

**STATE OF TEXAS  
MEDICAID MANAGED CARE  
STAR+PLUS PROGRAM RATE SETTING  
STATE FISCAL YEAR 2022**

Prepared for:

Texas Health and Human Services Commission

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## I. Introduction

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to develop the state fiscal year 2022 (FY2022, September 1, 2021 through August 31, 2022) premium rates for health plans participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

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

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 30 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2022 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2017 and a projection of future enrollment through August 2022. These projections were prepared by HHS Forecasting staff.
- Detailed MCO encounter data for FY2019 and FY2020. The encounter data is a dataset that includes detail claim information for every claim incurred during FY2019 and paid through November 30, 2019 and incurred during FY2020 and paid through November 30, 2020. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, health plan; (2) provider information – type of provider, NPI, bill type, taxonomy code; (3) procedure information – diagnosis, procedure code, claim modifier; and (4) payment information – paid amount, billed amount. This information is used to identify the providers and services which will receive or have received reimbursement changes in order to determine the cost impact of such changes.
- Claim lag reports by SDA and risk group for each health plan for the period September 2017 through February 2021. These reports were prepared by the health plans and include monthly paid claims by month of service. These reports summarize the detail encounter data.
- Financial Statistical Reports (FSR) for each participating health plan for FY2017, FY2018, FY2019, FY2020 and the first six months of FY2021. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the health plan. These reports are prepared by the health plans and are audited by an external audit organization. A health plan that participates in multiple programs and/or service areas submits a separate FSR for each individual area and program

combination.

- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2021) premium rates by risk group for each health plan.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
  - Subcapitated services make up approximately 0.5% of total medical plan cost and are most commonly vision and behavioral health arrangements. Information about these arrangements was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those of other health plans.
- Information from the health plans regarding service coordination expenses.
  - Service Coordination expenses make up approximately 3.5% of total plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.
- March 2019 through February 2020 acuity risk adjustment analysis provided by the EQRO for each health plan.
- March 2019 through February 2020 long term care acuity risk adjustment provided by HHSC Actuarial Analysis staff.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2019 and FY2020 health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information provided by HHSC regarding proposed FY2022 Medicaid provider reimbursement rates.
- Information on the nursing facility eligibility changes effective September 1, 2020 provided by the Program Enrollment and Support Division (PES).

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

specified data points at a more granular level such as subcapitated expenses by type of service, claim lag data by type of service, other medical expenses and large claimant information. The detail encounter data provides claim data at the most granular level including information for individual claims such as provider, procedure code, diagnostic information, etc. The use of these multiple data sources allows for a dynamic, flexible rating model that is not constrained to the data limitation of a single source.

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

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

*The EQRO considers the required data elements for all MCO-SA combinations in all programs to be accurate and complete, meeting the following components of Texas Government Code § 533.0131 for data certification purposes:*

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

Based on the review of the data by the EQRO, HHSC and Rudd and Wisdom, we have concluded that all data sources are consistent, complete and accurate. It is our opinion that the data collected for the rate development is high quality and we have no concerns over the availability or applicability to the FY2022 rate development. The accumulation of data sources noted above has been assigned full credibility.

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

## II. Overview of the Rate Setting Methodology

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

The actuarial model used to derive the FY2022 STAR+PLUS premium rates relies primarily on historical health plan experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. Due to the significant impact of COVID-19 and the public health emergency (PHE) we have made adjustments to the standard base periods used in prior rate settings. Beginning March 2020, all programs experienced significant declines in the average cost due to large scale shutdowns and deferral of services. As a result, we have determined that the March 2020 through August 2020 data is not indicative of future cost patterns. The base period for all rating components was defined as March 2019 through February 2020 which is the most recent twelve-month period not impacted by COVID-19 and the subsequent PHE. Estimates of base period cost include an estimate of incurred but unpaid claims (IBNR). The IBNR estimate is based on claims paid through February 2021 and represents the following percentage of claims by type of service:

- Medical - 0.12%
- Prescription Drug - 0.0%
- NEMT - 0.0%

Costs related to Uniform Hospital Rate Increase Program (UHRIP) payments were removed from the base experience. UHRIP will be replaced by the Comprehensive Hospital Increase Reimbursement Program (CHIRP) effective September 1, 2021. More information on CHIRP is provided in Section III and Attachment 10. These estimates were then projected to FY2022 using assumed trend rates. Other plan expenditures such as capitated amounts, service coordination, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2022 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan. The results of this analysis were then combined for all health plans in a service area in order to develop a set of community rates for each service area.

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

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

- Medicaid Rural Service Area - West (MRSA West)

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

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

The services used in the analysis include the following:

#### Acute Care Services

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

#### Long Term Care Services

- Adult Foster Care
- Adaptive Aids and Medical Equipment
- Assisted Living
- Emergency Response Services
- Home Delivered Meals
- Medical Supplies
- Minor Home Modifications
- Nursing Services (in home)

- Personal Attendant Services
- Therapies – physical, occupational and speech
- Transition Services
- Nursing Facilities

Services specifically excluded from the analysis include:

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

All expenses related to these services, along with any other non-capitated services and any value-added services have been excluded from the FY2022 rating analysis.

Effective June 1, 2021 NEMT services were provided by the Medicaid MCOs. Prior to this, NEMT services were provided by the managed transportation organizations (MTOs) under a risk-based contract.

We projected the FY2022 cost for each individual health plan by estimating their base period average claims cost and then applying trend and other adjustment factors. These adjustment factors are described in Section III. We added capitation expenses for services capitated by the health plan (such as vision and behavioral health), service coordinator expenses for care coordination services, a reasonable provision for administrative expenses and a risk margin. Attachment 2 presents a description and an example of the experience analysis for a sample health plan. This type of analysis was conducted for each health plan.

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

HHSC utilizes a community rating methodology in setting the STAR+PLUS base premium rates. The base rates vary by service area and risk group but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2022 cost for each health plan in the service area. The weights used in this formula are the projected FY2022 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

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



The final FY2022 premium rates were defined as the community rates with acuity risk adjustment for acute care services, pharmacy services and long term care services. This is the same methodology that was used during the FY2021 STAR+PLUS rate development. HHSC, the EQRO and the participating STAR+PLUS health plans have worked closely in developing a risk adjustment model to be applied to the long term care component of the premium. The methodology applied in the FY2022 rate development is a continuation of the process and will continue to be refined for future rate developments.

The NEMT component of the premium is defined as the community rate without risk adjustment. Claims experience for the Medicaid Only Nursing Facility, IDD and MBCPP risk groups was so small that credible rates could not be set by area. As a result, the rates for these risk groups were calculated on a statewide basis.

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

### III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2022 STAR+PLUS rate setting process.

#### ***Trend Factors - Medical***

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

The trend analysis included a review of health plan claims experience data through February 2021. Based on this information, estimates of monthly incurred claims were made through December 2020. STAR+PLUS trends after March 1, 2020 were not considered due to the significant impact the COVID-19 pandemic had on expenditures. During the PHE, the STAR+PLUS program has experienced abnormally low trends that are not indicative of future cost growth.

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

The trend assumptions were developed from an average of the FY2017, FY2018, FY2019 and first six months of FY2020 trends. The weighting of each time period was based on the number of months within each time period for each risk group. For example, risk groups such as OCC and HCBS which have been in STAR+PLUS the entire time during the observed fiscal years were blended using the following formula: 2/7 weighting for FY2017, FY2018 and FY2019 and 1/7 weighting to the first six months of FY2020.

The MBCCP risk group was new to the STAR+PLUS program effective September 1, 2017 and has limited historical information on which to estimate a risk group specific trend. As a result, the acute care trend assumptions for the MBCCP risk group is based on the formula noted above but only utilizes the available information – FY2019 and the first six months of FY2020. The long term care trends have been too volatile for this risk group and were deemed to have no credibility. As a result, the long term care trend assumption was set equal to the weighted average of the OCC and HCBS risk groups.

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

### Trend Assumption

<u>Acute Care</u>	
Medicaid Only - OCC	1.1%
Medicaid Only - HCBS	1.1%
Medicaid Only - NF	3.3%
IDD	4.9%
MBCCP	8.7%
<u>Long Term Care</u>	
Medicaid Only - OCC	5.6%
Medicaid Only - HCBS	5.2%
Dual Eligible - OCC	3.0%
Dual Eligible - HCBS	4.4%
Medicaid Only - NF	2.0%
Dual Eligible - NF	2.5%
MBCCP	4.3%

### ***Trend Factors - Pharmacy***

The rating methodology uses assumed pharmacy trend factors to adjust the base period (March 2019 through February 2020) claims cost to the rating period (FY2022). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2021. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2021. From this experience, the average annual utilization and cost per service were determined for each of the five 12-month periods ending February 2021.

Due to the impact on healthcare utilization and cost from the COVID-19 pandemic and the PHE, experience after February 2020 was deemed unusable for purposes of developing trend projections. While the STAR+PLUS program has not been impacted by the pandemic to the same degree as STAR and other Texas Medicaid programs, the impact is material. As a result, we have used the four 12-month periods ending February 2020 in our trend analysis in order to exclude pandemic-related experience.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Direct-acting antivirals (DAA) used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. Please note that effective March 1, 2021, Hepatitis C DAAs have been carved out of the managed care arrangement due to significant changes to the prior authorization criteria for these medications. In addition to these drugs, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy

trends for pregnant women. Beginning this rate cycle, hemostatic agents are also excluded from the pharmacy trend analysis. Effective September 1, 2020, hemophilia medications were carved out of the managed care arrangement. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates. Factors were later applied to adjust for the carve-out of Hepatitis C DAAs and hemostatics.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2020 and all of FY2021 and FY2022 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption for each risk group. Attachment 4 – Exhibit C presents a summary of the historical pharmacy trend analysis.

The preferred drug list (PDL) changes implemented in 2019 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the three most recent 12-month periods assuming that the PDL changes had not been implemented. Attachment 4 – Exhibit D presents these adjustment factors and the resulting pharmacy trend assumptions used for the STAR+PLUS program.

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

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

<u>Risk Group</u>	<u>Trend</u>
Medicaid Only - OCC	4.6 %
Medicaid Only - HCBS	4.3 %
IDD	4.9 %
Medicaid Only - NF	0.4 %
MBCCP	21.3 %

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

### ***Trend Factors – NEMT***

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The NEMT trend factors used in this analysis are a combination of utilization

and inflation components. The NEMT trend factors were developed using a combination of i) actual statewide NEMT trend experience for all Medicaid managed care programs and ii) the industry trend from the Consumer Price Index published by the Bureau of Labor Statistics for transportation services. The annual trend assumption of 3.3% was used in the rating analysis to project historical experience forward to the rating period. Attachment 4 – Exhibit G presents a summary of the NEMT trend analysis.

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

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

The rating adjustments for these provider reimbursement changes were calculated by applying actual health plan encounter data to the old and new reimbursement bases and the resulting impact determined. Attachment 5 presents a summary of the derivation of these adjustment factors.

### ***DRG Grouper Revision***

Retroactive to October 1, 2019 the DRG Grouper used to reimburse inpatient claims was revised from Version 37 to Version 36. A portion of the base period, October 2019 through February 2020, was reimbursed under Version 37 and must be adjusted. Exhibit D of Attachment 5 presents a summary of the derivation of these adjustment factors.

### ***Potentially Preventable Readmission Quality Improvement***

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2022. Exhibit E of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

### ***Removal of Invalid Clinician Administered Drugs (CADs)***

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

### ***Institution for Mental Disease (IMD) Cost Removal***

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

### ***Federally Qualified Health Center (FQHC) Wrap Payment Removal***

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

### ***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 until December 31, 2021. Exhibit L of Attachment 5 presents a summary of the derivation of these adjustment factors.

### ***Nursing Facility Eligibility Changes***

Effective September 1, 2020, HHSC made changes to the Service Authorization System (SAS) that impacted the classification of members in the nursing facility risk groups. This change will not impact total enrollment but will impact the distribution of members amongst the OCC, HCBS and nursing facility risk groups. The rating adjustment for this change was calculated by running the March, 2019 through February, 2020 base period through the revised SAS system and comparing the average cost amongst the risk groups pre and post change. Exhibits M.1 and M.2 of Attachment 5 presents a summary of the derivation of these adjustment factors.

### ***Preferred Drug List Changes***

HHSC has implemented significant changes to the Preferred Drug List (PDL) over the past several years. These changes include some of the program's highest expenditure drugs and have had a significant impact on managed care pharmacy cost. Effective July 1, 2019 brand name Nexium capsules changed to non-preferred status. Effective July 1, 2021 brand name Stimulants and Related Agent drugs such as Focalin XR, Adderall XR and Concerta ER changed to preferred status. We developed adjustment factors to reflect the anticipated cost impact of these PDL changes. Exhibit N of Attachment 5 includes additional information regarding the application of the PDL changes adjustment factors.

### ***Hemostatic Drug Carve-Out***

Effective September 1, 2020, HHSC carved out all hemostatic drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but are funded through a non-risk arrangement. Hemostatic drugs are rare and extremely high cost. In one example, the cost of a single hemophilia drug for a single plan participant is over \$10 million per year. The purpose of this carve-out is to improve the balance of risk between various MCOs. The hemostatic carve out adjustment factors are based on actual experience of the program and are determined by comparing the hemostatic drug experience to the base period claims cost by service area and risk group. Exhibit O.1 and O.2 of Attachment 5 includes additional information regarding the hemostatic carve-out adjustment factors.

### ***Hepatitis C Drug Carve-Out***

Effective March 1, 2021, HHSC changed the prior authorization requirements for Hepatitis C Direct Acting Antiviral (DAA) drugs. As a result, HHSC will carved out all Hepatitis C DAA drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but are funded through a non-risk arrangement. Exhibit P of Attachment 5 includes additional information regarding the Hepatitis C DAA carve-out adjustment factors.

### ***NEMT Adjustments***

Effective January 1, 2021, reimbursement for Individual Transportation Participant (ITP) service decreased to \$0.56 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit Q of Attachment 5 includes additional information regarding the application of the ITP adjustment factors.

Effective June 1, 2021, H.B. 1576 allows Transportation Network Companies (TNC) such as Uber and Lyft to participate in the Medicaid program. An adjustment was applied to reflect i) the cost difference between TNC and traditional demand response providers and ii) impact on overall NEMT utilization. We assumed TNC cost per trip would be 15% less than traditional demand response providers for trips under 15 miles. In addition, we assumed 10% of current utilization would shift to TNCs and utilization would increase by 2.5% for demand response service trips under 15 miles. Exhibit R of Attachment 5 includes additional information regarding the application of the TNC adjustment factors.

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

Effective June 1, 2015, Texas implemented a CFC initiative within the STAR+PLUS program that expanded access to certain habilitation and attendant care services. As a result of CFC, Texas receives an enhanced federal medical assistance percentage (FMAP) on CFC eligible clients and services. The impact of CFC on program cost is included in the base period and no further adjustments are necessary. Attachment 14 details the development of the CFC portion of the premium eligible for an enhanced FMAP.

### ***Service Coordination***

STAR+PLUS members and their families receive help with coordinating care. Each MCO provides service coordination which requires the MCO to work with the member, the member's family and the member's doctors and other providers to help the member get the medical and long-term services and support they need. The service coordinators partner with health care providers and the members' families to ensure care is holistically integrated and coordinated and find ways to avoid preventable hospital admissions, readmissions, and emergency room visits, resulting in shared savings to benefit both the providers and MCOs, and most importantly the members themselves. Service coordination expenses were included in the rate development based on the amounts reported by the MCO in their audited FSRs. The average service coordination expenses included in the FY2022 STAR+PLUS rate development is approximately \$44.19 per member per month.

### ***Risk Adjustment***

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

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

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

The long term care portion of the base community rate in each service area was also adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. Prior to FY2018 no acuity model was readily available on which to measure the relative differences among the health plans. HHSC, the EQRO and the health plans formed a workgroup tasked with developing a long term care acuity model. The workgroup analyzed available long term care data and publicly available models and developed a model which was first applied in FY2018 and has been updated for FY2022. The long term care acuity factors have been given 100%



credibility for FY2022. Additional information regarding this acuity risk adjustment is included in Attachment 7.

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

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

Attachment 8 presents the development of the NAIP add-on amounts to be included in the capitation rates effective September 1, 2021, along with additional information concerning the NAIP program.

### ***Quality Incentive Payment Program for Nursing Facilities (QIPP)***

Effective September 1, 2017, HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities to improve the quality and innovation of their services. Pending CMS approval of QIPP Year Five, effective September 1, 2021, the program will encompass one uniform rate increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

Attachment 9 presents the development of the QIPP add-on amounts to be included in the capitation rates effective September 1, 2021 along with additional information concerning the QIPP program.

### ***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. The program expanded statewide effective March 1, 2018. Effective September 1, 2021, UHRIP will be replaced by the Comprehensive Hospital Increase Reimbursement Program (CHIRP). CHIRP is a proposed directed payment program that provides increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid enrolled in the STAR and STAR+PLUS programs. CHIRP is comprised of two payment components: (1) Uniform Hospital Rate Increase Payment (UHRIP) and (2) Average Commercial Incentive Award (ACIA). More detailed information about the components can be found Attachment 10.

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 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.

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

Effective September 1, 2021, HHSC will implement the Texas Incentives for Physicians and Professional Services (TIPPS) program, a value-based directed payment program designed to incentivize physicians and certain medical professionals to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the goals and objectives of the state's managed care quality strategy.

Attachment 11 presents the development of the TIPPS add-on amounts to be included in the capitation rates effective September 1, 2021 along with additional information concerning the TIPPS program.

### ***Directed Payment Program for Behavioral Health Services***

Effective September 1, 2021, HHSC will implement the Directed Payment Program for Behavioral Health Services (DPP BHS) program, a value-based payment program designed to incentivize community mental health centers (CMHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the goals and objectives of the state's managed care quality strategy.

Attachment 12 presents the development of the DPP BHS add-on amounts to be included in the capitation rates effective September 1, 2021 along with additional information concerning the DPP BHS program.

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

Effective September 1, 2021, HHSC will implement the Rural Access to Primary and Preventive Services (RAPPS) program, a directed payment program designed to incentivize rural health clinics (RHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the goals and objectives of the state's managed care quality strategy. The program incentivizes 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.

Attachment 13 presents the development of the RAPPS add-on amounts to be included in the capitation rates effective September 1, 2021 along with additional information concerning the RAPPS program.

### ***COVID-19***

The most significant impact that COVID-19 and the resulting PHE had on the FY2022 rate development was the significant reduction in claims during FY2020. As a result, the base period was altered such that all data beyond February 2020 was deemed to have no credibility and was excluded from the base period and all trend and adjustment factor calculations. The duration of the cost reduction and expectations for FY2022 vary significantly by program. For the STAR+PLUS population, the most significant reductions occurred in acute care services during

the period March 2020 through August 2020. During the first half of FY2021 the average cost per member per month and average trends by quarter returned to more normal levels and it is expected that the impact of the pandemic and the PHE on the STAR+PLUS program during FY2022 will be immaterial.

Other than adjusting the base period used in the FY2022 rate development, no further adjustments have been made to the FY2022 rates as a result of COVID-19. As implemented in FY2021, to mitigate the risk to both HHSC and the MCOs resulting from COVID-19, the following actions will be continued for FY2022:

- COVID-19 related expenditures such as testing and treatment will be excluded from the capitation rates and paid via non-risk arrangements.
- HHSC and its actuaries will collect additional information from the participating MCOs during the summer and fall of 2021 to determine if a retroactive adjustment is necessary to properly account for COVID-19 related impacts to program expenditures.
- HHSC is making revisions to the experience rebate tiers for FY2022 only. The revised structure will limit the opportunity for excessive profitability should the reduction in cost associated with the PHE extend longer than anticipated. The table below presents the revised experience rebate structure.

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%

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

The rating methodology includes an explicit provision for administrative expenses. The amount allocated for administrative expenses in the medical premium rate is \$12.00 pmpm plus 5.25% of gross premium. The amount allocated for administrative expenses in the prescription drug premium rate is \$1.60 pmpm. The amount allocated for administrative expenses in the NEMT premium rate is \$0.175 pmpm plus 22% of gross premium. Separate administrative expense allowances are included for the NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS programs and are discussed in the applicable sections of the report. These amounts are intended to provide for all administrative-related services performed by the health plan. The administrative allowance for medical services is split between a fixed and variable component in order to allocate a larger percentage of the administrative dollars to the higher cost risk groups.

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

	Avg. Admin. Expense
FY17	87.47
FY18	88.86
FY19	80.17
FY20	77.51
FY21	76.00
5 Year Average	82.00

Based on the administrative formula included in the rate development, the average administrative expense provision included in the capitation rates is approximately \$82 which is in line with the historical average cost. In general, the fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption is intended to be a reasonable amount to cover all administrative costs. This formula is reviewed annually to ensure consistency with the reported administrative costs. For informational purposes the \$12 fixed component of the administrative expense formula breaks down into two categories:

- Quality Improvement - \$2.00
- General Administration - \$10.00

The quality improvement amount is in addition to the service coordination expenses noted on page 13 and include services such as disease management, health information technology and wellness service among other items.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.0725 pmpm) and a risk margin (1.75% of premium). The premium tax and maintenance tax are based on Texas Department of Insurance requirements.

## V. Summary

The chart below presents the results of the FY2022 STAR+PLUS rating analysis and includes all components of the premium – acute care, long term care, prescription drugs, NEMT, NAIP, CHIRP, TIPPS, RAPPs, DPP BHS and QIPP. Texas is eligible for an enhanced FMAP rate for CFC services. Attachment 14 details the development of the CFC component of the total premium rate.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,771.84	\$5,461.29	\$475.91	\$2,301.40
Molina - Bexar	1,861.85	5,335.12	480.05	2,158.04
Superior - Bexar	1,968.34	5,968.26	506.38	2,405.45
Molina - Dallas	2,060.19	5,407.12	496.07	2,103.75
Superior - Dallas	2,063.87	6,027.57	417.19	2,108.43
Amerigroup - El Paso	2,009.69	5,372.38	592.27	2,333.01
Molina - El Paso	2,157.31	5,495.32	670.50	2,340.86
Amerigroup - Harris	2,220.91	7,309.70	406.30	2,704.29
Molina - Harris	1,891.40	6,363.44	416.50	2,646.38
United - Harris	2,391.03	6,627.85	454.50	2,513.03
Health Spring - Hidalgo	2,237.20	5,873.23	1,066.65	2,800.81
Molina - Hidalgo	2,234.72	5,784.81	984.61	2,761.18
Superior - Hidalgo	2,402.95	6,154.95	1,185.32	2,802.48
Amerigroup - Jefferson	1,713.61	6,254.06	356.72	2,054.61
Molina - Jefferson	1,698.33	5,343.59	331.61	1,991.53
United - Jefferson	1,975.87	5,490.02	261.16	1,914.23
Amerigroup - Lubbock	1,891.31	5,101.61	221.18	1,680.37
Superior - Lubbock	1,701.46	5,087.72	222.30	1,862.06
Superior - Nueces	1,798.81	5,373.27	633.91	2,365.60
United - Nueces	2,110.58	5,505.66	594.85	2,307.91
Amerigroup - Tarrant	2,045.36	6,130.55	382.88	2,009.59
Health Spring - Tarrant	1,819.25	6,146.95	304.01	2,196.96
Amerigroup - Travis	1,769.66	6,593.90	399.18	2,286.69
United - Travis	1,890.79	6,374.77	253.95	2,233.52
Superior - MRSA Central	1,661.30	5,885.79	297.66	2,064.37
United - MRSA Central	1,758.26	6,232.56	313.59	2,059.77
Health Spring - MRSA Northeast	1,620.91	5,599.08	300.81	2,022.61
United - MRSA Northeast	1,803.70	5,898.43	326.39	1,729.81
Amerigroup - MRSA West	1,746.14	6,137.38	347.69	1,872.90
Superior - MRSA West	1,764.62	5,604.84	294.29	1,899.44

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,530.44	\$6,752.47	\$1,254.33	\$5,016.67
Molina - Bexar	10,007.69	6,752.47	1,259.55	5,375.97
Superior - Bexar	10,451.93	6,752.47	1,491.80	4,363.93
Molina - Dallas	11,010.50	6,795.03	1,149.46	4,138.46
Superior - Dallas	12,697.82	6,795.03	1,234.35	6,561.85
Amerigroup - El Paso	10,510.80	6,179.53	1,835.70	4,170.58
Molina - El Paso	11,550.98	6,179.53	2,006.78	3,693.20
Amerigroup - Harris	11,958.86	6,664.61	1,408.21	5,552.18
Molina - Harris	10,503.89	6,664.61	1,133.19	4,435.56
United - Harris	11,146.33	6,664.61	1,554.94	5,080.71
Health Spring - Hidalgo	11,317.79	7,058.51	1,159.57	3,186.89
Molina - Hidalgo	11,697.89	7,058.51	1,158.53	4,719.14
Superior - Hidalgo	12,289.37	7,058.51	1,546.41	4,565.72
Amerigroup - Jefferson	10,367.17	6,142.09	1,282.51	5,327.66
Molina - Jefferson	10,179.37	6,142.09	1,016.56	4,862.87
United - Jefferson	10,060.70	6,142.09	1,250.76	5,668.66
Amerigroup - Lubbock	9,810.77	6,568.48	1,207.35	7,597.07
Superior - Lubbock	9,853.43	6,568.48	1,201.64	5,825.16
Superior - Nueces	9,555.86	6,784.51	1,231.69	4,263.19
United - Nueces	9,320.47	6,784.51	1,312.22	4,106.85
Amerigroup - Tarrant	10,918.50	6,478.70	1,346.25	4,723.54
Health Spring - Tarrant	10,321.54	6,478.70	1,030.21	4,625.55
Amerigroup - Travis	10,246.15	7,108.63	1,342.04	3,430.67
United - Travis	10,355.68	7,108.63	1,360.37	4,641.30
Superior - MRSA Central	9,924.49	6,551.06	1,291.90	5,508.31
United - MRSA Central	9,567.48	6,551.06	1,390.55	6,340.34
Health Spring - MRSA Northeast	10,542.69	6,373.95	1,101.28	5,031.34
United - MRSA Northeast	10,198.43	6,373.95	1,239.62	4,043.64
Amerigroup - MRSA West	10,637.35	6,543.41	1,358.91	3,849.42
Superior - MRSA West	10,236.96	6,543.41	1,468.21	4,781.41

Attachment 1 presents additional information regarding the breakdown of the components of the FY2022 rates.

Attachment 16 presents the required rating index summarizing the applicable sections from the 2021-2022 Medicaid Managed Care Rate Development Guide.

## 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. Three are Fellows of the Society of Actuaries (FSAs) and one is an Associate of the Society of Actuaries (ASA). 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 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, A.S.A., M.A.A.A.

## VII. Attachments



## *Attachment 1*

### Summary of FY2022 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2021 rates. Included on the exhibit are current premium rates split between medical (acute care and long term care), prescription drug, NEMT, NAIP, QIPP and UHRIP rates; FY2022 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 FY2021 and FY2022 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current premium rates and the FY2022 premium rates. The projection is split by medical, pharmacy, NEMT, NAIP/QIPP, CHIRP, TIPPS, DPP BHS and RAPPS.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall premium rates increased by an average of 8.9% which is primarily attributed to increases in the QIPP and CHIRP programs along with the implementation of the TIPPS, DPP BHS and RAPPS programs. The average acute care, long term care, pharmacy and NEMT rate changes are modest increases, averaging around 3.5%, which is in line with historical average annual trends. The pharmacy rates have been impacted by the hemostatic drug carve-out which impacts each SDA and MCO differently based on the historical distribution of these clients. The MBCCP risk group continues to experience much higher than average pharmacy trends resulting in some large rate increases for prescription drugs in most SDAs. Acuity changes impact each MCO within an SDA differently resulting in variations in the rate changes for individual MCOs.

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	634.59	1,518.94	0.00	0.00	1,343.84	0.00	465.59	2,565.08
Molina - Bexar	642.73	1,478.18	0.00	0.00	1,308.38	0.00	444.98	2,804.12
Superior - Bexar	660.66	1,544.71	0.00	0.00	1,391.28	0.00	564.02	2,439.79
Molina - Dallas	709.65	1,523.39	0.00	0.00	1,881.38	0.00	429.66	2,390.91
Superior - Dallas	680.45	1,681.17	0.00	0.00	2,206.60	0.00	479.36	3,101.05
Amerigroup - El Paso	683.54	1,417.59	0.00	0.00	2,658.87	0.00	716.38	1,842.74
Molina - El Paso	701.70	1,568.91	0.00	0.00	2,461.93	0.00	806.91	1,591.25
Amerigroup - Harris	741.11	1,871.74	0.00	0.00	1,745.87	0.00	476.33	2,533.95
Molina - Harris	666.70	1,631.96	0.00	0.00	1,684.14	0.00	406.14	2,434.72
United - Harris	815.94	1,895.52	0.00	0.00	1,855.85	0.00	540.42	2,735.24
Health Spring - Hidalgo	559.21	1,457.25	0.00	0.00	2,387.12	0.00	546.42	1,787.27
Molina - Hidalgo	543.86	1,382.26	0.00	0.00	2,187.49	0.00	571.14	2,252.22
Superior - Hidalgo	600.92	1,516.09	0.00	0.00	2,536.06	0.00	647.39	1,940.28
Amerigroup - Jefferson	654.02	1,911.71	0.00	0.00	1,678.05	0.00	421.59	2,417.80
Molina - Jefferson	640.89	1,595.70	0.00	0.00	1,497.33	0.00	386.84	2,384.28
United - Jefferson	763.92	1,726.47	0.00	0.00	1,524.27	0.00	467.06	2,778.71
Amerigroup - Lubbock	696.54	1,548.48	0.00	0.00	1,166.55	0.00	433.27	2,203.73
Superior - Lubbock	653.05	1,741.20	0.00	0.00	1,282.55	0.00	500.13	2,460.98
Superior - Nueces	583.86	1,427.44	0.00	0.00	1,258.38	0.00	442.88	2,222.55
United - Nueces	670.12	1,365.74	0.00	0.00	1,321.10	0.00	418.45	2,426.76
Amerigroup - Tarrant	727.39	1,778.34	0.00	0.00	1,590.52	0.00	476.01	2,630.82
Health Spring - Tarrant	620.86	1,709.61	0.00	0.00	1,428.54	0.00	382.89	2,595.72
Amerigroup - Travis	629.47	1,415.07	0.00	0.00	936.22	0.00	382.58	2,269.14
United - Travis	673.27	1,480.33	0.00	0.00	1,120.59	0.00	434.00	2,757.40
Superior - MRSA Central	659.00	1,566.73	0.00	0.00	1,330.69	0.00	435.51	2,493.90
United - MRSA Central	669.93	1,609.44	0.00	0.00	1,292.55	0.00	484.93	3,071.31
Health Spring - MRSA Northeast	561.67	1,478.23	0.00	0.00	1,441.68	0.00	430.31	2,618.20
United - MRSA Northeast	638.69	1,716.08	0.00	0.00	1,493.51	0.00	471.67	2,228.08
Amerigroup - MRSA West	634.38	1,818.70	0.00	0.00	1,404.17	0.00	490.74	2,147.45
Superior - MRSA West	633.65	1,528.63	0.00	0.00	1,369.22	0.00	510.61	2,381.88

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	261.27	2,146.84	449.39	2,167.88	4,715.61	4,407.19	0.00	103.38
Molina - Bexar	307.35	1,856.49	455.10	2,047.68	4,715.61	4,407.19	0.00	103.38
Superior - Bexar	325.88	2,255.65	489.32	2,263.96	4,715.61	4,407.19	0.00	103.38
Molina - Dallas	349.28	1,855.59	485.39	1,972.99	4,622.95	4,301.39	0.00	125.43
Superior - Dallas	248.42	1,902.89	403.58	2,025.00	4,622.95	4,301.39	0.00	125.43
Amerigroup - El Paso	332.69	2,037.37	575.16	2,236.51	4,653.01	4,521.89	0.00	121.59
Molina - El Paso	426.74	1,938.47	662.62	2,217.34	4,653.01	4,521.89	0.00	121.59
Amerigroup - Harris	279.77	2,753.41	392.67	2,567.94	4,837.14	4,315.81	0.00	109.55
Molina - Harris	287.71	2,580.53	404.44	2,490.27	4,837.14	4,315.81	0.00	109.55
United - Harris	353.05	2,491.65	454.73	2,404.76	4,837.14	4,315.81	0.00	109.55
Health Spring - Hidalgo	828.37	2,727.15	1,045.76	2,688.49	4,547.60	4,936.00	0.00	419.62
Molina - Hidalgo	749.07	2,652.97	958.09	2,628.16	4,547.60	4,936.00	0.00	419.62
Superior - Hidalgo	857.88	2,750.68	1,167.96	2,690.02	4,547.60	4,936.00	0.00	419.62
Amerigroup - Jefferson	195.85	2,181.93	334.18	1,982.63	4,374.13	3,948.85	0.00	93.10
Molina - Jefferson	216.82	1,819.53	311.87	1,845.53	4,374.13	3,948.85	0.00	93.10
United - Jefferson	199.76	1,781.76	237.26	1,763.59	4,374.13	3,948.85	0.00	93.10
Amerigroup - Lubbock	108.36	1,679.60	196.66	1,559.44	4,576.60	4,132.89	0.00	121.64
Superior - Lubbock	137.86	1,798.79	202.98	1,659.36	4,576.60	4,132.89	0.00	121.64
Superior - Nueces	405.64	2,177.04	616.35	2,267.86	4,458.05	4,444.01	0.00	203.84
United - Nueces	471.34	2,226.80	565.18	2,205.85	4,458.05	4,444.01	0.00	203.84
Amerigroup - Tarrant	184.17	1,924.34	373.17	1,861.05	4,146.70	4,085.51	0.00	84.18
Health Spring - Tarrant	190.66	1,975.94	306.24	2,011.76	4,146.70	4,085.51	0.00	84.18
Amerigroup - Travis	271.55	2,600.16	395.12	2,095.91	4,532.42	4,278.38	0.00	107.06
United - Travis	203.48	2,410.91	242.72	2,073.89	4,532.42	4,278.38	0.00	107.06
Superior - MRSA Central	187.32	2,053.45	259.65	1,914.50	4,634.78	4,284.53	0.00	101.58
United - MRSA Central	186.15	2,152.15	279.59	1,984.37	4,634.78	4,284.53	0.00	101.58
Health Spring - MRSA Northeast	207.09	2,091.93	274.16	1,919.07	4,530.17	4,215.41	0.00	118.38
United - MRSA Northeast	228.48	1,897.42	302.67	1,639.24	4,530.17	4,215.41	0.00	118.38
Amerigroup - MRSA West	144.89	1,890.97	322.63	1,750.31	4,318.30	4,074.57	0.00	79.90
Superior - MRSA West	160.87	1,799.74	280.61	1,745.94	4,318.30	4,074.57	0.00	79.90

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2021-8/31/2021 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	518.04	1,179.57	0.00	0.00	728.50	0.00	525.47	1,008.04
Molina - Bexar	524.69	1,147.92	0.00	0.00	709.28	0.00	502.21	1,101.98
Superior - Bexar	539.33	1,199.58	0.00	0.00	754.21	0.00	636.57	958.80
Molina - Dallas	425.82	862.90	0.00	0.00	462.79	0.00	373.48	528.25
Superior - Dallas	408.29	952.28	0.00	0.00	542.79	0.00	416.68	685.15
Amerigroup - El Paso	552.95	1,063.56	0.00	0.00	509.87	0.00	780.52	959.34
Molina - El Paso	567.65	1,177.09	0.00	0.00	472.10	0.00	879.16	828.41
Amerigroup - Harris	521.55	1,081.65	0.00	0.00	706.20	0.00	566.54	991.99
Molina - Harris	469.19	943.08	0.00	0.00	681.23	0.00	483.06	953.14
United - Harris	574.22	1,095.39	0.00	0.00	750.69	0.00	642.77	1,070.79
Health Spring - Hidalgo	505.64	1,060.92	0.00	0.00	711.01	0.00	465.37	716.18
Molina - Hidalgo	491.76	1,006.33	0.00	0.00	651.55	0.00	486.42	902.49
Superior - Hidalgo	543.36	1,103.76	0.00	0.00	755.37	0.00	551.37	777.49
Amerigroup - Jefferson	478.10	1,027.90	0.00	0.00	771.88	0.00	571.13	954.32
Molina - Jefferson	468.49	857.98	0.00	0.00	688.76	0.00	524.06	941.09
United - Jefferson	558.43	928.30	0.00	0.00	701.15	0.00	632.73	1,096.77
Amerigroup - Lubbock	478.10	957.47	0.00	0.00	683.62	0.00	429.67	773.64
Superior - Lubbock	448.25	1,076.64	0.00	0.00	751.60	0.00	495.98	863.95
Superior - Nueces	462.73	993.70	0.00	0.00	688.46	0.00	503.34	583.59
United - Nueces	531.10	950.74	0.00	0.00	722.77	0.00	475.58	637.21
Amerigroup - Tarrant	526.51	1,094.09	0.00	0.00	811.18	0.00	525.19	1,130.68
Health Spring - Tarrant	449.39	1,051.81	0.00	0.00	728.57	0.00	422.45	1,115.60
Amerigroup - Travis	484.34	1,359.38	0.00	0.00	766.41	0.00	588.97	545.72
United - Travis	518.03	1,422.08	0.00	0.00	917.34	0.00	668.13	663.15
Superior - MRSA Central	428.67	1,227.40	0.00	0.00	590.26	0.00	509.40	1,035.22
United - MRSA Central	435.78	1,260.86	0.00	0.00	573.35	0.00	567.20	1,274.90
Health Spring - MRSA Northeast	438.23	1,038.11	0.00	0.00	872.42	0.00	446.53	860.04
United - MRSA Northeast	498.31	1,205.15	0.00	0.00	903.78	0.00	489.45	731.89
Amerigroup - MRSA West	497.51	1,336.99	0.00	0.00	707.71	0.00	577.07	547.20
Superior - MRSA West	496.94	1,123.75	0.00	0.00	690.09	0.00	600.43	606.93

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
6/1/2021-8/31/2021 NEMT Premium Rates pmpm								
Amerigroup - Bexar	16.34	40.82	13.34	46.55	10.44	5.77	3.34	15.81
Molina - Bexar	16.34	40.82	13.34	46.55	10.44	5.77	3.34	15.81
Superior - Bexar	16.34	40.82	13.34	46.55	10.44	5.77	3.34	15.81
Molina - Dallas	16.30	55.33	16.69	45.13	10.44	7.01	3.34	15.81
Superior - Dallas	16.30	55.33	16.69	45.13	10.44	7.01	3.34	15.81
Amerigroup - El Paso	13.12	37.25	10.29	40.11	10.44	22.06	3.34	15.81
Molina - El Paso	13.12	37.25	10.29	40.11	10.44	22.06	3.34	15.81
Amerigroup - Harris	15.05	43.66	11.60	30.24	10.44	4.66	3.34	15.81
Molina - Harris	15.05	43.66	11.60	30.24	10.44	4.66	3.34	15.81
United - Harris	15.05	43.66	11.60	30.24	10.44	4.66	3.34	15.81
Health Spring - Hidalgo	7.48	28.78	10.53	29.44	10.44	4.86	3.34	15.81
Molina - Hidalgo	7.48	28.78	10.53	29.44	10.44	4.86	3.34	15.81
Superior - Hidalgo	7.48	28.78	10.53	29.44	10.44	4.86	3.34	15.81
Amerigroup - Jefferson	29.59	95.23	24.20	78.92	10.44	6.68	3.34	15.81
Molina - Jefferson	29.59	95.23	24.20	78.92	10.44	6.68	3.34	15.81
United - Jefferson	29.59	95.23	24.20	78.92	10.44	6.68	3.34	15.81
Amerigroup - Lubbock	18.62	69.25	28.87	85.07	10.44	21.84	3.34	15.81
Superior - Lubbock	18.62	69.25	28.87	85.07	10.44	21.84	3.34	15.81
Superior - Nueces	26.66	89.19	18.73	49.56	10.44	5.77	3.34	15.81
United - Nueces	26.66	89.19	18.73	49.56	10.44	5.77	3.34	15.81
Amerigroup - Tarrant	22.45	57.21	17.50	44.17	10.44	10.17	3.34	15.81
Health Spring - Tarrant	22.45	57.21	17.50	44.17	10.44	10.17	3.34	15.81
Amerigroup - Travis	19.48	57.98	20.24	66.61	10.44	19.95	3.34	15.81
United - Travis	19.48	57.98	20.24	66.61	10.44	19.95	3.34	15.81
Superior - MRSA Central	25.44	113.00	36.97	88.61	10.44	12.16	3.34	15.81
United - MRSA Central	25.44	113.00	36.97	88.61	10.44	12.16	3.34	15.81
Health Spring - MRSA Northeast	24.85	77.83	21.64	56.83	10.44	7.08	3.34	15.81
United - MRSA Northeast	24.85	77.83	21.64	56.83	10.44	7.08	3.34	15.81
Amerigroup - MRSA West	19.29	71.53	24.60	67.38	10.44	12.11	3.34	15.81
Superior - MRSA West	19.29	71.53	24.60	67.38	10.44	12.11	3.34	15.81

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 NAIP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	7.97	7.97	0.00	0.00	0.00	0.00	7.97	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	35.75	35.75	0.00	0.00	0.00	0.00	35.75	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	26.90	26.90	0.00	0.00	0.00	0.00	26.90	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	3.45	3.45	0.00	0.00	0.00	0.00	3.45	0.00
Amerigroup - Jefferson	5.94	5.94	0.00	0.00	0.00	0.00	5.94	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	25.02	25.02	0.00	0.00	0.00	0.00	25.02	0.00
Amerigroup - Lubbock	23.38	23.38	0.00	0.00	0.00	0.00	23.38	0.00
Superior - Lubbock	16.17	16.17	0.00	0.00	0.00	0.00	16.17	0.00
Superior - Nueces	38.44	38.44	0.00	0.00	0.00	0.00	38.44	0.00
United - Nueces	119.93	119.93	0.00	0.00	0.00	0.00	119.93	0.00
Amerigroup - Tarrant	5.00	5.00	0.00	0.00	0.00	0.00	5.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	4.05	4.05	0.00	0.00	0.00	0.00	4.05	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - MRSA West	31.74	31.74	0.00	0.00	0.00	0.00	31.74	0.00
Superior - MRSA West	19.62	19.62	0.00	0.00	0.00	0.00	19.62	0.00

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2021-8/31/2021 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,712.85	1,712.85	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,712.85	1,712.85	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,712.85	1,712.85	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	1,941.58	1,941.58	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	1,941.58	1,941.58	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,102.47	1,102.47	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,102.47	1,102.47	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,659.88	1,659.88	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,659.88	1,659.88	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,659.88	1,659.88	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,465.81	1,465.81	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,465.81	1,465.81	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,465.81	1,465.81	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,561.47	1,561.47	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,561.47	1,561.47	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,561.47	1,561.47	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,951.23	1,951.23	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,951.23	1,951.23	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,741.41	1,741.41	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,741.41	1,741.41	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	1,818.93	1,818.93	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	1,818.93	1,818.93	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,217.25	2,217.25	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,217.25	2,217.25	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,514.30	1,514.30	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,514.30	1,514.30	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	1,611.45	1,611.45	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,611.45	1,611.45	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	1,942.35	1,942.35	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	1,942.35	1,942.35	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		
3/1/2021-8/31/2021 UHRIP pmpm								
Amerigroup - Bexar	128.08	266.65	0.00	0.00	340.17	0.00	57.81	174.37
Molina - Bexar	164.69	312.86	0.00	0.00	286.77	0.00	63.30	475.74
Superior - Bexar	169.89	344.51	0.00	0.00	463.99	0.00	101.52	362.35
Molina - Dallas	217.46	510.23	0.00	0.00	481.61	0.00	67.97	726.62
Superior - Dallas	213.21	483.76	0.00	0.00	763.46	0.00	99.34	1,010.89
Amerigroup - El Paso	137.69	200.03	0.00	0.00	754.87	0.00	125.04	411.42
Molina - El Paso	152.89	337.96	0.00	0.00	974.85	0.00	137.29	342.20
Amerigroup - Harris	530.26	1,448.97	0.00	0.00	1,478.92	0.00	255.74	1,846.84
Molina - Harris	455.29	982.51	0.00	0.00	1,187.48	0.00	256.31	2,445.89
United - Harris	515.33	821.05	0.00	0.00	1,231.86	0.00	238.68	669.05
Health Spring - Hidalgo	131.88	285.92	0.00	0.00	732.11	0.00	59.06	365.00
Molina - Hidalgo	153.31	351.51	0.00	0.00	877.28	0.00	72.70	655.22
Superior - Hidalgo	162.35	363.24	0.00	0.00	864.87	0.00	114.19	558.67
Amerigroup - Jefferson	357.23	739.69	0.00	0.00	1,026.56	0.00	173.61	1,099.87
Molina - Jefferson	330.29	804.50	0.00	0.00	1,071.03	0.00	238.93	1,153.08
United - Jefferson	430.81	559.36	0.00	0.00	772.80	0.00	164.13	733.30
Amerigroup - Lubbock	248.69	435.38	0.00	0.00	432.42	0.00	85.66	1,121.36
Superior - Lubbock	170.36	406.17	0.00	0.00	349.93	0.00	68.79	922.90
Superior - Nueces	186.13	407.13	0.00	0.00	576.15	0.00	65.52	670.36
United - Nueces	213.40	341.14	0.00	0.00	424.42	0.00	76.75	504.57
Amerigroup - Tarrant	278.73	557.79	0.00	0.00	602.97	0.00	114.75	420.77
Health Spring - Tarrant	208.05	468.45	0.00	0.00	465.96	0.00	67.91	422.32
Amerigroup - Travis	171.52	398.26	0.00	0.00	430.23	0.00	74.64	531.49
United - Travis	236.74	318.56	0.00	0.00	344.37	0.00	67.69	396.13
Superior - MRSA Central	216.42	480.19	0.00	0.00	497.67	0.00	94.02	702.24
United - MRSA Central	279.68	467.47	0.00	0.00	494.82	0.00	135.90	1,140.39
Health Spring - MRSA Northeast	170.15	457.90	0.00	0.00	589.09	0.00	83.92	498.36
United - MRSA Northeast	213.12	490.70	0.00	0.00	498.41	0.00	102.48	309.33
Amerigroup - MRSA West	205.95	471.16	0.00	0.00	594.41	0.00	108.60	497.19
Superior - MRSA West	202.93	443.84	0.00	0.00	510.50	0.00	98.24	594.33



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
6/1/2021-8/31/2021 Total Premium Rates pmpm								
Amerigroup - Bexar	1,558.32	5,152.82	462.73	2,214.43	8,851.41	6,125.81	1,052.21	3,866.68
Molina - Bexar	1,655.80	4,836.27	468.44	2,094.23	8,743.33	6,125.81	1,013.83	4,501.03
Superior - Bexar	1,720.07	5,393.24	502.66	2,310.51	9,048.38	6,125.81	1,313.42	3,880.13
Molina - Dallas	1,718.51	4,807.44	502.08	2,018.12	9,400.75	6,249.98	874.45	3,787.02
Superior - Dallas	1,566.67	5,075.43	420.27	2,070.13	10,087.82	6,249.98	998.72	4,938.33
Amerigroup - El Paso	1,719.99	4,755.80	585.45	2,276.62	9,689.53	5,646.42	1,625.28	3,350.90
Molina - El Paso	1,862.10	5,059.68	672.91	2,257.45	9,674.80	5,646.42	1,826.70	2,899.26
Amerigroup - Harris	2,123.49	7,235.18	404.27	2,598.18	10,438.45	5,980.35	1,337.70	5,498.14
Molina - Harris	1,893.94	6,181.74	416.04	2,520.51	10,060.31	5,980.35	1,148.85	5,959.11
United - Harris	2,300.49	6,374.17	466.33	2,435.00	10,345.86	5,980.35	1,452.11	4,600.44
Health Spring - Hidalgo	2,032.58	5,560.02	1,056.29	2,717.93	9,854.09	6,406.67	1,074.19	3,303.88
Molina - Hidalgo	1,945.48	5,421.85	968.62	2,657.60	9,740.17	6,406.67	1,133.60	4,245.36
Superior - Hidalgo	2,175.44	5,766.00	1,178.49	2,719.46	10,180.15	6,406.67	1,319.74	3,711.87
Amerigroup - Jefferson	1,720.73	5,962.40	358.38	2,061.55	9,422.53	5,517.00	1,175.61	4,580.90
Molina - Jefferson	1,686.08	5,172.94	336.07	1,924.45	9,203.16	5,517.00	1,153.17	4,587.36
United - Jefferson	2,007.53	5,116.14	261.46	1,842.51	8,944.26	5,517.00	1,292.28	4,717.69
Amerigroup - Lubbock	1,573.69	4,713.56	225.53	1,644.51	8,820.86	6,105.96	975.32	4,236.18
Superior - Lubbock	1,444.31	5,108.22	231.85	1,744.43	8,922.35	6,105.96	1,084.41	4,385.28
Superior - Nueces	1,703.46	5,132.94	635.08	2,317.42	8,732.89	6,191.19	1,053.52	3,696.15
United - Nueces	2,032.55	5,093.54	583.91	2,255.41	8,678.19	6,191.19	1,094.05	3,788.19
Amerigroup - Tarrant	1,744.25	5,416.77	390.67	1,905.22	8,980.74	5,914.61	1,124.29	4,282.26
Health Spring - Tarrant	1,491.41	5,263.02	323.74	2,055.93	8,599.14	5,914.61	876.59	4,233.63
Amerigroup - Travis	1,576.36	5,830.85	415.36	2,162.52	8,892.97	6,515.58	1,049.53	3,469.22
United - Travis	1,651.00	5,689.86	262.96	2,140.50	9,142.41	6,515.58	1,173.16	3,939.55
Superior - MRSA Central	1,520.90	5,444.82	296.62	2,003.11	8,578.14	5,810.99	1,046.32	4,348.75
United - MRSA Central	1,596.98	5,602.92	316.56	2,072.98	8,520.24	5,810.99	1,191.37	5,603.99
Health Spring - MRSA Northeast	1,401.99	5,144.00	295.80	1,975.90	9,055.25	5,833.94	964.10	4,110.79
United - MRSA Northeast	1,603.45	5,387.18	324.31	1,696.07	9,047.76	5,833.94	1,066.94	3,403.49
Amerigroup - MRSA West	1,533.76	5,621.09	347.23	1,817.69	8,977.38	6,029.03	1,211.49	3,287.55
Superior - MRSA West	1,533.30	4,987.11	305.21	1,813.32	8,840.90	6,029.03	1,232.24	3,678.85

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
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		
FY2022 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
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		
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
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		
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
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		
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
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		
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
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		
FY2022 CHIRP Rates 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		
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
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		
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
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		
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
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		
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		
FY2022 Acute Care Premium Rate Change								
Amerigroup - Bexar	-2.0%	-0.7%	0.0%	0.0%	20.8%	0.0%	3.2%	19.3%
Molina - Bexar	-2.2%	3.5%	0.0%	0.0%	11.9%	0.0%	10.8%	2.9%
Superior - Bexar	0.8%	4.7%	0.0%	0.0%	16.0%	0.0%	0.7%	5.5%
Molina - Dallas	-1.8%	-1.5%	0.0%	0.0%	11.3%	0.0%	4.3%	-1.9%
Superior - Dallas	1.5%	-0.7%	0.0%	0.0%	2.9%	0.0%	0.7%	5.2%
Amerigroup - El Paso	0.7%	3.3%	0.0%	0.0%	-14.2%	0.0%	0.3%	18.2%
Molina - El Paso	-1.1%	-4.2%	0.0%	0.0%	-2.8%	0.0%	-5.7%	26.8%
Amerigroup - Harris	-0.5%	0.1%	0.0%	0.0%	10.4%	0.0%	-1.5%	8.9%
Molina - Harris	-0.7%	-0.6%	0.0%	0.0%	4.3%	0.0%	0.2%	3.6%
United - Harris	-0.9%	2.9%	0.0%	0.0%	5.8%	0.0%	-2.3%	5.8%
Health Spring - Hidalgo	9.2%	-3.3%	0.0%	0.0%	5.8%	0.0%	-1.0%	-11.7%
Molina - Hidalgo	15.9%	-4.1%	0.0%	0.0%	8.7%	0.0%	-3.1%	5.8%
Superior - Hidalgo	12.4%	-2.1%	0.0%	0.0%	16.6%	0.0%	6.4%	10.6%
Amerigroup - Jefferson	-6.5%	3.0%	0.0%	0.0%	-3.1%	0.0%	-3.3%	19.7%
Molina - Jefferson	-4.5%	0.7%	0.0%	0.0%	11.0%	0.0%	-8.0%	6.8%
United - Jefferson	-5.0%	3.1%	0.0%	0.0%	19.5%	0.0%	-8.0%	14.8%
Amerigroup - Lubbock	5.3%	5.3%	0.0%	0.0%	24.7%	0.0%	9.4%	17.2%
Superior - Lubbock	5.7%	-3.0%	0.0%	0.0%	22.2%	0.0%	0.6%	-1.0%
Superior - Nueces	-1.7%	2.9%	0.0%	0.0%	4.9%	0.0%	21.3%	3.6%
United - Nueces	-2.3%	9.0%	0.0%	0.0%	-2.0%	0.0%	25.3%	-3.8%
Amerigroup - Tarrant	0.8%	-4.1%	0.0%	0.0%	15.9%	0.0%	6.3%	-1.2%
Health Spring - Tarrant	3.7%	-0.9%	0.0%	0.0%	16.0%	0.0%	7.2%	-0.3%
Amerigroup - Travis	-3.1%	5.1%	0.0%	0.0%	9.8%	0.0%	2.7%	-13.9%
United - Travis	-3.8%	6.1%	0.0%	0.0%	0.2%	0.0%	4.7%	-0.9%
Superior - MRSA Central	-2.9%	3.1%	0.0%	0.0%	14.2%	0.0%	19.6%	2.5%
United - MRSA Central	-0.5%	11.3%	0.0%	0.0%	10.7%	0.0%	15.0%	-2.2%
Health Spring - MRSA Northeast	3.8%	-2.2%	0.0%	0.0%	25.4%	0.0%	3.8%	6.2%
United - MRSA Northeast	3.3%	-1.0%	0.0%	0.0%	16.6%	0.0%	6.8%	7.4%
Amerigroup - MRSA West	2.9%	3.5%	0.0%	0.0%	21.4%	0.0%	13.3%	4.1%
Superior - MRSA West	5.1%	10.0%	0.0%	0.0%	23.4%	0.0%	14.9%	12.2%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Long Term Care Premium Rate Change								
Amerigroup - Bexar	7.0%	-1.0%	2.9%	4.0%	7.7%	9.5%	0.0%	5.1%
Molina - Bexar	4.2%	4.1%	2.5%	3.1%	7.7%	9.5%	0.0%	5.1%
Superior - Bexar	2.8%	2.7%	0.7%	4.2%	7.7%	9.5%	0.0%	5.1%
Molina - Dallas	4.8%	4.7%	-1.0%	4.3%	6.2%	8.4%	0.0%	16.4%
Superior - Dallas	3.1%	5.5%	-0.5%	1.9%	6.2%	8.4%	0.0%	16.4%
Amerigroup - El Paso	5.1%	6.6%	1.3%	2.7%	10.4%	10.5%	0.0%	6.1%
Molina - El Paso	1.2%	5.2%	-0.3%	4.0%	10.4%	10.5%	0.0%	6.1%
Amerigroup - Harris	8.5%	2.5%	0.6%	4.1%	7.7%	8.8%	0.0%	7.0%
Molina - Harris	8.8%	7.0%	0.2%	5.0%	7.7%	8.8%	0.0%	7.0%
United - Harris	1.3%	3.0%	-2.5%	3.2%	7.7%	8.8%	0.0%	7.0%
Health Spring - Hidalgo	-1.3%	6.8%	1.0%	3.1%	11.0%	8.9%	0.0%	7.9%
Molina - Hidalgo	1.2%	6.0%	1.6%	4.0%	11.0%	8.9%	0.0%	7.9%
Superior - Hidalgo	-0.9%	5.3%	0.6%	3.1%	11.0%	8.9%	0.0%	7.9%
Amerigroup - Jefferson	1.2%	0.9%	-0.5%	-0.3%	9.8%	8.4%	0.0%	-7.5%
Molina - Jefferson	7.9%	6.2%	-1.5%	3.7%	9.8%	8.4%	0.0%	-7.5%
United - Jefferson	2.4%	7.7%	-0.2%	4.1%	9.8%	8.4%	0.0%	-7.5%
Amerigroup - Lubbock	11.2%	-4.9%	-2.6%	2.0%	8.8%	8.3%	0.0%	-4.2%
Superior - Lubbock	-2.2%	-7.5%	-5.1%	6.8%	8.8%	8.3%	0.0%	-4.2%
Superior - Nueces	1.1%	4.1%	-0.4%	1.9%	10.5%	10.4%	0.0%	3.6%
United - Nueces	2.1%	3.0%	1.7%	2.2%	10.5%	10.4%	0.0%	3.6%
Amerigroup - Tarrant	8.5%	8.9%	-2.0%	5.7%	11.5%	8.9%	0.0%	2.0%
Health Spring - Tarrant	6.0%	8.9%	-6.3%	7.1%	11.5%	8.9%	0.0%	2.0%
Amerigroup - Travis	3.6%	4.9%	-4.1%	6.0%	15.7%	9.1%	0.0%	12.7%
United - Travis	5.7%	4.9%	-3.6%	4.6%	15.7%	9.1%	0.0%	12.7%
Superior - MRSA Central	4.5%	2.3%	0.4%	3.6%	9.1%	9.0%	0.0%	22.1%
United - MRSA Central	0.5%	-1.0%	-1.1%	-0.3%	9.1%	9.0%	0.0%	22.1%
Health Spring - MRSA Northeast	8.1%	7.3%	1.7%	2.5%	8.8%	8.1%	0.0%	5.4%
United - MRSA Northeast	4.5%	10.7%	0.6%	2.1%	8.8%	8.1%	0.0%	5.4%
Amerigroup - MRSA West	8.6%	3.6%	0.1%	3.0%	9.4%	8.7%	0.0%	9.9%
Superior - MRSA West	-0.5%	2.7%	-4.0%	4.8%	9.4%	8.7%	0.0%	9.9%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	2.7%	-1.3%	0.0%	0.0%	3.4%	0.0%	5.4%	32.3%
Molina - Bexar	2.4%	2.9%	0.0%	0.0%	-4.2%	0.0%	13.1%	14.0%
Superior - Bexar	5.5%	4.1%	0.0%	0.0%	-0.7%	0.0%	2.7%	16.9%
Molina - Dallas	2.5%	3.5%	0.0%	0.0%	0.4%	0.0%	9.9%	18.3%
Superior - Dallas	5.9%	4.3%	0.0%	0.0%	-7.2%	0.0%	6.2%	26.8%
Amerigroup - El Paso	3.8%	6.6%	0.0%	0.0%	-7.6%	0.0%	-1.3%	10.4%
Molina - El Paso	1.9%	-1.2%	0.0%	0.0%	4.7%	0.0%	-7.2%	18.4%
Amerigroup - Harris	3.4%	2.1%	0.0%	0.0%	-3.3%	0.0%	5.7%	19.8%
Molina - Harris	3.2%	1.3%	0.0%	0.0%	-8.6%	0.0%	7.5%	13.9%
United - Harris	3.0%	4.9%	0.0%	0.0%	-7.3%	0.0%	4.9%	16.4%
Health Spring - Hidalgo	0.3%	2.6%	0.0%	0.0%	-8.9%	0.0%	2.3%	1.8%
Molina - Hidalgo	6.4%	1.8%	0.0%	0.0%	-6.3%	0.0%	0.2%	21.9%
Superior - Hidalgo	3.2%	4.0%	0.0%	0.0%	0.5%	0.0%	9.9%	27.5%
Amerigroup - Jefferson	1.7%	3.5%	0.0%	0.0%	-13.0%	0.0%	14.5%	18.5%
Molina - Jefferson	3.9%	1.2%	0.0%	0.0%	-0.5%	0.0%	9.0%	5.8%
United - Jefferson	3.3%	3.6%	0.0%	0.0%	7.1%	0.0%	8.9%	13.7%
Amerigroup - Lubbock	1.0%	8.7%	0.0%	0.0%	1.8%	0.0%	13.6%	27.8%
Superior - Lubbock	1.5%	0.2%	0.0%	0.0%	-0.2%	0.0%	4.4%	7.9%
Superior - Nueces	5.1%	2.2%	0.0%	0.0%	-2.0%	0.0%	-0.4%	23.3%
United - Nueces	4.4%	8.4%	0.0%	0.0%	-8.4%	0.0%	2.9%	14.4%
Amerigroup - Tarrant	0.8%	0.2%	0.0%	0.0%	-0.9%	0.0%	2.0%	13.6%
Health Spring - Tarrant	3.6%	3.5%	0.0%	0.0%	-0.8%	0.0%	3.0%	14.6%
Amerigroup - Travis	4.3%	2.9%	0.0%	0.0%	2.0%	0.0%	1.9%	12.9%
United - Travis	3.5%	3.9%	0.0%	0.0%	-6.9%	0.0%	3.9%	30.1%
Superior - MRSA Central	2.9%	2.8%	0.0%	0.0%	1.1%	0.0%	7.6%	20.4%
United - MRSA Central	5.5%	11.0%	0.0%	0.0%	-2.1%	0.0%	3.4%	15.0%
Health Spring - MRSA Northeast	2.7%	3.2%	0.0%	0.0%	6.2%	0.0%	3.6%	15.8%
United - MRSA Northeast	2.2%	4.5%	0.0%	0.0%	-1.3%	0.0%	6.5%	17.2%
Amerigroup - MRSA West	2.6%	0.7%	0.0%	0.0%	0.0%	0.0%	1.1%	13.8%
Superior - MRSA West	4.8%	7.1%	0.0%	0.0%	1.7%	0.0%	2.6%	22.6%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 NEMT Premium Rate Change								
Amerigroup - Bexar	5.4%	2.4%	0.5%	-1.4%	1.7%	-1.9%	0.3%	2.2%
Molina - Bexar	5.4%	2.4%	0.5%	-1.4%	1.7%	-1.9%	0.3%	2.2%
Superior - Bexar	5.4%	2.4%	0.5%	-1.4%	1.7%	-1.9%	0.3%	2.2%
Molina - Dallas	-1.1%	1.3%	-6.3%	0.5%	1.7%	-3.0%	0.3%	2.2%
Superior - Dallas	-1.1%	1.3%	-6.3%	0.5%	1.7%	-3.0%	0.3%	2.2%
Amerigroup - El Paso	3.3%	-5.9%	-4.7%	-11.0%	1.7%	0.3%	0.3%	2.2%
Molina - El Paso	3.3%	-5.9%	-4.7%	-11.0%	1.7%	0.3%	0.3%	2.2%
Amerigroup - Harris	-0.9%	-5.2%	-2.7%	3.0%	1.7%	-1.3%	0.3%	2.2%
Molina - Harris	-0.9%	-5.2%	-2.7%	3.0%	1.7%	-1.3%	0.3%	2.2%
United - Harris	-0.9%	-5.2%	-2.7%	3.0%	1.7%	-1.3%	0.3%	2.2%
Health Spring - Hidalgo	7.0%	-4.3%	2.3%	-2.2%	1.7%	-5.6%	0.3%	2.2%
Molina - Hidalgo	7.0%	-4.3%	2.3%	-2.2%	1.7%	-5.6%	0.3%	2.2%
Superior - Hidalgo	7.0%	-4.3%	2.3%	-2.2%	1.7%	-5.6%	0.3%	2.2%
Amerigroup - Jefferson	-2.7%	-2.0%	0.6%	-1.8%	1.7%	-14.4%	0.3%	2.2%
Molina - Jefferson	-2.7%	-2.0%	0.6%	-1.8%	1.7%	-14.4%	0.3%	2.2%
United - Jefferson	-2.7%	-2.0%	0.6%	-1.8%	1.7%	-14.4%	0.3%	2.2%
Amerigroup - Lubbock	-4.6%	23.2%	2.6%	4.9%	1.7%	26.1%	0.3%	2.2%
Superior - Lubbock	-4.6%	23.2%	2.6%	4.9%	1.7%	26.1%	0.3%	2.2%
Superior - Nueces	2.6%	-2.2%	6.5%	8.1%	1.7%	-6.2%	0.3%	2.2%
United - Nueces	2.6%	-2.2%	6.5%	8.1%	1.7%	-6.2%	0.3%	2.2%
Amerigroup - Tarrant	-4.5%	1.4%	-2.9%	-3.6%	1.7%	0.7%	0.3%	2.2%
Health Spring - Tarrant	-4.5%	1.4%	-2.9%	-3.6%	1.7%	0.7%	0.3%	2.2%
Amerigroup - Travis	-5.5%	16.4%	-0.8%	-2.6%	1.7%	-5.1%	0.3%	2.2%
United - Travis	-5.5%	16.4%	-0.8%	-2.6%	1.7%	-5.1%	0.3%	2.2%
Superior - MRSA Central	-2.7%	-7.7%	0.1%	-9.0%	1.7%	-3.5%	0.3%	2.2%
United - MRSA Central	-2.7%	-7.7%	0.1%	-9.0%	1.7%	-3.5%	0.3%	2.2%
Health Spring - MRSA Northeast	-1.0%	0.8%	1.8%	-2.0%	1.7%	0.6%	0.3%	2.2%
United - MRSA Northeast	-1.0%	0.8%	1.8%	-2.0%	1.7%	0.6%	0.3%	2.2%
Amerigroup - MRSA West	0.3%	-2.1%	0.8%	3.0%	1.7%	-13.1%	0.3%	2.2%
Superior - MRSA West	0.3%	-2.1%	0.8%	3.0%	1.7%	-13.1%	0.3%	2.2%



## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
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	-21.0%	-21.0%	0.0%	0.0%	0.0%	0.0%	-21.0%	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	-13.4%	-13.4%	0.0%	0.0%	0.0%	0.0%	-13.4%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	-23.8%	-23.8%	0.0%	0.0%	0.0%	0.0%	-23.8%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	-21.2%	-21.2%	0.0%	0.0%	0.0%	0.0%	-21.2%	0.0%
Amerigroup - Jefferson	-13.6%	-13.6%	0.0%	0.0%	0.0%	0.0%	-13.6%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	-21.2%	-21.2%	0.0%	0.0%	0.0%	0.0%	-21.2%	0.0%
Amerigroup - Lubbock	-24.4%	-24.4%	0.0%	0.0%	0.0%	0.0%	-24.4%	0.0%
Superior - Lubbock	-23.4%	-23.4%	0.0%	0.0%	0.0%	0.0%	-23.4%	0.0%
Superior - Nueces	-19.4%	-19.4%	0.0%	0.0%	0.0%	0.0%	-19.4%	0.0%
United - Nueces	-2.3%	-2.3%	0.0%	0.0%	0.0%	0.0%	-2.3%	0.0%
Amerigroup - Tarrant	-22.6%	-22.6%	0.0%	0.0%	0.0%	0.0%	-22.6%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	-21.2%	-21.2%	0.0%	0.0%	0.0%	0.0%	-21.2%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	-24.5%	-24.5%	0.0%	0.0%	0.0%	0.0%	-24.5%	0.0%
Superior - MRSA West	-23.0%	-23.0%	0.0%	0.0%	0.0%	0.0%	-23.0%	0.0%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	12.2%	12.2%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	12.2%	12.2%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	12.2%	12.2%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	9.4%	9.4%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	9.4%	9.4%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	5.4%	5.4%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	5.4%	5.4%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	18.4%	18.4%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	18.4%	18.4%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	18.4%	18.4%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	14.7%	14.7%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	14.7%	14.7%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	14.7%	14.7%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	18.7%	18.7%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	18.7%	18.7%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	18.7%	18.7%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	5.8%	5.8%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	5.8%	5.8%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	7.7%	7.7%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	7.7%	7.7%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	11.0%	11.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	11.0%	11.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	9.2%	9.2%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	9.2%	9.2%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	23.4%	23.4%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	23.4%	23.4%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	12.3%	12.3%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	12.3%	12.3%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	8.3%	8.3%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	8.3%	8.3%	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		
FY2022 CHIRP/UHRIP Premium Rate Change								
Amerigroup - Bexar	93.1%	104.0%	0.0%	0.0%	215.8%	0.0%	157.0%	138.1%
Molina - Bexar	72.7%	83.4%	0.0%	0.0%	173.6%	0.0%	100.5%	117.0%
Superior - Bexar	76.0%	91.6%	0.0%	0.0%	117.3%	0.0%	88.7%	27.5%
Molina - Dallas	75.1%	65.9%	0.0%	0.0%	159.9%	0.0%	90.7%	16.5%
Superior - Dallas	187.9%	157.0%	0.0%	0.0%	270.7%	0.0%	157.1%	119.5%
Amerigroup - El Paso	112.3%	137.9%	0.0%	0.0%	81.0%	0.0%	108.9%	69.1%
Molina - El Paso	127.6%	95.5%	0.0%	0.0%	133.2%	0.0%	151.8%	34.6%
Amerigroup - Harris	0.5%	-5.2%	0.0%	0.0%	42.2%	0.0%	-3.2%	-23.9%
Molina - Harris	-23.7%	-7.5%	0.0%	0.0%	-26.8%	0.0%	-47.2%	-74.7%
United - Harris	0.7%	-0.2%	0.0%	0.0%	-0.5%	0.0%	5.9%	8.4%
Health Spring - Hidalgo	96.5%	39.4%	0.0%	0.0%	89.1%	0.0%	99.1%	6.6%
Molina - Hidalgo	84.4%	59.8%	0.0%	0.0%	121.8%	0.0%	27.6%	13.5%
Superior - Hidalgo	69.1%	55.8%	0.0%	0.0%	109.2%	0.0%	96.6%	67.3%
Amerigroup - Jefferson	3.5%	22.5%	0.0%	0.0%	34.8%	0.0%	15.5%	7.7%
Molina - Jefferson	-2.5%	2.5%	0.0%	0.0%	7.0%	0.0%	-69.4%	4.4%
United - Jefferson	-3.5%	27.2%	0.0%	0.0%	5.6%	0.0%	-35.7%	53.4%
Amerigroup - Lubbock	54.3%	35.3%	0.0%	0.0%	10.7%	0.0%	10.2%	235.3%
Superior - Lubbock	73.4%	14.0%	0.0%	0.0%	13.2%	0.0%	13.1%	141.7%
Superior - Nueces	40.2%	21.5%	0.0%	0.0%	28.7%	0.0%	131.6%	49.7%
United - Nueces	21.7%	37.9%	0.0%	0.0%	27.2%	0.0%	117.1%	59.4%
Amerigroup - Tarrant	87.7%	104.3%	0.0%	0.0%	163.6%	0.0%	133.4%	67.5%
Health Spring - Tarrant	122.7%	141.5%	0.0%	0.0%	172.7%	0.0%	139.7%	49.8%
Amerigroup - Travis	81.2%	117.9%	0.0%	0.0%	66.5%	0.0%	313.3%	29.8%
United - Travis	85.4%	119.8%	0.0%	0.0%	95.5%	0.0%	169.2%	122.7%
Superior - MRSA Central	53.3%	60.6%	0.0%	0.0%	71.7%	0.0%	109.3%	119.2%
United - MRSA Central	40.4%	66.9%	0.0%	0.0%	25.6%	0.0%	63.8%	48.5%
Health Spring - MRSA Northeast	68.3%	53.8%	0.0%	0.0%	72.2%	0.0%	70.4%	114.2%
United - MRSA Northeast	51.3%	44.3%	0.0%	0.0%	55.6%	0.0%	64.9%	95.6%
Amerigroup - MRSA West	63.7%	70.3%	0.0%	0.0%	128.1%	0.0%	45.6%	69.4%
Superior - MRSA West	64.9%	64.9%	0.0%	0.0%	90.4%	0.0%	111.1%	104.6%

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 TIPPS Premium Rate Change								
Amerigroup - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Molina - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Harris	NA	NA	NA	NA	NA	NA	NA	NA
United - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
United - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
United - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Travis	NA	NA	NA	NA	NA	NA	NA	NA
United - Travis	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA

FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 DPP BHS Premium Rate Change								
Amerigroup - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Molina - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Harris	NA	NA	NA	NA	NA	NA	NA	NA
United - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
United - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
United - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Travis	NA	NA	NA	NA	NA	NA	NA	NA
United - Travis	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA

FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 RAPPS Premium Rate Change								
Amerigroup - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Bexar	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Dallas	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Molina - El Paso	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Harris	NA	NA	NA	NA	NA	NA	NA	NA
United - Harris	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Hidalgo	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Molina - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
United - Jefferson	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Lubbock	NA	NA	NA	NA	NA	NA	NA	NA
Superior - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
United - Nueces	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - Tarrant	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - Travis	NA	NA	NA	NA	NA	NA	NA	NA
United - Travis	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Central	NA	NA	NA	NA	NA	NA	NA	NA
Health Spring - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
United - MRSA Northeast	NA	NA	NA	NA	NA	NA	NA	NA
Amerigroup - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA
Superior - MRSA West	NA	NA	NA	NA	NA	NA	NA	NA

## FY2022 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 Total Premium Rate Change								
Amerigroup - Bexar	13.7%	6.0%	2.8%	3.9%	19.0%	10.2%	19.2%	29.7%
Molina - Bexar	12.4%	10.3%	2.5%	3.0%	14.5%	10.2%	24.2%	19.4%
Superior - Bexar	14.4%	10.7%	0.7%	4.1%	15.5%	10.2%	13.6%	12.5%
Molina - Dallas	19.9%	12.5%	-1.2%	4.2%	17.1%	8.7%	31.4%	9.3%
Superior - Dallas	31.7%	18.8%	-0.7%	1.9%	25.9%	8.7%	23.6%	32.9%
Amerigroup - El Paso	16.8%	13.0%	1.2%	2.5%	8.5%	9.4%	12.9%	24.5%
Molina - El Paso	15.9%	8.6%	-0.4%	3.7%	19.4%	9.4%	9.9%	27.4%
Amerigroup - Harris	4.6%	1.0%	0.5%	4.1%	14.6%	11.4%	5.3%	1.0%
Molina - Harris	-0.1%	2.9%	0.1%	5.0%	4.4%	11.4%	-1.4%	-25.6%
United - Harris	3.9%	4.0%	-2.5%	3.2%	7.7%	11.4%	7.1%	10.4%
Health Spring - Hidalgo	10.1%	5.6%	1.0%	3.0%	14.9%	10.2%	7.9%	-3.5%
Molina - Hidalgo	14.9%	6.7%	1.7%	3.9%	20.1%	10.2%	2.2%	11.2%
Superior - Hidalgo	10.5%	6.7%	0.6%	3.1%	20.7%	10.2%	17.2%	23.0%
Amerigroup - Jefferson	-0.4%	4.9%	-0.5%	-0.3%	10.0%	11.3%	9.1%	16.3%
Molina - Jefferson	0.7%	3.3%	-1.3%	3.5%	10.6%	11.3%	-11.8%	6.0%
United - Jefferson	-1.6%	7.3%	-0.1%	3.9%	12.5%	11.3%	-3.2%	20.2%
Amerigroup - Lubbock	20.2%	8.2%	-1.9%	2.2%	11.2%	7.6%	23.8%	79.3%
Superior - Lubbock	17.8%	-0.4%	-4.1%	6.7%	10.4%	7.6%	10.8%	32.8%
Superior - Nueces	5.6%	4.7%	-0.2%	2.1%	9.4%	9.6%	16.9%	15.3%
United - Nueces	3.8%	8.1%	1.9%	2.3%	7.4%	9.6%	19.9%	8.4%
Amerigroup - Tarrant	17.3%	13.2%	-2.0%	5.5%	21.6%	9.5%	19.7%	10.3%
Health Spring - Tarrant	22.0%	16.8%	-6.1%	6.9%	20.0%	9.5%	17.5%	9.3%
Amerigroup - Travis	12.3%	13.1%	-3.9%	5.7%	15.2%	9.1%	27.9%	-1.1%
United - Travis	14.5%	12.0%	-3.4%	4.3%	13.3%	9.1%	16.0%	17.8%
Superior - MRSA Central	9.2%	8.1%	0.4%	3.1%	15.7%	12.7%	23.5%	26.7%
United - MRSA Central	10.1%	11.2%	-0.9%	-0.6%	12.3%	12.7%	16.7%	13.1%
Health Spring - MRSA Northeast	15.6%	8.8%	1.7%	2.4%	16.4%	9.3%	14.2%	22.4%
United - MRSA Northeast	12.5%	9.5%	0.6%	2.0%	12.7%	9.3%	16.2%	18.8%
Amerigroup - MRSA West	13.8%	9.2%	0.1%	3.0%	18.5%	8.5%	12.2%	17.1%
Superior - MRSA West	15.1%	12.4%	-3.6%	4.7%	15.8%	8.5%	19.1%	30.0%

## FY2022 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2022 Premium		% Rate Change
	FY2021 Rates	FY2022 Rates	FY2021 Rates	FY2022 Rates	
Non-Nursing Facility					
Medical (1)	982.68	1,000.80	5,861,198,949	5,969,264,818	1.8%
Pharmacy	271.95	278.54	1,622,067,066	1,661,368,840	2.4%
NEMT	20.92	20.79	124,779,571	124,005,878	-0.6%
NAIP	5.77	4.78	34,409,419	28,511,185	-17.1%
UHRIP/CHIRP	143.73	207.83	857,253,614	1,239,614,111	44.6%
TIPPS	0.00	19.81	0	118,147,420	NA
DPP BHS	0.00	9.08	0	54,148,985	NA
RAPPS	0.00	0.22	0	1,312,684	NA
Total	1,425.05	1,541.85	8,499,708,618	9,196,373,920	8.2%
Nursing Facility					
Medical (1)	4,511.64	4,918.00	2,321,339,190	2,530,421,645	9.0%
Pharmacy	88.53	86.76	45,552,576	44,641,982	-2.0%
NEMT	9.55	9.42	4,913,029	4,847,367	-1.3%
QIPP	1,761.63	1,970.59	906,398,827	1,013,910,600	11.9%
UHRIP/CHIRP	82.90	153.70	42,652,456	79,080,592	85.4%
TIPPS	0.00	4.71	0	2,424,574	NA
DPP BHS	0.00	1.86	0	955,876	NA
RAPPS	0.00	0.12	0	60,273	NA
Total	6,454.25	7,145.16	3,320,856,078	3,676,342,909	10.7%
Total					
Medical (1)	1,262.93	1,311.88	8,182,538,138	8,499,686,463	3.9%
Pharmacy	257.39	263.31	1,667,619,643	1,706,010,822	2.3%
NEMT	20.02	19.89	129,692,599	128,853,245	-0.6%
NAIP & QIPP	145.21	160.89	940,808,246	1,042,421,785	10.8%
UHRIP/CHIRP	138.90	203.53	899,906,071	1,318,694,703	46.5%
TIPPS	0.00	18.61	0	120,571,994	NA
DPP BHS	0.00	8.51	0	55,104,861	NA
RAPPS	0.00	0.21	0	1,372,957	NA
Total	1,824.44	1,986.83	11,820,564,697	12,872,716,829	8.9%

## Notes:

(1) Includes LTSS.



## *Attachment 2*

### Individual Health Plan Experience Analysis

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

Exhibit A. This exhibit shows a sample of the monthly enrollment by risk group for the period September 2017 through February 2021. All of this information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report for one risk group. This report includes claim amounts by payment month and month of service. We analyzed claims experience for the period September 2017 through February 2021. This information was provided by the MCO and reconciled with the audited FSRs and certified encounter data.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims for one risk group. The report includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 28, 2021, (iii) estimated proportion of that month's incurred claims paid through February 28, 2021 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2022 cost based on the health plan's actual experience. The top of the exhibit shows summary base period (March 2019 through February 2020) enrollment, premium and claims experience. Next are projected FY2022 enrollment and premium based on current rates. Trend assumptions for are used to project the average base period claims cost to FY2022. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2022 incurred claims.

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

A provision for administrative expenses is included in the amount of \$12.00 pmpm and 5.25% of gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.0725 pmpm) and risk margin (1.75% of premium).

At the bottom of Exhibit D is a summary of the projected FY2022 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services.

Sample HMO  
 Enrollment and Premium Experience  
 Number of Members

Month	Medicaid Only		Dual Eligible		Total Members
	OCC	HCBS	OCC	HCBS	
Sep-17	3,793	223	4,001	546	8,563
Oct-17	3,776	218	3,977	534	8,505
Nov-17	3,741	229	3,965	536	8,471
Dec-17	3,745	235	3,954	533	8,467
Jan-18	3,746	242	3,913	522	8,423
Feb-18	3,783	249	3,919	534	8,485
Mar-18	3,772	260	3,916	538	8,486
Apr-18	3,768	264	3,882	525	8,439
May-18	3,754	265	3,956	529	8,504
Jun-18	3,749	267	3,987	529	8,532
Jul-18	3,759	278	3,986	543	8,566
Aug-18	3,768	280	4,019	545	8,612
Sep-18	3,766	284	4,045	537	8,632
Oct-18	3,762	287	4,040	534	8,623
Nov-18	3,732	292	4,104	551	8,679
Dec-18	3,750	291	4,107	547	8,695
Jan-19	3,739	292	4,024	534	8,589
Feb-19	3,731	292	4,029	534	8,586
Mar-19	3,703	291	4,026	529	8,549
Apr-19	3,717	293	4,021	536	8,567
May-19	3,715	294	3,994	543	8,546
Jun-19	3,695	304	3,996	552	8,547
Jul-19	3,665	305	4,009	541	8,520
Aug-19	3,637	320	3,977	541	8,475
Sep-19	3,603	325	3,987	563	8,478
Oct-19	3,599	331	4,001	570	8,501
Nov-19	3,599	336	3,997	580	8,512
Dec-19	3,592	331	4,004	582	8,509
Jan-20	3,569	335	3,930	578	8,412
Feb-20	3,536	335	3,964	580	8,415
Mar-20	3,543	343	3,974	578	8,438
Apr-20	3,595	350	3,979	583	8,507
May-20	3,631	350	4,005	586	8,572
Jun-20	3,657	353	4,065	575	8,650
Jul-20	3,661	362	4,086	589	8,698
Aug-20	3,687	368	4,093	591	8,739
Sep-20	3,721	364	4,156	585	8,825
Oct-20	3,734	362	4,153	584	8,833
Nov-20	3,725	374	4,165	581	8,845
Dec-20	3,727	379	4,165	583	8,853
Jan-21	3,720	378	4,179	568	8,844
Feb-21	3,733	376	4,139	563	8,811
FY2018	45,154	3,010	47,475	6,414	102,053
FY2019	44,612	3,545	48,372	6,479	103,008
FY2020	43,272	4,119	48,085	6,955	102,431

Sample HMO  
Claims Lag Report

Month Incurred	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Sep-17	456	5,858	1,432	(1,050)	0	322	298	1,821	0	0	(483)	(134)	0	(3,947)
Oct-17	1,055	6,450	617	(4,367)	(16,967)	15,691	(136)	0	(438)	(358)	(220)	(119)	533	(904)
Nov-17	(1,230)	202	(4,609)	(5,080)	(2,280)	206	0	0	0	(414)	117	(58)	12	(3,338)
Dec-17	(1,529)	7,517	1,466	(12,519)	4,695	(274)	(18)	0	(87)	1,340	0	(76)	0	(2,807)
Jan-18	(15,416)	11,435	(16,415)	(1,107)	(2,718)	(3,126)	(52)	0	(3,126)	118	(1,273)	(656)	0	(2,374)
Feb-18	89	(22,673)	(7,691)	(14,051)	7,162	(7,024)	936	(110)	(1,197)	42	(15)	0	4,721	(5,848)
Mar-18	(13,511)	1,042	(5,190)	(12,907)	5,770	9,432	(1,859)	6,012	(2,030)	(492)	0	(1,007)	407	2,542
Apr-18	4,407	1,408	(1,052)	(54,462)	34,326	4,332	(1,368)	380	(3,114)	175	(241)	82	1,191	(2,364)
May-18	89,899	25,305	(296)	(10,295)	6,618	256	2,144	(74)	(3,017)	0	19,605	(444)	64	(5,749)
Jun-18	13,705	23,644	1,842	(5,895)	(1,918)	2,287	(6,529)	(1,812)	2,002	1,559	(74)	(103)	594	(3,057)
Jul-18	179,242	186,272	3,137	5,864	15,186	2,768	751	577	(10,554)	(98)	(772)	(107)	335	(3,117)
Aug-18	1,107,244	557,033	54,549	28,402	1,368	6,530	3,853	(73)	(20,291)	(7,114)	170	(594)	(804)	(4,313)
Sep-18	622,651	1,162,723	158,605	24,818	35,769	15,467	(4,022)	(70)	(5,500)	(773)	7,086	240	(1,272)	(2,618)
Oct-18		828,228	898,191	305,619	22,551	13,027	(19,358)	1,497	(11,428)	(6,010)	(13,158)	7,726	(8,275)	(9,631)
Nov-18			510,306	916,854	427,560	46,188	(3,435)	(7,966)	13,749	(14,549)	(13,903)	(2,252)	35,328	(7,636)
Dec-18				478,145	1,057,294	138,370	75,830	(16,449)	6,279	(101)	(4,891)	(3,927)	(612)	(37,169)
Jan-19					568,162	1,209,811	442,746	31,717	154,849	7,175	2,711	2,410	28,743	(22,344)
Feb-19						473,845	1,079,746	391,197	65,251	9,867	(1,569)	10,796	210	(31,345)
Mar-19							556,811	797,529	392,853	67,115	(907)	1,448	5,057	(1,916)
Apr-19								350,674	1,162,250	146,752	34,027	1,698	13,964	(1,818)
May-19									613,159	864,079	173,305	26,530	13,374	1,498
Jun-19										775,118	1,025,669	139,884	94,572	13,696
Jul-19											638,794	1,035,071	160,128	23,841
Aug-19												631,541	1,073,878	147,974
Sep-19													639,753	1,461,628
Oct-19														827,081
Nov-19														
Dec-19														
Jan-20														
Feb-20														
	1,975,904	2,798,055	1,592,562	1,640,597	2,169,983	1,928,643	2,131,621	1,555,720	2,342,704	1,843,338	1,862,187	1,847,951	2,061,627	2,324,302

Sample HMO  
Estimated Claims Experience

Acute Care - Medicaid Only OCC						
Month	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	Trend
Sep-17	3,793	1,790,418	1.000	1,790,418	472.03	
Oct-17	3,776	1,947,201	1.000	1,947,201	515.68	
Nov-17	3,741	1,783,169	1.000	1,783,169	476.66	
Dec-17	3,745	1,617,635	1.000	1,617,635	431.95	
Jan-18	3,746	1,817,650	1.000	1,817,650	485.22	
Feb-18	3,783	1,646,559	1.000	1,646,559	435.25	
Mar-18	3,772	1,921,220	1.000	1,921,220	509.34	
Apr-18	3,768	1,954,119	1.000	1,954,119	518.61	
May-18	3,754	2,099,226	1.000	2,099,226	559.20	
Jun-18	3,749	1,900,486	1.000	1,900,486	506.93	
Jul-18	3,759	2,253,950	1.000	2,253,950	599.61	
Aug-18	3,768	2,254,591	1.000	2,254,591	598.35	
Sep-18	3,766	1,945,899	1.000	1,945,899	516.70	1.095
Oct-18	3,762	2,053,908	1.000	2,053,908	545.96	1.059
Nov-18	3,732	2,029,582	1.000	2,029,582	543.83	1.141
Dec-18	3,750	2,033,655	1.000	2,033,655	542.31	1.256
Jan-19	3,739	2,157,207	1.000	2,157,207	576.95	1.189
Feb-19	3,731	1,987,410	1.000	1,987,410	532.67	1.224
Mar-19	3,703	1,975,893	1.000	1,975,893	533.59	1.048
Apr-19	3,717	1,967,534	1.000	1,967,534	529.33	1.021
May-19	3,715	2,004,591	1.000	2,004,591	539.59	0.965
Jun-19	3,695	1,864,207	1.000	1,864,207	504.52	0.995
Jul-19	3,665	2,230,430	1.000	2,230,430	608.58	1.015
Aug-19	3,637	2,383,059	1.000	2,383,059	655.23	1.095
Sep-19	3,603	2,011,531	1.000	2,011,531	558.29	1.080
Oct-19	3,599	1,996,997	1.000	1,996,997	554.88	1.016
Nov-19	3,599	1,907,014	1.000	1,907,014	529.87	0.974
Dec-19	3,592	1,690,330	1.000	1,690,330	470.58	0.868
Jan-20	3,569	2,390,549	1.000	2,390,549	669.81	1.161
Feb-20	3,536	2,003,798	1.000	2,003,798	566.69	1.064
Mar-20	3,543	1,816,397	1.000	1,816,397	512.67	0.961
Apr-20	3,595	1,696,175	1.000	1,696,175	471.82	0.891
May-20	3,631	1,686,979	1.000	1,686,979	464.60	0.861
Jun-20	3,657	2,004,826	1.000	2,004,826	548.22	1.087
Jul-20	3,661	1,836,047	1.000	1,836,047	501.52	0.824
Aug-20	3,687	1,908,788	1.000	1,908,788	517.71	0.790
Sep-20	3,721	2,305,291	1.000	2,305,291	619.54	1.110
Oct-20	3,734	2,292,122	1.000	2,292,122	613.84	1.106
Nov-20	3,725	2,009,961	1.000	2,009,961	539.55	1.018
Dec-20	3,727	2,169,911	0.973	2,230,125	598.42	1.272
FY2018	45,154	22,986,224		22,986,224	509.06	
FY2019	44,612	24,633,376		24,633,376	552.17	1.085
FY2020	43,272	22,949,431		22,949,431	530.35	0.960

Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	43,630		3,800	
Estimated Incurred Claims				
Acute Care	24,425,933	559.84	5,029,302	1,323.50
Long Term Care	8,103,584	185.73	6,703,564	1,764.10
Total	32,529,516	745.58	11,732,866	3,087.60
Projected FY2022 Member Months	45,968		4,528	
Projected FY2022 Premium				
At Current Rates	41,181,201	895.86	16,599,262	3,665.78
Annual Cost Trend Assumptions				
Acute Care	1.1 %		1.1 %	
Long Term Care	5.6 %		5.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		0.9909		0.9963
Acute Care - Inpatient		1.0099		1.0138
Wrap & Carve-Out Removal		0.9945		0.9968
Long Term Care		1.0050		1.0024
Other Adjustments - NF Eligibility		1.0184		0.9969
PHE Related Cost Adjustment				
Acute Care		1.0000		1.0000
Long Term Care		1.0000		1.0000
Projected Incurred Claims				
Acute Care	26,806,127	583.14	6,181,963	1,365.22
LTC	10,013,710	217.84	9,061,009	2,001.03
Total	36,819,838	800.98	15,242,972	3,366.26
Capitation Expenses				
Vision	44,589	0.97	4,392	0.97
Behavioral Health	0	0.00	0	0.00
PCP	26,662	0.58	3,577	0.79
Other - Settlements	132,389	2.88	13,041	2.88
Total	203,640	4.43	21,011	4.64

Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	1,351,929	29.41	133,173	29.41
Other	0	0.00	0	0.00
Total	1,351,929	29.41	133,173	29.41
Reinsurance Expenses				
Gross Premium	114,921	2.50	11,320	2.50
Projected Reinsurance Recoveries	91,937	2.00	9,056	2.00
Net Reinsurance Cost	22,984	0.50	2,264	0.50
Administrative Expenses				
Fixed Amount	551,620	12.00	54,338	12.00
Percentage of Premium	2,241,151	5.25%	889,139	5.25%
Total	2,792,771	60.75	943,477	20.52
Risk Margin	747,050	1.75%	296,380	1.75%
Premium Tax	747,050	1.75%	296,380	1.75%
Maintenance Tax	3,333	0.07	328	0.07
Projected Total Cost				
Acute Care	30,067,700	654.10	6,824,557	1,507.13
LTC	12,620,895	274.56	10,111,429	2,233.01
Total	42,688,595	928.65	16,935,986	3,740.14

### *Attachment 3*

#### Community Experience Analysis – Medical

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2022 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2022 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2022 STAR+PLUS community rates for the following service areas:

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

These exhibits show projected FY2022 experience for each of the service areas. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (March 2019 through February 2020) experience and projected FY2022 enrollment, and incurred claims experience.

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

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

A provision for administrative expenses is included in the amount of \$12.00 pmpm and 5.25% of



gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.0725 pmpm) and risk margin (1.75% of premium).

The bottom of the exhibit shows a summary of the projected FY2022 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

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

#### Community Experience Analysis – Pharmacy

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

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2022 STAR+PLUS pharmacy community capitation rates for the following service areas:

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

These exhibits present projected FY2022 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The exhibits show (a) summary base period (March 2019 through February 2020) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

A provision for administrative expenses is included in the amount of \$1.60 pmpm. Additional provisions are included for premium tax (1.75% of premium) and risk margin (1.75% of premium).

## Community Experience Analysis – NEMT

The following exhibits present a summary of the experience analysis performed for each managed care service area for all risk groups. As with medical and pharmacy services (described above), HHSC utilizes a community rating methodology in setting the NEMT capitation rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2022 STAR+PLUS NEMT community capitation rates for the following service areas:

- Exhibit A.3 – Bexar Service Area
- Exhibit B.3 – Dallas Service Area
- Exhibit C.3 – El Paso Service Area
- Exhibit D.3 – Harris Service Area
- Exhibit E.3 – Hidalgo Service Area
- Exhibit F.3 – Jefferson Service Area
- Exhibit G.3 – Lubbock Service Area
- Exhibit H.3 – Nueces Service Area
- Exhibit I.3 – Tarrant Service Area
- Exhibit J.3 – Travis Service Area
- Exhibit K.3 – MRSA Central Service Area
- Exhibit L.3 – MRSA Northeast Service Area
- Exhibit M.3 – MRSA West Service Area
- Exhibit N.3 – Statewide

These exhibits present projected FY2022 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The exhibits show (a) summary base period (March 2019 through February 2020) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

A provision for administrative expense is included in the amount of \$0.175 pmpm plus 22% of premiums. Additional provisions are included for premium tax (1.75%) and risk margin (1.75% of premiums).

As described above for medical and pharmacy services, the actuarial model used to derive the FY2022 STAR+PLUS capitation rates for NEMT services relies primarily on historical managed care enrollment and claims experience. The NEMT premiums for the Medicaid Only Nursing Facility, IDD and MBCCP risk groups were set using a statewide rating analysis.

## 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>
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	1.0050		1.0024		1.0046		1.0029	
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	55,047,570	238.58	55,313,720	1,966.37	77,041,180	373.65	64,344,923	2,019.36
Total	188,319,284	816.20	95,359,723	3,389.97	77,041,180	373.65	64,344,923	2,019.36
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	11,805,574	5.25%	5,627,890	5.25%	5,198,759	5.25%	3,827,438	5.25%
Total	14,574,298	63.17	5,965,450	212.07	7,672,962	37.21	4,209,805	132.12
Risk Margin	3,935,191	1.75%	1,875,963	1.75%	1,732,920	1.75%	1,275,813	1.75%
Premium Tax	3,935,191	1.75%	1,875,963	1.75%	1,732,920	1.75%	1,275,813	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	150,564,755	652.57	44,597,757	1,585.42	1,023,594	4.96	162,707	5.11
LTC	74,303,314	322.04	62,600,157	2,225.39	98,000,397	475.31	72,740,868	2,282.86
Total	224,868,069	974.61	107,197,914	3,810.81	99,023,990	480.27	72,903,575	2,287.96

## 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	1.0442		1.0444		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	28,790,822	4,578.59	150,416,087	4,341.76	0	0.00	213,315	43.13
Total	37,790,327	6,009.77	150,416,087	4,341.76	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	2,198,057	5.25%	8,776,981	5.25%	574,013	5.25%	717,141	5.25%
Total	2,273,515	361.56	9,192,709	265.35	813,291	40.79	776,488	157.01
Risk Margin	732,686	1.75%	2,925,660	1.75%	191,338	1.75%	239,047	1.75%
Premium Tax	732,686	1.75%	2,925,660	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	9,923,058	1,578.06	126,390	3.65	9,741,147	488.53	13,122,666	2,653.42
LTC	31,944,703	5,080.14	167,054,193	4,822.02	1,192,430	59.80	537,165	108.62
Total	41,867,761	6,658.20	167,180,582	4,825.67	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	431,167,616	766.22
Total	634,051,476	1,126.76
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	38,725,853	5.25%
Total	45,478,517	80.82
Risk Margin	12,908,618	1.75%
Premium Tax	12,908,618	1.75%
Maintenance Tax	40,797	0.07
Projected Total Cost		
Acute Care	229,262,073	407.42
LTC	508,373,225	903.42
Total	737,635,299	1,310.83



## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	221,343		26,033		7,029		20,906	
Experience Period Cost								
Estimated Incurred Claims	112,497,598	508.25	28,314,038	1,087.62	5,052,089	718.75	11,641,578	556.85
Other Costs/Refunds	-1,149,858	-5.19	-137,965	-5.30	-32,939	-4.69	-117,771	-5.63
Total Cost	111,347,740	503.06	28,176,072	1,082.32	5,019,151	714.06	11,523,806	551.22
Projected FY2022 Member Months	230,727		28,130		6,288		19,940	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9600		0.9863		0.9848		0.9813	
Adjustment #2 Hemostatic Carveout	0.9957		0.9987		1.0000		1.0000	
Adjustment #3 PDL Change	0.9963		0.9969		0.9997		0.9988	
Adjustment #4 NF Risk Group	1.0018		0.9998		0.9932		0.9989	
Adjustment #5 IMD Adjustment	0.9993		0.9995		0.9999		0.9995	
Projected FY2022 Incurred Claims	123,822,021	536.66	33,190,543	1,179.90	4,434,093	705.15	12,121,920	607.92
Administrative Expenses	369,163	1.60	45,008	1.60	10,061	1.60	31,904	1.60
Risk Margin	2,252,172	1.75 %	602,717	1.75 %	80,593	1.75 %	220,406	1.75 %
Premium Tax	2,252,172	1.75 %	602,717	1.75 %	80,593	1.75 %	220,406	1.75 %
Projected Total Cost	128,695,527	557.78	34,440,986	1,224.35	4,605,341	732.38	12,594,636	631.63

## FY2022 STAR+PLUS Rating Summary

## Bexar SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period				
Member Months	4,343		279,654	
Experience Period Cost				
Estimated Incurred Claims	3,039,063	699.76	160,544,366	574.08
Other Costs/Refunds	-25,650	-5.91	-1,464,184	-5.24
Total Cost	3,013,412	693.86	159,080,182	568.85
Projected FY2022 Member Months	4,946		290,031	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	0.9921			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9985			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	5,508,589	1,113.84	179,077,166	617.44
Administrative Expenses	7,913	1.60	464,049	1.60
Risk Margin	100,040	1.75 %	3,255,929	1.75 %
Premium Tax	100,040	1.75 %	3,255,929	1.75 %
Projected Total Cost	5,716,583	1,155.90	186,053,072	641.49

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	816,940	3.69	244,279	9.38	411,376	2.10	274,309	8.27
Demand Response <= 15 Miles	1,693,450	7.65	458,643	17.62	1,270,123	6.48	714,615	21.55
Mileage Reimbursement	38,004	0.17	28,590	1.10	41,148	0.21	36,376	1.10
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	814	0.00	0	-
All Others	25,001	0.11	10,300	0.40	45,166	0.23	12,054	0.36
Total	2,573,394	11.63	741,810	28.50	1,768,626	9.02	1,037,353	31.28
Projected FY2022 Member Months	230,727		28,130		206,184		31,864	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0041		1.0039		1.0045		1.0043
Mileage Reimbursement Adjustment		0.9995		0.9987		0.9992		0.9988
Projected Incurred Claims	2,919,776	12.65	871,593	30.98	2,023,700	9.82	1,084,176	34.03
Administrative Expenses								
Fixed Amount	40,377	0.175	4,923	0.175	36,082	0.175	5,576	0.175
Percent of Premium	874,139	22.0%	258,837	22.0%	608,258	22.0%	321,806	22.0%
Total	914,516	3.96	263,760	9.38	644,340	3.13	327,382	10.27
Risk Margin	69,534	1.75 %	20,589	1.75 %	48,384	1.75 %	25,598	1.75 %
Premium Tax	69,534	1.75 %	20,589	1.75 %	48,384	1.75 %	25,598	1.75 %
Projected Total Cost	3,973,360	17.22	1,176,531	41.82	2,764,808	13.41	1,462,754	45.91

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,029		38,939		20,906		4,343	
Estimated Incurred Claims								
Demand Response >15 Miles	1,318	0.19	15,687	0.40	5,985	0.29	9,827	2.26
Demand Response <= 15 Miles	7,780	1.11	128,511	3.30	6,567	0.31	5,282	1.22
Mileage Reimbursement	0	-	0	-	6,543	0.31	1,069	0.25
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	9,099	1.29	144,198	3.70	19,094	0.91	16,178	3.72
Projected FY2022 Member Months	6,288		34,644		19,940		4,946	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0053		1.0056		1.0021		1.0020
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9887		0.9978
Projected Incurred Claims	8,875	1.41	139,920	4.04	19,569	0.98	19,976	4.04
Administrative Expenses								
Fixed Amount	1,100	0.175	6,063	0.175	3,489	0.175	865	0.175
Percent of Premium	2,946	22.0%	43,109	22.0%	6,809	22.0%	6,154	22.0%
Total	4,046	0.64	49,172	1.42	10,299	0.52	7,020	1.42
Risk Margin	234	1.75 %	3,429	1.75 %	542	1.75 %	490	1.75 %
Premium Tax	234	1.75 %	3,429	1.75 %	542	1.75 %	490	1.75 %
Projected Total Cost	13,390	2.13	195,949	5.66	30,952	1.55	27,975	5.66

FY2022 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	547,915	
Estimated Incurred Claims		
Demand Response >15 Miles	1,779,719	3.25
Demand Response <= 15 Miles	4,284,971	7.82
Mileage Reimbursement	151,729	0.28
Meals	0	-
Lodging	0	-
Airfare	814	0.00
All Others	92,519	0.17
Total	6,309,753	11.52
Projected FY2022 Member Months	562,722	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	7,087,583	12.60
Administrative Expenses		
Fixed Amount	98,476	0.175
Percent of Premium	2,122,058	22.00 %
Total	2,220,534	3.95
Risk Margin	168,800	1.75 %
Premium Tax	168,800	1.75 %
Projected Total Cost	9,645,718	17.14

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	1.0050		1.0025		1.0048		1.0026	
Other Adjustments - NF Eligibility	1.0230		0.9901		1.0396		0.9883	

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
Projected Incurred Claims								
Acute Care	196,020,910	617.78	60,068,251	1,408.44	0	0.00	0	0.00
LTC	75,640,745	238.39	72,661,881	1,703.72	92,427,488	348.61	102,242,055	1,798.04
Total	271,661,655	856.18	132,730,132	3,112.16	92,427,488	348.61	102,242,055	1,798.04
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	16,807,584	5.25%	7,886,566	5.25%	6,228,805	5.25%	6,149,265	5.25%
Total	20,615,145	64.97	8,398,353	196.92	9,410,378	35.49	6,831,624	120.14
Risk Margin	5,602,528	1.75%	2,628,855	1.75%	2,076,268	1.75%	2,049,755	1.75%
Premium Tax	5,602,528	1.75%	2,628,855	1.75%	2,076,268	1.75%	2,049,755	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	220,163,775	693.87	66,431,043	1,557.63	945,162	3.56	147,457	2.59
LTC	99,980,676	315.10	83,789,268	1,964.63	117,698,752	443.93	116,981,410	2,057.24
Total	320,144,450	1,008.97	150,220,312	3,522.25	118,643,914	447.49	117,128,867	2,059.84

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	1.0448		1.0471		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	41,727,652	4,427.61	200,362,179	4,198.99	0	0.00	532,039	81.13
Total	60,276,893	6,395.82	200,362,179	4,198.99	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	3,500,653	5.25%	11,684,557	5.25%	644,208	5.25%	1,066,870	5.25%
Total	3,613,746	383.45	12,257,159	256.87	959,733	36.50	1,145,568	174.68
Risk Margin	1,166,884	1.75%	3,894,852	1.75%	214,736	1.75%	355,623	1.75%
Premium Tax	1,166,884	1.75%	3,894,852	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	20,408,940	2,165.54	71,899	1.51	10,886,415	414.03	19,363,479	2,952.56
LTC	46,270,160	4,909.61	222,491,094	4,662.74	1,384,222	52.64	957,850	146.05
Total	66,679,100	7,075.14	222,562,993	4,664.25	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	585,594,039	758.61
Total	887,528,147	1,149.75
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	53,968,509	5.25%
Total	63,231,705	81.91
Risk Margin	17,989,503	1.75%
Premium Tax	17,989,503	1.75%
Maintenance Tax	55,965	0.07
Projected Total Cost		
Acute Care	338,418,169	438.40
LTC	689,553,432	893.28
Total	1,027,971,601	1,331.69

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	305,215		35,502		10,150		26,839	
Experience Period Cost								
Estimated Incurred Claims	123,671,144	405.19	30,035,580	846.03	4,981,095	490.75	9,953,193	370.85
Other Costs/Refunds	-1,599,471	-5.24	-171,190	-4.82	-51,214	-5.05	-147,472	-5.49
Total Cost	122,071,672	399.95	29,864,390	841.20	4,929,881	485.70	9,805,721	365.35
Projected FY2022 Member Months	317,297		42,649		9,424		26,294	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9558		0.9578		0.9828		1.0000	
Adjustment #2 Hemostatic Carveout	0.9761		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9977		0.9978		0.9987		0.9987	
Adjustment #4 NF Risk Group	1.0033		1.0010		0.9599		1.0000	
Adjustment #5 IMD Adjustment	0.9995		0.9991		0.9999		0.9997	
Projected FY2022 Incurred Claims	132,555,353	417.76	38,096,132	893.25	4,355,538	462.15	10,809,557	411.11
Administrative Expenses	507,675	1.60	68,238	1.60	15,079	1.60	42,070	1.60
Risk Margin	2,413,060	1.75 %	692,100	1.75 %	79,260	1.75 %	196,791	1.75 %
Premium Tax	2,413,060	1.75 %	692,100	1.75 %	79,260	1.75 %	196,791	1.75 %
Projected Total Cost	137,889,148	434.57	39,548,570	927.31	4,529,137	480.57	11,245,209	427.68

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	5,849		383,555	
Experience Period Cost				
Estimated Incurred Claims	2,849,309	487.14	171,490,321	447.11
Other Costs/Refunds	-34,611	-5.92	-2,003,958	-5.22
Total Cost	2,814,699	481.23	169,486,364	441.88
Projected FY2022 Member Months	6,558		402,222	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	0.9724			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9989			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	4,967,680	757.48	190,784,261	474.33
Administrative Expenses	10,493	1.60	643,555	1.60
Risk Margin	90,278	1.75 %	3,471,489	1.75 %
Premium Tax	90,278	1.75 %	3,471,489	1.75 %
Projected Total Cost	5,158,729	786.61	198,370,793	493.19

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	<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	
Estimated Incurred Claims								
Demand Response >15 Miles	1,291,663	4.23	576,415	16.24	877,470	3.50	549,350	10.32
Demand Response <= 15 Miles	1,656,551	5.43	685,371	19.31	1,573,230	6.28	995,846	18.70
Mileage Reimbursement	58,930	0.19	29,587	0.83	98,683	0.39	82,249	1.54
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	478	0.01	0	-	0	-
All Others	314,362	1.03	65,474	1.84	97,197	0.39	19,862	0.37
Total	3,321,507	10.88	1,357,326	38.23	2,646,581	10.56	1,647,307	30.94
Projected FY2022 Member Months	317,297		42,649		265,131		56,863	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0031		1.0032		1.0037		1.0038
Mileage Reimbursement Adjustment		0.9994		0.9993		0.9988		0.9983
Projected Incurred Claims	3,754,302	11.83	1,772,856	41.57	3,043,233	11.48	1,911,957	33.62
Administrative Expenses								
Fixed Amount	55,527	0.175	7,464	0.175	46,398	0.175	9,951	0.175
Percent of Premium	1,125,050	22.0%	525,732	22.0%	912,374	22.0%	567,543	22.0%
Total	1,180,577	3.72	533,195	12.50	958,772	3.62	577,494	10.16
Risk Margin	89,493	1.75 %	41,820	1.75 %	72,575	1.75 %	45,145	1.75 %
Premium Tax	89,493	1.75 %	41,820	1.75 %	72,575	1.75 %	45,145	1.75 %
Projected Total Cost	5,113,865	16.12	2,389,690	56.03	4,147,155	15.64	2,579,742	45.37

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,150		55,245		26,839		5,849	
Estimated Incurred Claims								
Demand Response >15 Miles	31,823	3.14	29,495	0.53	17,515	0.65	17,078	2.92
Demand Response <= 15 Miles	41,183	4.06	217,146	3.93	20,100	0.75	22,359	3.82
Mileage Reimbursement	149	0.01	0	-	4,406	0.16	5,195	0.89
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	2,510	0.25	1,210	0.02	968	0.04	2,827	0.48
Total	75,665	7.45	247,850	4.49	42,989	1.60	47,459	8.11
Projected FY2022 Member Months	9,424		47,717		26,294		6,558	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0034		1.0055		1.0029		1.0030
Mileage Reimbursement Adjustment		0.9999		1.0000		0.9966		0.9964
Projected Incurred Claims	76,448	8.11	233,454	4.89	45,653	1.74	57,677	8.79
Administrative Expenses								
Fixed Amount	1,649	0.175	8,350	0.175	4,601	0.175	1,148	0.175
Percent of Premium	23,062	22.0%	71,405	22.0%	14,840	22.0%	17,371	22.0%
Total	24,711	2.62	79,756	1.67	19,442	0.74	18,519	2.82
Risk Margin	1,834	1.75 %	5,680	1.75 %	1,180	1.75 %	1,382	1.75 %
Premium Tax	1,834	1.75 %	5,680	1.75 %	1,180	1.75 %	1,382	1.75 %
Projected Total Cost	104,828	11.12	324,569	6.80	67,456	2.57	78,960	12.04

FY2022 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	742,740	
Estimated Incurred Claims		
Demand Response >15 Miles	3,390,809	4.57
Demand Response <= 15 Miles	5,211,787	7.02
Mileage Reimbursement	279,199	0.38
Meals	0	-
Lodging	0	-
Airfare	478	0.00
All Others	504,410	0.68
Total	9,386,684	12.64
Projected FY2022 Member Months	771,933	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	10,895,579	14.11
Administrative Expenses		
Fixed Amount	135,088	0.175
Percent of Premium	3,257,378	22.00 %
Total	3,392,467	4.39
Risk Margin	259,110	1.75 %
Premium Tax	259,110	1.75 %
Projected Total Cost	14,806,265	19.18



## 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>
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	1.0047		1.0018		1.0046		1.0016	
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	45,625,632	619.70	13,786,640	1,346.37	0	0.00	0	0.00
LTC	23,254,806	315.86	19,009,830	1,856.46	74,029,913	521.68	29,896,519	2,042.21
Total	68,880,438	935.56	32,796,469	3,202.83	74,029,913	521.68	29,896,519	2,042.21
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	4,154,090	5.25%	1,927,568	5.25%	4,620,968	5.25%	1,769,234	5.25%
Total	5,037,588	68.42	2,050,446	200.24	6,323,860	44.56	1,944,906	132.85
Risk Margin	1,384,697	1.75%	642,523	1.75%	1,540,323	1.75%	589,745	1.75%
Premium Tax	1,384,697	1.75%	642,523	1.75%	1,540,323	1.75%	589,745	1.75%
Maintenance Tax	5,338	0.07	742	0.07	10,288	0.07	1,061	0.07
Projected Total Cost								
Acute Care	50,858,137	690.77	15,210,859	1,485.46	258,315	1.82	42,743	2.92
LTC	28,267,387	383.94	21,504,715	2,100.10	87,760,127	618.43	33,656,956	2,299.08
Total	79,125,524	1,074.71	36,715,575	3,585.56	88,018,442	620.25	33,699,700	2,302.00

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	1.0430		1.0448		1.0000		1.0053	
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	4,448,965	4,648.05	28,848,659	4,511.45	0	0.00	322,530	86.86
Total	6,491,691	6,782.18	28,848,659	4,511.45	3,729,791	621.65	7,441,175	2,003.89
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	376,251	5.25%	1,676,849	5.25%	229,928	5.25%	437,739	5.25%
Total	387,737	405.09	1,753,584	274.23	301,926	50.32	482,299	129.88
Risk Margin	125,417	1.75%	558,950	1.75%	76,643	1.75%	145,913	1.75%
Premium Tax	125,417	1.75%	558,950	1.75%	76,643	1.75%	145,913	1.75%
Maintenance Tax	69	0.07	464	0.07	435	0.07	269	0.07
Projected Total Cost								
Acute Care	2,250,015	2,350.70	24,936	3.90	4,182,000	697.02	7,858,825	2,116.36
LTC	4,916,675	5,136.68	31,915,051	4,990.98	197,582	32.93	479,053	129.01
Total	7,166,690	7,487.38	31,939,987	4,994.88	4,379,581	729.95	8,337,878	2,245.37

## 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	179,811,222	698.36
Total	252,114,655	979.18
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	15,192,627	5.25%
Total	18,282,346	71.01
Risk Margin	5,064,209	1.75%
Premium Tax	5,064,209	1.75%
Maintenance Tax	18,667	0.07
Projected Total Cost		
Acute Care	80,685,830	313.37
LTC	208,697,547	810.55
Total	289,383,376	1,123.92

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	70,460		9,606		1,020		5,949	
Experience Period Cost								
Estimated Incurred Claims	37,923,162	538.22	10,488,977	1,091.92	475,793	466.46	3,993,068	671.22
Other Costs/Refunds	-90,118	-1.28	-14,017	-1.46	-1,625	-1.59	-6,233	-1.05
Total Cost	37,833,044	536.94	10,474,960	1,090.46	474,168	464.87	3,986,836	670.17
Projected FY2022 Member Months	73,625		10,240		957		6,000	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9799		0.9833		1.0000		1.0000	
Adjustment #2 Hemostatic Carveout	0.9417		0.9366		1.0000		1.0000	
Adjustment #3 PDL Change	0.9984		0.9990		0.9929		0.9987	
Adjustment #4 NF Risk Group	1.0017		0.9961		1.0018		0.9999	
Adjustment #5 IMD Adjustment	0.9991		0.9979		1.0000		0.9990	
Projected FY2022 Incurred Claims	40,789,416	554.02	11,345,182	1,107.95	447,035	467.04	4,520,870	753.49
Administrative Expenses	117,800	1.60	16,384	1.60	1,531	1.60	9,600	1.60
Risk Margin	741,841	1.75 %	206,039	1.75 %	8,135	1.75 %	82,159	1.75 %
Premium Tax	741,841	1.75 %	206,039	1.75 %	8,135	1.75 %	82,159	1.75 %
Projected Total Cost	42,390,897	575.77	11,773,643	1,149.79	464,836	485.64	4,694,787	782.48

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,326		90,361	
Experience Period Cost				
Estimated Incurred Claims	2,039,296	613.14	54,920,297	607.79
Other Costs/Refunds	-4,101	-1.23	-116,093	-1.28
Total Cost	2,035,195	611.90	54,804,203	606.50
Projected FY2022 Member Months	3,713		94,535	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9996			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	3,680,698	991.20	60,783,200	642.97
Administrative Expenses	5,941	1.60	151,256	1.60
Risk Margin	66,856	1.75 %	1,105,029	1.75 %
Premium Tax	66,856	1.75 %	1,105,029	1.75 %
Projected Total Cost	3,820,351	1,028.81	63,144,514	667.95



FY2022 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	124,866	1.77	35,564	3.70	130,632	0.92	40,737	2.56
Demand Response <= 15 Miles	421,179	5.98	151,704	15.79	663,843	4.69	283,018	17.78
Mileage Reimbursement	57,084	0.81	9,008	0.94	38,881	0.27	22,788	1.43
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	32,121	0.46	29,813	3.10	15,377	0.11	3,680	0.23
All Others	8,642	0.12	3,098	0.32	79,368	0.56	36,435	2.29
Total	643,892	9.14	229,186	23.86	928,101	6.56	386,657	24.29
Projected FY2022 Member Months	73,625		10,240		141,908		14,639	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0041		1.0041		1.0045		1.0046
Mileage Reimbursement Adjustment		0.9971		0.9987		0.9986		0.9980
Projected Incurred Claims	730,569	9.92	265,706	25.95	1,012,383	7.13	386,663	26.41
Administrative Expenses								
Fixed Amount	12,884	0.175	1,792	0.175	24,834	0.175	2,562	0.175
Percent of Premium	219,543	22.0%	78,993	22.0%	306,292	22.0%	114,939	22.0%
Total	232,428	3.16	80,785	7.89	331,126	2.33	117,501	8.03
Risk Margin	17,464	1.75 %	6,284	1.75 %	24,364	1.75 %	9,143	1.75 %
Premium Tax	17,464	1.75 %	6,284	1.75 %	24,364	1.75 %	9,143	1.75 %
Projected Total Cost	997,924	13.55	359,057	35.06	1,392,237	9.81	522,450	35.69

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	1,020		7,134		5,949		3,326	
Estimated Incurred Claims								
Demand Response >15 Miles	135	0.13	677	0.09	948	0.16	2,845	0.86
Demand Response <= 15 Miles	13,853	13.58	103,744	14.54	1,456	0.24	5,385	1.62
Mileage Reimbursement	0	-	0	-	4,097	0.69	546	0.16
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	1,352	0.19	4,608	0.77	0	-
All Others	1,031	1.01	827	0.12	594	0.10	0	-
Total	15,020	14.73	106,600	14.94	11,704	1.97	8,776	2.64
Projected FY2022 Member Months	957		6,395		6,000		3,713	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0057		1.0061		1.0009		1.0038
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9884		0.9979
Projected Incurred Claims	15,373	16.06	104,262	16.30	12,665	2.11	10,645	2.87
Administrative Expenses								
Fixed Amount	168	0.175	1,119	0.175	1,050	0.175	650	0.175
Percent of Premium	4,589	22.0%	31,119	22.0%	4,050	22.0%	3,335	22.0%
Total	4,757	4.97	32,238	5.04	5,100	0.85	3,985	1.07
Risk Margin	365	1.75 %	2,475	1.75 %	322	1.75 %	265	1.75 %
Premium Tax	365	1.75 %	2,475	1.75 %	322	1.75 %	265	1.75 %
Projected Total Cost	20,860	21.79	141,451	22.12	18,409	3.07	15,161	4.08

FY2022 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	254,943	
Estimated Incurred Claims		
Demand Response >15 Miles	336,405	1.32
Demand Response <= 15 Miles	1,644,183	6.45
Mileage Reimbursement	132,403	0.52
Meals	0	-
Lodging	0	-
Airfare	86,950	0.34
All Others	129,994	0.51
Total	2,329,935	9.14
Projected FY2022 Member Months	257,477	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	2,538,266	9.86
Administrative Expenses		
Fixed Amount	45,058	0.175
Percent of Premium	762,861	22.00 %
Total	807,919	3.14
Risk Margin	60,682	1.75 %
Premium Tax	60,682	1.75 %
Projected Total Cost	3,467,549	13.47

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	1.0050		1.0022		1.0047		1.0027	
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	137,791,582	264.85	100,266,201	2,413.09	185,466,820	333.16	138,035,011	2,280.76
Total	493,631,068	948.81	170,430,144	4,101.71	185,466,820	333.16	138,035,011	2,280.76
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	30,154,880	5.25%	9,964,379	5.25%	12,305,426	5.25%	8,161,751	5.25%
Total	36,398,034	69.96	10,462,991	251.81	18,985,670	34.10	8,888,010	146.86
Risk Margin	10,051,627	1.75%	3,321,460	1.75%	4,101,809	1.75%	2,720,584	1.75%
Premium Tax	10,051,627	1.75%	3,321,460	1.75%	4,101,809	1.75%	2,720,584	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	400,468,006	769.74	77,474,711	1,864.57	1,667,889	3.00	159,798	2.64
LTC	173,910,654	334.27	112,322,980	2,703.26	232,721,179	418.05	155,302,132	2,566.06
Total	574,378,660	1,104.02	189,797,691	4,567.83	234,389,068	421.04	155,461,930	2,568.70

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	1.0444		1.0441		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	45,265,152	4,706.78	245,469,328	4,229.38	0	0.00	827,682	69.46
Total	62,002,394	6,447.16	245,469,328	4,229.38	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	3,600,701	5.25%	14,306,400	5.25%	1,170,931	5.25%	1,832,332	5.25%
Total	3,716,105	386.41	15,002,869	258.50	1,708,059	38.16	1,975,316	165.78
Risk Margin	1,200,234	1.75%	4,768,800	1.75%	390,310	1.75%	610,777	1.75%
Premium Tax	1,200,234	1.75%	4,768,800	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	18,463,119	1,919.84	141,808	2.44	20,496,060	457.90	33,504,260	2,811.87
LTC	50,121,659	5,211.77	272,361,056	4,692.72	1,807,381	40.38	1,397,302	117.27
Total	68,584,778	7,131.61	272,502,865	4,695.17	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	853,121,776	654.56
Total	1,343,889,169	1,031.10
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	81,496,800	5.25%
Total	97,137,052	74.53
Risk Margin	27,165,600	1.75%
Premium Tax	27,165,600	1.75%
Maintenance Tax	94,493	0.07
Projected Total Cost		
Acute Care	552,375,651	423.81
LTC	999,944,343	767.21
Total	1,552,319,994	1,191.02

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	491,839		38,933		10,599		45,438	
Experience Period Cost								
Estimated Incurred Claims	252,925,957	514.25	38,553,163	990.24	7,218,142	681.02	25,777,046	567.30
Other Costs/Refunds	-1,074,562	-2.18	-79,535	-2.04	-23,513	-2.22	-99,300	-2.19
Total Cost	251,851,395	512.06	38,473,628	988.20	7,194,629	678.80	25,677,747	565.12
Projected FY2022 Member Months	520,263		41,551		9,617		44,761	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9751		0.9771		0.9795		1.0000	
Adjustment #2 Hemostatic Carveout	0.9736		0.9926		0.9813		0.9639	
Adjustment #3 PDL Change	0.9963		0.9952		0.9976		0.9981	
Adjustment #4 NF Risk Group	1.0008		1.0002		0.9963		1.0000	
Adjustment #5 IMD Adjustment	0.9986		0.9990		0.9999		0.9990	
Projected FY2022 Incurred Claims	281,801,201	541.65	43,996,299	1,058.85	6,298,606	654.94	27,400,043	612.15
Administrative Expenses	832,421	1.60	66,482	1.60	15,387	1.60	71,617	1.60
Risk Margin	5,125,480	1.75 %	799,066	1.75 %	114,502	1.75 %	498,191	1.75 %
Premium Tax	5,125,480	1.75 %	799,066	1.75 %	114,502	1.75 %	498,191	1.75 %
Projected Total Cost	292,884,582	562.96	45,660,913	1,098.91	6,542,998	680.36	28,468,041	636.01

FY2022 STAR+PLUS Rating Summary  
Harris SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	10,634		597,443	
Experience Period Cost				
Estimated Incurred Claims	7,717,827	725.77	332,192,135	556.02
Other Costs/Refunds	-24,802	-2.33	-1,301,712	-2.18
Total Cost	7,693,024	723.44	330,890,423	553.84
Projected FY2022 Member Months	11,915		628,107	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	0.9983			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9971			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	13,904,554	1,166.95	373,400,703	594.49
Administrative Expenses	19,064	1.60	1,004,971	1.60
Risk Margin	252,501	1.75 %	6,789,740	1.75 %
Premium Tax	252,501	1.75 %	6,789,740	1.75 %
Projected Total Cost	14,428,620	1,210.93	387,985,154	617.71

FY2022 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	2,865,104	5.83	561,652	14.43	1,539,914	2.90	488,732	8.13
Demand Response <= 15 Miles	1,884,226	3.83	497,441	12.78	2,253,397	4.24	722,166	12.02
Mileage Reimbursement	180,288	0.37	35,616	0.91	210,592	0.40	57,239	0.95
Meals	0	-	0	-	350	0.00	0	-
Lodging	0	-	0	-	3,058	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	23,919	0.05	4,191	0.11	16,977	0.03	5,605	0.09
Total	4,953,537	10.07	1,098,900	28.23	4,024,287	7.58	1,273,741	21.20
Projected FY2022 Member Months	520,263		41,551		556,687		60,522	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0028		1.0035		1.0035
Mileage Reimbursement Adjustment		0.9988		0.9989		0.9983		0.9985
Projected Incurred Claims	5,689,652	10.94	1,274,115	30.66	4,584,845	8.24	1,394,322	23.04
Administrative Expenses								
Fixed Amount	91,046	0.175	7,271	0.175	97,420	0.175	10,591	0.175
Percent of Premium	1,707,052	22.0%	378,396	22.0%	1,382,682	22.0%	414,874	22.0%
Total	1,798,098	3.46	385,667	9.28	1,480,103	2.66	425,465	7.03
Risk Margin	135,788	1.75 %	30,100	1.75 %	109,986	1.75 %	33,001	1.75 %
Premium Tax	135,788	1.75 %	30,100	1.75 %	109,986	1.75 %	33,001	1.75 %
Projected Total Cost	7,759,326	14.91	1,719,982	41.39	6,284,920	11.29	1,885,790	31.16

FY2022 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,599		67,759		45,438		10,634	
Estimated Incurred Claims								
Demand Response >15 Miles	4,353	0.41	24,008	0.35	17,856	0.39	64,080	6.03
Demand Response <= 15 Miles	24,848	2.34	177,874	2.63	7,943	0.17	21,108	1.98
Mileage Reimbursement	0	-	0	-	8,921	0.20	9,395	0.88
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	10	0.00	343	0.01	5	0.00	125	0.01
Total	29,211	2.76	202,225	2.98	34,725	0.76	94,707	8.91
Projected FY2022 Member Months	9,617		58,039		44,761		11,915	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0054		1.0055		1.0014		1.0014
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9915		0.9967
Projected Incurred Claims	28,901	3.01	188,895	3.25	36,835	0.82	114,872	9.64
Administrative Expenses								
Fixed Amount	1,683	0.175	10,157	0.175	7,833	0.175	2,085	0.175
Percent of Premium	9,031	22.0%	58,780	22.0%	13,191	22.0%	34,538	22.0%
Total	10,714	1.11	68,937	1.19	21,024	0.47	36,623	3.07
Risk Margin	718	1.75 %	4,676	1.75 %	1,049	1.75 %	2,747	1.75 %
Premium Tax	718	1.75 %	4,676	1.75 %	1,049	1.75 %	2,747	1.75 %
Projected Total Cost	41,052	4.27	267,183	4.60	59,958	1.34	156,990	13.18

FY2022 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	1,256,174	
Estimated Incurred Claims		
Demand Response >15 Miles	5,565,698	4.43
Demand Response <= 15 Miles	5,589,002	4.45
Mileage Reimbursement	502,050	0.40
Meals	350	0.00
Lodging	3,058	0.00
Airfare	0	-
All Others	51,174	0.04
Total	11,711,332	9.32
Projected FY2022 Member Months	1,303,354	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	13,312,437	10.21
Administrative Expenses		
Fixed Amount	228,087	0.175
Percent of Premium	3,998,544	22.00 %
Total	4,226,631	3.24
Risk Margin	318,066	1.75 %
Premium Tax	318,066	1.75 %
Projected Total Cost	18,175,200	13.94

## 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>
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	1.0047		1.0025		1.0047		1.0027	
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	120,511,498	689.16	83,170,324	2,555.00	347,400,877	925.42	291,211,980	2,438.77
Total	221,304,243	1,265.55	125,130,249	3,844.01	347,400,877	925.42	291,211,980	2,438.77
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	13,521,909	5.25%	7,380,883	5.25%	21,539,188	5.25%	17,330,409	5.25%
Total	15,620,329	89.33	7,771,507	238.74	26,043,951	69.38	18,763,322	157.13
Risk Margin	4,507,303	1.75%	2,460,294	1.75%	7,179,729	1.75%	5,776,803	1.75%
Premium Tax	4,507,303	1.75%	2,460,294	1.75%	7,179,729	1.75%	5,776,803	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	113,679,128	650.08	46,761,215	1,436.51	2,416,242	6.44	862,505	7.22
LTC	143,881,046	822.80	93,827,030	2,882.37	407,854,012	1,086.46	329,240,516	2,757.24
Total	257,560,174	1,472.88	140,588,245	4,318.88	410,270,255	1,092.90	330,103,021	2,764.46



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	1.0416		1.0412		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	11,918,393	4,543.18	127,757,319	4,831.81	0	0.00	2,596,096	355.74
Total	18,387,033	7,008.97	127,757,319	4,831.81	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	1,069,393	5.25%	7,458,474	5.25%	373,771	5.25%	981,950	5.25%
Total	1,100,873	419.64	7,775,765	294.08	510,746	44.75	1,069,524	146.55
Risk Margin	356,464	1.75%	2,486,158	1.75%	124,590	1.75%	327,317	1.75%
Premium Tax	356,464	1.75%	2,486,158	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	7,130,656	2,718.14	179,225	6.78	6,432,007	563.49	15,400,843	2,110.33
LTC	13,238,733	5,046.49	141,886,946	5,366.19	687,447	60.23	3,302,976	452.60
Total	20,369,390	7,764.63	142,066,171	5,372.97	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	984,566,487	1,312.75
Total	1,153,494,231	1,537.99
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	69,655,978	5.25%
Total	78,656,018	104.87
Risk Margin	23,218,659	1.75%
Premium Tax	23,218,659	1.75%
Maintenance Tax	54,375	0.07
Projected Total Cost		
Acute Care	192,861,821	257.15
LTC	1,133,918,706	1,511.88
Total	1,326,780,527	1,769.03

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		2,919		11,552	
Experience Period Cost								
Estimated Incurred Claims	84,217,161	502.97	30,132,307	984.33	2,031,213	695.86	5,491,216	475.35
Other Costs/Refunds	-987,344	-5.90	-194,964	-6.37	-17,148	-5.87	-67,886	-5.88
Total Cost	83,229,817	497.08	29,937,344	977.96	2,014,066	689.98	5,423,330	469.47
Projected FY2022 Member Months	174,868		32,552		2,623		11,415	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9861		0.9905		0.9835		1.0000	
Adjustment #2 Hemostatic Carveout	0.9494		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9953		0.9949		1.0016		0.9981	
Adjustment #4 NF Risk Group	1.0019		0.9992		0.9783		1.0000	
Adjustment #5 IMD Adjustment	0.9999		0.9999		1.0000		0.9999	
Projected FY2022 Incurred Claims	90,794,223	519.21	34,821,926	1,069.73	1,761,862	671.61	6,027,507	528.05
Administrative Expenses	279,789	1.60	52,083	1.60	4,197	1.60	18,263	1.60
Risk Margin	1,651,601	1.75 %	632,430	1.75 %	32,027	1.75 %	109,638	1.75 %
Premium Tax	1,651,601	1.75 %	632,430	1.75 %	32,027	1.75 %	109,638	1.75 %
Projected Total Cost	94,377,215	539.70	36,138,870	1,110.19	1,830,113	697.62	6,265,047	548.86

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	6,481		219,003	
Experience Period Cost				
Estimated Incurred Claims	3,807,750	587.53	125,679,647	573.87
Other Costs/Refunds	-44,452	-6.86	-1,311,793	-5.99
Total Cost	3,763,298	580.67	124,367,854	567.88
Projected FY2022 Member Months	7,298		228,756	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9978			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	6,851,971	938.91	140,257,489	613.13
Administrative Expenses	11,677	1.60	366,010	1.60
Risk Margin	124,470	1.75 %	2,550,167	1.75 %
Premium Tax	124,470	1.75 %	2,550,167	1.75 %
Projected Total Cost	7,112,588	974.62	145,723,833	637.03

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	427,189	2.55	242,083	7.91	1,085,733	2.80	739,323	5.95
Demand Response <= 15 Miles	283,475	1.69	204,389	6.68	1,222,501	3.15	1,362,910	10.97
Mileage Reimbursement	180,778	1.08	130,731	4.27	493,978	1.27	321,448	2.59
Meals	75	0.00	0	-	325	0.00	300	0.00
Lodging	525	0.00	0	-	853	0.00	573	0.00
Airfare	4,794	0.03	0	-	10,020	0.03	13,499	0.11
All Others	0	-	0	-	316	0.00	0	-
Total	896,836	5.36	577,203	18.86	2,813,725	7.26	2,438,053	19.63
Projected FY2022 Member Months	174,868		32,552		375,397		119,409	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0020		1.0022		1.0027		1.0035
Mileage Reimbursement Adjustment		0.9933		0.9925		0.9942		0.9956
Projected Incurred Claims	1,011,036	5.78	662,140	20.34	2,945,414	7.85	2,539,329	21.27
Administrative Expenses								
Fixed Amount	30,602	0.175	5,697	0.175	65,694	0.175	20,897	0.175
Percent of Premium	307,598	22.0%	197,214	22.0%	889,186	22.0%	756,040	22.0%
Total	338,200	1.93	202,910	6.23	954,881	2.54	776,937	6.51
Risk Margin	24,468	1.75 %	15,687	1.75 %	70,731	1.75 %	60,140	1.75 %
Premium Tax	24,468	1.75 %	15,687	1.75 %	70,731	1.75 %	60,140	1.75 %
Projected Total Cost	1,398,171	8.00	896,425	27.54	4,041,756	10.77	3,436,545	28.78

FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,919		30,174		11,552		6,481	
Estimated Incurred Claims								
Demand Response >15 Miles	354	0.12	1,634	0.05	1,882	0.16	34,794	5.37
Demand Response <= 15 Miles	668	0.23	88,176	2.92	2,659	0.23	4,179	0.64
Mileage Reimbursement	89	0.03	0	-	19,642	1.70	42,091	6.49
Meals	0	-	0	-	0	-	25	0.00
Lodging	0	-	0	-	0	-	63	0.01
Airfare	0	-	0	-	0	-	218	0.03
All Others	0	-	0	-	0	-	0	-
Total	1,111	0.38	89,810	2.98	24,182	2.09	81,371	12.56
Projected FY2022 Member Months	2,623		26,441		11,415		7,298	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0046		1.0061		1.0007		1.0003
Mileage Reimbursement Adjustment		0.9974		1.0000		0.9731		0.9829
Projected Incurred Claims	1,085	0.41	85,873	3.25	25,236	2.21	97,703	13.39
Administrative Expenses								
Fixed Amount	459	0.175	4,627	0.175	1,998	0.175	1,277	0.175
Percent of Premium	456	22.0%	26,725	22.0%	8,042	22.0%	29,229	22.0%
Total	915	0.35	31,352	1.19	10,040	0.88	30,506	4.18
Risk Margin	36	1.75 %	2,126	1.75 %	640	1.75 %	2,325	1.75 %
Premium Tax	36	1.75 %	2,126	1.75 %	640	1.75 %	2,325	1.75 %
Projected Total Cost	2,072	0.79	121,477	4.59	36,555	3.20	132,860	18.21



FY2022 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	761,127	
Estimated Incurred Claims		
Demand Response >15 Miles	2,532,991	3.33
Demand Response <= 15 Miles	3,168,958	4.16
Mileage Reimbursement	1,188,756	1.56
Meals	725	0.00
Lodging	2,014	0.00
Airfare	28,530	0.04
All Others	316	0.00
Total	6,922,290	9.09
Projected FY2022 Member Months	750,003	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	7,367,817	9.82
Administrative Expenses		
Fixed Amount	131,251	0.175
Percent of Premium	2,214,490	22.00 %
Total	2,345,740	3.13
Risk Margin	176,153	1.75 %
Premium Tax	176,153	1.75 %
Projected Total Cost	10,065,862	13.42

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>
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	1.0051		1.0036		1.0049		1.0033	
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	14,210,467	151.95	14,409,376	1,768.11	19,873,259	219.04	24,994,351	1,693.00
Total	69,573,325	743.93	27,357,796	3,356.95	19,873,259	219.04	24,994,351	1,693.00
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	4,301,108	5.25%	1,606,928	5.25%	1,393,066	5.25%	1,486,184	5.25%
Total	5,423,369	57.99	1,704,723	209.18	2,481,811	27.35	1,663,345	112.67
Risk Margin	1,433,703	1.75%	535,643	1.75%	464,355	1.75%	495,395	1.75%
Premium Tax	1,433,703	1.75%	535,643	1.75%	464,355	1.75%	495,395	1.75%
Maintenance Tax	6,780	0.07	591	0.07	6,578	0.07	1,070	0.07
Projected Total Cost								
Acute Care	62,389,147	667.11	14,276,293	1,751.78	135,010	1.49	15,269	1.03
LTC	19,536,726	208.90	16,331,864	2,004.01	26,399,577	290.97	28,293,006	1,916.43
Total	81,925,872	876.01	30,608,158	3,755.79	26,534,587	292.46	28,308,275	1,917.47

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	1.0483		1.0479		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	9,587,653	4,337.60	68,370,644	3,855.57	0	0.00	79,430	40.66
Total	13,019,706	5,890.32	68,370,644	3,855.57	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	756,016	5.25%	3,986,670	5.25%	94,573	5.25%	317,584	5.25%
Total	782,540	354.03	4,199,466	236.82	147,023	33.64	341,025	174.57
Risk Margin	252,005	1.75%	1,328,890	1.75%	31,524	1.75%	105,861	1.75%
Premium Tax	252,005	1.75%	1,328,890	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	3,780,243	1,710.24	9,951	0.56	1,623,046	371.33	5,881,036	3,010.54
LTC	10,620,059	4,804.68	75,926,629	4,281.67	178,336	40.80	168,174	86.09
Total	14,400,303	6,514.92	75,936,580	4,282.23	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	151,525,179	649.12
Total	229,988,751	985.25
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	13,942,129	5.25%
Total	16,743,303	71.73
Risk Margin	4,647,376	1.75%
Premium Tax	4,647,376	1.75%
Maintenance Tax	16,924	0.07
Projected Total Cost		
Acute Care	88,109,996	377.46
LTC	177,454,372	760.20
Total	265,564,367	1,137.66

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		2,448		4,521	
Experience Period Cost								
Estimated Incurred Claims	43,189,423	473.54	6,982,206	842.35	1,692,043	691.19	2,578,046	570.24
Other Costs/Refunds	-232,338	-2.55	-20,640	-2.49	-6,014	-2.46	-12,306	-2.72
Total Cost	42,957,085	470.99	6,961,566	839.86	1,686,029	688.74	2,565,740	567.52
Projected FY2022 Member Months	93,522		8,150		2,210		4,371	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9742		0.9841		0.9589		1.0000	
Adjustment #2 Hemostatic Carveout	0.9976		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9955		0.9956		0.9999		0.9951	
Adjustment #4 NF Risk Group	1.0006		0.9979		1.0184		0.9999	
Adjustment #5 IMD Adjustment	0.9999		1.0000		1.0000		1.0000	
Projected FY2022 Incurred Claims	47,712,012	510.17	7,434,684	912.28	1,501,408	679.26	2,781,702	636.41
Administrative Expenses	149,635	1.60	13,039	1.60	3,537	1.60	6,993	1.60
Risk Margin	867,957	1.75 %	135,062	1.75 %	27,292	1.75 %	50,572	1.75 %
Premium Tax	867,957	1.75 %	135,062	1.75 %	27,292	1.75 %	50,572	1.75 %
Projected Total Cost	49,597,562	530.33	7,717,848	947.02	1,559,529	705.55	2,889,839	661.16



FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period				
Member Months	1,773		108,237	
Experience Period Cost				
Estimated Incurred Claims	1,246,588	703.10	55,688,307	514.50
Other Costs/Refunds	-5,113	-2.88	-276,411	-2.55
Total Cost	1,241,476	700.21	55,411,896	511.95
Projected FY2022 Member Months	1,953		110,206	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9997			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	2,215,951	1,134.36	61,645,758	559.37
Administrative Expenses	3,126	1.60	176,330	1.60
Risk Margin	40,242	1.75 %	1,121,126	1.75 %
Premium Tax	40,242	1.75 %	1,121,126	1.75 %
Projected Total Cost	2,299,562	1,177.16	64,064,339	581.31

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	<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	91,206		8,289		84,046		14,986	
Estimated Incurred Claims								
Demand Response >15 Miles	1,259,767	13.81	383,716	46.29	928,823	11.05	439,205	29.31
Demand Response <= 15 Miles	247,098	2.71	89,027	10.74	302,118	3.59	240,462	16.05
Mileage Reimbursement	289,340	3.17	58,576	7.07	164,379	1.96	118,070	7.88
Meals	0	-	0	-	175	0.00	0	-
Lodging	0	-	0	-	481	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	97	0.00	0	-	11	0.00	0	-
Total	1,796,302	19.69	531,319	64.10	1,395,987	16.61	797,737	53.23
Projected FY2022 Member Months	93,522		8,150		90,729		14,763	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0009		1.0010		1.0014		1.0019
Mileage Reimbursement Adjustment		0.9947		0.9964		0.9961		0.9951
Projected Incurred Claims	1,988,850	21.27	565,077	69.34	1,630,311	17.97	849,770	57.56
Administrative Expenses								
Fixed Amount	16,366	0.175	1,426	0.175	15,878	0.175	2,584	0.175
Percent of Premium	592,145	22.0%	167,289	22.0%	486,123	22.0%	251,702	22.0%
Total	608,511	6.51	168,716	20.70	502,000	5.53	254,285	17.22
Risk Margin	47,102	1.75 %	13,307	1.75 %	38,669	1.75 %	20,022	1.75 %
Premium Tax	47,102	1.75 %	13,307	1.75 %	38,669	1.75 %	20,022	1.75 %
Projected Total Cost	2,691,566	28.78	760,407	93.31	2,209,650	24.35	1,144,098	77.50

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,448		20,697		4,521		1,773	
Estimated Incurred Claims								
Demand Response >15 Miles	2,234	0.91	33,754	1.63	14,049	3.11	22,248	12.55
Demand Response <= 15 Miles	12,186	4.98	42,792	2.07	709	0.16	474	0.27
Mileage Reimbursement	82	0.03	1,250	0.06	23,878	5.28	18,054	10.18
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	14,502	5.92	77,797	3.76	38,636	8.55	40,777	23.00
Projected FY2022 Member Months	2,210		17,733		4,371		1,953	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0053		1.0034		1.0001		1.0001
Mileage Reimbursement Adjustment		0.9998		0.9995		0.9795		0.9853
Projected Incurred Claims	14,274	6.46	72,501	4.09	39,685	9.08	48,015	24.58
Administrative Expenses								
Fixed Amount	387	0.175	3,103	0.175	765	0.175	342	0.175
Percent of Premium	4,329	22.0%	22,326	22.0%	11,945	22.0%	14,280	22.0%
Total	4,716	2.13	25,429	1.43	12,710	2.91	14,622	7.48
Risk Margin	344	1.75 %	1,776	1.75 %	950	1.75 %	1,136	1.75 %
Premium Tax	344	1.75 %	1,776	1.75 %	950	1.75 %	1,136	1.75 %
Projected Total Cost	19,678	8.90	101,483	5.72	54,295	12.42	64,908	33.23

FY2022 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	227,966	
Estimated Incurred Claims		
Demand Response >15 Miles	3,083,796	13.53
Demand Response <= 15 Miles	934,867	4.10
Mileage Reimbursement	673,630	2.95
Meals	175	0.00
Lodging	481	0.00
Airfare	0	-
All Others	108	0.00
Total	4,693,056	20.59
Projected FY2022 Member Months	233,431	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	5,208,483	22.31
Administrative Expenses		
Fixed Amount	40,850	0.175
Percent of Premium	1,550,139	22.00 %
Total	1,590,989	6.82
Risk Margin	123,306	1.75 %
Premium Tax	123,306	1.75 %
Projected Total Cost	7,046,085	30.18

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	1.0030		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	1.0058		1.0024		1.0050		1.0025	
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	3,951,159	67.93	6,440,782	1,439.48	7,498,979	115.08	10,502,162	1,470.80
Total	40,355,342	693.85	13,151,230	2,939.22	7,498,979	115.08	10,502,162	1,470.80
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	2,555,828	5.25%	776,231	5.25%	657,160	5.25%	628,927	5.25%
Total	3,253,761	55.94	829,923	185.48	1,439,128	22.08	714,613	100.08
Risk Margin	851,943	1.75%	258,744	1.75%	219,053	1.75%	209,642	1.75%
Premium Tax	851,943	1.75%	258,744	1.75%	219,053	1.75%	209,642	1.75%
Maintenance Tax	4,217	0.07	324	0.07	4,724	0.07	518	0.07
Projected Total Cost								
Acute Care	41,184,079	708.10	7,455,518	1,666.26	237,609	3.65	24,435	3.42
LTC	7,498,356	128.92	7,329,827	1,638.17	12,279,719	188.44	11,955,135	1,674.28
Total	48,682,436	837.03	14,785,345	3,304.44	12,517,329	192.09	11,979,570	1,677.70

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	1.0460		1.0439		1.0000		1.0057	
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	9,083,926	4,487.77	64,830,457	4,024.57	0	0.00	83,727	54.50
Total	11,865,322	5,861.88	64,830,457	4,024.57	2,560,948	383.15	3,591,791	2,337.88
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	690,634	5.25%	3,785,123	5.25%	172,703	5.25%	209,703	5.25%
Total	714,923	353.20	3,978,427	246.97	252,909	37.84	228,139	148.49
Risk Margin	230,211	1.75%	1,261,708	1.75%	57,568	1.75%	69,901	1.75%
Premium Tax	230,211	1.75%	1,261,708	1.75%	57,568	1.75%	69,901	1.75%
Maintenance Tax	147	0.07	1,168	0.07	485	0.07	111	0.07
Projected Total Cost								
Acute Care	3,073,284	1,518.31	54,391	3.38	2,924,777	437.59	3,815,237	2,483.33
LTC	10,081,644	4,980.68	72,043,191	4,472.33	364,799	54.58	179,105	116.58
Total	13,154,928	6,498.99	72,097,582	4,475.70	3,289,576	492.17	3,994,342	2,599.90



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	102,391,192	634.82
Total	154,356,231	956.99
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	9,476,308	5.25%
Total	11,411,823	70.75
Risk Margin	3,158,769	1.75%
Premium Tax	3,158,769	1.75%
Maintenance Tax	11,694	0.07
Projected Total Cost		
Acute Care	58,769,330	364.36
LTC	121,731,777	754.72
Total	180,501,107	1,119.09

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	56,119		3,659		2,208		6,901	
Experience Period Cost								
Estimated Incurred Claims	23,493,646	418.64	3,449,627	942.78	1,580,736	715.91	3,031,309	439.26
Other Costs/Refunds	-243,883	-4.35	-16,552	-4.52	-9,308	-4.22	-31,699	-4.59
Total Cost	23,249,763	414.29	3,433,075	938.25	1,571,428	711.70	2,999,610	434.66
Projected FY2022 Member Months	58,161		4,474		2,024		6,684	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9824		0.9841		0.9548		1.0000	
Adjustment #2 Hemostatic Carveout	0.9890		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9958		1.0000		0.9970		0.9950	
Adjustment #4 NF Risk Group	1.0007		0.9995		1.0250		1.0001	
Adjustment #5 IMD Adjustment	0.9995		1.0000		0.9975		1.0000	
Projected FY2022 Incurred Claims	26,091,494	448.61	4,587,621	1,025.31	1,416,174	699.64	3,258,258	487.48
Administrative Expenses	93,058	1.60	7,159	1.60	3,239	1.60	10,694	1.60
Risk Margin	474,849	1.75 %	83,325	1.75 %	25,741	1.75 %	59,282	1.75 %
Premium Tax	474,849	1.75 %	83,325	1.75 %	25,741	1.75 %	59,282	1.75 %
Projected Total Cost	27,134,250	466.54	4,761,430	1,064.15	1,470,894	726.67	3,387,515	506.82

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period				
Member Months	1,381		70,268	
Experience Period Cost				
Estimated Incurred Claims	801,396	580.30	32,356,713	460.48
Other Costs/Refunds	-6,824	-4.94	-308,266	-4.39
Total Cost	794,572	575.36	32,048,447	456.09
Projected FY2022 Member Months	1,536		72,880	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	0.9834			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9983			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	1,406,276	915.34	36,759,823	504.39
Administrative Expenses	2,458	1.60	116,608	1.60
Risk Margin	25,547	1.75 %	668,744	1.75 %
Premium Tax	25,547	1.75 %	668,744	1.75 %
Projected Total Cost	1,459,828	950.20	38,213,918	524.34

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	<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	
Estimated Incurred Claims								
Demand Response >15 Miles	326,576	5.82	119,761	32.73	550,936	8.80	192,837	28.06
Demand Response <= 15 Miles	264,287	4.71	73,659	20.13	617,605	9.86	214,510	31.21
Mileage Reimbursement	73,034	1.30	15,946	4.36	92,461	1.48	10,711	1.56
Meals	25	0.00	0	-	0	-	0	-
Lodging	166	0.00	0	-	0	-	0	-
Airfare	12,445	0.22	4,512	1.23	2,315	0.04	948	0.14
All Others	204	0.00	0	-	0	-	0	-
Total	676,737	12.06	213,878	58.45	1,263,317	20.17	419,006	60.96
Projected FY2022 Member Months	58,161		4,474		65,164		7,140	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0021		1.0031		1.0032
Mileage Reimbursement Adjustment		0.9964		0.9975		0.9976		0.9992
Projected Incurred Claims	759,745	13.06	283,539	63.37	1,426,421	21.89	473,250	66.28
Administrative Expenses								
Fixed Amount	10,178	0.175	783	0.175	11,404	0.175	1,250	0.175
Percent of Premium	227,360	22.0%	83,961	22.0%	424,593	22.0%	140,121	22.0%
Total	237,538	4.08	84,744	18.94	435,996	6.69	141,370	19.80
Risk Margin	18,085	1.75 %	6,679	1.75 %	33,774	1.75 %	11,146	1.75 %
Premium Tax	18,085	1.75 %	6,679	1.75 %	33,774	1.75 %	11,146	1.75 %
Projected Total Cost	1,033,454	17.77	381,640	85.29	1,929,966	29.62	636,912	89.20

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,208		18,547		6,901		1,381	
Estimated Incurred Claims								
Demand Response >15 Miles	26,561	12.03	164,471	8.87	2,818	0.41	19,626	14.21
Demand Response <= 15 Miles	26,068	11.81	182,291	9.83	1,564	0.23	7,349	5.32
Mileage Reimbursement	0	-	0	-	2,297	0.33	5,055	3.66
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	3,309	0.48	0	-
All Others	0	-	0	-	0	-	0	-
Total	52,628	23.84	346,763	18.70	9,988	1.45	32,031	23.19
Projected FY2022 Member Months	2,024		16,109		6,684		1,536	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0031		1.0033		1.0009		1.0014
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9924		0.9948
Projected Incurred Claims	52,488	25.93	327,718	20.34	10,421	1.56	38,499	25.06
Administrative Expenses								
Fixed Amount	354	0.175	2,819	0.175	1,170	0.175	269	0.175
Percent of Premium	15,604	22.0%	97,608	22.0%	3,423	22.0%	11,448	22.0%
Total	15,959	7.88	100,427	6.23	4,593	0.69	11,717	7.63
Risk Margin	1,241	1.75 %	7,764	1.75 %	272	1.75 %	911	1.75 %
Premium Tax	1,241	1.75 %	7,764	1.75 %	272	1.75 %	911	1.75 %
Projected Total Cost	70,929	35.04	443,673	27.54	15,558	2.33	52,038	33.87

FY2022 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	158,324	
Estimated Incurred Claims		
Demand Response >15 Miles	1,403,587	8.87
Demand Response <= 15 Miles	1,387,332	8.76
Mileage Reimbursement	199,505	1.26
Meals	25	0.00
Lodging	166	0.00
Airfare	23,529	0.15
All Others	204	0.00
Total	3,014,348	19.04
Projected FY2022 Member Months	161,293	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	3,372,081	20.91
Administrative Expenses		
Fixed Amount	28,226	0.175
Percent of Premium	1,004,117	22.00 %
Total	1,032,344	6.40
Risk Margin	79,873	1.75 %
Premium Tax	79,873	1.75 %
Projected Total Cost	4,564,170	28.30

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>
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	1.0049		1.0032		1.0048		1.0034	
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	29,441,275	351.19	20,776,917	2,010.53	46,096,369	473.32	54,621,859	2,003.86
Total	74,816,453	892.44	34,400,654	3,328.87	46,096,369	473.32	54,621,859	2,003.86
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	4,675,686	5.25%	2,035,825	5.25%	3,036,948	5.25%	3,272,621	5.25%
Total	5,681,693	67.77	2,159,834	209.00	4,205,621	43.18	3,599,721	132.06
Risk Margin	1,558,562	1.75%	678,608	1.75%	1,012,316	1.75%	1,090,874	1.75%
Premium Tax	1,558,562	1.75%	678,608	1.75%	1,012,316	1.75%	1,090,874	1.75%
Maintenance Tax	6,078	0.07	749	0.07	7,061	0.07	1,976	0.07
Projected Total Cost								
Acute Care	51,601,534	615.52	15,252,717	1,475.97	513,813	5.28	163,069	5.98
LTC	37,459,155	446.83	23,524,904	2,276.45	57,332,816	588.70	62,172,567	2,280.86
Total	89,060,689	1,062.35	38,777,621	3,752.42	57,846,629	593.97	62,335,636	2,286.85

## 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	1.0456		1.0421		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	9,108,831	4,430.96	85,050,978	4,402.63	0	0.00	435,616	137.43
Total	11,518,438	5,603.11	85,050,978	4,402.63	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	672,759	5.25%	4,973,784	5.25%	144,864	5.25%	420,316	5.25%
Total	697,428	339.26	5,205,602	269.47	207,210	39.88	458,354	144.60
Risk Margin	224,253	1.75%	1,657,928	1.75%	48,288	1.75%	140,105	1.75%
Premium Tax	224,253	1.75%	1,657,928	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	2,685,617	1,306.41	99,389	5.14	2,460,396	473.56	7,336,508	2,314.52
LTC	10,128,849	4,927.15	94,639,347	4,898.97	298,925	57.54	669,518	211.22
Total	12,814,465	6,233.56	94,738,737	4,904.12	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	245,531,845	987.84
Total	315,744,074	1,270.32
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	19,232,804	5.25%
Total	22,215,463	89.38
Risk Margin	6,410,935	1.75%
Premium Tax	6,410,935	1.75%
Maintenance Tax	18,020	0.07
Projected Total Cost		
Acute Care	80,113,043	322.32
LTC	286,226,082	1,151.56
Total	366,339,125	1,473.88

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	81,969		10,400		2,273		5,632	
Experience Period Cost								
Estimated Incurred Claims	38,344,356	467.79	9,843,932	946.53	1,487,343	654.35	2,424,480	430.48
Other Costs/Refunds	-444,629	-5.42	-61,597	-5.92	-12,225	-5.38	-31,261	-5.55
Total Cost	37,899,727	462.37	9,782,334	940.61	1,475,118	648.97	2,393,219	424.93
Projected FY2022 Member Months	83,834		10,334		2,056		5,195	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9738		0.9548		1.0000		1.0000	
Adjustment #2 Hemostatic Carveout	1.0000		0.9894		1.0000		1.0000	
Adjustment #3 PDL Change	0.9939		0.9956		0.9982		0.9950	
Adjustment #4 NF Risk Group	1.0017		1.0010		0.9828		1.0005	
Adjustment #5 IMD Adjustment	0.9997		1.0000		1.0000		1.0000	
Projected FY2022 Incurred Claims	42,039,288	501.46	10,166,891	983.83	1,321,931	643.05	2,476,992	476.76
Administrative Expenses	134,134	1.60	16,534	1.60	3,289	1.60	8,313	1.60
Risk Margin	764,803	1.75 %	184,674	1.75 %	24,032	1.75 %	45,070	1.75 %
Premium Tax	764,803	1.75 %	184,674	1.75 %	24,032	1.75 %	45,070	1.75 %
Projected Total Cost	43,703,029	521.30	10,552,773	1,021.17	1,373,285	668.03	2,575,445	495.71

## FY2022 STAR+PLUS Rating Summary

## Nueces SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	2,612		102,886	
Experience Period Cost				
Estimated Incurred Claims	1,137,446	435.47	53,237,557	517.44
Other Costs/Refunds	-15,366	-5.88	-565,080	-5.49
Total Cost	1,122,079	429.59	52,672,478	511.95
Projected FY2022 Member Months	3,170		104,589	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	1.0001			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	2,206,855	696.22	58,211,957	556.58
Administrative Expenses	5,072	1.60	167,342	1.60
Risk Margin	40,113	1.75 %	1,058,692	1.75 %
Premium Tax	40,113	1.75 %	1,058,692	1.75 %
Projected Total Cost	2,292,152	723.13	60,496,683	578.42

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	1,153,766	14.08	466,375	44.84	728,911	7.67	510,336	18.67
Demand Response <= 15 Miles	261,876	3.19	110,854	10.66	475,225	5.00	408,340	14.94
Mileage Reimbursement	113,080	1.38	44,821	4.31	81,725	0.86	82,529	3.02
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	5	0.00	0	-	0	-	0	-
Total	1,528,727	18.65	622,050	59.81	1,285,860	13.53	1,001,206	36.63
Projected FY2022 Member Months	83,834		10,334		97,389		27,258	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0011		1.0011		1.0023		1.0026
Mileage Reimbursement Adjustment		0.9976		0.9976		0.9979		0.9973
Projected Incurred Claims	1,693,499	20.20	669,494	64.79	1,429,819	14.68	1,082,858	39.73
Administrative Expenses								
Fixed Amount	14,671	0.175	1,808	0.175	17,043	0.175	4,770	0.175
Percent of Premium	504,426	22.0%	198,237	22.0%	427,261	22.0%	321,179	22.0%
Total	519,097	6.19	200,045	19.36	444,304	4.56	325,949	11.96
Risk Margin	40,125	1.75 %	15,769	1.75 %	33,987	1.75 %	25,548	1.75 %
Premium Tax	40,125	1.75 %	15,769	1.75 %	33,987	1.75 %	25,548	1.75 %
Projected Total Cost	2,292,846	27.35	901,077	87.20	1,942,096	19.94	1,459,903	53.56



FY2022 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,273		22,110		5,632		2,612	
Estimated Incurred Claims								
Demand Response >15 Miles	646	0.28	9,671	0.44	12,107	2.15	52,898	20.25
Demand Response <= 15 Miles	101	0.04	68,562	3.10	583	0.10	3,287	1.26
Mileage Reimbursement	0	-	0	-	8,195	1.46	10,846	4.15
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	748	0.33	78,233	3.54	20,885	3.71	67,031	25.66
Projected FY2022 Member Months	2,056		19,318		5,195		3,170	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		0.9995		1.0055		1.0002		1.0003
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9870		0.9946
Projected Incurred Claims	733	0.36	74,542	3.86	20,627	3.97	87,773	27.69
Administrative Expenses								
Fixed Amount	360	0.175	3,381	0.175	909	0.175	555	0.175
Percent of Premium	323	22.0%	23,011	22.0%	6,360	22.0%	26,083	22.0%
Total	682	0.33	26,391	1.37	7,269	1.40	26,638	8.40
Risk Margin	26	1.75 %	1,830	1.75 %	506	1.75 %	2,075	1.75 %
Premium Tax	26	1.75 %	1,830	1.75 %	506	1.75 %	2,075	1.75 %
Projected Total Cost	1,467	0.71	104,595	5.41	28,908	5.56	118,561	37.40

FY2022 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	247,335	
Estimated Incurred Claims		
Demand Response >15 Miles	2,934,711	11.87
Demand Response <= 15 Miles	1,328,829	5.37
Mileage Reimbursement	341,195	1.38
Meals	0	-
Lodging	0	-
Airfare	0	-
All Others	5	0.00
Total	4,604,740	18.62
Projected FY2022 Member Months	248,555	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	5,059,345	20.36
Administrative Expenses		
Fixed Amount	43,497	0.175
Percent of Premium	1,506,879	22.00 %
Total	1,550,377	6.24
Risk Margin	119,865	1.75 %
Premium Tax	119,865	1.75 %
Projected Total Cost	6,849,452	27.56

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>
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	1.0054		1.0029		1.0052		1.0022	
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	28,730,200	143.20	36,267,745	1,877.62	47,234,625	262.99	50,439,433	1,783.07
Total	151,168,966	753.47	65,652,058	3,398.87	47,234,625	262.99	50,439,433	1,783.07
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	9,584,536	5.25%	3,862,839	5.25%	3,240,386	5.25%	2,988,150	5.25%
Total	11,992,089	59.77	4,094,629	211.98	5,395,688	30.04	3,327,606	117.63
Risk Margin	3,194,845	1.75%	1,287,613	1.75%	1,080,129	1.75%	996,050	1.75%
Premium Tax	3,194,845	1.75%	1,287,613	1.75%	1,080,129	1.75%	996,050	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	142,345,204	709.49	32,890,999	1,702.80	124,811	0.69	21,712	0.77
LTC	40,217,378	200.46	40,686,887	2,106.40	61,596,828	342.95	56,895,429	2,011.29
Total	182,562,581	909.95	73,577,886	3,809.20	61,721,640	343.65	56,917,141	2,012.06

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	1.0463		1.0432		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	31,322,531	4,172.03	178,435,939	4,004.95	0	0.00	223,515	43.20
Total	43,407,173	5,781.65	178,435,939	4,004.95	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	2,526,649	5.25%	10,407,187	5.25%	594,384	5.25%	728,841	5.25%
Total	2,616,742	348.54	10,941,833	245.59	876,855	37.25	790,925	152.88
Risk Margin	842,216	1.75%	3,469,062	1.75%	198,128	1.75%	242,947	1.75%
Premium Tax	842,216	1.75%	3,469,062	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	13,412,006	1,786.42	112,140	2.52	10,360,775	440.15	13,438,438	2,597.47
LTC	34,714,633	4,623.84	198,120,001	4,446.76	960,822	40.82	444,253	85.87
Total	48,126,639	6,410.26	198,232,141	4,449.27	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	372,653,987	732.68
Total	557,419,844	1,095.95
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	33,932,972	5.25%
Total	40,036,368	78.72
Risk Margin	11,310,991	1.75%
Premium Tax	11,310,991	1.75%
Maintenance Tax	36,875	0.07
Projected Total Cost		
Acute Care	212,706,085	418.21
LTC	433,636,230	852.58
Total	646,342,315	1,270.79



FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	191,030		16,737		8,154		24,511	
Experience Period Cost								
Estimated Incurred Claims	87,113,069	456.02	16,286,144	973.06	6,244,597	765.83	10,711,890	437.02
Other Costs/Refunds	-89,654	-0.47	-8,701	-0.52	-3,637	-0.45	-11,595	-0.47
Total Cost	87,023,415	455.55	16,277,443	972.54	6,240,961	765.39	10,700,295	436.55
Projected FY2022 Member Months	200,629		19,316		7,508		23,539	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9687		0.9779		0.9895		1.0000	
Adjustment #2 Hemostatic Carveout	1.0000		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9966		0.9979		0.9975		0.9965	
Adjustment #4 NF Risk Group	1.0034		1.0002		0.9842		0.9999	
Adjustment #5 IMD Adjustment	0.9997		1.0000		0.9992		0.9999	
Projected FY2022 Incurred Claims	99,040,401	493.65	20,370,476	1,054.60	5,633,643	750.38	11,538,713	490.19
Administrative Expenses	321,007	1.60	30,905	1.60	12,012	1.60	37,663	1.60
Risk Margin	1,801,891	1.75 %	369,973	1.75 %	102,382	1.75 %	209,934	1.75 %
Premium Tax	1,801,891	1.75 %	369,973	1.75 %	102,382	1.75 %	209,934	1.75 %
Projected Total Cost	102,965,190	513.21	21,141,327	1,094.51	5,850,420	779.25	11,996,244	509.63

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	4,587		245,019	
Experience Period Cost				
Estimated Incurred Claims	3,553,117	774.61	123,908,817	505.71
Other Costs/Refunds	-2,396	-0.52	-115,983	-0.47
Total Cost	3,550,721	774.08	123,792,834	505.24
Projected FY2022 Member Months	5,174		256,166	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	0.9862			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9995			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	6,397,134	1,236.48	142,980,366	558.16
Administrative Expenses	8,278	1.60	409,866	1.60
Risk Margin	116,160	1.75 %	2,600,341	1.75 %
Premium Tax	116,160	1.75 %	2,600,341	1.75 %
Projected Total Cost	6,637,732	1,282.99	148,590,913	580.06

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	<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	191,030		16,737		163,096		27,355	
Estimated Incurred Claims								
Demand Response >15 Miles	1,368,429	7.16	302,735	18.09	633,473	3.88	201,783	7.38
Demand Response <= 15 Miles	1,227,380	6.43	329,066	19.66	1,051,149	6.44	514,849	18.82
Mileage Reimbursement	116,504	0.61	13,069	0.78	70,175	0.43	23,829	0.87
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	1,272	0.01	925	0.06	0	-	0	-
All Others	65,898	0.34	16,840	1.01	118,374	0.73	52,770	1.93
Total	2,779,483	14.55	662,634	39.59	1,873,171	11.49	793,232	29.00
Projected FY2022 Member Months	200,629		19,316		179,608		28,288	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0028		1.0031		1.0035		1.0041
Mileage Reimbursement Adjustment		0.9986		0.9993		0.9988		0.9990
Projected Incurred Claims	3,170,398	15.80	831,382	43.04	2,242,372	12.48	892,400	31.55
Administrative Expenses								
Fixed Amount	35,110	0.175	3,380	0.175	31,431	0.175	4,950	0.175
Percent of Premium	946,593	22.0%	246,507	22.0%	671,459	22.0%	264,989	22.0%
Total	981,703	4.89	249,887	12.94	702,890	3.91	269,940	9.54
Risk Margin	75,297	1.75 %	19,609	1.75 %	53,411	1.75 %	21,079	1.75 %
Premium Tax	75,297	1.75 %	19,609	1.75 %	53,411	1.75 %	21,079	1.75 %
Projected Total Cost	4,302,696	21.45	1,120,487	58.01	3,052,085	16.99	1,204,497	42.58

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	8,154		52,732		24,511		4,587	
Estimated Incurred Claims								
Demand Response >15 Miles	25,327	3.11	77,414	1.47	6,265	0.26	20,703	4.51
Demand Response <= 15 Miles	44,200	5.42	266,961	5.06	11,718	0.48	10,516	2.29
Mileage Reimbursement	35	0.00	0	-	7,119	0.29	9,036	1.97
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	78	0.01	16,412	0.31	0	-	0	-
Total	69,640	8.54	360,787	6.84	25,102	1.02	40,255	8.78
Projected FY2022 Member Months	7,508		44,554		23,539		5,174	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0040		1.0046		1.0029		1.0017
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9906		0.9926
Projected Incurred Claims	69,821	9.30	332,128	7.45	25,974	1.10	48,961	9.46
Administrative Expenses								
Fixed Amount	1,314	0.175	7,797	0.175	4,119	0.175	905	0.175
Percent of Premium	21,006	22.0%	100,381	22.0%	8,887	22.0%	14,726	22.0%
Total	22,320	2.97	108,178	2.43	13,006	0.55	15,631	3.02
Risk Margin	1,671	1.75 %	7,985	1.75 %	707	1.75 %	1,171	1.75 %
Premium Tax	1,671	1.75 %	7,985	1.75 %	707	1.75 %	1,171	1.75 %
Projected Total Cost	95,483	12.72	456,276	10.24	40,394	1.72	66,935	12.94

FY2022 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	488,202	
Estimated Incurred Claims		
Demand Response >15 Miles	2,636,129	5.40
Demand Response <= 15 Miles	3,455,839	7.08
Mileage Reimbursement	239,767	0.49
Meals	0	-
Lodging	0	-
Airfare	2,197	0.00
All Others	270,371	0.55
Total	6,604,304	13.53
Projected FY2022 Member Months	508,616	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	7,613,436	14.97
Administrative Expenses		
Fixed Amount	89,008	0.175
Percent of Premium	2,274,547	22.00 %
Total	2,363,555	4.65
Risk Margin	180,930	1.75 %
Premium Tax	180,930	1.75 %
Projected Total Cost	10,338,851	20.33

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>
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	1.0053		1.0039		1.0051		1.0040	
Other Adjustments - NF Eligibility	1.0151		0.9984		1.0804		0.9948	

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
Projected Incurred Claims								
Acute Care	65,078,956	559.85	11,053,862	1,380.23	0	0.00	0	0.00
LTC	20,908,285	179.87	18,895,956	2,359.42	27,392,136	222.33	35,805,070	1,944.57
Total	85,987,241	739.72	29,949,818	3,739.64	27,392,136	222.33	35,805,070	1,944.57
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	5,334,163	5.25%	1,750,404	5.25%	1,932,324	5.25%	2,121,327	5.25%
Total	6,729,081	57.89	1,846,509	230.56	3,410,773	27.68	2,342,282	127.21
Risk Margin	1,778,054	1.75%	583,468	1.75%	644,108	1.75%	707,109	1.75%
Premium Tax	1,778,054	1.75%	583,468	1.75%	644,108	1.75%	707,109	1.75%
Maintenance Tax	8,428	0.07	581	0.07	8,932	0.07	1,335	0.07
Projected Total Cost								
Acute Care	73,574,104	632.93	12,215,676	1,525.29	238,450	1.94	35,040	1.90
LTC	28,028,995	241.12	21,125,358	2,637.79	36,567,724	296.81	40,371,189	2,192.55
Total	101,603,099	874.06	33,341,034	4,163.08	36,806,175	298.74	40,406,228	2,194.45

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	1.0445		1.0427		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	20,375,065	4,734.66	131,189,539	4,203.60	0	0.00	254,909	70.73
Total	24,583,065	5,712.50	131,189,539	4,203.60	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	1,429,607	5.25%	7,647,894	5.25%	321,486	5.25%	504,609	5.25%
Total	1,481,248	344.21	8,022,400	257.06	488,965	35.03	547,854	152.02
Risk Margin	476,536	1.75%	2,549,298	1.75%	107,162	1.75%	168,203	1.75%
Premium Tax	476,536	1.75%	2,549,298	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	4,660,227	1,082.92	61,865	1.98	5,529,446	396.19	9,176,586	2,546.41
LTC	22,570,389	5,244.80	145,612,310	4,665.74	594,095	42.57	435,018	120.71
Total	27,230,616	6,327.73	145,674,175	4,667.72	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	254,820,960	798.96
Total	348,196,534	1,091.73
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	21,041,815	5.25%
Total	24,869,112	77.97
Risk Margin	7,013,938	1.75%
Premium Tax	7,013,938	1.75%
Maintenance Tax	23,123	0.07
Projected Total Cost		
Acute Care	105,491,394	330.75
LTC	295,305,079	925.89
Total	400,796,473	1,256.65

FY2022 STAR+PLUS Rating Summary  
Travis SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	110,032		7,732		4,587		14,461	
Experience Period Cost								
Estimated Incurred Claims	52,386,979	476.11	9,784,187	1,265.41	3,731,475	813.49	8,344,865	577.06
Other Costs/Refunds	-212,371	-1.93	-12,384	-1.60	-8,597	-1.87	-32,151	-2.22
Total Cost	52,174,608	474.18	9,771,803	1,263.81	3,722,879	811.62	8,312,715	574.84
Projected FY2022 Member Months	116,243		8,009		4,303		13,957	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9647		0.9845		0.9871		1.0000	
Adjustment #2 Hemostatic Carveout	0.9854		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9969		0.9971		0.9991		0.9968	
Adjustment #4 NF Risk Group	1.0027		1.0027		0.9817		0.9997	
Adjustment #5 IMD Adjustment	0.9995		1.0000		0.9994		0.9994	
Projected FY2022 Incurred Claims	58,582,516	503.96	11,068,358	1,382.04	3,413,363	793.18	9,004,917	645.21
Administrative Expenses	185,989	1.60	12,814	1.60	6,885	1.60	22,331	1.60
Risk Margin	1,065,750	1.75 %	200,954	1.75 %	62,025	1.75 %	163,707	1.75 %
Premium Tax	1,065,750	1.75 %	200,954	1.75 %	62,025	1.75 %	163,707	1.75 %
Projected Total Cost	60,900,005	523.90	11,483,080	1,433.82	3,544,299	823.61	9,354,661	670.27

## FY2022 STAR+PLUS Rating Summary

## Travis SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period				
Member Months	3,138		139,950	
Experience Period Cost				
Estimated Incurred Claims	1,510,864	481.47	75,758,371	541.32
Other Costs/Refunds	-7,089	-2.26	-272,592	-1.95
Total Cost	1,503,775	479.21	75,485,779	539.38
Projected FY2022 Member Months	3,604		146,116	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9965			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	2,788,765	773.85	84,857,918	580.76
Administrative Expenses	5,766	1.60	233,785	1.60
Risk Margin	50,678	1.75 %	1,543,114	1.75 %
Premium Tax	50,678	1.75 %	1,543,114	1.75 %
Projected Total Cost	2,895,887	803.58	88,177,931	603.48

FY2022 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	650,830	5.91	167,700	21.69	590,962	5.31	378,768	20.35
Demand Response <= 15 Miles	644,655	5.86	172,230	22.28	823,286	7.39	381,397	20.49
Mileage Reimbursement	74,136	0.67	10,822	1.40	61,344	0.55	45,961	2.47
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	1,646	0.01	5,578	0.72	39,745	0.36	19,180	1.03
Total	1,371,267	12.46	356,330	46.09	1,515,337	13.61	825,306	44.34
Projected FY2022 Member Months	116,243		8,009		123,204		18,413	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0029		1.0030		1.0034		1.0029
Mileage Reimbursement Adjustment		0.9982		0.9990		0.9987		0.9982
Projected Incurred Claims	1,572,884	13.53	401,089	50.08	1,821,792	14.79	886,434	48.14
Administrative Expenses								
Fixed Amount	20,343	0.175	1,402	0.175	21,561	0.175	3,222	0.175
Percent of Premium	470,483	22.0%	118,856	22.0%	544,346	22.0%	262,717	22.0%
Total	490,826	4.22	120,258	15.02	565,907	4.59	265,939	14.44
Risk Margin	37,425	1.75 %	9,454	1.75 %	43,300	1.75 %	20,898	1.75 %
Premium Tax	37,425	1.75 %	9,454	1.75 %	43,300	1.75 %	20,898	1.75 %
Projected Total Cost	2,138,560	18.40	540,256	67.46	2,474,299	20.08	1,194,169	64.86

FY2022 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	4,587		35,922		14,461		3,138	
Estimated Incurred Claims								
Demand Response >15 Miles	32,753	7.14	224,669	6.25	29,363	2.03	18,132	5.78
Demand Response <= 15 Miles	20,251	4.41	230,342	6.41	9,565	0.66	2,432	0.78
Mileage Reimbursement	0	-	0	-	4,977	0.34	6,999	2.23
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	5,145	0.14	0	-	0	-
Total	53,004	11.56	460,156	12.81	43,905	3.04	27,564	8.78
Projected FY2022 Member Months	4,303		31,209		13,957		3,604	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0031		1.0014		1.0005
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9962		0.9916
Projected Incurred Claims	54,061	12.56	434,927	13.94	45,846	3.28	34,060	9.45
Administrative Expenses								
Fixed Amount	753	0.175	5,462	0.175	2,442	0.175	631	0.175
Percent of Premium	16,187	22.0%	130,048	22.0%	14,260	22.0%	10,244	22.0%
Total	16,940	3.94	135,509	4.34	16,702	1.20	10,875	3.02
Risk Margin	1,288	1.75 %	10,345	1.75 %	1,134	1.75 %	815	1.75 %
Premium Tax	1,288	1.75 %	10,345	1.75 %	1,134	1.75 %	815	1.75 %
Projected Total Cost	73,576	17.10	591,126	18.94	64,816	4.64	46,565	12.92

FY2022 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	305,862	
Estimated Incurred Claims		
Demand Response >15 Miles	2,093,177	6.84
Demand Response <= 15 Miles	2,284,158	7.47
Mileage Reimbursement	204,239	0.67
Meals	0	-
Lodging	0	-
Airfare	0	-
All Others	71,293	0.23
Total	4,652,868	15.21
Projected FY2022 Member Months	318,941	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	5,251,093	16.46
Administrative Expenses		
Fixed Amount	55,815	0.175
Percent of Premium	1,567,141	22.00 %
Total	1,622,955	5.09
Risk Margin	124,659	1.75 %
Premium Tax	124,659	1.75 %
Projected Total Cost	7,123,367	22.33



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>
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	1.0054		1.0031		1.0053		1.0033	
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	17,175,849	119.65	16,080,876	1,859.89	25,536,733	179.45	26,802,329	1,727.28
Total	99,568,300	693.63	29,059,807	3,361.01	25,536,733	179.45	26,802,329	1,727.28
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	6,356,292	5.25%	1,718,775	5.25%	2,010,445	5.25%	1,614,007	5.25%
Total	8,078,852	56.28	1,822,529	210.79	3,718,097	26.13	1,800,212	116.01
Risk Margin	2,118,764	1.75%	572,925	1.75%	670,148	1.75%	538,002	1.75%
Premium Tax	2,118,764	1.75%	572,925	1.75%	670,148	1.75%	538,002	1.75%
Maintenance Tax	10,407	0.07	627	0.07	10,317	0.07	1,125	0.07
Projected Total Cost								
Acute Care	93,527,723	651.55	14,485,692	1,675.39	406,557	2.86	40,829	2.63
LTC	27,544,498	191.89	18,252,882	2,111.10	37,887,631	266.24	30,702,163	1,978.60
Total	121,072,221	843.43	32,738,575	3,786.49	38,294,188	269.10	30,742,992	1,981.23

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	1.0464		1.0439		1.0000		1.0066	
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	25,666,915	4,547.73	179,573,688	4,191.27	0	0.00	137,095	57.07
Total	33,195,369	5,881.65	179,573,688	4,191.27	3,887,833	412.75	6,094,850	2,537.10
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	1,934,470	5.25%	10,505,057	5.25%	263,476	5.25%	355,493	5.25%
Total	2,002,196	354.75	11,019,194	257.19	376,509	39.97	384,320	159.98
Risk Margin	644,823	1.75%	3,501,686	1.75%	87,825	1.75%	118,498	1.75%
Premium Tax	644,823	1.75%	3,501,686	1.75%	87,825	1.75%	118,498	1.75%
Maintenance Tax	409	0.07	3,106	0.07	683	0.07	174	0.07
Projected Total Cost								
Acute Care	8,317,166	1,473.66	119,383	2.79	4,445,568	471.96	6,473,362	2,694.66
LTC	28,529,874	5,055.00	199,976,943	4,667.48	573,017	60.83	297,933	124.02
Total	36,847,040	6,528.66	200,096,327	4,670.27	5,018,585	532.79	6,771,295	2,818.68

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	290,973,486	785.73
Total	403,718,910	1,090.18
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	24,758,014	5.25%
Total	29,201,911	78.85
Risk Margin	8,252,671	1.75%
Premium Tax	8,252,671	1.75%
Maintenance Tax	26,849	0.07
Projected Total Cost		
Acute Care	127,816,280	345.15
LTC	343,764,942	928.28
Total	471,581,222	1,273.43

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	136,835		7,796		6,133		10,098	
Experience Period Cost								
Estimated Incurred Claims	56,944,050	416.15	9,085,412	1,165.39	3,468,505	565.55	4,907,860	486.02
Other Costs/Refunds	-699,669	-5.11	-42,313	-5.43	-29,663	-4.84	-55,424	-5.49
Total Cost	56,244,381	411.04	9,043,099	1,159.97	3,438,843	560.71	4,852,436	480.53
Projected FY2022 Member Months	143,547		8,646		5,644		9,419	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9620		0.9839		0.9829		1.0000	
Adjustment #2 Hemostatic Carveout	0.9819		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9936		0.9970		0.9983		0.9969	
Adjustment #4 NF Risk Group	1.0014		0.9979		1.0014		1.0002	
Adjustment #5 IMD Adjustment	0.9995		0.9999		1.0000		0.9989	
Projected FY2022 Incurred Claims	62,021,142	432.06	10,906,096	1,261.38	3,140,728	556.48	5,080,997	539.42
Administrative Expenses	229,675	1.60	13,834	1.60	9,030	1.60	15,071	1.60
Risk Margin	1,128,901	1.75 %	198,030	1.75 %	57,120	1.75 %	92,416	1.75 %
Premium Tax	1,128,901	1.75 %	198,030	1.75 %	57,120	1.75 %	92,416	1.75 %
Projected Total Cost	64,508,619	449.39	11,315,989	1,308.79	3,263,998	578.32	5,280,900	560.64

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	2,063		162,925	
Experience Period Cost				
Estimated Incurred Claims	1,627,256	788.78	76,033,083	466.68
Other Costs/Refunds	-11,433	-5.54	-838,501	-5.15
Total Cost	1,615,823	783.24	75,194,581	461.53
Projected FY2022 Member Months	2,402		169,659	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9981			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	3,043,309	1,266.84	84,192,272	496.25
Administrative Expenses	3,844	1.60	271,454	1.60
Risk Margin	55,259	1.75 %	1,531,726	1.75 %
Premium Tax	55,259	1.75 %	1,531,726	1.75 %
Projected Total Cost	3,157,671	1,314.44	87,527,176	515.90



FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	1,428,711	10.44	363,744	46.66	2,097,065	15.95	536,626	34.51
Demand Response <= 15 Miles	707,724	5.17	148,481	19.05	1,061,766	8.07	276,152	17.76
Mileage Reimbursement	166,118	1.21	45,765	5.87	161,569	1.23	45,323	2.92
Meals	1,050	0.01	0	-	0	-	0	-
Lodging	2,430	0.02	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	5	0.00	0	-	0	-	0	-
Total	2,306,037	16.85	557,989	71.57	3,320,399	25.25	858,100	55.19
Projected FY2022 Member Months	143,547		8,646		142,304		15,517	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0019		1.0017		1.0020		1.0020
Mileage Reimbursement Adjustment		0.9976		0.9973		0.9984		0.9983
Projected Incurred Claims	2,622,370	18.27	670,489	77.55	3,898,456	27.40	929,082	59.87
Administrative Expenses								
Fixed Amount	25,121	0.175	1,513	0.175	24,903	0.175	2,715	0.175
Percent of Premium	781,809	22.0%	198,444	22.0%	1,158,576	22.0%	275,162	22.0%
Total	806,930	5.62	199,957	23.13	1,183,479	8.32	277,877	17.91
Risk Margin	62,189	1.75 %	15,785	1.75 %	92,159	1.75 %	21,888	1.75 %
Premium Tax	62,189	1.75 %	15,785	1.75 %	92,159	1.75 %	21,888	1.75 %
Projected Total Cost	3,553,679	24.76	902,017	104.33	5,266,254	37.01	1,250,735	80.60

FY2022 STAR+PLUS Rating Summary  
MRSA Central SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	6,133		49,984		10,098		2,063	
Estimated Incurred Claims								
Demand Response >15 Miles	27,064	4.41	251,621	5.03	10,065	1.00	31,142	15.10
Demand Response <= 15 Miles	72,047	11.75	142,312	2.85	12,416	1.23	1,873	0.91
Mileage Reimbursement	0	-	173	0.00	4,025	0.40	4,566	2.21
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	99,111	16.16	394,106	7.88	26,506	2.62	37,581	18.22
Projected FY2022 Member Months	5,644		42,845		9,419		2,402	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0046		1.0023		1.0029		1.0003
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9950		0.9960
Projected Incurred Claims	99,374	17.61	367,221	8.57	26,759	2.84	47,287	19.68
Administrative Expenses								
Fixed Amount	988	0.175	7,498	0.175	1,648	0.175	420	0.175
Percent of Premium	29,637	22.0%	110,655	22.0%	8,389	22.0%	14,088	22.0%
Total	30,625	5.43	118,153	2.76	10,037	1.07	14,508	6.04
Risk Margin	2,357	1.75 %	8,802	1.75 %	667	1.75 %	1,121	1.75 %
Premium Tax	2,357	1.75 %	8,802	1.75 %	667	1.75 %	1,121	1.75 %
Projected Total Cost	134,713	23.87	502,979	11.74	38,131	4.05	64,037	26.66

FY2022 STAR+PLUS Rating Summary  
 MRSA Central SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	359,961	
Estimated Incurred Claims		
Demand Response >15 Miles	4,746,037	13.18
Demand Response <= 15 Miles	2,422,769	6.73
Mileage Reimbursement	427,540	1.19
Meals	1,050	0.00
Lodging	2,430	0.01
Airfare	0	-
All Others	5	0.00
Total	7,599,830	21.11
Projected FY2022 Member Months	370,325	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	8,661,038	23.39
Administrative Expenses		
Fixed Amount	64,807	0.175
Percent of Premium	2,576,760	22.00 %
Total	2,641,566	7.13
Risk Margin	204,970	1.75 %
Premium Tax	204,970	1.75 %
Projected Total Cost	11,712,544	31.63

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	1.0053		1.0034		1.0058		1.0029	
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	33,612,372	159.26	33,675,411	1,917.68	40,665,942	204.36	72,498,363	1,569.12
Total	150,916,603	715.08	58,425,990	3,327.13	40,665,942	204.36	72,498,363	1,569.12
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	9,508,709	5.25%	3,446,136	5.25%	3,058,404	5.25%	4,393,300	5.25%
Total	12,041,298	57.05	3,656,862	208.24	5,446,312	27.37	4,947,738	107.09
Risk Margin	3,169,570	1.75%	1,148,712	1.75%	1,019,468	1.75%	1,464,433	1.75%
Premium Tax	3,169,570	1.75%	1,148,712	1.75%	1,019,468	1.75%	1,464,433	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	132,133,430	626.08	27,323,840	1,555.98	159,211	0.80	36,887	0.80
LTC	48,984,832	232.10	38,316,850	2,181.99	58,096,097	291.95	83,645,021	1,810.37
Total	181,118,261	858.18	65,640,690	3,737.98	58,255,308	292.75	83,681,908	1,811.17

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	1.0457		1.0436		1.0000		1.0064	
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	28,184,308	4,433.43	231,773,933	4,089.86	0	0.00	230,719	65.10
Total	38,367,489	6,035.26	231,773,933	4,089.86	4,610,933	367.17	8,361,651	2,359.33
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	2,234,522	5.25%	13,557,652	5.25%	314,558	5.25%	494,766	5.25%
Total	2,310,809	363.49	14,237,696	251.24	465,254	37.05	537,295	151.60
Risk Margin	744,841	1.75%	4,519,217	1.75%	104,853	1.75%	164,922	1.75%
Premium Tax	744,841	1.75%	4,519,217	1.75%	104,853	1.75%	164,922	1.75%
Maintenance Tax	461	0.07	4,109	0.07	910	0.07	257	0.07
Projected Total Cost								
Acute Care	11,239,721	1,768.02	163,417	2.88	5,300,819	422.11	8,981,851	2,534.32
LTC	31,322,602	4,927.09	258,077,583	4,554.02	690,754	55.01	442,271	124.79
Total	42,562,324	6,695.12	258,241,000	4,556.90	5,991,573	477.11	9,424,122	2,659.11

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	440,641,049	796.91
Total	605,620,905	1,095.28
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	37,008,047	5.25%
Total	43,643,264	78.93
Risk Margin	12,336,016	1.75%
Premium Tax	12,336,016	1.75%
Maintenance Tax	40,088	0.07
Projected Total Cost		
Acute Care	185,339,176	335.19
LTC	519,576,009	939.67
Total	704,915,185	1,274.86

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		7,059		13,021	
Experience Period Cost								
Estimated Incurred Claims	88,202,556	435.16	18,671,073	1,037.40	6,210,525	879.80	5,540,871	425.53
Other Costs/Refunds	-281,001	-1.39	-19,435	-1.08	-10,476	-1.48	-17,231	-1.32
Total Cost	87,921,555	433.77	18,651,639	1,036.32	6,200,049	878.32	5,523,640	424.21
Projected FY2022 Member Months	211,049		17,560		6,357		12,558	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9742		0.9706		0.9717		1.0000	
Adjustment #2 Hemostatic Carveout	0.9879		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9940		0.9934		0.9979		0.9935	
Adjustment #4 NF Risk Group	1.0011		1.0009		1.0142		0.9998	
Adjustment #5 IMD Adjustment	0.9998		0.9998		0.9999		0.9999	
Projected FY2022 Incurred Claims	98,083,005	464.74	19,507,798	1,110.89	5,545,654	872.34	5,963,181	474.85
Administrative Expenses	337,679	1.60	28,097	1.60	10,172	1.60	20,093	1.60
Risk Margin	1,784,831	1.75 %	354,278	1.75 %	100,753	1.75 %	108,505	1.75 %
Premium Tax	1,784,831	1.75 %	354,278	1.75 %	100,753	1.75 %	108,505	1.75 %
Projected Total Cost	101,990,346	483.25	20,244,451	1,152.84	5,757,333	905.64	6,200,284	493.73

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,223		243,993	
Experience Period Cost				
Estimated Incurred Claims	1,749,996	542.97	120,375,020	493.35
Other Costs/Refunds	-5,073	-1.57	-333,215	-1.37
Total Cost	1,744,923	541.40	120,041,805	491.99
Projected FY2022 Member Months	3,544		251,069	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9971			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	3,100,350	874.80	132,199,989	526.55
Administrative Expenses	5,671	1.60	401,710	1.60
Risk Margin	56,327	1.75 %	2,404,694	1.75 %
Premium Tax	56,327	1.75 %	2,404,694	1.75 %
Projected Total Cost	3,218,674	908.18	137,411,087	547.30

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	2,375,672	11.72	700,965	38.95	1,690,086	9.06	1,197,959	24.55
Demand Response <= 15 Miles	637,929	3.15	178,269	9.90	838,142	4.49	525,211	10.76
Mileage Reimbursement	381,515	1.88	89,577	4.98	267,868	1.44	136,490	2.80
Meals	950	0.00	0	-	425	0.00	0	-
Lodging	3,135	0.02	0	-	966	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	149	0.00	0	-	3	0.00	0	-
Total	3,399,350	16.77	968,811	53.83	2,797,490	14.99	1,859,660	38.12
Projected FY2022 Member Months	211,049		17,560		198,992		46,203	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0012		1.0011		1.0019		1.0018
Mileage Reimbursement Adjustment		0.9963		0.9969		0.9968		0.9976
Projected Incurred Claims	3,829,169	18.14	1,023,131	58.26	3,231,607	16.24	1,908,849	41.31
Administrative Expenses								
Fixed Amount	36,934	0.175	3,073	0.175	34,824	0.175	8,086	0.175
Percent of Premium	1,141,668	22.0%	303,040	22.0%	964,584	22.0%	566,075	22.0%
Total	1,178,601	5.58	306,113	17.43	999,407	5.02	574,160	12.43
Risk Margin	90,814	1.75 %	24,105	1.75 %	76,728	1.75 %	45,029	1.75 %
Premium Tax	90,814	1.75 %	24,105	1.75 %	76,728	1.75 %	45,029	1.75 %
Projected Total Cost	5,189,399	24.59	1,377,455	78.44	4,384,470	22.03	2,573,066	55.69

FY2022 STAR+PLUS Rating Summary  
MRSA Northeast SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,059		65,474		13,021		3,223	
Estimated Incurred Claims								
Demand Response >15 Miles	26,917	3.81	94,509	1.44	93,323	7.17	24,514	7.61
Demand Response <= 15 Miles	13,621	1.93	214,013	3.27	6,408	0.49	14,083	4.37
Mileage Reimbursement	0	-	0	-	11,115	0.85	11,279	3.50
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	40,538	5.74	308,522	4.71	110,846	8.51	49,875	15.47
Projected FY2022 Member Months	6,357		56,670		12,558		3,544	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0021		1.0043		1.0004		1.0018
Mileage Reimbursement Adjustment		1.0000		1.0000		0.9967		0.9925
Projected Incurred Claims	39,678	6.24	290,862	5.13	115,608	9.21	59,141	16.69
Administrative Expenses								
Fixed Amount	1,113	0.175	9,917	0.175	2,198	0.175	620	0.175
Percent of Premium	12,046	22.0%	88,821	22.0%	34,788	22.0%	17,648	22.0%
Total	13,158	2.07	98,738	1.74	36,986	2.95	18,268	5.15
Risk Margin	958	1.75 %	7,065	1.75 %	2,767	1.75 %	1,404	1.75 %
Premium Tax	958	1.75 %	7,065	1.75 %	2,767	1.75 %	1,404	1.75 %
Projected Total Cost	54,753	8.61	403,731	7.12	158,128	12.59	80,217	22.63

FY2022 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	544,838	
Estimated Incurred Claims		
Demand Response >15 Miles	6,203,945	11.39
Demand Response <= 15 Miles	2,427,677	4.46
Mileage Reimbursement	897,845	1.65
Meals	1,375	0.00
Lodging	4,101	0.01
Airfare	0	-
All Others	151	0.00
Total	9,535,093	17.50
Projected FY2022 Member Months	552,935	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	10,498,044	18.99
Administrative Expenses		
Fixed Amount	96,764	0.175
Percent of Premium	3,128,668	22.00 %
Total	3,225,432	5.83
Risk Margin	248,871	1.75 %
Premium Tax	248,871	1.75 %
Projected Total Cost	14,221,219	25.72

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	1.0055		1.0021		1.0050		1.0028	
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	13,106,287	93.86	18,869,530	1,663.68	39,613,448	207.99	45,019,079	1,596.52
Total	94,433,385	676.25	36,682,641	3,234.21	39,613,448	207.99	45,019,079	1,596.52
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	6,011,939	5.25%	2,164,980	5.25%	2,956,434	5.25%	2,689,082	5.25%
Total	7,687,641	55.05	2,301,085	202.88	5,241,965	27.52	3,027,460	107.36
Risk Margin	2,003,980	1.75%	721,660	1.75%	985,478	1.75%	896,361	1.75%
Premium Tax	2,003,980	1.75%	721,660	1.75%	985,478	1.75%	896,361	1.75%
Maintenance Tax	10,124	0.07	822	0.07	13,808	0.07	2,044	0.07
Projected Total Cost								
Acute Care	92,314,210	661.08	19,850,434	1,750.16	777,706	4.08	112,985	4.01
LTC	22,198,922	158.97	21,387,286	1,885.66	55,535,326	291.58	51,107,630	1,812.44
Total	114,513,132	820.05	41,237,721	3,635.82	56,313,033	295.67	51,220,615	1,816.45



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	1.0468		1.0444		1.0000		1.0080	
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	23,245,774	4,252.78	192,464,971	3,978.94	0	0.00	113,164	29.73
Total	31,630,232	5,786.70	192,464,971	3,978.94	5,560,159	457.55	8,892,533	2,336.05
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	1,841,970	5.25%	11,248,827	5.25%	368,213	5.25%	520,095	5.25%
Total	1,907,562	348.99	11,829,277	244.55	514,038	42.30	565,774	148.63
Risk Margin	613,990	1.75%	3,749,609	1.75%	122,738	1.75%	173,365	1.75%
Premium Tax	613,990	1.75%	3,749,609	1.75%	122,738	1.75%	173,365	1.75%
Maintenance Tax	396	0.07	3,507	0.07	881	0.07	276	0.07
Projected Total Cost								
Acute Care	9,266,592	1,695.31	202,111	4.18	6,324,430	520.44	9,572,347	2,514.64
LTC	25,818,543	4,723.46	214,061,255	4,425.41	689,154	56.71	334,215	87.80
Total	35,085,134	6,418.77	214,263,366	4,429.59	7,013,584	577.15	9,906,563	2,602.44

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	332,432,253	756.49
Total	454,296,448	1,033.81
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	27,801,540	5.25%
Total	33,074,803	75.27
Risk Margin	9,267,180	1.75%
Premium Tax	9,267,180	1.75%
Maintenance Tax	31,859	0.07
Projected Total Cost		
Acute Care	138,420,816	314.99
LTC	391,132,332	890.07
Total	529,553,147	1,205.07

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		5,928		12,447	
Experience Period Cost								
Estimated Incurred Claims	64,786,577	485.42	11,143,071	1,117.32	4,028,472	679.57	6,562,976	527.27
Other Costs/Refunds	-657,909	-4.93	-51,820	-5.20	-27,933	-4.71	-67,249	-5.40
Total Cost	64,128,668	480.49	11,091,251	1,112.13	4,000,539	674.85	6,495,727	521.87
Projected FY2022 Member Months	139,642		11,342		5,466		12,152	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Adjustment #1 Hepatitis C Carveout	0.9761		0.9824		0.9938		0.9940	
Adjustment #2 Hemostatic Carveout	0.9497		1.0000		1.0000		1.0000	
Adjustment #3 PDL Change	0.9966		0.9973		0.9982		0.9973	
Adjustment #4 NF Risk Group	1.0013		0.9972		1.0063		1.0005	
Adjustment #5 IMD Adjustment	0.9996		0.9999		0.9965		0.9993	
Projected FY2022 Incurred Claims	69,422,993	497.15	13,690,217	1,207.03	3,706,270	678.06	7,083,994	582.94
Administrative Expenses	223,427	1.60	18,147	1.60	8,746	1.60	19,443	1.60
Risk Margin	1,263,018	1.75 %	248,597	1.75 %	67,371	1.75 %	128,819	1.75 %
Premium Tax	1,263,018	1.75 %	248,597	1.75 %	67,371	1.75 %	128,819	1.75 %
Projected Total Cost	72,172,456	516.84	14,205,558	1,252.47	3,849,758	704.31	7,361,075	605.75

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,401		165,213	
Experience Period Cost				
Estimated Incurred Claims	1,433,784	421.58	87,954,880	532.37
Other Costs/Refunds	-17,277	-5.08	-822,187	-4.98
Total Cost	1,416,507	416.50	87,132,693	527.40
Projected FY2022 Member Months	3,807		172,409	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Adjustment #1 Hepatitis C Carveout	1.0000			
Adjustment #2 Hemostatic Carveout	1.0000			
Adjustment #3 PDL Change	0.9988			
Adjustment #4 NF Risk Group	1.0000			
Adjustment #5 IMD Adjustment	1.0000			
Projected FY2022 Incurred Claims	2,566,170	674.13	96,469,644	559.54
Administrative Expenses	6,091	1.60	275,854	1.60
Risk Margin	46,647	1.75 %	1,754,452	1.75 %
Premium Tax	46,647	1.75 %	1,754,452	1.75 %
Projected Total Cost	2,665,555	700.24	100,254,401	581.49

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	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	
Estimated Incurred Claims								
Demand Response >15 Miles	945,230	7.08	238,998	23.96	1,790,169	9.67	682,903	24.15
Demand Response <= 15 Miles	501,619	3.76	181,919	18.24	934,366	5.05	462,337	16.35
Mileage Reimbursement	283,441	2.12	55,625	5.58	366,451	1.98	186,660	6.60
Meals	4,822	0.04	300	0.03	975	0.01	3,600	0.13
Lodging	11,207	0.08	722	0.07	3,808	0.02	7,923	0.28
Airfare	1,739	0.01	0	-	29,867	0.16	0	-
All Others	10,705	0.08	1,270	0.13	4,493	0.02	2,662	0.09
Total	1,758,763	13.18	478,834	48.01	3,130,129	16.90	1,346,085	47.61
Projected FY2022 Member Months	139,642		11,342		190,461		28,198	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0018		1.0024		1.0019		1.0021
Mileage Reimbursement Adjustment		0.9947		0.9962		0.9961		0.9954
Projected Incurred Claims	1,988,760	14.24	589,779	52.00	3,484,556	18.30	1,452,332	51.50
Administrative Expenses								
Fixed Amount	24,437	0.175	1,985	0.175	33,331	0.175	4,935	0.175
Percent of Premium	594,501	22.0%	174,749	22.0%	1,038,839	22.0%	430,334	22.0%
Total	618,939	4.43	176,734	15.58	1,072,170	5.63	435,268	15.44
Risk Margin	47,290	1.75 %	13,900	1.75 %	82,635	1.75 %	34,231	1.75 %
Premium Tax	47,290	1.75 %	13,900	1.75 %	82,635	1.75 %	34,231	1.75 %
Projected Total Cost	2,702,279	19.35	794,314	70.03	4,721,995	24.79	1,956,062	69.37

FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	5,928		54,726		12,447		3,401	
Estimated Incurred Claims								
Demand Response >15 Miles	3,239	0.55	207,485	3.79	4,529	0.36	17,755	5.22
Demand Response <= 15 Miles	34,097	5.75	177,233	3.24	10,567	0.85	8,530	2.51
Mileage Reimbursement	0	-	927	0.02	13,683	1.10	9,254	2.72
Meals	0	-	0	-	0	-	25	0.01
Lodging	0	-	0	-	0	-	70	0.02
Airfare	0	-	0	-	0	-	0	-
All Others	0	-	0	-	0	-	0	-
Total	37,336	6.30	385,645	7.05	28,779	2.31	35,635	10.48
Projected FY2022 Member Months	5,466		48,371		12,152		3,807	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0057		1.0029		1.0023		1.0016
Mileage Reimbursement Adjustment		1.0000		0.9999		0.9843		0.9914
Projected Incurred Claims	37,550	6.87	370,718	7.66	30,064	2.47	42,954	11.28
Administrative Expenses								
Fixed Amount	957	0.175	8,465	0.175	2,127	0.175	666	0.175
Percent of Premium	11,371	22.0%	111,973	22.0%	9,506	22.0%	12,881	22.0%
Total	12,327	2.26	120,438	2.49	11,633	0.96	13,547	3.56
Risk Margin	905	1.75 %	8,907	1.75 %	756	1.75 %	1,025	1.75 %
Premium Tax	905	1.75 %	8,907	1.75 %	756	1.75 %	1,025	1.75 %
Projected Total Cost	51,686	9.46	508,970	10.52	43,209	3.56	58,550	15.38



FY2022 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	433,395	
Estimated Incurred Claims		
Demand Response >15 Miles	3,890,308	8.98
Demand Response <= 15 Miles	2,310,668	5.33
Mileage Reimbursement	916,041	2.11
Meals	9,722	0.02
Lodging	23,731	0.05
Airfare	31,606	0.07
All Others	19,129	0.04
Total	7,201,206	16.62
Projected FY2022 Member Months	439,439	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
Projected Incurred Claims	7,996,711	18.20
Administrative Expenses		
Fixed Amount	76,902	0.175
Percent of Premium	2,384,154	22.00 %
Total	2,461,056	5.60
Risk Margin	189,649	1.75 %
Premium Tax	189,649	1.75 %
Projected Total Cost	10,837,065	24.66

FY2022 STAR+PLUS Rating Summary  
Statewide SDA - NEMT

	Medicaid Only - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period						
Member Months	70,507		202,276		52,811	
Estimated Incurred Claims						
Demand Response >15 Miles	183,902	2.61	215,861	1.07	337,034	6.38
Demand Response <= 15 Miles	312,906	4.44	91,896	0.45	107,300	2.03
Mileage Reimbursement	358	0.01	118,434	0.59	133,938	2.54
Meals	0	-	0	-	50	0.00
Lodging	0	-	0	-	134	0.00
Airfare	0	-	7,886	0.04	219	0.00
All Others	3,652	0.05	1,561	0.01	2,965	0.06
Total	500,818	7.10	435,637	2.15	581,640	11.01
Projected FY2022 Member Months	64,479		196,284		59,620	
Annual Trend Assumption		3.30%		3.30%		3.30%
Rating Adjustment Factors						
Seasonality Adjustment		1.0000		1.0000		1.0000
TNC Adjustment		1.0039		1.0013		1.0012
Mileage Reimbursement Adjustment		1.0000		0.9910		0.9924
Projected Incurred Claims	498,659	7.73	454,943	2.32	707,564	11.87
Administrative Expenses						
Fixed Amount	11,284	0.175	34,350	0.175	10,434	0.175
Percent of Premium	150,587	22.0%	144,489	22.0%	212,026	22.0%
Total	161,871	2.51	178,839	0.91	222,460	3.73
Risk Margin	11,979	1.75 %	11,493	1.75 %	16,866	1.75 %
Premium Tax	11,979	1.75 %	11,493	1.75 %	16,866	1.75 %
Projected Total Cost	684,486	10.62	656,768	3.35	963,755	16.16

## *Attachment 4*

### Trend Analysis - Medical

The FY2022 rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. Separate trend factors were developed by type of service – acute care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption is applied to all service areas but varies by risk group and year.

The trend analysis included a review of health plan claims experience data through February 2021. Based on this information, estimates of monthly incurred claims were made through December 2020. The claims cost and trend experience was reviewed separately by service area, type of service and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights.

Beginning March 2020 and continuing into FY2021, the trends were distorted by the COVID-19 pandemic resulting in abnormally large reductions in cost which are not expected to continue into future periods. As a result, STAR+PLUS specific managed care trends were studied for FY2017, FY2018, FY2019 and the first six months of FY2020 as it is believed that these periods are most reflective of future program trends.

Exhibit A provides a summary of the FY2017, FY2018, FY2019 and FY2020 trends by service area, type of service and risk group. The FY2020 trend represents the trend during the period September 2019 through February 2020. All trends have been calculated as the average cost per member per month during the specified time period compared to the average cost during the same time period from the prior year. For example, the FY2018 trend is calculated as the average cost per member per month during FY2018 divided by the average cost per member per month during FY2017.

All trends have been adjusted to remove the impact of the various provider reimbursement changes that have impacted the program. These adjustments are made for all items that have materially impacted historical costs and have distorted the trend from one time period to the next. For example, the increase in attendant care reimbursement on September 1, 2019 distorted the FY2020 trend given that the increase in reimbursement for these services increased the average cost. As a result, the FY2020 observed trends were adjusted to remove the impact of the increased cost associated with these reimbursement changes to ensure the average cost during FY2019 and FY2020 are based on comparable services and reimbursement levels and the underlying trend is calculated.

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

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

The MBCCP risk group was new to the STAR+PLUS program effective September 1, 2017 and has limited historical information on which to estimate a risk group specific trend. As a result, the acute care trend assumptions for the MBCCP risk group is based on the formula noted above but only utilizes the available information – FY2019 and the first six months of FY2020. The long term care trends have been too volatile for this risk group and were deemed to have no credibility. As a result, the long term care trend assumption was set equal to the weighted average of the OCC and HCBS risk groups.

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

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

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

There are no significant outlier medical trends nor are there any negative trend assumptions. This is expected since we are using a 3.5-year historical average prior to the emergence of volatile experience post March 2020 as a result of the pandemic and the PHE.

#### Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (March 2019 through February 2020) claims cost to the rating period (FY2022). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of utilization and cost experience data paid through March 31, 2021. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2021. From this experience, the average annual utilization and

cost per service were determined for each of the five 12-month periods ending February 2021.

Due to the impact on healthcare utilization and cost from the COVID-19 pandemic and the PHE, experience after February 2020 was deemed unusable for purposes of developing trend projections. As a result, we have used the four 12-month periods ending February 2020 in our trend analysis in order to exclude pandemic-related experience.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Direct-acting antivirals (DAA) used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. Please note that effective March 1, 2021, Hepatitis C DAAs have been carved out of the managed care arrangement due to significant changes to the prior authorization criteria for these medications. In addition to these drugs, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Beginning this rate cycle, hemostatic agents are also excluded from the pharmacy trend analysis. Effective September 1, 2020, hemophilia medications were carved out of the managed care arrangement. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates. Factors were later applied to adjust for the carve-out of Hepatitis C DAAs and hemostatics.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2020 and all of FY2021 and FY2022 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption for each risk group. Exhibit C of this attachment presents a summary of the historical pharmacy trend analysis.

The preferred drug list (PDL) changes implemented in 2019 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the three most recent 12-month periods assuming that the PDL changes had not been implemented. Exhibit D of this attachment presents these adjustment factors and the resulting pharmacy trend assumptions used for the STAR+PLUS program.

Exhibit E of this attachment presents the trend analysis for the MBCCP risk group. This is a newer risk group to STAR+PLUS which became effective September 1, 2017. We have utilized STAR+PLUS experience only (the period beginning September 1, 2017) in our trend analysis. The pharmacy trends for the MBCCP risk group have been high as compared to the other STAR+PLUS risk groups and other programs. The primary driver in the high trend for these clients is increased utilization in the specialty drug category, specifically, the drug Ibrance. Ibrance is a treatment for breast cancer and represents over one-third of the total pharmacy cost

for the MBCCP risk group. The top five drugs in the group are all specialty cancer medications representing nearly 60% of total pharmacy spend for these clients. The utilization and unit cost of these specialty drugs is increasing at a higher than average rate.

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

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

#### Trend Analysis – NEMT

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The NEMT trend factors used in this analysis are a combination of utilization and inflation components. The NEMT trend factor was developed using a combination of i) actual statewide NEMT trend experience for all Medicaid managed care programs and ii) the industry trend from the Consumer Price Index published by the Bureau of Labor Statistics for transportation services.

Statewide NEMT trend experience for all Medicaid managed care programs was used due to small sample size. The NEMT trend analysis only includes demand response services. In addition, MTO Region 1 and MTO Region 10 changed MTO providers effective September 1, 2017 and experience for these regions was excluded from the trend analysis. The statewide NEMT trend assumptions were developed using an average of the three most recent 12-month period trends prior to COVID.

The industry trends include inflation and utilization components. The inflation component of the trend was developed using average trends for the past 10 years from the Consumer Price Index published by the Bureau of Labor Statistics for transportation services. The utilization component of the trend was selected by the actuary.

The selected NEMT trend was developed using an average of the statewide NEMT trend and the industry trend. The annual trend assumption of 3.30% was used in the rating analysis to project historical experience forward to the rating period. Exhibit G presents a summary of the NEMT trend analysis.

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only OCC										
FY2017										
-Professional	1.056	0.984	1.101	0.968	0.980	0.976	1.033	0.979	0.980	1.049
-Outpatient - ER	0.999	0.976	1.110	1.088	1.177	1.133	1.205	1.046	0.870	0.966
-Outpatient - Non ER	1.048	0.928	1.086	1.009	1.000	1.011	1.201	1.007	0.962	1.051
-Inpatient	1.080	0.925	1.113	1.032	0.937	1.104	1.091	1.073	0.889	1.128
-Other Acute Care	1.161	1.983	0.996	1.047	0.851	1.018	0.916	1.033	0.897	1.084
-Total Acute Care	1.068	1.018	1.074	1.019	0.970	1.046	1.083	1.028	0.925	1.069
-Long Term Care	1.109	1.106	1.083	1.099	1.056	1.068	0.970	1.139	1.032	0.986
FY2018										
-Professional	0.915	0.972	0.950	0.991	0.955	1.021	1.071	0.978	1.031	0.911
-Outpatient - ER	0.964	0.770	0.949	0.915	1.022	0.974	0.930	0.945	0.909	0.947
-Outpatient - Non ER	1.131	0.867	0.988	0.967	1.033	0.933	1.046	0.990	1.002	1.089
-Inpatient	1.022	0.904	0.959	0.935	1.015	0.941	1.075	0.967	1.083	0.944
-Other Acute Care	1.267	1.216	1.027	1.044	1.091	0.899	1.071	1.202	1.083	0.902
-Total Acute Care	1.025	0.943	0.977	0.968	1.007	0.959	1.056	0.995	1.027	0.946
-Long Term Care	0.970	1.028	1.082	1.074	0.994	1.047	0.991	1.047	1.064	1.067
FY2019										
-Professional	1.030	1.021	0.982	1.007	0.953	1.029	1.018	1.074	0.986	1.051
-Outpatient - ER	0.991	0.943	1.058	1.013	1.062	0.957	1.074	0.987	0.922	0.885
-Outpatient - Non ER	1.022	1.065	1.057	1.027	1.073	1.036	1.087	1.001	0.972	0.912
-Inpatient	0.974	1.046	1.028	1.082	1.041	1.162	1.024	1.041	0.978	1.213
-Other Acute Care	1.060	0.938	1.017	1.001	1.137	1.013	1.048	1.004	1.011	1.112
-Total Acute Care	1.011	1.013	1.018	1.034	1.035	1.068	1.039	1.036	0.977	1.076
-Long Term Care	1.027	1.061	1.071	1.073	1.014	1.064	1.001	1.032	1.033	1.068
FY2020										
-Professional	1.058	1.002	1.139	1.040	1.021	1.064	1.028	0.955	0.990	1.058
-Outpatient - ER	1.004	0.896	0.895	0.996	1.079	1.049	1.215	1.077	1.001	1.086
-Outpatient - Non ER	0.910	0.990	1.115	0.994	1.144	0.884	1.108	0.922	1.022	0.974
-Inpatient	0.999	1.011	0.921	1.004	1.165	0.748	0.943	0.886	1.027	0.985
-Other Acute Care	1.059	1.012	0.941	0.983	1.482	1.122	1.193	1.089	1.070	0.946
-Total Acute Care	1.017	0.996	1.002	1.007	1.173	0.919	1.045	0.953	1.020	1.002
-Long Term Care	1.033	1.037	1.044	1.062	1.000	1.042	0.964	0.998	1.084	1.088

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only OCC				
FY2017				
-Professional	1.012	1.064	1.016	1.007
-Outpatient - ER	1.013	0.984	1.048	1.026
-Outpatient - Non ER	1.142	1.139	1.074	1.029
-Inpatient	1.063	0.952	0.989	1.012
-Other Acute Care	0.983	0.692	1.097	1.209
-Total Acute Care	1.052	1.013	1.022	1.021
-Long Term Care	1.166	1.211	1.135	1.093
FY2018				
-Professional	0.955	1.000	0.944	0.975
-Outpatient - ER	1.005	1.052	0.986	0.930
-Outpatient - Non ER	1.156	0.935	0.921	0.988
-Inpatient	0.975	0.940	1.003	0.970
-Other Acute Care	1.127	1.042	1.118	1.095
-Total Acute Care	1.019	0.976	0.984	0.984
-Long Term Care	1.055	1.144	0.945	1.036
FY2019				
-Professional	1.020	1.036	1.065	1.017
-Outpatient - ER	0.890	0.929	1.010	0.974
-Outpatient - Non ER	0.948	0.961	1.041	1.018
-Inpatient	1.104	0.990	1.073	1.055
-Other Acute Care	1.049	0.923	1.019	1.019
-Total Acute Care	1.028	0.986	1.053	1.024
-Long Term Care	1.049	1.097	0.934	1.046
FY2020				
-Professional	1.029	1.000	1.045	1.030
-Outpatient - ER	0.979	1.070	1.209	1.019
-Outpatient - Non ER	0.918	1.047	0.970	1.001
-Inpatient	0.905	1.140	0.946	1.000
-Other Acute Care	0.901	1.037	1.087	1.065
-Total Acute Care	0.942	1.064	1.017	1.016
-Long Term Care	1.018	1.120	0.965	1.040



FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only HCBS										
FY2017										
-Professional	1.158	0.909	1.137	0.852	1.064	0.924	1.095	0.857	0.902	0.978
-Outpatient - ER	1.036	0.868	0.996	0.998	1.122	1.162	0.951	1.028	0.769	0.932
-Outpatient - Non ER	1.081	0.895	0.969	0.980	1.060	0.958	1.404	0.916	1.124	0.943
-Inpatient	1.055	0.906	0.989	1.000	0.977	1.049	0.851	1.060	0.985	0.983
-Other Acute Care	1.174	1.065	1.178	1.176	0.925	0.969	1.163	1.054	0.812	0.783
-Total Acute Care	1.107	0.928	1.058	0.963	1.023	0.998	1.059	0.962	0.978	0.959
-Long Term Care	1.048	0.979	1.110	1.081	1.099	1.044	1.121	1.048	1.086	1.100
FY2018										
-Professional	0.926	0.875	0.969	1.013	1.005	1.150	1.147	1.027	0.969	0.759
-Outpatient - ER	0.816	0.795	1.053	0.865	0.999	1.114	0.865	0.815	0.943	1.055
-Outpatient - Non ER	1.134	0.767	0.750	1.012	1.058	0.959	0.806	0.924	1.029	0.984
-Inpatient	1.080	0.801	0.897	1.132	1.049	1.081	1.020	0.845	1.123	0.886
-Other Acute Care	1.116	1.085	1.237	0.984	1.103	1.196	0.733	1.025	1.253	0.911
-Total Acute Care	1.036	0.873	0.969	1.038	1.051	1.088	0.923	0.928	1.047	0.873
-Long Term Care	1.020	1.006	1.035	1.065	1.034	1.069	0.961	1.015	1.078	1.117
FY2019										
-Professional	1.019	1.075	1.081	0.970	0.991	0.903	1.055	1.111	1.061	0.866
-Outpatient - ER	1.000	1.024	0.926	1.039	1.114	0.875	1.282	1.113	1.072	0.900
-Outpatient - Non ER	1.093	1.154	0.980	0.874	0.985	1.232	1.264	0.799	0.964	0.830
-Inpatient	0.897	1.174	0.967	0.998	0.921	0.893	1.156	1.179	1.069	1.086
-Other Acute Care	1.122	0.968	0.912	0.954	1.093	0.897	1.068	1.167	0.987	1.093
-Total Acute Care	1.011	1.086	0.971	0.970	1.001	0.937	1.130	1.115	1.032	0.977
-Long Term Care	1.020	1.095	1.054	1.124	1.047	1.139	1.153	1.055	1.023	1.028
FY2020										
-Professional	1.112	1.060	0.949	0.957	0.951	1.153	0.987	1.017	0.990	1.039
-Outpatient - ER	1.038	1.022	1.019	1.022	1.092	0.992	1.382	1.042	0.912	0.992
-Outpatient - Non ER	1.048	1.133	1.050	1.024	0.893	0.981	1.100	1.048	1.165	1.176
-Inpatient	1.099	0.841	0.857	1.027	0.947	1.137	0.531	1.012	0.976	1.326
-Other Acute Care	1.037	1.036	1.119	0.934	1.024	1.034	1.445	1.257	1.020	1.200
-Total Acute Care	1.075	0.977	1.001	0.991	0.969	1.086	0.929	1.067	1.008	1.181
-Long Term Care	0.996	1.060	1.061	1.060	1.033	1.054	0.891	1.029	1.024	1.045

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only HCBS				
FY2017				
-Professional	0.995	0.986	1.231	0.992
-Outpatient - ER	1.081	0.972	1.189	0.983
-Outpatient - Non ER	1.273	1.209	1.050	1.051
-Inpatient	1.144	1.095	1.224	1.015
-Other Acute Care	0.894	0.297	1.408	1.083
-Total Acute Care	1.086	1.055	1.196	1.011
-Long Term Care	0.975	1.089	1.083	1.066
FY2018				
-Professional	1.009	1.029	1.096	0.984
-Outpatient - ER	0.838	1.108	0.796	0.920
-Outpatient - Non ER	0.942	1.049	0.905	0.983
-Inpatient	0.867	0.924	1.016	1.008
-Other Acute Care	0.944	0.982	0.907	1.075
-Total Acute Care	0.921	0.998	0.977	0.996
-Long Term Care	0.949	1.060	0.982	1.038
FY2019				
-Professional	1.083	1.048	1.039	1.018
-Outpatient - ER	0.992	0.912	1.204	1.028
-Outpatient - Non ER	1.081	0.950	1.109	1.011
-Inpatient	1.220	0.995	1.002	1.033
-Other Acute Care	1.093	0.905	1.046	1.026
-Total Acute Care	1.132	0.989	1.042	1.019
-Long Term Care	1.015	1.010	0.963	1.061
FY2020				
-Professional	1.063	1.093	1.163	1.031
-Outpatient - ER	1.080	1.086	1.287	1.040
-Outpatient - Non ER	1.231	1.029	1.003	1.055
-Inpatient	0.987	1.100	1.114	1.009
-Other Acute Care	1.037	1.200	0.962	1.048
-Total Acute Care	1.047	1.084	1.081	1.023
-Long Term Care	1.009	1.030	1.007	1.036

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only Nursing Facility										
FY2017										
-Professional	1.116	0.996	1.185	1.110	1.280	0.982	1.113	0.861	1.197	1.263
-Outpatient - ER	1.081	1.041	1.668	0.966	1.302	1.116	1.329	1.149	0.890	1.301
-Outpatient - Non ER	0.922	0.878	0.717	1.082	1.103	1.012	1.223	0.835	0.988	1.390
-Inpatient	1.033	1.047	1.251	1.069	1.156	0.849	1.394	0.745	0.886	1.071
-Other Acute Care	1.073	1.280	1.037	1.215	1.248	1.316	0.946	0.824	1.035	1.338
-Total Acute Care	1.047	1.039	1.161	1.086	1.182	0.938	1.282	0.792	0.973	1.185
-Long Term Care	0.997	1.006	1.026	1.040	1.009	1.017	1.003	1.018	0.969	1.007
FY2018										
-Professional	0.992	1.150	1.104	1.090	1.188	1.060	0.848	1.177	1.066	0.929
-Outpatient - ER	0.959	0.747	0.777	1.022	0.914	1.278	0.854	1.043	1.310	1.008
-Outpatient - Non ER	0.870	0.859	0.776	0.922	0.848	0.976	0.533	1.206	1.020	1.074
-Inpatient	1.049	1.068	0.652	1.096	1.068	0.816	0.598	1.208	1.113	1.196
-Other Acute Care	1.443	1.193	0.684	1.390	1.447	1.186	1.762	0.837	0.915	1.093
-Total Acute Care	1.057	1.061	0.749	1.086	1.117	0.941	0.688	1.146	1.085	1.093
-Long Term Care	1.031	1.009	0.986	1.010	0.992	1.011	1.036	1.003	1.017	0.993
FY2019										
-Professional	1.110	1.005	1.229	1.015	1.048	0.976	1.337	0.981	1.037	1.007
-Outpatient - ER	1.046	0.953	1.030	1.147	1.279	1.081	1.060	1.011	0.904	1.153
-Outpatient - Non ER	1.061	1.046	2.348	1.054	1.309	0.984	0.879	1.224	1.110	0.477
-Inpatient	0.966	0.960	1.461	1.018	1.050	1.235	1.362	1.017	1.036	0.902
-Other Acute Care	0.984	1.014	0.864	0.889	0.970	0.925	1.146	0.742	1.055	0.980
-Total Acute Care	1.005	0.983	1.357	1.009	1.057	1.094	1.267	0.994	1.037	0.893
-Long Term Care	1.026	1.030	0.935	1.037	1.023	1.042	1.027	1.048	1.030	1.041
FY2020										
-Professional	1.210	0.931	0.937	1.035	1.136	0.855	0.820	1.097	1.015	1.028
-Outpatient - ER	1.111	0.989	0.887	1.132	1.281	0.899	0.807	1.453	0.809	1.050
-Outpatient - Non ER	1.127	0.743	1.168	1.145	0.595	2.040	1.982	1.814	1.151	0.943
-Inpatient	0.953	0.973	0.631	0.816	1.064	0.890	0.893	0.605	0.942	0.709
-Other Acute Care	0.865	0.737	0.752	1.034	0.772	0.788	1.310	0.916	0.743	1.037
-Total Acute Care	1.009	0.907	0.762	0.930	0.986	0.963	0.988	0.786	0.947	0.847
-Long Term Care	1.013	0.974	1.070	1.010	1.052	1.006	1.002	1.042	1.020	1.099

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only Nursing Facility				
FY2017				
-Professional	0.901	0.978	1.032	1.080
-Outpatient - ER	0.889	0.920	0.948	1.023
-Outpatient - Non ER	1.283	1.247	0.844	1.069
-Inpatient	0.987	1.023	1.094	1.039
-Other Acute Care	0.672	0.762	0.973	1.156
-Total Acute Care	0.968	1.037	1.035	1.050
-Long Term Care	1.022	1.018	1.025	1.012
FY2018				
-Professional	0.975	1.001	1.032	1.062
-Outpatient - ER	1.033	1.077	0.954	1.032
-Outpatient - Non ER	1.196	0.857	0.945	0.940
-Inpatient	1.026	1.047	1.035	1.056
-Other Acute Care	0.875	1.025	1.052	1.202
-Total Acute Care	1.017	1.011	1.024	1.048
-Long Term Care	1.059	1.036	1.003	1.018
FY2019				
-Professional	1.093	1.091	0.981	1.049
-Outpatient - ER	1.183	1.006	0.870	1.038
-Outpatient - Non ER	1.223	0.995	1.343	1.115
-Inpatient	1.185	1.070	1.070	1.049
-Other Acute Care	1.339	0.799	0.830	0.983
-Total Acute Care	1.185	1.040	1.033	1.039
-Long Term Care	1.050	1.024	1.033	1.032
FY2020				
-Professional	1.086	1.089	1.145	1.047
-Outpatient - ER	1.235	0.968	1.278	1.061
-Outpatient - Non ER	1.170	0.894	1.313	1.144
-Inpatient	0.808	1.111	0.992	0.930
-Other Acute Care	1.383	1.239	1.168	0.961
-Total Acute Care	0.958	1.081	1.071	0.961
-Long Term Care	1.027	1.008	1.026	1.018

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
IDD										
FY2017										
-Professional	1.130	1.102	1.106	1.028	1.093	0.845	1.060	0.978	1.093	0.860
-Outpatient - ER	1.034	1.138	0.972	0.984	1.215	0.813	1.132	1.096	0.875	0.834
-Outpatient - Non ER	1.038	1.044	0.980	1.006	1.004	0.970	1.123	1.514	0.964	1.179
-Inpatient	1.237	1.365	1.571	0.948	0.961	1.979	1.034	0.783	0.984	1.428
-Other Acute Care	1.022	1.084	1.115	0.904	0.978	0.831	0.866	0.927	0.650	1.083
-Total Acute Care	1.116	1.157	1.137	0.979	1.033	1.138	1.024	0.908	0.939	1.048
FY2018										
-Professional	0.973	0.963	0.957	0.992	1.086	1.154	1.059	1.080	0.928	0.854
-Outpatient - ER	0.949	0.686	1.485	1.058	1.115	1.773	0.969	0.883	0.985	1.085
-Outpatient - Non ER	0.848	0.806	0.856	0.946	1.089	1.123	1.042	0.969	0.919	0.971
-Inpatient	1.230	0.798	0.607	0.932	1.126	0.642	1.167	0.985	0.858	0.949
-Other Acute Care	0.949	1.138	1.319	0.910	1.060	2.149	1.181	0.457	0.892	1.852
-Total Acute Care	1.019	0.942	0.940	0.958	1.086	1.056	1.100	0.756	0.912	1.028
FY2019										
-Professional	1.082	1.003	1.113	1.118	1.020	0.922	1.019	0.919	1.165	0.976
-Outpatient - ER	1.101	0.948	0.967	1.023	0.999	1.036	1.036	0.902	1.329	0.931
-Outpatient - Non ER	1.135	0.974	1.111	1.181	1.082	1.383	0.803	1.216	0.938	0.743
-Inpatient	0.962	1.235	2.065	1.595	0.874	0.898	1.352	0.940	1.818	0.922
-Other Acute Care	1.123	1.006	1.040	1.151	1.050	0.719	0.945	0.979	1.196	1.137
-Total Acute Care	1.059	1.056	1.207	1.228	1.005	0.905	1.046	0.958	1.262	0.991
FY2020										
-Professional	1.080	1.119	1.011	1.010	1.065	0.943	1.037	1.403	1.076	0.946
-Outpatient - ER	1.046	1.027	0.829	1.198	0.895	0.899	1.021	2.108	0.844	0.968
-Outpatient - Non ER	1.540	1.211	2.025	1.190	0.668	2.029	1.305	1.890	1.109	1.519
-Inpatient	0.868	0.771	0.553	0.952	1.031	0.325	0.641	3.105	1.129	1.486
-Other Acute Care	0.887	1.056	1.101	0.849	1.015	0.679	1.178	1.230	0.986	0.954
-Total Acute Care	0.977	1.007	0.956	0.974	0.978	0.830	0.959	1.700	1.040	1.103

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
IDD				
FY2017				
-Professional	0.922	1.135	1.075	1.047
-Outpatient - ER	1.215	1.017	1.086	1.021
-Outpatient - Non ER	1.323	1.170	1.329	1.060
-Inpatient	1.153	1.227	1.114	1.174
-Other Acute Care	1.356	0.878	0.842	0.978
-Total Acute Care	1.089	1.131	1.096	1.053
FY2018				
-Professional	0.935	1.036	1.041	0.991
-Outpatient - ER	0.826	1.297	0.900	1.034
-Outpatient - Non ER	0.855	1.016	1.230	0.972
-Inpatient	0.726	0.941	0.656	0.945
-Other Acute Care	0.977	0.933	1.014	1.084
-Total Acute Care	0.862	1.010	0.961	0.974
FY2019				
-Professional	1.056	1.095	0.963	1.061
-Outpatient - ER	0.961	0.764	1.318	1.071
-Outpatient - Non ER	0.933	0.928	0.539	1.019
-Inpatient	1.164	0.964	1.802	1.357
-Other Acute Care	0.881	0.996	1.276	1.093
-Total Acute Care	1.012	0.987	1.154	1.114
FY2020				
-Professional	1.320	0.911	1.130	1.064
-Outpatient - ER	1.103	1.257	1.592	1.132
-Outpatient - Non ER	1.140	0.880	1.272	1.252
-Inpatient	1.877	1.653	1.518	1.209
-Other Acute Care	1.083	1.010	1.204	1.005
-Total Acute Care	1.380	1.096	1.288	1.065

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
MBCCP										
FY2019										
-Professional	1.186	1.249	1.278	1.268	0.909	1.248	1.079	0.856	1.095	1.182
-Outpatient - ER	1.333	0.994	1.054	1.134	0.966	0.829	0.965	1.053	0.921	0.986
-Outpatient - Non ER	0.799	0.936	2.246	1.184	1.257	1.293	1.214	1.539	0.984	1.481
-Inpatient	0.789	1.148	0.721	0.862	0.735	1.219	1.447	0.777	1.274	1.129
-Other Acute Care	1.259	1.083	1.009	1.074	1.060	1.123	0.834	1.130	0.922	0.773
-Total Acute Care	1.047	1.105	1.361	1.136	0.987	1.244	1.202	1.004	1.088	1.197
-Long Term Care	1.308	2.009	1.314	1.687	1.280	0.935	2.030	1.453	1.399	1.516
FY2020										
-Professional	1.178	0.943	1.789	1.245	0.983	1.216	1.457	0.777	0.943	0.807
-Outpatient - ER	0.889	1.151	0.489	1.084	1.225	1.718	0.844	1.127	1.182	0.917
-Outpatient - Non ER	0.937	1.434	1.117	0.915	1.303	1.633	1.045	1.045	1.145	1.256
-Inpatient	0.868	0.828	1.463	1.225	0.925	0.411	0.702	1.792	0.683	0.829
-Other Acute Care	1.430	1.018	1.116	0.904	0.826	5.104	1.717	1.159	1.051	0.941
-Total Acute Care	1.100	1.065	1.444	1.087	1.079	1.195	1.059	0.995	0.936	0.871
-Long Term Care	0.975	1.433	1.136	1.256	1.135	0.767	0.740	1.040	1.009	1.524
Dual Eligible OCC										
FY2017										
-Long Term Care	1.052	1.052	1.085	1.069	1.024	1.105	1.073	1.074	1.078	1.078
FY2018										
-Long Term Care	1.014	1.034	1.064	1.062	0.999	1.000	0.963	1.011	1.083	1.059
FY2019										
-Long Term Care	1.042	1.051	1.040	1.031	1.005	0.988	0.969	1.048	1.005	1.041
FY2020										
-Long Term Care	1.050	0.982	1.033	0.991	1.012	1.013	0.994	1.028	1.033	0.991

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
MBCCP				
FY2020				
-Professional	1.015	0.891	1.020	1.121
-Outpatient - ER	0.918	0.839	1.124	1.051
-Outpatient - Non ER	0.973	0.824	1.145	1.189
-Inpatient	0.645	0.755	1.540	0.989
-Other Acute Care	0.793	1.162	1.126	1.055
-Total Acute Care	0.920	0.856	1.110	1.092
-Long Term Care	1.191	1.303	1.007	1.425
FY2020				
-Professional	1.111	0.966	1.245	1.106
-Outpatient - ER	1.115	1.160	1.392	1.143
-Outpatient - Non ER	0.827	1.115	1.030	1.142
-Inpatient	0.870	1.920	0.787	1.122
-Other Acute Care	1.417	0.929	1.083	1.347
-Total Acute Care	0.966	1.108	1.117	1.077
-Long Term Care	2.303	1.161	1.163	1.197
Dual Eligible OCC				
FY2017				
-Long Term Care	1.086	1.168	1.104	1.056
FY2018				
-Long Term Care	0.997	1.072	0.975	1.025
FY2019				
-Long Term Care	0.998	1.024	0.956	1.020
FY2020				
-Long Term Care	0.976	1.005	1.022	1.010



FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Dual Eligible HCBS										
FY2017										
-Long Term Care	1.048	1.030	1.049	1.087	1.074	1.025	1.083	1.082	1.044	1.084
FY2018										
-Long Term Care	1.018	1.014	1.055	1.062	1.042	1.041	1.005	1.010	1.053	1.064
FY2019										
-Long Term Care	1.042	1.053	1.027	1.082	1.027	1.076	1.027	1.027	1.040	1.045
FY2020										
-Long Term Care	1.032	1.045	1.041	1.027	1.019	1.016	1.059	0.996	1.051	1.013
Dual Eligible Nursing Facility										
FY2017										
-Long Term Care	1.036	1.021	1.033	1.019	1.021	1.008	1.031	1.013	0.999	1.019
FY2018										
-Long Term Care	1.022	1.032	1.008	1.029	1.028	0.995	1.035	0.996	1.030	1.009
FY2019										
-Long Term Care	1.033	1.012	1.044	1.045	1.043	1.046	1.016	1.068	1.020	1.035
FY2020										
-Long Term Care	1.043	1.017	1.044	1.017	1.031	1.003	1.018	1.055	1.024	1.036

FY2022 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Dual Eligible HCBS				
FY2017				
-Long Term Care	1.051	1.064	1.043	1.064
FY2018				
-Long Term Care	0.992	1.062	1.032	1.039
FY2019				
-Long Term Care	1.031	1.012	1.038	1.041
FY2020				
-Long Term Care	0.988	0.983	1.025	1.021
Dual Eligible Nursing Facility				
FY2017				
-Long Term Care	1.012	1.016	1.022	1.018
FY2018				
-Long Term Care	1.034	1.024	1.016	1.023
FY2019				
-Long Term Care	1.045	1.024	1.019	1.032
FY2020				
-Long Term Care	1.043	1.015	1.022	1.026

FY2022 STAR+PLUS Rating  
Trend Assumptions - Medical

	<u>FY2017</u>	<u>FY2018</u>	<u>FY2019</u>	<u>9/19-2/20 (2)</u>	<u>Trend Assumption (3)</u>
Statewide Average Trend (1)					
<b>Acute Care</b>					
Medicaid Only OCC	2.1 %	-1.6 %	2.4 %	1.6 %	1.1 %
Medicaid Only HCBS	1.1 %	-0.4 %	1.9 %	2.3 %	1.1 %
Medicaid Only NF	5.0 %	4.8 %	3.9 %	-3.9 %	3.3 %
IDD	5.3 %	-2.6 %	11.4 %	6.5 %	4.9 %
MBCCP			9.2 %	7.7 %	8.7 %
<b>Long Term Care</b>					
Medicaid Only OCC	9.3 %	3.6 %	4.6 %	4.0 %	5.6 %
Medicaid Only HCBS	6.6 %	3.8 %	6.1 %	3.6 %	5.2 %
Medicaid Only NF	1.2 %	1.8 %	3.2 %	1.8 %	2.0 %
Dual Eligible OCC	5.6 %	2.5 %	2.0 %	1.0 %	3.0 %
Dual Eligible HCBS	6.4 %	3.9 %	4.1 %	2.1 %	4.4 %
Dual Eligible NF	1.8 %	2.3 %	3.2 %	2.6 %	2.5 %
MBCCP (4)			42.5 %	19.7 %	4.3 %

## Footnotes

(1) All trends are net of reimbursement changes.

(2) Average trend during the period 9/1/2019-2/29/2020.

(3) Weighted average of the Statewide FY2017, FY2018, FY2019, and 9/19-2/20 trends.

Weighted based on number of months.

(4) MBCCP LTC trend assumptions set equal to the weighted average of other risk groups excluding nursing facility services due to vary small sample size in long term care services.

FY2022 Prescription Drug Rating Analysis  
 STAR+PLUS Pharmacy Trends  
 STAR+PLUS

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Number of Scripts per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	-8.2 %	-7.1 %	0.0 %	0.0 %	-7.7 %	-8.0 %
3/2014-2/2015	-12.6 %	-10.9 %	0.0 %	0.0 %	-11.9 %	-6.0 %
3/2015-2/2016	-9.3 %	-5.2 %	-8.3 %	0.0 %	-5.8 %	-4.1 %
3/2016-2/2017	-4.8 %	-5.2 %	-9.5 %	-11.0 %	-4.6 %	-5.5 %
3/2017-2/2018	-4.9 %	-4.8 %	-8.3 %	-7.2 %	-4.3 %	-5.2 %
3/2018-2/2019	-8.3 %	-6.4 %	-9.3 %	-6.9 %	-7.3 %	-8.0 %
3/2019-2/2020	-10.5 %	-7.6 %	-5.7 %	-5.1 %	-8.9 %	-9.5 %
3/2020-2/2021	-22.4 %	-19.2 %	-3.4 %	-8.4 %	-19.8 %	-20.1 %
Use	-8.8 %	-6.7 %	-7.4 %	-6.0 %	-8.2 %	-8.2 %
<b>Generic Drugs</b>						
3/2013-2/2014	9.9 %	9.3 %	0.0 %	0.0 %	10.4 %	9.8 %
3/2014-2/2015	1.1 %	2.2 %	0.0 %	0.0 %	2.0 %	9.2 %
3/2015-2/2016	1.1 %	3.9 %	4.4 %	0.0 %	6.4 %	8.0 %
3/2016-2/2017	4.1 %	2.3 %	2.8 %	-1.8 %	4.5 %	3.4 %
3/2017-2/2018	5.8 %	3.4 %	6.1 %	-1.8 %	6.1 %	5.0 %
3/2018-2/2019	-1.5 %	-0.1 %	1.8 %	-1.4 %	-0.4 %	-1.0 %
3/2019-2/2020	-5.2 %	-2.8 %	1.5 %	-3.1 %	-3.8 %	-4.3 %
3/2020-2/2021	-6.8 %	-4.1 %	-0.1 %	-2.1 %	-5.5 %	-5.6 %
Use	-2.1 %	-0.8 %	2.4 %	-2.3 %	-1.6 %	-1.6 %
<b>Specialty Drugs</b>						
3/2013-2/2014	6.8 %	-1.0 %	0.0 %	0.0 %	6.5 %	5.6 %
3/2014-2/2015	-1.8 %	-0.5 %	0.0 %	0.0 %	-2.6 %	2.8 %
3/2015-2/2016	-2.9 %	-5.7 %	3.0 %	0.0 %	-1.5 %	1.5 %
3/2016-2/2017	-3.1 %	-3.2 %	-3.5 %	-10.3 %	-3.0 %	-3.4 %
3/2017-2/2018	3.4 %	2.5 %	7.2 %	-6.4 %	3.5 %	3.1 %
3/2018-2/2019	-3.0 %	-2.1 %	3.6 %	-4.1 %	-2.2 %	-2.6 %
3/2019-2/2020	-5.0 %	-1.8 %	6.6 %	-8.0 %	-3.8 %	-4.1 %
3/2020-2/2021	-5.3 %	-4.2 %	0.6 %	-8.4 %	-4.8 %	-5.0 %
Use	-2.9 %	-1.2 %	5.7 %	-6.5 %	-2.3 %	-2.3 %
<b>All Drugs</b>						
3/2013-2/2014	5.5 %	5.1 %	0.0 %	0.0 %	5.9 %	5.4 %
3/2014-2/2015	-1.8 %	-0.7 %	0.0 %	0.0 %	-1.0 %	5.8 %
3/2015-2/2016	-0.9 %	2.0 %	2.1 %	0.0 %	3.9 %	5.6 %
3/2016-2/2017	2.4 %	0.9 %	0.7 %	-3.2 %	2.8 %	1.7 %
3/2017-2/2018	4.1 %	2.0 %	4.0 %	-2.6 %	4.4 %	3.4 %
3/2018-2/2019	-2.5 %	-1.1 %	0.4 %	-2.1 %	-1.4 %	-2.1 %
3/2019-2/2020	-6.0 %	-3.5 %	0.8 %	-3.4 %	-4.5 %	-5.0 %
3/2020-2/2021	-8.8 %	-6.2 %	-0.5 %	-2.9 %	-7.3 %	-7.5 %
Use	-2.9 %	-1.6 %	1.5 %	-2.8 %	-2.5 %	-2.4 %

FY2022 Prescription Drug Rating Analysis  
 STAR+PLUS Pharmacy Trends  
 STAR+PLUS

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Days Supply per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	-9.0 %	-7.8 %	0.0 %	0.0 %	-8.5 %	-8.8 %
3/2014-2/2015	-12.7 %	-11.0 %	0.0 %	0.0 %	-11.9 %	-5.9 %
3/2015-2/2016	-9.5 %	-5.9 %	-8.2 %	0.0 %	-7.0 %	-5.4 %
3/2016-2/2017	-5.3 %	-5.4 %	-10.2 %	-10.5 %	-5.0 %	-5.9 %
3/2017-2/2018	-4.8 %	-4.5 %	-8.6 %	-7.4 %	-4.2 %	-5.1 %
3/2018-2/2019	-7.2 %	-5.8 %	-8.3 %	-7.8 %	-6.4 %	-7.1 %
3/2019-2/2020	-8.4 %	-6.7 %	-5.2 %	-8.3 %	-7.4 %	-7.9 %
3/2020-2/2021	-15.8 %	-14.1 %	-3.1 %	-12.7 %	-14.3 %	-14.6 %
Use	-7.4 %	-6.1 %	-6.8 %	-8.0 %	-7.1 %	-7.2 %
<b>Generic Drugs</b>						
3/2013-2/2014	12.0 %	10.3 %	0.0 %	0.0 %	12.4 %	11.7 %
3/2014-2/2015	2.5 %	2.7 %	0.0 %	0.0 %	3.5 %	10.8 %
3/2015-2/2016	2.9 %	5.2 %	5.3 %	0.0 %	7.6 %	9.1 %
3/2016-2/2017	4.9 %	2.9 %	3.4 %	-1.7 %	5.3 %	4.2 %
3/2017-2/2018	7.1 %	4.4 %	6.3 %	-1.2 %	7.3 %	6.2 %
3/2018-2/2019	1.1 %	1.7 %	3.4 %	-2.2 %	1.8 %	1.2 %
3/2019-2/2020	-1.0 %	-0.2 %	3.3 %	-2.6 %	-0.2 %	-0.6 %
3/2020-2/2021	2.6 %	3.5 %	4.4 %	0.2 %	2.9 %	2.8 %
Use	1.0 %	1.2 %	3.8 %	-2.2 %	1.1 %	1.1 %
<b>Specialty Drugs</b>						
3/2013-2/2014	7.4 %	0.4 %	0.0 %	0.0 %	7.2 %	6.3 %
3/2014-2/2015	-3.7 %	-3.0 %	0.0 %	0.0 %	-4.7 %	0.3 %
3/2015-2/2016	-1.8 %	-4.9 %	6.1 %	0.0 %	-2.0 %	1.2 %
3/2016-2/2017	0.5 %	-1.1 %	5.1 %	-6.1 %	0.5 %	0.3 %
3/2017-2/2018	4.8 %	5.2 %	11.0 %	-1.9 %	5.1 %	4.9 %
3/2018-2/2019	-1.8 %	-0.3 %	5.3 %	-4.0 %	-1.0 %	-1.3 %
3/2019-2/2020	-4.3 %	-1.3 %	8.3 %	-5.1 %	-3.0 %	-3.3 %
3/2020-2/2021	-3.4 %	-2.1 %	2.2 %	-4.4 %	-2.7 %	-3.0 %
Use	-1.9 %	0.1 %	7.8 %	-4.2 %	-1.0 %	-1.1 %
<b>All Drugs</b>						
3/2013-2/2014	6.5 %	5.5 %	0.0 %	0.0 %	6.9 %	6.3 %
3/2014-2/2015	-1.0 %	-0.5 %	0.0 %	0.0 %	-0.1 %	6.9 %
3/2015-2/2016	0.4 %	2.8 %	2.9 %	0.0 %	4.6 %	6.1 %
3/2016-2/2017	3.0 %	1.4 %	1.2 %	-2.9 %	3.4 %	2.4 %
3/2017-2/2018	5.2 %	2.9 %	4.2 %	-1.9 %	5.4 %	4.4 %
3/2018-2/2019	-0.2 %	0.5 %	1.9 %	-2.8 %	0.6 %	-0.1 %
3/2019-2/2020	-2.1 %	-1.2 %	2.4 %	-3.2 %	-1.2 %	-1.7 %
3/2020-2/2021	0.1 %	1.0 %	3.6 %	-1.1 %	0.6 %	0.5 %
Use	-0.1 %	0.2 %	2.8 %	-2.8 %	0.1 %	0.1 %

FY2022 Prescription Drug Rating Analysis  
 STAR+PLUS Pharmacy Trends  
 STAR+PLUS

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Incurred Claims per Days Supply</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	11.6 %	13.2 %	0.0 %	0.0 %	11.8 %	11.9 %
3/2014-2/2015	14.0 %	16.1 %	0.0 %	0.0 %	15.8 %	25.5 %
3/2015-2/2016	12.9 %	15.1 %	10.5 %	0.0 %	15.1 %	17.3 %
3/2016-2/2017	7.3 %	6.9 %	4.4 %	7.1 %	7.2 %	7.0 %
3/2017-2/2018	8.6 %	8.6 %	5.0 %	6.2 %	8.4 %	8.2 %
3/2018-2/2019	6.9 %	6.8 %	5.8 %	2.8 %	6.7 %	6.7 %
3/2019-2/2020	9.3 %	6.7 %	2.4 %	7.2 %	8.4 %	8.2 %
3/2020-2/2021	16.0 %	13.6 %	4.8 %	1.5 %	14.3 %	14.3 %
Use	8.4 %	7.0 %	4.0 %	5.6 %	7.7 %	7.7 %
<b>Generic Drugs</b>						
3/2013-2/2014	-2.1 %	-4.5 %	0.0 %	0.0 %	-2.2 %	-2.5 %
3/2014-2/2015	0.5 %	6.0 %	0.0 %	0.0 %	2.9 %	15.3 %
3/2015-2/2016	10.0 %	11.0 %	1.3 %	0.0 %	11.4 %	13.6 %
3/2016-2/2017	2.5 %	4.1 %	0.2 %	2.2 %	2.7 %	2.5 %
3/2017-2/2018	-9.3 %	-10.8 %	-5.4 %	-3.1 %	-8.5 %	-8.9 %
3/2018-2/2019	5.6 %	4.9 %	8.6 %	6.8 %	6.1 %	5.8 %
3/2019-2/2020	-3.8 %	-2.8 %	-8.3 %	-8.4 %	-4.2 %	-4.3 %
3/2020-2/2021	6.1 %	1.3 %	-7.0 %	-2.6 %	3.5 %	3.5 %
Use	-1.6 %	-1.6 %	-2.2 %	-2.4 %	-1.7 %	-1.7 %
<b>Specialty Drugs</b>						
3/2013-2/2014	4.5 %	11.4 %	0.0 %	0.0 %	5.1 %	5.6 %
3/2014-2/2015	8.6 %	11.6 %	0.0 %	0.0 %	8.9 %	16.2 %
3/2015-2/2016	13.5 %	9.8 %	9.4 %	0.0 %	12.8 %	15.3 %
3/2016-2/2017	14.6 %	13.2 %	28.4 %	6.6 %	14.8 %	15.0 %
3/2017-2/2018	10.1 %	14.5 %	10.5 %	14.5 %	11.0 %	10.9 %
3/2018-2/2019	10.1 %	4.6 %	7.4 %	15.2 %	9.6 %	9.1 %
3/2019-2/2020	12.5 %	13.1 %	8.7 %	10.2 %	12.5 %	12.3 %
3/2020-2/2021	6.4 %	4.2 %	13.4 %	3.7 %	6.5 %	6.4 %
Use	11.3 %	10.5 %	8.6 %	12.6 %	11.1 %	11.0 %
<b>All Drugs</b>						
3/2013-2/2014	-0.9 %	0.8 %	0.0 %	0.0 %	-0.7 %	-0.6 %
3/2014-2/2015	2.5 %	5.9 %	0.0 %	0.0 %	3.2 %	13.2 %
3/2015-2/2016	6.1 %	5.7 %	1.4 %	0.0 %	5.1 %	9.0 %
3/2016-2/2017	3.5 %	3.5 %	0.1 %	0.7 %	3.2 %	3.2 %
3/2017-2/2018	1.2 %	3.4 %	-2.4 %	2.8 %	1.3 %	1.3 %
3/2018-2/2019	3.7 %	2.1 %	1.8 %	3.7 %	3.4 %	3.3 %
3/2019-2/2020	4.4 %	4.1 %	-1.0 %	1.3 %	3.9 %	3.9 %
3/2020-2/2021	1.1 %	-0.8 %	0.9 %	-5.4 %	0.7 %	0.6 %
Use	3.9 %	3.7 %	1.1 %	3.0 %	3.8 %	3.7 %

FY2022 Prescription Drug Rating Analysis  
 STAR+PLUS Pharmacy Trends  
 STAR+PLUS

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Incurred Claims per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	1.5 %	4.4 %	0.0 %	0.0 %	2.3 %	2.1 %
3/2014-2/2015	-0.4 %	3.3 %	0.0 %	0.0 %	2.0 %	10.5 %
3/2015-2/2016	2.2 %	8.4 %	1.5 %	0.0 %	7.0 %	7.5 %
3/2016-2/2017	1.6 %	1.2 %	-6.2 %	-4.2 %	1.8 %	0.6 %
3/2017-2/2018	3.4 %	3.6 %	-4.0 %	-1.7 %	3.8 %	2.7 %
3/2018-2/2019	-0.8 %	0.6 %	-3.0 %	-5.2 %	-0.1 %	-0.9 %
3/2019-2/2020	0.1 %	-0.5 %	-2.9 %	-1.7 %	0.3 %	-0.3 %
3/2020-2/2021	-2.3 %	-2.5 %	1.6 %	-11.4 %	-2.1 %	-2.4 %
Use	0.4 %	0.5 %	-3.1 %	-2.8 %	0.1 %	0.0 %
<b>Generic Drugs</b>						
3/2013-2/2014	9.7 %	5.4 %	0.0 %	0.0 %	9.9 %	8.9 %
3/2014-2/2015	3.0 %	8.8 %	0.0 %	0.0 %	6.5 %	16.4 %
3/2015-2/2016	13.2 %	16.7 %	6.7 %	0.0 %	19.9 %	19.3 %
3/2016-2/2017	7.5 %	7.1 %	3.7 %	0.5 %	8.2 %	6.7 %
3/2017-2/2018	-2.9 %	-6.8 %	0.5 %	-4.3 %	-1.9 %	-3.3 %
3/2018-2/2019	6.7 %	6.7 %	12.2 %	4.4 %	8.0 %	7.1 %
3/2019-2/2020	-4.8 %	-3.0 %	-5.3 %	-10.7 %	-4.3 %	-4.8 %
3/2020-2/2021	8.8 %	4.9 %	-2.8 %	-2.4 %	6.6 %	6.5 %
Use	-0.6 %	-0.4 %	1.5 %	-4.5 %	-0.6 %	-0.5 %
<b>Specialty Drugs</b>						
3/2013-2/2014	12.2 %	11.8 %	0.0 %	0.0 %	12.6 %	12.1 %
3/2014-2/2015	4.5 %	8.2 %	0.0 %	0.0 %	3.7 %	8.9 %
3/2015-2/2016	11.4 %	4.5 %	16.1 %	0.0 %	10.6 %	13.9 %
3/2016-2/2017	15.1 %	12.0 %	34.8 %	0.2 %	15.5 %	14.9 %
3/2017-2/2018	15.3 %	20.5 %	22.6 %	12.4 %	16.7 %	16.3 %
3/2018-2/2019	8.1 %	4.2 %	13.2 %	10.5 %	8.5 %	7.8 %
3/2019-2/2020	7.7 %	11.6 %	17.7 %	4.6 %	9.1 %	8.7 %
3/2020-2/2021	2.8 %	2.0 %	16.0 %	-0.8 %	3.6 %	3.2 %
Use	9.2 %	10.6 %	17.1 %	7.9 %	9.9 %	9.8 %
<b>All Drugs</b>						
3/2013-2/2014	5.5 %	6.3 %	0.0 %	0.0 %	6.1 %	5.7 %
3/2014-2/2015	1.5 %	5.4 %	0.0 %	0.0 %	3.2 %	10.9 %
3/2015-2/2016	6.5 %	8.7 %	4.3 %	0.0 %	10.0 %	11.0 %
3/2016-2/2017	6.7 %	4.9 %	1.4 %	-2.2 %	6.8 %	5.6 %
3/2017-2/2018	6.4 %	6.4 %	1.7 %	0.8 %	6.8 %	5.9 %
3/2018-2/2019	3.5 %	2.6 %	3.7 %	0.7 %	4.0 %	3.3 %
3/2019-2/2020	2.2 %	2.9 %	1.4 %	-2.0 %	2.7 %	2.1 %
3/2020-2/2021	1.2 %	0.1 %	4.6 %	-6.5 %	1.3 %	1.0 %
Use	3.9 %	4.0 %	3.9 %	0.1 %	3.8 %	3.8 %

FY2022 Prescription Drug Rating Analysis  
 STAR+PLUS Pharmacy Trends  
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	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Generic Dispensing Rate (Days Supply)</b>						
3/2015-2/2016	80.4 %	80.2 %	82.6 %	86.0 %	80.8 %	80.7 %
3/2016-2/2017	81.9 %	81.4 %	84.4 %	87.0 %	82.2 %	82.2 %
3/2017-2/2018	83.4 %	82.6 %	86.1 %	87.7 %	83.7 %	83.6 %
3/2018-2/2019	84.4 %	83.6 %	87.3 %	88.3 %	84.7 %	84.7 %
3/2019-2/2020	85.4 %	84.5 %	88.1 %	88.8 %	85.6 %	85.6 %
3/2020-2/2021	87.5 %	86.6 %	88.8 %	90.1 %	87.5 %	87.5 %
FY2022	87.7 %	86.6 %	90.2 %	90.2 %	87.8 %	87.8 %



FY2022 Prescription Drug Rating Analysis  
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>
<b>Incurred Claims per Member per Month</b>					
3/2015-2/2016	366.981	820.504	453.310	728.630	405.280
3/2016-2/2017	391.472	861.037	459.469	712.272	432.692
3/2017-2/2018	416.468	916.354	467.439	718.305	462.322
3/2018-2/2019	430.984	940.178	484.771	723.460	481.027
3/2019-2/2020	440.644	967.211	491.393	709.330	493.907

**PDL Adjustment Factors**

3/2017-2/2018	1.0012	1.0011	1.0018	1.0002	1.0012
3/2018-2/2019	1.0170	1.0129	1.0423	1.0151	1.0182
3/2019-2/2020	1.0303	1.0227	1.0677	1.0246	1.0316

**Adjusted Incurred Claims per Member per Month**

3/2015-2/2016	366.981	820.504	453.310	728.630	405.280
3/2016-2/2017	391.472	861.037	459.469	712.272	432.692
3/2017-2/2018	416.967	917.362	468.281	718.448	462.874
3/2018-2/2019	438.311	952.306	505.277	734.385	489.775
3/2019-2/2020	453.995	989.167	524.660	726.780	509.522

**Annual Trend in Adjusted Incurred Claims per Member per Month**

3/2016-2/2017	6.7 %	4.9 %	1.4 %	-2.2 %	6.8 %
3/2017-2/2018	6.5 %	6.5 %	1.9 %	0.9 %	7.0 %
3/2018-2/2019	5.1 %	3.8 %	7.9 %	2.2 %	5.8 %
3/2019-2/2020	3.6 %	3.9 %	3.8 %	-1.0 %	4.0 %
<b>Use</b>	<b>4.6 %</b>	<b>4.3 %</b>	<b>4.9 %</b>	<b>0.4 %</b>	

Notes:  
Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 7/2019 and 7/2021.

FY2022 Prescription Drug Rating Analysis  
MBCCP Pharmacy Trends

	<u>Brand</u>	<u>Generic</u>	<u>Specialty</u>	<u>Total</u>
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**Annual Trend in Number of Scripts per Member per Month**

9/2018-2/2019	14.3 %	15.3 %	19.5 %	15.3 %
9/2019-2/2020	2.6 %	0.7 %	4.4 %	1.0 %
9/2020-2/2021	-12.4 %	-13.5 %	-28.1 %	-13.7 %
Use	6.5 %	5.6 %	9.5 %	5.8 %

**Annual Trend in Days Supply per Member per Month**

9/2018-2/2019	20.3 %	23.8 %	25.8 %	23.5 %
9/2019-2/2020	4.6 %	4.5 %	7.0 %	4.6 %
9/2020-2/2021	-5.0 %	-1.8 %	-32.3 %	-2.6 %
Use	9.9 %	10.9 %	13.2 %	10.8 %

**Annual Trend in Incurred Claims per Days Supply**

9/2018-2/2019	17.6 %	-2.0 %	6.3 %	8.7 %
9/2019-2/2020	25.1 %	-8.1 %	3.3 %	8.8 %
9/2020-2/2021	124.1 %	20.6 %	-11.6 %	6.9 %
Use	22.6 %	-6.1 %	4.3 %	9.9 %

**Annual Trend in Incurred Claims per Member per Month**

9/2018-2/2019	41.5 %	21.2 %	33.7 %	34.2 %
9/2019-2/2020	30.9 %	-3.9 %	10.4 %	13.8 %
9/2020-2/2021	113.0 %	18.4 %	-40.1 %	4.1 %
Use	34.7 %	4.1 %	18.1 %	21.8 %

**Generic Dispensing Rate (Days Supply)**

9/2017-2/2018	88.9 %
9/2018-2/2019	89.1 %
9/2019-2/2020	89.0 %
9/2020-2/2021	89.8 %
Use	89.1 %

FY2022 Prescription Drug Rating Analysis  
 MBCCP Pharmacy Trends

MBCCP

**Incurred Claims per Member per Month**

9/2017-2/2018	398.892
9/2018-2/2019	535.173
9/2019-2/2020	608.977

**PDL Adjustment Factors**

9/2017-2/2018	1.0000
9/2018-2/2019	1.0053
9/2019-2/2020	1.0116

**Adjusted Incurred Claims per Member per Month**

9/2017-2/2018	398.892
9/2018-2/2019	538.009
9/2019-2/2020	616.042

**Annual Trend in Adjusted Incurred Claims per Member per Month**

9/2018-2/2019	34.9 %
9/2019-2/2020	14.5 %
Use	<b>21.3 %</b>

Notes:  
 Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 7/2019 and 7/2021.

Non-Emergency Medical Transportation Carvein Rating FY2022  
Trend Analysis

Trend Assumption

NEMT Experience (1)	
3/2017-2/2018	2.54%
3/2018-2/2019	3.79%
3/2019-2/2020	4.02%
Average	3.50%
Industry (CPI)	
Inflation (2)	1.60%
Utilization (3)	1.50%
Total	3.10%
Selected (4)	<b>3.30%</b>

Notes:

- (1) Trend analysis only includes demand response services.  
Experience for MTO 1, MTO 10 and MTO 4 are excluded from trend analysis.  
MTO 1 and MTO 10 switched organizations effective 9/1/2017. MTO 4 is FFS.
- (2) Average CPI Transportation (CUSR0000SAT) monthly year-over-year trend for the past 10 years.
- (3) Selected by the Actuary.
- (4) Average Experience and Industry trend.

## *Attachment 5*

### Provider Reimbursement, Eligibility Changes and Benefit Revisions

This attachment presents information regarding rating adjustments for the various provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting and before the end of FY2022.

All adjustments have been calculated through an analysis of health plan encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable March 2019 through February 2020 encounter data was repriced using the FFS reimbursement in place during this base period, the FFS reimbursement that will be in place during FY2022 and the applicable percentage change determined. Although the MCOs are not required to change their reimbursement levels based on changes implemented by HHSC, the Medicaid fee schedule serves as a primary negotiating tool for both MCOs and providers in Texas. Many MCO/provider reimbursement contracts are directly tied to the Medicaid FFS fee schedule through established percentages (e.g. 100%, 102%, 95% etc.) As a result, MCO reimbursement has historically changed in conjunction with Medicaid FFS fee schedule changes, both increases and decreases. Furthermore, it is common for provider reimbursement contracts that are directly tied to the Medicaid fee schedule (i.e. set at a percentage of Medicaid) to automatically adjust when the Medicaid fee schedule changes with no further need for recontracting. The correlation between managed care reimbursement and FFS fee schedules has been consistently observed throughout the history of the Texas managed care programs and is reiterated through discussions with the MCOs.

As a result of annual evaluations, several hospitals have had their Standard Dollar Amount (SDA) revised between the base period and FY2022. In addition, the SDAs for all rural and children's hospitals were increased effective September 1, 2019. The increases for children's hospitals were limited to FY2020 and were restored to the pre-September 1, 2019 levels on September 1, 2020. Exhibit A presents a summary of the derivation of the rating adjustment factors associated with these revisions.

Beginning May 1, 2013, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2021. As a result, the adjustment factors shown in Exhibit B represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2022.

Effective March 1, 2014, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPC reduction list will become effective September 1, 2021. As a result, the adjustment factors shown in Exhibit C represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2022.

Retroactive to October 1, 2019, the DRG Grouper utilized for pricing inpatient claims reverted

from Version 37 to Version 36. A portion of the base period, October 2019 through February 2020, includes data prior to the retroactive change and therefore is based on Grouper 37 logic. Exhibit D presents a summary of the impact of the Version 36 restoration and the corresponding rating adjustment factors associated with this revision.

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2022. The 10% PPR adjustment is intended to be an introductory step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods. Exhibit E presents a summary of the derivation of the rating adjustment factors.

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

Effective September 1, 2021, HHSC will make revisions to the reimbursement for outpatient services provided at rural hospitals. Exhibit G presents a summary of the derivation of the rating adjustment factors.

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

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

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

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

Effective September 1, 2017, FQHC wrap payments were carved out of managed care. HHSC has developed policy language to ensure that FQHCs are reimbursed their full encounter rate; however, the MCO will only be responsible for reimbursing the FQHC an amount no less than the rate paid to non-FQHC providers providing similar services. This adjustment was calculated

by collecting the FQHC wrap payments paid by the MCOs during the base period. Exhibit J presents a summary of the derivation of the rating adjustment factors.

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

Effective April 1, 2020, HHSC increased the reimbursement for nursing facilities. This increase is assumed to be in place until December 31, 2021. Exhibit L presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2020, HHSC made changes to the Service Authorization System (SAS) that will impact the classification of members in the nursing facility risk groups. This change does not impact the overall number of members in the STAR+PLUS program but shifts members amongst the OCC, HCBS and nursing facility risk groups. The primary change is that the SAS system will only classify a member in the nursing facility risk group if the member's nursing facility segment and Resource Utilization Group (RUG) dates include the first of the month. In order to calculate the adjustment factor, the base period enrollment was run through the revised eligibility criteria and the STAR+PLUS membership was reassigned into the risk groups that they would be assigned during FY2022. The claims and enrollment months for all members were then recategorized and the average cost by SDA and risk group was determined. Exhibits M.1 and M.2 show the comparison of the average cost pre and post eligibility shift for the medical and prescription drug expenditures respectively. The rating adjustment factors are defined as the change in average cost due to the enrollment shift. It should be noted that, in total, this adjustment is budget neutral; however, it has varying impacts by SDA and risk group.

HHSC has implemented significant changes to the Preferred Drug List (PDL) over the past several years. These changes include some of the program's highest expenditure drugs and have had a significant impact on managed care pharmacy cost. Effective July 1, 2019 brand name Nexium capsules changed to non-preferred status. Effective July 1, 2021 brand name Stimulants and Related Agent drugs such as Focalin XR, Adderall XR and Concerta ER changed to preferred status. We developed adjustment factors to reflect the anticipated cost impact of these PDL changes. Exhibit N of this attachment presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2020, HHSC carved out all hemostatic drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but will be funded through a non-risk arrangement. Hemostatic drugs are rare and extremely high cost. The purpose of this carve-out is to improve the balance of risk between various MCOs. Exhibits O.1 and O.2 presents the calculation of the hemostatic carve-out adjustment factors applicable to the medical and pharmacy rate development, respectively. The calculation includes the total hemostatic drug cost during the base period as compared to the total cost.

Effective March 1, 2021, HHSC changed the prior authorization requirements for Hepatitis C Direct Acting Antiviral (DAA) drugs. As a result, HHSC will carved out all Hepatitis C DAA drugs from the managed care capitated arrangement. These drugs continue to be covered services under the program but are funded through a non-risk arrangement. Exhibit P includes additional information regarding the Hepatitis C DAA carve-out adjustment factors.

Effective January 1, 2021, reimbursement for Individual Transportation Participant (ITP) service decreased to \$0.56 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit Q includes additional information regarding the application of the ITP adjustment factors.

Effective June 1, 2021, H.B. 1576 allows Transportation Network Companies (TNC) such as Uber and Lyft to participate in the Medicaid program. An adjustment was applied to reflect i) the cost difference between TNC and traditional demand response providers and ii) the impact on overall NEMT utilization. We assumed TNC cost per trip would be 15% less than traditional demand response providers for trips under 15 miles. In addition, we assumed 10% of current utilization would shift to TNCs and utilization would increase by 2.5% for demand response service trips under 15 miles. Exhibit R includes additional information regarding the application of the TNC adjustment factors.

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

<b><u>Heading</u></b>	<b><u>Attachment 5 Exhibits</u></b>
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
Other – NF Eligibility	M.1

Please note that the incurred claims reported on Attachment 5 are developed from the FY2019 detail encounter data which only includes claims paid through November 2019 and the FY2020 detail encounter data which only includes claims paid through November 2020. As a result, the incurred claims reported on Attachment 3 vary slightly from Attachment 5 amounts for several reasons including: (i) Attachment 3 incurred claims include claims paid through February 2021, (ii) Attachment 3 incurred claims include a small amount of IBNR and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 incurred claims but not available in the detailed encounter data files. As noted on pages 1-3 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors detailed in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

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



## FY2022 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	193,862	6,505	-57	12	37,584	228	7,820	-454	245,500
Dallas	811,257	269,602	6,260	-488	82,134	-26	65,087	18,919	1,252,744
El Paso	216,382	69,473	606	0	41,531	44	32,484	3,302	363,822
Harris	167,419	-48,300	177	215	20,836	-253	-11,318	350	129,126
Hidalgo	660,052	229,615	1,647	1,978	114,871	1,283	27,536	22,738	1,059,720
Jefferson	17,373	4,128	-184	0	21,360	309	3,233	638	46,856
Lubbock	287,118	84,035	7,422	0	75,614	101	27,581	1,245	483,116
Nueces	457,863	195,718	2,142	9	40,187	10,256	5,021	7,909	719,104
Tarrant	345,616	119,673	82	28	141,519	0	28,242	18,207	653,368
Travis	238,393	33,539	5,078	-1	11,237	0	-17,308	2,873	273,811
MRSA Central	749,046	201,434	22,694	22	199,852	49,950	84,632	28,598	1,336,227
MRSA Northeast	946,459	347,173	8,029	1,307	184,222	5,636	10,892	14,428	1,518,146
MRSA West	1,062,720	230,455	-1,795	-1,709	276,702	2,321	33,434	49,063	1,651,191
Total	6,153,559	1,743,051	52,100	1,373	1,247,650	69,847	297,336	167,815	9,732,731
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 - Inpatient Acute Care  
 Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.16%	0.02%	0.00%	0.00%	0.35%	0.00%	0.10%	-0.01%	0.13%
Dallas	0.46%	0.53%	0.00%	0.00%	0.42%	0.00%	0.76%	0.15%	0.46%
El Paso	0.52%	0.52%	0.00%	0.00%	1.91%	0.00%	0.97%	0.07%	0.56%
Harris	0.05%	-0.07%	0.00%	0.00%	0.12%	0.00%	-0.08%	0.00%	0.03%
Hidalgo	0.76%	0.56%	0.00%	0.00%	1.60%	0.00%	0.55%	0.23%	0.70%
Jefferson	0.04%	0.03%	0.00%	0.00%	0.61%	0.00%	0.27%	0.02%	0.07%
Lubbock	0.90%	1.57%	0.00%	0.00%	2.70%	0.00%	1.22%	0.05%	1.08%
Nueces	1.16%	1.43%	0.00%	0.00%	1.49%	0.00%	0.27%	0.18%	1.16%
Tarrant	0.32%	0.44%	0.00%	0.00%	1.16%	0.00%	0.36%	0.21%	0.40%
Travis	0.40%	0.27%	0.00%	0.00%	0.23%	0.00%	-0.41%	0.05%	0.32%
MRSA Central	1.04%	1.68%	0.00%	0.00%	2.22%	0.00%	2.33%	0.70%	1.32%
MRSA Northeast	0.91%	1.28%	0.00%	0.00%	1.70%	0.00%	0.25%	0.25%	1.00%
MRSA West	1.48%	1.48%	0.00%	0.00%	3.13%	0.00%	0.65%	0.80%	1.53%
Total	0.48%	0.52%	0.00%	0.00%	1.11%	0.00%	0.42%	0.17%	0.52%

## Footnotes

- (1) Equals the cost impact from reimbursement changes for inpatient SDA changes effective 9/1/2019, 9/1/2020 and 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

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	80,988	12,002	357	0	-975	0	3,184	-123	95,433
Dallas	235,434	38,693	794	-200	22,854	-382	8,254	-30	305,419
El Paso	22,943	9,010	347	0	2,658	42	1,670	1,606	38,277
Harris	215,686	45,662	3,559	233	31,084	711	11,983	-5,579	303,338
Hidalgo	35,575	13,642	-371	-925	-1,398	-471	2,742	1,119	49,913
Jefferson	-9,746	-3,194	102	0	-983	55	626	-861	-14,000
Lubbock	18,496	912	-22	0	1,868	-128	1,389	-115	22,402
Nueces	-15,327	-10,139	250	-81	-1,385	0	-1,157	-477	-28,316
Tarrant	-23,096	-11,483	-28	65	-3,276	0	-440	-770	-39,028
Travis	-120,574	-22,495	-451	-42	-18,254	-122	-416	-3,338	-165,692
MRSA Central	-132,266	-22,015	-253	-124	-19,092	-167	-8,802	-3,064	-185,783
MRSA Northeast	54,383	20,906	407	0	15,882	12	2,090	877	94,557
MRSA West	-20,624	-2,814	-649	0	-10,682	-323	-5,811	-754	-41,657
Total	341,872	68,688	4,044	-1,074	18,300	-771	15,311	-11,508	434,862
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 - Inpatient Acute Care

## Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.07%	0.03%	0.00%	0.00%	-0.01%	0.00%	0.04%	0.00%	0.05%
Dallas	0.13%	0.08%	0.00%	0.00%	0.12%	0.00%	0.10%	0.00%	0.11%
El Paso	0.06%	0.07%	0.00%	0.00%	0.12%	0.00%	0.05%	0.03%	0.06%
Harris	0.07%	0.07%	0.00%	0.00%	0.17%	0.00%	0.08%	-0.03%	0.07%
Hidalgo	0.04%	0.03%	0.00%	0.00%	-0.02%	0.00%	0.05%	0.01%	0.03%
Jefferson	-0.02%	-0.02%	0.00%	0.00%	-0.03%	0.00%	0.05%	-0.02%	-0.02%
Lubbock	0.06%	0.02%	0.00%	0.00%	0.07%	0.00%	0.06%	0.00%	0.05%
Nueces	-0.04%	-0.07%	0.00%	0.00%	-0.05%	0.00%	-0.06%	-0.01%	-0.05%
Tarrant	-0.02%	-0.04%	0.00%	0.00%	-0.03%	0.00%	-0.01%	-0.01%	-0.02%
Travis	-0.20%	-0.18%	0.00%	0.00%	-0.38%	0.00%	-0.01%	-0.06%	-0.19%
MRSA Central	-0.18%	-0.18%	0.00%	0.00%	-0.21%	0.00%	-0.24%	-0.08%	-0.18%
MRSA Northeast	0.05%	0.08%	0.00%	0.00%	0.15%	0.00%	0.05%	0.02%	0.06%
MRSA West	-0.03%	-0.02%	0.00%	0.00%	-0.12%	0.00%	-0.11%	-0.01%	-0.04%
Total	0.03%	0.02%	0.00%	0.00%	0.02%	0.00%	0.02%	-0.01%	0.02%

## Footnotes

(1) Equals the net cost/savings resulting from PPR reimbursement reductions that will become effective 9/1/2021 versus those effective during 3/2019-2/2020.

(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

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-277,900	-51,531	-540	-91	-17,083	383	-10,773	-15,070	-372,604
Dallas	-102,488	-25,432	-17	772	-31,210	-501	-2,741	85	-161,531
El Paso	-11,859	-7,002	367	0	-1,232	46	1,455	-2,907	-21,133
Harris	-176,785	-32,989	-1,642	-1,969	-13,106	-990	-21,069	-1,672	-250,221
Hidalgo	96,707	41,821	1,698	659	12,693	262	4,456	5,062	163,358
Jefferson	41,590	-2,321	480	0	-6,635	0	-663	1,793	34,244
Lubbock	-27,236	-1,400	69	0	-1,883	185	52	355	-29,858
Nueces	11,899	7,523	-415	5	1,777	5	1,924	379	23,096
Tarrant	9,595	5,402	-452	12	2,982	0	-996	407	16,951
Travis	-51,341	-17,872	-301	7	-1,940	-122	-11,976	444	-83,101
MRSA Central	-174,118	-31,462	-171	-80	-26,411	-293	-4,354	-4,128	-241,017
MRSA Northeast	-45,732	-3,100	-283	58	18,717	-396	-7,175	4,091	-33,820
MRSA West	-155,702	-24,074	-1,721	-371	-10,085	-411	-8,278	-4,732	-205,374
Total	-863,370	-142,437	-2,929	-998	-73,415	-1,832	-60,137	-15,894	-1,161,011
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 - Inpatient Acute Care  
 Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.23%	-0.13%	0.00%	0.00%	-0.16%	0.00%	-0.14%	-0.18%	-0.20%
Dallas	-0.06%	-0.05%	0.00%	0.00%	-0.16%	0.00%	-0.03%	0.00%	-0.06%
El Paso	-0.03%	-0.05%	0.00%	0.00%	-0.06%	0.00%	0.04%	-0.06%	-0.03%
Harris	-0.06%	-0.05%	0.00%	0.00%	-0.07%	0.00%	-0.14%	-0.01%	-0.06%
Hidalgo	0.11%	0.10%	0.00%	0.00%	0.18%	0.00%	0.09%	0.05%	0.11%
Jefferson	0.08%	-0.02%	0.00%	0.00%	-0.19%	0.00%	-0.06%	0.05%	0.05%
Lubbock	-0.09%	-0.03%	0.00%	0.00%	-0.07%	0.00%	0.00%	0.01%	-0.07%
Nueces	0.03%	0.06%	0.00%	0.00%	0.07%	0.00%	0.10%	0.01%	0.04%
Tarrant	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	-0.01%	0.00%	0.01%
Travis	-0.09%	-0.14%	0.00%	0.00%	-0.04%	0.00%	-0.29%	0.01%	-0.10%
MRSA Central	-0.24%	-0.26%	0.00%	0.00%	-0.29%	0.00%	-0.12%	-0.10%	-0.24%
MRSA Northeast	-0.04%	-0.01%	0.00%	0.00%	0.17%	0.00%	-0.16%	0.07%	-0.02%
MRSA West	-0.22%	-0.15%	0.00%	0.00%	-0.11%	0.00%	-0.16%	-0.08%	-0.19%
Total	-0.07%	-0.04%	0.00%	0.00%	-0.07%	0.00%	-0.09%	-0.02%	-0.06%

## Footnotes

- (1) Equals the net cost/savings resulting from PPC reimbursement reductions that will become effective 9/1/2021 versus those effective during 3/2019-2/2020.  
 (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  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 DRG Grouper Revisions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	1,708,813	718,436	5,003	0	223,960	3,184	55,841	67,713	2,782,949
Dallas	2,711,099	847,103	1,752	7,093	571,520	17,848	85,902	24,883	4,267,201
El Paso	274,526	62,600	7,407	0	28,341	0	13,658	19,424	405,955
Harris	3,129,626	757,864	178	0	278,062	0	65,802	9,748	4,241,280
Hidalgo	893,173	460,003	-1,227	1,403	169,843	391	17,752	49,167	1,590,505
Jefferson	420,342	112,379	0	0	69,571	1,383	5,534	23,171	632,380
Lubbock	406,809	35,496	41	0	57,505	0	12,903	13,249	526,002
Nueces	625,401	213,533	0	0	75,662	0	10,214	14,938	939,748
Tarrant	1,458,755	302,827	0	1,400	207,133	0	55,080	27,361	2,052,556
Travis	618,185	42,871	-5,825	0	89,048	3,023	32,506	25,842	805,650
MRSA Central	1,112,578	224,770	-98	0	159,242	1,013	29,463	41,682	1,568,649
MRSA Northeast	1,724,072	333,196	7,321	0	284,701	0	107,314	18,890	2,475,493
MRSA West	927,205	258,099	0	1	256,439	1,518	66,986	26,393	1,536,643
Total	16,010,584	4,369,178	14,551	9,895	2,471,027	28,359	558,954	362,461	23,825,010
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 - Inpatient Acute Care  
 DRG Grouper Revisions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	1.42%	1.88%	0.00%	0.00%	2.11%	0.00%	0.72%	0.80%	1.50%
Dallas	1.52%	1.68%	0.00%	0.00%	2.90%	0.00%	1.00%	0.19%	1.58%
El Paso	0.66%	0.47%	0.00%	0.00%	1.30%	0.00%	0.41%	0.38%	0.62%
Harris	1.02%	1.11%	0.00%	0.00%	1.53%	0.00%	0.44%	0.05%	0.99%
Hidalgo	1.02%	1.12%	0.00%	0.00%	2.37%	0.00%	0.35%	0.50%	1.06%
Jefferson	0.85%	0.87%	0.00%	0.00%	1.98%	0.00%	0.47%	0.65%	0.90%
Lubbock	1.27%	0.66%	0.00%	0.00%	2.05%	0.00%	0.57%	0.52%	1.17%
Nueces	1.58%	1.57%	0.00%	0.00%	2.80%	0.00%	0.55%	0.34%	1.51%
Tarrant	1.34%	1.11%	0.00%	0.00%	1.70%	0.00%	0.69%	0.31%	1.24%
Travis	1.04%	0.34%	0.00%	0.00%	1.85%	0.00%	0.78%	0.45%	0.93%
MRSA Central	1.54%	1.88%	0.00%	0.00%	1.77%	0.00%	0.81%	1.03%	1.55%
MRSA Northeast	1.66%	1.23%	0.00%	0.00%	2.63%	0.00%	2.43%	0.32%	1.62%
MRSA West	1.29%	1.65%	0.00%	0.00%	2.90%	0.00%	1.29%	0.43%	1.43%
Total	1.26%	1.29%	0.00%	0.00%	2.20%	0.00%	0.80%	0.37%	1.26%

## Footnotes

(1) Equals the cost impact from DRG grouper revisions that are retroactive to 10/1/2019.

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Quality Improvement (1)									
Bexar	-500,715	-155,499	0	0	-83,294	0	-32,529	-913	-772,950
Dallas	-1,023,731	-230,597	0	-3,255	-184,106	0	-42,662	-3,105	-1,487,455
El Paso	-147,553	-65,810	0	0	-21,540	0	-11,406	-1,042	-247,351
Harris	-1,772,873	-312,932	-529	0	-128,218	0	-64,910	-5,146	-2,284,608
Hidalgo	-263,796	-149,205	0	0	-68,459	0	-16,291	-1,940	-499,691
Jefferson	-165,429	-54,059	0	0	-15,526	0	-1,059	-1,706	-237,779
Lubbock	-111,933	-18,878	0	0	-7,848	0	-8,448	-328	-147,435
Nueces	-185,701	-51,057	0	0	-19,788	0	-6,664	-3,700	-266,911
Tarrant	-471,092	-108,295	0	0	-82,302	0	-26,808	-824	-689,320
Travis	-330,675	-62,101	0	-1,680	-26,010	0	-28,279	-898	-449,644
MRSA Central	-391,584	-56,998	0	0	-67,538	0	-18,138	0	-534,258
MRSA Northeast	-367,412	-101,177	0	0	-107,529	0	-19,878	-5,034	-601,031
MRSA West	-270,655	-58,667	0	0	-60,884	0	-22,471	0	-412,678
Total	-6,003,150	-1,425,276	-529	-4,935	-873,041	0	-299,544	-24,636	-8,631,111
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 - Inpatient Acute Care  
 Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.42%	-0.41%	0.00%	0.00%	-0.78%	0.00%	-0.42%	-0.01%	-0.42%
Dallas	-0.57%	-0.46%	0.00%	0.00%	-0.93%	0.00%	-0.50%	-0.02%	-0.55%
El Paso	-0.35%	-0.50%	0.00%	0.00%	-0.99%	0.00%	-0.34%	-0.02%	-0.38%
Harris	-0.58%	-0.46%	0.00%	0.00%	-0.71%	0.00%	-0.44%	-0.02%	-0.53%
Hidalgo	-0.30%	-0.36%	0.00%	0.00%	-0.96%	0.00%	-0.32%	-0.02%	-0.33%
Jefferson	-0.34%	-0.42%	0.00%	0.00%	-0.44%	0.00%	-0.09%	-0.05%	-0.34%
Lubbock	-0.35%	-0.35%	0.00%	0.00%	-0.28%	0.00%	-0.37%	-0.01%	-0.33%
Nueces	-0.47%	-0.37%	0.00%	0.00%	-0.73%	0.00%	-0.36%	-0.08%	-0.43%
Tarrant	-0.43%	-0.40%	0.00%	0.00%	-0.67%	0.00%	-0.34%	-0.01%	-0.42%
Travis	-0.56%	-0.49%	0.00%	0.00%	-0.54%	0.00%	-0.67%	-0.02%	-0.52%
MRSA Central	-0.54%	-0.48%	0.00%	0.00%	-0.75%	0.00%	-0.50%	0.00%	-0.53%
MRSA Northeast	-0.35%	-0.37%	0.00%	0.00%	-0.99%	0.00%	-0.45%	-0.09%	-0.39%
MRSA West	-0.38%	-0.38%	0.00%	0.00%	-0.69%	0.00%	-0.43%	0.00%	-0.38%
Total	-0.47%	-0.42%	0.00%	0.00%	-0.78%	0.00%	-0.43%	-0.02%	-0.46%

## Footnotes

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

(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  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Therapy Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	22,450	13,659	75	83	81	0	1,335	373	38,055
Dallas	2,793	1,877	0	0	0	0	95	0	4,765
El Paso	12,859	5,424	83	248	0	0	3,134	353	22,100
Harris	50,585	17,270	237	177	294	0	961	2,191	71,714
Hidalgo	28,866	15,210	262	16	66	0	5,127	1,112	50,660
Jefferson	1,964	895	0	0	0	0	0	0	2,859
Lubbock	952	347	0	0	10	0	0	0	1,309
Nueces	14,567	5,536	0	77	70	0	118	2,268	22,637
Tarrant	2,643	1,037	0	0	0	0	164	173	4,017
Travis	5,232	1,470	70	3	11	0	456	105	7,347
MRSA Central	4,308	560	0	0	96	0	261	177	5,401
MRSA Northeast	18,703	12,290	0	0	539	0	279	392	32,203
MRSA West	832	662	463	0	0	0	37	221	2,216
Total	166,753	76,237	1,189	603	1,167	0	11,968	7,364	265,282
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  
 Therapy Reimbursement Changes

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

## Footnotes

(1) Equals the cost impact from reimbursement changes for therapy services effective 9/1/2019.

(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  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Rural Hospital Outpatient Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	205,958	31,413	1,728	2	10,086	1,980	10,603	9,470	271,239
Dallas	196,438	16,667	1,646	1,147	5,843	816	14,244	2,709	239,509
El Paso	3,418	378	0	0	0	0	0	0	3,796
Harris	528,368	43,816	3,044	541	32,886	322	18,126	10,385	637,490
Hidalgo	210,696	93,640	2,209	689	19,467	135	8,057	15,130	350,022
Jefferson	838,196	126,568	14,339	1,115	34,475	385	8,554	19,204	1,042,835
Lubbock	380,312	39,863	2,346	0	15,962	1,942	11,156	7,789	459,369
Nueces	714,545	161,792	6,895	3,075	43,566	3,885	4,115	18,732	956,606
Tarrant	395,711	36,799	242	106	17,751	13	6,745	33,087	490,454
Travis	323,195	33,672	2,218	606	13,738	3,889	26,627	16,293	420,238
MRSA Central	1,313,562	186,448	17,563	5,901	142,726	3,764	50,366	49,377	1,769,707
MRSA Northeast	3,182,105	519,820	12,686	4,522	148,816	3,998	102,219	91,213	4,065,381
MRSA West	2,132,348	454,346	20,788	7,616	113,221	3,866	112,977	75,258	2,920,420
Total	10,424,853	1,745,224	85,703	25,320	598,537	24,994	373,789	348,646	13,627,065
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  
 Rural Hospital Outpatient Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.17%	0.08%	0.00%	0.00%	0.09%	0.00%	0.14%	0.11%	0.15%
Dallas	0.11%	0.03%	0.00%	0.00%	0.03%	0.00%	0.17%	0.02%	0.09%
El Paso	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Harris	0.17%	0.06%	0.00%	0.00%	0.18%	0.00%	0.12%	0.05%	0.15%
Hidalgo	0.24%	0.23%	0.00%	0.00%	0.27%	0.00%	0.16%	0.15%	0.23%
Jefferson	1.70%	0.98%	0.00%	0.00%	0.98%	0.00%	0.72%	0.53%	1.48%
Lubbock	1.19%	0.74%	0.00%	0.00%	0.57%	0.00%	0.49%	0.31%	1.02%
Nueces	1.81%	1.19%	0.00%	0.00%	1.61%	0.00%	0.22%	0.43%	1.54%
Tarrant	0.36%	0.14%	0.00%	0.00%	0.15%	0.00%	0.08%	0.38%	0.30%
Travis	0.54%	0.27%	0.00%	0.00%	0.29%	0.00%	0.64%	0.29%	0.49%
MRSA Central	1.82%	1.56%	0.00%	0.00%	1.59%	0.00%	1.39%	1.22%	1.75%
MRSA Northeast	3.05%	1.91%	0.00%	0.00%	1.38%	0.00%	2.32%	1.56%	2.67%
MRSA West	2.97%	2.91%	0.00%	0.00%	1.28%	0.00%	2.18%	1.23%	2.71%
Total	0.82%	0.52%	0.00%	0.00%	0.53%	0.00%	0.53%	0.35%	0.72%

## Footnotes

- (1) Equals the cost impact from reimbursement changes for outpatient rural hospital services 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

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-4,216	0	0	0	-4	0	0	0	-4,220
Dallas	-318	0	0	0	0	0	0	0	-318
El Paso	-7,212	-3,853	0	0	-3,844	0	-253	-127	-15,289
Harris	-30,554	-32,648	-83	-7	-983	0	-6,703	-21,488	-92,466
Hidalgo	-10,136	-25,505	0	0	-243	0	0	-1,591	-37,475
Jefferson	-35,813	-490	0	0	0	0	-1,448	-6,749	-44,498
Lubbock	-392	-2,862	0	-240	0	0	-46	-31,325	-34,865
Nueces	-881	-1,143	0	0	0	0	0	-3	-2,026
Tarrant	-16,034	-1,962	-2	0	0	-214	-198	-4,946	-23,356
Travis	-9,820	-480	0	0	-3	0	-2,040	-207	-12,551
MRSA Central	-20,307	-54	-21	0	-90	0	-29	-454	-20,955
MRSA Northeast	-21,430	-46,193	-492	-231	-5,003	-54	-6,378	-173	-79,955
MRSA West	-304	-348	-23	0	-517	0	0	0	-1,192
Total	-157,417	-115,537	-622	-478	-10,686	-268	-17,096	-67,062	-369,166
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  
 Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso	-0.02%	-0.03%	0.00%	0.00%	-0.18%	0.00%	-0.01%	0.00%	-0.02%
Harris	-0.01%	-0.05%	0.00%	0.00%	-0.01%	0.00%	-0.04%	-0.10%	-0.02%
Hidalgo	-0.01%	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	-0.02%
Jefferson	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.12%	-0.19%	-0.06%
Lubbock	0.00%	-0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.23%	-0.08%
Nueces	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	-0.01%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	-0.01%
Travis	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.05%	0.00%	-0.01%
MRSA Central	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.02%
MRSA Northeast	-0.02%	-0.17%	0.00%	0.00%	-0.05%	0.00%	-0.14%	0.00%	-0.05%
MRSA West	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%
Total	-0.01%	-0.03%	0.00%	0.00%	-0.01%	0.00%	-0.02%	-0.07%	-0.02%

## Footnotes

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

(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  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Removal of Cost for Members with IMD in excess of 15 Days in a Month & Reprice IMD Unit Cost

	<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>			
Estimated Impact (1)									
Bexar	-1,325,183	-185,988	828	-492	-39,709	0	-59,297	103	-1,609,738
Dallas	-3,309,218	-369,772	-32,698	-1,843	-57,308	-28,329	-95,140	59	-3,894,249
El Paso	-725,117	-128,842	0	-1,156	386	0	-40,005	0	-894,734
Harris	-5,360,538	-465,375	-2	232	-27,321	0	-246,936	362	-6,099,578
Hidalgo	-388,587	-19,471	14	45	457	0	-30,022	0	-437,564
Jefferson	-239,108	-9,480	0	0	716	0	486	0	-247,386
Lubbock	-280,088	1,201	-8,734	0	-12,983	0	-9,876	0	-310,479
Nueces	-181,811	2,124	35	0	0	34	1,399	0	-178,220
Tarrant	-639,746	-49,953	14	105	-31,525	-434	-18,237	0	-739,777
Travis	-1,134,959	-27,056	48	-299	-67,175	0	-124,770	374	-1,353,836
MRSA Central	-1,121,378	-44,674	542	364	2,663	-1,857	-46,853	210	-1,210,983
MRSA Northeast	-558,227	-21,290	146	-1,135	-12,783	203	-25,234	69	-618,251
MRSA West	-1,082,661	-47,575	-63,182	3	-53,981	-96	-130,394	398	-1,377,489
Total	-16,346,621	-1,366,152	-102,988	-4,176	-298,563	-30,479	-824,880	1,575	-18,972,285

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

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-1.10%	-0.49%	0.00%	0.00%	-0.37%	0.00%	-0.77%	0.00%	-0.87%
Dallas	-1.86%	-0.73%	0.00%	0.00%	-0.29%	0.00%	-1.11%	0.00%	-1.44%
El Paso	-1.74%	-0.97%	0.00%	0.00%	0.02%	0.00%	-1.20%	0.00%	-1.37%
Harris	-1.75%	-0.68%	0.00%	0.00%	-0.15%	0.00%	-1.66%	0.00%	-1.42%
Hidalgo	-0.45%	-0.05%	0.00%	0.00%	0.01%	0.00%	-0.60%	0.00%	-0.29%
Jefferson	-0.49%	-0.07%	0.00%	0.00%	0.02%	0.00%	0.04%	0.00%	-0.35%
Lubbock	-0.88%	0.02%	0.00%	0.00%	-0.46%	0.00%	-0.44%	0.00%	-0.69%
Nueces	-0.46%	0.02%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	-0.29%
Tarrant	-0.59%	-0.18%	0.00%	0.00%	-0.26%	0.00%	-0.23%	0.00%	-0.45%
Travis	-1.91%	-0.22%	0.00%	0.00%	-1.39%	0.00%	-2.98%	0.01%	-1.56%
MRSA Central	-1.55%	-0.37%	0.00%	0.00%	0.03%	0.00%	-1.29%	0.01%	-1.20%
MRSA Northeast	-0.54%	-0.08%	0.00%	0.00%	-0.12%	0.00%	-0.57%	0.00%	-0.41%
MRSA West	-1.51%	-0.30%	0.00%	0.00%	-0.61%	0.00%	-2.52%	0.01%	-1.28%
Total	-1.29%	-0.40%	0.00%	0.00%	-0.27%	0.00%	-1.17%	0.00%	-1.00%

## Footnotes

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

(2) Equals 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  
 Pharmacy Adjustments  
 Removal of Cost for Members with IMD in excess of 15 Days in a Month

	<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>			
<b>Estimated Impact (1)</b>									
Bexar	-81,529	-14,478	0	0	-553	0	-5,459	0	-102,019
Dallas	-64,032	-28,608	0	0	-713	0	-3,117	0	-96,469
El Paso	-32,900	-22,318	0	0	0	0	-3,857	0	-59,074
Harris	-337,153	-38,548	0	0	-788	0	-26,799	0	-403,288
Hidalgo	-9,098	-2,005	0	0	0	0	-378	0	-11,481
Jefferson	-4,043	0	0	0	0	0	0	0	-4,043
Lubbock	-10,605	0	0	0	-4,195	0	0	0	-14,800
Nueces	-9,537	0	0	0	0	0	0	0	-9,537
Tarrant	-22,639	-229	0	0	-5,166	0	-602	0	-28,636
Travis	-28,199	-382	0	0	-2,363	0	-5,336	0	-36,280
Central	-27,658	-986	0	0	0	0	-5,285	0	-33,929
Northeast	-17,637	-4,082	0	0	-721	0	-579	0	-23,019
West	-27,056	-714	0	0	-15,166	0	-4,582	0	-47,519
Total	-672,086	-112,350	0	0	-29,664	0	-55,993	0	-870,093
<b>3/2019-2/2020 Pharmacy Incurred Claims (2)</b>									
Bexar	111,219,535	28,429,379	0	0	5,500,307	0	11,694,223	2,976,463	159,819,908
Dallas	121,430,516	30,225,288	0	0	5,828,847	0	10,073,075	2,867,108	170,424,834
El Paso	37,483,210	10,736,959	0	0	608,188	0	3,981,985	2,033,530	54,843,872
Harris	249,070,854	38,522,418	0	0	7,403,498	0	25,549,926	7,688,013	328,234,708
Hidalgo	83,568,832	29,921,864	0	0	2,362,893	0	5,537,384	3,779,423	125,170,395
Jefferson	42,266,866	6,996,692	0	0	1,698,166	0	2,496,420	1,252,878	54,711,022
Lubbock	23,230,273	3,253,813	0	0	1,656,845	0	3,035,229	783,977	31,960,137
Nueces	37,834,812	9,821,265	0	0	1,671,697	0	2,389,850	1,134,958	52,852,583
Tarrant	87,019,905	16,415,724	0	0	6,225,485	0	10,693,114	3,534,776	123,889,004
Travis	51,876,619	9,695,178	0	0	3,870,507	0	8,221,094	1,500,037	75,163,434
Central	56,293,666	9,079,376	0	0	3,695,151	0	4,906,939	1,585,980	75,561,111
Northeast	87,790,622	18,564,093	0	0	6,249,665	0	5,578,584	1,737,343	119,920,307
West	64,257,453	11,107,714	0	0	4,319,003	0	6,535,903	1,426,465	87,646,538
Total	1,053,343,163	222,769,762	0	0	51,090,251	0	100,693,726	32,300,951	1,460,197,854

## FY2022 STAR+PLUS Rating

## Pharmacy Adjustments

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.07%	-0.05%	0.00%	0.00%	-0.01%	0.00%	-0.05%	0.00%	-0.06%
Dallas	-0.05%	-0.09%	0.00%	0.00%	-0.01%	0.00%	-0.03%	0.00%	-0.06%
El Paso	-0.09%	-0.21%	0.00%	0.00%	0.00%	0.00%	-0.10%	0.00%	-0.11%
Harris	-0.14%	-0.10%	0.00%	0.00%	-0.01%	0.00%	-0.10%	0.00%	-0.12%
Hidalgo	-0.01%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	-0.01%
Jefferson	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Lubbock	-0.05%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.00%	0.00%	-0.05%
Nueces	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
Tarrant	-0.03%	0.00%	0.00%	0.00%	-0.08%	0.00%	-0.01%	0.00%	-0.02%
Travis	-0.05%	0.00%	0.00%	0.00%	-0.06%	0.00%	-0.06%	0.00%	-0.05%
MRSA Central	-0.05%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.11%	0.00%	-0.04%
MRSA Northeast	-0.02%	-0.02%	0.00%	0.00%	-0.01%	0.00%	-0.01%	0.00%	-0.02%
MRSA West	-0.04%	-0.01%	0.00%	0.00%	-0.35%	0.00%	-0.07%	0.00%	-0.05%
Total	-0.06%	-0.05%	0.00%	0.00%	-0.06%	0.00%	-0.06%	0.00%	-0.06%

## Footnotes

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

(2) Equals 3/2019-2/2020 managed care pharmacy incurred claims.

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

FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 FQHC Wrap Removal

	<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>			
<b>Impact of Reimbursement Change (1)</b>									
Bexar	-1,171,578	-145,910	0	0	-6,902	0	-46,796	-51,763	-1,422,948
Dallas	-582,843	-97,836	0	0	-27,556	0	-25,426	-16,975	-750,636
El Paso	-148,964	-23,340	0	0	-3,915	0	-2,120	-5,751	-184,090
Harris	-2,188,775	-185,789	0	0	-26,960	0	-124,381	-52,275	-2,578,181
Hidalgo	-694,056	-107,975	0	0	-5,685	0	-11,627	-77,805	-897,147
Jefferson	-513,585	-49,257	0	0	-7,409	0	-5,525	-11,572	-587,348
Lubbock	-402,588	-32,394	0	0	-3,063	0	-41,084	-11,720	-490,850
Nueces	-634,898	-137,208	0	0	-1,861	0	-31,773	-36,131	-841,870
Tarrant	-152,690	-16,330	0	0	-1,221	0	-10,317	-9,675	-190,232
Travis	-2,044,670	-264,627	0	0	-12,756	0	-122,231	-50,197	-2,494,481
MRSA Central	-1,748,093	-153,032	0	0	-11,228	0	-60,694	-22,063	-1,995,109
MRSA Northeast	-1,864,591	-236,600	0	0	-8,658	0	-67,898	-22,177	-2,199,925
MRSA West	-1,778,295	-177,644	0	0	-16,630	0	-231,065	-55,893	-2,259,527
Total	-13,925,626	-1,627,941	0	0	-133,844	0	-780,936	-423,997	-16,892,344
<b>3/2019-2/2020 Total Acute Care Incurred Claims (2)</b>									
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 - Wrap & Carve-Out Removal  
 FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.98%	-0.38%	0.00%	0.00%	-0.06%	0.00%	-0.61%	-0.61%	-0.77%
Dallas	-0.33%	-0.19%	0.00%	0.00%	-0.14%	0.00%	-0.30%	-0.13%	-0.28%
El Paso	-0.36%	-0.18%	0.00%	0.00%	-0.18%	0.00%	-0.06%	-0.11%	-0.28%
Harris	-0.72%	-0.27%	0.00%	0.00%	-0.15%	0.00%	-0.83%	-0.24%	-0.60%
Hidalgo	-0.80%	-0.26%	0.00%	0.00%	-0.08%	0.00%	-0.23%	-0.79%	-0.60%
Jefferson	-1.04%	-0.38%	0.00%	0.00%	-0.21%	0.00%	-0.47%	-0.32%	-0.83%
Lubbock	-1.26%	-0.60%	0.00%	0.00%	-0.11%	0.00%	-1.81%	-0.46%	-1.09%
Nueces	-1.61%	-1.01%	0.00%	0.00%	-0.07%	0.00%	-1.71%	-0.83%	-1.36%
Tarrant	-0.14%	-0.06%	0.00%	0.00%	-0.01%	0.00%	-0.13%	-0.11%	-0.12%
Travis	-3.45%	-2.11%	0.00%	0.00%	-0.26%	0.00%	-2.92%	-0.88%	-2.88%
MRSA Central	-2.42%	-1.28%	0.00%	0.00%	-0.12%	0.00%	-1.67%	-0.54%	-1.98%
MRSA Northeast	-1.79%	-0.87%	0.00%	0.00%	-0.08%	0.00%	-1.54%	-0.38%	-1.44%
MRSA West	-2.47%	-1.14%	0.00%	0.00%	-0.19%	0.00%	-4.46%	-0.92%	-2.10%
Total	-1.10%	-0.48%	0.00%	0.00%	-0.12%	0.00%	-1.11%	-0.43%	-0.89%

## Footnotes

(1) Equals the cost impact from removing FQHC wrap payments from the capitation rate.

(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  
 Provider Reimbursement Adjustments - Long Term Care  
 Attendant Care 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	213,090	88,477	295,342	140,036	0	0	0	921	737,866
Dallas	296,043	88,941	350,020	123,492	0	0	0	1,863	860,359
El Paso	86,647	19,676	309,168	23,167	0	0	0	1,151	439,808
Harris	497,785	134,595	734,726	261,429	0	0	0	2,541	1,631,076
Hidalgo	479,807	152,274	1,521,843	657,808	0	0	0	9,328	2,821,060
Jefferson	51,955	36,480	73,548	59,159	0	0	0	175	221,317
Lubbock	15,367	7,505	25,075	11,855	0	0	0	314	60,116
Nueces	110,779	49,028	184,168	154,249	0	0	0	1,324	499,548
Tarrant	110,756	51,380	165,219	47,211	0	0	0	812	375,377
Travis	69,099	48,983	101,713	109,163	0	0	0	538	329,497
MRSA Central	59,077	29,429	88,101	64,605	0	0	0	373	241,585
MRSA Northeast	113,101	76,870	140,044	148,482	0	0	0	612	479,110
MRSA West	48,919	19,024	151,371	79,442	0	0	0	416	299,173
Total	2,152,425	802,664	4,140,339	1,880,097	0	0	0	20,369	8,995,893
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  
 Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.49%	0.21%	0.45%	0.23%	0.00%	0.00%	0.00%	0.55%	0.19%
Dallas	0.49%	0.17%	0.45%	0.14%	0.00%	0.00%	0.00%	0.43%	0.17%
El Paso	0.46%	0.13%	0.46%	0.08%	0.00%	0.00%	0.00%	0.45%	0.27%
Harris	0.49%	0.18%	0.46%	0.21%	0.00%	0.00%	0.00%	0.47%	0.22%
Hidalgo	0.47%	0.24%	0.46%	0.24%	0.00%	0.00%	0.00%	0.45%	0.31%
Jefferson	0.50%	0.30%	0.46%	0.26%	0.00%	0.00%	0.00%	0.44%	0.16%
Lubbock	0.53%	0.16%	0.44%	0.13%	0.00%	0.00%	0.00%	0.50%	0.06%
Nueces	0.48%	0.28%	0.46%	0.31%	0.00%	0.00%	0.00%	0.45%	0.22%
Tarrant	0.50%	0.20%	0.44%	0.11%	0.00%	0.00%	0.00%	0.52%	0.11%
Travis	0.51%	0.35%	0.45%	0.33%	0.00%	0.00%	0.00%	0.46%	0.14%
MRSA Central	0.50%	0.25%	0.45%	0.26%	0.00%	0.00%	0.00%	0.45%	0.09%
MRSA Northeast	0.49%	0.28%	0.44%	0.21%	0.00%	0.00%	0.00%	0.43%	0.12%
MRSA West	0.49%	0.14%	0.45%	0.20%	0.00%	0.00%	0.00%	0.47%	0.10%
Total	0.49%	0.21%	0.46%	0.22%	0.00%	0.00%	0.00%	0.46%	0.19%

## Footnotes

- (1) Equals the cost impact from reimbursement changes for the attendant care minimum wage effective 9/1/2019.  
 (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  
 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	2,420	13,238	7,047	37,498	1,235,466	6,417,535	0	0	7,713,205
Dallas	7,432	40,284	21,420	102,456	1,769,250	9,484,529	0	0	11,425,371
El Paso	1,580	6,936	2,404	23,490	180,189	1,213,592	0	211	1,428,402
Harris	6,731	30,769	17,463	78,730	1,856,842	10,678,659	0	0	12,669,194
Hidalgo	4,370	6,652	28,603	70,726	501,665	5,208,415	0	0	5,820,431
Jefferson	775	7,468	5,214	15,729	447,626	3,251,844	0	0	3,728,656
Lubbock	1,374	3,862	3,567	10,717	389,731	2,833,941	0	42	3,243,235
Nueces	3,372	6,407	6,843	16,120	395,708	3,533,225	0	0	3,961,675
Tarrant	7,718	22,127	29,015	48,264	1,416,399	7,839,323	0	0	9,362,845
Travis	3,047	5,611	13,184	23,800	806,802	5,424,389	0	0	6,276,834
MRSA Central	4,327	6,667	14,989	17,014	1,076,880	7,696,329	0	179	8,816,385
MRSA Northeast	8,558	16,789	43,818	52,086	1,236,692	10,009,192	0	300	11,367,434
MRSA West	6,423	9,373	15,255	32,248	1,049,320	8,330,725	0	299	9,443,643
Total	58,128	176,184	208,821	528,878	12,362,569	81,921,698	0	1,031	95,257,309
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	0.01%	0.03%	0.01%	0.06%	4.42%	4.44%	0.00%	0.00%	2.01%
Dallas	0.01%	0.08%	0.03%	0.12%	4.48%	4.71%	0.00%	0.00%	2.21%
El Paso	0.01%	0.05%	0.00%	0.08%	4.30%	4.48%	0.00%	0.08%	0.88%
Harris	0.01%	0.04%	0.01%	0.06%	4.44%	4.41%	0.00%	0.00%	1.70%
Hidalgo	0.00%	0.01%	0.01%	0.03%	4.16%	4.12%	0.00%	0.00%	0.64%
Jefferson	0.01%	0.06%	0.03%	0.07%	4.83%	4.79%	0.00%	0.00%	2.69%
Lubbock	0.05%	0.08%	0.06%	0.12%	4.60%	4.39%	0.00%	0.07%	3.39%
Nueces	0.01%	0.04%	0.02%	0.03%	4.56%	4.21%	0.00%	0.00%	1.78%
Tarrant	0.04%	0.09%	0.08%	0.11%	4.63%	4.32%	0.00%	0.00%	2.74%
Travis	0.02%	0.04%	0.06%	0.07%	4.45%	4.27%	0.00%	0.00%	2.75%
MRSA Central	0.04%	0.06%	0.08%	0.07%	4.64%	4.39%	0.00%	0.21%	3.31%
MRSA Northeast	0.04%	0.06%	0.14%	0.08%	4.57%	4.36%	0.00%	0.21%	2.78%
MRSA West	0.06%	0.07%	0.05%	0.08%	4.68%	4.44%	0.00%	0.33%	3.07%
Total	0.01%	0.05%	0.02%	0.06%	4.52%	4.40%	0.00%	0.02%	2.02%

## Footnotes

- (1) Equals the cost impact from increased reimbursement for nursing facilities assumed to be in place until 12/31/2021.  
 (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

## Other Adjustments

## Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Average Cost PMPM (1)									
Bexar	760.35	3,114.50	334.12	1,816.75	5,597.38	3,824.18	384.44	2,011.33	1,058.92
Dallas	793.82	2,884.34	309.96	1,629.41	5,878.88	3,686.01	320.69	2,269.26	1,069.47
El Paso	874.34	2,963.35	478.28	1,844.13	6,425.62	3,903.74	551.99	1,629.34	903.04
Harris	898.80	3,780.96	298.66	2,052.53	5,932.19	3,704.88	360.24	2,133.40	974.48
Hidalgo	1,142.20	3,482.15	851.90	2,185.94	6,683.17	4,249.35	440.02	1,880.58	1,398.85
Jefferson	693.81	3,102.92	187.09	1,522.52	5,398.97	3,384.28	280.56	2,235.47	947.65
Lubbock	650.34	2,722.69	89.08	1,334.75	5,275.43	3,565.34	341.05	1,917.53	909.46
Nueces	810.35	3,023.28	415.76	1,796.49	5,145.94	3,895.12	367.14	1,830.64	1,177.08
Tarrant	694.29	3,128.39	225.85	1,610.14	5,335.46	3,541.63	328.96	1,925.68	1,050.86
Travis	721.17	3,449.84	190.16	1,748.24	5,227.95	3,719.45	320.95	1,934.82	1,072.54
MRSA Central	649.32	3,062.10	147.41	1,554.13	5,449.00	3,710.82	364.10	2,020.29	1,064.05
MRSA Northeast	646.76	3,028.59	167.89	1,409.98	5,618.97	3,624.58	319.61	1,888.35	1,051.59
MRSA West	626.59	2,929.95	177.41	1,435.04	5,353.61	3,506.33	422.65	1,871.87	972.62
Total	790.55	3,226.02	357.41	1,817.35	5,624.34	3,691.08	359.84	1,984.59	1,068.65
3/2019-2/2020 Average Cost PMPM With Enrollment Shift (2)									
Bexar	774.34	3,104.84	345.45	1,808.03	5,477.59	3,908.31	383.36	2,011.33	1,058.92
Dallas	812.08	2,855.78	322.23	1,610.35	5,813.63	3,770.05	320.76	2,269.26	1,069.47
El Paso	884.83	2,950.90	482.30	1,830.85	6,171.81	4,059.50	551.94	1,629.34	903.04
Harris	907.70	3,769.62	307.98	2,042.48	5,879.39	3,808.25	360.24	2,133.40	974.48
Hidalgo	1,155.91	3,482.84	855.48	2,183.98	6,350.35	4,362.81	438.57	1,880.58	1,398.85
Jefferson	704.01	3,083.06	202.45	1,515.22	5,331.48	3,459.07	280.50	2,235.47	947.65
Lubbock	663.09	2,696.01	106.35	1,317.40	5,295.48	3,624.52	341.01	1,917.53	909.46
Nueces	821.21	3,012.70	437.50	1,793.25	5,060.52	3,971.86	367.17	1,830.64	1,177.08
Tarrant	713.18	3,114.62	242.99	1,597.58	5,249.03	3,609.28	328.33	1,925.68	1,050.86
Travis	732.06	3,444.32	205.45	1,739.15	5,218.02	3,790.12	320.38	1,934.82	1,072.54
MRSA Central	665.88	3,058.12	165.79	1,545.89	5,316.05	3,774.65	363.84	2,020.29	1,064.05
MRSA Northeast	663.77	3,014.35	188.71	1,404.91	5,443.66	3,684.39	318.94	1,888.35	1,051.59
MRSA West	642.38	2,931.12	192.21	1,429.58	5,205.32	3,581.71	421.38	1,871.87	972.62
Total	804.32	3,214.05	368.85	1,809.86	5,519.10	3,769.78	359.40	1,984.59	1,068.65

## FY2022 STAR+PLUS Rating

## Other Adjustments

## Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	1.84%	-0.31%	3.39%	-0.48%	-2.14%	2.20%	-0.28%	0.00%	0.00%
Dallas	2.30%	-0.99%	3.96%	-1.17%	-1.11%	2.28%	0.02%	0.00%	0.00%
El Paso	1.20%	-0.42%	0.84%	-0.72%	-3.95%	3.99%	-0.01%	0.00%	0.00%
Harris	0.99%	-0.30%	3.12%	-0.49%	-0.89%	2.79%	0.00%	0.00%	0.00%
Hidalgo	1.20%	0.02%	0.42%	-0.09%	-4.98%	2.67%	-0.33%	0.00%	0.00%
Jefferson	1.47%	-0.64%	8.21%	-0.48%	-1.25%	2.21%	-0.02%	0.00%	0.00%
Lubbock	1.96%	-0.98%	19.38%	-1.30%	0.38%	1.66%	-0.01%	0.00%	0.00%
Nueces	1.34%	-0.35%	5.23%	-0.18%	-1.66%	1.97%	0.01%	0.00%	0.00%
Tarrant	2.72%	-0.44%	7.59%	-0.78%	-1.62%	1.91%	-0.19%	0.00%	0.00%
Travis	1.51%	-0.16%	8.04%	-0.52%	-0.19%	1.90%	-0.18%	0.00%	0.00%
MRSA Central	2.55%	-0.13%	12.47%	-0.53%	-2.44%	1.72%	-0.07%	0.00%	0.00%
MRSA Northeast	2.63%	-0.47%	12.40%	-0.36%	-3.12%	1.65%	-0.21%	0.00%	0.00%
MRSA West	2.52%	0.04%	8.34%	-0.38%	-2.77%	2.15%	-0.30%	0.00%	0.00%
Total	1.74%	-0.37%	3.20%	-0.41%	-1.87%	2.13%	-0.12%	0.00%	0.00%

## Footnotes

(1) Equals the average cost based on actual 3/2019-2/2020 claims and enrollment information.

(2) Equals the average cost based on 3/2019-2/2020 claims and enrollment modeled under revised eligibility definitions.

(3) Equals the change in average cost based on enrollment reclassification.

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Average Cost PMPM (1)									
Bexar	502.55	1,092.43	0.00	0.00	784.81	0.00	558.48	685.34	571.58
Dallas	397.88	851.37	0.00	0.00	574.23	0.00	375.14	490.18	444.34
El Paso	532.78	1,117.64	0.00	0.00	596.26	0.00	669.46	611.41	607.57
Harris	506.58	989.51	0.00	0.00	698.84	0.00	562.39	723.60	549.57
Hidalgo	499.08	978.12	0.00	0.00	809.62	0.00	479.28	583.15	571.62
Jefferson	463.71	843.74	0.00	0.00	692.85	0.00	552.00	705.97	505.65
Lubbock	414.18	889.23	0.00	0.00	750.63	0.00	439.15	567.69	454.96
Nueces	461.60	944.59	0.00	0.00	735.19	0.00	422.37	434.52	513.63
Tarrant	455.44	980.36	0.00	0.00	763.03	0.00	435.66	770.61	505.45
Travis	471.74	1,254.39	0.00	0.00	842.09	0.00	567.86	478.05	537.20
MRSA Central	411.43	1,164.50	0.00	0.00	602.42	0.00	485.89	768.77	463.80
MRSA Northeast	433.13	1,032.18	0.00	0.00	886.44	0.00	429.11	537.73	491.60
MRSA West	481.46	1,114.05	0.00	0.00	727.33	0.00	525.46	419.43	530.50
Total	466.25	997.95	0.00	0.00	724.69	0.00	497.57	611.66	520.00
3/2019-2/2020 Average Cost PMPM With Enrollment Shift (2)									
Bexar	503.46	1,092.17	0.00	0.00	779.49	0.00	557.86	685.34	571.58
Dallas	399.18	852.24	0.00	0.00	551.19	0.00	375.13	490.18	444.33
El Paso	533.66	1,113.30	0.00	0.00	597.37	0.00	669.43	611.41	607.57
Harris	506.97	989.70	0.00	0.00	696.26	0.00	562.38	723.60	549.57
Hidalgo	500.02	977.31	0.00	0.00	792.05	0.00	479.30	583.15	571.62
Jefferson	463.96	842.01	0.00	0.00	705.61	0.00	551.95	705.97	505.65
Lubbock	414.46	888.81	0.00	0.00	769.41	0.00	439.20	567.69	454.96
Nueces	462.37	945.50	0.00	0.00	722.53	0.00	422.59	434.52	513.63
Tarrant	457.00	980.59	0.00	0.00	750.96	0.00	435.61	770.61	505.45
Travis	473.04	1,257.78	0.00	0.00	826.72	0.00	567.69	478.05	537.18
MRSA Central	412.03	1,162.09	0.00	0.00	603.29	0.00	486.01	768.77	463.80
MRSA Northeast	433.63	1,033.11	0.00	0.00	899.05	0.00	429.03	537.73	491.60
MRSA West	482.06	1,110.96	0.00	0.00	731.91	0.00	525.72	419.43	530.50
Total	467.04	997.83	0.00	0.00	719.93	0.00	497.52	611.66	520.00

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Nursing Facility Risk Group Adjustment Factors

	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%	-0.02%	0.00%	0.00%	-0.68%	0.00%	-0.11%	0.00%	0.00%
Dallas	0.33%	0.10%	0.00%	0.00%	-4.01%	0.00%	0.00%	0.00%	0.00%
El Paso	0.17%	-0.39%	0.00%	0.00%	0.18%	0.00%	-0.01%	0.00%	0.00%
Harris	0.08%	0.02%	0.00%	0.00%	-0.37%	0.00%	0.00%	0.00%	0.00%
Hidalgo	0.19%	-0.08%	0.00%	0.00%	-2.17%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.06%	-0.21%	0.00%	0.00%	1.84%	0.00%	-0.01%	0.00%	0.00%
Lubbock	0.07%	-0.05%	0.00%	0.00%	2.50%	0.00%	0.01%	0.00%	0.00%
Nueces	0.17%	0.10%	0.00%	0.00%	-1.72%	0.00%	0.05%	0.00%	0.00%
Tarrant	0.34%	0.02%	0.00%	0.00%	-1.58%	0.00%	-0.01%	0.00%	0.00%
Travis	0.27%	0.27%	0.00%	0.00%	-1.83%	0.00%	-0.03%	0.00%	0.00%
MRSA Central	0.14%	-0.21%	0.00%	0.00%	0.14%	0.00%	0.02%	0.00%	0.00%
MRSA Northeast	0.11%	0.09%	0.00%	0.00%	1.42%	0.00%	-0.02%	0.00%	0.00%
MRSA West	0.13%	-0.28%	0.00%	0.00%	0.63%	0.00%	0.05%	0.00%	0.00%
Total	0.17%	-0.01%	0.00%	0.00%	-0.66%	0.00%	-0.01%	0.00%	0.00%

## Footnotes

- (1) Equals the average cost based on actual 3/19-2/20 claims and enrollment information.  
 (2) Equals the average cost based on 3/19-2/20 claims and enrollment modeled under revised eligibility definitions.  
 (3) Equals the change in average cost based on enrollment reclassification.

FY2022 STAR+PLUS Rating  
Pharmacy Adjustments  
PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of PDL Changes (1)									
Bexar	-409,682	-89,513	0	0	-1,632	0	-13,679	-4,528	-519,033
Dallas	-278,956	-65,392	0	0	-7,609	0	-12,835	-3,119	-367,913
El Paso	-58,687	-11,269	0	0	-4,320	0	-5,169	-834	-80,278
Harris	-913,301	-184,830	0	0	-17,798	0	-48,196	-22,451	-1,186,576
Hidalgo	-395,071	-152,768	0	0	3,668	0	-10,352	-8,239	-562,761
Jefferson	-191,217	-30,946	0	0	-220	0	-12,223	-341	-234,947
Lubbock	-97,897	-102	0	0	-4,991	0	-15,147	-1,306	-119,443
Nueces	-231,569	-43,140	0	0	-2,954	0	-11,840	73	-289,429
Tarrant	-293,284	-33,689	0	0	-15,760	0	-37,384	-1,903	-382,020
Travis	-159,703	-27,955	0	0	-3,336	0	-26,365	-5,285	-222,644
MRSA Central	-358,684	-26,822	0	0	-6,430	0	-15,434	-3,029	-410,398
MRSA Northeast	-528,919	-122,867	0	0	-13,342	0	-36,047	-5,093	-706,268
MRSA West	-220,546	-30,005	0	0	-7,747	0	-17,841	-1,732	-277,871
Total	-4,137,516	-819,297	0	0	-82,472	0	-262,510	-57,786	-5,359,582
3/2019-2/2020 Pharmacy Incurred Claims (2)									
Bexar	111,219,535	28,429,379	0	0	5,500,307	0	11,694,223	2,976,463	159,819,908
Dallas	121,430,516	30,225,288	0	0	5,828,847	0	10,073,075	2,867,108	170,424,834
El Paso	37,483,210	10,736,959	0	0	608,188	0	3,981,985	2,033,530	54,843,872
Harris	249,070,854	38,522,418	0	0	7,403,498	0	25,549,926	7,688,013	328,234,708
Hidalgo	83,568,832	29,921,864	0	0	2,362,893	0	5,537,384	3,779,423	125,170,395
Jefferson	42,266,866	6,996,692	0	0	1,698,166	0	2,496,420	1,252,878	54,711,022
Lubbock	23,230,273	3,253,813	0	0	1,656,845	0	3,035,229	783,977	31,960,137
Nueces	37,834,812	9,821,265	0	0	1,671,697	0	2,389,850	1,134,958	52,852,583
Tarrant	87,019,905	16,415,724	0	0	6,225,485	0	10,693,114	3,534,776	123,889,004
Travis	51,876,619	9,695,178	0	0	3,870,507	0	8,221,094	1,500,037	75,163,434
MRSA Central	56,293,666	9,079,376	0	0	3,695,151	0	4,906,939	1,585,980	75,561,111
MRSA Northeast	87,790,622	18,564,093	0	0	6,249,665	0	5,578,584	1,737,343	119,920,307
MRSA West	64,257,453	11,107,714	0	0	4,319,003	0	6,535,903	1,426,465	87,646,538
Total	1,053,343,163	222,769,762	0	0	51,090,251	0	100,693,726	32,300,951	1,460,197,854

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.37%	-0.31%	0.00%	0.00%	-0.03%	0.00%	-0.12%	-0.15%	-0.32%
Dallas	-0.23%	-0.22%	0.00%	0.00%	-0.13%	0.00%	-0.13%	-0.11%	-0.22%
El Paso	-0.16%	-0.10%	0.00%	0.00%	-0.71%	0.00%	-0.13%	-0.04%	-0.15%
Harris	-0.37%	-0.48%	0.00%	0.00%	-0.24%	0.00%	-0.19%	-0.29%	-0.36%
Hidalgo	-0.47%	-0.51%	0.00%	0.00%	0.16%	0.00%	-0.19%	-0.22%	-0.45%
Jefferson	-0.45%	-0.44%	0.00%	0.00%	-0.01%	0.00%	-0.49%	-0.03%	-0.43%
Lubbock	-0.42%	0.00%	0.00%	0.00%	-0.30%	0.00%	-0.50%	-0.17%	-0.37%
Nueces	-0.61%	-0.44%	0.00%	0.00%	-0.18%	0.00%	-0.50%	0.01%	-0.55%
Tarrant	-0.34%	-0.21%	0.00%	0.00%	-0.25%	0.00%	-0.35%	-0.05%	-0.31%
Travis	-0.31%	-0.29%	0.00%	0.00%	-0.09%	0.00%	-0.32%	-0.35%	-0.30%
MRSA Central	-0.64%	-0.30%	0.00%	0.00%	-0.17%	0.00%	-0.31%	-0.19%	-0.54%
MRSA Northeast	-0.60%	-0.66%	0.00%	0.00%	-0.21%	0.00%	-0.65%	-0.29%	-0.59%
MRSA West	-0.34%	-0.27%	0.00%	0.00%	-0.18%	0.00%	-0.27%	-0.12%	-0.32%
Total	-0.39%	-0.37%	0.00%	0.00%	-0.16%	0.00%	-0.26%	-0.18%	-0.37%

## Footnotes

- (1) Equals the cost impact from preferred drug list (PDL) changes effective July 1, 2019 and July 1, 2021.  
 (2) Equals 3/2019-2/2020 managed care pharmacy incurred claims.  
 (3) Equals Cost Impact of PDL Changes divided by Pharmacy Incurred Claims.



FY2022 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 Hemostatic Drug Carve-out

	<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 Hemostatic Drug Carve-out (1)									
Bexar	0	0	0	0	0	0	0	0	0
Dallas	-60,152	0	0	0	0	0	0	0	-60,152
El Paso	0	0	0	0	0	0	0	0	0
Harris	-21,234	0	0	0	0	0	0	0	-21,234
Hidalgo	0	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	0	0	0
Lubbock	0	0	0	0	0	0	0	0	0
Nueces	0	0	0	0	0	0	0	0	0
Tarrant	0	0	0	0	0	0	0	0	0
Travis	-730,536	0	0	0	0	0	-6,094	0	-736,630
MRSA Central	0	0	0	0	-2,068	0	0	0	-2,068
MRSA Northeast	0	0	0	0	0	0	0	0	0
MRSA West	0	0	0	0	0	0	0	0	0
Total	-811,922	0	0	0	-2,068	0	-6,094	0	-820,084
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 - Wrap & Carve-Out Removal  
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-1.23%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	-0.85%
MRSA Central	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	-0.04%

## Footnotes

(1) Equals the cost impact from carving out hemostatic drugs effective 9/1/2020.

(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 Incurred Claims.

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hemostatic Drug Carve-out

	<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 Hemostatic Drug Carve-out (1)									
Bexar	-481,340	-37,793	0	0	0	0	0	0	-519,133
Dallas	-2,897,143	0	0	0	0	0	0	0	-2,897,143
El Paso	-2,183,661	-680,666	0	0	0	0	0	0	-2,864,327
Harris	-6,569,494	-284,814	0	0	-138,160	0	-921,973	0	-7,914,442
Hidalgo	-4,230,350	0	0	0	0	0	0	0	-4,230,350
Jefferson	-100,316	0	0	0	0	0	0	0	-100,316
Lubbock	-256,312	0	0	0	0	0	0	0	-256,312
Nueces	0	-104,217	0	0	0	0	0	0	-104,217
Tarrant	0	0	0	0	0	0	0	0	0
Travis	-754,962	0	0	0	0	0	0	0	-754,962
MRSA Central	-1,020,061	0	0	0	0	0	0	0	-1,020,061
MRSA Northeast	-1,065,414	0	0	0	0	0	0	0	-1,065,414
MRSA West	-3,235,155	0	0	0	0	0	0	0	-3,235,155
Total	-22,794,208	-1,107,490	0	0	-138,160	0	-921,973	0	-24,961,832
3/2019-2/2020 Pharmacy Incurred Claims (2)									
Bexar	111,219,535	28,429,379	0	0	5,500,307	0	11,694,223	2,976,463	159,819,908
Dallas	121,430,516	30,225,288	0	0	5,828,847	0	10,073,075	2,867,108	170,424,834
El Paso	37,483,210	10,736,959	0	0	608,188	0	3,981,985	2,033,530	54,843,872
Harris	249,070,854	38,522,418	0	0	7,403,498	0	25,549,926	7,688,013	328,234,708
Hidalgo	83,568,832	29,921,864	0	0	2,362,893	0	5,537,384	3,779,423	125,170,395
Jefferson	42,266,866	6,996,692	0	0	1,698,166	0	2,496,420	1,252,878	54,711,022
Lubbock	23,230,273	3,253,813	0	0	1,656,845	0	3,035,229	783,977	31,960,137
Nueces	37,834,812	9,821,265	0	0	1,671,697	0	2,389,850	1,134,958	52,852,583
Tarrant	87,019,905	16,415,724	0	0	6,225,485	0	10,693,114	3,534,776	123,889,004
Travis	51,876,619	9,695,178	0	0	3,870,507	0	8,221,094	1,500,037	75,163,434
MRSA Central	56,293,666	9,079,376	0	0	3,695,151	0	4,906,939	1,585,980	75,561,111
MRSA Northeast	87,790,622	18,564,093	0	0	6,249,665	0	5,578,584	1,737,343	119,920,307
MRSA West	64,257,453	11,107,714	0	0	4,319,003	0	6,535,903	1,426,465	87,646,538
Total	1,053,343,163	222,769,762	0	0	51,090,251	0	100,693,726	32,300,951	1,460,197,854

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.43%	-0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.32%
Dallas	-2.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.70%
El Paso	-5.83%	-6.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.22%
Harris	-2.64%	-0.74%	0.00%	0.00%	-1.87%	0.00%	-3.61%	0.00%	-2.41%
Hidalgo	-5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.38%
Jefferson	-0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.18%
Lubbock	-1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.80%
Nueces	0.00%	-1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.00%
MRSA Central	-1.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.35%
MRSA Northeast	-1.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.89%
MRSA West	-5.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.69%
Total	-2.16%	-0.50%	0.00%	0.00%	-0.27%	0.00%	-0.92%	0.00%	-1.71%

## Footnotes

- (1) Equals 3/2019-2/2020 Hemostatic drug cost.  
 (2) Equals 3/2019-2/2020 managed care pharmacy incurred claims.  
 (3) Equals Cost Impact of Hemostatic Carve-out divided by Pharmacy Incurred Claims.

FY2022 STAR+PLUS Rating  
Pharmacy Adjustments  
Hepatitis C Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Hepatitis C Drug Carve-out (1)									
Bexar	-4,445,753	-388,278	0	0	-83,352	0	-218,265	-23,608	-5,159,256
Dallas	-5,361,399	-1,274,913	0	0	-100,316	0	0	-79,032	-6,815,660
El Paso	-753,146	-179,637	0	0	0	0	0	0	-932,783
Harris	-6,199,091	-883,266	0	0	-151,404	0	0	-13,045	-7,246,806
Hidalgo	-1,165,035	-283,886	0	0	-38,936	0	0	0	-1,487,857
Jefferson	-1,088,952	-111,565	0	0	-69,751	0	0	0	-1,270,268
Lubbock	-408,077	-51,846	0	0	-74,910	0	0	-13,045	-547,877
Nueces	-991,747	-443,516	0	0	0	0	0	0	-1,435,263
Tarrant	-2,728,063	-363,302	0	0	-65,669	0	0	-48,924	-3,205,957
Travis	-1,832,144	-150,108	0	0	-50,001	0	0	0	-2,032,254
MRSA Central	-2,141,151	-145,977	0	0	-63,068	0	0	0	-2,350,195
MRSA Northeast	-2,266,397	-546,294	0	0	-176,744	0	0	0	-2,989,434
MRSA West	-1,535,768	-195,918	0	0	-26,931	0	-39,063	0	-1,797,681
Total	-30,916,722	-5,018,505	0	0	-901,081	0	-257,328	-177,653	-37,271,290
3/2019-2/2020 Pharmacy Incurred Claims (2)									
Bexar	111,219,535	28,429,379	0	0	5,500,307	0	11,694,223	2,976,463	159,819,908
Dallas	121,430,516	30,225,288	0	0	5,828,847	0	10,073,075	2,867,108	170,424,834
El Paso	37,483,210	10,736,959	0	0	608,188	0	3,981,985	2,033,530	54,843,872
Harris	249,070,854	38,522,418	0	0	7,403,498	0	25,549,926	7,688,013	328,234,708
Hidalgo	83,568,832	29,921,864	0	0	2,362,893	0	5,537,384	3,779,423	125,170,395
Jefferson	42,266,866	6,996,692	0	0	1,698,166	0	2,496,420	1,252,878	54,711,022
Lubbock	23,230,273	3,253,813	0	0	1,656,845	0	3,035,229	783,977	31,960,137
Nueces	37,834,812	9,821,265	0	0	1,671,697	0	2,389,850	1,134,958	52,852,583
Tarrant	87,019,905	16,415,724	0	0	6,225,485	0	10,693,114	3,534,776	123,889,004
Travis	51,876,619	9,695,178	0	0	3,870,507	0	8,221,094	1,500,037	75,163,434
MRSA Central	56,293,666	9,079,376	0	0	3,695,151	0	4,906,939	1,585,980	75,561,111
MRSA Northeast	87,790,622	18,564,093	0	0	6,249,665	0	5,578,584	1,737,343	119,920,307
MRSA West	64,257,453	11,107,714	0	0	4,319,003	0	6,535,903	1,426,465	87,646,538
Total	1,053,343,163	222,769,762	0	0	51,090,251	0	100,693,726	32,300,951	1,460,197,854

FY2022 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hepatitis C Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-4.00%	-1.37%	0.00%	0.00%	-1.52%	0.00%	-1.87%	-0.79%	-3.23%
Dallas	-4.42%	-4.22%	0.00%	0.00%	-1.72%	0.00%	0.00%	-2.76%	-4.00%
El Paso	-2.01%	-1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.70%
Harris	-2.49%	-2.29%	0.00%	0.00%	-2.05%	0.00%	0.00%	-0.17%	-2.21%
Hidalgo	-1.39%	-0.95%	0.00%	0.00%	-1.65%	0.00%	0.00%	0.00%	-1.19%
Jefferson	-2.58%	-1.59%	0.00%	0.00%	-4.11%	0.00%	0.00%	0.00%	-2.32%
Lubbock	-1.76%	-1.59%	0.00%	0.00%	-4.52%	0.00%	0.00%	-1.66%	-1.71%
Nueces	-2.62%	-4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.72%
Tarrant	-3.13%	-2.21%	0.00%	0.00%	-1.05%	0.00%	0.00%	-1.38%	-2.59%
Travis	-3.53%	-1.55%	0.00%	0.00%	-1.29%	0.00%	0.00%	0.00%	-2.70%
MRSA Central	-3.80%	-1.61%	0.00%	0.00%	-1.71%	0.00%	0.00%	0.00%	-3.11%
MRSA Northeast	-2.58%	-2.94%	0.00%	0.00%	-2.83%	0.00%	0.00%	0.00%	-2.49%
MRSA West	-2.39%	-1.76%	0.00%	0.00%	-0.62%	0.00%	-0.60%	0.00%	-2.05%
Total	-2.94%	-2.25%	0.00%	0.00%	-1.76%	0.00%	-0.26%	-0.55%	-2.55%

## Footnotes

(1) Equals 3/2019-2/2020 Hepatitis C drug cost.

(2) Equals 3/2019-2/2020 managed care pharmacy incurred claims.

(3) Equals Cost Impact of Hepatitis C Drug Carve-out divided by Pharmacy Incurred Claims.

FY2022 STAR+PLUS Rating - NEMT Carve-in  
 NEMT Carve-in Rating Adjustments  
 Mileage 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 Cost Adjustment (1)									
Bexar	-1,258	-946	0	-1,362	-1,204	0	-217	-35	-5,021
Dallas	-1,950	-979	-5	-3,266	-2,722	0	-146	-172	-9,240
El Paso	-1,889	-298	0	-1,287	-754	0	-136	-18	-4,382
Harris	-5,966	-1,179	0	-6,969	-1,894	0	-295	-311	-16,615
Hidalgo	-5,983	-4,326	-3	-16,347	-10,638	0	-650	-1,393	-39,340
Jefferson	-9,575	-1,938	-3	-5,440	-3,907	-41	-790	-597	-22,293
Lubbock	-2,417	-528	0	-3,060	-354	0	-76	-167	-6,602
Nueces	-3,742	-1,483	0	-2,705	-2,731	0	-271	-359	-11,291
Tarrant	-3,856	-432	-1	-2,322	-789	0	-236	-299	-7,935
Travis	-2,453	-358	0	-2,030	-1,521	0	-165	-232	-6,759
MRSA Central	-5,497	-1,515	0	-5,347	-1,500	-6	-133	-151	-14,149
MRSA Northeast	-12,626	-2,964	0	-8,865	-4,517	0	-368	-373	-29,713
MRSA West	-9,380	-1,841	0	-12,127	-6,177	-31	-453	-306	-30,315
Total	-66,592	-18,788	-12	-71,126	-38,709	-78	-3,935	-4,414	-203,654
Total Incurred Claims NEMT Service (2)									
Bexar	2,573,394	741,810	9,099	1,768,626	1,037,353	144,198	19,094	16,178	6,309,753
Dallas	3,321,507	1,357,326	75,665	2,646,581	1,647,307	247,850	42,989	47,459	9,386,684
El Paso	643,892	229,186	15,020	928,101	386,657	106,600	11,704	8,776	2,329,935
Harris	4,953,537	1,098,900	29,211	4,024,287	1,273,741	202,225	34,725	94,707	11,711,332
Hidalgo	896,836	577,203	1,111	2,813,725	2,438,053	89,810	24,182	81,371	6,922,290
Jefferson	1,796,302	531,319	14,502	1,395,987	797,737	77,797	38,636	40,777	4,693,056
Lubbock	676,737	213,878	52,628	1,263,317	419,006	346,763	9,988	32,031	3,014,348
Nueces	1,528,727	622,050	748	1,285,860	1,001,206	78,233	20,885	67,031	4,604,740
Tarrant	2,779,483	662,634	69,640	1,873,171	793,232	360,787	25,102	40,255	6,604,304
Travis	1,371,267	356,330	53,004	1,515,337	825,306	460,156	43,905	27,564	4,652,868
MRSA Central	2,306,037	557,989	99,111	3,320,399	858,100	394,106	26,506	37,581	7,599,830
MRSA Northeast	3,399,350	968,811	40,538	2,797,490	1,859,660	308,522	110,846	49,875	9,535,093
MRSA West	1,758,763	478,834	37,336	3,130,129	1,346,085	385,645	28,779	35,635	7,201,206
Total	28,005,832	8,396,269	497,612	28,763,011	14,683,443	3,202,692	437,341	579,239	84,565,440

FY2022 STAR+PLUS Rating - NEMT Carve-in  
 NEMT Carve-in Rating Adjustments  
 Mileage 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	-0.05%	-0.13%	0.00%	-0.08%	-0.12%	0.00%	-1.13%	-0.22%	-0.08%
Dallas	-0.06%	-0.07%	-0.01%	-0.12%	-0.17%	0.00%	-0.34%	-0.36%	-0.10%
El Paso	-0.29%	-0.13%	0.00%	-0.14%	-0.20%	0.00%	-1.16%	-0.21%	-0.19%
Harris	-0.12%	-0.11%	0.00%	-0.17%	-0.15%	0.00%	-0.85%	-0.33%	-0.14%
Hidalgo	-0.67%	-0.75%	-0.26%	-0.58%	-0.44%	0.00%	-2.69%	-1.71%	-0.57%
Jefferson	-0.53%	-0.36%	-0.02%	-0.39%	-0.49%	-0.05%	-2.05%	-1.47%	-0.48%
Lubbock	-0.36%	-0.25%	0.00%	-0.24%	-0.08%	0.00%	-0.76%	-0.52%	-0.22%
Nueces	-0.24%	-0.24%	0.00%	-0.21%	-0.27%	0.00%	-1.30%	-0.54%	-0.25%
Tarrant	-0.14%	-0.07%	0.00%	-0.12%	-0.10%	0.00%	-0.94%	-0.74%	-0.12%
Travis	-0.18%	-0.10%	0.00%	-0.13%	-0.18%	0.00%	-0.38%	-0.84%	-0.15%
MRSA Central	-0.24%	-0.27%	0.00%	-0.16%	-0.17%	0.00%	-0.50%	-0.40%	-0.19%
MRSA Northeast	-0.37%	-0.31%	0.00%	-0.32%	-0.24%	0.00%	-0.33%	-0.75%	-0.31%
MRSA West	-0.53%	-0.38%	0.00%	-0.39%	-0.46%	-0.01%	-1.57%	-0.86%	-0.42%
Total	-0.24%	-0.22%	0.00%	-0.25%	-0.26%	0.00%	-0.90%	-0.76%	-0.24%

## Footnotes:

- (1) Cost impact from mileage reimbursement adjustment.
- (2) Equals total incurred NEMT claims during the experience period March 1, 2019 through February 29, 2020.
- (3) Cost impact divided by Incurred Claims.



FY2022 STAR+PLUS Rating - NEMT Carve-in  
 NEMT Carve-in Rating Adjustments  
 Transportation Network Company (TNC) 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 Cost Adjustment (1)									
Bexar	10,585	2,868	49	7,939	4,467	803	40	33	26,783
Dallas	10,353	4,282	257	9,833	6,224	1,357	127	141	32,573
El Paso	2,632	948	86	4,151	1,767	650	11	33	10,277
Harris	11,778	3,108	157	14,084	4,513	1,112	50	132	34,933
Hidalgo	1,773	1,276	5	7,641	8,518	550	17	25	19,805
Jefferson	1,545	558	77	1,889	1,504	268	4	3	5,848
Lubbock	1,651	459	162	3,861	1,341	1,139	9	45	8,667
Nueces	1,636	692	0	2,970	2,553	430	5	21	8,307
Tarrant	7,672	2,057	276	6,570	3,218	1,668	74	67	21,602
Travis	4,030	1,076	125	5,145	2,386	1,442	62	15	14,279
MRSA Central	4,424	929	452	6,638	1,725	891	77	12	15,149
MRSA Northeast	3,988	1,113	86	5,240	3,283	1,337	42	88	15,177
MRSA West	3,136	1,135	213	5,841	2,890	1,110	67	55	14,446
Total	65,202	20,501	1,943	81,801	44,388	12,756	583	670	227,845
Total Incurred Claims NEMT Service (2)									
Bexar	2,573,394	741,810	9,099	1,768,626	1,037,353	144,198	19,094	16,178	6,309,753
Dallas	3,321,507	1,357,326	75,665	2,646,581	1,647,307	247,850	42,989	47,459	9,386,684
El Paso	643,892	229,186	15,020	928,101	386,657	106,600	11,704	8,776	2,329,935
Harris	4,953,537	1,098,900	29,211	4,024,287	1,273,741	202,225	34,725	94,707	11,711,332
Hidalgo	896,836	577,203	1,111	2,813,725	2,438,053	89,810	24,182	81,371	6,922,290
Jefferson	1,796,302	531,319	14,502	1,395,987	797,737	77,797	38,636	40,777	4,693,056
Lubbock	676,737	213,878	52,628	1,263,317	419,006	346,763	9,988	32,031	3,014,348
Nueces	1,528,727	622,050	748	1,285,860	1,001,206	78,233	20,885	67,031	4,604,740
Tarrant	2,779,483	662,634	69,640	1,873,171	793,232	360,787	25,102	40,255	6,604,304
Travis	1,371,267	356,330	53,004	1,515,337	825,306	460,156	43,905	27,564	4,652,868
MRSA Central	2,306,037	557,989	99,111	3,320,399	858,100	394,106	26,506	37,581	7,599,830
MRSA Northeast	3,399,350	968,811	40,538	2,797,490	1,859,660	308,522	110,846	49,875	9,535,093
MRSA West	1,758,763	478,834	37,336	3,130,129	1,346,085	385,645	28,779	35,635	7,201,206
Total	28,005,832	8,396,269	497,612	28,763,011	14,683,443	3,202,692	437,341	579,239	84,565,440

FY2022 STAR+PLUS Rating - NEMT Carve-in  
 NEMT Carve-in Rating Adjustments  
 Transportation Network Company (TNC) Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.41%	0.39%	0.53%	0.45%	0.43%	0.56%	0.21%	0.20%	0.42%
Dallas	0.31%	0.32%	0.34%	0.37%	0.38%	0.55%	0.29%	0.30%	0.35%
El Paso	0.41%	0.41%	0.57%	0.45%	0.46%	0.61%	0.09%	0.38%	0.44%
Harris	0.24%	0.28%	0.54%	0.35%	0.35%	0.55%	0.14%	0.14%	0.30%
Hidalgo	0.20%	0.22%	0.46%	0.27%	0.35%	0.61%	0.07%	0.03%	0.29%
Jefferson	0.09%	0.10%	0.53%	0.14%	0.19%	0.34%	0.01%	0.01%	0.12%
Lubbock	0.24%	0.21%	0.31%	0.31%	0.32%	0.33%	0.09%	0.14%	0.29%
Nueces	0.11%	0.11%	-0.05%	0.23%	0.26%	0.55%	0.02%	0.03%	0.18%
Tarrant	0.28%	0.31%	0.40%	0.35%	0.41%	0.46%	0.29%	0.17%	0.33%
Travis	0.29%	0.30%	0.24%	0.34%	0.29%	0.31%	0.14%	0.05%	0.31%
MRSA Central	0.19%	0.17%	0.46%	0.20%	0.20%	0.23%	0.29%	0.03%	0.20%
MRSA Northeast	0.12%	0.11%	0.21%	0.19%	0.18%	0.43%	0.04%	0.18%	0.16%
MRSA West	0.18%	0.24%	0.57%	0.19%	0.21%	0.29%	0.23%	0.16%	0.20%
Total	0.23%	0.24%	0.39%	0.28%	0.30%	0.40%	0.13%	0.12%	0.27%

## Footnotes:

- (1) Cost impact from TNC.
- (2) Equals total incurred NEMT claims during the experience period March 1, 2019 through February 29, 2020.
- (3) Cost impact divided by Incurred Claims.

## *Attachment 6*

### Acuity Risk Adjustment – Acute Care

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

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

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

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

The adjusted risk adjustment factor is applied to the medical and pharmacy community rate for each health plan and risk group. Risk adjustment has not been applied to the NEMT component of the premium because this service was new to managed care effective June 1, 2021. These services have not been included in the CDPS acuity analysis.



# **Technical Specifications**

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

**Programs: STAR, CHIP, CHIP Perinatal, STAR+PLUS, STAR Kids**  
**Reporting Period: March 1, 2019 - February 29, 2020 (COV2020)**

**The Institute for Child Health Policy**  
**University of Florida**

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

Issue Date: May 15<sup>th</sup>, 2021

The University of Florida Institute for Child Health Policy (ICHP), the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care and CHIP, conducted health-based risk analyses for STAR, CHIP, STAR+PLUS, STAR Kids, and CHIP Perinatal at the request of the Texas Health and Human Services (HHS). Due to the pandemic, there is no updates on CDPS software from last year, ICHP will perform these analyses using the Chronic Illness and Disability Payment System (CDPS) Version 6.4, which classifies diagnostic and pharmaceutical information to facilitate a comparison of managed care organizations' actual and expected expenditures. To minimize the COVID-19 pandemic impact on service utilizations, the reporting period for this analysis is March, 1<sup>st</sup>, 2019-February 29<sup>th</sup>, 2020.

In its basic form, the CDPS package groups the International Classification of Diseases diagnostic codes found in health-care encounter data into a series of diagnosis categories. Users of the CDPS package have the option of including pharmacy data as well as medical encounter data in their analyses by following an alternative model, called CDPS+Rx. In addition to grouping diagnostic codes into diagnosis categories as in the basic CDPS model, CDPS+Rx also groups the National Drug Codes (NDCs) found in pharmacy data into a series of pharmacy categories and then combines the two set of categories into one dataset. Hierarchical categories are constructed so that if a person has a disease that is in a high-cost group, they cannot also be counted as being in a lower-cost group within the same major classification. More information about CDPS is available at <http://cdps.ucsd.edu> and the separate FAQ file with CDPS 6.4.

#### Data Source Time Period Covered:

Program	Data Source
<b>STAR</b>	Member level enrollment data (Sep 01, 2016 - Feb 29, 2020) MCO medical and pharmacy encounters (Sep 01, 2016 - Feb 29, 2020)
<b>CHIP</b>	Member level enrollment data (Sep 01, 2016 - Feb 29, 2020) MCO medical and pharmacy encounters (Sep 01, 2016 - Feb 29, 2020)
<b>STAR+PLUS</b>	Member level enrollment data (Sep 01, 2016 - Feb 29, 2020) MCO medical and pharmacy encounters (Sep 01, 2016 - Feb 29, 2020)
<b>STAR Kids</b>	STAR Kids Eligibility data (Nov 01, 2016 - Feb 29, 2020) MCO medical and pharmacy claims/encounters (Nov 01, 2016 - Feb 29, 2020)
<b>CHIP Perinatal</b>	Member level enrollment data (Mar 01, 2019 - Feb 29, 2020) MCO medical and pharmacy encounters (Mar 01, 2019 - Feb 29, 2020)

ICHP uses encounters with header service date in medical encounters and drug fill date in pharmacy data between Sep 01, 2016 and Feb 29, 2020 in its analyses, including medical and pharmacy encounters submitted by MCOs through November 30th, 2020.

**Data Exclusions:** Hep C and Hemostatic drugs will be carved out, cost on these two drugs will be removed from the CDPS analysis.

Per HHSC guidance, costs associated with diagnosis and procedures of COVID-19 will be treated as non-risk payments in the capitation rates development. All payments on encounters with COVID-19 as primary diagnosis or those with pregnancy as primary and COVID as 2nd diagnosis will be excluded from CDPS analysis. Detail line level payments on COVID-19 screening/testing procedures (see Appendix A) will be excluded regardless of diagnoses. Since our analysis period is before the pandemic break out, this exclusion is expected to have minimal impacts on our data.

**New BABY Categories:** CDPS authors have made modifications and incorporated the new BABY categories to CDPS version 6.3 and going forward. Concerns were raised that there is no age restriction on the BABY category assignment and some of diagnosis codes being used for BABY categorization are very generic. As a result, many members with age over one-year fall into the baby categories. After discussions with the CDPS author and neonatologist who helped develop these categories, all BABY category assignments are restricted to diagnoses on claims with header start date less than 28 days from birth. This new restriction greatly reduces the number of BABY category assignments therefore has significant impact on the weights of baby categories.

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

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

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

Program	Risk Group
<b>STAR</b>	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
	TANF Adults (risk group code 003)
	Pregnant Women (risk group code 005, 020)
	AA/PCA (risk group code 070)
<b>CHIP</b>	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
<b>STAR+PLUS</b>	
	Medicaid Only Community (risk group code 100)
	Medicaid Only SPW (risk group code 111)
	Intellectual Developmental Disabilities (risk group code 123)
	Medicaid Only Nursing Facility (risk group code 120)
	MBCC (risk group code 130)
<b>STAR Kids</b>	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
	MDCP Waiver (risk group code 604)
	YES Waiver (risk group code 605)
	IDD Waiver (risk group code 606)
<b>CHIP Perinatal</b>	
	Perinatal Mother <= 198% FPL (risk group code 309)

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

ICHP uses monthly risk-group information found in PPS enrollment files to identify enrollees’ risk groups. In general, each enrollee is assigned to the risk group to which he or she was assigned for most of time of the analysis year. The only exception is for pregnant women. Enrollees are assigned to the pregnant women risk group if they were assigned in the eligibility data for any month of the analysis year. For age-related risk groups, ICHP recalculated member’s age as the difference between the member’s date of birth and the last date of the analysis year, i.e., August 31 for SFY 2017-2019 and February 29 for COV2020. As a result, it is possible that some members’ age-related risk groups are different from their enrollment file.

**CDPS+Rx Weights:** ICHP uses the prospective model where prior 3 years of data is used to predict expenditures of the analysis year. The expenditures per month for each eligible member (expenditure PMPM) are calculated from the encounter data. For this year only, SFY 2017-SFY 2019 data is used to predict expenditures of COV2020 (Mar 1, 2019 – Feb 29, 2020), with half year overlap.

The “true” expenditures are used where the UHRIP (Uniform Hospital Rate Increase Program) increased payments are removed per HHS specifications. The UHRIP program applies to STAR and STAR+PLUS for certain contracted hospitals in certain Service Areas (SA) during SFY2018, SFY2019 and SFY2020. Texas-specific weights are developed using linear regression models with CDPS diagnostic, pharmacy and demographic categories as the independent variables and cost as the dependent variable, using prior 3 years of data. The Consumer Price Index (medical care component) for each State Fiscal year is used to adjust expenditures when fitting these models. The COV2020 expenditures are adjusted under the same logic.

To avoid conflicting version 9 and 10 codes, CDPS authors suggest excluding all ICD9 codes that begin with a character except for V codes and similarly, exclude all V codes originating from ICD10 codes in diagnosis category grouping. However, these encounters will be included in cost calculations. Ancillary services in the following list are excluded when assigning the CDPS category but included when calculating cost.

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

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

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ICHP calculates Texas-specific weights for STAR, CHIP, STAR+PLUS and STAR Kids programs. CHIP Perinatal program is not big enough to build weights on, so ICHP applies STAR weights to CHIP Perinatal population. CDPS includes both empirical and clinical input with many diagnostic subcategories ordered by expected clinical severity such that the diagnoses in the higher severity subcategories were expected to exhibit higher costs and hence positive weights. When reverse or negative weights occur, we combine subcategories together to ensure that the weights make intuitive sense.

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

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

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

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

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



## Appendix A: COVID-19 Procedure Codes

Procedure Codes	Description
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN AN OFFICE TO A LABORATORY (DISTANCE MAY BE INDICATED)
C9803	HOSPITAL OUTPATIENT CLINIC VISIT SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS- COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS- COV-2) (CORONAVIRUS DISEASE [COVID-19]) FROM AN INDIVIDUAL IN A SNF OR BY A LABORATORY ON BEHALF OF A HHA, ANY SPECIMEN SOURCE
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL- TIME RT-PCR DIAGNOSTIC PANEL
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R
86408	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS- COV-2) (CORONAVIRUS DISEASE [COVID-19]); SCREEN
86409	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS- COV-2) (CORONAVIRUS DISEASE [COVID-19]); TITER
86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) ANTIBODY, QUANTITATIVE

87636	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B, MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87637	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS, MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87811	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE, VISUAL) OBSERVATION; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])
86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METHOD (EG, REAGENT STRIP); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])
86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (E.G., ENZYME IMMUNOASSAY [EIA], ENZYME LINKED IMMUNOSORBENT ASSAY [ELISA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS (E.G., SARS-COV, SARS-COV-2 [COVID-19])
S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED

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

Reporting Period: Mar 1, 2019 to Feb 29, 2020

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only OCC</b>	199,098	100.00	1,263.83	1,263.83	1.00	1.00
<b>Bexar</b>	19,459	100.00	1,277.93	1,238.39	1.00	1.03
Amerigroup	3,798	19.52	1,176.89	1,180.27	0.95	1.00
Molina	2,384	12.25	1,212.13	1,192.85	0.96	1.02
Superior	13,277	68.23	1,318.40	1,263.03	1.02	1.04
<b>Dallas</b>	26,788	100.00	1,198.57	1,232.34	1.00	0.97
Molina	14,581	54.43	1,234.26	1,237.66	1.00	1.00
Superior	12,207	45.57	1,155.79	1,225.97	0.99	0.94
<b>El Paso</b>	6,197	100.00	1,394.76	1,332.88	1.00	1.05
Amerigroup	3,725	60.11	1,388.53	1,328.56	1.00	1.05
Molina	2,472	39.89	1,404.24	1,339.45	1.00	1.05
<b>Harris</b>	43,308	100.00	1,393.03	1,370.77	1.00	1.02
Amerigroup	15,706	36.27	1,353.28	1,315.60	0.96	1.03
Molina	4,225	9.76	1,267.22	1,180.89	0.86	1.07
United Health Care (United)	23,377	53.98	1,443.06	1,442.98	1.05	1.00
<b>Hidalgo</b>	14,669	100.00	1,656.44	1,258.81	1.00	1.32
HealthSpring	3,707	25.27	1,586.20	1,183.34	0.94	1.34
Molina	3,068	20.91	1,681.96	1,221.01	0.97	1.38
Superior	7,894	53.81	1,679.43	1,308.81	1.04	1.28
<b>Jefferson</b>	8,026	100.00	1,159.64	1,262.56	1.00	0.92
Amerigroup	2,462	30.68	1,043.89	1,165.16	0.92	0.90
Molina	1,913	23.84	1,128.31	1,166.29	0.92	0.97
United Health Care (United)	3,651	45.49	1,257.47	1,382.49	1.09	0.91
<b>Lubbock</b>	4,975	100.00	1,061.54	1,250.94	1.00	0.85
Amerigroup	1,977	39.74	1,109.20	1,296.55	1.04	0.86
Superior	2,998	60.26	1,030.29	1,221.03	0.98	0.84
<b>MRSA Central</b>	12,119	100.00	1,059.91	1,168.72	1.00	0.91
Superior	7,082	58.44	1,035.05	1,148.84	0.98	0.90
United Health Care (United)	5,037	41.56	1,095.13	1,196.90	1.02	0.91
<b>MRSA Northeast</b>	17,931	100.00	1,114.80	1,186.74	1.00	0.94
Health Spring	8,172	45.57	1,098.16	1,107.84	0.93	0.99
United Health Care (United)	9,759	54.43	1,128.94	1,253.72	1.06	0.90
<b>MRSA West</b>	11,794	100.00	1,092.85	1,185.57	1.00	0.92
Amerigroup	4,547	38.55	1,095.98	1,171.25	0.99	0.94
Superior	7,247	61.45	1,090.88	1,194.64	1.01	0.91
<b>Nueces</b>	7,185	100.00	1,275.08	1,272.11	1.00	1.00
Superior	3,494	48.63	1,230.02	1,186.13	0.93	1.04
United Health Care (United)	3,691	51.37	1,317.16	1,352.42	1.06	0.97
<b>Tarrant</b>	16,955	100.00	1,180.52	1,309.98	1.00	0.90
Amerigroup	12,532	73.91	1,186.45	1,351.96	1.03	0.88
Health Spring	4,423	26.09	1,163.11	1,186.90	0.91	0.98
<b>Travis</b>	9,692	100.00	1,221.83	1,166.20	1.00	1.05
Amerigroup	4,071	42.00	1,248.95	1,126.17	0.97	1.11
United Health Care (United)	5,621	58.00	1,202.09	1,195.35	1.02	1.01

Notes:

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

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

Reporting Period: Mar 1, 2019 to Feb 29, 2020

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only SPW</b>	19,618	100.00	4,338.65	4,338.65	1.00	1.00
<b>Bexar</b>	2,266	100.00	4,301.89	4,140.85	1.00	1.04
Amerigroup	337	14.87	4,147.73	3,935.24	0.95	1.05
Molina	366	16.15	3,688.47	3,992.03	0.96	0.92
Superior	1,563	68.98	4,478.00	4,219.91	1.02	1.06
<b>Dallas</b>	3,122	100.00	3,798.90	4,019.12	1.00	0.95
Molina	2,041	65.37	3,617.64	3,870.07	0.96	0.93
Superior	1,081	34.63	4,145.46	4,304.08	1.07	0.96
<b>El Paso</b>	840	100.00	4,121.45	4,082.83	1.00	1.01
Amerigroup	392	46.67	4,014.05	4,026.62	0.99	1.00
Molina	448	53.33	4,215.01	4,131.79	1.01	1.02
<b>Harris</b>	3,414	100.00	4,961.46	4,800.10	1.00	1.03
Amerigroup	1,229	36.00	4,664.06	4,807.62	1.00	0.97
Molina	541	15.85	4,632.19	4,161.47	0.87	1.11
United Health Care (United)	1,644	48.15	5,291.67	5,005.73	1.04	1.06
<b>Hidalgo</b>	2,680	100.00	4,560.41	3,949.84	1.00	1.15
HealthSpring	604	22.54	4,277.38	3,874.39	0.98	1.10
Molina	533	19.89	4,182.36	3,643.47	0.92	1.15
Superior	1,543	57.57	4,799.28	4,083.14	1.03	1.18
<b>Jefferson</b>	736	100.00	3,999.98	4,741.62	1.00	0.84
Amerigroup	199	27.04	4,090.17	5,344.42	1.13	0.77
Molina	350	47.55	3,695.65	4,361.25	0.92	0.85
United Health Care (United)	187	25.41	4,484.73	4,832.55	1.02	0.93
<b>Lubbock</b>	323	100.00	3,717.72	4,592.53	1.00	0.81
Amerigroup	153	47.37	3,336.60	4,506.76	0.98	0.74
Superior	170	52.63	4,060.31	4,669.63	1.02	0.87
<b>MRSA Central</b>	680	100.00	4,361.51	4,637.02	1.00	0.94
Superior	454	66.76	4,044.83	4,474.56	0.96	0.90
United Health Care (United)	226	33.24	4,997.09	4,963.10	1.07	1.01
<b>MRSA Northeast</b>	1,576	100.00	4,263.45	4,331.51	1.00	0.98
Health Spring	879	55.77	3,815.12	4,020.51	0.93	0.95
United Health Care (United)	697	44.23	4,833.43	4,726.90	1.09	1.02
<b>MRSA West</b>	885	100.00	4,177.63	4,444.38	1.00	0.94
Amerigroup	301	34.01	4,282.14	4,779.46	1.08	0.90
Superior	584	65.99	4,123.67	4,271.38	0.96	0.97
<b>Nueces</b>	927	100.00	4,001.42	4,287.84	1.00	0.93
Superior	592	63.86	4,006.35	4,266.28	0.99	0.94
United Health Care (United)	335	36.14	3,992.55	4,326.58	1.01	0.92
<b>Tarrant</b>	1,486	100.00	4,250.86	4,639.62	1.00	0.92
Amerigroup	1,203	80.96	4,159.23	4,645.08	1.00	0.90
Health Spring	283	19.04	4,654.03	4,615.60	0.99	1.01
<b>Travis</b>	683	100.00	4,866.81	4,436.23	1.00	1.10
Amerigroup	351	51.39	4,556.31	4,318.53	0.97	1.06
United Health Care (United)	332	48.61	5,198.61	4,562.01	1.03	1.14

Notes:

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

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

Reporting Period: Mar 1, 2019 to Feb 29, 2020

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only NF</b>	6,468	100.00	6,295.22	6,295.22	1.00	1.00
<b>Bexar</b>	655	100.00	6,425.51	6,638.28	1.00	0.97
Amerigroup	132	20.15	6,163.62	6,830.96	1.03	0.90
Molina	164	25.04	6,408.28	6,163.66	0.93	1.04
Superior	359	54.81	6,525.54	6,791.40	1.02	0.96
<b>Dallas</b>	912	100.00	6,421.21	6,695.98	1.00	0.96
Molina	533	58.44	6,387.77	6,467.16	0.97	0.99
Superior	379	41.56	6,467.61	7,013.51	1.05	0.92
<b>El Paso</b>	95	100.00	6,959.29	7,219.26	1.00	0.96
Amerigroup	46	48.42	6,048.14	7,034.74	0.97	0.86
Molina	49	51.58	7,737.76	7,376.92	1.02	1.05
<b>Harris</b>	985	100.00	6,502.68	7,215.09	1.00	0.90
Amerigroup	349	35.43	6,610.69	7,249.62	1.00	0.91
Molina	156	15.84	6,489.88	6,608.22	0.92	0.98
United Health Care (United)	480	48.73	6,426.39	7,387.59	1.02	0.87
<b>Hidalgo</b>	248	100.00	7,241.95	7,100.34	1.00	1.02
HealthSpring	71	28.63	7,623.86	6,713.91	0.95	1.14
Molina	70	28.23	6,661.32	6,324.91	0.89	1.05
Superior	107	43.15	7,386.14	7,865.91	1.11	0.94
<b>Jefferson</b>	219	100.00	6,003.44	5,615.72	1.00	1.07
Amerigroup	75	34.25	5,721.26	5,348.47	0.95	1.07
Molina	62	28.31	6,475.90	5,462.97	0.97	1.19
United Health Care (United)	82	37.44	5,909.48	5,986.29	1.07	0.99
<b>Lubbock</b>	205	100.00	5,979.53	6,019.34	1.00	0.99
Amerigroup	92	44.88	5,898.98	5,773.91	0.96	1.02
Superior	113	55.12	6,045.70	6,220.98	1.03	0.97
<b>MRSA Central</b>	573	100.00	5,927.44	5,532.14	1.00	1.07
Superior	291	50.79	5,922.17	5,697.23	1.03	1.04
United Health Care (United)	282	49.21	5,932.83	5,363.36	0.97	1.11
<b>MRSA Northeast</b>	641	100.00	6,327.73	5,815.14	1.00	1.09
Health Spring	280	43.68	6,424.46	5,940.23	1.02	1.08
United Health Care (United)	361	56.32	6,253.68	5,719.36	0.98	1.09
<b>MRSA West</b>	541	100.00	6,176.77	5,562.94	1.00	1.11
Amerigroup	219	40.48	6,168.20	5,592.45	1.01	1.10
Superior	322	59.52	6,182.70	5,542.54	1.00	1.12
<b>Nueces</b>	206	100.00	5,867.63	5,895.03	1.00	1.00
Superior	106	51.46	5,974.43	5,951.61	1.01	1.00
United Health Care (United)	100	48.54	5,759.52	5,837.77	0.99	0.99
<b>Tarrant</b>	753	100.00	6,106.79	6,272.09	1.00	0.97
Amerigroup	534	70.92	6,015.46	6,454.77	1.03	0.93
Health Spring	219	29.08	6,341.32	5,802.93	0.93	1.09
<b>Travis</b>	435	100.00	6,100.13	5,536.46	1.00	1.10
Amerigroup	191	43.91	6,070.23	5,266.31	0.95	1.15
United Health Care (United)	244	56.09	6,124.00	5,752.18	1.04	1.06

Notes:

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

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

Reporting Period: Mar 1, 2019 to Feb 29, 2020

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--IDD</b>	17,308	100.00	874.44	874.44	1.00	1.00
<b>Bexar</b>	1,791	100.00	960.99	870.08	1.00	1.10
Amerigroup	268	14.96	863.94	761.54	0.88	1.13
Molina	129	7.20	636.96	781.33	0.90	0.82
Superior	1,394	77.83	1,010.30	899.52	1.03	1.12
<b>Dallas</b>	2,306	100.00	721.66	768.87	1.00	0.94
Molina	1,058	45.88	756.98	737.95	0.96	1.03
Superior	1,248	54.12	691.85	794.96	1.03	0.87
<b>El Paso</b>	514	100.00	1,247.66	1,184.25	1.00	1.05
Amerigroup	374	72.76	1,287.28	1,165.69	0.98	1.10
Molina	140	27.24	1,142.06	1,233.72	1.04	0.93
<b>Harris</b>	3,883	100.00	925.96	899.85	1.00	1.03
Amerigroup	1,387	35.72	902.00	850.11	0.94	1.06
Molina	330	8.50	698.19	737.46	0.82	0.95
United Health Care (United)	2,166	55.78	976.65	957.10	1.06	1.02
<b>Hidalgo</b>	983	100.00	924.86	983.95	1.00	0.94
HealthSpring	244	24.82	792.80	855.92	0.87	0.93
Molina	216	21.97	679.26	876.05	0.89	0.78
Superior	523	53.20	1,090.13	1,089.71	1.11	1.00
<b>Jefferson</b>	384	100.00	843.08	890.08	1.00	0.95
Amerigroup	82	21.35	1,456.15	878.99	0.99	1.66
Molina	62	16.15	548.14	767.83	0.86	0.71
United Health Care (United)	240	62.50	708.33	926.55	1.04	0.76
<b>Lubbock</b>	592	100.00	799.37	902.88	1.00	0.89
Amerigroup	229	38.68	778.21	869.99	0.96	0.89
Superior	363	61.32	812.56	923.39	1.02	0.88
<b>MRSA Central</b>	855	100.00	870.36	822.06	1.00	1.06
Superior	580	67.84	922.28	804.13	0.98	1.15
United Health Care (United)	275	32.16	759.02	860.53	1.05	0.88
<b>MRSA Northeast</b>	1,114	100.00	795.67	860.00	1.00	0.93
Health Spring	516	46.32	752.64	805.39	0.94	0.93
United Health Care (United)	598	53.68	833.25	907.68	1.06	0.92
<b>MRSA West</b>	1,062	100.00	956.90	885.26	1.00	1.08
Amerigroup	338	31.83	880.39	853.05	0.96	1.03
Superior	724	68.17	992.38	900.20	1.02	1.10
<b>Nueces</b>	482	100.00	793.27	878.76	1.00	0.90
Superior	257	53.32	759.83	889.00	1.01	0.85
United Health Care (United)	225	46.68	830.93	867.23	0.99	0.96
<b>Tarrant</b>	2,093	100.00	770.59	852.37	1.00	0.90
Amerigroup	1,535	73.34	779.34	897.25	1.05	0.87
Health Spring	558	26.66	746.43	728.32	0.85	1.02
<b>Travis</b>	1,249	100.00	933.89	839.43	1.00	1.11
Amerigroup	313	25.06	954.70	751.38	0.90	1.27
United Health Care (United)	936	74.94	926.92	868.94	1.04	1.07

Notes:

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

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

Reporting Period: Mar 1, 2019 to Feb 29, 2020

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--MBCC</b>	5,068	100.00	2,598.65	2,598.65	1.00	1.00
<b>Bexar</b>	418	100.00	2,672.45	2,489.79	1.00	1.07
Amerigroup	50	11.96	2,423.61	2,862.83	1.15	0.85
Molina	39	9.33	3,868.15	2,697.84	1.08	1.43
Superior	329	78.71	2,563.97	2,406.29	0.97	1.07
<b>Dallas</b>	577	100.00	2,784.78	2,541.90	1.00	1.10
Molina	211	36.57	2,065.49	2,038.30	0.80	1.01
Superior	366	63.43	3,203.88	2,835.33	1.12	1.13
<b>El Paso</b>	310	100.00	2,222.52	2,171.65	1.00	1.02
Amerigroup	186	60.00	2,638.06	2,237.34	1.03	1.18
Molina	124	40.00	1,588.31	2,071.39	0.95	0.77
<b>Harris</b>	1,038	100.00	2,890.26	2,788.50	1.00	1.04
Amerigroup	304	29.29	3,126.19	2,738.75	0.98	1.14
Molina	124	11.95	2,934.54	2,503.01	0.90	1.17
United Health Care (United)	610	58.77	2,763.17	2,872.64	1.03	0.96
<b>Hidalgo</b>	591	100.00	2,449.15	2,418.38	1.00	1.01
HealthSpring	90	15.23	1,321.56	1,811.13	0.75	0.73
Molina	128	21.66	2,539.49	2,733.55	1.13	0.93
Superior	373	63.11	2,700.88	2,463.67	1.02	1.10
<b>Jefferson</b>	174	100.00	2,881.52	2,914.66	1.00	0.99
Amerigroup	32	18.39	2,133.33	2,795.69	0.96	0.76
Molina	31	17.82	2,081.69	2,460.49	0.84	0.85
United Health Care (United)	111	63.79	3,338.23	3,082.72	1.06	1.08
<b>Lubbock</b>	129	100.00	2,394.68	2,794.67	1.00	0.86
Amerigroup	43	33.33	2,928.62	2,906.35	1.04	1.01
Superior	86	66.67	2,140.88	2,741.58	0.98	0.78
<b>MRSA Central</b>	206	100.00	2,787.39	2,863.07	1.00	0.97
Superior	139	67.48	2,724.20	2,718.78	0.95	1.00
United Health Care (United)	67	32.52	2,933.20	3,196.01	1.12	0.92
<b>MRSA Northeast</b>	316	100.00	2,395.76	2,714.55	1.00	0.88
Health Spring	117	37.03	2,832.29	2,977.34	1.10	0.95
United Health Care (United)	199	62.97	2,145.09	2,563.65	0.94	0.84
<b>MRSA West</b>	320	100.00	2,167.14	2,590.15	1.00	0.84
Amerigroup	132	41.25	1,717.09	2,328.57	0.90	0.74
Superior	188	58.75	2,497.17	2,781.98	1.07	0.90
<b>Nueces</b>	256	100.00	2,341.80	2,562.05	1.00	0.91
Superior	164	64.06	2,367.52	2,550.04	1.00	0.93
United Health Care (United)	92	35.94	2,296.31	2,583.31	1.01	0.89
<b>Tarrant</b>	430	100.00	2,735.48	2,541.60	1.00	1.08
Amerigroup	349	81.16	2,655.38	2,543.42	1.00	1.04
Health Spring	81	18.84	3,105.95	2,533.20	1.00	1.23
<b>Travis</b>	303	100.00	2,379.34	2,618.80	1.00	0.91
Amerigroup	76	25.08	1,633.16	2,007.86	0.77	0.81
United Health Care (United)	227	74.92	2,614.17	2,811.07	1.07	0.93

Notes:

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

FY2022 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Unadjusted Acuity Scores (1)					
Amerigroup - Bexar	0.95307	0.95035	1.02903	0.87525	1.14983
Molina - Bexar	0.96323	0.96406	0.92850	0.89799	1.08356
Superior - Bexar	1.01990	1.01909	1.02307	1.03384	0.96646
Molina - Dallas	1.00432	0.96291	0.96583	0.95979	0.80188
Superior - Dallas	0.99483	1.07090	1.04742	1.03394	1.11544
Amerigroup - El Paso	0.99676	0.98623	0.97444	0.98433	1.03025
Molina - El Paso	1.00493	1.01199	1.02184	1.04178	0.95383
Amerigroup - Harris	0.95975	1.00157	1.00479	0.94473	0.98216
Molina - Harris	0.86148	0.86695	0.91589	0.81954	0.89762
United - Harris	1.05268	1.04284	1.02391	1.06362	1.03017
HealthSpring - Hidalgo	0.94005	0.98090	0.94558	0.86988	0.74890
Molina - Hidalgo	0.96997	0.92243	0.89079	0.89034	1.13032
Superior - Hidalgo	1.03972	1.03375	1.10782	1.10748	1.01873
Amerigroup - Jefferson	0.92285	1.12713	0.95241	0.98754	0.95918
Molina - Jefferson	0.92375	0.91978	0.97280	0.86266	0.84417
United - Jefferson	1.09499	1.01918	1.06599	1.04098	1.05766
Amerigroup - Lubbock	1.03646	0.98132	0.95923	0.96357	1.03996
Superior - Lubbock	0.97609	1.01679	1.03350	1.02271	0.98100
Superior - Nueces	0.93241	0.99497	1.00960	1.01165	0.99531
United - Nueces	1.06313	1.00904	0.99029	0.98688	1.00830
Amerigroup - Tarrant	1.03205	1.00118	1.02913	1.05266	1.00072
HealthSpring - Tarrant	0.90604	0.99482	0.92520	0.85447	0.99669
Amerigroup - Travis	0.96567	0.97347	0.95121	0.89510	0.76671
United - Travis	1.02500	1.02835	1.03896	1.03514	1.07342
Superior - MRSA Central	0.98298	0.96496	1.02984	0.97818	0.94960
United - MRSA Central	1.02411	1.07032	0.96949	1.04679	1.11629
HealthSpring - MRSA Northeast	0.93352	0.92820	1.02151	0.93650	1.09681
United - MRSA Northeast	1.05644	1.09128	0.98353	1.05544	0.94441
Amerigroup - MRSA West	0.98792	1.07539	1.00530	0.96362	0.89901
Superior - MRSA West	1.00765	0.96107	0.99633	1.01687	1.07406



FY2022 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutrality Adjustment (2)					
Amerigroup - Bexar	1.00042	1.00069	0.99944	1.00142	1.00340
Molina - Bexar	1.00042	1.00069	0.99944	1.00142	1.00340
Superior - Bexar	1.00042	1.00069	0.99944	1.00142	1.00340
Molina - Dallas	1.00008	1.00039	1.00106	1.00030	0.99035
Superior - Dallas	1.00008	1.00039	1.00106	1.00030	0.99035
Amerigroup - El Paso	0.99983	0.99997	0.99605	1.00036	0.99936
Molina - El Paso	0.99983	0.99997	0.99605	1.00036	0.99936
Amerigroup - Harris	0.99816	1.00308	0.99930	0.99647	0.99903
Molina - Harris	0.99816	1.00308	0.99930	0.99647	0.99903
United - Harris	0.99816	1.00308	0.99930	0.99647	0.99903
HealthSpring - Hidalgo	0.99941	0.99994	0.98236	0.99710	0.99854
Molina - Hidalgo	0.99941	0.99994	0.98236	0.99710	0.99854
Superior - Hidalgo	0.99941	0.99994	0.98236	0.99710	0.99854
Amerigroup - Jefferson	0.99369	0.99688	0.99877	1.00156	1.00183
Molina - Jefferson	0.99369	0.99688	0.99877	1.00156	1.00183
United - Jefferson	0.99369	0.99688	0.99877	1.00156	1.00183
Amerigroup - Lubbock	0.99899	0.99686	0.99869	0.99937	1.00023
Superior - Lubbock	0.99899	0.99686	0.99869	0.99937	1.00023
Superior - Nueces	1.00016	0.99997	1.00064	1.00015	0.99986
United - Nueces	1.00016	0.99997	1.00064	1.00015	0.99986
Amerigroup - Tarrant	1.00156	1.00002	1.00238	0.99904	1.00002
HealthSpring - Tarrant	1.00156	1.00002	1.00238	0.99904	1.00002
Amerigroup - Travis	0.99840	1.00176	0.99795	1.00080	1.00015
United - Travis	0.99840	1.00176	0.99795	1.00080	1.00015
Superior - MRSA Central	0.99902	0.99889	1.00158	0.99954	0.99894
United - MRSA Central	0.99902	0.99889	1.00158	0.99954	0.99894
HealthSpring - MRSA Northeast	0.99777	1.00079	1.00122	1.00004	0.99991
United - MRSA Northeast	0.99777	1.00079	1.00122	1.00004	0.99991
Amerigroup - MRSA West	0.99989	0.99966	0.99996	0.99983	0.98912
Superior - MRSA West	0.99989	0.99966	0.99996	0.99983	0.98912

FY2022 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutral Acuity Scores (3)					
Amerigroup - Bexar	0.95347	0.95101	1.02845	0.87650	1.15373
Molina - Bexar	0.96363	0.96473	0.92798	0.89927	1.08724
Superior - Bexar	1.02033	1.01980	1.02249	1.03531	0.96974
Molina - Dallas	1.00440	0.96329	0.96685	0.96008	0.79414
Superior - Dallas	0.99491	1.07132	1.04853	1.03425	1.10467
Amerigroup - El Paso	0.99659	0.98621	0.97059	0.98469	1.02959
Molina - El Paso	1.00475	1.01197	1.01780	1.04216	0.95322
Amerigroup - Harris	0.95799	1.00465	1.00409	0.94139	0.98121
Molina - Harris	0.85990	0.86963	0.91525	0.81664	0.89675
United - Harris	1.05075	1.04605	1.02319	1.05986	1.02918
HealthSpring - Hidalgo	0.93950	0.98083	0.92889	0.86736	0.74781
Molina - Hidalgo	0.96940	0.92237	0.87507	0.88776	1.12867
Superior - Hidalgo	1.03911	1.03368	1.08828	1.10426	1.01723
Amerigroup - Jefferson	0.91703	1.12362	0.95123	0.98909	0.96094
Molina - Jefferson	0.91792	0.91691	0.97160	0.86400	0.84572
United - Jefferson	1.08808	1.01600	1.06467	1.04261	1.05959
Amerigroup - Lubbock	1.03542	0.97824	0.95797	0.96297	1.04020
Superior - Lubbock	0.97511	1.01359	1.03214	1.02207	0.98123
Superior - Nueces	0.93255	0.99494	1.01025	1.01180	0.99517
United - Nueces	1.06329	1.00901	0.99092	0.98703	1.00815
Amerigroup - Tarrant	1.03366	1.00119	1.03158	1.05165	1.00074
HealthSpring - Tarrant	0.90746	0.99484	0.92740	0.85365	0.99672
Amerigroup - Travis	0.96413	0.97518	0.94925	0.89582	0.76682
United - Travis	1.02336	1.03016	1.03683	1.03597	1.07358
Superior - MRSA Central	0.98203	0.96389	1.03147	0.97773	0.94859
United - MRSA Central	1.02311	1.06914	0.97102	1.04631	1.11510
HealthSpring - MRSA Northeast	0.93144	0.92894	1.02276	0.93653	1.09671
United - MRSA Northeast	1.05409	1.09215	0.98473	1.05548	0.94432
Amerigroup - MRSA West	0.98781	1.07502	1.00526	0.96346	0.88923
Superior - MRSA West	1.00753	0.96074	0.99629	1.01670	1.06238

## Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits B-F.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2022 Acute Care Community Rates.

## *Attachment 7*

### Acuity Risk Adjustment – Long Term Care

HHSC, in conjunction with the participating health plans, has developed a long term care acuity model that measures the relative acuity among the health plans within a service area by analyzing the relative percentage of unique members who utilize Personal Attendant Services (PAS). PAS accounts for 85% of the cost of all long term care services for the OCC and HCBS risk groups and is the greatest indicator of relative cost for a given population.

Using the base period (March 2019 through February 2020) encounter data, HHSC identified the following statistics for each MCO within each service area:

1. Total number of unique members during the base period.
2. Total number of unique PAS utilizers during the base period.
3. Percentage of unique members utilizing PAS during the base period.

Data was collected separately for the following risk groups:

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

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

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

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

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

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

This long term care acuity model does not impact the nursing facility risk groups since attendant care is not a significant cost for these populations. The impact of relative acuity differences on the nursing facility populations is continuing to be studied but no adjustments will be made for the FY2022 premium rates.

## **Technical Specifications for LTSS Risk Adjustment, STAR+PLUS, 3/2019-2/2020**

### **Background**

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

### **Data Source**

For 3/2019-2/2020 analysis, HHSC used Enrollment data to collect members eligible to receive Personal Assistance Services (PAS) in STAR+PLUS program, and Encounter data to collect information on the number of actual members who utilized the services. Only paid claims, with financial arrangement codes from 06 to 10 were included in this analysis.

### **Analysis**

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

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

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

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

The risk scores were used to adjust SFY2022 STAR+PLUS LTSS capitation rates. The acuity factors were developed and applied at 100% of the MCOs factors to adjust the rates.

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Medicaid Only OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	4,499	753	16.7%	0.8682
Molina - Bexar	2,946	565	19.2%	0.9948
Superior - Bexar	15,073	3,023	20.1%	1.0403
Bexar SDA Total	22,518	4,341	19.3%	1.0000
Molina - Dallas	17,062	3,863	22.6%	1.1600
Superior - Dallas	14,509	2,299	15.8%	0.8118
Dallas SDA Total	31,571	6,162	19.5%	1.0000
Amerigroup - El Paso	4,248	924	21.8%	0.9123
Molina - El Paso	2,928	787	26.9%	1.1273
El Paso SDA Total	7,176	1,711	23.8%	1.0000
Amerigroup - Harris	18,292	3,245	17.7%	0.9106
Molina - Harris	5,209	953	18.3%	0.9391
United - Harris	26,926	5,626	20.9%	1.0725
Harris SDA Total	50,427	9,824	19.5%	1.0000
HealthSpring - Hidalgo	4,387	2,155	49.1%	0.9944
Molina - Hidalgo	3,662	1,669	45.6%	0.9226
Superior - Hidalgo	9,119	4,657	51.1%	1.0338
Hidalgo SDA Total	17,168	8,481	49.4%	1.0000
Amerigroup - Jefferson	2,836	362	12.8%	0.9449
Molina - Jefferson	2,290	345	15.1%	1.1152
United - Jefferson	4,327	570	13.2%	0.9751
Jefferson SDA Total	9,453	1,277	13.5%	1.0000
Amerigroup - Lubbock	2,363	159	6.7%	0.9343
Superior - Lubbock	3,441	259	7.5%	1.0451
Lubbock SDA Total	5,804	418	7.2%	1.0000
Superior - Nueces	4,290	1,071	25.0%	0.9205
United - Nueces	4,220	1,237	29.3%	1.0808
Nueces SDA Total	8,510	2,308	27.1%	1.0000
Amerigroup - Tarrant	14,744	1,601	10.9%	0.9970
HealthSpring - Tarrant	5,566	611	11.0%	1.0079
Tarrant SDA Total	20,310	2,212	10.9%	1.0000
Amerigroup - Travis	4,724	655	13.9%	1.1588
United - Travis	6,567	696	10.6%	0.8858
Travis SDA Total	11,291	1,351	12.0%	1.0000
Superior - MRSA Central	8,203	821	10.0%	1.0188
United - MRSA Central	5,916	566	9.6%	0.9739
MRSA Central SDA Total	14,119	1,387	9.8%	1.0000
HealthSpring - MRSA Northeast	9,353	1,209	12.9%	0.9647
United - MRSA Northeast	11,358	1,566	13.8%	1.0290
MRSA Northeast SDA Total	20,711	2,775	13.4%	1.0000
Amerigroup - MRSA West	5,334	527	9.9%	0.9897
Superior - MRSA West	8,430	847	10.0%	1.0065
MRSA West SDA Total	13,764	1,374	10.0%	1.0000

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Medicaid Only HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	431	315	73.1%	0.9547
Molina - Bexar	453	301	66.4%	0.8680
Superior - Bexar	1,922	1,532	79.7%	1.0413
Bexar SDA Total	2,806	2,148	76.6%	1.0000
Molina - Dallas	2,493	1,762	70.7%	0.9881
Superior - Dallas	1,385	1,012	73.1%	1.0215
Dallas SDA Total	3,878	2,774	71.5%	1.0000
Amerigroup - El Paso	470	383	81.5%	1.0332
Molina - El Paso	524	401	76.5%	0.9702
El Paso SDA Total	994	784	78.9%	1.0000
Amerigroup - Harris	1,547	1,265	81.8%	1.0472
Molina - Harris	692	554	80.1%	1.0253
United - Harris	1,918	1,427	74.4%	0.9528
Harris SDA Total	4,157	3,246	78.1%	1.0000
HealthSpring - Hidalgo	728	702	96.4%	1.0099
Molina - Hidalgo	652	607	93.1%	0.9750
Superior - Hidalgo	1,808	1,735	96.0%	1.0050
Hidalgo SDA Total	3,188	3,044	95.5%	1.0000
Amerigroup - Jefferson	241	202	83.8%	1.1006
Molina - Jefferson	431	317	73.5%	0.9657
United - Jefferson	234	171	73.1%	0.9595
Jefferson SDA Total	906	690	76.2%	1.0000
Amerigroup - Lubbock	189	119	63.0%	0.9776
Superior - Lubbock	238	156	65.5%	1.0178
Lubbock SDA Total	427	275	64.4%	1.0000
Superior - Nueces	728	651	89.4%	0.9956
United - Nueces	401	363	90.5%	1.0079
Nueces SDA Total	1,129	1,014	89.8%	1.0000
Amerigroup - Tarrant	1,468	1,042	71.0%	0.9944
HealthSpring - Tarrant	398	290	72.9%	1.0208
Tarrant SDA Total	1,866	1,332	71.4%	1.0000
Amerigroup - Travis	428	364	85.0%	1.0362
United - Travis	392	309	78.8%	0.9604
Travis SDA Total	820	673	82.1%	1.0000
Superior - MRSA Central	613	451	73.6%	0.9956
United - MRSA Central	295	220	74.6%	1.0092
MRSA Central SDA Total	908	671	73.9%	1.0000
HealthSpring - MRSA Northeast	1,089	853	78.3%	1.0294
United - MRSA Northeast	860	630	73.3%	0.9627
MRSA Northeast SDA Total	1,949	1,483	76.1%	1.0000
Amerigroup - MRSA West	395	317	80.3%	1.0392
Superior - MRSA West	786	595	75.7%	0.9803
MRSA West SDA Total	1,181	912	77.2%	1.0000

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Dual Eligible OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	5,045	1,365	27.1%	0.9632
Molina - Bexar	4,242	1,158	27.3%	0.9718
Superior - Bexar	11,481	3,311	28.8%	1.0266
Bexar SDA Total	20,768	5,834	28.1%	1.0000
Molina - Dallas	16,213	4,465	27.5%	1.0720
Superior - Dallas	11,226	2,584	23.0%	0.8960
Dallas SDA Total	27,439	7,049	25.7%	1.0000
Amerigroup - El Paso	7,327	2,686	36.7%	0.9396
Molina - El Paso	6,736	2,801	41.6%	1.0657
El Paso SDA Total	14,063	5,487	39.0%	1.0000
Amerigroup - Harris	20,640	4,975	24.1%	0.9391
Molina - Harris	6,305	1,559	24.7%	0.9634
United - Harris	27,709	7,494	27.0%	1.0537
Harris SDA Total	54,654	14,028	25.7%	1.0000
HealthSpring - Hidalgo	10,566	6,422	60.8%	0.9668
Molina - Hidalgo	9,435	5,289	56.1%	0.8916
Superior - Hidalgo	18,219	12,318	67.6%	1.0754
Hidalgo SDA Total	38,220	24,029	62.9%	1.0000
Amerigroup - Jefferson	3,033	662	21.8%	1.1277
Molina - Jefferson	3,038	613	20.2%	1.0426
United - Jefferson	2,630	409	15.6%	0.8035
Jefferson SDA Total	8,701	1,684	19.4%	1.0000
Amerigroup - Lubbock	3,411	381	11.2%	0.9973
Superior - Lubbock	3,053	343	11.2%	1.0031
Lubbock SDA Total	6,464	724	11.2%	1.0000
Superior - Nueces	4,841	1,814	37.5%	1.0323
United - Nueces	4,694	1,647	35.1%	0.9667
Nueces SDA Total	9,535	3,461	36.3%	1.0000
Amerigroup - Tarrant	13,239	2,489	18.8%	1.0632
HealthSpring - Tarrant	5,038	743	14.7%	0.8340
Tarrant SDA Total	18,277	3,232	17.7%	1.0000
Amerigroup - Travis	5,382	1,156	21.5%	1.2559
United - Travis	6,113	810	13.3%	0.7747
Travis SDA Total	11,495	1,966	17.1%	1.0000
Superior - MRSA Central	6,360	925	14.5%	0.9682
United - MRSA Central	7,400	1,142	15.4%	1.0273
MRSA Central SDA Total	13,760	2,067	15.0%	1.0000
HealthSpring - MRSA Northeast	9,080	1,470	16.2%	0.9529
United - MRSA Northeast	10,597	1,873	17.7%	1.0403
MRSA Northeast SDA Total	19,677	3,343	17.0%	1.0000
Amerigroup - MRSA West	9,282	1,900	20.5%	1.0909
Superior - MRSA West	9,418	1,609	17.1%	0.9104
MRSA West SDA Total	18,700	3,509	18.8%	1.0000

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Dual Eligible HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	762	637	83.6%	0.9879
Molina - Bexar	815	638	78.3%	0.9251
Superior - Bexar	2,096	1,833	87.5%	1.0335
Bexar SDA Total	3,673	3,108	84.6%	1.0000
Molina - Dallas	4,104	3,176	77.4%	0.9993
Superior - Dallas	1,921	1,490	77.6%	1.0015
Dallas SDA Total	6,025	4,666	77.4%	1.0000
Amerigroup - El Paso	750	624	83.2%	0.9981
Molina - El Paso	993	829	83.5%	1.0015
El Paso SDA Total	1,743	1,453	83.4%	1.0000
Amerigroup - Harris	2,084	1,836	88.1%	1.0419
Molina - Harris	1,108	955	86.2%	1.0194
United - Harris	3,340	2,732	81.8%	0.9674
Harris SDA Total	6,532	5,523	84.6%	1.0000
HealthSpring - Hidalgo	3,271	3,203	97.9%	1.0027
Molina - Hidalgo	2,731	2,636	96.5%	0.9884
Superior - Hidalgo	6,832	6,694	98.0%	1.0033
Hidalgo SDA Total	12,834	12,533	97.7%	1.0000
Amerigroup - Jefferson	494	428	86.6%	1.0310
Molina - Jefferson	769	645	83.9%	0.9981
United - Jefferson	328	264	80.5%	0.9578
Jefferson SDA Total	1,591	1,337	84.0%	1.0000
Amerigroup - Lubbock	426	311	73.0%	0.9515
Superior - Lubbock	343	279	81.3%	1.0602
Lubbock SDA Total	769	590	76.7%	1.0000
Superior - Nueces	1,551	1,475	95.1%	1.0113
United - Nueces	1,265	1,173	92.7%	0.9861
Nueces SDA Total	2,816	2,648	94.0%	1.0000
Amerigroup - Tarrant	2,393	1,709	71.4%	0.9782
HealthSpring - Tarrant	730	571	78.2%	1.0714
Tarrant SDA Total	3,123	2,280	73.0%	1.0000
Amerigroup - Travis	916	830	90.6%	1.0129
United - Travis	1,047	926	88.4%	0.9887
Travis SDA Total	1,963	1,756	89.5%	1.0000
Superior - MRSA Central	738	600	81.3%	1.0013
United - MRSA Central	953	773	81.1%	0.9990
MRSA Central SDA Total	1,691	1,373	81.2%	1.0000
HealthSpring - MRSA Northeast	2,461	2,065	83.9%	1.0842
United - MRSA Northeast	2,687	1,919	71.4%	0.9228
MRSA Northeast SDA Total	5,148	3,984	77.4%	1.0000
Amerigroup - MRSA West	1,664	1,417	85.2%	0.9931
Superior - MRSA West	1,479	1,278	86.4%	1.0077
MRSA West SDA Total	3,143	2,695	85.7%	1.0000



FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Unadjusted Acuity Scores (1)				
Amerigroup - Bexar	0.86820	0.95474	0.96316	0.98793
Molina - Bexar	0.99485	0.86800	0.97178	0.92513
Superior - Bexar	1.04035	1.04126	1.02662	1.03350
Molina - Dallas	1.16001	0.98806	1.07201	0.99928
Superior - Dallas	0.81184	1.02149	0.89600	1.00155
Amerigroup - El Paso	0.91226	1.03317	0.93956	0.99806
Molina - El Paso	1.12729	0.97025	1.06575	1.00147
Amerigroup - Harris	0.91060	1.04721	0.93910	1.04195
Molina - Harris	0.93910	1.02526	0.96336	1.01938
United - Harris	1.07251	0.95281	1.05370	0.96740
HealthSpring - Hidalgo	0.99438	1.00990	0.96675	1.00273
Molina - Hidalgo	0.92259	0.97502	0.89163	0.98840
Superior - Hidalgo	1.03379	1.00502	1.07540	1.00333
Amerigroup - Jefferson	0.94489	1.10056	1.12775	1.03099
Molina - Jefferson	1.11522	0.96574	1.04256	0.99810
United - Jefferson	0.97514	0.95953	0.80352	0.95779
Amerigroup - Lubbock	0.93430	0.97764	0.99725	0.95154
Superior - Lubbock	1.04512	1.01775	1.00307	1.06019
Superior - Nueces	0.92050	0.99565	1.03234	1.01133
United - Nueces	1.08081	1.00790	0.96665	0.98610
Amerigroup - Tarrant	0.99701	0.99437	1.06317	0.97822
HealthSpring - Tarrant	1.00791	1.02076	0.83400	1.07140
Amerigroup - Travis	1.15880	1.03623	1.25586	1.01293
United - Travis	0.88577	0.96044	0.77474	0.98869
Superior - MRSA Central	1.01882	0.99559	0.96819	1.00131
United - MRSA Central	0.97390	1.00917	1.02734	0.99899
HealthSpring - MRSA Northeast	0.96475	1.02942	0.95291	1.08425
United - MRSA Northeast	1.02903	0.96275	1.04034	0.92284
Amerigroup - MRSA West	0.98973	1.03924	1.09086	0.99312
Superior - MRSA West	1.00650	0.98028	0.91045	1.00774

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutrality Adjustment (2)				
Amerigroup - Bexar	0.99957	1.00011	0.99984	0.99786
Molina - Bexar	0.99957	1.00011	0.99984	0.99786
Superior - Bexar	0.99957	1.00011	0.99984	0.99786
Molina - Dallas	1.00129	1.00058	1.00149	1.00002
Superior - Dallas	1.00129	1.00058	1.00149	1.00002
Amerigroup - El Paso	0.99794	1.00052	0.99949	0.99991
Molina - El Paso	0.99794	1.00052	0.99949	0.99991
Amerigroup - Harris	0.99729	0.99669	0.99901	0.99876
Molina - Harris	0.99729	0.99669	0.99901	0.99876
United - Harris	0.99729	0.99669	0.99901	0.99876
HealthSpring - Hidalgo	0.99907	1.00027	0.99936	1.00001
Molina - Hidalgo	0.99907	1.00027	0.99936	1.00001
Superior - Hidalgo	0.99907	1.00027	0.99936	1.00001
Amerigroup - Jefferson	1.00423	0.99818	1.00773	1.00011
Molina - Jefferson	1.00423	0.99818	1.00773	1.00011
United - Jefferson	1.00423	0.99818	1.00773	1.00011
Amerigroup - Lubbock	1.00062	0.99768	1.00000	0.99673
Superior - Lubbock	1.00062	0.99768	1.00000	0.99673
Superior - Nueces	0.99681	0.99995	1.00129	0.99968
United - Nueces	0.99681	0.99995	1.00129	0.99968
Amerigroup - Tarrant	1.00008	1.00068	1.00147	0.99938
HealthSpring - Tarrant	1.00008	1.00068	1.00147	0.99938
Amerigroup - Travis	1.00661	0.99799	1.01047	0.99955
United - Travis	1.00661	0.99799	1.01047	0.99955
Superior - MRSA Central	1.00083	0.99975	1.00043	0.99997
United - MRSA Central	1.00083	0.99975	1.00043	0.99997
HealthSpring - MRSA Northeast	0.99932	0.99961	0.99933	1.00161
United - MRSA Northeast	0.99932	0.99961	0.99933	1.00161
Amerigroup - MRSA West	0.99991	0.99947	1.00115	0.99976
Superior - MRSA West	0.99991	0.99947	1.00115	0.99976

FY2022 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutral Acuity Scores (3)				
Amerigroup - Bexar	0.86783	0.95485	0.96301	0.98581
Molina - Bexar	0.99442	0.86810	0.97162	0.92315
Superior - Bexar	1.03990	1.04138	1.02645	1.03128
Molina - Dallas	1.16151	0.98864	1.07361	0.99929
Superior - Dallas	0.81288	1.02208	0.89734	1.00156
Amerigroup - El Paso	0.91038	1.03371	0.93907	0.99797
Molina - El Paso	1.12496	0.97075	1.06520	1.00138
Amerigroup - Harris	0.90813	1.04374	0.93816	1.04065
Molina - Harris	0.93656	1.02187	0.96240	1.01811
United - Harris	1.06960	0.94966	1.05266	0.96620
HealthSpring - Hidalgo	0.99345	1.01018	0.96613	1.00274
Molina - Hidalgo	0.92173	0.97529	0.89106	0.98840
Superior - Hidalgo	1.03282	1.00529	1.07471	1.00334
Amerigroup - Jefferson	0.94888	1.09856	1.13647	1.03111
Molina - Jefferson	1.11994	0.96399	1.05062	0.99821
United - Jefferson	0.97926	0.95779	0.80973	0.95789
Amerigroup - Lubbock	0.93487	0.97537	0.99725	0.94842
Superior - Lubbock	1.04577	1.01539	1.00306	1.05672
Superior - Nueces	0.91756	0.99559	1.03367	1.01101
United - Nueces	1.07736	1.00785	0.96790	0.98579
Amerigroup - Tarrant	0.99709	0.99505	1.06474	0.97761
HealthSpring - Tarrant	1.00799	1.02145	0.83523	1.07073
Amerigroup - Travis	1.16646	1.03415	1.26900	1.01247
United - Travis	0.89162	0.95851	0.78285	0.98825
Superior - MRSA Central	1.01967	0.99534	0.96861	1.00128
United - MRSA Central	0.97471	1.00892	1.02778	0.99896
HealthSpring - MRSA Northeast	0.96409	1.02902	0.95228	1.08599
United - MRSA Northeast	1.02833	0.96237	1.03965	0.92433
Amerigroup - MRSA West	0.98963	1.03869	1.09212	0.99288
Superior - MRSA West	1.00641	0.97976	0.91150	1.00750

## Footnotes:

- (1) Acuity scores as developed by HHSC from Exhibits B-E.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2022 Long Term Care Community Rates.

## *Attachment 8*

### Network Access Improvement Program (NAIP)

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

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

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

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

- STAR – All risk groups except AAPCA
- STAR+PLUS – Medicaid Only OCC, Medicaid Only HCBS and IDD

The NAIP program applies to both hospitals and physician practice groups. Exhibit A summarizes each of the NAIPs by health plan, service area and program split by provider type. The participating provider has been removed from the file in order to maintain the privacy of these negotiated arrangements.

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

The following information is provided as requested in the 2021-2022 Medicaid Managed Care Rate Development Guide.

#### **A. Hospitals**

1. A description of the pass-through payment - CMS approved NAIP as an incentive payment in September 2014. The program was implemented in March 2015. Subsequently, CMS issued final Medicaid managed care rules. Following the publication of those rules, CMS performed an informal review of NAIP and in September 2016 concluded NAIP was a pass-through payment, not an incentive. The program is a voluntary program between MCOs and providers whereby agreements are entered into between these two parties to improve access to care and services for Medicaid managed care members. Examples include the recruitment of new primary care or specialty physicians, expanded physician office hours, and other similar initiatives. Each project had a specific associated cost which translated into a PMPM amount for the MCOs.
2. A description of how the pass-through payment will be paid – the NAIP payments will be paid to the MCOs based on the PMPM amounts specified in this report.
3. The amount of the pass-through payments both in total and on a per member per month basis – The NAIP Hospital program cost is \$272,766,840 of which \$260,205,762 is attributed to the STAR program and \$12,561,077 is attributed to the STAR+PLUS program. The per member per month amounts are shown in Exhibit A.
4. The program(s) that includes the pass-through payments – the pass-through applies to the STAR and STAR+PLUS programs
5. The providers receiving the pass-through payments –
  - Texas Tech University Health Sciences Center – Lubbock (University Medical Center)
  - Parkland Health & Hospital System
  - Childress County Hospital District
  - University Health System
  - Midland Memorial Hospital
  - University Medical Center – Lubbock
  - Harris Health System
  - Palo Pinto General Hospital
  - University Medical Center of El Paso
  - Christus Spohn Health System
6. The financing mechanism for the pass-through payments:
  - a. A description of the non-federal share of the pass-through payment - The non-federal share is provided by local governmental entities, including hospital districts. The estimated non-federal share is \$111,166,125 of which \$106,406,858

is attributed to the STAR program and \$5,119,267 is attributed to the STAR+PLUS program.

- b. For any payment funded by intergovernmental transfers, the description should include the following:

<b>Name of Entity Transferring Funds</b>	<b>Operational nature of the entity (state, county, city, other):</b>	<b>Total amounts transferred by each entity</b>	<b>General taxing authority (Y/N)</b>	<b>Transferring entity received apportion (Y/N)</b>
Childress County Hospital District	Other	1,442,058	Yes	No
Nueces County Hospital District	Other	7,132,597	Yes	No
Harris County Hospital District	Other	18,804,868	Yes	No
Lubbock County Hospital District	Other	23,493,037	Yes	No
Midland County Hospital District	Other	4,319,181	Yes	No
Palo Pinto General Hospital	Other	1,801,575	Yes	No
Dallas County Hospital District / Parkland	Other	19,851,828	Yes	No
University Health System	Other	22,839,790	Yes	No
El Paso County Hospital District	Other	11,481,191	Yes	No

There are no written agreements between HHSC and healthcare providers participating in NAIP regarding NAIP. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations. Texas began to implement large scale monitoring of the non-federal share several months ago. Texas continues to refine its monitoring mechanisms.

7. Identification of any 438.6(c) directed payment arrangement(s) which target the same providers receiving the pass-through payment – The CHIRP program applies to the NAIP Hospital providers in the same manner as all other like-classed providers.
8. The amount of pass-through payments by provider type – the NAIP information has been split between hospitals and physicians. See #3 above for hospital NAIP amounts.
9. The amount of pass-through payments incorporated into capitation rates for the rating period in effect on July 5, 2016 – The NAIP Hospital premiums in effect for FY2016 were:

STAR	\$316,438,570
<u>STAR+PLUS</u>	<u>\$13,496,481</u>
Total	\$329,935,051

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

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

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

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

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

There has been no change to this general methodology compared to the prior fiscal year's analysis. There has been no trend adjustments to the data utilized in the UPL test.

## **B. Physicians**

1. A description of the pass-through payment - CMS approved NAIP as an incentive payment in September 2014. The program was implemented in March 2015. Subsequently, CMS issued final Medicaid managed care rules. Following the publication of those rules, CMS performed an informal review of NAIP and in September 2016 concluded NAIP was a pass-through payment, not an incentive. The program is a voluntary program between MCOs and providers whereby agreements are entered into between these two parties to improve access to care and services for Medicaid managed care members. Examples include the recruitment of new primary care or specialty physicians, expanded physician office hours, and other similar initiatives. Each project had a specific associated cost which translated into a PMPM amount for the MCOs.
2. A description of how the pass-through payment will be paid – the NAIP payments will be paid to the MCOs based on the PMPM amounts specified.
3. The amount of the pass-through payments both in total and on a per member per month basis – The NAIP Physician program cost is \$154,489,355 of which \$138,539,247 is attributed to the STAR program and \$15,950,108 is attributed to the STAR+PLUS program. The per member per month amounts are shown in Exhibit A.
4. The program(s) that includes the pass-through payments – the pass-through applies to the STAR and STAR+PLUS programs

5. The providers receiving the pass-through payments –
  - Texas Tech University Health Sciences Center - El Paso
  - University of Texas Medical School - Houston (UT Physicians)
  - Texas Tech University Health Sciences Center – Lubbock
  - UT Southwestern Accountable Care Network
  - Texas A&M Health Science Center
  
6. The financing mechanism for the pass-through payments:
  - a. A description of the non-federal share of the pass-through payment - The non-federal share is provided by local governmental entities, including hospital districts. The estimated non-federal share is \$62,962,137 of which \$56,461,670 is attributed to the STAR program and \$6,500,466 is attributed to the STAR+PLUS program.
  
  - b. For any payment funded by intergovernmental transfers, the description should include the following:

<b>Name of Entity Transferring Funds</b>	<b>Operational nature of the entity (state, county, city, other):</b>	<b>Total amounts transferred by each entity</b>	<b>General taxing authority (Y/N)</b>	<b>Transferring entity received apportion (Y/N)</b>
Texas A&M University System Health Science Center	State	246,008	No	\$165,003,692
Texas Tech University Health Science Center	State	3,594,585	No	\$167,062,353
The University of Texas Health Science Center	State	51,247,407	No	\$173,313,812
UT Southwestern Medical Center Family PR	State	7,874,136	No	\$183,347,816

There are no written agreements between HHSC and healthcare providers participating in NAIP regarding NAIP. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations. Texas began to implement large scale monitoring of the non-federal share several months ago. Texas continues to refine its monitoring mechanisms.

7. Identification of any 438.6(c) directed payment arrangement(s) which target the same providers receiving the pass-through payment – The TIPPS program applies to the NAIP Physician providers in the same manner as all other like-classed providers.
  
8. The amount of pass-through payments by provider type – the NAIP information has been split between hospitals and physicians. See #3 above for physician NAIP amounts.
  
9. The amount of pass-through payments incorporated into capitation rates for the rating period in effect on July 5, 2016 – The NAIP Physician premiums in effect for FY2016 were:

STAR	\$176,034,928
<u>STAR+PLUS</u>	<u>\$20,813,553</u>
Total	\$196,848,481



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

10. The NAIP Physician payments for FY2022 are less than the NAIP Physician payments in place during FY2016.

Exhibit C provides the breakdown of the total NAIP premium into the two subcomponents – Hospital and Physician.

FY2022 STAR+PLUS Rating  
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
<b>HOSPITAL</b>					
Amerigroup	STAR	Dallas	14,971,290	3,093,242	4.84
Amerigroup	STAR	Lubbock, MRSA West	1,585,945	644,693	2.46
Amerigroup	STAR	MRSA West, Tarrant	4,420,500	2,221,357	1.99
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	10,583,611	733,954	14.42
Amerigroup	STAR, STAR+Plus	MRSA West	3,538,359	563,433	6.28
CFHP	STAR	Bexar	20,386,592	1,602,719	12.72
CHC	STAR	Harris	46,141,253	3,492,903	13.21
El Paso Health	STAR	El Paso	17,669,146	988,207	17.88
FirstCare	STAR	Lubbock, MRSA West	21,738,418	1,089,645	19.95
FirstCare	STAR	MRSA West	10,597,918	585,844	18.09
Molina	STAR	Dallas	1,506,420	421,966	3.57
PCHP	STAR	Dallas	32,232,457	2,285,990	14.10
Superior	STAR	Bexar	6,569,021	1,814,647	3.62
Superior	STAR	El Paso	10,502,098	721,298	14.56
Superior	STAR	Lubbock, MRSA West	4,164,335	1,735,140	2.40
Superior	STAR, STAR+Plus	Bexar	7,179,160	2,005,352	3.58
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,943,871	6,911,478	0.86
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	15,963,046	8,582,283	1.86
Superior	STAR, STAR+Plus	Lubbock, MRSA West	19,572,242	1,878,334	10.42
Superior	STAR, STAR+Plus	Nueces	10,299,786	353,580	29.13
United	STAR	Nueces	1,410,124	45,917	30.71
United	STAR+Plus	Nueces	5,791,249	49,439	117.14
Total			272,766,840		

FY2022 STAR+PLUS Rating  
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
<b>PHYSICIAN</b>					
Amerigroup	STAR, STAR+Plus	Dallas, Tarrant	19,320,663	4,992,419	3.87
Amerigroup	STAR, STAR+Plus	Harris	36,839,327	1,425,671	25.84
Amerigroup	STAR, STAR+Plus	Harris, Jefferson	8,034,845	1,566,247	5.13
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	2,392,689	733,954	3.26
CHC	STAR	Harris	26,301,562	3,492,903	7.53
CHC	STAR	Harris, Jefferson	12,468,604	3,824,725	3.26
CHC	STAR	Jefferson	7,140,806	331,822	21.52
El Paso Health	STAR	El Paso	1,363,726	988,207	1.38
Superior	STAR	El Paso	1,363,253	721,298	1.89
Superior	STAR, STAR+Plus	Lubbock, MRSA West	3,700,318	1,878,334	1.97
Superior	STAR, STAR+Plus	MRSA Central	603,627	1,284,312	0.47
United	STAR, STAR+Plus	Harris	24,517,455	1,397,802	17.54
United	STAR, STAR+Plus	Harris, Jefferson	5,069,278	1,718,399	2.95
United	STAR, STAR+Plus	Jefferson	5,373,203	320,597	16.76
Total			154,489,355		

## Footnotes:

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

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

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

FY2022 STAR+PLUS Rating  
 Network Access Improvement Program (NAIP) Hospital Summary

Ownership Type	MCO UPL Test Outpatient*			MCO UPL Test Inpatient*			MCO UPL Test Total*		
	Outpatient Medicare MCO Est. Payment	Outpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Inpatient Payment	Inpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Payment	Medicaid MCO Payment	Difference
Non-state Government	220,111,312	187,872,140	32,239,172	657,131,929	605,899,990	51,231,939	877,243,241	793,772,130	83,471,112
Private	1,273,625,418	962,377,088	311,248,331	4,297,550,454	2,927,400,493	1,370,149,962	5,571,175,873	3,889,777,581	1,681,398,292
State Owned	139,062,368	50,140,606	88,921,763	148,629,787	117,930,478	30,699,309	287,692,155	168,071,083	119,621,072
<b>Grand Total</b>	<b>1,632,799,099</b>	<b>1,200,389,833</b>	<b>432,409,266</b>	<b>5,103,312,171</b>	<b>3,651,230,960</b>	<b>1,452,081,210</b>	<b>6,736,111,270</b>	<b>4,851,620,794</b>	<b>1,884,490,476</b>

Aggregate Maximum Pass Through Lesser of:

(i) 60% of Base Amount	1,130,694,286
(ii) Total NAIP in FY2016	329,935,051
Lesser of (i) and (ii)	329,935,051

FY2022 NAIP Hospital 272,766,840

\*Calculated based on 3/2019-2/2020 managed care experience.

FY2022 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<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>Med Only</u>	<u>Dual Elig.</u>		
FY2022 NAIP Hospital 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Lubbock	14.42	14.42	0.00	0.00	0.00	0.00	14.42	0.00
Superior - Lubbock	10.42	10.42	0.00	0.00	0.00	0.00	10.42	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	2.72	2.72	0.00	0.00	0.00	0.00	2.72	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	20.70	20.70	0.00	0.00	0.00	0.00	20.70	0.00
Superior - MRSA West	13.14	13.14	0.00	0.00	0.00	0.00	13.14	0.00

FY2022 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<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>Med Only</u>	<u>Dual Elig.</u>		
FY2022 NAIP Physician PMPM								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	3.26	3.26	0.00	0.00	0.00	0.00	3.26	0.00
Superior - Lubbock	1.97	1.97	0.00	0.00	0.00	0.00	1.97	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	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	0.47	0.47	0.00	0.00	0.00	0.00	0.47	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	3.26	3.26	0.00	0.00	0.00	0.00	3.26	0.00
Superior - MRSA West	1.97	1.97	0.00	0.00	0.00	0.00	1.97	0.00

FY2022 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<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>Med Only</u>	<u>Dual Elig.</u>		
FY2022 NAIP Total 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

## *Attachment 9*

### Quality Incentive Payment Program (QIPP)

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

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

Attachment A is a detailed summary of the QIPP which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.

Attachment B provides a summary of the QIPP add-on amounts by service delivery area. The QIPP program impacts members in both the STAR+PLUS and Dual Demonstration programs. As a result, the eligible expenditures are spread across the two programs based on total membership within the nursing facility risk groups. Contracted Cost (\$1,100,010,070) is the total dollar value of the program assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Managed Care (MCO) days. The total program size was multiplied by each provider's percentage of FFS & MCO days in the base period.

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



## Quality Incentive Payment Program

### Overview

#### Program Description

The Quality Incentive Payment Program (QIPP) is a performance-based payment program designed to incentivize nursing facilities (NFs) to improve the quality and innovation of their services. QIPP is a statewide program that provides for incentive payments to qualifying nursing facilities. STAR+PLUS MCOs are directed to make payments to qualifying nursing facilities once the facilities demonstrate meeting the required goals.

Pending CMS approval of QIPP Year Five, effective September 1, 2021, the program will encompass one uniform percent increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

#### Eligible Providers

QIPP is open to two classes of NFs: non-state government-owned (NSGO) NFs and privately-owned NFs.

#### Participating Medicaid Programs

STAR+PLUS and Dual Demonstration

#### Total Funding Requested for SFY 2022

\$1,100,000,000

#### History

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

HHSC Budget Rider 97 in the 2016-2017 budget directed HHSC to transition the MPAP to QIPP. Utilizing an MCO delivery system, QIPP established a provider payment initiative in which HHSC directs expenditures through its contracts with the STAR+PLUS MCOs, as authorized by 42 C.F.R. §438.6(c). Rules are promulgated for QIPP on an as-needed basis; this process does not occur on an annual basis. The rules for QIPP years on or after September 1, 2019 are in Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1302, and §353.1304.

State Fiscal Year 2022 begins QIPP Year Five. Funds are paid through components of the STAR+PLUS NF managed care based on per-member per month (PMPM) capitation rates. The chart below provides a broad overview of changes in QIPP history:

State Fiscal Year	Approved Funding	Actual Funding	Components
SFY 2018	\$400,000,000	\$399,333,542	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2019	\$446,000,000	\$427,649,611	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2020	\$600,000,000	592,534,983	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2021	\$1,100,000,000	\$1,092,613,934	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2022	\$1,100,000,000	\$1,100,000,000 (Pending a second IGT)	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only

## Program Design

### Delivery System

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

### Alignment with HHSC Quality Strategy

QIPP's pay for performance model is designed to support the revised goals in proposed 2021 Texas Managed Care Quality Strategy as required in the Code of Federal Regulations (CFR) Title 42, Chapter IV, Subchapter C, Part 438, Subpart E, Quality Measurement and Improvement. It is the goal of HHSC to use its Managed Care Quality Improvement Strategy to:

- Promote optimal health for Texans.
- Strengthen person and family engagement as partners in their care.
- Keep patients free from harm.
- Provide the right care in the right place at the right time.
- Promote effective practices for people with chronic, complex, and serious conditions.
- Attract and retain high-performing Medicaid providers including medical, behavioral health, dental, and long-term services and supports providers.

QIPP intends to support achievement of these goals by:

- Incentivizing improvement in Nursing Facility performance on key Long-Stay Minimum Data Set (MDS) quality measures to impact quality of care

- Monitoring reduction in rate of avoidable hospitalizations for NF residents
- Promoting adoption of effective data-driven practices in participating Texas NFs

Quality metrics and associated performance requirements are explained in a separate section below.

### **Directed Payment Arrangement**

Directed pay arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs. HHSC established QIPP in order develop a directed pay arrangement for eligible NFs.

### **Eligibility Requirements**

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

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

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

1. The private NF must have a percentage of Medicaid NF days of service that is greater than or equal to 65 percent (based on the most current data available from Texas Medicaid NF cost reports). For each private NF, the percentage of Medicaid NF days is calculated by summing the NF's Medicaid NF fee-for-service and managed care days of service, including dual-eligible demonstration days of service, and dividing that sum by the NF's total days of service in all licensed beds.
2. Medicaid hospice days of service are included in the denominator but excluded from the numerator.

### **Capitation Rate Components**

The total dollar value under review for CMS approval for the QIPP program for Year Five is \$1,100,000. The program is paid using joint state and federal funds. The state funds are provided by the NSGOs via an Intergovernmental Transfer (IGT); no state general revenue is used to fund the QIPP program.

An NSGO NF's participation in QIPP is not conditioned on the provision of an IGT. For QIPP Year Five, funds are paid through four components of the STAR+PLUS NF managed care PMPM capitation rates. Each component's value is determined as a percentage of the total amount of

funding available for the QIPP program. A breakdown of the QIPP Year Five anticipated funding (upon approval) is below:

<b>QIPP Year Five Anticipated Funding (upon approval)</b>	
<b>Total Funds</b>	\$ 1,100,000,000
Federal Share Funds (62.95%)	\$ 692,450,000
Non-Federal Share Funds (37.05%)	\$ 407,550,000
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 0.125 %	\$ 1,375,000
MCO Risk Margin = 1.750 %	\$ 19,250,000
MCO Provider Tax = 1.750 %	\$ 19,250,000
<b>Total MCO Fees = 3.625 %</b>	<b>\$ 39,875,000</b>
IGT Funds Needed for Pool Size	\$ 407,550,000
<b>Available Funds for Program Components</b>	
Component 1 Total Funds: NFS plus 10%	\$ 448,305,000
Component 2 Total Funds: 40% of pool after C1/C4/MCO Fees	\$ 174,328,000
Component 3 Total Funds: 60% of pool after C1/C4/MCO Fees	\$ 261,492,000
Component 4 Total Funds: 16% of total funds	\$ 176,000,000

### **Distribution of Payments**

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

- Monthly payments from C1, as performance requirements are met, will be equal to the total value of C1 for the NF divided by twelve.
- Monthly payments from C2, as performance requirements are met, associated with each quality metric will be equal to the total value of C2 associated with the quality metric divided by twelve.
- Quarterly payments from C3, as performance requirements are met, associated with each quality metric will be equal to the total value of C3 associated with the quality metric divided by four.
- Quarterly payments from C4, as performance requirements are met, will be equal to the total value of C4 for the NF divided by four.

For purposes of the calculations, each quality metric will be allocated an equal portion of the total dollars included in the component.

In situations where a NF does not have enough data for a quality metric to be calculated, the funding associated with that metric will be evenly distributed across all remaining metrics within the component.

### Quality Metric Summary

- Component 1 (NSGO Only - Monthly): One metric for *'Quality Assurance and Performance Improvement (QAPI) Meetings'* is:
  - Facility holds a QAPI meeting each month that accords with quarterly federal requirements and pursues specific outcomes developed by the NF as part of a focused performance improvement project (PIP)
- Component 2 (All NFs – Monthly): Three metrics around *'Staffing and Workforce Development'* are:
  - Metric 1: NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
  - Metric 2: NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
  - Metric 3: NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.
- Component 3 (All NFs – Quarterly): Four metrics relate to *'Long-Stay Minimum Data Set (MDS) quality metrics'* and are measured against program-wide as well as facility-specific targets. They are:
  - Metric 1: (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
  - Metric 2: (CMS N031.03) Percent of residents who received an antipsychotic medication.
  - Metric 3: (CMS N035.03) Percent of residents whose ability to move independently has worsened.
  - Metric 4: (CMS N024.02) Percent of residents with a urinary tract infection.
- Component 4 (NSGO Only – Quarterly): One quality metric entails alternating performance targets over the four quarters of the program year for *'Infection Control Program'*.
  - In Quarter 1 and Quarter 3: The NF must submit evidence-based infection control policies and supporting documentation that include at least the following antibiotic stewardship elements (i) Designated leadership individuals for antibiotic stewardship (ii) Written policies on antibiotic prescribing (iii) Pharmacy-generated antibiotic use report from within the last six months (iv) Lab-generated antibiogram report from within the last six months (or from regional hospital) (v) Audits (monitors and documents) of adherence to hand hygiene (vi) Audits (monitors and documents) of adherence to personal protective equipment use (vii) Current list of reportable diseases

- In Quarter 2, the NF must submit supporting documentation for the following infection control training elements (i) Nursing Facility Administrator and Director of Nursing submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. (ii) Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention (Reviewed within 6 months of reporting period).
- In Quarter 4, two MDS measures related to vaccination rates will be measured against program-wide benchmarks derived from the most recently published national average at the beginning of the eligibility period. To meet the metric, both percentages must reach the target: (i) Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (CMS N020.02) (ii) Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (CMS N016.03)

### Achievement Requirements

The table below identifies the quality measures by program component.

#### Quality Metrics and Associate Performance Requirements

Component	Measure Type/ Steward	Measure ID	Metric-specific associated performance requirements
One	State Benchmark	N/A	Facility holds a QAPI meeting each month in accordance with quarterly federal requirements and pursuant of a facility-developed PIP
Two (Three metrics)	State Benchmark	N/A	NF maintains 4 additional hours of RN coverage per day, beyond the CMS mandate
	State Benchmark	N/A	NF maintains 8 additional hours of RN coverage per day, beyond the CMS mandate
	State Benchmark	N/A	Facility has a workforce development PIP that includes a self-directed plan and monitoring outcomes
Three (Four metrics)	Minimum Data Set	CMS N015.03	Percent of high-risk residents with pressure ulcers
	Minimum Data Set	CMS N031.03	Percent of residents who received an antipsychotic medication

Component	Measure Type/ Steward	Measure ID	Metric-specific associated performance requirements
	Minimum Data Set	CMS N035.03	Percent of residents whose ability to move independently has worsened
	Minimum Data Set	CMS N024.02	Percent of residents with a urinary tract infection
<b>Four</b> (One metric with staged quarterly performance targets)	State Benchmark	N/A	<p><b>Quarters 1 &amp; 3 Performance Targets:</b></p> <p>The NF must submit evidence-based infection control policies and supporting documentation that include seven stipulated antibiotic stewardship elements.</p> <ol style="list-style-type: none"> <li>i. Designated leadership individuals for antibiotic stewardship</li> <li>ii. Written policies on antibiotic prescribing</li> <li>iii. Pharmacy-generated antibiotic use report from within the last six months</li> <li>iv. Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>v. Audits (monitors and documents) of adherence to hand hygiene</li> <li>vi. Audits (monitors and documents) of adherence to PPE use</li> <li>vii. Current list of reportable diseases</li> </ol>
		N/A	<p><b>Quarter 2 Performance Target:</b> The NF must submit supporting documentation for the following training elements:</p> <ul style="list-style-type: none"> <li>• Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>• Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul>
<b>Four - continued</b> (One metric with staged quarterly performance targets)			

Component	Measure Type/ Steward	Measure ID	Metric-specific associated performance requirements
	Minimum Data Set	(CMS N020.02)  (CMS N016.03)	<p><b>Quarter 4 Performance Targets:</b> To meet the metric, both percentages must reach program-wide performance targets set:</p> <ul style="list-style-type: none"> <li>• Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine</li> <li>• Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</li> </ul>



FY2022 STAR+PLUS Rating  
Quality Incentive Payment Program (QIPP) Summary

MCOs (1)	Impacted Programs	SDA	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup, Molina, Superior	STAR+PLUS, Dual Demo	Bexar	\$ 93,352,127	48,592	\$ 1,921.14
Molina, Superior	STAR+PLUS, Dual Demo	Dallas	140,811,879	66,296	2,123.98
Amerigroup, Molina	STAR+PLUS, Dual Demo	El Paso	13,051,502	11,227	1,162.53
Amerigroup, Molina, United	STAR+PLUS, Dual Demo	Harris	158,326,220	80,580	1,964.84
HealthSpring, Molina, Hidalgo	STAR+PLUS, Dual Demo	Hidalgo	55,044,635	32,746	1,680.95
Amerigroup, Molina, United	STAR+PLUS	Jefferson	36,977,685	19,943	1,854.14
Amerigroup, Superior	STAR+PLUS	Lubbock	37,448,605	18,133	2,065.24
Superior, United	STAR+PLUS	Nueces	40,075,684	21,374	1,874.98
Amerigroup, HealthSpring	STAR+PLUS, Dual Demo	Tarrant	120,973,964	59,912	2,019.19
Amerigroup, United	STAR+PLUS	Travis	86,009,488	35,512	2,421.97
Superior, United	STAR+PLUS	MRSA Central	90,627,647	48,489	1,869.05
HealthSpring, United	STAR+PLUS	MRSA Northeast	114,075,445	63,028	1,809.93
Amerigroup, Superior	STAR+PLUS	MRSA West	113,235,188	53,837	2,103.30

## Footnotes:

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

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

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

## *Attachment 10*

### 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 Programs (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.

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 is a detailed summary of the CHIRP which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.

Exhibit B 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 presents a summary of the calculation of the CHIRP premium add-on rates by MCO for all risk groups. The add-on is calculated as an MCO-specific amount due to the varying impacts the mandated increases will have on expected reimbursement for each MCO. The add-on is calculated as the projected 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 presents a summary of the CHIRP premium add-on rates split between the UHRIP and ACIA components.

The 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.

**Texas Health and Human Services Commission  
Proposed 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), which is currently in its fourth year of operation. Pending CMS approval, CHIRP will begin 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

#### **Total Funding Requested for SFY 2022**

\$ 5,210,924,868

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.

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) providing the right care in the right place at the right time; (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.

### **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 (upon approval) is below:

<b>CHIRP Year 5 Anticipated Funding (upon approval)</b>	
<b>Total Funds</b>	<b>\$ 5,210,924,868</b>
Federal Share Funds (62.95%)	\$ 3,280,277,204
Non-Federal Share Funds (37.05%)	\$ 1,930,647,663
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50 %	\$ 130,273,122
MCO Risk Margin STAR = 1.50 %	\$ 58,383,452
MCO Risk Margin STAR+PLUS = 1.75%	\$ 23,077,157
MCO Premium Tax = 1.75 %	\$ 91,191,185
<b>Total MCO Fees (STAR = 5.75% and STAR+PLUS = 6.00%)</b>	<b>\$ 302,924,917</b>
IGT Funds Needed for Pool Size	\$ 1,930,647,663
<b>Available Funds for Program Components</b>	
UHRIP Component	
48.75% of Total Funds	\$ 2,540,454,921
ACIA Component	
45.43% of Total Funds	\$ 2,367,545,030

### **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 semi-annual quality metric reporting requirements in order to be eligible for program participation and distribution of payments.

### **Quality Metric Summary**

UHRIP includes two structure measures applicable to all participating hospitals and requires twice yearly submission of status updates for all measures.

ACIA includes structure measures and data-based outcome and process measures and requires twice yearly submission of status updates for structure measures and data for 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 metrics data. Data will be used to monitor provider-level progress toward state quality objectives and annual program evaluation.

Reporting is tentatively planned to take place during Quarter 1 (Sep-Nov 2021) and Quarter 3 (Mar-May 2022).

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, uninsured, and other payer-types.

The table below identifies the quality measures by program component.

<b>Program Component</b>	<b>Measure ID</b>	<b>Measure Name</b>	<b>Measure Type</b>	<b>NQF #</b>	<b>Measure Steward</b>
UHRIP	C1-101	HIE Participation	Structure	NA	NA
UHRIP	C1-102	SDA Learning Collaborative Participation	Structure	NA	NA
ACIA Maternal Care	C2-103	AIM Collaborative Participation	Structure	NA	NA
ACIA Maternal Care	C2-104	Severe Maternal Morbidity	Outcome	NA	AIM
ACIA Maternal Care	C2-105	PC-02 Cesarean Section	Outcome	0471	The Joint Commission
ACIA Hospital Safety	C2-106	Hospital Safety Collaborative Participation	Structure	NA	NA
ACIA Hospital Safety	C2-107	Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Outcome	0138	CDC
ACIA Hospital Safety	C2-108	Central Line Associated Bloodstream Infection (CLABSI) Outcome Measure	Outcome	0139	CDC
ACIA Hospital Safety	C2-109	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Outcome	1717	CDC
ACIA Hospital Safety	C2-110	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Outcome	0753	CDC
ACIA Pediatric	C2-111	Hospital Safety Collaborative Participation	Structure	NA	NA



Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
ACIA Pediatric	C2-112	Pediatric Adverse Drug Events	Outcome	NA	Children’s Hospitals’ Solutions for Patient Safety National Children’s Network
ACIA Pediatric	C2-113	Pediatric CLABSI	Outcome	NA	Children’s Hospitals’ Solutions for Patient Safety National Children’s Network
ACIA Pediatric	C2-114	Pediatric CAUTI	Outcome	NA	Children’s Hospitals’ Solutions for Patient Safety National Children’s Network
ACIA Pediatric	C2-115	Pediatric SSI	Outcome	NA	Children’s Hospitals’ Solutions for Patient Safety National Children’s Network
ACIA Pediatric	C2-116	Engagement in Integrated Behavioral Health	Process	NA	Texas HHSC (Developed by Meadows Mental Health Policy Institute)
ACIA Psychiatric Care Transitions	C2-117	Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for psychiatric patients	Structure	NA	NA
ACIA Care Transitions	C2-118	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	C2-119	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	0028	PCPI
ACIA Rural Hospital Best Practices	C2-120	Preventive Care and Screening: Influenza Immunization	Process	0041	AMA-PCPI

### Achievement 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 not in compliance with program eligibility requirements and will be removed from the program. The provider may also have all funds that 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	9,842,583	2,141,470	0	0	1,375,637	0	376,634	168,049	13,904,373
Molina	6,885,213	2,135,252	0	0	1,371,485	0	155,123	340,508	10,887,581
Superior	39,285,247	11,554,700	0	0	3,985,881	0	2,521,594	1,163,995	58,511,418
Bexar Total	56,013,042	15,831,422	0	0	6,733,003	0	3,053,351	1,672,553	83,303,372
Dallas SDA									
Molina	55,755,576	18,384,502	0	0	6,514,270	0	1,297,725	1,377,897	83,329,970
Superior	76,470,323	14,774,558	0	0	12,014,065	0	3,116,722	6,428,334	112,804,003
Dallas Total	132,225,899	33,159,060	0	0	18,528,335	0	4,414,447	7,806,231	196,133,973
El Paso SDA									
Amerigroup	11,135,088	2,007,934	0	0	590,621	0	939,087	1,058,554	15,731,283
Molina	8,769,149	3,316,811	0	0	1,249,386	0	492,899	440,418	14,268,663
El Paso Total	19,904,237	5,324,744	0	0	1,840,007	0	1,431,986	1,498,972	29,999,947
Harris SDA									
Amerigroup	89,168,516	18,431,234	0	0	7,043,436	0	3,456,896	3,191,181	121,291,262
Molina	15,078,899	4,847,011	0	0	1,246,204	0	449,626	587,478	22,209,217
United	108,958,731	16,376,850	0	0	6,119,933	0	4,618,045	3,472,237	139,545,796
Harris Total	213,206,145	39,655,095	0	0	14,409,573	0	8,524,566	7,250,895	283,046,275
Hidalgo SDA									
Health Spring	8,312,919	2,839,850	0	0	1,000,345	0	280,597	294,476	12,728,188
Molina	8,484,191	3,161,396	0	0	1,471,577	0	186,665	752,376	14,056,205
Superior	22,004,116	9,866,940	0	0	2,273,746	0	1,154,685	2,833,351	38,132,838
Hidalgo Total	38,801,226	15,868,187	0	0	4,745,668	0	1,621,948	3,880,203	64,917,230
Jefferson SDA									
Amerigroup	9,545,158	1,940,643	0	0	975,227	0	159,835	294,418	12,915,280
Molina	5,776,716	2,834,447	0	0	690,398	0	39,569	261,664	9,602,793
United	14,398,896	1,505,253	0	0	689,794	0	235,197	868,870	17,698,011
Jefferson Total	29,720,770	6,280,343	0	0	2,355,419	0	434,600	1,424,953	40,216,085

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	7,714,932	917,542	0	0	395,569	0	207,451	1,279,360	10,514,854
Superior	8,223,731	844,347	0	0	431,708	0	263,154	1,576,505	11,339,446
Lubbock Total	15,938,664	1,761,888	0	0	827,278	0	470,606	2,855,865	21,854,300
<b>Nueces SDA</b>									
Superior	9,235,998	3,030,131	0	0	763,057	0	360,946	1,257,409	14,647,541
United	8,629,063	1,705,644	0	0	614,342	0	307,488	561,995	11,818,533
Nueces Total	17,865,062	4,735,775	0	0	1,377,399	0	668,434	1,819,404	26,466,074
<b>Tarrant SDA</b>									
Amerigroup	65,512,360	15,098,103	0	0	8,189,093	0	3,968,077	2,045,563	94,813,196
Health Spring	19,846,550	4,015,806	0	0	2,510,822	0	857,578	401,007	27,631,762
Tarrant Total	85,358,910	19,113,908	0	0	10,699,914	0	4,825,655	2,446,570	122,444,958
<b>Travis SDA</b>									
Amerigroup	14,892,906	3,546,318	0	0	1,280,097	0	1,006,410	379,516	21,105,247
United	22,990,650	3,242,067	0	0	1,937,728	0	1,499,587	1,568,369	31,238,400
Travis Total	37,883,555	6,788,385	0	0	3,217,825	0	2,505,997	1,947,885	52,343,648
<b>MRSA Central SDA</b>									
Superior	23,785,235	3,637,638	0	0	2,510,325	0	1,103,955	1,622,226	32,659,379
United	18,473,055	2,155,101	0	0	2,128,623	0	594,524	819,587	24,170,889
Central Total	42,258,290	5,792,739	0	0	4,638,948	0	1,698,479	2,441,812	56,830,268
<b>MRSA Northeast SDA</b>									
Health Spring	23,064,249	6,841,130	0	0	2,658,622	0	745,052	891,813	34,200,866
United	30,761,470	5,979,901	0	0	2,878,618	0	1,027,621	948,113	41,595,724
Northeast Total	53,825,719	12,821,032	0	0	5,537,240	0	1,772,673	1,839,926	75,796,590
<b>MRSA West SDA</b>									
Amerigroup	15,374,331	2,587,644	0	0	2,957,858	0	558,814	878,808	22,357,456
Superior	23,565,414	4,476,659	0	0	3,152,116	0	1,479,076	1,808,429	34,481,693
West Total	38,939,745	7,064,303	0	0	6,109,973	0	2,037,890	2,687,237	56,839,149

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			
<b>Lubbock SDA</b>									
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
<b>Nueces SDA</b>									
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
<b>Tarrant SDA</b>									
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
<b>Travis SDA</b>									
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
<b>MRSA Central SDA</b>									
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
<b>MRSA Northeast SDA</b>									
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
<b>MRSA West SDA</b>									
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	46.63%	42.58%	0.00%	0.00%	69.45%	0.00%	40.84%	18.96%	46.46%
Molina	47.55%	39.89%	0.00%	0.00%	56.15%	0.00%	33.04%	23.22%	44.97%
Superior	46.56%	41.57%	0.00%	0.00%	64.20%	0.00%	39.79%	18.98%	44.72%
Bexar Total	46.69%	41.47%	0.00%	0.00%	63.33%	0.00%	39.51%	19.71%	45.03%
Dallas SDA									
Molina	55.33%	57.91%	0.00%	0.00%	58.36%	0.00%	33.81%	48.53%	55.42%
Superior	98.80%	79.23%	0.00%	0.00%	140.14%	0.00%	66.12%	64.06%	94.50%
Dallas Total	74.22%	65.80%	0.00%	0.00%	93.88%	0.00%	51.62%	60.63%	72.72%
El Paso SDA									
Amerigroup	46.77%	38.63%	0.00%	0.00%	79.52%	0.00%	44.03%	28.68%	44.22%
Molina	49.21%	41.13%	0.00%	0.00%	87.29%	0.00%	40.73%	32.24%	47.74%
El Paso Total	47.81%	40.15%	0.00%	0.00%	84.63%	0.00%	42.84%	29.64%	45.82%
Harris SDA									
Amerigroup	75.08%	73.62%	0.00%	0.00%	96.60%	0.00%	60.99%	44.04%	73.96%
Molina	46.95%	42.44%	0.00%	0.00%	48.00%	0.00%	33.20%	21.91%	44.27%
United	70.42%	51.36%	0.00%	0.00%	74.39%	0.00%	58.49%	29.66%	65.08%
Harris Total	69.77%	58.03%	0.00%	0.00%	79.55%	0.00%	57.14%	33.51%	66.04%
Hidalgo SDA									
Health Spring	43.22%	34.92%	0.00%	0.00%	51.80%	0.00%	32.48%	33.32%	41.00%
Molina	39.69%	45.19%	0.00%	0.00%	77.38%	0.00%	27.37%	35.68%	42.51%
Superior	47.21%	37.91%	0.00%	0.00%	68.18%	0.00%	33.27%	41.70%	44.22%
Hidalgo Total	44.48%	38.56%	0.00%	0.00%	66.21%	0.00%	32.33%	39.65%	43.18%
Jefferson SDA									
Amerigroup	63.96%	54.89%	0.00%	0.00%	80.30%	0.00%	39.60%	43.88%	62.25%
Molina	47.95%	44.36%	0.00%	0.00%	52.35%	0.00%	23.75%	42.06%	46.74%
United	64.56%	49.85%	0.00%	0.00%	70.85%	0.00%	38.27%	37.80%	60.59%
Jefferson Total	60.32%	48.51%	0.00%	0.00%	67.17%	0.00%	36.68%	39.67%	57.04%

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	55.65%	38.97%	0.00%	0.00%	34.85%	0.00%	24.83%	122.38%	54.67%
Superior	45.49%	28.11%	0.00%	0.00%	25.90%	0.00%	18.35%	104.77%	44.15%
Lubbock Total	49.90%	32.88%	0.00%	0.00%	29.53%	0.00%	20.74%	111.99%	48.65%
Nueces SDA									
Superior	44.86%	32.95%	0.00%	0.00%	53.70%	0.00%	31.89%	43.60%	41.59%
United	45.55%	38.38%	0.00%	0.00%	47.83%	0.00%	42.44%	37.68%	43.95%
Nueces Total	45.19%	34.72%	0.00%	0.00%	50.91%	0.00%	36.00%	41.59%	42.61%
Tarrant SDA									
Amerigroup	81.12%	70.99%	0.00%	0.00%	93.06%	0.00%	64.90%	29.58%	76.55%
Health Spring	70.12%	67.52%	0.00%	0.00%	73.74%	0.00%	47.07%	21.33%	66.81%
Tarrant Total	78.26%	70.23%	0.00%	0.00%	87.67%	0.00%	60.81%	27.82%	74.11%
Travis SDA									
Amerigroup	54.79%	53.38%	0.00%	0.00%	62.09%	0.00%	67.66%	34.58%	54.86%
United	71.47%	54.83%	0.00%	0.00%	70.27%	0.00%	55.45%	34.04%	64.88%
Travis Total	63.83%	54.06%	0.00%	0.00%	66.77%	0.00%	59.78%	34.14%	60.43%
MRSA Central SDA									
Superior	56.08%	49.32%	0.00%	0.00%	53.42%	0.00%	44.89%	61.07%	54.80%
United	61.82%	46.98%	0.00%	0.00%	49.60%	0.00%	50.54%	58.33%	58.47%
Central Total	58.46%	48.42%	0.00%	0.00%	51.59%	0.00%	46.72%	60.12%	56.30%
MRSA Northeast SDA									
Health Spring	46.51%	46.09%	0.00%	0.00%	52.18%	0.00%	35.20%	37.56%	46.21%
United	56.36%	48.41%	0.00%	0.00%	50.26%	0.00%	44.83%	27.39%	53.04%
Northeast Total	51.67%	47.14%	0.00%	0.00%	51.16%	0.00%	40.21%	31.53%	49.73%



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	55.95%	45.07%	0.00%	0.00%	76.66%	0.00%	36.36%	44.09%	55.05%
Superior	53.11%	45.35%	0.00%	0.00%	63.31%	0.00%	40.64%	44.07%	51.49%
West Total	54.19%	45.25%	0.00%	0.00%	69.14%	0.00%	39.37%	44.08%	52.84%

## 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

	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

	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	0.4663	0.4258	0.0000	0.0000	0.6945	0.0000	0.4084	0.1896
Molina	0.4755	0.3989	0.0000	0.0000	0.5615	0.0000	0.3304	0.2322
Superior	0.4656	0.4157	0.0000	0.0000	0.6420	0.0000	0.3979	0.1898
Dallas SDA								
Molina	0.5533	0.5791	0.0000	0.0000	0.5836	0.0000	0.3381	0.4853
Superior	0.9880	0.7923	0.0000	0.0000	1.4014	0.0000	0.6612	0.6406
El Paso SDA								
Amerigroup	0.4677	0.3863	0.0000	0.0000	0.7952	0.0000	0.4403	0.2868
Molina	0.4921	0.4113	0.0000	0.0000	0.8729	0.0000	0.4073	0.3224

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.7508	0.7362	0.0000	0.0000	0.9660	0.0000	0.6099	0.4404
Molina	0.4695	0.4244	0.0000	0.0000	0.4800	0.0000	0.3320	0.2191
United	0.7042	0.5136	0.0000	0.0000	0.7439	0.0000	0.5849	0.2966
Hidalgo SDA								
Health Spring	0.4322	0.3492	0.0000	0.0000	0.5180	0.0000	0.3248	0.3332
Molina	0.3969	0.4519	0.0000	0.0000	0.7738	0.0000	0.2737	0.3568
Superior	0.4721	0.3791	0.0000	0.0000	0.6818	0.0000	0.3327	0.4170
Jefferson SDA								
Amerigroup	0.6396	0.5489	0.0000	0.0000	0.8030	0.0000	0.3960	0.4388
Molina	0.4795	0.4436	0.0000	0.0000	0.5235	0.0000	0.2375	0.4206
United	0.6456	0.4985	0.0000	0.0000	0.7085	0.0000	0.3827	0.3780
Lubbock SDA								
Amerigroup	0.5565	0.3897	0.0000	0.0000	0.3485	0.0000	0.2483	1.2238
Superior	0.4549	0.2811	0.0000	0.0000	0.2590	0.0000	0.1835	1.0477
Nueces SDA								
Superior	0.4486	0.3295	0.0000	0.0000	0.5370	0.0000	0.3189	0.4360
United	0.4555	0.3838	0.0000	0.0000	0.4783	0.0000	0.4244	0.3768
Tarrant SDA								
Amerigroup	0.8112	0.7099	0.0000	0.0000	0.9306	0.0000	0.6490	0.2958
Health Spring	0.7012	0.6752	0.0000	0.0000	0.7374	0.0000	0.4707	0.2133
Travis SDA								
Amerigroup	0.5479	0.5338	0.0000	0.0000	0.6209	0.0000	0.6766	0.3458
United	0.7147	0.5483	0.0000	0.0000	0.7027	0.0000	0.5545	0.3404
MRSA Central SDA								
Superior	0.5608	0.4932	0.0000	0.0000	0.5342	0.0000	0.4489	0.6107
United	0.6182	0.4698	0.0000	0.0000	0.4960	0.0000	0.5054	0.5833

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	0.4651	0.4609	0.0000	0.0000	0.5218	0.0000	0.3520	0.3756
United	0.5636	0.4841	0.0000	0.0000	0.5026	0.0000	0.4483	0.2739
MRSA West SDA								
Amerigroup	0.5595	0.4507	0.0000	0.0000	0.7666	0.0000	0.3636	0.4409
Superior	0.5311	0.4535	0.0000	0.0000	0.6331	0.0000	0.4064	0.4407
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	247.26	543.90	0.00	0.00	1,074.42	0.00	148.57	415.13
Molina	284.35	573.75	0.00	0.00	784.69	0.00	126.94	1,032.48
Superior	299.04	660.25	0.00	0.00	1,008.41	0.00	191.52	461.91
Dallas SDA								
Molina	380.79	846.52	0.00	0.00	1,251.61	0.00	129.60	846.60
Superior	613.85	1,243.39	0.00	0.00	2,830.08	0.00	255.37	2,219.23
El Paso SDA								
Amerigroup	292.27	475.90	0.00	0.00	1,366.09	0.00	261.22	695.72
Molina	347.99	660.62	0.00	0.00	2,273.73	0.00	345.66	460.58
Harris SDA								
Amerigroup	533.07	1,373.88	0.00	0.00	2,103.26	0.00	247.58	1,405.64
Molina	347.45	909.00	0.00	0.00	869.71	0.00	135.32	618.96
United	518.84	819.59	0.00	0.00	1,226.15	0.00	252.72	725.38

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Hidalgo SDA								
Health Spring	259.14	398.50	0.00	0.00	1,384.35	0.00	117.56	388.93
Molina	282.64	561.77	0.00	0.00	1,945.95	0.00	92.75	743.73
Superior	274.58	566.02	0.00	0.00	1,809.10	0.00	224.55	934.76
Jefferson SDA								
Amerigroup	369.61	906.21	0.00	0.00	1,383.97	0.00	200.50	1,184.59
Molina	322.13	824.49	0.00	0.00	1,145.55	0.00	73.19	1,203.75
United	415.62	711.38	0.00	0.00	815.98	0.00	105.57	1,124.65
Lubbock SDA								
Amerigroup	383.63	589.22	0.00	0.00	478.84	0.00	94.41	3,759.53
Superior	295.40	463.15	0.00	0.00	396.00	0.00	77.79	2,230.50
Nueces SDA								
Superior	260.92	494.81	0.00	0.00	741.42	0.00	151.74	1,003.84
United	259.79	470.47	0.00	0.00	539.76	0.00	166.64	804.06
Tarrant SDA								
Amerigroup	523.27	1,139.47	0.00	0.00	1,589.13	0.00	267.85	705.00
Health Spring	463.29	1,131.42	0.00	0.00	1,270.71	0.00	162.78	632.69
Travis SDA								
Amerigroup	310.72	867.91	0.00	0.00	716.20	0.00	308.45	689.97
United	438.92	700.12	0.00	0.00	673.23	0.00	182.20	882.28
MRSA Central SDA								
Superior	331.70	771.29	0.00	0.00	854.53	0.00	196.79	1,539.13
United	392.69	780.00	0.00	0.00	621.35	0.00	222.67	1,693.13

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	286.36	704.10	0.00	0.00	1,014.68	0.00	142.99	1,067.58
United	322.40	708.14	0.00	0.00	775.35	0.00	168.99	605.16
MRSA West SDA								
Amerigroup	337.05	802.32	0.00	0.00	1,355.97	0.00	158.16	842.46
Superior	334.69	731.74	0.00	0.00	972.04	0.00	207.43	1,215.96

## Footnotes

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

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total CHIRP Premium PMPM (1)								
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 - Central	331.70	771.29	0.00	0.00	854.53	0.00	196.79	1,539.13
United - Central	392.69	780.00	0.00	0.00	621.35	0.00	222.67	1,693.13
Health Spring - Northeast	286.36	704.10	0.00	0.00	1,014.68	0.00	142.99	1,067.58
United - Northeast	322.40	708.14	0.00	0.00	775.35	0.00	168.99	605.16
Amerigroup - West	337.05	802.32	0.00	0.00	1,355.97	0.00	158.16	842.46
Superior - West	334.69	731.74	0.00	0.00	972.04	0.00	207.43	1,215.96

(1) From Exhibit C



FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	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.

FY2022 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
ACIA Premium PMPM (3)								
Amerigroup - Bexar	125.73	324.70	0.00	0.00	699.73	0.00	79.92	165.97
Molina - Bexar	139.27	280.90	0.00	0.00	470.82	0.00	60.01	188.53
Superior - Bexar	150.87	358.32	0.00	0.00	594.21	0.00	106.57	125.33
Molina - Dallas	203.71	460.61	0.00	0.00	721.88	0.00	69.57	426.00
Superior - Dallas	428.58	868.32	0.00	0.00	2,082.47	0.00	175.69	1,190.68
Amerigroup - El Paso	219.40	389.42	0.00	0.00	1,222.64	0.00	218.50	267.81
Molina - El Paso	269.43	533.09	0.00	0.00	2,014.29	0.00	293.21	219.15
Amerigroup - Harris	61.42	149.29	0.00	0.00	249.30	0.00	21.76	250.87
Molina - Harris	13.92	29.13	0.00	0.00	49.82	0.00	7.71	27.41
United - Harris	55.04	93.03	0.00	0.00	80.60	0.00	42.00	79.73
Health Spring - Hidalgo	114.46	185.79	0.00	0.00	569.24	0.00	56.14	110.31
Molina - Hidalgo	134.31	259.82	0.00	0.00	1,028.05	0.00	42.80	197.61
Superior - Hidalgo	119.29	240.23	0.00	0.00	811.94	0.00	101.04	357.32
Amerigroup - Jefferson	78.65	198.61	0.00	0.00	228.37	0.00	14.48	404.13
Molina - Jefferson	61.40	155.94	0.00	0.00	300.66	0.00	13.19	204.06
United - Jefferson	98.75	146.27	0.00	0.00	256.02	0.00	21.77	185.95
Amerigroup - Lubbock	223.08	331.43	0.00	0.00	285.24	0.00	50.80	2,110.78
Superior - Lubbock	201.24	288.67	0.00	0.00	241.27	0.00	45.15	1,349.97
Superior - Nueces	137.15	267.45	0.00	0.00	442.64	0.00	79.84	395.78
United - Nueces	121.26	225.43	0.00	0.00	304.69	0.00	64.12	246.04
Amerigroup - Tarrant	280.02	649.43	0.00	0.00	957.13	0.00	152.21	357.27
Health Spring - Tarrant	243.14	669.77	0.00	0.00	746.68	0.00	84.90	236.70
Amerigroup - Travis	183.52	536.06	0.00	0.00	464.85	0.00	250.73	282.53
United - Travis	240.68	466.96	0.00	0.00	452.59	0.00	112.44	339.28
Superior - Central	138.94	352.49	0.00	0.00	465.66	0.00	95.66	665.60
United - Central	133.52	355.80	0.00	0.00	283.61	0.00	74.55	451.66
Health Spring - Northeast	140.32	361.29	0.00	0.00	591.15	0.00	71.98	468.13
United - Northeast	144.32	296.51	0.00	0.00	408.19	0.00	85.83	265.35
Amerigroup - West	196.03	483.31	0.00	0.00	908.99	0.00	73.03	394.38
Superior - West	221.45	484.22	0.00	0.00	680.94	0.00	140.72	652.26

(3) ACIA component of total CHIRP premium rate.

## *Attachment 11*

### Texas Incentives for Physicians and Professional Services Program (TIPPS)

Effective September 1, 2021, HHSC will implement the Texas Incentives for Physicians and Professional Services Program (TIPPS) which is designed to incentivize physicians and certain medical professionals to improve quality, access, and innovation in the provision of medical services to Medicaid recipients.

TIPPS is comprised of three components the first two of which are open to two classes of providers, Health-Related Institution (HRI) physician groups and Indirect Medical Education (IME) physician groups. The third component is open to HRI, IME and other physician groups. Payments from managed care organizations to qualified physician groups will be triggered by achievement of performance requirements.

Exhibit A is a detailed summary of the TIPPS which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.

The TIPPS program impacts members in the STAR, STAR+PLUS and STAR Kids programs. The TIPPS add-on amounts were calculated by applying the Component 1, 2 and 3 criteria to the historical utilization by MCO and NPI and the resulting impact determined separately for each program. The add-on is calculated as an MCO-specific amount due to the varying impacts the program will have on expected reimbursement for each MCO.

Exhibit B provides a summary of the total TIPPS add-on amounts by MCO along with the split between (i) Components 1 & 2 and (ii) Component 3.

The Component 1 and 2 add-on is calculated as a pmpm add-on amount based on historical utilization of the physician groups eligible for the Component 1 and 2 payments.

The Component 3 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 10. Exhibit C provides a summary of the TIPPS Component 3 adjustment factors. These adjustment factors are then applied to the projected FY2022 incurred claims.

The TIPPS 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 and STAR Kids)
- Premium Tax – 1.75% of premium

The TIPPS 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.

**Texas Health and Human Services Commission  
Proposed 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 proposed value-based directed payment program designed to incentivize physicians and certain medical professionals to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of 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. Pending CMS approval, 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 for achieving reporting and quality metric requirements.

#### **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

#### **Total Funding Requested for SFY 2022**

\$600,000,000

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. TIPPS funds will be distributed to TIPPS-participating physician groups for achieving reporting and quality metric requirements paid through MCO capitation rates.

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

TIPPS is designed to advance the following goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; (3) promoting effective practices for people with chronic, complex, and serious conditions; and (4) attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and support providers to participate in team based, collaborative, and coordinated care.

### **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 paid as a per-member-per-month (PMPM) payment, triggered by reporting on quality improvement activities. HRIs and IMEs are eligible for Component 1.
- Component 2 is a semi-annual, pay-for-performance incentive payment. The size of the payment amount is based on the proportion of a provider's historical paid claims to the total paid claims of participating providers. To receive payment, the provider must serve at least one Medicaid member in the reporting period and satisfy the quality measurement targets.
- Component 3 is a uniform rate increase on paid claims at the time of adjudication for certain outpatient services based on the achievement of quality metrics that measure aspects of maternal health, chronic care, behavioral health and social determinants of health. All participating physician groups are eligible for Component 3. All physician practice groups are eligible for 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. It will consist of an incentive payment 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. As a condition of participation, providers must report on quality improvement activities on a semi-annual basis and must serve at least one Medicaid member in the reporting period. Payment distribution will be reconciled to actual utilization during the program year if there is a statistically significant variance in the clients served between the historical data and the program period.

**Component 2:** Only applicable to Class 1 and Class 2 providers. It will consist of a performance incentive payment paid on a semi-annual basis triggered by achievement on specified performance measures. This component will be equal to 25% of the total program funds. The estimated value of the performance incentive payment for each provider will be based upon the proportion of a provider's historical paid claims to the total paid claims of participating providers. To qualify for Component 2 payments, providers must achieve quality improvement measures that will be reported on a semi-annual basis and must serve at least one Medicaid member in the reporting period.

**Component 3:** A targeted rate increase limited to professional encounters that is available to all provider classes. Applicable CPT codes would include 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. To qualify for Component 3 payments, providers must achieve quality improvement measures that will be reported on a semi-annual basis and must serve at least one Medicaid member in the reporting period. If a provider demonstrates achievement of the quality measures, the provider will receive payments as a uniform rate increase on paid claims.

A breakdown of the TIPPS Year One anticipated funding (upon approval) is below:

<b>TIPPS Year 1 Anticipated Funding (upon approval)</b>	
<b>Total Funds</b>	<b>\$ 600,000,000</b>
Federal Share Funds (62.95%)	\$ 359,916,000
Non-Federal Share Funds (37.05%)	\$ 240,084,000
<b>Breakdown of Program Funding</b>	

MCO Admin Fee = 2.50%	\$ 15,000,000
MCO Risk Margin = 1.75%	\$ 10,500,000
MCO Premium Tax = 1.75%	\$ 10,500,000
<b>Total MCO Fees = 6.00%</b>	<b>\$ 36,000,000</b>
IGT Funds Needed for Pool Size	\$ 240,084,000
<b>Available Funds for Program Components</b>	
Component 1	
61.10% of Total Funds	\$ 366,600,000
Component 2	
23.50% of Total Funds	\$ 141,000,000
Component 3	
9.40% of Total Funds	\$ 56,400,000

### **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, quality metric, and payment period as follows. The MCOs' distribution of TIPPS funds to the TIPPS-participating physician groups will be based on each TIPPS-participating physician group's performance related to the quality metrics.

Component 1: Monthly payments to TIPPS-participating HRI and IME physician groups will be triggered by performance requirements. 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 180 days after the last day of the program period. This reconciliation will only be performed if the weighted average (weighted by Medicaid clients served during the program period) of the absolute values of percentage changes between each practice group's proportion of historical Medicaid clients served and actual Medicaid clients served is greater than 18 percent.

Component 2: Semi-annual payments to TIPPS-participating HRI and IME physician groups will be triggered by achievement of performance requirements.

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

Funds that are non-disbursed due to failure of one or more TIPPS-participating physician groups

to meet performance requirements will be distributed across all qualifying TIPPS-participating physician groups in the service delivery area based on each TIPPS-participating physician group's proportion of total earned TIPPS funds from Components 1, 2 and 3 combined at the end of the year.

The MCO will distribute payments to TIPPS-participating physician groups as they meet their reporting and quality metric requirements. The MCO must pay the TIPPS-participating physician group the HHSC-calculated payment amount no later than the date specified by HHSC.

### Quality Metric Summary

Component 1 consists of structure measures, while Components 2 and 3 consist of process and outcome measures with identified improvement over self (IOS) or benchmark goals. The table below identifies the quality measures by program component.

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
Component 1: T1	T1-101	Patient-Centered Medical Home (PCMH) Accreditation or Recognition Status	Structure	NA	NA	NA
	T1-102	Same-day, walk-in, or after-hours appointments in the outpatient setting	Structure	NA	NA	NA
	T1-103	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA	NA
	T1-104	Pre-visit planning and/or standing order protocols	Structure	NA	NA	NA
	T1-105	Patient education focused on disease self-management	Structure	NA	NA	NA
	T1-106	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	NA
	T1-107	Health Information Exchange (HIE) Participation	Structure	NA	NA	NA
	T1-108	Telehealth to provide virtual medical appointments and/or consultations for specialty services, including both physical health and behavioral health services	Structure	NA	NA	NA
Component 2: T2	T2-109	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	0028	PCPI	IOS
	T2-110	Cervical Cancer Screening	Process	0032	NCQA	Benchmark
	T2-111	Childhood Immunization Status	Process	0038	NCQA	Benchmark



Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
	T2-112	Immunization for Adolescents	Process	1407	NCQA	Benchmark
	T2-113	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process	0418	CMS	IOS
	T2-114	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Process	0057	NCQA	Benchmark
	T2-115	Preventive Care and Screening: Influenza Immunization	Process	0041	AMA-PCPI	IOS
	T2-116	Tobacco Use and Help with Quitting Among Adolescents	Process	2803	NCQA	IOS
	T2-117	Chlamydia Screening in Women	Process	0033	NCQA	Benchmark
	T2-118	Controlling High Blood Pressure	Outcome	0018	NCQA	Benchmark
Component 3: T3	T3-119	Food Insecurity Screening	Process	NA	Texas HHSC	IOS
	T3-120	Maternity Care: Post-Partum Follow-Up and Care Coordination	Process	NA	CMS	IOS
	T3-121	Behavioral Health Risk Assessment for Pregnant Women	Process	NA	CMS (retired)	IOS
	T3-122	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA	Benchmark
	T3-123	Depression Response at Twelve Months	Outcome	1885	MN Community Measurement	IOS
	T3-124	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Weight Assessment Only)	Process	0024	NCQA	Benchmark

### Achievement Requirements

To be eligible for payment, the TIPPS-participating physician group must report all required quality measures and must have provided at least one Medicaid service to a Medicaid client in each reporting period.

Component 1: TIPPS-participating IME and HRI physician groups must report on the status/progress of all structure measures on a semi-annual basis.

Component 2: TIPPS-participating IME and HRI physician groups must achieve performance on quality measures reported on a semi-annual basis. During the first reporting period, physician groups will report on the measures for the first six months of CY2021. During the second reporting period, as a condition for participation in the TIPPS program, measures with IOS goals

will report CY2021 as a baseline. During the second reporting period, measures with benchmark goals will report CY2021 and must meet or exceed the 50<sup>th</sup> percentile of national HEDIS benchmarks. In Component 2, TIPPS-participating IME and HRI physician groups earn

- 100% payment based on achieving at least 75% of benchmark measures with minimum denominator volume;
- 75% payment for achieving 50% of benchmark measures with minimum denominator volume; OR
- 50% payment for achieving 25% of benchmark measures with minimum denominator volume.

If a measure does not have a minimum denominator volume of 30, then the measure is not included in calculating achievement.

Component 3: All TIPPS-participating physician groups must achieve performance on quality measures reported on a semi-annual basis. During the first reporting period, physician groups will report on the measures for the first six months of CY2021. During the second reporting period, as a condition for participation in the TIPPS program, measures with IOS goals will report CY2021 as a baseline. Measures with benchmark goals will report CY2021 and must meet or exceed the 25<sup>th</sup> percentile of national HEDIS benchmarks. In Component 3, TIPPS-participating physician groups earn 100% payment based on achieving at least 50% of benchmark measures with minimum denominator volume. If a measure does not have a minimum denominator volume of 30, then the measure is not included in calculating achievement.

	# of Benchmarks Achieved	# of Benchmarks with Minimum Denominator Volume	Eligible for % of Payment	# of Benchmarks Achieved	# of Benchmarks with Minimum Denominator Volume	Eligible for % of Payment
<b>Component 2</b>	6	6	100%	4	4	100%
	5	6	100%	3	4	100%
	4*	6	100%	2	4	75%
	3	6	75%	1	4	50%
	2	6	50%	0	4	0%
	1	6	0%	3	3	100%
	0	6	0%	2	3	75%
	5	5	100%	1	3	50%
	4	5	100%	0	3	0%
	3	5	75%	2	2	100%
	2	5	50%	1	2	75%
	1	5	0%	0	2	0%
	0	5	0%	1	1	100%
<b>Component 3</b>	0	0	NA**	0	1	0%
	2	2	100%	1	1	100%
	1	2	100%	0	1	0%
	0	2	0%	0	0	100%

\*Although achievement is less than 75%, the original intention of at least 4 benchmark measures achieved is met and eligible for full payment.

\*\*Component 2 has 10 measures with 6 benchmark measures. Physician groups must have minimum denominator volume of 30 Medicaid members in at least one benchmark measure to meet the requirement that 50% of measures in a Component meet minimum denominator volume requirements.

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 & 2 Premium PMPM								
Amerigroup - Bexar	49.27	49.27	0.00	0.00	49.27	0.00	49.27	49.27
Molina - Bexar	50.00	50.00	0.00	0.00	50.00	0.00	50.00	50.00
Superior - Bexar	50.00	50.00	0.00	0.00	50.00	0.00	50.00	50.00
Molina - Dallas	135.60	135.60	0.00	0.00	135.60	0.00	135.60	135.60
Superior - Dallas	30.27	30.27	0.00	0.00	30.27	0.00	30.27	30.27
Amerigroup - El Paso	57.63	57.63	0.00	0.00	57.63	0.00	57.63	57.63
Molina - El Paso	57.63	57.63	0.00	0.00	57.63	0.00	57.63	57.63
Amerigroup - Harris	48.11	48.11	0.00	0.00	48.11	0.00	48.11	48.11
Molina - Harris	61.83	61.83	0.00	0.00	61.83	0.00	61.83	61.83
United - Harris	65.03	65.03	0.00	0.00	65.03	0.00	65.03	65.03
Health Spring - Hidalgo	3.00	3.00	0.00	0.00	3.00	0.00	3.00	3.00
Molina - Hidalgo	3.00	3.00	0.00	0.00	3.00	0.00	3.00	3.00
Superior - Hidalgo	3.00	3.00	0.00	0.00	3.00	0.00	3.00	3.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Lubbock	107.29	107.29	0.00	0.00	107.29	0.00	107.29	107.29
Superior - Lubbock	67.69	67.69	0.00	0.00	67.69	0.00	67.69	67.69
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	22.13	22.13	0.00	0.00	22.13	0.00	22.13	22.13
Health Spring - Tarrant	5.93	5.93	0.00	0.00	5.93	0.00	5.93	5.93
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 - Central	2.58	2.58	0.00	0.00	2.58	0.00	2.58	2.58
United - Central	2.58	2.58	0.00	0.00	2.58	0.00	2.58	2.58
Health Spring - Northeast	30.45	30.45	0.00	0.00	30.45	0.00	30.45	30.45
United - Northeast	30.45	30.45	0.00	0.00	30.45	0.00	30.45	30.45
Amerigroup - West	3.21	3.21	0.00	0.00	3.21	0.00	3.21	3.21
Superior - West	3.21	3.21	0.00	0.00	3.21	0.00	3.21	3.21

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 3 Premium PMPM								
Amerigroup - Bexar	3.29	3.96	0.00	0.00	0.93	0.00	2.04	15.76
Molina - Bexar	3.53	6.18	0.00	0.00	0.98	0.00	2.07	11.56
Superior - Bexar	3.34	4.92	0.00	0.00	1.26	0.00	1.68	15.58
Molina - Dallas	2.20	4.09	0.00	0.00	1.50	0.00	1.07	6.63
Superior - Dallas	0.50	0.78	0.00	0.00	0.20	0.00	0.31	1.04
Amerigroup - El Paso	2.19	2.96	0.00	0.00	0.52	0.00	1.48	10.43
Molina - El Paso	1.91	2.57	0.00	0.00	0.78	0.00	1.44	8.14
Amerigroup - Harris	3.69	7.09	0.00	0.00	1.96	0.00	2.68	9.89
Molina - Harris	2.59	5.78	0.00	0.00	0.91	0.00	2.20	9.32
United - Harris	4.13	5.43	0.00	0.00	1.32	0.00	4.19	10.27
Health Spring - Hidalgo	0.12	0.11	0.00	0.00	0.27	0.00	0.07	0.12
Molina - Hidalgo	0.71	0.87	0.00	0.00	0.25	0.00	0.41	2.92
Superior - Hidalgo	0.58	0.90	0.00	0.00	0.53	0.00	0.47	2.47
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	7.10	10.43	0.00	0.00	2.89	0.00	8.33	12.60
Superior - Lubbock	5.97	9.39	0.00	0.00	1.99	0.00	5.51	10.86
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	3.35	3.85	0.00	0.00	1.71	0.00	1.94	5.96
Health Spring - Tarrant	2.91	3.52	0.00	0.00	1.21	0.00	1.69	7.42
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 - Central	3.67	6.88	0.00	0.00	1.76	0.00	3.20	9.33
United - Central	5.59	8.47	0.00	0.00	2.00	0.00	3.88	18.87
Health Spring - Northeast	1.60	2.75	0.00	0.00	0.78	0.00	0.97	3.13
United - Northeast	3.95	6.88	0.00	0.00	1.39	0.00	2.75	6.85
Amerigroup - West	4.58	7.48	0.00	0.00	2.12	0.00	4.00	12.99
Superior - West	4.41	7.26	0.00	0.00	1.84	0.00	5.21	11.31

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total TIPPS Premium 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 - Central	6.25	9.46	0.00	0.00	4.34	0.00	5.78	11.91
United - Central	8.17	11.05	0.00	0.00	4.58	0.00	6.46	21.45
Health Spring - Northeast	32.05	33.20	0.00	0.00	31.23	0.00	31.42	33.58
United - Northeast	34.40	37.33	0.00	0.00	31.84	0.00	33.20	37.30
Amerigroup - West	7.79	10.69	0.00	0.00	5.33	0.00	7.21	16.20
Superior - West	7.62	10.47	0.00	0.00	5.05	0.00	8.42	14.52

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 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	131,366	15,785	0	0	1,183	0	5,156	6,399	159,890
Molina	85,579	22,769	0	0	1,767	0	2,556	3,845	116,517
Superior	436,587	86,190	0	0	5,087	0	22,159	39,558	589,581
Bexar Total	653,532	124,744	0	0	8,037	0	29,872	49,802	865,988
Dallas SDA									
Molina	317,880	89,888	0	0	7,374	0	10,897	10,672	436,711
Superior	58,804	8,642	0	0	678	0	3,818	2,742	74,683
Dallas Total	376,683	98,530	0	0	8,052	0	14,715	13,414	511,395
El Paso SDA									
Amerigroup	82,520	12,307	0	0	245	0	5,398	15,885	116,356
Molina	48,022	13,235	0	0	371	0	2,017	7,839	71,483
El Paso Total	130,542	25,542	0	0	616	0	7,416	23,723	187,839
Harris SDA									
Amerigroup	620,995	94,829	0	0	6,532	0	37,578	22,473	782,408
Molina	113,578	30,934	0	0	1,312	0	7,279	8,960	162,063
United	863,945	107,249	0	0	6,692	0	76,697	48,986	1,103,569
Harris Total	1,598,518	233,012	0	0	14,536	0	121,554	80,419	2,048,039
Hidalgo SDA									
Health Spring	4,347	1,069	0	0	115	0	210	117	5,858
Molina	21,939	4,726	0	0	172	0	788	2,998	30,622
Superior	47,972	16,515	0	0	642	0	2,489	7,586	75,204
Hidalgo Total	74,258	22,310	0	0	930	0	3,486	10,701	111,684
Jefferson SDA									
Amerigroup	36,909	5,758	0	0	919	0	2,123	1,262	46,970
Molina	22,975	13,656	0	0	385	0	462	1,237	38,715
United	53,422	4,552	0	0	354	0	3,022	2,244	63,595
Jefferson Total	113,306	23,966	0	0	1,657	0	5,606	4,743	149,279

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	143,221	16,316	0	0	2,420	0	18,304	4,274	184,535
Superior	165,663	17,102	0	0	2,245	0	18,637	7,654	211,301
Lubbock Total	308,884	33,418	0	0	4,664	0	36,941	11,928	395,835
Nueces SDA									
Superior	59,096	16,372	0	0	1,036	0	2,771	5,443	84,717
United	18,265	2,469	0	0	121	0	1,014	1,063	22,932
Nueces Total	77,361	18,841	0	0	1,157	0	3,785	6,505	107,650
Tarrant SDA									
Amerigroup	419,552	51,644	0	0	9,134	0	28,998	17,438	526,768
Health Spring	123,890	12,204	0	0	2,313	0	8,874	4,672	151,953
Tarrant Total	543,443	63,848	0	0	11,447	0	37,872	22,111	678,721
Travis SDA									
Amerigroup	3,819	244	0	0	44	0	194	223	4,524
United	53,057	6,100	0	0	265	0	6,112	5,850	71,383
Travis Total	56,876	6,344	0	0	309	0	6,306	6,073	75,907
MRSA Central SDA									
Superior	261,778	32,734	0	0	4,974	0	18,060	9,811	327,358
United	263,605	23,308	0	0	6,664	0	10,374	9,121	313,073
Central Total	525,383	56,043	0	0	11,639	0	28,434	18,932	640,431
MRSA Northeast SDA									
Health Spring	129,991	26,795	0	0	1,931	0	5,125	2,730	166,572
United	375,418	58,325	0	0	5,229	0	16,819	10,848	466,638
Northeast Total	505,408	85,120	0	0	7,160	0	21,944	13,578	633,210
MRSA West SDA									
Amerigroup	208,082	24,183	0	0	4,537	0	14,184	13,626	264,611
Superior	310,619	44,629	0	0	6,142	0	36,993	17,008	415,390
West Total	518,701	68,811	0	0	10,679	0	51,177	30,633	680,001

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 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  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 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  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 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	0.62%	0.31%	0.00%	0.00%	0.06%	0.00%	0.56%	0.72%	0.53%
Molina	0.59%	0.43%	0.00%	0.00%	0.07%	0.00%	0.54%	0.26%	0.48%
Superior	0.52%	0.31%	0.00%	0.00%	0.08%	0.00%	0.35%	0.64%	0.45%
Bexar Total	0.54%	0.33%	0.00%	0.00%	0.08%	0.00%	0.39%	0.59%	0.47%
Dallas SDA									
Molina	0.32%	0.28%	0.00%	0.00%	0.07%	0.00%	0.28%	0.38%	0.29%
Superior	0.08%	0.05%	0.00%	0.00%	0.01%	0.00%	0.08%	0.03%	0.06%
Dallas Total	0.21%	0.20%	0.00%	0.00%	0.04%	0.00%	0.17%	0.10%	0.19%
El Paso SDA									
Amerigroup	0.35%	0.24%	0.00%	0.00%	0.03%	0.00%	0.25%	0.43%	0.33%
Molina	0.27%	0.16%	0.00%	0.00%	0.03%	0.00%	0.17%	0.57%	0.24%
El Paso Total	0.31%	0.19%	0.00%	0.00%	0.03%	0.00%	0.22%	0.47%	0.29%
Harris SDA									
Amerigroup	0.52%	0.38%	0.00%	0.00%	0.09%	0.00%	0.66%	0.31%	0.48%
Molina	0.35%	0.27%	0.00%	0.00%	0.05%	0.00%	0.54%	0.33%	0.32%
United	0.56%	0.34%	0.00%	0.00%	0.08%	0.00%	0.97%	0.42%	0.51%
Harris Total	0.52%	0.34%	0.00%	0.00%	0.08%	0.00%	0.81%	0.37%	0.48%
Hidalgo SDA									
Health Spring	0.02%	0.01%	0.00%	0.00%	0.01%	0.00%	0.02%	0.01%	0.02%
Molina	0.10%	0.07%	0.00%	0.00%	0.01%	0.00%	0.12%	0.14%	0.09%
Superior	0.10%	0.06%	0.00%	0.00%	0.02%	0.00%	0.07%	0.11%	0.09%
Hidalgo Total	0.09%	0.05%	0.00%	0.00%	0.01%	0.00%	0.07%	0.11%	0.07%
Jefferson SDA									
Amerigroup	0.25%	0.16%	0.00%	0.00%	0.08%	0.00%	0.53%	0.19%	0.23%
Molina	0.19%	0.21%	0.00%	0.00%	0.03%	0.00%	0.28%	0.20%	0.19%
United	0.24%	0.15%	0.00%	0.00%	0.04%	0.00%	0.49%	0.10%	0.22%
Jefferson Total	0.23%	0.19%	0.00%	0.00%	0.05%	0.00%	0.47%	0.13%	0.21%

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	1.03%	0.69%	0.00%	0.00%	0.21%	0.00%	2.19%	0.41%	0.96%
Superior	0.92%	0.57%	0.00%	0.00%	0.13%	0.00%	1.30%	0.51%	0.82%
Lubbock Total	0.97%	0.62%	0.00%	0.00%	0.17%	0.00%	1.63%	0.47%	0.88%
Nueces SDA									
Superior	0.29%	0.18%	0.00%	0.00%	0.07%	0.00%	0.24%	0.19%	0.24%
United	0.10%	0.06%	0.00%	0.00%	0.01%	0.00%	0.14%	0.07%	0.09%
Nueces Total	0.20%	0.14%	0.00%	0.00%	0.04%	0.00%	0.20%	0.15%	0.17%
Tarrant SDA									
Amerigroup	0.52%	0.24%	0.00%	0.00%	0.10%	0.00%	0.47%	0.25%	0.43%
Health Spring	0.44%	0.21%	0.00%	0.00%	0.07%	0.00%	0.49%	0.25%	0.37%
Tarrant Total	0.50%	0.23%	0.00%	0.00%	0.09%	0.00%	0.48%	0.25%	0.41%
Travis SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.01%
United	0.16%	0.10%	0.00%	0.00%	0.01%	0.00%	0.23%	0.13%	0.15%
Travis Total	0.10%	0.05%	0.00%	0.00%	0.01%	0.00%	0.15%	0.11%	0.09%
MRSA Central SDA									
Superior	0.62%	0.44%	0.00%	0.00%	0.11%	0.00%	0.73%	0.37%	0.55%
United	0.88%	0.51%	0.00%	0.00%	0.16%	0.00%	0.88%	0.65%	0.76%
Central Total	0.73%	0.47%	0.00%	0.00%	0.13%	0.00%	0.78%	0.47%	0.63%
MRSA Northeast SDA									
Health Spring	0.26%	0.18%	0.00%	0.00%	0.04%	0.00%	0.24%	0.11%	0.23%
United	0.69%	0.47%	0.00%	0.00%	0.09%	0.00%	0.73%	0.31%	0.60%
Northeast Total	0.49%	0.31%	0.00%	0.00%	0.07%	0.00%	0.50%	0.23%	0.42%

FY2022 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	0.76%	0.42%	0.00%	0.00%	0.12%	0.00%	0.92%	0.68%	0.65%
Superior	0.70%	0.45%	0.00%	0.00%	0.12%	0.00%	1.02%	0.41%	0.62%
West Total	0.72%	0.44%	0.00%	0.00%	0.12%	0.00%	0.99%	0.50%	0.63%

## Footnotes

(1) Equals the cost impact from increased TIPPS Component 3 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.

## *Attachment 12*

### Directed Payment Program for Behavioral Health Services Program (DPP BHS)

Effective September 1, 2021, HHSC will implement the Directed Payment Program for Behavioral Health Services (DPP BHS) which is designed to incentivize community mental health centers (CMHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients

DPP BHS is comprised of two components. Payments from managed care organizations to participating CMHCs will be triggered for achieving reporting and quality metric requirements.

Exhibit A is a detailed summary of the DPP BHS which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.

The DPP BHS program impacts members in the STAR, STAR+PLUS and STAR Kids programs. The DPP BHS add-on amounts were calculated by applying the Component 1 and 2 criteria to the historical utilization by MCO and NPI and the resulting impact determined separately for each program. The add-on is calculated as an MCO-specific amount due to the varying impacts the program will have on expected reimbursement for each MCO.

Exhibit B provides a summary of the total DPP BHS add-on amounts by MCO along with the split between Component 1 and Component 2.

The Component 1 add-on is calculated as a pmpm add-on amount based on historical utilization of the CMHCs eligible for the Component 1 payments.

The Component 2 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 10. Exhibit C provides a summary of the DPP BHS Component 2 adjustment factors. These adjustment factors are then applied to the projected FY2022 incurred claims.

The DPP BHS 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 and STAR Kids)
- Premium Tax – 1.75% of premium

The DPP BHS 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.

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

## **Directed Payment Program for Behavioral Health Services**

### **Overview**

#### **Program Description**

The Directed Payment Program for Behavioral Health Services (DPP BHS) is a proposed value-based payment program designed to incentivize community mental health centers (CMHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the goals and objectives of the state's managed care quality strategy.

The DPP BHS program target beneficiaries include adults and children enrolled in Medicaid STAR, STAR+PLUS, STAR Kids managed care programs. Pending CMS approval, DPP BHS program year one will begin on September 1, 2021. The DPP BHS program consists of two program components, and DPP BHS funds will be paid to Medicaid Managed Care Organizations (MCOs) through two components of the managed care per member per month (PMPM) capitation rates distributed to DPP BHS-participating CMHCs for achieving reporting and quality metric requirements.

#### **Eligible Provider Classes**

Two classes of CMHCs are eligible for the DPP BHS: (1) CMHC with the Certified Community Behavioral Health Clinic (CCBHC) certification, and (2) CMHCs without CCBHC Certification.

#### **Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

#### **Total Funding Requested for SFY 2022**

\$180,740,784

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

#### **History**

HHSC proposed the DPP BHS program in an effort to replace the Texas Delivery System Reform Incentive Payment (DSRIP) program, ending in state fiscal year 2022. The DPP BHS program is intended to incentivize CMHCs to continue providing services aligned with the CCBHC model of care and to continue successful DSRIP innovations by CMHCs that promote and improve access to and care coordination of behavioral health services.

The rules for the DPP BHS program are in the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1320, and §353.1322. Rules for the DPP BHS program are promulgated on an as-needed basis rather than an annual basis.

## **Program Design**

### **Delivery System**

The DPP BHS program uses the Medicaid MCO delivery system to provide increased Medicaid payments for DPP BHS-participating CMHCs. DPP BHS funds will be distributed to participating CMHCs for achieving program requirements and paid through MCO capitation rates.

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

DPP BHS is designed to help advance the following goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; (3) promoting effective practices for people with chronic, complex, and serious conditions, and (4) attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care.

### **Directed Payment Arrangement**

DPP BHS 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 DPP BHS 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. This component includes structure measures and requires semi-annual reporting of status/progress for all Component 1 measures as a condition of participation.
- Component 2 is a uniform percentage increase on certain CCBHC services based on achievement of quality metrics that align with CCBHC measures and goals.
- Unearned Component 1-2 funds will be redistributed to both CCBHC certified and non-certified CMHCs enrolled in the program.

### **Capitation Rate Components**

Enrolled CMHCs will be eligible for payments under two components.

- Component 1 provides a uniform dollar increase based on SFY19 (September 2018 – August 2019) units and will be paid prospectively on a monthly basis, (equal to 1/12 of the annual amount) based on the historic utilization of the 20 most utilized CMHC

procedure codes from SFY19 increased by 7% to account for projected SFY19 to SFY22 enrollment growth among the three (3) Medicaid managed care programs (STAR, STAR+PLUS, and STAR Kids). An annual reconciliation will be calculated for individual providers with a 10% variance from actual SFY22 utilization compared with the SFY19 projections.

- Component 2 applies a uniform percentage increase to the 15 most utilized CCBHC procedure codes as claims are adjudicated by the MCOs for the STAR, STAR+PLUS and STAR Kids programs. Procedure codes include: H2014, T1017, H2017, 99214, H2011, 99213, 90837, 90792, 90791, H0034, 90834, H0020, 99215, 96372, and H0005. Component 2 is targeted to further incentivize uncertified CMHCs to obtain CCBHC certification, and, for those CMHCs that already received certification – to maintain it. Unearned Component 1-2 funds will be redistributed to both CCBHC certified and non-certified CMHCs. Providers successfully achieving quality metrics for full distribution of Component 1-2 payments will qualify to receive the undistributed Component 1-2 payments.

A breakdown of the DPP BHS Year One anticipated funding (upon approval) is below:

<b>DPP BHS Year 1 Anticipated Funding (upon approval)</b>	
<b>Total Funds</b>	<b>\$ 180,740,784</b>
Federal Share Funds (62.95%)	\$ 113,776,324
Non-Federal Share Funds (37.05%)	\$ 66,964,461
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50 %	\$ 4,518,520
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$ 2,959,194
MCO Premium Tax = 1.75%	\$ 3,162,964
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 10,640,677</b>
IGT Funds Needed for Pool Size	\$ 66,964,461
<b>Available Funds for Program Components</b>	
Component 1	
65% of Total Funds	\$ 111,062,238
Component 2	
35% of Total Funds	\$ 59,037,869



### Distribution of Payments

HHSC will calculate the portion of each payment associated with each DPP BHS-participating CMHC broken down by DPP BHS capitation rate component, quality metric, and payment period as follows. The MCOs' distribution of DPP BHS funds will be based on each participating CMHC's performance related to the quality metrics.

Component 1: Monthly payments to DPP BHS-participating CMHC will be triggered by achievement of requirements. The interim allocation of funds across qualifying DPP BHS-participating CMHCs will be reconciled to the actual Medicaid utilization across participating CMHCs during the program period, as captured by Medicaid MCOs contracted with HHSC for managed care 180 days after the last day of the program period. Reconciliations occur if the actual utilization is greater than 10% of the historical utilization originally reported.

Component 2: A uniform percentage rate increase on applicable services will be paid as performance requirements are met. To align with the incentive to achieve CCBHC certification, Component 2 rate increases will be applied to the following codes: H2014, T1017, H2017, 99214, H2011, 99213, 90837, 90792, 90791, H0034, 90834, H0020, 99215, 96372, H0005.

Funds that are non-disbursed due to failure of one or more DPP BHS-participating CMHCs to meet performance requirements will be distributed across all qualifying CMHCs based on each providers proportion of total earned program funds from Components One and Two combined at the end of the year.

The MCO will distribute payments to a DPP BHS-participating CMHCs based on program requirements. The MCO must pay the DPP BHS-participating CMHCs the HHSC-calculated payment amount no later than the date specified by HHSC.

### 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	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
Component 1: B1	B1-101	Certified Community Behavioral Health Clinic (CCBHC) Certification Status	Structure	NA	NA	NA
	B1-102	Provide patients with services by using remote technology including audio/video, client portals and apps for the provision of services such as telehealth, assessment collection and remote health monitoring/screening	Structure	NA	NA	NA
	B1-103	Provide integrated physical and behavioral health care services to children and adults with serious mental illness	Structure	NA	NA	NA

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
	B1-104	Participate in electronic exchange of clinical data with other healthcare providers/entities	Structure	NA	NA	NA
Component 2: B2	B2-105	Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	2152	PCPI	IOS
	B2-106	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	1365	PCPI	IOS
	B2-107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104	PCPI	IOS
	B2-108	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA	Benchmark
	B2-109	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA	Benchmark
	B2-110	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	0421	CMS	Benchmark

### Achievement Requirements

To be eligible for payment, the DPP BHS-participating CMHC must report all required quality measures and must have provided at least one Medicaid service to a Medicaid client in each reporting period.

Component 1: DPP BHS-participating CMHCs must report on the status/progress all structure measures on a semi-annual basis.

- For a structure measure, a DPP BHS-participating CMHC must submit responses to qualitative reporting questions that summarize the DPP BHS-participating CMHC's progress toward implementation.

Component 2: DPP BHS-participating CMHCs must report on all quality measures on a semi-annual basis.

- For outcome and process measures, a DPP BHS-participating CMHC must submit numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions.
- During the first reporting period, CMHCs will report on the measures for the first six months of CY2021.
- During the second reporting period, as a condition for participation in the DPP BHS program, measures with IOS goals are reporting CY2021 as a baseline.
- During the second reporting period, measures with benchmark goals are reporting CY2021 and must meet or exceed the 25<sup>th</sup> or 50<sup>th</sup> percentile of national HEDIS

benchmarks as defined in the measure specifications. Providers must have minimum volume and meet or exceed the benchmark for at least one benchmark measure to earn payment for Component 2.

- If a measure does not have a minimum denominator volume of 30 in a pay-for-performance measure, then the measure is not included in calculating achievement.

FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 Premium PMPM								
Amerigroup - Bexar	16.27	16.27	0.00	0.00	16.27	0.00	16.27	16.27
Molina - Bexar	15.46	15.46	0.00	0.00	15.46	0.00	15.46	15.46
Superior - Bexar	16.27	16.27	0.00	0.00	16.27	0.00	16.27	16.27
Molina - Dallas	17.47	17.47	0.00	0.00	17.47	0.00	17.47	17.47
Superior - Dallas	17.50	17.50	0.00	0.00	17.50	0.00	17.50	17.50
Amerigroup - El Paso	21.84	21.84	0.00	0.00	21.84	0.00	21.84	21.84
Molina - El Paso	21.84	21.84	0.00	0.00	21.84	0.00	21.84	21.84
Amerigroup - Harris	7.26	7.26	0.00	0.00	7.26	0.00	7.26	7.26
Molina - Harris	4.02	4.02	0.00	0.00	4.02	0.00	4.02	4.02
United - Harris	5.89	5.89	0.00	0.00	5.89	0.00	5.89	5.89
Health Spring - Hidalgo	16.35	16.35	0.00	0.00	16.35	0.00	16.35	16.35
Molina - Hidalgo	16.35	16.35	0.00	0.00	16.35	0.00	16.35	16.35
Superior - Hidalgo	16.35	16.35	0.00	0.00	16.35	0.00	16.35	16.35
Amerigroup - Jefferson	8.37	8.37	0.00	0.00	8.37	0.00	8.37	8.37
Molina - Jefferson	9.19	9.19	0.00	0.00	9.19	0.00	9.19	9.19
United - Jefferson	0.86	0.86	0.00	0.00	0.86	0.00	0.86	0.86
Amerigroup - Lubbock	12.58	12.58	0.00	0.00	12.58	0.00	12.58	12.58
Superior - Lubbock	12.58	12.58	0.00	0.00	12.58	0.00	12.58	12.58
Superior - Nueces	4.06	4.06	0.00	0.00	4.06	0.00	4.06	4.06
United - Nueces	10.32	10.32	0.00	0.00	10.32	0.00	10.32	10.32
Amerigroup - Tarrant	4.84	4.84	0.00	0.00	4.84	0.00	4.84	4.84
Health Spring - Tarrant	9.76	9.76	0.00	0.00	9.76	0.00	9.76	9.76
Amerigroup - Travis	33.31	33.31	0.00	0.00	33.31	0.00	33.31	33.31
United - Travis	21.28	21.28	0.00	0.00	21.28	0.00	21.28	21.28
Superior - Central	10.67	10.67	0.00	0.00	10.67	0.00	10.67	10.67
United - Central	10.62	10.62	0.00	0.00	10.62	0.00	10.62	10.62
Health Spring - Northeast	11.90	11.90	0.00	0.00	11.90	0.00	11.90	11.90
United - Northeast	7.43	7.43	0.00	0.00	7.43	0.00	7.43	7.43
Amerigroup - West	23.37	23.37	0.00	0.00	23.37	0.00	23.37	23.37
Superior - West	28.22	28.22	0.00	0.00	28.22	0.00	28.22	28.22

FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 2 Premium PMPM								
Amerigroup - Bexar	4.93	8.94	0.00	0.00	0.77	0.00	0.47	0.44
Molina - Bexar	4.66	5.32	0.00	0.00	0.56	0.00	0.58	0.00
Superior - Bexar	6.23	5.72	0.00	0.00	1.41	0.00	0.96	1.22
Molina - Dallas	8.60	11.40	0.00	0.00	1.72	0.00	3.72	0.52
Superior - Dallas	6.77	9.42	0.00	0.00	1.01	0.00	2.55	1.04
Amerigroup - El Paso	10.31	9.12	0.00	0.00	1.89	0.00	0.83	1.46
Molina - El Paso	9.83	12.05	0.00	0.00	0.26	0.00	0.59	1.71
Amerigroup - Harris	2.63	2.24	0.00	0.00	0.22	0.00	0.45	0.64
Molina - Harris	1.55	1.93	0.00	0.00	0.36	0.00	0.16	0.56
United - Harris	3.83	2.87	0.00	0.00	0.16	0.00	1.04	0.49
Health Spring - Hidalgo	15.11	17.92	0.00	0.00	2.67	0.00	1.99	2.57
Molina - Hidalgo	12.03	14.79	0.00	0.00	5.03	0.00	1.49	2.29
Superior - Hidalgo	11.28	7.91	0.00	0.00	4.78	0.00	0.81	2.02
Amerigroup - Jefferson	3.41	3.96	0.00	0.00	4.14	0.00	0.41	2.70
Molina - Jefferson	3.43	5.95	0.00	0.00	5.25	0.00	2.25	0.00
United - Jefferson	1.16	0.57	0.00	0.00	0.00	0.00	0.19	0.00
Amerigroup - Lubbock	7.51	9.22	0.00	0.00	1.10	0.00	0.87	0.00
Superior - Lubbock	8.31	5.11	0.00	0.00	0.31	0.00	0.21	0.64
Superior - Nueces	3.20	2.25	0.00	0.00	0.83	0.00	1.09	0.23
United - Nueces	4.79	5.52	0.00	0.00	0.11	0.00	0.35	0.85
Amerigroup - Tarrant	2.71	1.77	0.00	0.00	0.34	0.00	0.50	0.24
Health Spring - Tarrant	4.29	3.85	0.00	0.00	0.86	0.00	1.07	0.00
Amerigroup - Travis	10.04	11.06	0.00	0.00	6.81	0.00	2.92	0.60
United - Travis	11.73	7.28	0.00	0.00	3.64	0.00	3.25	0.52
Superior - Central	5.97	6.88	0.00	0.00	0.80	0.00	1.18	1.26
United - Central	6.86	4.32	0.00	0.00	1.13	0.00	1.72	2.61
Health Spring - Northeast	7.94	8.71	0.00	0.00	1.56	0.00	1.46	0.85
United - Northeast	5.78	7.61	0.00	0.00	2.16	0.00	0.98	0.88
Amerigroup - West	11.69	18.34	0.00	0.00	0.71	0.00	1.30	2.29
Superior - West	10.65	14.68	0.00	0.00	1.23	0.00	1.07	1.10

FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total DPP BHS Premium 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 - Central	16.64	17.55	0.00	0.00	11.47	0.00	11.85	11.93
United - Central	17.48	14.94	0.00	0.00	11.75	0.00	12.34	13.23
Health Spring - Northeast	19.84	20.61	0.00	0.00	13.46	0.00	13.36	12.75
United - Northeast	13.21	15.04	0.00	0.00	9.59	0.00	8.41	8.31
Amerigroup - West	35.06	41.71	0.00	0.00	24.08	0.00	24.67	25.66
Superior - West	38.87	42.90	0.00	0.00	29.45	0.00	29.29	29.32

FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 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	196,389	35,421	0	0	1,037	0	1,232	197	234,276
Molina	112,586	19,611	0	0	1,094	0	724	0	134,015
Superior	822,517	99,033	0	0	5,434	0	12,447	2,763	942,194
Bexar Total	1,131,493	154,065	0	0	7,565	0	14,402	2,960	1,310,485
Dallas SDA									
Molina	1,263,791	247,760	0	0	8,487	0	37,105	825	1,557,969
Superior	842,470	111,244	0	0	4,511	0	31,037	2,654	991,916
Dallas Total	2,106,261	359,004	0	0	12,998	0	68,142	3,480	2,549,885
El Paso SDA									
Amerigroup	393,061	38,617	0	0	800	0	2,899	2,088	437,464
Molina	247,759	60,098	0	0	139	0	874	1,618	310,488
El Paso Total	640,820	98,715	0	0	939	0	3,773	3,706	747,953
Harris SDA									
Amerigroup	435,057	28,798	0	0	624	0	6,001	1,292	471,771
Molina	67,032	10,342	0	0	495	0	487	402	78,758
United	808,636	58,521	0	0	1,232	0	19,231	2,402	890,022
Harris Total	1,310,725	97,661	0	0	2,350	0	25,718	4,096	1,440,551
Hidalgo SDA									
Health Spring	483,913	127,598	0	0	1,972	0	4,786	1,907	620,176
Molina	361,188	83,183	0	0	3,898	0	2,967	2,261	453,497
Superior	903,353	139,178	0	0	6,143	0	4,021	6,013	1,058,707
Hidalgo Total	1,748,453	349,958	0	0	12,013	0	11,774	10,180	2,132,379
Jefferson SDA									
Amerigroup	88,731	8,447	0	0	2,950	0	330	663	101,122
Molina	60,974	20,691	0	0	3,220	0	1,212	0	86,097
United	40,686	1,348	0	0	0	0	430	62	42,526
Jefferson Total	190,391	30,486	0	0	6,170	0	1,972	725	229,745

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DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	151,213	14,305	0	0	930	0	1,910	0	168,358
Superior	231,472	9,387	0	0	346	0	744	417	242,367
Lubbock Total	382,685	23,692	0	0	1,277	0	2,654	417	410,725
Nueces SDA									
Superior	114,223	13,967	0	0	859	0	2,582	420	132,051
United	158,801	19,806	0	0	131	0	657	670	180,065
Nueces Total	273,024	33,773	0	0	990	0	3,240	1,089	312,116
Tarrant SDA									
Amerigroup	335,830	23,788	0	0	1,660	0	7,052	972	369,302
Health Spring	185,120	13,827	0	0	1,663	0	5,582	49	206,241
Tarrant Total	520,950	37,615	0	0	3,323	0	12,634	1,021	575,543
Travis SDA									
Amerigroup	482,198	45,224	0	0	12,142	0	9,577	315	549,456
United	615,150	33,686	0	0	10,342	0	26,901	715	686,795
Travis Total	1,097,348	78,909	0	0	22,484	0	36,478	1,031	1,236,251
MRSA Central SDA									
Superior	427,116	32,741	0	0	2,386	0	6,527	1,223	469,994
United	322,163	12,134	0	0	3,683	0	4,599	1,246	343,826
Central Total	749,279	44,876	0	0	6,070	0	11,126	2,470	813,821
MRSA Northeast SDA									
Health Spring	638,242	84,239	0	0	3,902	0	7,542	823	734,747
United	549,685	64,449	0	0	7,810	0	5,874	1,349	629,168
Northeast Total	1,187,927	148,687	0	0	11,713	0	13,416	2,173	1,363,915
MRSA West SDA									
Amerigroup	533,116	59,338	0	0	1,565	0	4,664	2,464	601,146
Superior	750,932	89,606	0	0	3,937	0	7,569	1,476	853,519
West Total	1,284,047	148,944	0	0	5,501	0	12,233	3,940	1,454,666



FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 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

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Impact of DPP BHS Component 2 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  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 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	0.93%	0.70%	0.00%	0.00%	0.05%	0.00%	0.13%	0.02%	0.78%
Molina	0.78%	0.37%	0.00%	0.00%	0.04%	0.00%	0.15%	0.00%	0.55%
Superior	0.97%	0.36%	0.00%	0.00%	0.09%	0.00%	0.20%	0.05%	0.72%
Bexar Total	0.94%	0.40%	0.00%	0.00%	0.07%	0.00%	0.19%	0.03%	0.71%
Dallas SDA									
Molina	1.25%	0.78%	0.00%	0.00%	0.08%	0.00%	0.97%	0.03%	1.04%
Superior	1.09%	0.60%	0.00%	0.00%	0.05%	0.00%	0.66%	0.03%	0.83%
Dallas Total	1.18%	0.71%	0.00%	0.00%	0.07%	0.00%	0.80%	0.03%	0.95%
El Paso SDA									
Amerigroup	1.65%	0.74%	0.00%	0.00%	0.11%	0.00%	0.14%	0.06%	1.23%
Molina	1.39%	0.75%	0.00%	0.00%	0.01%	0.00%	0.07%	0.12%	1.04%
El Paso Total	1.54%	0.74%	0.00%	0.00%	0.04%	0.00%	0.11%	0.07%	1.14%
Harris SDA									
Amerigroup	0.37%	0.12%	0.00%	0.00%	0.01%	0.00%	0.11%	0.02%	0.29%
Molina	0.21%	0.09%	0.00%	0.00%	0.02%	0.00%	0.04%	0.02%	0.16%
United	0.52%	0.18%	0.00%	0.00%	0.01%	0.00%	0.24%	0.02%	0.42%
Harris Total	0.43%	0.14%	0.00%	0.00%	0.01%	0.00%	0.17%	0.02%	0.34%
Hidalgo SDA									
Health Spring	2.52%	1.57%	0.00%	0.00%	0.10%	0.00%	0.55%	0.22%	2.00%
Molina	1.69%	1.19%	0.00%	0.00%	0.20%	0.00%	0.44%	0.11%	1.37%
Superior	1.94%	0.53%	0.00%	0.00%	0.18%	0.00%	0.12%	0.09%	1.23%
Hidalgo Total	2.00%	0.85%	0.00%	0.00%	0.17%	0.00%	0.23%	0.10%	1.42%
Jefferson SDA									
Amerigroup	0.59%	0.24%	0.00%	0.00%	0.24%	0.00%	0.08%	0.10%	0.49%
Molina	0.51%	0.32%	0.00%	0.00%	0.24%	0.00%	0.73%	0.00%	0.42%
United	0.18%	0.04%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.15%
Jefferson Total	0.39%	0.24%	0.00%	0.00%	0.18%	0.00%	0.17%	0.02%	0.33%

FY2022 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	1.09%	0.61%	0.00%	0.00%	0.08%	0.00%	0.23%	0.00%	0.88%
Superior	1.28%	0.31%	0.00%	0.00%	0.02%	0.00%	0.05%	0.03%	0.94%
Lubbock Total	1.20%	0.44%	0.00%	0.00%	0.05%	0.00%	0.12%	0.02%	0.91%
Nueces SDA									
Superior	0.55%	0.15%	0.00%	0.00%	0.06%	0.00%	0.23%	0.01%	0.37%
United	0.84%	0.45%	0.00%	0.00%	0.01%	0.00%	0.09%	0.04%	0.67%
Nueces Total	0.69%	0.25%	0.00%	0.00%	0.04%	0.00%	0.17%	0.02%	0.50%
Tarrant SDA									
Amerigroup	0.42%	0.11%	0.00%	0.00%	0.02%	0.00%	0.12%	0.01%	0.30%
Health Spring	0.65%	0.23%	0.00%	0.00%	0.05%	0.00%	0.31%	0.00%	0.50%
Tarrant Total	0.48%	0.14%	0.00%	0.00%	0.03%	0.00%	0.16%	0.01%	0.35%
Travis SDA									
Amerigroup	1.77%	0.68%	0.00%	0.00%	0.59%	0.00%	0.64%	0.03%	1.43%
United	1.91%	0.57%	0.00%	0.00%	0.38%	0.00%	0.99%	0.02%	1.43%
Travis Total	1.85%	0.63%	0.00%	0.00%	0.47%	0.00%	0.87%	0.02%	1.43%
MRSA Central SDA									
Superior	1.01%	0.44%	0.00%	0.00%	0.05%	0.00%	0.27%	0.05%	0.79%
United	1.08%	0.26%	0.00%	0.00%	0.09%	0.00%	0.39%	0.09%	0.83%
Central Total	1.04%	0.38%	0.00%	0.00%	0.07%	0.00%	0.31%	0.06%	0.81%
MRSA Northeast SDA									
Health Spring	1.29%	0.57%	0.00%	0.00%	0.08%	0.00%	0.36%	0.03%	0.99%
United	1.01%	0.52%	0.00%	0.00%	0.14%	0.00%	0.26%	0.04%	0.80%
Northeast Total	1.14%	0.55%	0.00%	0.00%	0.11%	0.00%	0.30%	0.04%	0.89%

FY2022 STAR+PLUS Rating - Medical  
 DPP BHS Adjustment  
 Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	1.94%	1.03%	0.00%	0.00%	0.04%	0.00%	0.30%	0.12%	1.48%
Superior	1.69%	0.91%	0.00%	0.00%	0.08%	0.00%	0.21%	0.04%	1.27%
West Total	1.79%	0.95%	0.00%	0.00%	0.06%	0.00%	0.24%	0.06%	1.35%

## Footnotes

(1) Equals the cost impact from increased DPP BHS Component 2 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.

### *Attachment 13*

#### Rural Access to Primary and Preventive Services Program (RAPPS)

Effective September 1, 2021, HHSC will implement The Rural Access to Primary and Preventive Services (RAPPS) program which is designed to incentivize rural health clinics (RHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients.

RAPPS is comprised of two components which are open to two classes of providers, (1) Hospital-based RHCs, which include non-state government-owned and private RHCs, and (2) free-standing RHCs. Payments from managed care organizations to qualified RHCs will be triggered by achievement of program requirements.

Exhibit A is a detailed summary of the RAPPS which has been developed by the HHSC Provider Finance and Quality & Program Improvement departments.

The RAPPS program impacts members in the STAR, STAR+PLUS and STAR Kids programs. The RAPPS add-on amounts were calculated by applying the Component 1 and 2 criteria to the historical utilization by MCO and NPI and the resulting impact determined separately for each program. The add-on is calculated as an MCO-specific amount due to the varying impacts the program will have on expected reimbursement for each MCO.

Exhibit B provides a summary of the total RAPPS add-on amounts by MCO along with the split between Component 1 and Component 2.

The Component 1 add-on is calculated as a pmpm add-on amount based on historical utilization of the RHCs eligible for the Component 1 payments.

The Component 2 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 10. Exhibit C provides a summary of the RAPPS Component 2 adjustment factors. These adjustment factors are then applied to the projected FY2022 incurred claims.

The RAPPS 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 and STAR Kids)
- Premium Tax – 1.75% of premium

The RAPPS 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.

**Texas Health and Human Services Commission  
Proposed 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 proposed directed payment program designed to incentivize rural health clinics (RHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the goals and objectives of the state’s managed care quality strategy. The program incentivizes 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. Pending CMS approval, 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 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

#### **Total Funding Requested for SFY 2022**

\$11,264,178

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 a 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 for achieving program requirements.

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

RAPPS is designed to advance the following goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; and (3) attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care.

### **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. The increase will be based on the same unit increase for applicable procedure codes by RHC class, using each provider's utilization during the service period of March 1, 2019 through February 2020.
- 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 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 and will have a quality component to the payment.

A breakdown of the RAPPS Year One anticipated funding (upon approval) is below:

<b>RAPPS Year 1 Anticipated Funding (upon approval)</b>	
<b>Total Funds</b>	<b>\$ 11,264,178</b>
Federal Share Funds (62.95%)	\$ 7,090,800
Non-Federal Share Funds (37.05%)	\$ 4,173,378
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50%	\$ 281,604
MCO Risk Margin = STAR – 1.50% STAR+PLUS and STAR Kids – 1.75%	\$ 173,356
MCO Premium Tax = 1.75%	\$ 197,123
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 652,084</b>
IGT Funds Needed for Pool Size	\$ 4,173,378
<b>Available Funds for Program Components</b>	
Component 1	
75% of Total Funds	\$ 7,959,071
Component 2	
25% of Total Funds	\$ 2,653,024

### **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, quality metric, and payment period as follows. The MCOs' distribution of RAPPS funds to the RAPPS-participating RHCs will be based on each RAPPS-participating RHC's performance related to the quality metrics.

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 180 days after the last day of the program period. The reconciliation will be performed only if the weighted average (weighted by Medicaid utilization during the program period) of the absolute values of percentage changes between each RAPPs-participating RHCs proportion of historical Medicaid utilization and actual Medicaid utilization is greater than 10 percent.

Component 2: RAPPs-participating RHCs that can show they met the performance requirements 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 to incentivize the right care in the right place at the right time, 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.

Funds are not disbursed when one or more RAPPs-participating RHCs fail(s) to meet performance requirements. In that case, funds are distributed across all qualifying RAPPs-participating RHCs in the Service Delivery Area. Distribution is based on combining each RAPPs-participating RHC's proportion of total earned RAPPs funds from Component 1 and Component 2 after each payment 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 amount no later than the date specified by HHSC.

### Quality Metric Summary

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

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
Component 1: R1	R1-101	Telehealth to provide virtual medical appointments with a primary care or specialty care provider	Structure	NA	NA	NA
	R1-102	Use of electronic health record (EHR)	Structure	NA	NA	NA
	R1-103	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA	NA
Component 2: R2	R2-104	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Process	0057	NCQA	IOS

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward	Goal Type
	R2-105	Preventive Care and Screening: Influenza Immunization	Process	0041	AMA-PCPI	IOS

### **Achievement Requirements**

To be eligible for payment, the RAPPS-participating RHC must report all quality metrics for which it is eligible semi-annually.

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

For process measures, a RAPPS-participating RHC must submit numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions. During Year 1, measures with IOS goals are reporting CY2021 as a baseline.

During the first reporting period, providers will report on the measures for the first six months of CY2021. During the second reporting period, as a condition for participation in the RAPPS program, measures with IOS goals will report CY2021 for all measures.

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 Premium PMPM								
Amerigroup - Bexar	0.09	0.09	0.00	0.00	0.09	0.00	0.09	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	0.10	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	0.08	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	0.21	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Molina - Hidalgo	0.21	0.21	0.00	0.00	0.21	0.00	0.21	0.21
Superior - Hidalgo	0.25	0.25	0.00	0.00	0.25	0.00	0.25	0.25
Amerigroup - Jefferson	0.50	0.50	0.00	0.00	0.50	0.00	0.50	0.50
Molina - Jefferson	0.34	0.34	0.00	0.00	0.34	0.00	0.34	0.34
United - Jefferson	0.65	0.65	0.00	0.00	0.65	0.00	0.65	0.65
Amerigroup - Lubbock	0.77	0.77	0.00	0.00	0.77	0.00	0.77	0.77
Superior - Lubbock	0.87	0.87	0.00	0.00	0.87	0.00	0.87	0.87
Superior - Nueces	0.34	0.34	0.00	0.00	0.34	0.00	0.34	0.34
United - Nueces	0.34	0.34	0.00	0.00	0.34	0.00	0.34	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	0.47	0.47	0.00	0.00	0.47	0.00	0.47	0.47
United - Travis	0.51	0.51	0.00	0.00	0.51	0.00	0.51	0.51
Superior - Central	1.65	1.65	0.00	0.00	1.65	0.00	1.65	1.65
United - Central	1.49	1.49	0.00	0.00	1.49	0.00	1.49	1.49
Health Spring - Northeast	0.78	0.78	0.00	0.00	0.78	0.00	0.78	0.78
United - Northeast	0.86	0.86	0.00	0.00	0.86	0.00	0.86	0.86
Amerigroup - West	1.63	1.63	0.00	0.00	1.63	0.00	1.63	1.63
Superior - West	1.70	1.70	0.00	0.00	1.70	0.00	1.70	1.70

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 2 Premium PMPM								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.62	0.00	0.04	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	0.16	0.00	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Hidalgo	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Hidalgo	0.00	0.12	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	0.06	0.15	0.00	0.00	0.00	0.00	0.07	0.00
Amerigroup - Jefferson	0.06	0.00	0.00	0.00	1.38	0.00	0.00	0.00
Molina - Jefferson	0.07	0.00	0.00	0.00	1.75	0.00	0.06	0.00
United - Jefferson	0.06	0.00	0.00	0.00	1.27	0.00	0.06	0.00
Amerigroup - Lubbock	0.21	0.30	0.00	0.00	0.14	0.00	0.08	0.00
Superior - Lubbock	0.26	0.33	0.00	0.00	0.31	0.00	0.21	0.21
Superior - Nueces	0.12	0.00	0.00	0.00	0.83	0.00	0.05	0.00
United - Nueces	0.11	0.00	0.00	0.00	0.56	0.00	0.04	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.06	0.16	0.00	0.00	2.19	0.00	0.00	0.20
United - Travis	0.12	0.13	0.00	0.00	2.78	0.00	0.10	0.00
Superior - Central	0.30	0.63	0.00	0.00	1.28	0.00	0.22	0.50
United - Central	0.25	0.33	0.00	0.00	1.13	0.00	0.18	0.29
Health Spring - Northeast	0.25	0.31	0.00	0.00	0.39	0.00	0.16	0.28
United - Northeast	0.23	0.29	0.00	0.00	0.31	0.00	0.11	0.22
Amerigroup - West	0.42	0.53	0.00	0.00	0.71	0.00	0.26	0.76
Superior - West	0.50	0.65	0.00	0.00	0.61	0.00	0.26	0.55

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total RAPPS Premium 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 - Central	1.95	2.28	0.00	0.00	2.93	0.00	1.87	2.15
United - Central	1.74	1.82	0.00	0.00	2.62	0.00	1.67	1.78
Health Spring - Northeast	1.03	1.09	0.00	0.00	1.17	0.00	0.94	1.06
United - Northeast	1.09	1.15	0.00	0.00	1.17	0.00	0.97	1.08
Amerigroup - West	2.05	2.16	0.00	0.00	2.34	0.00	1.89	2.39
Superior - West	2.20	2.35	0.00	0.00	2.31	0.00	1.96	2.25

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 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	606	52	0	0	826	0	46	9	1,538
Molina	130	88	0	0	0	0	0	21	239
Superior	2,710	799	0	0	917	0	106	70	4,602
Bexar Total	3,446	938	0	0	1,742	0	152	100	6,380
Dallas SDA									
Molina	120	13	0	0	1	0	3	0	137
Superior	940	54	0	0	9	0	183	7	1,193
Dallas Total	1,060	66	0	0	11	0	186	7	1,331
El Paso SDA									
Amerigroup	1,441	43	0	0	0	0	0	56	1,540
Molina	238	46	0	0	0	0	0	19	303
El Paso Total	1,679	90	0	0	0	0	0	75	1,843
Harris SDA									
Amerigroup	212	0	0	0	0	0	0	0	212
Molina	15	0	0	0	15	0	0	0	31
United	1,890	173	0	0	187	0	84	98	2,432
Harris Total	2,118	173	0	0	202	0	84	98	2,675
Hidalgo SDA									
Health Spring	1,622	373	0	0	0	0	25	0	2,020
Molina	1,004	413	0	0	22	0	6	89	1,535
Superior	4,480	1,306	0	0	3	0	195	276	6,260
Hidalgo Total	7,106	2,092	0	0	25	0	227	366	9,816
Jefferson SDA									
Amerigroup	1,157	147	0	0	962	0	7	0	2,273
Molina	1,251	269	0	0	999	0	31	31	2,581
United	2,599	143	0	0	1,092	0	120	79	4,031
Jefferson Total	5,007	559	0	0	3,054	0	157	109	8,886

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	4,382	522	0	0	110	0	186	41	5,241
Superior	7,654	698	0	0	333	0	777	206	9,667
Lubbock Total	12,035	1,220	0	0	443	0	963	248	14,909
Nueces SDA									
Superior	4,900	437	0	0	818	0	100	47	6,303
United	3,319	153	0	0	640	0	52	25	4,189
Nueces Total	8,219	590	0	0	1,458	0	152	72	10,492
Tarrant SDA									
Amerigroup	662	28	0	0	179	0	61	0	930
Health Spring	80	51	0	0	99	0	0	0	231
Tarrant Total	743	78	0	0	279	0	61	0	1,160
Travis SDA									
Amerigroup	2,826	631	0	0	4,009	0	30	80	7,576
United	5,274	760	0	0	7,899	0	907	195	15,035
Travis Total	8,100	1,391	0	0	11,908	0	936	274	22,610
MRSA Central SDA									
Superior	23,274	3,134	0	0	3,736	0	1,308	493	31,946
United	10,747	866	0	0	3,782	0	485	79	15,960
Central Total									0
MRSA Northeast SDA									
Health Spring	18,239	3,255	0	0	1,162	0	781	253	23,690
United	19,835	2,240	0	0	1,415	0	693	285	24,468
Northeast Total	38,073	5,495	0	0	2,577	0	1,475	538	48,158
MRSA West SDA									
Amerigroup	18,910	1,968	0	0	1,469	0	971	809	24,127
Superior	35,130	4,118	0	0	2,215	0	1,994	904	44,360
West Total	54,039	6,086	0	0	3,684	0	2,964	1,712	68,486



FY2022 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Impact of RAPPS Component 2 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  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 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  
RAPPS Adjustment  
Impact of RAPPS Component 2 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	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.01%	0.00%	0.01%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%
Bexar Total	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
Dallas SDA									
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
United	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo SDA									
Health Spring	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Molina	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
Hidalgo Total	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Jefferson SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	0.01%
Molina	0.01%	0.00%	0.00%	0.00%	0.08%	0.00%	0.02%	0.00%	0.01%
United	0.01%	0.00%	0.00%	0.00%	0.11%	0.00%	0.02%	0.00%	0.01%
Jefferson Total	0.01%	0.00%	0.00%	0.00%	0.09%	0.00%	0.01%	0.00%	0.01%

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	0.03%	0.02%	0.00%	0.00%	0.01%	0.00%	0.02%	0.00%	0.03%
Superior	0.04%	0.02%	0.00%	0.00%	0.02%	0.00%	0.05%	0.01%	0.04%
Lubbock Total	0.04%	0.02%	0.00%	0.00%	0.02%	0.00%	0.04%	0.01%	0.03%
Nueces SDA									
Superior	0.02%	0.00%	0.00%	0.00%	0.06%	0.00%	0.01%	0.00%	0.02%
United	0.02%	0.00%	0.00%	0.00%	0.05%	0.00%	0.01%	0.00%	0.02%
Nueces Total	0.02%	0.00%	0.00%	0.00%	0.05%	0.00%	0.01%	0.00%	0.02%
Tarrant SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Health Spring	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis SDA									
Amerigroup	0.01%	0.01%	0.00%	0.00%	0.19%	0.00%	0.00%	0.01%	0.02%
United	0.02%	0.01%	0.00%	0.00%	0.29%	0.00%	0.03%	0.00%	0.03%
Travis Total	0.01%	0.01%	0.00%	0.00%	0.25%	0.00%	0.02%	0.00%	0.03%
MRSA Central SDA									
Superior	0.05%	0.04%	0.00%	0.00%	0.08%	0.00%	0.05%	0.02%	0.05%
United	0.04%	0.02%	0.00%	0.00%	0.09%	0.00%	0.04%	0.01%	0.04%
Central Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast SDA									
Health Spring	0.04%	0.02%	0.00%	0.00%	0.02%	0.00%	0.04%	0.01%	0.03%
United	0.04%	0.02%	0.00%	0.00%	0.02%	0.00%	0.03%	0.01%	0.03%
Northeast Total	0.04%	0.02%	0.00%	0.00%	0.02%	0.00%	0.03%	0.01%	0.03%

FY2022 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	0.07%	0.03%	0.00%	0.00%	0.04%	0.00%	0.06%	0.04%	0.06%
Superior	0.08%	0.04%	0.00%	0.00%	0.04%	0.00%	0.05%	0.02%	0.07%
West Total	0.08%	0.04%	0.00%	0.00%	0.04%	0.00%	0.06%	0.03%	0.06%

## Footnotes

- (1) Equals the cost impact from increased RAPPS Component 2 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.

## *Attachment 14*

### Community First Choice Initiative (CFC)

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

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

The CFC services include:

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

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

- a. Collect a list of CFC eligible members who were enrolled in STAR+PLUS during the base period (March 2019 through February 2020).
- b. Using the detail encounter data, summarize all Personal Attendant Services (PAS) utilized by the CFC eligible membership.
- c. Determine the PAS utilization by CFC members as a percentage of total long term care claims during the base period. This calculation is shown in Exhibit A.
- d. Apply the CFC-eligible PAS percentages calculated in Exhibit A to the long term care portion of the premium to estimate the CFC portion of the premium. This calculation is shown in Exhibit B.

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

FY2022 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services (1)					
Amerigroup - Bexar	636,324	4,063,009	825,537	4,608,079	10,132,949
Molina - Bexar	239,905	3,500,454	531,339	6,340,713	10,612,411
Superior - Bexar	2,308,081	22,021,447	1,673,125	21,093,513	47,096,167
Molina - Dallas	978,111	21,321,085	1,081,083	26,832,946	50,213,225
Superior - Dallas	1,405,006	13,253,230	1,165,780	13,586,688	29,410,704
Amerigroup - El Paso	841,854	5,230,476	1,912,718	6,003,119	13,988,167
Molina - El Paso	222,904	5,980,668	565,143	9,569,982	16,338,697
Amerigroup - Harris	1,688,840	17,075,028	2,141,790	23,119,630	44,025,288
Molina - Harris	322,165	6,990,735	539,879	11,822,604	19,675,383
United - Harris	2,590,288	19,061,843	3,475,801	34,905,090	60,033,023
HealthSpring - Hidalgo	807,254	12,249,222	1,625,759	37,865,665	52,547,899
Molina - Hidalgo	508,422	8,646,676	1,498,125	29,314,569	39,967,793
Superior - Hidalgo	2,735,127	28,953,956	6,156,610	83,120,009	120,965,703
Amerigroup - Jefferson	128,506	2,332,979	322,423	3,132,742	5,916,649
Molina - Jefferson	295,588	3,793,473	471,766	5,265,146	9,825,973
United - Jefferson	169,698	1,926,928	130,053	1,227,258	3,453,937
Amerigroup - Lubbock	161,013	1,003,530	389,109	1,534,161	3,087,813
Superior - Lubbock	223,790	1,535,637	321,380	2,013,947	4,094,753
Superior - Nueces	1,026,745	8,334,547	1,282,530	14,023,283	24,667,105
United - Nueces	583,930	4,941,814	718,700	8,203,174	14,447,617
Amerigroup - Tarrant	1,896,969	13,953,138	2,720,085	13,683,898	32,254,089
HealthSpring - Tarrant	513,841	3,675,692	486,055	3,296,036	7,971,624
Amerigroup - Travis	705,369	5,549,010	904,402	8,434,934	15,593,715
United - Travis	453,130	3,530,286	594,637	5,898,617	10,476,670
Superior - MRSA Central	696,432	4,926,911	553,036	3,797,375	9,973,753
United - MRSA Central	415,636	2,422,971	609,144	4,469,762	7,917,513
Health Spring - MRSA Northeast	762,660	10,290,188	812,925	13,746,383	25,612,156
United - MRSA Northeast	1,081,709	7,061,026	1,106,274	8,928,862	18,177,872
Amerigroup - MRSA West	624,454	2,643,168	2,441,719	8,531,275	14,240,617
Superior - MRSA West	699,219	6,441,399	978,796	7,431,066	15,550,481
Total	25,722,970	252,710,526	38,035,725	421,800,527	738,269,748

FY2022 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
3/2019-2/2020 Total Long Term Care Claims Paid (2)					
Amerigroup - Bexar	7,997,358	6,180,915	15,575,185	12,380,433	42,133,892
Molina - Bexar	5,476,080	4,654,456	12,892,738	11,391,357	34,414,631
Superior - Bexar	30,461,148	31,348,564	37,095,800	36,035,672	134,941,184
Molina - Dallas	39,351,337	31,713,863	49,637,615	56,597,751	177,300,566
Superior - Dallas	21,612,136	19,633,357	27,900,360	29,275,257	98,421,110
Amerigroup - El Paso	10,424,099	6,858,667	34,480,562	12,388,064	64,151,391
Molina - El Paso	8,474,469	7,848,307	32,875,074	16,658,885	65,856,736
Amerigroup - Harris	34,322,977	23,857,128	59,663,085	38,042,476	155,885,667
Molina - Harris	9,297,068	10,827,749	15,977,461	19,553,436	55,655,714
United - Harris	57,483,504	41,654,707	83,817,435	67,166,505	250,122,151
HealthSpring - Hidalgo	26,808,977	14,850,785	93,046,789	68,960,285	203,666,836
Molina - Hidalgo	19,299,537	10,874,322	69,692,729	53,512,569	153,379,156
Superior - Hidalgo	55,538,036	38,629,119	167,580,662	148,832,989	410,580,805
Amerigroup - Jefferson	3,135,758	3,412,115	6,339,281	8,280,436	21,167,591
Molina - Jefferson	2,892,101	4,973,255	6,115,507	9,851,566	23,832,429
United - Jefferson	4,432,406	3,753,030	3,681,725	4,769,861	16,637,022
Amerigroup - Lubbock	1,217,772	1,562,279	2,968,801	4,608,417	10,357,269
Superior - Lubbock	1,697,501	3,077,668	2,754,809	4,520,990	12,050,968
Superior - Nueces	10,410,862	10,808,612	21,499,772	27,598,556	70,317,802
United - Nueces	12,758,424	6,533,731	18,234,489	21,702,965	59,229,608
Amerigroup - Tarrant	16,091,346	20,001,896	28,524,349	34,359,794	98,977,385
HealthSpring - Tarrant	5,873,011	5,162,228	8,989,081	9,794,846	29,819,165
Amerigroup - Travis	7,671,139	6,884,409	14,832,970	16,804,974	46,193,492
United - Travis	5,786,499	7,030,424	7,686,383	16,105,432	36,608,738
Superior - MRSA Central	7,428,075	6,812,600	9,385,508	9,811,630	33,437,813
United - MRSA Central	4,334,738	4,845,095	10,403,706	14,720,887	34,304,426
Health Spring - MRSA Northeast	10,057,360	13,289,973	14,482,970	33,378,001	71,208,304
United - MRSA Northeast	13,098,932	14,006,186	17,344,508	35,985,255	80,434,881
Amerigroup - MRSA West	4,140,703	4,126,662	18,968,898	20,943,882	48,180,145
Superior - MRSA West	5,770,068	9,580,386	14,301,731	19,544,432	49,196,617
Total	443,343,419	374,792,487	906,749,984	863,577,605	2,588,463,495



FY2022 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services Percentage of Total Long Term Care					
Amerigroup - Bexar	7.96%	65.73%	5.30%	37.22%	24.05%
Molina - Bexar	4.38%	75.21%	4.12%	55.66%	30.84%
Superior - Bexar	7.58%	70.25%	4.51%	58.54%	34.90%
Molina - Dallas	2.49%	67.23%	2.18%	47.41%	28.32%
Superior - Dallas	6.50%	67.50%	4.18%	46.41%	29.88%
Amerigroup - El Paso	8.08%	76.26%	5.55%	48.46%	21.80%
Molina - El Paso	2.63%	76.20%	1.72%	57.45%	24.81%
Amerigroup - Harris	4.92%	71.57%	3.59%	60.77%	28.24%
Molina - Harris	3.47%	64.56%	3.38%	60.46%	35.35%
United - Harris	4.51%	45.76%	4.15%	51.97%	24.00%
HealthSpring - Hidalgo	3.01%	82.48%	1.75%	54.91%	25.80%
Molina - Hidalgo	2.63%	79.51%	2.15%	54.78%	26.06%
Superior - Hidalgo	4.92%	74.95%	3.67%	55.85%	29.46%
Amerigroup - Jefferson	4.10%	68.37%	5.09%	37.83%	27.95%
Molina - Jefferson	10.22%	76.28%	7.71%	53.44%	41.23%
United - Jefferson	3.83%	51.34%	3.53%	25.73%	20.76%
Amerigroup - Lubbock	13.22%	64.24%	13.11%	33.29%	29.81%
Superior - Lubbock	13.18%	49.90%	11.67%	44.55%	33.98%
Superior - Nueces	9.86%	77.11%	5.97%	50.81%	35.08%
United - Nueces	4.58%	75.64%	3.94%	37.80%	24.39%
Amerigroup - Tarrant	11.79%	69.76%	9.54%	39.83%	32.59%
HealthSpring - Tarrant	8.75%	71.20%	5.41%	33.65%	26.73%
Amerigroup - Travis	9.20%	80.60%	6.10%	50.19%	33.76%
United - Travis	7.83%	50.21%	7.74%	36.63%	28.62%
Superior - MRSA Central	9.38%	72.32%	5.89%	38.70%	29.83%
United - MRSA Central	9.59%	50.01%	5.86%	30.36%	23.08%
Health Spring - MRSA Northeast	7.58%	77.43%	5.61%	41.18%	35.97%
United - MRSA Northeast	8.26%	50.41%	6.38%	24.81%	22.60%
Amerigroup - MRSA West	15.08%	64.05%	12.87%	40.73%	29.56%
Superior - MRSA West	12.12%	67.24%	6.84%	38.02%	31.61%
Total	5.80%	67.43%	4.19%	48.84%	28.52%

## Footnotes

(1) Equals 3/2019-2/2020 health plan fee-for-service claims for CFC eligible members (from Encounter database).

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

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	279.48	2,124.92	462.50	2,255.49
Molina - Bexar	320.24	1,931.87	466.64	2,112.13
Superior - Bexar	334.89	2,317.48	492.97	2,359.54
Molina - Dallas	365.99	1,942.30	480.43	2,058.38
Superior - Dallas	256.14	2,008.00	401.55	2,063.06
Amerigroup - El Paso	349.53	2,170.89	582.46	2,297.32
Molina - El Paso	431.92	2,038.69	660.69	2,305.17
Amerigroup - Harris	303.57	2,821.49	395.01	2,673.13
Molina - Harris	313.07	2,762.37	405.21	2,615.22
United - Harris	357.54	2,567.16	443.21	2,481.87
HealthSpring - Hidalgo	817.41	2,911.71	1,055.88	2,772.03
Molina - Hidalgo	758.40	2,811.15	973.84	2,732.40
Superior - Hidalgo	849.80	2,897.64	1,174.55	2,773.70
Amerigroup - Jefferson	198.22	2,201.52	332.37	1,977.11
Molina - Jefferson	233.96	1,931.84	307.26	1,914.03
United - Jefferson	204.57	1,919.41	236.81	1,836.73
Amerigroup - Lubbock	120.53	1,597.83	191.56	1,591.17
Superior - Lubbock	134.82	1,663.38	192.68	1,772.86
Superior - Nueces	409.99	2,266.42	613.97	2,312.04
United - Nueces	481.39	2,294.31	574.91	2,254.35
Amerigroup - Tarrant	199.87	2,095.96	365.89	1,967.01
HealthSpring - Tarrant	202.06	2,151.58	287.02	2,154.38
Amerigroup - Travis	281.26	2,727.87	379.10	2,221.83
United - Travis	214.99	2,528.35	233.87	2,168.66
Superior - MRSA Central	195.66	2,101.26	260.65	1,983.77
United - MRSA Central	187.03	2,129.93	276.58	1,979.17
Health Spring - MRSA Northeast	223.77	2,245.31	278.78	1,966.92
United - MRSA Northeast	238.68	2,099.89	304.36	1,674.12
Amerigroup - MRSA West	157.32	1,958.62	322.90	1,803.53
Superior - MRSA West	159.99	1,847.49	269.50	1,830.07

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.

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	1,396.81	24.51	839.51
Molina - Bexar	14.03	1,452.89	19.23	1,175.66
Superior - Bexar	25.38	1,627.96	22.23	1,381.16
Molina - Dallas	9.10	1,305.80	10.46	975.88
Superior - Dallas	16.65	1,355.47	16.78	957.47
Amerigroup - El Paso	28.23	1,655.54	32.31	1,113.26
Molina - El Paso	11.36	1,553.55	11.36	1,324.24
Amerigroup - Harris	14.94	2,019.40	14.18	1,624.55
Molina - Harris	10.85	1,783.47	13.69	1,581.24
United - Harris	16.11	1,174.77	18.38	1,289.78
HealthSpring - Hidalgo	24.61	2,401.64	18.45	1,522.10
Molina - Hidalgo	19.98	2,235.28	20.93	1,496.83
Superior - Hidalgo	41.85	2,171.89	43.15	1,549.05
Amerigroup - Jefferson	8.12	1,505.25	16.90	748.00
Molina - Jefferson	23.91	1,473.56	23.70	1,022.95
United - Jefferson	7.83	985.49	8.37	472.58
Amerigroup - Lubbock	15.94	1,026.37	25.11	529.71
Superior - Lubbock	17.77	829.96	22.48	789.75
Superior - Nueces	40.43	1,747.64	36.63	1,174.79
United - Nueces	22.03	1,735.31	22.66	852.09
Amerigroup - Tarrant	23.56	1,462.12	34.89	783.37
HealthSpring - Tarrant	17.68	1,532.00	15.52	724.96
Amerigroup - Travis	25.86	2,198.73	23.11	1,115.20
United - Travis	16.84	1,269.60	18.09	794.27
Superior - MRSA Central	18.34	1,519.64	15.36	767.77
United - MRSA Central	17.93	1,065.15	16.19	600.94
Health Spring - MRSA Northeast	16.97	1,738.50	15.65	810.06
United - MRSA Northeast	19.71	1,058.63	19.41	415.39
Amerigroup - MRSA West	23.73	1,254.52	41.56	734.65
Superior - MRSA West	19.39	1,242.17	18.44	695.82

(2) LTC Premium multiplied by CFC eligible percentage.

## Attachment 15

### Pay for Quality Program

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

The table below provides a description of the at risk and bonus measures and the calendar year(s) to which each applies for each program. The 2020 medical P4Q program was suspended; MCOs will not be subject to any recoupments or distributions based on calendar year 2020 performance.

### At-Risk Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2021	2018 2019 2021	2021	2018 2019 2021
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019 2021		2018 2019 2021
Prenatal and Postpartum Care (PPC)		2018 2021		
Well Child Visits in the First 30 months of Life (W30), First 15 Months of Life		2018 2019 2021		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2021			
Controlling High Blood Pressure (CBP)	2021			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)	2018 2019 2021			
Cervical cancer screening (CCS)	2018 2019 2021			
Child and Adolescent Well-Care Visits (WCV), 12-21 years of age			2021	2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			2021	2018 2019 2021
Follow-up After Hospitalization for Mental Illness (FUH)			2021	
Immunizations for Adolescents (IMA) Combination 2		2021		2021
Getting Specialized Services composite			2021	

## Bonus Pool Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially preventable readmissions (PPR)	2018 2019 2021			
Potentially preventable admissions (PPA)		2018 2019 2021		
Prevention Quality Indicator (PQI) Composite	2018 2019 2021			
Potentially preventable complications (PPC)	2018 2019 2021			
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation submeasure		2021		2021
Low Birth Weight		2018 2019 2021		
Childhood Immunization Status (CIS) Combination 10		2021		2018 2019 2021
Immunizations for Adolescents (IMA) Combination 2			2021	
Good access to urgent care	2018 2019 2021	2018 2019		2018 2019
Getting Care Quickly composite		2020		
Rating health plan a 9 or 10	2018 2019	2018 2019		2018 2019
Rating their child's personal doctor a 9 or 10				2021
Getting care quickly composite				2021
Transition to care as an adult			2021	
Help with care coordination			2021	
Potentially preventable readmissions (PPR)	2018 2019 2021			

The medical P4Q program assesses MCOs based on three categories:

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

The performance against self and performance against benchmarks measures are the at-risk components of the program: MCOs can lose money based on their performance on these measures. Utilizing both the performance against self and performance against benchmarks rewards high performing MCOs while still incentivizing improvement regardless of current level performance. The total percent capitation earned/lost for each at-risk measure in a program is added to determine the total capitation earned/lost for each MCO across all at-risk measures for that program.

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

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

Overall penalties are limited to 3% and bonuses are limited to 5%. However, historically the impact of the P4Q program on total premium has been immaterial. In 2018 the maximum loss any MCO experienced was less than 1.5% and the most earned by any MCO was less than 0.1%. In 2019, the maximum loss any MCO experienced was less than 0.7% and the most earned by any MCO was less than 0.5%. As a result, we do not believe the P4Q program has a material impact on the premium rate development. As a result, it is confirmed that the total payment plus any bonus payments will not exceed 105 percent of the capitation payments.

## ***Attachment 16***

### **FY2022 STAR+PLUS Rate Certification Index**

The index below includes the pages of this report 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 12-month period September 1, 2021 through August 31, 2022 (FY2022).
- iii. (a) The certification letter is on page 21 of the report.  
  
(b) The final capitation rates are shown on pages 19-20 of the report.  
  
(c) (i) See pages 1 and 4 through 6 of the report.  
  
(ii) See page 1 of the report.  
  
(iii) See page 1 of the report.  
  
(iv) Not applicable. There have been no changes since the prior certification.  
  
(v) Pages 306-317 (NAIP), 318-3217 (QIPP), 328-352 (CHIRP) and 353-370 (TIPPS), 371-387 (DPP BHS), 388-403 (RAPPS) and 411-413 (P4Q).  
  
(vi) Not applicable.
- 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 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 page 21 of the report.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 21 of the report.
- vii. See pages 404 through 410 of the report.
- viii. (a) See pages 23 through 54 of the report.  
  
(b) Not applicable. All rating adjustment factors have been included in the report.  
  
(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 report.

(c) See pages 16 and 17. 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 report.
- ii. (a) See pages 1 through 3 of the report.
- (b) See pages 2 through 3 of the report.
- (c) See pages 2 through 3 of the report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 4 of the report.
- (c) No errors found in the data.
- (d) See pages 235 through 280 of the report.
- (e) Value added services and non-capitated services have been excluded from the analysis.

## **3. Projected Benefit Costs and Trends**

### **A. Rate Development Standards**

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. See page 236 and pages 255 through 258 of the report

B. Appropriate Documentation

- i. See pages 19 through 20 and Attachment 1 pages 23 through 54 of the report.
- ii. (a) See Attachment 3 pages 62 through 208 of the report.  
  
(b) There have been no significant changes in the development of the benefit cost since the last certification.  
  
(c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not 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 through 234 of the report.  
  
(b) See Attachment 4 pages 209 through 234 of the report.  
  
(c) See Attachment 4 pages 209 through 234 of the report.  
  
(d) See Attachment 4 pages 209 through 234 of the report.  
  
(e) Not applicable.
- iv. Not applicable.
- v. The STAR+PLUS program stipulates the following provisions related to in lieu of services:
  - The MCO may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting.
  - The MCO may provide substance use disorder treatment services in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting.

- For individuals between the ages of 21 and 64, services are provided in IMDs only in lieu of an acute care hospital setting. IMD services for individuals under age 21 and age 65 and over are covered pursuant to the Texas state plan.

The cost for in lieu of services 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 through 280 of the report.

- viii. See Attachment 5 pages 235 through 280 of the report.

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

##### **A. Incentive Arrangements**

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

See Attachment 15 pages 411 through 413 of the report.

B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 15 pages 411 through 413 of the 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 (CHIRP), Attachment 11 (TIPPS), Attachment 12 (DPP BHS) and Attachment 13 (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 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 and Attachment 10	See attachment 10	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 and Attachment 11	See Attachment 11	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 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 and Attachment 13	See Attachment 13	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.

(b) See Attachment 8 pages 306 through 317.

(c) See Attachment 8 pages 306 through 317.

(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 report.

ii. See page 18 of the report.

iii. See page 18 of the report.



## **6. Risk Adjustment and Acuity Adjustments**

### **A. Rate Development Standards**

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

### **B. Appropriate Documentation**

- i. See Attachments 6 and 7 pages 281 through 305 of the report.
- ii. Not applicable, risk adjustment is only applied on a prospective basis.
- iii. No material changes have been made to the risk adjustment model applied to acute care or long term care other than annual updates of the data since the last rating period. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).
- iv. See Attachments 6 and 7 pages 281 through 305 of the report.

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

### **1. Managed Long-Term Services and Supports**

#### **A. Acknowledged.**

#### **B. Long term care rate development follows the same methodology as all other services described throughout the report.**

#### **C. Appropriate Documentation**

- i. (a) Rates are set for the risk groups specified on page 5 of the report. This is a “non-blended” approach.
- (b) Rate cells are specified on page 5 of the report. Description of the rate setting methodology is included in Attachment 3 pages 62 through 208 of the report. All trend analysis and other adjustment factors follow the same methodology as described throughout the report.
- (c) Not applicable.

- (d) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- (e) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- ii. The development of the administrative cost is described on page 18 of the report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the report.
- iii. The rate setting is based on historical managed care data for all services, including long term care. The managed care data is fully credible and therefore no reliance is necessary on outside studies or research.

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

Not Applicable.