Payment is attributed as a rate increase for specific services. To align with program



goals, Component 2 rate enhancements will be applied to the following codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99244, 99381, 99382, 99383, 99384, 99385, 99386, 99391, 99392, 99393, 99394, 99395, 99396, 99429, G0444, and T1015.

As a condition of participation, all RHCs participating in RAPPS must report certain quality data. Funds are not disbursed when one or more RAPPS-participating RHCs fail(s) to meet reporting requirements. Failure to report will result in removal of the provider from the program and recoupment of all funds previously paid during the program period.

The MCO will distribute payments to a RAPPS-participating RHC based on program requirements. The MCO must pay the RAPPS-participating RHC the HHSC-calculated payment amounts no later than the date specified by HHSC. Component 1 is paid by MCOs to providers based on the monthly RAPPS scorecards published on the [Provider Finance website](#), and component 2 is paid at adjudication for in-network providers, regardless of SDA, and excludes non-risk payments if and where applicable.

### Quality Metric Summary

Component 1 consists of structure measures, while Component 2 consists of process and outcome measures. The table below identifies the quality measures by program component.

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
R1 – Dollar Increase	R1-143	Telehealth to provide virtual medical appointments with a primary care or specialty care provider	Structure	NA	NA
	R1-144	Use of electronic health record (EHR)	Structure	NA	NA
	R1-101	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA
R2 – Percent Increase	R2-102	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA
	R2-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	AMA-PCPI

### Reporting Requirements

A RAPPS-participating RHC must report all data for all measures as a condition of participation in the program. RHCs that fail to submit the required data by the deadlines communicated by HHSC will be determined to be out of compliance with program eligibility requirements, will be removed from the program, and will have all funds they received recouped.

For a structure measure, a RAPPs-participating RHC must submit responses to qualitative reporting questions that summarize the provider’s progress toward implementation. The RHC is not required to implement the quality improvement activity identified in the structure measure.

For process and outcome measures, a RAPPs-participating RHC must submit numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions. Reported qualitative and numeric data will be used to monitor RHC-level progress toward state quality objectives.

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2021 (LTC Only)				
Amerigroup - Bexar	279.50	2,126.16	462.58	2,258.32
Molina - Bexar	320.27	1,932.99	466.72	2,114.77
Superior - Bexar	334.92	2,318.82	493.06	2,362.50
Molina - Dallas	366.08	1,945.25	480.63	2,063.09
Superior - Dallas	256.20	2,011.05	401.72	2,067.78
Amerigroup - El Paso	349.59	2,172.78	582.52	2,300.88
Molina - El Paso	432.00	2,040.46	660.75	2,308.75
Amerigroup - Harris	303.59	2,823.70	395.08	2,676.50
Molina - Harris	313.09	2,764.53	405.28	2,618.52
United - Harris	357.57	2,569.17	443.29	2,485.00
HealthSpring - Hidalgo	817.48	2,912.28	1,056.07	2,773.36
Molina - Hidalgo	758.47	2,811.69	974.02	2,733.72
Superior - Hidalgo	849.88	2,898.20	1,174.76	2,775.03
Amerigroup - Jefferson	198.24	2,204.07	332.56	1,979.78
Molina - Jefferson	233.97	1,934.07	307.44	1,916.61
United - Jefferson	204.58	1,921.64	236.95	1,839.21
Amerigroup - Lubbock	120.59	1,600.44	191.72	1,594.68
Superior - Lubbock	134.90	1,666.10	192.84	1,776.77
Superior - Nueces	410.10	2,267.95	614.13	2,313.58
United - Nueces	481.52	2,295.86	575.06	2,255.86
Amerigroup - Tarrant	199.98	2,099.44	366.35	1,971.21
HealthSpring - Tarrant	202.17	2,155.15	287.38	2,158.97
Amerigroup - Travis	281.38	2,730.00	379.47	2,225.05
United - Travis	215.08	2,530.33	234.10	2,171.81
Superior - MRSA Central	195.75	2,103.49	260.94	1,986.42
United - MRSA Central	187.12	2,132.19	276.88	1,981.81
Health Spring - MRSA Northeast	223.89	2,247.90	279.35	1,969.72
United - MRSA Northeast	238.80	2,102.31	304.98	1,676.50
Amerigroup - MRSA West	157.46	1,961.27	323.13	1,806.30
Superior - MRSA West	160.12	1,849.99	269.69	1,832.89

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services as a Percentage of 3/2019-2/2020 Base Period (1)				
Amerigroup - Bexar	8.0%	65.7%	5.3%	37.2%
Molina - Bexar	4.4%	75.2%	4.1%	55.7%
Superior - Bexar	7.6%	70.2%	4.5%	58.5%
Molina - Dallas	2.5%	67.2%	2.2%	47.4%
Superior - Dallas	6.5%	67.5%	4.2%	46.4%
Amerigroup - El Paso	8.1%	76.3%	5.5%	48.5%
Molina - El Paso	2.6%	76.2%	1.7%	57.4%
Amerigroup - Harris	4.9%	71.6%	3.6%	60.8%
Molina - Harris	3.5%	64.6%	3.4%	60.5%
United - Harris	4.5%	45.8%	4.1%	52.0%
HealthSpring - Hidalgo	3.0%	82.5%	1.7%	54.9%
Molina - Hidalgo	2.6%	79.5%	2.1%	54.8%
Superior - Hidalgo	4.9%	75.0%	3.7%	55.8%
Amerigroup - Jefferson	4.1%	68.4%	5.1%	37.8%
Molina - Jefferson	10.2%	76.3%	7.7%	53.4%
United - Jefferson	3.8%	51.3%	3.5%	25.7%
Amerigroup - Lubbock	13.2%	64.2%	13.1%	33.3%
Superior - Lubbock	13.2%	49.9%	11.7%	44.5%
Superior - Nueces	9.9%	77.1%	6.0%	50.8%
United - Nueces	4.6%	75.6%	3.9%	37.8%
Amerigroup - Tarrant	11.8%	69.8%	9.5%	39.8%
HealthSpring - Tarrant	8.7%	71.2%	5.4%	33.7%
Amerigroup - Travis	9.2%	80.6%	6.1%	50.2%
United - Travis	7.8%	50.2%	7.7%	36.6%
Superior - MRSA Central	9.4%	72.3%	5.9%	38.7%
United - MRSA Central	9.6%	50.0%	5.9%	30.4%
Health Spring - MRSA Northeast	7.6%	77.4%	5.6%	41.2%
United - MRSA Northeast	8.3%	50.4%	6.4%	24.8%
Amerigroup - MRSA West	15.1%	64.1%	12.9%	40.7%
Superior - MRSA West	12.1%	67.2%	6.8%	38.0%

(1) From Exhibit A from original report.

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	22.24	1,397.63	24.52	840.56
Molina - Bexar	14.03	1,453.73	19.23	1,177.13
Superior - Bexar	25.38	1,628.90	22.24	1,382.89
Molina - Dallas	9.10	1,307.78	10.47	978.11
Superior - Dallas	16.66	1,357.53	16.79	959.66
Amerigroup - El Paso	28.23	1,656.98	32.31	1,114.98
Molina - El Paso	11.36	1,554.90	11.36	1,326.30
Amerigroup - Harris	14.94	2,020.98	14.18	1,626.59
Molina - Harris	10.85	1,784.87	13.69	1,583.24
United - Harris	16.11	1,175.69	18.38	1,291.40
HealthSpring - Hidalgo (3)	24.62	2,402.11	18.45	1,522.83
Molina - Hidalgo (3)	19.98	2,235.70	20.94	1,497.55
Superior - Hidalgo	41.85	2,172.31	43.16	1,549.79
Amerigroup - Jefferson	8.12	1,507.00	16.91	749.01
Molina - Jefferson	23.91	1,475.26	23.72	1,024.33
United - Jefferson	7.83	986.63	8.37	473.22
Amerigroup - Lubbock	15.94	1,028.04	25.13	530.88
Superior - Lubbock	17.78	831.32	22.50	791.49
Superior - Nueces	40.45	1,748.82	36.63	1,175.57
United - Nueces	22.04	1,736.48	22.67	852.66
Amerigroup - Tarrant	23.58	1,464.55	34.94	785.04
HealthSpring - Tarrant	17.69	1,534.54	15.54	726.51
Amerigroup - Travis	25.87	2,200.45	23.14	1,116.82
United - Travis	16.84	1,270.59	18.11	795.43
Superior - MRSA Central	18.35	1,521.26	15.38	768.80
United - MRSA Central	17.94	1,066.28	16.21	601.74
Health Spring - MRSA Northeast	16.98	1,740.51	15.68	811.21
United - MRSA Northeast	19.72	1,059.85	19.45	415.98
Amerigroup - MRSA West	23.75	1,256.21	41.59	735.78
Superior - MRSA West	19.40	1,243.85	18.46	696.89

(2) LTC Premium multiplied by CFC eligible percentage.

(3) Hidalgo rates applicable by MCO prior to blending.

Blended rates for the period January 2022 through February 2022 can be found on Attachment 1 Exhibit C - Revised.

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 3/1/2022 (LTC Only)				
Amerigroup - Bexar	337.88	2,552.87	560.36	2,734.05
Molina - Bexar	387.16	2,320.93	565.37	2,560.27
Superior - Bexar	404.87	2,784.20	597.28	2,860.18
Molina - Dallas	447.83	2,335.11	584.40	2,498.50
Superior - Dallas	313.41	2,414.10	488.45	2,504.18
Amerigroup - El Paso	432.76	2,714.72	722.74	2,834.28
Molina - El Paso	534.76	2,549.39	819.82	2,843.97
Amerigroup - Harris	375.69	3,482.34	484.19	3,261.72
Molina - Harris	387.45	3,409.38	496.70	3,191.06
United - Harris	442.49	3,168.45	543.29	3,028.35
HealthSpring - Hidalgo	1,018.23	3,646.23	1,313.44	3,451.17
Molina - Hidalgo	944.72	3,520.30	1,211.38	3,401.83
Superior - Hidalgo	1,058.58	3,628.60	1,461.05	3,453.24
Amerigroup - Jefferson	241.19	2,696.67	402.03	2,406.32
Molina - Jefferson	284.66	2,366.33	371.66	2,329.54
United - Jefferson	248.91	2,351.12	286.45	2,235.46
Amerigroup - Lubbock	139.24	1,856.20	221.02	1,892.18
Superior - Lubbock	155.76	1,932.35	222.31	2,108.25
Superior - Nueces	504.62	2,787.05	753.51	2,841.97
United - Nueces	592.50	2,821.35	705.57	2,771.07
Amerigroup - Tarrant	242.73	2,531.22	443.16	2,369.01
HealthSpring - Tarrant	245.38	2,598.39	347.63	2,594.66
Amerigroup - Travis	341.55	3,322.19	452.01	2,652.06
United - Travis	261.08	3,079.21	278.85	2,588.60
Superior - MRSA Central	231.46	2,560.41	307.74	2,392.20
United - MRSA Central	221.26	2,595.34	326.54	2,386.65
Health Spring - MRSA Northeast	270.09	2,761.53	332.70	2,393.34
United - MRSA Northeast	288.09	2,582.68	363.23	2,037.05
Amerigroup - MRSA West	184.81	2,333.03	386.16	2,178.40
Superior - MRSA West	187.94	2,200.66	322.30	2,210.46

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services as a Percentage of 3/2019-2/2020 Base Period (1)				
Amerigroup - Bexar	8.0%	65.7%	5.3%	37.2%
Molina - Bexar	4.4%	75.2%	4.1%	55.7%
Superior - Bexar	7.6%	70.2%	4.5%	58.5%
Molina - Dallas	2.5%	67.2%	2.2%	47.4%
Superior - Dallas	6.5%	67.5%	4.2%	46.4%
Amerigroup - El Paso	8.1%	76.3%	5.5%	48.5%
Molina - El Paso	2.6%	76.2%	1.7%	57.4%
Amerigroup - Harris	4.9%	71.6%	3.6%	60.8%
Molina - Harris	3.5%	64.6%	3.4%	60.5%
United - Harris	4.5%	45.8%	4.1%	52.0%
HealthSpring - Hidalgo	3.0%	82.5%	1.7%	54.9%
Molina - Hidalgo	2.6%	79.5%	2.1%	54.8%
Superior - Hidalgo	4.9%	75.0%	3.7%	55.8%
Amerigroup - Jefferson	4.1%	68.4%	5.1%	37.8%
Molina - Jefferson	10.2%	76.3%	7.7%	53.4%
United - Jefferson	3.8%	51.3%	3.5%	25.7%
Amerigroup - Lubbock	13.2%	64.2%	13.1%	33.3%
Superior - Lubbock	13.2%	49.9%	11.7%	44.5%
Superior - Nueces	9.9%	77.1%	6.0%	50.8%
United - Nueces	4.6%	75.6%	3.9%	37.8%
Amerigroup - Tarrant	11.8%	69.8%	9.5%	39.8%
HealthSpring - Tarrant	8.7%	71.2%	5.4%	33.7%
Amerigroup - Travis	9.2%	80.6%	6.1%	50.2%
United - Travis	7.8%	50.2%	7.7%	36.6%
Superior - MRSA Central	9.4%	72.3%	5.9%	38.7%
United - MRSA Central	9.6%	50.0%	5.9%	30.4%
Health Spring - MRSA Northeast	7.6%	77.4%	5.6%	41.2%
United - MRSA Northeast	8.3%	50.4%	6.4%	24.8%
Amerigroup - MRSA West	15.1%	64.1%	12.9%	40.7%
Superior - MRSA West	12.1%	67.2%	6.8%	38.0%

(1) From Exhibit A from original report.

FY2022 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	26.88	1,678.12	29.70	1,017.63
Molina - Bexar	16.96	1,745.49	23.30	1,425.11
Superior - Bexar	30.68	1,955.82	26.94	1,674.21
Molina - Dallas	11.13	1,569.88	12.73	1,184.54
Superior - Dallas	20.37	1,629.61	20.41	1,162.19
Amerigroup - El Paso	34.95	2,070.27	40.09	1,373.46
Molina - El Paso	14.07	1,942.72	14.09	1,633.77
Amerigroup - Harris	18.49	2,492.38	17.38	1,982.25
Molina - Harris	13.43	2,201.20	16.78	1,929.41
United - Harris	19.94	1,449.93	22.53	1,573.77
HealthSpring - Hidalgo (3)	30.66	3,007.48	22.95	1,895.02
Molina - Hidalgo (3)	24.89	2,799.15	26.04	1,863.55
Superior - Hidalgo	52.13	2,719.77	53.68	1,928.56
Amerigroup - Jefferson	9.88	1,843.80	20.45	910.38
Molina - Jefferson	29.09	1,804.98	28.67	1,245.02
United - Jefferson	9.53	1,207.14	10.12	575.17
Amerigroup - Lubbock	18.41	1,192.33	28.97	629.91
Superior - Lubbock	20.53	964.17	25.93	939.15
Superior - Nueces	49.77	2,149.10	44.95	1,444.05
United - Nueces	27.12	2,133.94	27.81	1,047.39
Amerigroup - Tarrant	28.61	1,765.76	42.26	943.47
HealthSpring - Tarrant	21.47	1,850.15	18.80	873.12
Amerigroup - Travis	31.41	2,677.77	27.56	1,331.15
United - Travis	20.44	1,546.21	21.57	948.08
Superior - MRSA Central	21.70	1,851.70	18.13	925.85
United - MRSA Central	21.22	1,297.90	19.12	724.67
Health Spring - MRSA Northeast	20.48	2,138.20	18.67	985.67
United - MRSA Northeast	23.79	1,302.02	23.17	505.44
Amerigroup - MRSA West	27.87	1,494.33	49.71	887.35
Superior - MRSA West	22.77	1,479.62	22.06	840.45

(2) LTC Premium multiplied by CFC eligible percentage.

(3) Hidalgo rates applicable by MCO prior to blending.

Blended rates for the period March 2022 through August 2022 can be found on Attachment 1 Exhibit C - Revised.