

Mitchell L. Bilbe, F.S.A.  
Evan L. Dial, F.S.A.  
Philip S. Dial, F.S.A.  
Charles V. Faerber, F.S.A., A.C.A.S.  
Mark R. Fenlaw, F.S.A.  
Brandon L. Fuller, F.S.A.  
Shannon R. Hatfield, F.S.A.  
Christopher S. Johnson, F.S.A.  
Oliver B. Kiel, F.S.A.  
Dustin J. Kim, F.S.A.



Edward A. Mire, F.S.A.  
Rebecca B. Morris, A.S.A.  
Amanda L. Murphy, F.S.A.  
Michael J. Muth, F.S.A.  
Khiem Ngo, F.S.A., A.C.A.S.  
Timothy B. Seifert, F.S.A.  
Chelsea E. Stewart, F.S.A.  
Raymond W. Tilotta  
Ronald W. Tobleman, F.S.A.  
David G. Wilkes, F.S.A.

September 29, 2023

Mr Michael Joyner  
Chief Actuary  
Health and Human Services Commission  
4601 West Guadalupe  
Austin, Texas 78751

Re: STAR+PLUS Rate Amendment UMCC 529-12-0002 V2.38.1, STAR+PLUS Expansion 529-10-0020 V1.42.1, STAR+PLUS MRSA 529-13-0042 V1.27.1

Dear Mr. Joyner:

This letter amends the report titled State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting State Fiscal Year 2023 and dated July 8, 2022 which was amended in the letter titled STAR+PLUS Rate Amendment and dated January 6, 2023. The amended FY2023 capitation rates were developed using identical methods and assumptions as the rates described in the original report and amendment letter. The amended rates are assumed to be payable for the period September 1, 2022 through August 31, 2023.

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

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

### **Removal of HB133 Post-Partum Eligibility Extension**

In an email dated October 25, 2022 CMS clarified that there had been no approval for the extension of eligibility for pregnant women from 2 to 6 months following delivery. Furthermore, CMS requested that the state submit a revised rate certification to remove this programmatic change which was done so in the amendment letter dated January 6, 2023. While this change did not directly impact the eligibility for STAR+PLUS members, it did impact the total STAR and STAR+PLUS membership which was used in calculating the NAIP component of the premiums for each program equally. As a result of this change, the NAIP component of the premium was revised.

### **Nursing Facility Reimbursement Increases**

The original rate calculation assumed that the nursing facility reimbursement increase would end

October 13, 2022. Due to extensions of the Public Health Emergency (PHE) and legislative direction, the nursing facility reimbursement increase remained in effect during the entire fiscal year. The FY2023 managed care premium rates have been adjusted to account for the increased level of nursing facility reimbursement incurred by the MCOs throughout the year.

## **B. Report Amendments**

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

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

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

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

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

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

- Adjustment to the NAIP premium rate as detailed in the January 6, 2023 amendment letter.
- Adjustment to the nursing facility reimbursement increase to reflect the increased reimbursement rates paid during the full year as detailed in this amendment letter.

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

The Nursing Facility Reimbursement Increase section has been updated to read:

Effective April 1, 2020 HHSC increased reimbursement to nursing facilities as a result of the PHE. Managed care plan reimbursement to nursing facilities traditionally mirrors Medicaid Fee-For-Service fee schedule changes. The increase in FFS fee schedules has resulted in increased cost to the MCOs. The reimbursement increase will be in effect during the full FY2023. Exhibit L- Revised of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

No changes applicable to this section.

### ***Section V. Summary***

The tables in this section are replaced in their entirety with the following tables for the period September 1, 2022 through August 31, 2023.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,746.73	\$5,528.30	\$477.03	\$2,362.96
Molina - Bexar	1,826.98	5,340.30	481.19	2,215.41
Superior - Bexar	1,946.06	6,038.98	507.66	2,470.05
Molina - Dallas	2,014.82	5,323.84	498.55	2,148.05
Superior - Dallas	1,925.17	5,729.70	419.08	2,152.83
Amerigroup - El Paso	2,023.96	5,416.33	602.52	2,404.25
Molina - El Paso	2,165.92	5,507.44	682.25	2,412.36
Amerigroup - Harris	2,121.58	7,142.72	412.43	2,790.56
Molina - Harris	1,955.06	6,752.67	422.82	2,730.71
United - Harris	2,332.54	6,623.01	461.53	2,592.89
Molina - Hidalgo	2,232.31	5,954.72	1,017.28	2,838.09
Superior - Hidalgo	2,432.63	6,271.67	1,173.17	2,858.21
Amerigroup - Jefferson	1,749.11	6,410.11	357.28	2,101.11
Molina - Jefferson	1,738.76	5,445.67	331.94	2,036.28
United - Jefferson	2,002.34	5,629.95	260.84	1,956.86
Amerigroup - Lubbock	1,806.23	5,195.35	217.76	1,722.70
Superior - Lubbock	1,671.57	5,042.58	218.88	1,910.13
Superior - Nueces	1,809.11	5,417.58	629.77	2,417.59
United - Nueces	2,107.08	5,548.00	590.81	2,358.45
Amerigroup - Tarrant	2,016.33	6,110.13	391.86	2,077.06
Molina - Tarrant	1,848.31	6,334.49	310.80	2,271.14
Amerigroup - Travis	1,799.25	6,650.13	398.71	2,332.80
United - Travis	1,915.45	6,419.95	253.02	2,278.40
Superior - MRSA Central	1,653.39	5,833.41	290.32	2,063.90
United - MRSA Central	1,738.27	6,173.09	305.99	2,059.28
Molina - MRSA Northeast	1,595.39	5,610.46	297.98	2,061.67
United - MRSA Northeast	1,869.30	6,211.72	323.53	1,762.05
Amerigroup - MRSA West	1,705.38	6,054.11	346.36	1,907.45
Superior - MRSA West	1,695.49	5,436.92	292.85	1,934.58

Health Plan	Medicaid	Dual Eligible	IDD	MBCCP
	Only		Over 21	
	NF	NF		
Monthly Premium Rates				
Amerigroup - Bexar	\$11,005.05	\$7,287.69	\$1,255.18	\$5,262.23
Molina - Bexar	10,532.61	7,287.69	1,266.63	5,524.12
Superior - Bexar	10,954.88	7,287.69	1,495.49	4,536.25
Molina - Dallas	11,368.14	7,024.33	1,115.09	4,201.98
Superior - Dallas	11,993.24	7,024.33	1,224.84	6,563.21
Amerigroup - El Paso	11,193.03	7,048.04	1,873.02	4,340.62
Molina - El Paso	11,863.86	7,048.04	2,011.24	3,863.21
Amerigroup - Harris	12,155.39	6,973.93	1,418.96	5,480.72
Molina - Harris	11,099.94	6,973.93	1,203.67	4,930.49
United - Harris	11,575.19	6,973.93	1,544.31	5,361.75
Molina - Hidalgo	12,150.93	7,784.35	1,196.74	4,422.30
Superior - Hidalgo	13,216.16	7,784.35	1,600.70	4,941.08
Amerigroup - Jefferson	10,859.58	6,436.03	1,310.70	5,475.22
Molina - Jefferson	10,613.27	6,436.03	1,045.53	5,109.84
United - Jefferson	10,561.32	6,436.03	1,285.55	5,920.28
Amerigroup - Lubbock	10,579.88	7,216.29	1,229.22	7,209.79
Superior - Lubbock	10,577.20	7,216.29	1,258.49	5,485.64
Superior - Nueces	10,393.41	7,479.76	1,280.76	4,121.93
United - Nueces	10,221.58	7,479.76	1,341.86	3,985.35
Amerigroup - Tarrant	11,445.84	6,963.34	1,362.59	5,030.35
Molina - Tarrant	11,056.29	6,963.34	1,063.97	4,949.33
Amerigroup - Travis	10,993.52	7,595.16	1,378.60	3,740.51
United - Travis	11,153.61	7,595.16	1,399.38	4,972.05
Superior - MRSA Central	10,414.56	7,026.80	1,340.01	5,531.12
United - MRSA Central	10,097.45	7,026.80	1,430.23	6,774.12
Molina - MRSA Northeast	11,171.82	6,917.30	1,120.66	4,919.12
United - MRSA Northeast	11,135.88	6,917.30	1,337.61	4,437.07
Amerigroup - MRSA West	11,009.42	7,064.80	1,384.39	4,066.96
Superior - MRSA West	10,586.06	7,064.80	1,462.20	4,809.54

**Section VI. Actuarial Certification of FY2023 STAR+PLUS Health Plan Premium Rates**

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

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of the STAR+PLUS premium rates for the period September 1, 2022 through August 31, 2023 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the amended FY2023 premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

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

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

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


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



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



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



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



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

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

The following sections indicate any revisions applicable to each of the attachments in the original actuarial report dated July 8, 2022 and the amendment letter dated January 6, 2023.

### ***Attachment 1 - Summary of FY2023 STAR+PLUS Rating Analysis***

Exhibit A - Revised. This exhibit presents summary information regarding the FY2023 rates. Included on the exhibit are current (previously submitted rates effective September 1, 2022) premium rates split between medical (acute care and long-term care), prescription drug, NEMT, NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS rates; Revised September 1, 2022 through August 31, 2023 average premium rates split between medical (acute care and long-term care), prescription drug, NEMT, NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS rates and a comparison of the current and revised premium rates.

Exhibit B - Revised. This exhibit presents a comparison of the projected expenditures under the current (previously submitted rates effective September 1, 2022) premium rates and the revised September 1, 2022 through August 31, 2023 premium rates. The projection is split by each component.

The reasons for the rate changes shown in Exhibit A - Revised are due solely to the application of the revised nursing facility reimbursement adjustment. There have been no other changes to the premium rates.

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

No changes applicable to this section.

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

Attachment 3 - Revised includes the community rating exhibits for the medical component of the rate development for all risk groups in each SDA. The only change to these exhibits is the application of the revised Long Term Care adjustment factors as presented in Attachment 5 – Exhibit L-Revised. The revised exhibits are applicable to the period September 1, 2022 through August 31, 2023. There have been no changes to the Pharmacy or NEMT rating exhibits.

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

No changes applicable to this section.

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

The following language has been amended in this section.

Effective April 1, 2020, HHSC increased the reimbursement for nursing facilities. This increase will be in place through August 31, 2023. Exhibit L-Revised presents a summary of the derivation of the rating adjustment factors.

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

<b><u>Heading</u></b>	<b><u>Attachment 5 Exhibits</u></b>
Acute Care – Non Inpatient	F, G, H, I.1, N, O, P, Q, R, S and T
Acute Care – Inpatient	A, B, C, D and E
Wrap & Carve-Out Removal	J and V.1
Long Term Care	K and L-Revised
Other – NF Eligibility	M.1

***Attachment 6 – PHE Related Cost Adjustment***

There have been no changes to this section.

***Attachment 7 – Acuity Risk Adjustment – Acute Care***

There have been no changes to this section.

***Attachment 8 – Acuity Risk Adjustment – Long Term Care***

There have been no changes to this section.

***Attachment 9 – Network Access Improvement Program (NAIP)***

There have been no further changes to this section since the amendment letter dated January 6, 2023.

***Attachment 10 – Quality Incentive Payment Program (QIPP)***

No changes applicable to this section.

***Attachment 11 – Comprehensive Hospital Increase Reimbursement Program (CHIRP)***

No changes applicable to this section.

***Attachment 12 – Texas Incentive for Physicians and Professional Services Program (TIPPS)***

No changes applicable to this section.

***Attachment 13 – Directed Payment Program for Behavioral Health Services Program (DPP BHS)***

No changes applicable to this section.

*Attachment 14 – Rural Access to Primary and Preventative Services Program (RAPPS)*

No changes applicable to this section.

*Attachment 15– Community First Choice Initiative (CFC)*

The application of the revised nursing facility reimbursement changes impacts the long term care component of the capitation rate. Exhibit B – Revised presents the calculation of the CFC component of the rates which have been revised for the period September 1, 2022 through August 31, 2023.

*Attachment 16– Pay for Quality Program*

There have been no changes to this section.

*Attachment 17 - FY2023 STAR+PLUS Rate Certification Index*

The index below includes the pages of the original report, dated July 8, 2022, the first amendment letter, dated January 6, 2023, and this amendment letter that correspond to the applicable sections of the 2022-2023 Medicaid Managed Care Rate Development Guide, dated April 2022.

## **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, 2022 through August 31, 2023 (FY2023).
- iii. (a) The certification letter is on page 5 of this amendment letter.  
(b) The final capitation rates are shown on pages 3-4 of this amendment letter.  
(c) (i) See pages 1 and 4-6 of the original report.  
(ii) See page 1 of the original report.  
(iii) See page 1 of the original report.  
(iv) Not applicable. There have been no changes since the prior certification.



(v) Pages 332-340 (NAIP), 341-350 (QIPP), 351-375 (CHIRP), 376-392 (TIPPS), 393-408 (DPP BHS), 409-424 (RAPPS) and 432-436 (P4Q) of the original report. Pages 7-10 and 57-61 (NAIP), 10-11 and 62-84 (CHIRP, TIPPS, DPP BHS and RAPPS) of the first amendment letter.

(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, 14, 17 and 299-307 of the original report for discussion on how COVID-19 and PHE have been accounted for in the FY2023 rate development.
- xiii. Acknowledged.

#### B. Appropriate Documentation

- i. The actuary is certifying capitation rates. See page 5 of this amendment letter.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 5 of this amendment letter.

- vii. See pages 425-431 of the original report and pages 8 and 134-136 of this amendment letter.
- viii. (a) See pages 20-53 of this amendment letter.  
 (b) Not applicable. All rating adjustment factors have been included in the original report and subsequent amendments.  
 (c) FY2022 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 2021 to study the impact of COVID and the PHE. See pages 299-307 of the original report.  
 (b) See pages 17 and 299-307 of the original report.  
 (c) See page 6 and 17 of the original report. All testing and treatment for COVID-19 are covered on a non-risk basis outside of the capitation rates.  
 (d) See page 17 of the original report. Unlike the prior rating period, we are making a prospective adjustment to the FY2023 capitation rates. In addition, the experience rebate provisions adjusted to limit the possibility of excessive profits in FY2022 have been continued for an additional year into FY2023.

## 2. Data

### A. Rate Development Standards

- i. (a) Acknowledged.  
 (b) Acknowledged.  
 (c) Acknowledged.  
 (d) Not applicable.

### B. Appropriate Documentation

- i. (a) See pages 1-3 of the original report.
- ii. (a) See pages 1-3 of the original report.

- (b) See pages 2-3 of the original report.
- (c) See pages 2-3 of the original report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 4 of the original report.
- (c) No errors found in the data.
- (d) See pages 238-298 of the original 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 239 and pages 259- 262 of the original report.

#### **B. Appropriate Documentation**

- i. See pages 3-4 and Attachment 1 Revised pages 20-53 of this amendment letter.
- ii. (a) See Attachment 3 pages 65-211 of the original report and Attachment 3 Revised pages 54-131 of this amendment letter.
- (b) The only changes to the development of the benefit cost since the last certification are summarized on pages 1-2 of this amendment letter.
- (c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjusted for in

the submitted encounter data are excluded from the base period as a negative add-on payment.

- iii. (a) See Attachment 4 pages 212-237 of the original report.
- (b) See Attachment 4 pages 212-237 of the original report.
- (c) See Attachment 4 pages 212-237 of the original report.
- (d) See Attachment 4 pages 212-237 of the original report.
- (e) Not applicable.
- iv. Not applicable.
- v. The STAR+PLUS program stipulates the following provisions related to in lieu of services:
  - The MCO may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting.
  - The MCO may provide substance use disorder treatment services in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting.
  - For individuals between the ages of 21 and 64, services are provided in IMDs only in lieu of an acute care hospital setting. IMD services for individuals under age 21 and age 65 and over are covered pursuant to the Texas state plan.

The cost for in lieu of services is not tracked separately 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 FY2023 premium rate.
- (c) All enrollment data during retroactive enrollment periods are included in the

base period data used to develop the FY2023 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 238-298 of the original report and Attachment 5 Revised pages 132-133 of this amendment letter.
- viii. See Attachment 5 pages 238-298 of the original report and Attachment 5 Revised pages 132-133 of this amendment letter.

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

##### A. Incentive Arrangements

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

See Attachment 16 pages 432-436 of the original report.

##### B. Withhold Arrangements

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

See Attachment 16 pages 432-436 of the original report.

##### C. Risk-Sharing Arrangements

- i. Rate Development Standards

Acknowledged.

- ii. Appropriate Documentation

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

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

#### D. State Directed Payments

##### i. Rate Development Standards

Acknowledged.

##### ii. Appropriate Documentation

(a) The tables below provide the requested information. Further information on each program can be found in Attachment 10 (QIPP), Attachment 11 (CHIRP), Attachment 12 (TIPPS), Attachment 13 (DPP BHS) and Attachment 14 (RAPPS).

i. See table below

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

ii. See table below

<b>Control name of the state directed payment</b>	<b>Rate cells affected</b>	<b>Impact</b>	<b>Description of the adjustment</b>	<b>Confirmation the rates are consistent with the preprint</b>	<b>For maximum fee schedules, provide the information requested in (E) below</b>
Quality Incentive Payment Program (QIPP)	STAR+PLUS – nursing facility risk groups	Attachment 1 – Exhibit A Revised and Attachment 10	See Attachment 10	Confirmed	Not applicable
Comprehensive Hospital Increase Reimbursement Program (CHIRP)	STAR – all risk groups STAR+PLUS – all non-dual risk groups	Attachment 1 – Exhibit A Revised and Attachment 11	See Attachment 11	Confirmed	Not applicable
Texas Incentive for Physician and Professional Services (TIPPS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 12	See Attachment 12	Confirmed	Not applicable
The Directed Payment Program for Behavioral Health Services (DPP BHS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 13	See Attachment 13	Confirmed	Not applicable
The Rural Access to Primary and Preventive Services (RAPPS)	STAR – all risk groups STAR+PLUS – all non-dual risk groups STAR Kids – all risk groups	Attachment 1 – Exhibit A Revised and Attachment 14	See Attachment 14	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 FY2023 rate development.

(c) Confirmed.

#### E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 9 Revised pages 7-10 and 57-61 of the first amendment letter.

(b) See Attachment 9 Revised pages 7-10 and 57-61 of the first amendment letter.

(c) See Attachment 9 Revised pages 7-10 and 57-61 of the first amendment letter.

(d) Not applicable.

### 5. Projected Non-Benefit Costs

#### A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

#### B. Appropriate Documentation

i. See page 18 of the original report.

ii. See page 18 of the original report.

- iii. See page 18 of the original report.

## **6. Risk Adjustment and Acuity Adjustments**

### **A. Rate Development Standards**

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

### **B. Appropriate Documentation**

- i. See Attachments 7 and 8 pages 308 through 331 of the original report.
- ii. Not applicable, risk adjustment is only applied on a prospective basis.
- iii. No material changes have been made to the risk adjustment model applied to acute care or long term care other than annual updates of the data since the last rating period. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).
- iv. See Attachments 7 and 8 pages 308 through 331 of the original report.

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

### **1. Managed Long-Term Services and Supports**

#### **A. Acknowledged.**

#### **B. Long term care rate development follows the same methodology as all other services described throughout the report.**

#### **C. Appropriate Documentation**

- i. (a) Rates are set for the risk groups specified on page 5 of the original report. This is a “non-blended” approach.  
  
(b) Rate cells are specified on page 5 of the original report. Description of the rate setting methodology is included in Attachment 3 pages 65 through 211 of the original report. All trend analysis and other adjustment factors follow the same methodology as described throughout the report.  
  
(c) Not applicable.

- (d) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- (e) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- ii. The development of the administrative cost is described on page 18 of the original report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the original report.
- iii. The rate setting is based on historical managed care data for all services, including long term care. The managed care data is fully credible and therefore no reliance is necessary on outside studies or research.

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

Not Applicable.

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	638.05	1,571.50	0.00	0.00	1,567.26	0.00	483.27	3,183.09
Molina - Bexar	639.62	1,567.93	0.00	0.00	1,426.33	0.00	493.50	2,993.05
Superior - Bexar	684.24	1,684.67	0.00	0.00	1,558.94	0.00	570.23	2,659.54
Molina - Dallas	711.69	1,498.12	0.00	0.00	2,082.58	0.00	449.97	2,420.15
Superior - Dallas	706.41	1,668.57	0.00	0.00	2,257.35	0.00	487.49	3,367.08
Amerigroup - El Paso	698.47	1,455.50	0.00	0.00	2,083.36	0.00	709.57	2,267.14
Molina - El Paso	698.34	1,488.67	0.00	0.00	2,091.64	0.00	743.28	2,094.26
Amerigroup - Harris	750.37	1,851.65	0.00	0.00	2,006.64	0.00	495.95	2,902.78
Molina - Harris	672.45	1,608.63	0.00	0.00	1,814.58	0.00	435.00	2,669.96
United - Harris	823.66	1,924.77	0.00	0.00	2,037.38	0.00	552.76	3,071.52
Molina - Hidalgo	619.29	1,426.14	0.00	0.00	2,360.84	0.00	563.02	2,183.81
Superior - Hidalgo	675.33	1,544.10	0.00	0.00	2,881.28	0.00	708.92	2,282.52
Amerigroup - Jefferson	619.75	1,953.75	0.00	0.00	1,615.88	0.00	432.68	3,073.27
Molina - Jefferson	618.00	1,585.22	0.00	0.00	1,652.00	0.00	372.86	2,609.58
United - Jefferson	731.68	1,780.27	0.00	0.00	1,805.21	0.00	450.03	3,319.92
Amerigroup - Lubbock	740.46	1,691.67	0.00	0.00	1,454.76	0.00	501.60	2,744.02
Superior - Lubbock	700.10	1,724.68	0.00	0.00	1,557.79	0.00	536.79	2,531.78
Superior - Nueces	580.66	1,464.97	0.00	0.00	1,392.60	0.00	536.59	2,231.56
United - Nueces	664.23	1,504.62	0.00	0.00	1,387.65	0.00	526.74	2,269.34
Amerigroup - Tarrant	730.97	1,715.39	0.00	0.00	1,810.69	0.00	523.85	2,810.58
Molina - Tarrant	638.86	1,692.65	0.00	0.00	1,632.76	0.00	423.93	2,757.70
Amerigroup - Travis	610.26	1,513.74	0.00	0.00	1,104.23	0.00	407.53	2,050.87
United - Travis	650.19	1,604.12	0.00	0.00	1,213.06	0.00	471.37	2,844.50
Superior - MRSA Central	650.76	1,634.20	0.00	0.00	1,543.24	0.00	551.45	2,770.34
United - MRSA Central	674.78	1,798.01	0.00	0.00	1,453.15	0.00	585.34	3,260.56
Molina - MRSA Northeast	586.68	1,503.58	0.00	0.00	1,904.09	0.00	474.15	3,003.04
United - MRSA Northeast	665.12	1,768.98	0.00	0.00	1,838.42	0.00	537.88	2,567.15
Amerigroup - MRSA West	655.79	1,882.74	0.00	0.00	1,620.45	0.00	579.79	2,322.86
Superior - MRSA West	669.05	1,659.71	0.00	0.00	1,607.31	0.00	613.61	2,722.62

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	280.30	2,174.53	464.76	2,317.59	5,133.92	4,761.90	0.00	107.70
Molina - Bexar	321.19	1,976.97	468.91	2,170.28	5,133.92	4,761.90	0.00	107.70
Superior - Bexar	335.88	2,371.57	495.37	2,424.51	5,133.92	4,761.90	0.00	107.70
Molina - Dallas	370.72	1,970.45	483.74	2,099.38	4,909.14	4,573.17	0.00	145.64
Superior - Dallas	259.45	2,037.10	404.32	2,104.15	4,909.14	4,573.17	0.00	145.64
Amerigroup - El Paso	358.78	2,248.23	593.59	2,367.16	5,232.10	4,953.26	0.00	130.47
Molina - El Paso	443.34	2,111.32	673.32	2,375.25	5,232.10	4,953.26	0.00	130.47
Amerigroup - Harris	311.90	2,909.16	402.24	2,758.21	5,285.03	4,676.02	0.00	126.38
Molina - Harris	321.66	2,848.20	412.63	2,698.46	5,285.03	4,676.02	0.00	126.38
United - Harris	367.36	2,646.93	451.33	2,560.86	5,285.03	4,676.02	0.00	126.38
Molina - Hidalgo	804.99	2,911.43	1,007.35	2,810.64	5,179.39	5,305.36	0.00	497.29
Superior - Hidalgo	865.31	2,945.42	1,163.19	2,830.74	5,179.39	5,305.36	0.00	497.29
Amerigroup - Jefferson	204.71	2,248.22	335.19	2,027.81	4,864.78	4,281.69	0.00	103.30
Molina - Jefferson	241.62	1,972.82	309.87	1,963.11	4,864.78	4,281.69	0.00	103.30
United - Jefferson	211.27	1,960.13	238.82	1,883.83	4,864.78	4,281.69	0.00	103.30
Amerigroup - Lubbock	120.86	1,609.20	190.45	1,636.56	4,940.59	4,443.71	0.00	126.17
Superior - Lubbock	135.20	1,675.22	191.56	1,823.44	4,940.59	4,443.71	0.00	126.17
Superior - Nueces	415.59	2,324.38	612.11	2,368.55	5,028.79	4,972.85	0.00	204.81
United - Nueces	487.96	2,352.99	573.16	2,309.46	5,028.79	4,972.85	0.00	204.81
Amerigroup - Tarrant	206.38	2,084.27	375.44	2,031.81	4,639.13	4,406.57	0.00	84.19
Molina - Tarrant	208.64	2,139.57	294.51	2,225.34	4,639.13	4,406.57	0.00	84.19
Amerigroup - Travis	292.88	2,732.66	379.81	2,269.16	5,292.87	4,665.62	0.00	124.58
United - Travis	223.87	2,532.80	234.31	2,214.87	5,292.87	4,665.62	0.00	124.58
Superior - MRSA Central	196.06	2,143.51	256.15	1,986.93	4,836.70	4,470.95	0.00	115.85
United - MRSA Central	187.41	2,172.75	271.80	1,982.32	4,836.70	4,470.95	0.00	115.85
Molina - MRSA Northeast	235.08	2,357.26	277.78	2,008.89	4,968.90	4,524.71	0.00	129.68
United - MRSA Northeast	250.74	2,204.60	303.26	1,709.84	4,968.90	4,524.71	0.00	129.68
Amerigroup - MRSA West	157.40	1,966.45	323.26	1,839.92	4,689.05	4,381.59	0.00	87.69
Superior - MRSA West	160.07	1,854.87	269.80	1,867.00	4,689.05	4,381.59	0.00	87.69

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	537.50	1,200.56	0.00	0.00	803.43	0.00	585.05	1,519.10
Molina - Bexar	538.83	1,197.84	0.00	0.00	731.18	0.00	597.44	1,428.40
Superior - Bexar	576.42	1,287.02	0.00	0.00	799.16	0.00	690.33	1,269.24
Molina - Dallas	441.47	915.94	0.00	0.00	501.55	0.00	432.02	737.70
Superior - Dallas	438.19	1,020.16	0.00	0.00	543.64	0.00	468.05	1,026.34
Amerigroup - El Paso	592.13	1,145.56	0.00	0.00	484.15	0.00	840.27	1,161.70
Molina - El Paso	592.01	1,171.68	0.00	0.00	486.08	0.00	880.19	1,073.12
Amerigroup - Harris	551.37	1,143.51	0.00	0.00	662.57	0.00	628.45	1,340.15
Molina - Harris	494.12	993.42	0.00	0.00	599.15	0.00	551.22	1,232.67
United - Harris	605.22	1,188.66	0.00	0.00	672.72	0.00	700.44	1,418.05
Molina - Hidalgo	524.05	1,063.98	0.00	0.00	718.69	0.00	508.80	1,119.59
Superior - Hidalgo	571.47	1,151.99	0.00	0.00	877.12	0.00	640.64	1,170.20
Amerigroup - Jefferson	496.80	1,093.64	0.00	0.00	674.64	0.00	676.66	1,325.22
Molina - Jefferson	495.39	887.35	0.00	0.00	689.72	0.00	583.10	1,125.28
United - Jefferson	586.52	996.53	0.00	0.00	753.69	0.00	703.80	1,431.58
Amerigroup - Lubbock	489.46	1,073.47	0.00	0.00	712.90	0.00	496.12	1,065.10
Superior - Lubbock	462.78	1,094.41	0.00	0.00	763.39	0.00	530.93	982.71
Superior - Nueces	494.42	1,030.52	0.00	0.00	689.20	0.00	549.98	747.71
United - Nueces	565.58	1,058.42	0.00	0.00	686.74	0.00	539.89	760.37
Amerigroup - Tarrant	533.16	1,129.76	0.00	0.00	786.65	0.00	550.09	1,375.60
Molina - Tarrant	465.97	1,114.78	0.00	0.00	709.35	0.00	445.16	1,349.72
Amerigroup - Travis	516.21	1,418.54	0.00	0.00	764.73	0.00	620.21	824.05
United - Travis	549.98	1,503.24	0.00	0.00	840.10	0.00	717.36	1,142.93
Superior - MRSA Central	454.69	1,236.87	0.00	0.00	597.68	0.00	571.17	1,480.09
United - MRSA Central	471.46	1,360.85	0.00	0.00	562.79	0.00	606.27	1,741.99
Molina - MRSA Northeast	470.32	1,117.60	0.00	0.00	927.52	0.00	483.02	1,158.37
United - MRSA Northeast	533.20	1,314.87	0.00	0.00	895.53	0.00	547.95	990.23
Amerigroup - MRSA West	520.35	1,402.06	0.00	0.00	757.39	0.00	596.16	811.94
Superior - MRSA West	530.87	1,235.96	0.00	0.00	751.25	0.00	630.93	951.67

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 NEMT Premium Rates pmpm								
Amerigroup - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Molina - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Superior - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Molina - Dallas	14.87	51.95	14.52	42.24	9.56	6.35	3.05	14.97
Superior - Dallas	14.87	51.95	14.52	42.24	9.56	6.35	3.05	14.97
Amerigroup - El Paso	12.31	31.61	8.87	32.26	9.56	19.92	3.05	14.97
Molina - El Paso	12.31	31.61	8.87	32.26	9.56	19.92	3.05	14.97
Amerigroup - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
Molina - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
United - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
Molina - Hidalgo	7.17	24.69	9.65	25.55	9.56	4.02	3.05	14.97
Superior - Hidalgo	7.17	24.69	9.65	25.55	9.56	4.02	3.05	14.97
Amerigroup - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
Molina - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
United - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
Amerigroup - Lubbock	16.34	78.18	27.10	81.26	9.56	25.05	3.05	14.97
Superior - Lubbock	16.34	78.18	27.10	81.26	9.56	25.05	3.05	14.97
Superior - Nueces	23.94	76.22	17.45	47.00	9.56	4.70	3.05	14.97
United - Nueces	23.94	76.22	17.45	47.00	9.56	4.70	3.05	14.97
Amerigroup - Tarrant	20.03	54.02	15.79	39.53	9.56	9.53	3.05	14.97
Molina - Tarrant	20.03	54.02	15.79	39.53	9.56	9.53	3.05	14.97
Amerigroup - Travis	16.86	61.71	18.41	59.46	9.56	17.30	3.05	14.97
United - Travis	16.86	61.71	18.41	59.46	9.56	17.30	3.05	14.97
Superior - MRSA Central	22.64	95.50	33.80	73.37	9.56	10.69	3.05	14.97
United - MRSA Central	22.64	95.50	33.80	73.37	9.56	10.69	3.05	14.97
Molina - MRSA Northeast	21.73	69.12	19.44	48.98	9.56	6.26	3.05	14.97
United - MRSA Northeast	21.73	69.12	19.44	48.98	9.56	6.26	3.05	14.97
Amerigroup - MRSA West	17.84	64.04	22.80	63.81	9.56	9.57	3.05	14.97
Superior - MRSA West	17.84	64.04	22.80	63.81	9.56	9.57	3.05	14.97

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 NAIP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	6.02	6.02	0.00	0.00	0.00	0.00	6.02	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
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	2.59	2.59	0.00	0.00	0.00	0.00	2.59	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	14.29	14.29	0.00	0.00	0.00	0.00	14.29	0.00
Superior - Lubbock	9.94	9.94	0.00	0.00	0.00	0.00	9.94	0.00
Superior - Nueces	30.00	30.00	0.00	0.00	0.00	0.00	30.00	0.00
United - Nueces	115.08	115.08	0.00	0.00	0.00	0.00	115.08	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - 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	2.59	2.59	0.00	0.00	0.00	0.00	2.59	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - 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	20.52	20.52	0.00	0.00	0.00	0.00	20.52	0.00
Superior - MRSA West	12.53	12.53	0.00	0.00	0.00	0.00	12.53	0.00



## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	1,892.00	1,892.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	1,892.00	1,892.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,502.49	1,502.49	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,502.49	1,502.49	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,912.76	1,912.76	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,912.76	1,912.76	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,246.84	2,246.84	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,246.84	2,246.84	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,965.16	1,965.16	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,965.16	1,965.16	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,058.34	2,058.34	0.00	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	2,058.34	2,058.34	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,399.95	2,399.95	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,399.95	2,399.95	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	2,043.02	2,043.02	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	2,043.02	2,043.02	0.00	0.00
Molina - MRSA Northeast	0.00	0.00	0.00	0.00	1,880.43	1,880.43	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,880.43	1,880.43	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,175.05	2,175.05	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,175.05	2,175.05	0.00	0.00

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 CHIRP pmpm								
Amerigroup - Bexar	206.45	466.89	0.00	0.00	866.25	0.00	121.76	358.78
Molina - Bexar	244.58	486.50	0.00	0.00	610.21	0.00	111.95	907.95
Superior - Bexar	257.88	578.41	0.00	0.00	828.94	0.00	164.06	405.26
Molina - Dallas	390.05	791.98	0.00	0.00	1,329.76	0.00	151.29	801.79
Superior - Dallas	418.28	854.92	0.00	0.00	1,735.11	0.00	185.06	1,921.27
Amerigroup - El Paso	277.19	448.80	0.00	0.00	1,227.05	0.00	247.38	681.22
Molina - El Paso	335.92	614.72	0.00	0.00	1,889.36	0.00	312.33	467.42
Amerigroup - Harris	421.83	1,122.83	0.00	0.00	1,754.23	0.00	222.07	1,018.88
Molina - Harris	372.29	1,177.31	0.00	0.00	943.99	0.00	135.22	797.92
United - Harris	459.40	759.42	0.00	0.00	1,143.46	0.00	226.91	666.18
Molina - Hidalgo	241.78	486.64	0.00	0.00	1,390.27	0.00	99.97	582.22
Superior - Hidalgo	276.38	571.75	0.00	0.00	1,775.28	0.00	224.10	950.10
Amerigroup - Jefferson	387.23	1,010.95	0.00	0.00	1,452.20	0.00	185.88	942.47
Molina - Jefferson	342.95	892.67	0.00	0.00	1,154.02	0.00	73.65	1,240.82
United - Jefferson	442.35	801.89	0.00	0.00	898.35	0.00	125.47	1,047.13
Amerigroup - Lubbock	306.41	600.07	0.00	0.00	524.93	0.00	101.76	3,143.11
Superior - Lubbock	229.06	337.42	0.00	0.00	370.27	0.00	69.37	1,714.87
Superior - Nueces	242.11	466.90	0.00	0.00	698.51	0.00	143.63	901.81
United - Nueces	242.78	431.08	0.00	0.00	549.89	0.00	151.47	723.48
Amerigroup - Tarrant	502.46	1,099.70	0.00	0.00	1,570.39	0.00	267.00	721.24
Molina - Tarrant	492.08	1,305.45	0.00	0.00	1,434.29	0.00	171.87	723.98
Amerigroup - Travis	311.36	871.21	0.00	0.00	764.14	0.00	308.38	688.98
United - Travis	437.29	682.57	0.00	0.00	755.58	0.00	180.14	817.98
Superior - MRSA Central	292.73	677.20	0.00	0.00	780.38	0.00	184.02	1,113.23
United - MRSA Central	357.35	716.06	0.00	0.00	597.03	0.00	216.29	1,601.98
Molina - MRSA Northeast	215.47	493.74	0.00	0.00	832.60	0.00	96.83	548.82
United - MRSA Northeast	360.29	808.96	0.00	0.00	926.47	0.00	215.89	697.23
Amerigroup - MRSA West	281.64	651.19	0.00	0.00	1,157.97	0.00	146.03	777.50
Superior - MRSA West	254.07	547.46	0.00	0.00	753.52	0.00	161.40	984.72

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 TIPPS pmpm								
Amerigroup - Bexar	45.35	46.42	0.00	0.00	42.44	0.00	43.80	60.71
Molina - Bexar	45.60	49.14	0.00	0.00	42.43	0.00	43.78	55.95
Superior - Bexar	45.43	47.38	0.00	0.00	42.79	0.00	43.41	61.07
Molina - Dallas	59.51	62.01	0.00	0.00	58.46	0.00	58.16	64.80
Superior - Dallas	58.63	59.78	0.00	0.00	58.22	0.00	57.80	66.80
Amerigroup - El Paso	54.02	54.89	0.00	0.00	52.02	0.00	53.12	64.45
Molina - El Paso	53.66	54.53	0.00	0.00	52.05	0.00	53.03	61.92
Amerigroup - Harris	61.15	65.07	0.00	0.00	59.32	0.00	60.18	68.85
Molina - Harris	75.08	78.83	0.00	0.00	72.94	0.00	74.59	83.78
United - Harris	52.63	53.78	0.00	0.00	50.06	0.00	53.50	57.76
Molina - Hidalgo	3.06	3.14	0.00	0.00	3.00	0.00	2.97	4.51
Superior - Hidalgo	3.48	3.66	0.00	0.00	3.27	0.00	3.37	6.32
Amerigroup - Jefferson	1.70	3.13	0.00	0.00	1.56	0.00	3.35	6.20
Molina - Jefferson	1.56	4.78	0.00	0.00	0.88	0.00	1.06	7.03
United - Jefferson	0.72	1.43	0.00	0.00	0.22	0.00	0.72	0.95
Amerigroup - Lubbock	92.39	96.58	0.00	0.00	87.30	0.00	94.53	99.10
Superior - Lubbock	90.88	95.26	0.00	0.00	86.15	0.00	90.79	96.90
Superior - Nueces	2.06	3.16	0.00	0.00	1.29	0.00	1.39	5.07
United - Nueces	3.65	4.06	0.00	0.00	0.12	0.00	2.72	9.34
Amerigroup - Tarrant	12.09	12.63	0.00	0.00	10.05	0.00	10.53	15.78
Molina - Tarrant	8.04	8.04	0.00	0.00	8.04	0.00	8.04	8.04
Amerigroup - Travis	0.12	0.16	0.00	0.00	0.00	0.00	0.19	0.42
United - Travis	1.21	1.54	0.00	0.00	0.10	0.00	0.92	4.04
Superior - MRSA Central	6.82	10.85	0.00	0.00	4.39	0.00	6.50	14.48
United - MRSA Central	9.13	12.51	0.00	0.00	4.72	0.00	7.23	27.28
Molina - MRSA Northeast	51.53	51.53	0.00	0.00	51.53	0.00	51.53	51.53
United - MRSA Northeast	20.79	23.46	0.00	0.00	18.54	0.00	20.37	24.54
Amerigroup - MRSA West	9.15	12.62	0.00	0.00	6.20	0.00	8.93	19.44
Superior - MRSA West	8.94	12.04	0.00	0.00	5.91	0.00	10.29	17.15

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 DPP BHS pmpm								
Amerigroup - Bexar	23.22	28.63	0.00	0.00	17.93	0.00	18.01	17.68
Molina - Bexar	21.43	22.24	0.00	0.00	16.64	0.00	16.80	15.99
Superior - Bexar	24.29	23.80	0.00	0.00	18.54	0.00	18.18	18.26
Molina - Dallas	26.36	29.43	0.00	0.00	18.09	0.00	20.58	16.91
Superior - Dallas	29.17	33.07	0.00	0.00	21.19	0.00	23.27	21.03
Amerigroup - El Paso	30.66	28.96	0.00	0.00	20.48	0.00	19.46	20.29
Molina - El Paso	30.05	32.28	0.00	0.00	18.76	0.00	19.19	20.67
Amerigroup - Harris	11.60	10.48	0.00	0.00	7.94	0.00	9.22	8.71
Molina - Harris	5.94	6.26	0.00	0.00	4.50	0.00	4.31	4.74
United - Harris	10.79	9.60	0.00	0.00	6.61	0.00	7.54	6.78
Molina - Hidalgo	31.64	37.53	0.00	0.00	21.16	0.00	18.74	19.54
Superior - Hidalgo	30.42	26.18	0.00	0.00	22.21	0.00	17.68	19.16
Amerigroup - Jefferson	11.96	12.35	0.00	0.00	12.60	0.00	8.21	8.92
Molina - Jefferson	12.84	15.75	0.00	0.00	14.70	0.00	11.39	8.57
United - Jefferson	2.82	2.10	0.00	0.00	1.24	0.00	1.47	1.24
Amerigroup - Lubbock	23.70	25.81	0.00	0.00	16.34	0.00	16.07	14.96
Superior - Lubbock	24.62	21.07	0.00	0.00	15.26	0.00	15.19	15.62
Superior - Nueces	18.11	17.31	0.00	0.00	14.53	0.00	14.30	14.20
United - Nueces	2.67	2.37	0.00	0.00	1.75	0.00	2.06	2.27
Amerigroup - Tarrant	11.07	9.68	0.00	0.00	7.81	0.00	8.07	7.99
Molina - Tarrant	14.53	15.18	0.00	0.00	11.58	0.00	11.92	10.73
Amerigroup - Travis	50.31	47.76	0.00	0.00	43.19	0.00	38.32	35.30
United - Travis	34.64	29.73	0.00	0.00	25.83	0.00	25.19	21.77
Superior - MRSA Central	23.01	24.61	0.00	0.00	16.88	0.00	17.43	17.54
United - MRSA Central	12.05	10.62	0.00	0.00	8.04	0.00	8.72	7.73
Molina - MRSA Northeast	12.27	11.54	0.00	0.00	10.25	0.00	10.14	9.94
United - MRSA Northeast	14.93	15.85	0.00	0.00	11.28	0.00	10.50	10.66
Amerigroup - MRSA West	38.00	45.87	0.00	0.00	24.62	0.00	25.66	26.70
Superior - MRSA West	37.07	41.45	0.00	0.00	25.10	0.00	26.05	25.20

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 RAPPS pmpm								
Amerigroup - Bexar	0.25	0.20	0.00	0.00	2.05	0.00	0.24	0.20
Molina - Bexar	0.11	0.26	0.00	0.00	0.11	0.00	0.11	0.11
Superior - Bexar	0.28	0.38	0.00	0.00	0.82	0.00	0.21	0.21
Molina - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Superior - Dallas	0.08	0.08	0.00	0.00	0.08	0.00	0.12	0.08
Amerigroup - El Paso	0.30	0.17	0.00	0.00	0.17	0.00	0.17	0.17
Molina - El Paso	0.17	0.17	0.00	0.00	0.17	0.00	0.17	0.17
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00
Molina - Harris	0.15	0.07	0.00	0.00	0.07	0.00	0.28	0.07
United - Harris	0.11	0.11	0.00	0.00	0.28	0.00	0.11	0.11
Molina - Hidalgo	0.25	0.32	0.00	0.00	0.19	0.00	0.19	0.37
Superior - Hidalgo	0.40	0.43	0.00	0.00	0.28	0.00	0.35	0.52
Amerigroup - Jefferson	1.05	1.03	0.00	0.00	1.04	0.00	0.87	0.87
Molina - Jefferson	0.49	0.47	0.00	0.00	0.29	0.00	0.42	0.29
United - Jefferson	1.07	1.01	0.00	0.00	0.98	0.00	1.01	1.19
Amerigroup - Lubbock	2.23	2.68	0.00	0.00	1.88	0.00	1.80	2.23
Superior - Lubbock	2.55	2.85	0.00	0.00	2.59	0.00	2.43	2.49
Superior - Nueces	2.11	1.88	0.00	0.00	4.29	0.00	1.82	1.80
United - Nueces	1.06	0.89	0.00	0.00	2.44	0.00	0.85	0.77
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00
Amerigroup - Travis	1.10	1.41	0.00	0.00	7.84	0.00	0.92	1.34
United - Travis	1.31	1.52	0.00	0.00	9.57	0.00	1.35	1.28
Superior - MRSA Central	3.96	4.98	0.00	0.00	6.28	0.00	3.80	4.32
United - MRSA Central	3.33	3.66	0.00	0.00	6.00	0.00	3.33	3.46
Molina - MRSA Northeast	2.14	2.45	0.00	0.00	3.07	0.00	1.94	2.36
United - MRSA Northeast	2.31	2.48	0.00	0.00	2.87	0.00	1.97	2.20
Amerigroup - MRSA West	4.51	5.01	0.00	0.00	5.27	0.00	4.25	5.57
Superior - MRSA West	4.87	5.46	0.00	0.00	5.44	0.00	4.34	5.23

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Total Premium Rates pmpm								
Amerigroup - Bexar	1,746.69	5,526.62	476.92	2,359.15	10,420.73	6,744.91	1,255.18	5,262.23
Molina - Bexar	1,826.93	5,338.77	481.07	2,211.84	9,948.27	6,744.91	1,266.63	5,524.12
Superior - Bexar	1,946.01	6,037.14	507.53	2,466.07	10,370.56	6,744.91	1,495.49	4,536.25
Molina - Dallas	2,014.69	5,319.90	498.26	2,141.62	10,801.16	6,471.52	1,115.09	4,201.98
Superior - Dallas	1,925.08	5,725.63	418.84	2,146.39	11,426.29	6,471.52	1,224.84	6,563.21
Amerigroup - El Paso	2,023.86	5,413.72	602.46	2,399.42	10,611.38	6,475.67	1,873.02	4,340.41
Molina - El Paso	2,165.80	5,504.98	682.19	2,407.51	11,282.21	6,475.67	2,011.24	3,863.00
Amerigroup - Harris	2,121.53	7,139.59	412.33	2,786.01	11,549.50	6,444.35	1,418.96	5,480.72
Molina - Harris	1,955.00	6,749.61	422.72	2,726.26	10,494.03	6,444.35	1,203.67	4,930.49
United - Harris	2,332.48	6,620.16	461.42	2,588.66	10,969.31	6,444.35	1,544.31	5,361.75
Molina - Hidalgo	2,232.23	5,953.87	1,017.00	2,836.19	11,595.86	7,222.14	1,196.74	4,422.30
Superior - Hidalgo	2,432.55	6,270.81	1,172.84	2,856.29	12,661.15	7,222.14	1,600.70	4,941.08
Amerigroup - Jefferson	1,749.08	6,406.63	357.03	2,097.40	10,254.57	5,909.12	1,310.70	5,475.22
Molina - Jefferson	1,738.73	5,442.62	331.71	2,032.70	10,008.26	5,909.12	1,045.53	5,109.84
United - Jefferson	2,002.31	5,626.92	260.66	1,953.42	9,956.34	5,909.12	1,285.55	5,920.28
Amerigroup - Lubbock	1,806.14	5,191.95	217.55	1,717.82	9,995.10	6,715.60	1,229.22	7,209.66
Superior - Lubbock	1,671.47	5,039.03	218.66	1,904.70	9,992.44	6,715.60	1,258.49	5,485.51
Superior - Nueces	1,809.00	5,415.34	629.56	2,415.55	9,803.93	6,942.71	1,280.76	4,121.93
United - Nueces	2,106.95	5,545.73	590.61	2,356.46	9,632.10	6,942.71	1,341.86	3,985.35
Amerigroup - Tarrant	2,016.16	6,105.45	391.23	2,071.34	10,892.79	6,474.44	1,362.59	5,030.35
Molina - Tarrant	1,848.15	6,329.69	310.30	2,264.87	10,503.22	6,474.44	1,063.97	4,949.33
Amerigroup - Travis	1,799.10	6,647.19	398.22	2,328.62	10,386.51	7,082.87	1,378.60	3,740.51
United - Travis	1,915.35	6,417.23	252.72	2,274.33	10,546.62	7,082.87	1,399.38	4,972.05
Superior - MRSA Central	1,653.26	5,830.31	289.95	2,060.30	9,838.13	6,524.66	1,340.01	5,530.82
United - MRSA Central	1,738.15	6,169.96	305.60	2,055.69	9,521.01	6,524.66	1,430.23	6,773.82
Molina - MRSA Northeast	1,595.22	5,606.82	297.22	2,057.87	10,587.95	6,411.40	1,120.66	4,918.71
United - MRSA Northeast	1,869.11	6,208.32	322.70	1,758.82	10,552.00	6,411.40	1,337.61	4,436.66
Amerigroup - MRSA West	1,705.20	6,050.50	346.06	1,903.73	10,445.56	6,566.21	1,384.39	4,066.67
Superior - MRSA West	1,695.31	5,433.52	292.60	1,930.81	10,022.19	6,566.21	1,462.20	4,809.25

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	638.04	1,571.50	0.00	0.00	1,567.01	0.00	483.27	3,183.09
Molina - Bexar	639.62	1,567.93	0.00	0.00	1,426.10	0.00	493.50	2,993.05
Superior - Bexar	684.23	1,684.67	0.00	0.00	1,558.69	0.00	570.23	2,659.54
Molina - Dallas	711.70	1,498.11	0.00	0.00	2,082.29	0.00	449.97	2,420.15
Superior - Dallas	706.41	1,668.56	0.00	0.00	2,257.03	0.00	487.49	3,367.08
Amerigroup - El Paso	698.48	1,455.49	0.00	0.00	2,083.09	0.00	709.57	2,267.14
Molina - El Paso	698.34	1,488.67	0.00	0.00	2,091.37	0.00	743.28	2,094.26
Amerigroup - Harris	750.37	1,851.65	0.00	0.00	2,006.36	0.00	495.95	2,902.78
Molina - Harris	672.45	1,608.62	0.00	0.00	1,814.32	0.00	435.00	2,669.96
United - Harris	823.66	1,924.77	0.00	0.00	2,037.09	0.00	552.76	3,071.52
Molina - Hidalgo	619.30	1,426.14	0.00	0.00	2,360.57	0.00	563.02	2,183.81
Superior - Hidalgo	675.33	1,544.10	0.00	0.00	2,880.95	0.00	708.92	2,282.52
Amerigroup - Jefferson	619.75	1,953.75	0.00	0.00	1,615.60	0.00	432.68	3,073.27
Molina - Jefferson	618.00	1,585.22	0.00	0.00	1,651.72	0.00	372.86	2,609.58
United - Jefferson	731.68	1,780.27	0.00	0.00	1,804.90	0.00	450.03	3,319.92
Amerigroup - Lubbock	740.46	1,691.66	0.00	0.00	1,454.50	0.00	501.60	2,744.02
Superior - Lubbock	700.11	1,724.68	0.00	0.00	1,557.51	0.00	536.79	2,531.78
Superior - Nueces	580.66	1,464.96	0.00	0.00	1,392.36	0.00	536.59	2,231.56
United - Nueces	664.23	1,504.62	0.00	0.00	1,387.41	0.00	526.74	2,269.34
Amerigroup - Tarrant	730.97	1,715.39	0.00	0.00	1,810.40	0.00	523.85	2,810.58
Molina - Tarrant	638.85	1,692.64	0.00	0.00	1,632.49	0.00	423.93	2,757.70
Amerigroup - Travis	610.27	1,513.74	0.00	0.00	1,104.03	0.00	407.53	2,050.87
United - Travis	650.18	1,604.12	0.00	0.00	1,212.84	0.00	471.37	2,844.50
Superior - MRSA Central	650.76	1,634.20	0.00	0.00	1,542.98	0.00	551.45	2,770.34
United - MRSA Central	674.77	1,798.00	0.00	0.00	1,452.90	0.00	585.34	3,260.56
Molina - MRSA Northeast	586.67	1,503.58	0.00	0.00	1,903.80	0.00	474.15	3,003.04
United - MRSA Northeast	665.12	1,768.98	0.00	0.00	1,838.14	0.00	537.88	2,567.15
Amerigroup - MRSA West	655.79	1,882.74	0.00	0.00	1,620.16	0.00	579.79	2,322.87
Superior - MRSA West	669.05	1,659.70	0.00	0.00	1,607.03	0.00	613.61	2,722.63

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	280.35	2,176.21	464.87	2,321.40	5,718.49	5,304.68	0.00	107.70
Molina - Bexar	321.24	1,978.50	469.03	2,173.85	5,718.49	5,304.68	0.00	107.70
Superior - Bexar	335.94	2,373.41	495.50	2,428.49	5,718.49	5,304.68	0.00	107.70
Molina - Dallas	370.84	1,974.40	484.03	2,105.81	5,476.41	5,125.98	0.00	145.64
Superior - Dallas	259.54	2,041.18	404.56	2,110.59	5,476.41	5,125.98	0.00	145.64
Amerigroup - El Paso	358.87	2,250.85	593.65	2,371.99	5,814.02	5,525.63	0.00	130.68
Molina - El Paso	443.46	2,113.78	673.38	2,380.10	5,814.02	5,525.63	0.00	130.68
Amerigroup - Harris	311.95	2,912.29	402.34	2,762.76	5,891.20	5,205.60	0.00	126.38
Molina - Harris	321.72	2,851.27	412.73	2,702.91	5,891.20	5,205.60	0.00	126.38
United - Harris	367.42	2,649.78	451.44	2,565.09	5,891.20	5,205.60	0.00	126.38
Molina - Hidalgo	805.06	2,912.28	1,007.63	2,812.54	5,734.73	5,867.57	0.00	497.29
Superior - Hidalgo	865.39	2,946.28	1,163.52	2,832.66	5,734.73	5,867.57	0.00	497.29
Amerigroup - Jefferson	204.74	2,251.70	335.44	2,031.52	5,470.07	4,808.60	0.00	103.30
Molina - Jefferson	241.65	1,975.87	310.10	1,966.69	5,470.07	4,808.60	0.00	103.30
United - Jefferson	211.30	1,963.16	239.00	1,887.27	5,470.07	4,808.60	0.00	103.30
Amerigroup - Lubbock	120.95	1,612.61	190.66	1,641.44	5,525.63	4,944.40	0.00	126.30
Superior - Lubbock	135.29	1,678.77	191.78	1,828.87	5,525.63	4,944.40	0.00	126.30
Superior - Nueces	415.70	2,326.63	612.32	2,370.59	5,618.51	5,509.90	0.00	204.81
United - Nueces	488.09	2,355.26	573.36	2,311.45	5,618.51	5,509.90	0.00	204.81
Amerigroup - Tarrant	206.55	2,088.95	376.07	2,037.53	5,192.47	4,895.47	0.00	84.19
Molina - Tarrant	208.81	2,144.38	295.01	2,231.61	5,192.47	4,895.47	0.00	84.19
Amerigroup - Travis	293.02	2,735.60	380.30	2,273.34	5,900.08	5,177.91	0.00	124.58
United - Travis	223.98	2,535.52	234.61	2,218.94	5,900.08	5,177.91	0.00	124.58
Superior - MRSA Central	196.19	2,146.61	256.52	1,990.53	5,413.39	4,973.09	0.00	116.15
United - MRSA Central	187.54	2,175.89	272.19	1,985.91	5,413.39	4,973.09	0.00	116.15
Molina - MRSA Northeast	235.26	2,360.90	278.54	2,012.69	5,553.06	5,030.61	0.00	130.09
United - MRSA Northeast	250.93	2,208.00	304.09	1,713.07	5,553.06	5,030.61	0.00	130.09
Amerigroup - MRSA West	157.58	1,970.06	323.56	1,843.64	5,253.20	4,880.18	0.00	87.97
Superior - MRSA West	160.25	1,858.28	270.05	1,870.77	5,253.20	4,880.18	0.00	87.97



## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	537.50	1,200.56	0.00	0.00	803.43	0.00	585.05	1,519.10
Molina - Bexar	538.83	1,197.84	0.00	0.00	731.18	0.00	597.44	1,428.40
Superior - Bexar	576.42	1,287.02	0.00	0.00	799.16	0.00	690.33	1,269.24
Molina - Dallas	441.47	915.94	0.00	0.00	501.55	0.00	432.02	737.70
Superior - Dallas	438.19	1,020.16	0.00	0.00	543.64	0.00	468.05	1,026.34
Amerigroup - El Paso	592.13	1,145.56	0.00	0.00	484.15	0.00	840.27	1,161.70
Molina - El Paso	592.01	1,171.68	0.00	0.00	486.08	0.00	880.19	1,073.12
Amerigroup - Harris	551.37	1,143.51	0.00	0.00	662.57	0.00	628.45	1,340.15
Molina - Harris	494.12	993.42	0.00	0.00	599.15	0.00	551.22	1,232.67
United - Harris	605.22	1,188.66	0.00	0.00	672.72	0.00	700.44	1,418.05
Molina - Hidalgo	524.05	1,063.98	0.00	0.00	718.69	0.00	508.80	1,119.59
Superior - Hidalgo	571.47	1,151.99	0.00	0.00	877.12	0.00	640.64	1,170.20
Amerigroup - Jefferson	496.80	1,093.64	0.00	0.00	674.64	0.00	676.66	1,325.22
Molina - Jefferson	495.39	887.35	0.00	0.00	689.72	0.00	583.10	1,125.28
United - Jefferson	586.52	996.53	0.00	0.00	753.69	0.00	703.80	1,431.58
Amerigroup - Lubbock	489.46	1,073.47	0.00	0.00	712.90	0.00	496.12	1,065.10
Superior - Lubbock	462.78	1,094.41	0.00	0.00	763.39	0.00	530.93	982.71
Superior - Nueces	494.42	1,030.52	0.00	0.00	689.20	0.00	549.98	747.71
United - Nueces	565.58	1,058.42	0.00	0.00	686.74	0.00	539.89	760.37
Amerigroup - Tarrant	533.16	1,129.76	0.00	0.00	786.65	0.00	550.09	1,375.60
Molina - Tarrant	465.97	1,114.78	0.00	0.00	709.35	0.00	445.16	1,349.72
Amerigroup - Travis	516.21	1,418.54	0.00	0.00	764.73	0.00	620.21	824.05
United - Travis	549.98	1,503.24	0.00	0.00	840.10	0.00	717.36	1,142.93
Superior - MRSA Central	454.69	1,236.87	0.00	0.00	597.68	0.00	571.17	1,480.09
United - MRSA Central	471.46	1,360.85	0.00	0.00	562.79	0.00	606.27	1,741.99
Molina - MRSA Northeast	470.32	1,117.60	0.00	0.00	927.52	0.00	483.02	1,158.37
United - MRSA Northeast	533.20	1,314.87	0.00	0.00	895.53	0.00	547.95	990.23
Amerigroup - MRSA West	520.35	1,402.06	0.00	0.00	757.39	0.00	596.16	811.94
Superior - MRSA West	530.87	1,235.96	0.00	0.00	751.25	0.00	630.93	951.67

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised NEMT Premium Rates pmpm (Community Rates)								
Amerigroup - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Molina - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Superior - Bexar	15.57	37.89	12.16	41.56	9.56	5.12	3.05	14.97
Molina - Dallas	14.87	51.95	14.52	42.24	9.56	6.35	3.05	14.97
Superior - Dallas	14.87	51.95	14.52	42.24	9.56	6.35	3.05	14.97
Amerigroup - El Paso	12.31	31.61	8.87	32.26	9.56	19.92	3.05	14.97
Molina - El Paso	12.31	31.61	8.87	32.26	9.56	19.92	3.05	14.97
Amerigroup - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
Molina - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
United - Harris	13.31	36.89	10.09	27.80	9.56	4.12	3.05	14.97
Molina - Hidalgo	7.17	24.69	9.65	25.55	9.56	4.02	3.05	14.97
Superior - Hidalgo	7.17	24.69	9.65	25.55	9.56	4.02	3.05	14.97
Amerigroup - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
Molina - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
United - Jefferson	25.88	83.56	21.84	69.59	9.56	5.12	3.05	14.97
Amerigroup - Lubbock	16.34	78.18	27.10	81.26	9.56	25.05	3.05	14.97
Superior - Lubbock	16.34	78.18	27.10	81.26	9.56	25.05	3.05	14.97
Superior - Nueces	23.94	76.22	17.45	47.00	9.56	4.70	3.05	14.97
United - Nueces	23.94	76.22	17.45	47.00	9.56	4.70	3.05	14.97
Amerigroup - Tarrant	20.03	54.02	15.79	39.53	9.56	9.53	3.05	14.97
Molina - Tarrant	20.03	54.02	15.79	39.53	9.56	9.53	3.05	14.97
Amerigroup - Travis	16.86	61.71	18.41	59.46	9.56	17.30	3.05	14.97
United - Travis	16.86	61.71	18.41	59.46	9.56	17.30	3.05	14.97
Superior - MRSA Central	22.64	95.50	33.80	73.37	9.56	10.69	3.05	14.97
United - MRSA Central	22.64	95.50	33.80	73.37	9.56	10.69	3.05	14.97
Molina - MRSA Northeast	21.73	69.12	19.44	48.98	9.56	6.26	3.05	14.97
United - MRSA Northeast	21.73	69.12	19.44	48.98	9.56	6.26	3.05	14.97
Amerigroup - MRSA West	17.84	64.04	22.80	63.81	9.56	9.57	3.05	14.97
Superior - MRSA West	17.84	64.04	22.80	63.81	9.56	9.57	3.05	14.97

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised 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	6.02	6.02	0.00	0.00	0.00	0.00	6.02	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
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	2.59	2.59	0.00	0.00	0.00	0.00	2.59	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	14.29	14.29	0.00	0.00	0.00	0.00	14.29	0.00
Superior - Lubbock	9.94	9.94	0.00	0.00	0.00	0.00	9.94	0.00
Superior - Nueces	30.00	30.00	0.00	0.00	0.00	0.00	30.00	0.00
United - Nueces	115.08	115.08	0.00	0.00	0.00	0.00	115.08	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - 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	2.59	2.59	0.00	0.00	0.00	0.00	2.59	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - 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	20.52	20.52	0.00	0.00	0.00	0.00	20.52	0.00
Superior - MRSA West	12.53	12.53	0.00	0.00	0.00	0.00	12.53	0.00

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,977.89	1,977.89	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	1,892.00	1,892.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	1,892.00	1,892.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,502.49	1,502.49	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,502.49	1,502.49	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,764.21	1,764.21	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,912.76	1,912.76	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,912.76	1,912.76	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,622.31	1,622.31	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	2,246.84	2,246.84	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	2,246.84	2,246.84	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,965.16	1,965.16	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,965.16	1,965.16	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	2,058.34	2,058.34	0.00	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	2,058.34	2,058.34	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,399.95	2,399.95	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,399.95	2,399.95	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	2,043.02	2,043.02	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	2,043.02	2,043.02	0.00	0.00
Molina - MRSA Northeast	0.00	0.00	0.00	0.00	1,880.43	1,880.43	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,880.43	1,880.43	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,175.05	2,175.05	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,175.05	2,175.05	0.00	0.00

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised CHIRP Rates pmpm								
Amerigroup - Bexar	206.45	466.89	0.00	0.00	866.25	0.00	121.76	358.78
Molina - Bexar	244.58	486.50	0.00	0.00	610.21	0.00	111.95	907.95
Superior - Bexar	257.88	578.41	0.00	0.00	828.94	0.00	164.06	405.26
Molina - Dallas	390.05	791.98	0.00	0.00	1,329.76	0.00	151.29	801.79
Superior - Dallas	418.28	854.92	0.00	0.00	1,735.11	0.00	185.06	1,921.27
Amerigroup - El Paso	277.19	448.80	0.00	0.00	1,227.05	0.00	247.38	681.22
Molina - El Paso	335.92	614.72	0.00	0.00	1,889.36	0.00	312.33	467.42
Amerigroup - Harris	421.83	1,122.83	0.00	0.00	1,754.23	0.00	222.07	1,018.88
Molina - Harris	372.29	1,177.31	0.00	0.00	943.99	0.00	135.22	797.92
United - Harris	459.40	759.42	0.00	0.00	1,143.46	0.00	226.91	666.18
Molina - Hidalgo	241.78	486.64	0.00	0.00	1,390.27	0.00	99.97	582.22
Superior - Hidalgo	276.38	571.75	0.00	0.00	1,775.28	0.00	224.10	950.10
Amerigroup - Jefferson	387.23	1,010.95	0.00	0.00	1,452.20	0.00	185.88	942.47
Molina - Jefferson	342.95	892.67	0.00	0.00	1,154.02	0.00	73.65	1,240.82
United - Jefferson	442.35	801.89	0.00	0.00	898.35	0.00	125.47	1,047.13
Amerigroup - Lubbock	306.41	600.07	0.00	0.00	524.93	0.00	101.76	3,143.11
Superior - Lubbock	229.06	337.42	0.00	0.00	370.27	0.00	69.37	1,714.87
Superior - Nueces	242.11	466.90	0.00	0.00	698.51	0.00	143.63	901.81
United - Nueces	242.78	431.08	0.00	0.00	549.89	0.00	151.47	723.48
Amerigroup - Tarrant	502.46	1,099.70	0.00	0.00	1,570.39	0.00	267.00	721.24
Molina - Tarrant	492.08	1,305.45	0.00	0.00	1,434.29	0.00	171.87	723.98
Amerigroup - Travis	311.36	871.21	0.00	0.00	764.14	0.00	308.38	688.98
United - Travis	437.29	682.57	0.00	0.00	755.58	0.00	180.14	817.98
Superior - MRSA Central	292.73	677.20	0.00	0.00	780.38	0.00	184.02	1,113.23
United - MRSA Central	357.35	716.06	0.00	0.00	597.03	0.00	216.29	1,601.98
Molina - MRSA Northeast	215.47	493.74	0.00	0.00	832.60	0.00	96.83	548.82
United - MRSA Northeast	360.29	808.96	0.00	0.00	926.47	0.00	215.89	697.23
Amerigroup - MRSA West	281.64	651.19	0.00	0.00	1,157.97	0.00	146.03	777.50
Superior - MRSA West	254.07	547.46	0.00	0.00	753.52	0.00	161.40	984.72

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised TIPPS Rates pmpm								
Amerigroup - Bexar	45.35	46.42	0.00	0.00	42.44	0.00	43.80	60.71
Molina - Bexar	45.60	49.14	0.00	0.00	42.43	0.00	43.78	55.95
Superior - Bexar	45.43	47.38	0.00	0.00	42.79	0.00	43.41	61.07
Molina - Dallas	59.51	62.01	0.00	0.00	58.46	0.00	58.16	64.80
Superior - Dallas	58.63	59.78	0.00	0.00	58.22	0.00	57.80	66.80
Amerigroup - El Paso	54.02	54.89	0.00	0.00	52.02	0.00	53.12	64.45
Molina - El Paso	53.66	54.53	0.00	0.00	52.05	0.00	53.03	61.92
Amerigroup - Harris	61.15	65.07	0.00	0.00	59.32	0.00	60.18	68.85
Molina - Harris	75.08	78.83	0.00	0.00	72.94	0.00	74.59	83.78
United - Harris	52.63	53.78	0.00	0.00	50.06	0.00	53.50	57.76
Molina - Hidalgo	3.06	3.14	0.00	0.00	3.00	0.00	2.97	4.51
Superior - Hidalgo	3.48	3.66	0.00	0.00	3.27	0.00	3.37	6.32
Amerigroup - Jefferson	1.70	3.13	0.00	0.00	1.56	0.00	3.35	6.20
Molina - Jefferson	1.56	4.78	0.00	0.00	0.88	0.00	1.06	7.03
United - Jefferson	0.72	1.43	0.00	0.00	0.22	0.00	0.72	0.95
Amerigroup - Lubbock	92.39	96.58	0.00	0.00	87.30	0.00	94.53	99.10
Superior - Lubbock	90.88	95.26	0.00	0.00	86.15	0.00	90.79	96.90
Superior - Nueces	2.06	3.16	0.00	0.00	1.29	0.00	1.39	5.07
United - Nueces	3.65	4.06	0.00	0.00	0.12	0.00	2.72	9.34
Amerigroup - Tarrant	12.09	12.63	0.00	0.00	10.05	0.00	10.53	15.78
Molina - Tarrant	8.04	8.04	0.00	0.00	8.04	0.00	8.04	8.04
Amerigroup - Travis	0.12	0.16	0.00	0.00	0.00	0.00	0.19	0.42
United - Travis	1.21	1.54	0.00	0.00	0.10	0.00	0.92	4.04
Superior - MRSA Central	6.82	10.85	0.00	0.00	4.39	0.00	6.50	14.48
United - MRSA Central	9.13	12.51	0.00	0.00	4.72	0.00	7.23	27.28
Molina - MRSA Northeast	51.53	51.53	0.00	0.00	51.53	0.00	51.53	51.53
United - MRSA Northeast	20.79	23.46	0.00	0.00	18.54	0.00	20.37	24.54
Amerigroup - MRSA West	9.15	12.62	0.00	0.00	6.20	0.00	8.93	19.44
Superior - MRSA West	8.94	12.04	0.00	0.00	5.91	0.00	10.29	17.15

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised DPP BHS Rates pmpm								
Amerigroup - Bexar	23.22	28.63	0.00	0.00	17.93	0.00	18.01	17.68
Molina - Bexar	21.43	22.24	0.00	0.00	16.64	0.00	16.80	15.99
Superior - Bexar	24.29	23.80	0.00	0.00	18.54	0.00	18.18	18.26
Molina - Dallas	26.36	29.43	0.00	0.00	18.09	0.00	20.58	16.91
Superior - Dallas	29.17	33.07	0.00	0.00	21.19	0.00	23.27	21.03
Amerigroup - El Paso	30.66	28.96	0.00	0.00	20.48	0.00	19.46	20.29
Molina - El Paso	30.05	32.28	0.00	0.00	18.76	0.00	19.19	20.67
Amerigroup - Harris	11.60	10.48	0.00	0.00	7.94	0.00	9.22	8.71
Molina - Harris	5.94	6.26	0.00	0.00	4.50	0.00	4.31	4.74
United - Harris	10.79	9.60	0.00	0.00	6.61	0.00	7.54	6.78
Molina - Hidalgo	31.64	37.53	0.00	0.00	21.16	0.00	18.74	19.54
Superior - Hidalgo	30.42	26.18	0.00	0.00	22.21	0.00	17.68	19.16
Amerigroup - Jefferson	11.96	12.35	0.00	0.00	12.60	0.00	8.21	8.92
Molina - Jefferson	12.84	15.75	0.00	0.00	14.70	0.00	11.39	8.57
United - Jefferson	2.82	2.10	0.00	0.00	1.24	0.00	1.47	1.24
Amerigroup - Lubbock	23.70	25.81	0.00	0.00	16.34	0.00	16.07	14.96
Superior - Lubbock	24.62	21.07	0.00	0.00	15.26	0.00	15.19	15.62
Superior - Nueces	18.11	17.31	0.00	0.00	14.53	0.00	14.30	14.20
United - Nueces	2.67	2.37	0.00	0.00	1.75	0.00	2.06	2.27
Amerigroup - Tarrant	11.07	9.68	0.00	0.00	7.81	0.00	8.07	7.99
Molina - Tarrant	14.53	15.18	0.00	0.00	11.58	0.00	11.92	10.73
Amerigroup - Travis	50.31	47.76	0.00	0.00	43.19	0.00	38.32	35.30
United - Travis	34.64	29.73	0.00	0.00	25.83	0.00	25.19	21.77
Superior - MRSA Central	23.01	24.61	0.00	0.00	16.88	0.00	17.43	17.54
United - MRSA Central	12.05	10.62	0.00	0.00	8.04	0.00	8.72	7.73
Molina - MRSA Northeast	12.27	11.54	0.00	0.00	10.25	0.00	10.14	9.94
United - MRSA Northeast	14.93	15.85	0.00	0.00	11.28	0.00	10.50	10.66
Amerigroup - MRSA West	38.00	45.87	0.00	0.00	24.62	0.00	25.66	26.70
Superior - MRSA West	37.07	41.45	0.00	0.00	25.10	0.00	26.05	25.20

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised RAPPS Rates pmpm								
Amerigroup - Bexar	0.25	0.20	0.00	0.00	2.05	0.00	0.24	0.20
Molina - Bexar	0.11	0.26	0.00	0.00	0.11	0.00	0.11	0.11
Superior - Bexar	0.28	0.38	0.00	0.00	0.82	0.00	0.21	0.21
Molina - Dallas	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Superior - Dallas	0.08	0.08	0.00	0.00	0.08	0.00	0.12	0.08
Amerigroup - El Paso	0.30	0.17	0.00	0.00	0.17	0.00	0.17	0.17
Molina - El Paso	0.17	0.17	0.00	0.00	0.17	0.00	0.17	0.17
Amerigroup - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00
Molina - Harris	0.15	0.07	0.00	0.00	0.07	0.00	0.28	0.07
United - Harris	0.11	0.11	0.00	0.00	0.28	0.00	0.11	0.11
Molina - Hidalgo	0.25	0.32	0.00	0.00	0.19	0.00	0.19	0.37
Superior - Hidalgo	0.40	0.43	0.00	0.00	0.28	0.00	0.35	0.52
Amerigroup - Jefferson	1.05	1.03	0.00	0.00	1.04	0.00	0.87	0.87
Molina - Jefferson	0.49	0.47	0.00	0.00	0.29	0.00	0.42	0.29
United - Jefferson	1.07	1.01	0.00	0.00	0.98	0.00	1.01	1.19
Amerigroup - Lubbock	2.23	2.68	0.00	0.00	1.88	0.00	1.80	2.23
Superior - Lubbock	2.55	2.85	0.00	0.00	2.59	0.00	2.43	2.49
Superior - Nueces	2.11	1.88	0.00	0.00	4.29	0.00	1.82	1.80
United - Nueces	1.06	0.89	0.00	0.00	2.44	0.00	0.85	0.77
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00
Amerigroup - Travis	1.10	1.41	0.00	0.00	7.84	0.00	0.92	1.34
United - Travis	1.31	1.52	0.00	0.00	9.57	0.00	1.35	1.28
Superior - MRSA Central	3.96	4.98	0.00	0.00	6.28	0.00	3.80	4.32
United - MRSA Central	3.33	3.66	0.00	0.00	6.00	0.00	3.33	3.46
Molina - MRSA Northeast	2.14	2.45	0.00	0.00	3.07	0.00	1.94	2.36
United - MRSA Northeast	2.31	2.48	0.00	0.00	2.87	0.00	1.97	2.20
Amerigroup - MRSA West	4.51	5.01	0.00	0.00	5.27	0.00	4.25	5.57
Superior - MRSA West	4.87	5.46	0.00	0.00	5.44	0.00	4.34	5.23



## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Total Premium Rates pmpm								
Amerigroup - Bexar	1,746.73	5,528.30	477.03	2,362.96	11,005.05	7,287.69	1,255.18	5,262.23
Molina - Bexar	1,826.98	5,340.30	481.19	2,215.41	10,532.61	7,287.69	1,266.63	5,524.12
Superior - Bexar	1,946.06	6,038.98	507.66	2,470.05	10,954.88	7,287.69	1,495.49	4,536.25
Molina - Dallas	2,014.82	5,323.84	498.55	2,148.05	11,368.14	7,024.33	1,115.09	4,201.98
Superior - Dallas	1,925.17	5,729.70	419.08	2,152.83	11,993.24	7,024.33	1,224.84	6,563.21
Amerigroup - El Paso	2,023.96	5,416.33	602.52	2,404.25	11,193.03	7,048.04	1,873.02	4,340.62
Molina - El Paso	2,165.92	5,507.44	682.25	2,412.36	11,863.86	7,048.04	2,011.24	3,863.21
Amerigroup - Harris	2,121.58	7,142.72	412.43	2,790.56	12,155.39	6,973.93	1,418.96	5,480.72
Molina - Harris	1,955.06	6,752.67	422.82	2,730.71	11,099.94	6,973.93	1,203.67	4,930.49
United - Harris	2,332.54	6,623.01	461.53	2,592.89	11,575.19	6,973.93	1,544.31	5,361.75
Molina - Hidalgo	2,232.31	5,954.72	1,017.28	2,838.09	12,150.93	7,784.35	1,196.74	4,422.30
Superior - Hidalgo	2,432.63	6,271.67	1,173.17	2,858.21	13,216.16	7,784.35	1,600.70	4,941.08
Amerigroup - Jefferson	1,749.11	6,410.11	357.28	2,101.11	10,859.58	6,436.03	1,310.70	5,475.22
Molina - Jefferson	1,738.76	5,445.67	331.94	2,036.28	10,613.27	6,436.03	1,045.53	5,109.84
United - Jefferson	2,002.34	5,629.95	260.84	1,956.86	10,561.32	6,436.03	1,285.55	5,920.28
Amerigroup - Lubbock	1,806.23	5,195.35	217.76	1,722.70	10,579.88	7,216.29	1,229.22	7,209.79
Superior - Lubbock	1,671.57	5,042.58	218.88	1,910.13	10,577.20	7,216.29	1,258.49	5,485.64
Superior - Nueces	1,809.11	5,417.58	629.77	2,417.59	10,393.41	7,479.76	1,280.76	4,121.93
United - Nueces	2,107.08	5,548.00	590.81	2,358.45	10,221.58	7,479.76	1,341.86	3,985.35
Amerigroup - Tarrant	2,016.33	6,110.13	391.86	2,077.06	11,445.84	6,963.34	1,362.59	5,030.35
Molina - Tarrant	1,848.31	6,334.49	310.80	2,271.14	11,056.29	6,963.34	1,063.97	4,949.33
Amerigroup - Travis	1,799.25	6,650.13	398.71	2,332.80	10,993.52	7,595.16	1,378.60	3,740.51
United - Travis	1,915.45	6,419.95	253.02	2,278.40	11,153.61	7,595.16	1,399.38	4,972.05
Superior - MRSA Central	1,653.39	5,833.41	290.32	2,063.90	10,414.56	7,026.80	1,340.01	5,531.12
United - MRSA Central	1,738.27	6,173.09	305.99	2,059.28	10,097.45	7,026.80	1,430.23	6,774.12
Molina - MRSA Northeast	1,595.39	5,610.46	297.98	2,061.67	11,171.82	6,917.30	1,120.66	4,919.12
United - MRSA Northeast	1,869.30	6,211.72	323.53	1,762.05	11,135.88	6,917.30	1,337.61	4,437.07
Amerigroup - MRSA West	1,705.38	6,054.11	346.36	1,907.45	11,009.42	7,064.80	1,384.39	4,066.96
Superior - MRSA West	1,695.49	5,436.92	292.85	1,934.58	10,586.06	7,064.80	1,462.20	4,809.54

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Acute Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Long Term Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.1%	0.0%	0.2%	11.4%	11.4%	0.0%	0.0%
Molina - Bexar	0.0%	0.1%	0.0%	0.2%	11.4%	11.4%	0.0%	0.0%
Superior - Bexar	0.0%	0.1%	0.0%	0.2%	11.4%	11.4%	0.0%	0.0%
Molina - Dallas	0.0%	0.2%	0.1%	0.3%	11.6%	12.1%	0.0%	0.0%
Superior - Dallas	0.0%	0.2%	0.1%	0.3%	11.6%	12.1%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.1%	0.0%	0.2%	11.1%	11.6%	0.0%	0.2%
Molina - El Paso	0.0%	0.1%	0.0%	0.2%	11.1%	11.6%	0.0%	0.2%
Amerigroup - Harris	0.0%	0.1%	0.0%	0.2%	11.5%	11.3%	0.0%	0.0%
Molina - Harris	0.0%	0.1%	0.0%	0.2%	11.5%	11.3%	0.0%	0.0%
United - Harris	0.0%	0.1%	0.0%	0.2%	11.5%	11.3%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.1%	10.7%	10.6%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.1%	10.7%	10.6%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.2%	0.1%	0.2%	12.4%	12.3%	0.0%	0.0%
Molina - Jefferson	0.0%	0.2%	0.1%	0.2%	12.4%	12.3%	0.0%	0.0%
United - Jefferson	0.0%	0.2%	0.1%	0.2%	12.4%	12.3%	0.0%	0.0%
Amerigroup - Lubbock	0.1%	0.2%	0.1%	0.3%	11.8%	11.3%	0.0%	0.1%
Superior - Lubbock	0.1%	0.2%	0.1%	0.3%	11.8%	11.3%	0.0%	0.1%
Superior - Nueces	0.0%	0.1%	0.0%	0.1%	11.7%	10.8%	0.0%	0.0%
United - Nueces	0.0%	0.1%	0.0%	0.1%	11.7%	10.8%	0.0%	0.0%
Amerigroup - Tarrant	0.1%	0.2%	0.2%	0.3%	11.9%	11.1%	0.0%	0.0%
Molina - Tarrant	0.1%	0.2%	0.2%	0.3%	11.9%	11.1%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.1%	0.1%	0.2%	11.5%	11.0%	0.0%	0.0%
United - Travis	0.0%	0.1%	0.1%	0.2%	11.5%	11.0%	0.0%	0.0%
Superior - MRSA Central	0.1%	0.1%	0.1%	0.2%	11.9%	11.2%	0.0%	0.3%
United - MRSA Central	0.1%	0.1%	0.1%	0.2%	11.9%	11.2%	0.0%	0.3%
Molina - MRSA Northeast	0.1%	0.2%	0.3%	0.2%	11.8%	11.2%	0.0%	0.3%
United - MRSA Northeast	0.1%	0.2%	0.3%	0.2%	11.8%	11.2%	0.0%	0.3%
Amerigroup - MRSA West	0.1%	0.2%	0.1%	0.2%	12.0%	11.4%	0.0%	0.3%
Superior - MRSA West	0.1%	0.2%	0.1%	0.2%	12.0%	11.4%	0.0%	0.3%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Prescription Drug Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised NEMT Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised NAIP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised CHIRP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised TIPPS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised DPP BHS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised RAPPS Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Revised Total Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.2%	5.6%	8.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.2%	5.9%	8.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.2%	5.6%	8.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.1%	0.1%	0.3%	5.2%	8.5%	0.0%	0.0%
Superior - Dallas	0.0%	0.1%	0.1%	0.3%	5.0%	8.5%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.2%	5.5%	8.8%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.2%	5.2%	8.8%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.2%	5.2%	8.2%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.2%	5.8%	8.2%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.2%	5.5%	8.2%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.1%	4.8%	7.8%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.1%	4.4%	7.8%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.1%	0.1%	0.2%	5.9%	8.9%	0.0%	0.0%
Molina - Jefferson	0.0%	0.1%	0.1%	0.2%	6.0%	8.9%	0.0%	0.0%
United - Jefferson	0.0%	0.1%	0.1%	0.2%	6.1%	8.9%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.1%	0.1%	0.3%	5.9%	7.5%	0.0%	0.0%
Superior - Lubbock	0.0%	0.1%	0.1%	0.3%	5.9%	7.5%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.1%	6.0%	7.7%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.1%	6.1%	7.7%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.1%	0.2%	0.3%	5.1%	7.6%	0.0%	0.0%
Molina - Tarrant	0.0%	0.1%	0.2%	0.3%	5.3%	7.6%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.1%	0.2%	5.8%	7.2%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.1%	0.2%	5.8%	7.2%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.1%	0.1%	0.2%	5.9%	7.7%	0.0%	0.0%
United - MRSA Central	0.0%	0.1%	0.1%	0.2%	6.1%	7.7%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.1%	0.3%	0.2%	5.5%	7.9%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.1%	0.3%	0.2%	5.5%	7.9%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.1%	0.1%	0.2%	5.4%	7.6%	0.0%	0.0%
Superior - MRSA West	0.0%	0.1%	0.1%	0.2%	5.6%	7.6%	0.0%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2023 Premium		% Rate Change
	Current Rates	Revised Rates	Current Rates	Revised Rates	
Non-Nursing Facility					
Medical (1)	997.27	997.83	6,328,257,354	6,331,825,221	0.1%
Pharmacy	280.62	280.62	1,780,729,022	1,780,729,022	0.0%
NEMT	18.56	18.56	117,767,435	117,767,435	0.0%
NAIP	1.99	1.99	12,630,349	12,630,349	0.0%
CHIRP	184.44	184.44	1,170,403,632	1,170,403,632	0.0%
TIPPS	15.98	15.98	101,395,766	101,395,766	0.0%
DPP BHS	9.30	9.30	59,022,766	59,022,766	0.0%
RAPPS	0.46	0.46	2,889,460	2,889,460	0.0%
Total	1,508.62	1,509.18	9,573,095,787	9,576,663,653	0.0%
Nursing Facility					
Medical (1)	4,896.88	5,426.30	2,653,511,645	2,940,394,919	10.8%
Pharmacy	92.54	92.54	50,144,068	50,144,068	0.0%
NEMT	8.57	8.57	4,643,381	4,643,381	0.0%
QIPP	1,974.76	1,974.76	1,070,081,739	1,070,081,739	0.0%
CHIRP	146.39	146.39	79,323,545	79,323,545	0.0%
TIPPS	4.07	4.07	2,204,225	2,204,225	0.0%
DPP BHS	2.02	2.02	1,094,585	1,094,585	0.0%
RAPPS	0.29	0.29	155,450	155,450	0.0%
Total	7,125.51	7,654.94	3,861,158,639	4,148,041,912	7.4%
Total					
Medical (1)	1,304.07	1,346.24	8,981,769,000	9,272,220,140	3.2%
Pharmacy	265.83	265.83	1,830,873,091	1,830,873,091	0.0%
NEMT	17.77	17.77	122,410,816	122,410,816	0.0%
NAIP & QIPP	157.20	157.20	1,082,712,089	1,082,712,089	0.0%
CHIRP	181.45	181.45	1,249,727,178	1,249,727,178	0.0%
TIPPS	15.04	15.04	103,599,991	103,599,991	0.0%
DPP BHS	8.73	8.73	60,117,351	60,117,351	0.0%
RAPPS	0.44	0.44	3,044,910	3,044,910	0.0%
Total	1,950.53	1,992.70	13,434,254,426	13,724,705,566	2.2%

## Notes:

(1) Includes LTSS.

FY2023 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	36,188,100	163.49	8,808,196	338.35	0	0.00	0	0.00
Emergency Room	10,007,484	45.21	1,682,668	64.64	0	0.00	0	0.00
Outpatient Facility	12,525,487	56.59	3,537,269	135.88	0	0.00	0	0.00
Inpatient Facility	42,171,567	190.53	11,238,497	431.70	0	0.00	0	0.00
Other Acute Care	22,385,141	101.13	10,677,817	410.16	0	0.00	0	0.00
Acute Care Total	123,277,779	556.95	35,944,446	1,380.73	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	42,472,519	191.89	41,365,874	1,588.98	61,737,973	314.74	53,479,738	1,612.39
Nursing Facility	104,927	0.47	318,013	12.22	282,391	1.44	865,821	26.10
Other Long Term Care	2,245,781	10.15	3,572,286	137.22	3,467,292	17.68	5,970,195	180.00
Long Term Care Total	44,823,228	202.51	45,256,172	1,738.42	65,487,656	333.86	60,315,755	1,818.49
Total - All Claims	168,101,007	759.46	81,200,619	3,119.14	65,487,656	333.86	60,315,755	1,818.49
Projected FY2023 Member Months	233,831		28,028		217,178		30,765	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0030		1.0017		1.0000		1.0000	
Acute Care - Inpatient	1.0094		1.0136		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9902		0.9961		1.0000		1.0000	
Long Term Care	1.0051		1.0030		1.0048		1.0042	
Other Adjustments - NF Eligibility	1.0184		0.9969		1.0339		0.9952	
PHE Related Cost Adjustment								
Acute Care	0.9912		1.0105		1.0000		1.0000	
Long Term Care	0.9606		0.9735		0.9823		0.9860	

FY2023 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 FY2023 Incurred Claims								
Acute Care	138,841,320	593.77	41,536,318	1,481.95	0	0.00	0	0.00
LTC	56,155,622	240.15	56,635,919	2,020.68	82,056,235	377.83	64,096,346	2,083.39
Total	194,996,942	833.92	98,172,237	3,502.63	82,056,235	377.83	64,096,346	2,083.39
Capitation Expenses & Refunds	1,906,296	8.15	479,911	17.12	674,983	3.11	98,550	3.20
Service Coordination & Other Expenses	11,882,581	50.82	1,553,625	55.43	10,323,984	47.54	1,551,670	50.44
Net Reinsurance Cost	30,185	0.13	3,948	0.14	12,600	0.06	1,876	0.06
Administrative Expenses								
Fixed Amount	2,805,972	12.00	336,338	12.00	2,606,141	12.00	369,185	12.00
Percentage of Premium	12,176,486	5.25%	5,784,959	5.25%	5,505,434	5.25%	3,804,156	5.25%
Total	14,982,458	64.07	6,121,297	218.40	8,111,575	37.35	4,173,341	135.65
Risk Margin	4,058,829	1.75%	1,928,320	1.75%	1,835,145	1.75%	1,268,052	1.75%
Premium Tax	4,058,829	1.75%	1,928,320	1.75%	1,835,145	1.75%	1,268,052	1.75%
Maintenance Tax	16,953	0.07	2,032	0.07	15,745	0.07	2,230	0.07
Projected FY2023 Total Cost								
Acute Care	156,479,753	669.20	46,206,400	1,648.57	753,516	3.47	110,056	3.58
LTC	75,453,320	322.68	63,983,288	2,282.82	104,111,897	479.38	72,350,062	2,351.67
Total	231,933,074	991.88	110,189,688	3,931.39	104,865,412	482.85	72,460,118	2,355.25

FY2023 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	2,254,969	320.81	0	0.00	2,161,389	103.39	5,966,875	1,373.91
Emergency Room	313,828	44.65	0	0.00	467,243	22.35	189,595	43.66
Outpatient Facility	514,894	73.25	0	0.00	725,608	34.71	1,221,971	281.37
Inpatient Facility	5,066,469	720.80	0	0.00	2,266,151	108.40	1,019,293	234.70
Other Acute Care	1,158,908	164.88	0	0.00	2,391,498	114.39	277,108	63.81
Acute Care Total	9,309,066	1,324.38	0	0.00	8,011,889	383.23	8,674,842	1,997.43
Est Inc. Claims - Long Term Care								
Attendant Care	31,437	4.47	73,702	1.89	0	0.00	167,191	38.50
Nursing Facility	29,915,571	4,256.02	148,010,940	3,801.10	0	0.00	118	0.03
Other Long Term Care	1,338	0.19	637,593	16.37	0	0.00	0	0.00
Long Term Care Total	29,948,346	4,260.68	148,722,235	3,819.36	0	0.00	167,308	38.52
Total - All Claims	39,257,412	5,585.06	148,722,235	3,819.36	8,011,889	383.23	8,842,151	2,035.95
Projected FY2023 Member Months	6,725		35,490		19,927		5,002	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0048		1.0000		1.0001		1.0049	
Acute Care - Inpatient	1.0146		1.0000		1.0029		1.0062	
Wrap & Carve-Out Removal	0.9993		1.0000		0.9939		0.9940	
Long Term Care	1.1326		1.1331		1.0000		1.0055	
Other Adjustments - NF Eligibility	0.9786		1.0220		0.9972		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9122		1.0000		0.9496		0.9201	
Long Term Care	1.0198		0.9947		1.0000		0.9725	



FY2023 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	9,323,813	1,386.34	0	0.00	8,608,928	432.02	12,612,606	2,521.60
LTC	34,713,697	5,161.51	169,654,052	4,780.27	0	0.00	217,603	43.50
Total	44,037,511	6,547.85	169,654,052	4,780.27	8,608,928	432.02	12,830,209	2,565.10
Capitation Expenses & Refunds	33,165	4.93	84,829	2.39	70,590	3.54	-120,459	-24.08
Service Coordination & Other Expenses	316,759	47.10	1,623,156	45.73	1,057,047	53.05	272,928	54.57
Net Reinsurance Cost	1,196	0.18	1,863	0.05	2,253	0.11	641	0.13
Administrative Expenses								
Fixed Amount	80,706	12.00	425,886	12.00	239,126	12.00	60,022	12.00
Percentage of Premium	2,558,538	5.25%	9,883,944	5.25%	574,157	5.25%	750,460	5.25%
Total	2,639,244	392.42	10,309,830	290.50	813,282	40.81	810,482	162.04
Risk Margin	852,846	1.75%	3,294,648	1.75%	191,386	1.75%	250,153	1.75%
Premium Tax	852,846	1.75%	3,294,648	1.75%	191,386	1.75%	250,153	1.75%
Maintenance Tax	488	0.07	2,573	0.07	1,445	0.07	363	0.07
Projected FY2023 Total Cost								
Acute Care	10,274,372	1,527.68	95,005	2.68	9,777,908	490.68	13,755,779	2,750.15
LTC	38,459,681	5,718.49	188,170,594	5,302.00	1,158,408	58.13	538,690	107.70
Total	48,734,054	7,246.17	188,265,599	5,304.68	10,936,316	548.82	14,294,469	2,857.85

## FY2023 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	55,379,528	101.07
Emergency Room	12,660,818	23.11
Outpatient Facility	18,525,228	33.81
Inpatient Facility	61,761,976	112.72
Other Acute Care	36,890,472	67.33
Acute Care Total	185,218,022	338.04
Est Inc. Claims - Long Term Care		
Attendant Care	199,328,434	363.79
Nursing Facility	179,497,781	327.60
Other Long Term Care	15,894,485	29.01
Long Term Care Total	394,720,700	720.40
Total - All Claims	579,938,722	1,058.45
Projected FY2023 Member Months	576,948	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
Bexar SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	210,922,986	365.58
LTC	463,529,474	803.42
Total	674,452,460	1,169.00
Capitation Expenses & Refunds	3,227,865	5.59
Service Coordination & Other Expenses	28,581,750	49.54
Net Reinsurance Cost	54,562	0.09
Administrative Expenses		
Fixed Amount	6,923,375	12.00
Percentage of Premium	41,038,133	5.25%
Total	47,961,509	83.13
Risk Margin	13,679,378	1.75%
Premium Tax	13,679,378	1.75%
Maintenance Tax	41,829	0.07
Projected FY2023 Total Cost		
Acute Care	237,452,789	411.57
LTC	544,225,940	943.28
Total	781,678,729	1,354.85

FY2023 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	39,091,566	128.08	9,953,796	280.37	0	0.00	0	0.00
Emergency Room	14,756,070	48.35	3,085,229	86.90	0	0.00	0	0.00
Outpatient Facility	27,461,696	89.97	6,639,420	187.02	0	0.00	0	0.00
Inpatient Facility	66,514,003	217.93	16,717,149	470.88	0	0.00	0	0.00
Other Acute Care	32,048,592	105.00	12,012,118	338.35	0	0.00	0	0.00
Acute Care Total	179,871,927	589.33	48,407,711	1,363.52	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	59,376,138	194.54	44,278,920	1,247.22	70,916,562	282.88	72,996,676	1,370.93
Nursing Facility	301,537	0.99	1,038,145	29.24	751,406	3.00	2,457,057	46.15
Other Long Term Care	1,623,338	5.32	7,991,278	225.09	5,847,720	23.33	11,059,084	207.70
Long Term Care Total	61,301,012	200.85	53,308,344	1,501.56	77,515,689	309.20	86,512,817	1,624.78
Total - All Claims	241,172,940	790.17	101,716,055	2,865.08	77,515,689	309.20	86,512,817	1,624.78
Projected FY2023 Member Months	314,633		43,794		274,826		56,141	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9857		0.9955		1.0000		1.0000	
Acute Care - Inpatient	1.0127		1.0143		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9963		0.9981		1.0000		1.0000	
Long Term Care	1.0053		1.0041		1.0053		1.0050	
Other Adjustments - NF Eligibility	1.0230		0.9901		1.0396		0.9883	
PHE Related Cost Adjustment								
Acute Care	0.9995		0.9808		1.0000		1.0000	
Long Term Care	0.9673		0.9745		0.9812		0.9822	

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected FY2023 Incurred Claims								
Acute Care	198,643,159	631.35	61,565,287	1,405.78	0	0.00	0	0.00
LTC	75,819,602	240.98	76,076,878	1,737.14	96,639,136	351.64	103,461,249	1,842.89
Total	274,462,761	872.33	137,642,165	3,142.93	96,639,136	351.64	103,461,249	1,842.89
Capitation Expenses & Refunds	2,116,917	6.73	325,791	7.44	735,834	2.68	109,913	1.96
Service Coordination & Other Expenses	14,370,550	45.67	3,423,857	78.18	12,159,374	44.24	3,702,679	65.95
Net Reinsurance Cost	97,336	0.31	16,045	0.37	13,320	0.05	2,140	0.04
Administrative Expenses								
Fixed Amount	3,775,590	12.00	525,531	12.00	3,297,910	12.00	673,688	12.00
Percentage of Premium	16,963,740	5.25%	8,166,213	5.25%	6,493,631	5.25%	6,211,037	5.25%
Total	20,739,331	65.92	8,691,745	198.47	9,791,542	35.63	6,884,725	122.63
Risk Margin	5,654,580	1.75%	2,722,071	1.75%	2,164,544	1.75%	2,070,346	1.75%
Premium Tax	5,654,580	1.75%	2,722,071	1.75%	2,164,544	1.75%	2,070,346	1.75%
Maintenance Tax	22,811	0.07	3,175	0.07	19,925	0.07	4,070	0.07
Projected FY2023 Total Cost								
Acute Care	223,130,427	709.18	68,102,581	1,555.06	820,991	2.99	122,798	2.19
LTC	99,988,438	317.79	87,444,339	1,996.71	122,867,227	447.07	118,182,670	2,105.12
Total	323,118,865	1,026.97	155,546,920	3,551.76	123,688,218	450.06	118,305,469	2,107.30

FY2023 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	3,230,703	318.30	0	0.00	1,808,380	67.38	6,051,653	1,034.65
Emergency Room	662,959	65.32	0	0.00	413,066	15.39	204,111	34.90
Outpatient Facility	1,286,622	126.76	0	0.00	685,865	25.55	4,865,555	831.86
Inpatient Facility	10,195,572	1,004.49	0	0.00	2,175,634	81.06	1,397,383	238.91
Other Acute Care	2,749,899	270.93	0	0.00	3,475,162	129.48	348,532	59.59
Acute Care Total	18,125,756	1,785.79	0	0.00	8,558,107	318.87	12,867,235	2,199.90
Est Inc. Claims - Long Term Care								
Attendant Care	205,473	20.24	240,134	4.35	0	0.00	421,236	72.02
Nursing Facility	40,875,007	4,027.09	200,703,472	3,632.97	0	0.00	1,998	0.34
Other Long Term Care	30,475	3.00	1,481,347	26.81	0	0.00	675	0.12
Long Term Care Total	41,110,955	4,050.34	202,424,953	3,664.13	0	0.00	423,910	72.48
Total - All Claims	59,236,711	5,836.13	202,424,953	3,664.13	8,558,107	318.87	13,291,145	2,272.38
Projected FY2023 Member Months	10,014		49,105		25,921		6,587	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0033		1.0000		0.9933		1.0051	
Acute Care - Inpatient	1.0205		1.0000		1.0107		1.0027	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9971		0.9987	
Long Term Care	1.1345		1.1412		1.0000		1.0043	
Other Adjustments - NF Eligibility	0.9889		1.0228		1.0002		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9420		1.0000		0.9598		0.9273	
Long Term Care	1.0153		0.9942		1.0000		0.9673	

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	19,602,941	1,957.65	0	0.00	9,484,820	365.91	18,462,148	2,802.86
LTC	49,514,212	4,944.74	226,866,691	4,620.06	0	0.00	535,593	81.31
Total	69,117,153	6,902.39	226,866,691	4,620.06	9,484,820	365.91	18,997,742	2,884.17
Capitation Expenses & Refunds	46,191	4.61	67,200	1.37	84,397	3.26	-192,700	-29.26
Service Coordination & Other Expenses	438,975	43.84	2,156,184	43.91	1,225,304	47.27	337,521	51.24
Net Reinsurance Cost	3,351	0.33	2,329	0.05	7,450	0.29	1,534	0.23
Administrative Expenses								
Fixed Amount	120,162	12.00	589,257	12.00	311,056	12.00	79,043	12.00
Percentage of Premium	4,011,665	5.25%	13,214,766	5.25%	639,488	5.25%	1,106,016	5.25%
Total	4,131,827	412.63	13,804,023	281.11	950,544	36.67	1,185,059	179.91
Risk Margin	1,337,222	1.75%	4,404,922	1.75%	213,163	1.75%	368,672	1.75%
Premium Tax	1,337,222	1.75%	4,404,922	1.75%	213,163	1.75%	368,672	1.75%
Maintenance Tax	726	0.07	3,560	0.07	1,879	0.07	478	0.07
Projected FY2023 Total Cost								
Acute Care	21,574,541	2,154.54	76,196	1.55	10,837,922	418.11	20,107,683	3,052.67
LTC	54,838,125	5,476.41	251,633,634	5,124.42	1,342,798	51.80	959,294	145.64
Total	76,412,666	7,630.95	251,709,831	5,125.98	12,180,721	469.91	21,066,977	3,198.31

FY2023 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	60,136,098	80.97
Emergency Room	19,121,435	25.74
Outpatient Facility	40,939,158	55.12
Inpatient Facility	96,999,742	130.60
Other Acute Care	50,634,303	68.17
Acute Care Total	267,830,736	360.60
Est Inc. Claims - Long Term Care		
Attendant Care	248,435,140	334.48
Nursing Facility	246,128,622	331.38
Other Long Term Care	28,033,918	37.74
Long Term Care Total	522,597,680	703.61
Total - All Claims	790,428,416	1,064.21
Projected FY2023 Member Months	781,020	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		



FY2023 STAR+PLUS Rating Summary  
Dallas SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	307,758,355	394.05
LTC	628,913,361	805.25
Total	936,671,716	1,199.29
Capitation Expenses & Refunds	3,293,543	4.22
Service Coordination & Other Expenses	37,814,443	48.42
Net Reinsurance Cost	143,505	0.18
Administrative Expenses		
Fixed Amount	9,372,239	12.00
Percentage of Premium	56,806,557	5.25%
Total	66,178,796	84.73
Risk Margin	18,935,519	1.75%
Premium Tax	18,935,519	1.75%
Maintenance Tax	56,624	0.07
Projected FY2023 Total Cost		
Acute Care	344,773,139	441.44
LTC	737,256,527	943.97
Total	1,082,029,665	1,385.41

FY2023 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	11,289,593	160.23	3,143,523	327.25	0	0.00	0	0.00
Emergency Room	2,942,909	41.77	884,245	92.05	0	0.00	0	0.00
Outpatient Facility	5,407,800	76.75	1,187,936	123.67	0	0.00	0	0.00
Inpatient Facility	9,543,940	135.45	2,890,963	300.95	0	0.00	0	0.00
Other Acute Care	13,059,689	185.35	4,641,890	483.23	0	0.00	0	0.00
Acute Care Total	42,243,930	599.54	12,748,557	1,327.15	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	16,754,727	237.79	12,694,695	1,321.54	57,675,466	407.51	23,265,129	1,461.56
Nursing Facility	58,365	0.83	217,779	22.67	118,810	0.84	669,608	42.07
Other Long Term Care	2,226,791	31.60	2,781,548	289.56	9,822,164	69.40	5,417,720	340.35
Long Term Care Total	19,039,883	270.22	15,694,022	1,633.77	67,616,439	477.75	29,352,457	1,843.98
Total - All Claims	61,283,813	869.77	28,442,580	2,960.92	67,616,439	477.75	29,352,457	1,843.98
Projected FY2023 Member Months	73,171		9,255		152,843		14,488	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9890		0.9925		1.0000		1.0000	
Acute Care - Inpatient	1.0070		1.0037		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9962		0.9983		1.0000		1.0000	
Long Term Care	1.0049		1.0027		1.0047		1.0032	
Other Adjustments - NF Eligibility	1.0120		0.9958		1.0084		0.9928	
PHE Related Cost Adjustment								
Acute Care	0.9879		0.9646		1.0000		1.0000	
Long Term Care	0.9806		0.9879		0.9920		0.9885	

FY2023 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 FY2023 Incurred Claims								
Acute Care	45,843,650	626.53	12,360,010	1,335.50	0	0.00	0	0.00
LTC	23,781,576	325.01	17,810,589	1,924.43	81,387,917	532.49	30,579,669	2,110.73
Total	69,625,226	951.54	30,170,599	3,259.93	81,387,917	532.49	30,579,669	2,110.73
Capitation Expenses & Refunds	191,841	2.62	41,918	4.53	240,722	1.57	41,913	2.89
Service Coordination & Other Expenses	2,225,373	30.41	477,685	51.61	4,672,441	30.57	628,014	43.35
Net Reinsurance Cost	15,204	0.21	2,617	0.28	736	0.00	90	0.01
Administrative Expenses								
Fixed Amount	878,054	12.00	111,060	12.00	1,834,113	12.00	173,852	12.00
Percentage of Premium	4,196,606	5.25%	1,772,317	5.25%	5,071,472	5.25%	1,807,990	5.25%
Total	5,074,660	69.35	1,883,376	203.50	6,905,585	45.18	1,981,842	136.79
Risk Margin	1,398,869	1.75%	590,772	1.75%	1,690,491	1.75%	602,663	1.75%
Premium Tax	1,398,869	1.75%	590,772	1.75%	1,690,491	1.75%	602,663	1.75%
Maintenance Tax	5,305	0.07	671	0.07	11,081	0.07	1,050	0.07
Projected FY2023 Total Cost								
Acute Care	51,103,923	698.42	13,644,184	1,474.25	264,611	1.73	46,031	3.18
LTC	28,831,424	394.03	20,114,227	2,173.34	96,334,853	630.29	34,391,875	2,373.87
Total	79,935,347	1,092.44	33,758,411	3,647.59	96,599,463	632.02	34,437,905	2,377.05

FY2023 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	523,713	513.44	0	0.00	658,969	110.77	2,992,808	899.82
Emergency Room	48,288	47.34	0	0.00	139,089	23.38	68,763	20.67
Outpatient Facility	204,333	200.33	0	0.00	195,576	32.88	1,453,762	437.09
Inpatient Facility	991,064	971.63	0	0.00	679,253	114.18	416,925	125.35
Other Acute Care	143,505	140.69	0	0.00	1,601,797	269.25	165,189	49.67
Acute Care Total	1,910,902	1,873.43	0	0.00	3,274,684	550.46	5,097,448	1,532.61
Est Inc. Claims - Long Term Care								
Attendant Care	19,819	19.43	118,020	16.54	0	0.00	242,610	72.94
Nursing Facility	4,460,215	4,372.76	27,629,603	3,872.95	0	0.00	7,956	2.39
Other Long Term Care	4,349	4.26	118,431	16.60	0	0.00	4,077	1.23
Long Term Care Total	4,484,383	4,396.45	27,866,054	3,906.09	0	0.00	254,643	76.56
Total - All Claims	6,395,286	6,269.89	27,866,054	3,906.09	3,274,684	550.46	5,352,091	1,609.17
Projected FY2023 Member Months	1,080		6,350		5,944		3,448	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0047		1.0000		0.9912		1.0032	
Acute Care - Inpatient	1.0189		1.0000		1.0099		1.0039	
Wrap & Carve-Out Removal	0.9981		1.0000		0.9993		0.9988	
Long Term Care	1.1290		1.1344		1.0000		1.0070	
Other Adjustments - NF Eligibility	0.9605		1.0399		0.9999		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.8949		1.0000		0.9298		0.9460	
Long Term Care	1.0305		0.9978		1.0000		0.9923	

FY2023 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 FY2023 Incurred Claims								
Acute Care	2,045,034	1,893.78	0	0.00	3,633,393	611.31	6,863,747	1,990.90
LTC	5,686,082	5,265.53	31,720,652	4,995.67	0	0.00	304,600	88.35
Total	7,731,116	7,159.32	31,720,652	4,995.67	3,633,393	611.31	7,168,347	2,079.26
Capitation Expenses & Refunds	8,811	8.16	23,880	3.76	13,407	2.26	9,010	2.61
Service Coordination & Other Expenses	33,350	30.88	194,496	30.63	178,723	30.07	104,743	30.38
Net Reinsurance Cost	331	0.31	32	0.01	808	0.14	694	0.20
Administrative Expenses								
Fixed Amount	12,958	12.00	76,196	12.00	71,323	12.00	41,371	12.00
Percentage of Premium	447,999	5.25%	1,842,000	5.25%	224,273	5.25%	421,405	5.25%
Total	460,957	426.86	1,918,196	302.10	295,597	49.73	462,775	134.23
Risk Margin	149,333	1.75%	614,000	1.75%	74,758	1.75%	140,468	1.75%
Premium Tax	149,333	1.75%	614,000	1.75%	74,758	1.75%	140,468	1.75%
Maintenance Tax	78	0.07	460	0.07	431	0.07	250	0.07
Projected FY2023 Total Cost								
Acute Care	2,254,930	2,088.15	26,206	4.13	4,076,013	685.78	7,576,223	2,197.56
LTC	6,278,379	5,814.02	35,059,511	5,521.50	195,861	32.95	450,533	130.68
Total	8,533,309	7,902.18	35,085,717	5,525.63	4,271,874	718.73	8,026,756	2,328.25

FY2023 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	18,608,606	72.99
Emergency Room	4,083,294	16.02
Outpatient Facility	8,449,407	33.14
Inpatient Facility	14,522,144	56.96
Other Acute Care	19,612,070	76.93
Acute Care Total	65,275,522	256.04
Est Inc. Claims - Long Term Care		
Attendant Care	110,770,465	434.49
Nursing Facility	33,162,335	130.08
Other Long Term Care	20,375,081	79.92
Long Term Care Total	164,307,881	644.49
Total - All Claims	229,583,403	900.53
Projected FY2023 Member Months	266,577	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	70,745,835	265.39
LTC	191,271,085	717.51
Total	262,016,920	982.89
Capitation Expenses & Refunds	571,502	2.14
Service Coordination & Other Expenses	8,514,825	31.94
Net Reinsurance Cost	20,511	0.08
Administrative Expenses		
Fixed Amount	3,198,928	12.00
Percentage of Premium	15,784,061	5.25%
Total	18,982,989	71.21
Risk Margin	5,261,354	1.75%
Premium Tax	5,261,354	1.75%
Maintenance Tax	19,327	0.07
Projected FY2023 Total Cost		
Acute Care	78,992,120	296.32
LTC	221,656,661	831.49
Total	300,648,782	1,127.81

FY2023 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	81,465,146	165.63	15,916,219	408.81	0	0.00	0	0.00
Emergency Room	31,730,166	64.51	4,492,243	115.38	0	0.00	0	0.00
Outpatient Facility	43,953,532	89.37	7,546,432	193.83	0	0.00	0	0.00
Inpatient Facility	115,582,573	235.00	25,134,269	645.58	0	0.00	0	0.00
Other Acute Care	58,053,957	118.03	11,189,400	287.40	0	0.00	0	0.00
Acute Care Total	330,785,374	672.55	64,278,563	1,651.00	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	96,516,425	196.24	50,881,589	1,306.90	145,909,654	274.84	96,676,879	1,609.08
Nursing Facility	356,658	0.73	2,103,580	54.03	439,297	0.83	2,817,833	46.90
Other Long Term Care	15,407,019	31.33	29,861,220	766.99	12,168,484	22.92	23,501,284	391.15
Long Term Care Total	112,280,102	228.29	82,846,388	2,127.92	158,517,434	298.59	122,995,997	2,047.14
Total - All Claims	443,065,476	900.83	147,124,951	3,778.93	158,517,434	298.59	122,995,997	2,047.14
Projected FY2023 Member Months	529,032		38,384		589,594		56,030	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9877		0.9953		1.0000		1.0000	
Acute Care - Inpatient	1.0048		1.0053		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9926		0.9973		1.0000		1.0000	
Long Term Care	1.0051		1.0030		1.0049		1.0040	
Other Adjustments - NF Eligibility	1.0099		0.9970		1.0312		0.9951	
PHE Related Cost Adjustment								
Acute Care	0.9906		0.9651		1.0000		1.0000	
Long Term Care	0.9695		0.9800		0.9868		0.9929	



FY2023 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 FY2023 Incurred Claims								
Acute Care	369,406,476	698.27	64,100,251	1,669.99	0	0.00	0	0.00
LTC	143,344,570	270.96	95,582,733	2,490.19	199,641,584	338.61	132,288,339	2,361.05
Total	512,751,046	969.22	159,682,984	4,160.18	199,641,584	338.61	132,288,339	2,361.05
Capitation Expenses & Refunds	4,844,427	9.16	287,179	7.48	1,243,416	2.11	101,548	1.81
Service Coordination & Other Expenses	21,080,531	39.85	1,839,742	47.93	23,007,807	39.02	2,838,132	50.65
Net Reinsurance Cost	24,088	0.05	3,111	0.08	611	0.00	107	0.00
Administrative Expenses								
Fixed Amount	6,348,390	12.00	460,604	12.00	7,075,133	12.00	672,355	12.00
Percentage of Premium	31,361,160	5.25%	9,336,451	5.25%	13,291,061	5.25%	7,819,166	5.25%
Total	37,709,550	71.28	9,797,055	255.24	20,366,193	34.54	8,491,520	151.55
Risk Margin	10,453,720	1.75%	3,112,150	1.75%	4,430,354	1.75%	2,606,389	1.75%
Premium Tax	10,453,720	1.75%	3,112,150	1.75%	4,430,354	1.75%	2,606,389	1.75%
Maintenance Tax	38,355	0.07	2,783	0.07	42,746	0.07	4,062	0.07
Projected FY2023 Total Cost								
Acute Care	415,206,858	784.84	70,768,827	1,843.72	1,363,317	2.31	111,403	1.99
LTC	182,148,578	344.31	107,068,328	2,789.42	251,799,747	427.07	148,825,083	2,656.19
Total	597,355,436	1,129.15	177,837,154	4,633.15	253,163,064	429.39	148,936,486	2,658.18

FY2023 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	4,317,129	407.31	0	0.00	5,096,250	112.16	8,915,061	838.35
Emergency Room	853,046	80.48	0	0.00	1,032,189	22.72	635,906	59.80
Outpatient Facility	1,621,064	152.94	0	0.00	1,606,693	35.36	8,334,685	783.78
Inpatient Facility	8,349,758	787.79	0	0.00	4,473,866	98.46	4,065,694	382.33
Other Acute Care	1,972,649	186.12	0	0.00	4,122,712	90.73	289,041	27.18
Acute Care Total	17,113,646	1,614.65	0	0.00	16,331,709	359.43	22,240,388	2,091.44
Est Inc. Claims - Long Term Care								
Attendant Care	129,295	12.20	434,496	6.41	0	0.00	537,031	50.50
Nursing Facility	46,012,296	4,341.19	249,966,196	3,689.05	0	0.00	25,468	2.39
Other Long Term Care	70,221	6.63	864,344	12.76	0	0.00	118,398	11.13
Long Term Care Total	46,211,812	4,360.02	251,265,037	3,708.22	0	0.00	680,897	64.03
Total - All Claims	63,325,457	5,974.66	251,265,037	3,708.22	16,331,709	359.43	22,921,285	2,155.47
Projected FY2023 Member Months	10,072		57,046		45,069		11,637	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0070		1.0000		0.9889		1.0025	
Acute Care - Inpatient	1.0085		1.0000		0.9979		0.9996	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9913		0.9975	
Long Term Care	1.1333		1.1322		1.0000		1.0047	
Other Adjustments - NF Eligibility	0.9911		1.0279		1.0000		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9662		1.0000		0.9953		0.9439	
Long Term Care	1.0151		1.0007		1.0000		1.0079	

FY2023 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	18,178,914	1,804.81	0	0.00	18,834,754	417.91	31,349,196	2,693.90
LTC	53,665,499	5,327.95	267,683,113	4,692.38	0	0.00	871,406	74.88
Total	71,844,414	7,132.76	267,683,113	4,692.38	18,834,754	417.91	32,220,602	2,768.78
Capitation Expenses & Refunds	118,600	11.77	345,855	6.06	426,963	9.47	107,614	9.25
Service Coordination & Other Expenses	390,352	38.75	2,259,119	39.60	1,805,514	40.06	466,772	40.11
Net Reinsurance Cost	728	0.07	89	0.00	1,507	0.03	671	0.06
Administrative Expenses								
Fixed Amount	120,869	12.00	684,557	12.00	540,829	12.00	139,645	12.00
Percentage of Premium	4,169,834	5.25%	15,590,450	5.25%	1,243,478	5.25%	1,894,956	5.25%
Total	4,290,704	425.98	16,275,007	285.29	1,784,307	39.59	2,034,602	174.84
Risk Margin	1,389,945	1.75%	5,196,817	1.75%	414,493	1.75%	631,652	1.75%
Premium Tax	1,389,945	1.75%	5,196,817	1.75%	414,493	1.75%	631,652	1.75%
Maintenance Tax	730	0.07	4,136	0.07	3,268	0.07	844	0.07
Projected FY2023 Total Cost								
Acute Care	20,086,587	1,994.21	379,117	6.65	21,706,652	481.63	34,623,748	2,975.29
LTC	59,338,830	5,891.20	296,581,835	5,198.96	1,978,646	43.90	1,470,660	126.38
Total	79,425,417	7,885.41	296,960,952	5,205.60	23,685,298	525.53	36,094,409	3,101.66

FY2023 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	115,709,805	92.11
Emergency Room	38,743,550	30.84
Outpatient Facility	63,062,406	50.20
Inpatient Facility	157,606,160	125.47
Other Acute Care	75,627,759	60.20
Acute Care Total	450,749,680	358.83
Est Inc. Claims - Long Term Care		
Attendant Care	391,085,369	311.33
Nursing Facility	301,721,328	240.19
Other Long Term Care	81,990,969	65.27
Long Term Care Total	774,797,666	616.79
Total - All Claims	1,225,547,346	975.62
Projected FY2023 Member Months	1,336,865	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
Harris SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	501,869,591	375.41
LTC	893,077,245	668.04
Total	1,394,946,836	1,043.45
Capitation Expenses & Refunds	7,475,602	5.59
Service Coordination & Other Expenses	53,687,970	40.16
Net Reinsurance Cost	30,911	0.02
Administrative Expenses		
Fixed Amount	16,042,381	12.00
Percentage of Premium	84,706,556	5.25%
Total	100,748,938	75.36
Risk Margin	28,235,519	1.75%
Premium Tax	28,235,519	1.75%
Maintenance Tax	96,923	0.07
Projected FY2023 Total Cost		
Acute Care	564,246,509	422.07
LTC	1,049,211,707	784.83
Total	1,613,458,216	1,206.90

FY2023 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	26,338,668	157.30	8,984,909	293.51	0	0.00	0	0.00
Emergency Room	6,271,953	37.46	1,868,332	61.03	0	0.00	0	0.00
Outpatient Facility	11,749,625	70.17	4,998,216	163.28	0	0.00	0	0.00
Inpatient Facility	26,465,642	158.06	11,125,317	363.43	0	0.00	0	0.00
Other Acute Care	18,075,392	107.95	11,974,864	391.18	0	0.00	0	0.00
Acute Care Total	88,901,280	530.95	38,951,638	1,272.43	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	86,035,716	513.83	61,280,813	2,001.86	277,876,814	716.69	240,828,943	1,938.62
Nursing Facility	115,988	0.69	184,326	6.02	1,001,174	2.58	1,640,345	13.20
Other Long Term Care	15,788,025	94.29	6,842,429	223.52	50,927,539	131.35	28,569,360	229.98
Long Term Care Total	101,939,728	608.82	68,307,568	2,231.40	329,805,527	850.62	271,038,648	2,181.80
Total - All Claims	190,841,009	1,139.76	107,259,205	3,503.83	329,805,527	850.62	271,038,648	2,181.80
Projected FY2023 Member Months	178,505		30,744		397,531		120,822	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0001		1.0032		1.0000		1.0000	
Acute Care - Inpatient	1.0191		1.0169		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9918		0.9973		1.0000		1.0000	
Long Term Care	1.0048		1.0027		1.0049		1.0032	
Other Adjustments - NF Eligibility	1.0120		1.0002		1.0042		0.9991	
PHE Related Cost Adjustment								
Acute Care	1.0083		0.9870		1.0000		1.0000	
Long Term Care	0.9523		0.9767		0.9726		0.9837	

FY2023 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 FY2023 Incurred Claims								
Acute Care	102,985,418	576.93	41,393,827	1,346.40	0	0.00	0	0.00
LTC	126,927,039	711.06	80,244,303	2,610.06	368,056,816	925.86	302,183,254	2,501.07
Total	229,912,457	1,287.99	121,638,130	3,956.46	368,056,816	925.86	302,183,254	2,501.07
Capitation Expenses & Refunds	2,117,816	11.86	592,127	19.26	2,326,476	5.85	808,887	6.69
Service Coordination & Other Expenses	8,660,889	48.52	1,820,545	59.22	18,387,376	46.25	6,900,010	57.11
Net Reinsurance Cost	48,240	0.27	7,528	0.24	21,740	0.05	7,466	0.06
Administrative Expenses								
Fixed Amount	2,142,057	12.00	368,930	12.00	4,770,371	12.00	1,449,858	12.00
Percentage of Premium	13,974,746	5.25%	7,158,957	5.25%	22,644,996	5.25%	17,913,761	5.25%
Total	16,116,803	90.29	7,527,887	244.86	27,415,367	68.96	19,363,620	160.27
Risk Margin	4,658,249	1.75%	2,386,319	1.75%	7,548,332	1.75%	5,971,254	1.75%
Premium Tax	4,658,249	1.75%	2,386,319	1.75%	7,548,332	1.75%	5,971,254	1.75%
Maintenance Tax	12,942	0.07	2,229	0.07	28,821	0.07	8,760	0.07
Projected FY2023 Total Cost								
Acute Care	116,292,349	651.48	46,158,673	1,501.38	2,573,387	6.47	894,634	7.40
LTC	149,893,295	839.72	90,202,412	2,933.97	428,759,873	1,078.56	340,319,871	2,816.72
Total	266,185,644	1,491.20	136,361,085	4,435.35	431,333,260	1,085.03	341,214,505	2,824.12

FY2023 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	1,350,481	462.65	0	0.00	1,273,211	110.22	4,982,680	768.81
Emergency Room	170,707	58.48	0	0.00	186,683	16.16	198,839	30.68
Outpatient Facility	374,676	128.36	0	0.00	532,934	46.13	3,856,413	595.03
Inpatient Facility	3,885,914	1,331.25	0	0.00	1,084,122	93.85	883,896	136.38
Other Acute Care	905,707	310.28	0	0.00	2,161,242	187.09	205,690	31.74
Acute Care Total	6,687,486	2,291.02	0	0.00	5,238,193	453.44	10,127,518	1,562.65
Est Inc. Claims - Long Term Care								
Attendant Care	89,202	30.56	372,324	12.34	0	0.00	2,027,345	312.81
Nursing Facility	12,577,296	4,308.77	127,333,649	4,219.98	0	0.00	0	0.00
Other Long Term Care	26,711	9.15	445,079	14.75	0	0.00	81,039	12.50
Long Term Care Total	12,693,209	4,348.48	128,151,053	4,247.07	0	0.00	2,108,384	325.32
Total - All Claims	19,380,695	6,639.50	128,151,053	4,247.07	5,238,193	453.44	12,235,902	1,887.97
Projected FY2023 Member Months	2,627		25,126		11,497		6,777	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0062		1.0000		0.9987		1.0049	
Acute Care - Inpatient	1.0361		1.0000		1.0077		1.0107	
Wrap & Carve-Out Removal	0.9992		1.0000		0.9976		0.9916	
Long Term Care	1.1247		1.1235		1.0000		1.0045	
Other Adjustments - NF Eligibility	0.9502		1.0267		0.9967		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9097		1.0000		0.9677		0.9570	
Long Term Care	1.0397		0.9934		1.0000		1.0595	



FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	6,237,765	2,374.44	0	0.00	6,028,407	524.35	13,932,496	2,056.00
LTC	13,603,969	5,178.43	132,862,286	5,287.86	0	0.00	2,709,578	399.85
Total	19,841,735	7,552.86	132,862,286	5,287.86	6,028,407	524.35	16,642,074	2,455.85
Capitation Expenses & Refunds	28,835	10.98	194,248	7.73	81,225	7.06	-75,949	-11.21
Service Coordination & Other Expenses	121,466	46.24	1,166,771	46.44	564,395	49.09	352,100	51.96
Net Reinsurance Cost	792	0.30	1,388	0.06	3,017	0.26	1,511	0.22
Administrative Expenses								
Fixed Amount	31,525	12.00	301,511	12.00	137,962	12.00	81,318	12.00
Percentage of Premium	1,152,097	5.25%	7,739,969	5.25%	392,144	5.25%	978,171	5.25%
Total	1,183,622	450.55	8,041,480	320.05	530,107	46.11	1,059,489	156.35
Risk Margin	384,032	1.75%	2,579,990	1.75%	130,715	1.75%	326,057	1.75%
Premium Tax	384,032	1.75%	2,579,990	1.75%	130,715	1.75%	326,057	1.75%
Maintenance Tax	190	0.07	1,822	0.07	834	0.07	491	0.07
Projected FY2023 Total Cost								
Acute Care	6,879,302	2,618.64	214,396	8.53	6,850,898	595.89	15,261,970	2,252.19
LTC	15,065,403	5,734.73	147,213,578	5,859.03	618,515	53.80	3,369,861	497.29
Total	21,944,705	8,353.37	147,427,974	5,867.57	7,469,412	649.69	18,631,831	2,749.47

FY2023 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	42,929,949	56.40
Emergency Room	8,696,514	11.43
Outpatient Facility	21,511,865	28.26
Inpatient Facility	43,444,892	57.08
Other Acute Care	33,322,896	43.78
Acute Care Total	149,906,115	196.95
Est Inc. Claims - Long Term Care		
Attendant Care	668,511,157	878.32
Nursing Facility	142,852,778	187.69
Other Long Term Care	102,680,183	134.91
Long Term Care Total	914,044,118	1,200.91
Total - All Claims	1,063,950,232	1,397.86
Projected FY2023 Member Months	773,628	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	170,577,913	220.49
LTC	1,026,587,245	1,326.98
Total	1,197,165,158	1,547.47
Capitation Expenses & Refunds	6,073,665	7.85
Service Coordination & Other Expenses	37,973,554	49.09
Net Reinsurance Cost	91,682	0.12
Administrative Expenses		
Fixed Amount	9,283,532	12.00
Percentage of Premium	71,954,842	5.25%
Total	81,238,374	105.01
Risk Margin	23,984,947	1.75%
Premium Tax	23,984,947	1.75%
Maintenance Tax	56,088	0.07
Projected FY2023 Total Cost		
Acute Care	195,125,609	252.22
LTC	1,175,442,807	1,519.39
Total	1,370,568,416	1,771.61

FY2023 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	15,177,390	166.41	2,990,684	360.80	0	0.00	0	0.00
Emergency Room	4,950,045	54.27	925,893	111.70	0	0.00	0	0.00
Outpatient Facility	6,549,466	71.81	1,937,562	233.75	0	0.00	0	0.00
Inpatient Facility	18,271,841	200.34	4,780,817	576.77	0	0.00	0	0.00
Other Acute Care	6,590,440	72.26	2,090,579	252.21	0	0.00	0	0.00
Acute Care Total	51,539,182	565.09	12,725,535	1,535.23	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	10,157,238	111.37	8,887,690	1,072.23	14,981,364	178.25	17,802,048	1,187.91
Nursing Facility	30,265	0.33	136,057	16.41	94,985	1.13	598,989	39.97
Other Long Term Care	1,724,953	18.91	3,879,303	468.01	445,924	5.31	4,431,866	295.73
Long Term Care Total	11,912,457	130.61	12,903,051	1,556.65	15,522,273	184.69	22,832,903	1,523.62
Total - All Claims	63,451,639	695.70	25,628,585	3,091.88	15,522,273	184.69	22,832,903	1,523.62
Projected FY2023 Member Months	95,448		7,416		92,922		13,213	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0140		1.0111		1.0000		1.0000	
Acute Care - Inpatient	1.0086		1.0071		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9889		0.9960		1.0000		1.0000	
Long Term Care	1.0052		1.0048		1.0056		1.0047	
Other Adjustments - NF Eligibility	1.0147		0.9936		1.0821		0.9952	
PHE Related Cost Adjustment								
Acute Care	0.9872		0.9691		1.0000		1.0000	
Long Term Care	0.9613		0.9778		0.9722		0.9789	

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected FY2023 Incurred Claims								
Acute Care	57,567,453	603.13	11,713,919	1,579.49	0	0.00	0	0.00
LTC	14,742,658	154.46	13,457,695	1,814.62	20,134,232	216.68	22,908,858	1,733.85
Total	72,310,111	757.59	25,171,614	3,394.12	20,134,232	216.68	22,908,858	1,733.85
Capitation Expenses & Refunds	644,883	6.76	30,408	4.10	68,365	0.74	12,247	0.93
Service Coordination & Other Expenses	3,765,167	39.45	384,132	51.80	3,414,474	36.75	694,187	52.54
Net Reinsurance Cost	9,003	0.09	1,685	0.23	282	0.00	65	0.00
Administrative Expenses								
Fixed Amount	1,145,372	12.00	88,995	12.00	1,115,063	12.00	158,552	12.00
Percentage of Premium	4,480,851	5.25%	1,477,328	5.25%	1,423,349	5.25%	1,367,869	5.25%
Total	5,626,223	58.95	1,566,323	211.20	2,538,412	27.32	1,526,421	115.53
Risk Margin	1,493,617	1.75%	492,443	1.75%	474,450	1.75%	455,956	1.75%
Premium Tax	1,493,617	1.75%	492,443	1.75%	474,450	1.75%	455,956	1.75%
Maintenance Tax	6,920	0.07	538	0.07	6,737	0.07	958	0.07
Projected FY2023 Total Cost								
Acute Care	64,809,534	679.01	12,918,002	1,741.85	75,229	0.81	13,493	1.02
LTC	20,540,006	215.20	15,221,583	2,052.46	27,036,172	290.96	26,041,157	1,970.92
Total	85,349,540	894.20	28,139,585	3,794.32	27,111,401	291.77	26,054,650	1,971.94

FY2023 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	598,850	244.63	0	0.00	408,518	90.36	1,265,322	713.66
Emergency Room	178,201	72.79	0	0.00	108,369	23.97	106,718	60.19
Outpatient Facility	468,969	191.57	0	0.00	274,770	60.78	1,915,629	1,080.45
Inpatient Facility	1,686,176	688.80	0	0.00	215,588	47.69	604,272	340.82
Other Acute Care	428,902	175.21	0	0.00	264,837	58.58	75,097	42.36
Acute Care Total	3,361,098	1,373.00	0	0.00	1,272,082	281.37	3,967,038	2,237.47
Est Inc. Claims - Long Term Care								
Attendant Care	16,548	6.76	47,016	2.27	0	0.00	32,848	18.53
Nursing Facility	9,811,033	4,007.77	70,333,936	3,398.27	0	0.00	301	0.17
Other Long Term Care	33,742	13.78	285,844	13.81	0	0.00	33,788	19.06
Long Term Care Total	9,861,323	4,028.32	70,666,797	3,414.35	0	0.00	66,937	37.75
Total - All Claims	13,222,420	5,401.32	70,666,797	3,414.35	1,272,082	281.37	4,033,975	2,275.23
Projected FY2023 Member Months	2,307		17,705		4,151		2,012	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0150		1.0000		1.0103		1.0063	
Acute Care - Inpatient	1.0223		1.0000		1.0074		1.0067	
Wrap & Carve-Out Removal	0.9980		1.0000		0.9954		0.9968	
Long Term Care	1.1449		1.1438		1.0000		1.0044	
Other Adjustments - NF Eligibility	0.9875		1.0221		0.9998		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9505		1.0000		0.9870		0.9290	
Long Term Care	1.0132		0.9992		1.0000		1.2017	

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	3,543,774	1,536.04	0	0.00	1,394,140	335.89	5,766,554	2,865.40
LTC	11,410,064	4,945.66	76,727,702	4,333.65	0	0.00	105,908	52.63
Total	14,953,838	6,481.70	76,727,702	4,333.65	1,394,140	335.89	5,872,462	2,918.03
Capitation Expenses & Refunds	17,785	7.71	68,681	3.88	29,063	7.00	15,246	7.58
Service Coordination & Other Expenses	84,362	36.57	677,078	38.24	165,986	39.99	83,348	41.42
Net Reinsurance Cost	327	0.14	49	0.00	338	0.08	160	0.08
Administrative Expenses								
Fixed Amount	27,685	12.00	212,461	12.00	49,807	12.00	24,150	12.00
Percentage of Premium	867,856	5.25%	4,469,678	5.25%	94,335	5.25%	344,947	5.25%
Total	895,541	388.17	4,682,139	264.45	144,143	34.73	369,097	183.40
Risk Margin	289,285	1.75%	1,489,893	1.75%	31,445	1.75%	114,982	1.75%
Premium Tax	289,285	1.75%	1,489,893	1.75%	31,445	1.75%	114,982	1.75%
Maintenance Tax	167	0.07	1,284	0.07	301	0.07	146	0.07
Projected FY2023 Total Cost								
Acute Care	3,910,671	1,695.07	75,321	4.25	1,614,959	389.09	6,362,540	3,161.55
LTC	12,619,921	5,470.07	85,061,397	4,804.34	181,903	43.83	207,884	103.30
Total	16,530,592	7,165.14	85,136,718	4,808.60	1,796,861	432.92	6,570,424	3,264.84

FY2023 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	20,440,763	89.67
Emergency Room	6,269,226	27.50
Outpatient Facility	11,146,396	48.89
Inpatient Facility	25,558,695	112.12
Other Acute Care	9,449,855	41.45
Acute Care Total	72,864,935	319.63
Est Inc. Claims - Long Term Care		
Attendant Care	51,924,752	227.77
Nursing Facility	81,005,566	355.34
Other Long Term Care	10,835,421	47.53
Long Term Care Total	143,765,739	630.65
Total - All Claims	216,630,674	950.28
Projected FY2023 Member Months	235,174	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		



FY2023 STAR+PLUS Rating Summary  
 Jefferson SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	79,985,840	340.11
LTC	159,487,118	678.17
Total	239,472,958	1,018.28
Capitation Expenses & Refunds	886,680	3.77
Service Coordination & Other Expenses	9,268,735	39.41
Net Reinsurance Cost	11,909	0.05
Administrative Expenses		
Fixed Amount	2,822,085	12.00
Percentage of Premium	14,526,213	5.25%
Total	17,348,298	73.77
Risk Margin	4,842,071	1.75%
Premium Tax	4,842,071	1.75%
Maintenance Tax	17,050	0.07
Projected FY2023 Total Cost		
Acute Care	89,779,750	381.76
LTC	186,910,022	794.77
Total	276,689,772	1,176.53

FY2023 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	7,825,459	139.44	1,134,054	309.94	0	0.00	0	0.00
Emergency Room	2,522,361	44.95	268,703	73.44	0	0.00	0	0.00
Outpatient Facility	5,579,852	99.43	739,644	202.14	0	0.00	0	0.00
Inpatient Facility	11,815,429	210.54	1,472,936	402.55	0	0.00	0	0.00
Other Acute Care	5,129,746	91.41	1,604,979	438.64	0	0.00	0	0.00
Acute Care Total	32,872,847	585.77	5,220,316	1,426.71	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	2,766,569	49.30	4,220,090	1,153.35	4,992,471	79.71	7,568,946	1,101.26
Nursing Facility	55,454	0.99	110,050	30.08	67,753	1.08	263,748	38.37
Other Long Term Care	424,217	7.56	450,905	123.23	524,434	8.37	1,444,522	210.17
Long Term Care Total	3,246,240	57.85	4,781,045	1,306.65	5,584,657	89.16	9,277,216	1,349.81
Total - All Claims	36,119,087	643.62	10,001,361	2,733.36	5,584,657	89.16	9,277,216	1,349.81
Projected FY2023 Member Months	58,577		4,244		68,899		7,021	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0066		1.0095		1.0000		1.0000	
Acute Care - Inpatient	1.0185		1.0186		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9871		0.9938		1.0000		1.0000	
Long Term Care	1.0067		1.0041		1.0063		1.0048	
Other Adjustments - NF Eligibility	1.0196		0.9902		1.1938		0.9870	
PHE Related Cost Adjustment								
Acute Care	0.9955		1.0134		1.0000		1.0000	
Long Term Care	0.9637		0.9372		0.9685		0.9795	

FY2023 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 FY2023 Incurred Claims								
Acute Care	37,132,667	633.91	6,541,143	1,541.34	0	0.00	0	0.00
LTC	4,042,532	69.01	6,170,264	1,453.94	7,926,384	115.04	10,702,720	1,524.49
Total	41,175,198	702.92	12,711,407	2,995.28	7,926,384	115.04	10,702,720	1,524.49
Capitation Expenses & Refunds	544,471	9.29	61,568	14.51	197,722	2.87	18,924	2.70
Service Coordination & Other Expenses	2,800,848	47.81	206,782	48.73	3,061,288	44.43	318,852	45.42
Net Reinsurance Cost	3,423	0.06	260	0.06	3,286	0.05	357	0.05
Administrative Expenses								
Fixed Amount	702,924	12.00	50,926	12.00	826,789	12.00	84,246	12.00
Percentage of Premium	2,602,338	5.25%	749,743	5.25%	691,588	5.25%	640,103	5.25%
Total	3,305,262	56.43	800,669	188.67	1,518,378	22.04	724,350	103.18
Risk Margin	867,446	1.75%	249,914	1.75%	230,529	1.75%	213,368	1.75%
Premium Tax	867,446	1.75%	249,914	1.75%	230,529	1.75%	213,368	1.75%
Maintenance Tax	4,247	0.07	308	0.07	4,995	0.07	509	0.07
Projected FY2023 Total Cost								
Acute Care	41,992,660	716.88	7,265,024	1,711.91	220,282	3.20	21,130	3.01
LTC	7,575,681	129.33	7,015,798	1,653.18	12,952,829	188.00	12,171,318	1,733.68
Total	49,568,341	846.21	14,280,823	3,365.09	13,173,111	191.19	12,192,447	1,736.68

FY2023 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	521,111	236.01	0	0.00	686,676	99.50	452,518	327.67
Emergency Room	103,225	46.75	0	0.00	110,954	16.08	34,596	25.05
Outpatient Facility	219,404	99.37	0	0.00	157,210	22.78	1,604,372	1,161.75
Inpatient Facility	1,360,631	616.23	0	0.00	508,809	73.73	403,533	292.20
Other Acute Care	443,572	200.89	0	0.00	881,417	127.72	113,255	82.01
Acute Care Total	2,647,943	1,199.25	0	0.00	2,345,066	339.82	2,608,273	1,888.68
Est Inc. Claims - Long Term Care								
Attendant Care	14,168	6.42	18,921	1.02	0	0.00	63,087	45.68
Nursing Facility	8,919,244	4,039.51	65,869,193	3,551.47	0	0.00	2,934	2.12
Other Long Term Care	15,008	6.80	175,203	9.45	0	0.00	0	0.00
Long Term Care Total	8,948,420	4,052.73	66,063,317	3,561.94	0	0.00	66,021	47.81
Total - All Claims	11,596,363	5,251.98	66,063,317	3,561.94	2,345,066	339.82	2,674,295	1,936.49
Projected FY2023 Member Months	2,071		15,993		6,767		1,495	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0053		1.0000		1.0085		0.9958	
Acute Care - Inpatient	1.0450		1.0000		1.0149		1.0049	
Wrap & Carve-Out Removal	0.9989		1.0000		0.9810		0.9952	
Long Term Care	1.1381		1.1316		1.0000		1.0070	
Other Adjustments - NF Eligibility	1.0038		1.0166		0.9999		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9410		1.0000		1.0140		0.9337	
Long Term Care	1.0048		1.0002		1.0000		1.1842	

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	2,833,957	1,368.19	0	0.00	2,795,589	413.10	3,583,256	2,397.52
LTC	10,327,699	4,986.03	71,220,368	4,453.14	0	0.00	98,400	65.84
Total	13,161,656	6,354.22	71,220,368	4,453.14	2,795,589	413.10	3,681,657	2,463.36
Capitation Expenses & Refunds	16,127	7.79	42,100	2.63	23,276	3.44	-39,507	-26.43
Service Coordination & Other Expenses	96,587	46.63	701,704	43.87	328,835	48.59	73,368	49.09
Net Reinsurance Cost	113	0.05	734	0.05	412	0.06	93	0.06
Administrative Expenses								
Fixed Amount	24,856	12.00	191,919	12.00	81,208	12.00	17,935	12.00
Percentage of Premium	765,176	5.25%	4,151,555	5.25%	185,825	5.25%	214,813	5.25%
Total	790,032	381.41	4,343,475	271.58	267,033	39.46	232,748	155.73
Risk Margin	255,059	1.75%	1,383,852	1.75%	61,942	1.75%	71,604	1.75%
Premium Tax	255,059	1.75%	1,383,852	1.75%	61,942	1.75%	71,604	1.75%
Maintenance Tax	150	0.07	1,160	0.07	491	0.07	108	0.07
Projected FY2023 Total Cost								
Acute Care	3,129,404	1,510.82	46,942	2.94	3,179,153	469.78	3,902,908	2,611.40
LTC	11,445,378	5,525.63	79,030,303	4,941.47	360,367	53.25	188,768	126.30
Total	14,574,783	7,036.45	79,077,244	4,944.40	3,539,519	523.03	4,091,676	2,737.70

FY2023 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	10,619,819	67.08
Emergency Room	3,039,839	19.20
Outpatient Facility	8,300,483	52.43
Inpatient Facility	15,561,337	98.29
Other Acute Care	8,172,968	51.62
Acute Care Total	45,694,445	288.61
Est Inc. Claims - Long Term Care		
Attendant Care	19,644,252	124.08
Nursing Facility	75,288,376	475.53
Other Long Term Care	3,034,289	19.17
Long Term Care Total	97,966,918	618.77
Total - All Claims	143,661,363	907.39
Projected FY2023 Member Months	165,067	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	52,886,612	320.39
LTC	110,488,367	669.35
Total	163,374,979	989.75
Capitation Expenses & Refunds	864,680	5.24
Service Coordination & Other Expenses	7,588,265	45.97
Net Reinsurance Cost	8,679	0.05
Administrative Expenses		
Fixed Amount	1,980,804	12.00
Percentage of Premium	10,001,142	5.25%
Total	11,981,946	72.59
Risk Margin	3,333,714	1.75%
Premium Tax	3,333,714	1.75%
Maintenance Tax	11,967	0.07
Projected FY2023 Total Cost		
Acute Care	59,757,503	362.02
LTC	130,740,442	792.04
Total	190,497,945	1,154.06

FY2023 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	12,449,641	151.88	3,519,549	338.42	0	0.00	0	0.00
Emergency Room	4,270,658	52.10	778,728	74.88	0	0.00	0	0.00
Outpatient Facility	4,618,300	56.34	928,735	89.30	0	0.00	0	0.00
Inpatient Facility	15,230,771	185.81	5,061,180	486.65	0	0.00	0	0.00
Other Acute Care	5,344,657	65.20	2,731,232	262.62	0	0.00	0	0.00
Acute Care Total	41,914,027	511.34	13,019,424	1,251.87	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	21,433,350	261.48	16,279,659	1,565.35	36,075,948	379.71	44,109,539	1,613.90
Nursing Facility	49,654	0.61	131,071	12.60	82,941	0.87	412,802	15.10
Other Long Term Care	3,140,704	38.32	2,005,373	192.82	3,279,553	34.52	4,617,457	168.95
Long Term Care Total	24,623,708	300.40	18,416,102	1,770.78	39,438,442	415.11	49,139,798	1,797.95
Total - All Claims	66,537,735	811.74	31,435,526	3,022.65	39,438,442	415.11	49,139,798	1,797.95
Projected FY2023 Member Months	86,999		9,795		100,387		26,086	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0209		1.0153		1.0000		1.0000	
Acute Care - Inpatient	1.0256		1.0288		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9841		0.9899		1.0000		1.0000	
Long Term Care	1.0052		1.0039		1.0051		1.0041	
Other Adjustments - NF Eligibility	1.0134		0.9965		1.0523		0.9982	
PHE Related Cost Adjustment								
Acute Care	0.9768		0.9727		1.0000		1.0000	
Long Term Care	0.9604		0.9759		0.9675		0.9818	



FY2023 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 FY2023 Incurred Claims								
Acute Care	47,799,205	549.42	12,947,415	1,321.82	0	0.00	0	0.00
LTC	30,837,998	354.46	20,221,008	2,064.39	47,289,668	471.07	53,659,978	2,057.06
Total	78,637,203	903.89	33,168,423	3,386.22	47,289,668	471.07	53,659,978	2,057.06
Capitation Expenses & Refunds	1,048,701	12.05	225,501	23.02	328,265	3.27	107,776	4.13
Service Coordination & Other Expenses	4,691,102	53.92	593,222	60.56	5,389,927	53.69	1,745,020	66.90
Net Reinsurance Cost	4,249	0.05	632	0.06	4,791	0.05	1,499	0.06
Administrative Expenses								
Fixed Amount	1,043,985	12.00	117,542	12.00	1,204,642	12.00	313,029	12.00
Percentage of Premium	4,915,240	5.25%	1,962,265	5.25%	3,119,770	5.25%	3,212,091	5.25%
Total	5,959,225	68.50	2,079,806	212.33	4,324,411	43.08	3,525,120	135.14
Risk Margin	1,638,413	1.75%	654,088	1.75%	1,039,923	1.75%	1,070,697	1.75%
Premium Tax	1,638,413	1.75%	654,088	1.75%	1,039,923	1.75%	1,070,697	1.75%
Maintenance Tax	6,307	0.07	710	0.07	7,278	0.07	1,891	0.07
Projected FY2023 Total Cost								
Acute Care	54,236,241	623.41	14,487,351	1,479.04	364,993	3.64	119,754	4.59
LTC	39,387,373	452.73	22,889,120	2,336.79	59,059,194	588.32	61,062,924	2,340.85
Total	93,623,615	1,076.15	37,376,471	3,815.82	59,424,187	591.95	61,182,678	2,345.44

FY2023 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	523,090	230.13	0	0.00	605,342	107.48	1,980,242	758.13
Emergency Room	135,055	59.42	0	0.00	133,050	23.62	105,800	40.51
Outpatient Facility	206,665	90.92	0	0.00	195,087	34.64	1,597,887	611.75
Inpatient Facility	1,455,472	640.33	0	0.00	630,661	111.98	752,818	288.22
Other Acute Care	183,428	80.70	0	0.00	510,965	90.73	83,265	31.88
Acute Care Total	2,503,710	1,101.50	0	0.00	2,075,106	368.45	4,520,013	1,730.48
Est Inc. Claims - Long Term Care								
Attendant Care	36,551	16.08	72,248	3.27	0	0.00	283,882	108.68
Nursing Facility	9,346,102	4,111.79	87,532,997	3,958.98	0	0.00	0	0.00
Other Long Term Care	36,586	16.10	75,936	3.43	0	0.00	37,689	14.43
Long Term Care Total	9,419,239	4,143.97	87,681,180	3,965.68	0	0.00	321,571	123.11
Total - All Claims	11,922,949	5,245.47	87,681,180	3,965.68	2,075,106	368.45	4,841,584	1,853.59
Projected FY2023 Member Months	2,181		18,852		5,002		3,525	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0206		1.0000		1.0076		1.0079	
Acute Care - Inpatient	1.0426		1.0000		1.0068		1.0055	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9830		0.9919	
Long Term Care	1.1369		1.1263		1.0000		1.0045	
Other Adjustments - NF Eligibility	0.9834		1.0197		1.0001		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9395		1.0000		0.9352		0.8604	
Long Term Care	1.0195		1.0012		1.0000		0.9127	

FY2023 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	2,716,425	1,245.62	0	0.00	2,052,614	410.35	7,201,182	2,043.13
LTC	11,040,018	5,062.40	93,407,674	4,954.67	0	0.00	459,438	130.35
Total	13,756,443	6,308.02	93,407,674	4,954.67	2,052,614	410.35	7,660,621	2,173.48
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	44,638	20.47	136,606	7.25	42,536	8.50	-19,530	-5.54
Net Reinsurance Cost	119,513	54.80	1,013,193	53.74	272,428	54.46	196,731	55.82
	122	0.06	907	0.05	267	0.05	223	0.06
Administrative Expenses								
Fixed Amount	26,169	12.00	226,229	12.00	60,025	12.00	42,295	12.00
Percentage of Premium	802,433	5.25%	5,453,440	5.25%	139,706	5.25%	453,404	5.25%
Total	828,602	379.96	5,679,669	301.27	199,731	39.93	495,699	140.64
Risk Margin	267,478	1.75%	1,817,813	1.75%	46,569	1.75%	151,135	1.75%
Premium Tax	267,478	1.75%	1,817,813	1.75%	46,569	1.75%	151,135	1.75%
Maintenance Tax	158	0.07	1,367	0.07	363	0.07	256	0.07
Projected FY2023 Total Cost								
Acute Care	3,031,653	1,390.17	150,699	7.99	2,362,525	472.31	7,914,382	2,245.48
LTC	12,252,777	5,618.51	103,724,343	5,501.90	298,551	59.69	721,886	204.81
Total	15,284,430	7,008.68	103,875,042	5,509.90	2,661,076	531.99	8,636,268	2,450.29

FY2023 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	19,077,864	77.13
Emergency Room	5,423,291	21.93
Outpatient Facility	7,546,674	30.51
Inpatient Facility	23,130,903	93.52
Other Acute Care	8,853,547	35.80
Acute Care Total	64,032,279	258.89
Est Inc. Claims - Long Term Care		
Attendant Care	118,291,177	478.26
Nursing Facility	97,555,567	394.43
Other Long Term Care	13,193,298	53.34
Long Term Care Total	229,040,042	926.03
Total - All Claims	293,072,321	1,184.92
Projected FY2023 Member Months	252,826	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
Nueces SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	72,716,841	287.62
LTC	256,915,783	1,016.17
Total	329,632,624	1,303.79
Capitation Expenses & Refunds	1,914,493	7.57
Service Coordination & Other Expenses	14,021,136	55.46
Net Reinsurance Cost	12,689	0.05
Administrative Expenses		
Fixed Amount	3,033,916	12.00
Percentage of Premium	20,058,348	5.25%
Total	23,092,264	91.34
Risk Margin	6,686,116	1.75%
Premium Tax	6,686,116	1.75%
Maintenance Tax	18,330	0.07
Projected FY2023 Total Cost		
Acute Care	82,667,598	326.97
LTC	299,396,169	1,184.20
Total	382,063,767	1,511.17

FY2023 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	26,668,352	139.60	4,611,359	275.52	0	0.00	0	0.00
Emergency Room	13,412,505	70.21	2,389,348	142.76	0	0.00	0	0.00
Outpatient Facility	16,977,178	88.87	4,101,990	245.09	0	0.00	0	0.00
Inpatient Facility	35,355,834	185.08	8,336,356	498.08	0	0.00	0	0.00
Other Acute Care	16,751,911	87.69	5,665,447	338.50	0	0.00	0	0.00
Acute Care Total	109,165,781	571.46	25,104,501	1,499.94	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	20,918,927	109.51	18,778,598	1,121.98	34,691,479	212.71	32,795,622	1,198.89
Nursing Facility	277,535	1.45	658,028	39.32	571,990	3.51	1,272,034	46.50
Other Long Term Care	1,929,491	10.10	7,656,920	457.48	1,763,703	10.81	9,984,839	365.01
Long Term Care Total	23,125,952	121.06	27,093,546	1,618.78	37,027,172	227.03	44,052,494	1,610.40
Total - All Claims	132,291,733	692.52	52,198,046	3,118.72	37,027,172	227.03	44,052,494	1,610.40
Projected FY2023 Member Months	203,756		17,668		190,591		26,290	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0034		1.0030		1.0000		1.0000	
Acute Care - Inpatient	1.0114		1.0109		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9985		0.9993		1.0000		1.0000	
Long Term Care	1.0061		1.0046		1.0067		1.0044	
Other Adjustments - NF Eligibility	1.0272		0.9956		1.0759		0.9922	
PHE Related Cost Adjustment								
Acute Care	0.9686		0.9581		1.0000		1.0000	
Long Term Care	0.9958		0.9681		1.0005		0.9876	

FY2023 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 FY2023 Incurred Claims								
Acute Care	123,672,143	606.96	26,983,184	1,527.23	0	0.00	0	0.00
LTC	30,616,895	150.26	33,069,599	1,871.72	51,999,530	272.83	48,446,998	1,842.78
Total	154,289,038	757.22	60,052,783	3,398.96	51,999,530	272.83	48,446,998	1,842.78
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	7,404,779	36.34	633,604	35.86	6,996,574	36.71	985,248	37.48
Net Reinsurance Cost	25,924	0.13	1,409	0.08	511	0.00	52	0.00
Administrative Expenses								
Fixed Amount	2,445,076	12.00	212,016	12.00	2,287,094	12.00	315,483	12.00
Percentage of Premium	9,784,217	5.25%	3,533,620	5.25%	3,545,609	5.25%	2,865,686	5.25%
Total	12,229,294	60.02	3,745,636	212.00	5,832,703	30.60	3,181,169	121.00
Risk Margin	3,261,406	1.75%	1,177,873	1.75%	1,181,870	1.75%	955,229	1.75%
Premium Tax	3,261,406	1.75%	1,177,873	1.75%	1,181,870	1.75%	955,229	1.75%
Maintenance Tax	14,772	0.07	1,281	0.07	13,818	0.07	1,906	0.07
Projected FY2023 Total Cost								
Acute Care	144,163,518	707.53	30,243,319	1,711.76	360,594	1.89	64,357	2.45
LTC	42,202,524	207.12	37,063,738	2,097.79	67,174,812	352.45	54,520,147	2,073.78
Total	186,366,042	914.65	67,307,057	3,809.55	67,535,406	354.35	54,584,504	2,076.23

FY2023 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	2,984,631	366.03	0	0.00	1,599,462	65.25	6,205,401	1,352.82
Emergency Room	634,529	77.82	0	0.00	722,151	29.46	217,137	47.34
Outpatient Facility	1,323,969	162.37	0	0.00	961,951	39.25	1,172,290	255.57
Inpatient Facility	5,787,110	709.73	0	0.00	2,025,447	82.63	839,211	182.95
Other Acute Care	1,281,507	157.16	0	0.00	2,805,317	114.45	220,824	48.14
Acute Care Total	12,011,745	1,473.11	0	0.00	8,114,328	331.05	8,654,862	1,886.82
Est Inc. Claims - Long Term Care								
Attendant Care	75,375	9.24	142,436	2.70	0	0.00	169,802	37.02
Nursing Facility	31,172,988	3,823.03	185,332,680	3,514.62	0	0.00	3,654	0.80
Other Long Term Care	4,093	0.50	823,303	15.61	0	0.00	270	0.06
Long Term Care Total	31,252,456	3,832.78	186,298,419	3,532.93	0	0.00	173,726	37.87
Total - All Claims	43,264,201	5,305.89	186,298,419	3,532.93	8,114,328	331.05	8,828,588	1,924.70
Projected FY2023 Member Months	7,704		42,977		24,091		5,117	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0076		1.0000		1.0029		1.0082	
Acute Care - Inpatient	1.0218		1.0000		1.0065		1.0045	
Wrap & Carve-Out Removal	0.9999		1.0000		0.9986		0.9988	
Long Term Care	1.1389		1.1295		1.0000		1.0052	
Other Adjustments - NF Eligibility	0.9838		1.0191		0.9981		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9223		1.0000		0.9797		0.9695	
Long Term Care	1.0194		0.9986		1.0000		0.9713	



FY2023 STAR+PLUS Rating Summary  
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	12,202,169	1,583.81	0	0.00	9,386,959	389.65	12,924,080	2,525.95
LTC	36,148,102	4,691.93	189,633,161	4,412.45	0	0.00	218,501	42.71
Total	48,350,271	6,275.73	189,633,161	4,412.45	9,386,959	389.65	13,142,581	2,568.66
Capitation Expenses & Refunds	143,839	18.67	149,874	3.49	478,059	19.84	96,086	18.78
Service Coordination & Other Expenses	286,454	37.18	1,680,844	39.11	857,721	35.60	173,523	33.91
Net Reinsurance Cost	1,099	0.14	153	0.00	2,739	0.11	423	0.08
Administrative Expenses								
Fixed Amount	92,452	12.00	515,723	12.00	289,088	12.00	61,398	12.00
Percentage of Premium	2,811,968	5.25%	11,045,590	5.25%	633,815	5.25%	775,238	5.25%
Total	2,904,419	376.99	11,561,312	269.01	922,903	38.31	836,637	163.52
Risk Margin	937,323	1.75%	3,681,863	1.75%	211,272	1.75%	258,413	1.75%
Premium Tax	937,323	1.75%	3,681,863	1.75%	211,272	1.75%	258,413	1.75%
Maintenance Tax	559	0.07	3,116	0.07	1,747	0.07	371	0.07
Projected FY2023 Total Cost								
Acute Care	13,556,800	1,759.64	164,414	3.83	11,132,702	462.12	14,335,705	2,801.85
LTC	40,004,487	5,192.47	210,227,774	4,891.65	939,968	39.02	430,741	84.19
Total	53,561,287	6,952.11	210,392,188	4,895.47	12,072,671	501.14	14,766,446	2,886.03

FY2023 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	42,069,204	86.17
Emergency Room	17,375,671	35.59
Outpatient Facility	24,537,378	50.26
Inpatient Facility	52,343,958	107.22
Other Acute Care	26,725,006	54.74
Acute Care Total	163,051,217	333.98
Est Inc. Claims - Long Term Care		
Attendant Care	107,572,238	220.34
Nursing Facility	219,288,909	449.18
Other Long Term Care	22,162,619	45.40
Long Term Care Total	349,023,766	714.92
Total - All Claims	512,074,982	1,048.90
Projected FY2023 Member Months	518,194	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
 Tarrant SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	185,168,535	357.33
LTC	390,132,787	752.87
Total	575,301,322	1,110.20
Capitation Expenses & Refunds	7,651,083	14.76
Service Coordination & Other Expenses	19,018,747	36.70
Net Reinsurance Cost	32,309	0.06
Administrative Expenses		
Fixed Amount	6,218,330	12.00
Percentage of Premium	34,995,744	5.25%
Total	41,214,074	79.53
Risk Margin	11,665,248	1.75%
Premium Tax	11,665,248	1.75%
Maintenance Tax	37,569	0.07
Projected FY2023 Total Cost		
Acute Care	214,021,409	413.01
LTC	452,564,191	873.35
Total	666,585,600	1,286.36

FY2023 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	17,324,703	157.45	2,620,092	338.86	0	0.00	0	0.00
Emergency Room	5,834,230	53.02	579,925	75.00	0	0.00	0	0.00
Outpatient Facility	5,588,863	50.79	1,073,952	138.90	0	0.00	0	0.00
Inpatient Facility	19,010,083	172.77	3,940,865	509.68	0	0.00	0	0.00
Other Acute Care	15,710,482	142.78	2,535,898	327.97	0	0.00	0	0.00
Acute Care Total	63,468,360	576.82	10,750,732	1,390.42	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	12,855,877	116.84	10,269,839	1,328.23	20,201,390	181.38	26,210,200	1,408.17
Nursing Facility	72,282	0.66	165,970	21.47	149,797	1.34	457,811	24.60
Other Long Term Care	3,834,293	34.85	5,342,396	690.95	548,974	4.93	6,145,889	330.19
Long Term Care Total	16,762,453	152.34	15,778,205	2,040.64	20,900,162	187.65	32,813,900	1,762.96
Total - All Claims	80,230,812	729.16	26,528,937	3,431.06	20,900,162	187.65	32,813,900	1,762.96
Projected FY2023 Member Months	118,250		7,309		124,597		16,368	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9915		1.0033		1.0000		1.0000	
Acute Care - Inpatient	1.0102		1.0028		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9545		0.9777		1.0000		1.0000	
Long Term Care	1.0058		1.0047		1.0063		1.0055	
Other Adjustments - NF Eligibility	1.0151		0.9984		1.0804		0.9948	
PHE Related Cost Adjustment								
Acute Care	0.9549		0.9762		1.0000		1.0000	
Long Term Care	0.9792		0.9709		0.9623		0.9708	

FY2023 STAR+PLUS Rating Summary  
Travis SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected FY2023 Incurred Claims								
Acute Care	66,588,205	563.11	10,264,996	1,404.39	0	0.00	0	0.00
LTC	21,721,733	183.69	17,346,259	2,373.21	27,127,689	217.72	32,578,342	1,990.40
Total	88,309,938	746.81	27,611,255	3,777.61	27,127,689	217.72	32,578,342	1,990.40
Capitation Expenses & Refunds	915,994	7.75	44,132	6.04	104,854	0.84	14,969	0.91
Service Coordination & Other Expenses	4,821,104	40.77	299,519	40.98	4,938,101	39.63	755,966	46.19
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,418,998	12.00	87,710	12.00	1,495,158	12.00	196,413	12.00
Percentage of Premium	5,493,060	5.25%	1,613,441	5.25%	1,937,456	5.25%	1,930,094	5.25%
Total	6,912,057	58.45	1,701,152	232.74	3,432,614	27.55	2,126,507	129.92
Risk Margin	1,831,020	1.75%	537,814	1.75%	645,819	1.75%	643,365	1.75%
Premium Tax	1,831,020	1.75%	537,814	1.75%	645,819	1.75%	643,365	1.75%
Maintenance Tax	8,573	0.07	530	0.07	9,033	0.07	1,187	0.07
Projected FY2023 Total Cost								
Acute Care	75,156,853	635.58	11,333,625	1,550.60	114,909	0.92	16,404	1.00
LTC	29,472,853	249.24	19,398,589	2,654.00	36,789,021	295.27	36,747,295	2,245.11
Total	104,629,706	884.82	30,732,214	4,204.60	36,903,929	296.19	36,763,699	2,246.11

FY2023 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	1,093,578	238.41	0	0.00	1,385,613	95.82	4,191,979	1,335.88
Emergency Room	236,187	51.49	0	0.00	263,498	18.22	92,239	29.39
Outpatient Facility	266,642	58.13	0	0.00	201,656	13.94	968,174	308.53
Inpatient Facility	2,024,320	441.32	0	0.00	1,421,307	98.29	585,139	186.47
Other Acute Care	518,224	112.98	0	0.00	1,357,903	93.90	75,914	24.19
Acute Care Total	4,138,951	902.32	0	0.00	4,629,977	320.17	5,913,445	1,884.46
Est Inc. Claims - Long Term Care								
Attendant Care	24,498	5.34	116,986	3.26	0	0.00	117,032	37.30
Nursing Facility	19,577,494	4,268.04	133,170,413	3,707.21	0	0.00	2,614	0.83
Other Long Term Care	294,346	64.17	487,851	13.58	0	0.00	79,114	25.21
Long Term Care Total	19,896,338	4,337.55	133,775,250	3,724.05	0	0.00	198,760	63.34
Total - All Claims	24,035,289	5,239.87	133,775,250	3,724.05	4,629,977	320.17	6,112,205	1,947.80
Projected FY2023 Member Months	4,345		33,044		13,219		3,640	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9962		1.0000		0.9821		1.0065	
Acute Care - Inpatient	1.0173		1.0000		0.9991		1.0052	
Wrap & Carve-Out Removal	0.9973		1.0000		0.9685		0.9911	
Long Term Care	1.1334		1.1281		1.0000		1.0046	
Other Adjustments - NF Eligibility	0.9981		1.0190		0.9982		1.0000	
PHE Related Cost Adjustment								
Acute Care	1.0052		1.0000		0.9708		0.9303	
Long Term Care	1.0142		1.0033		1.0000		0.9595	

FY2023 STAR+PLUS Rating Summary  
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	4,575,665	1,053.15	0	0.00	4,654,136	352.07	8,735,980	2,399.72
LTC	23,173,354	5,333.67	154,208,903	4,666.78	0	0.00	256,686	70.51
Total	27,749,019	6,386.82	154,208,903	4,666.78	4,654,136	352.07	8,992,666	2,470.23
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	174,105	40.07	1,335,395	40.41	563,544	42.63	155,896	42.82
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	52,137	12.00	396,527	12.00	158,630	12.00	43,685	12.00
Percentage of Premium	1,612,573	5.25%	8,982,669	5.25%	315,915	5.25%	530,704	5.25%
Total	1,664,709	383.16	9,379,196	283.84	474,545	35.90	574,389	157.78
Risk Margin	537,524	1.75%	2,994,223	1.75%	105,305	1.75%	176,901	1.75%
Premium Tax	537,524	1.75%	2,994,223	1.75%	105,305	1.75%	176,901	1.75%
Maintenance Tax	315	0.07	2,396	0.07	958	0.07	264	0.07
Projected FY2023 Total Cost								
Acute Care	5,081,407	1,169.56	201,779	6.11	5,399,839	408.49	9,655,121	2,652.20
LTC	25,634,260	5,900.08	170,896,680	5,171.80	617,582	46.72	453,519	124.58
Total	30,715,667	7,069.63	171,098,459	5,177.91	6,017,421	455.20	10,108,640	2,776.78

FY2023 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	26,615,965	87.02
Emergency Room	7,006,079	22.91
Outpatient Facility	8,099,287	26.48
Inpatient Facility	26,981,714	88.22
Other Acute Care	20,198,420	66.04
Acute Care Total	88,901,465	290.66
Est Inc. Claims - Long Term Care		
Attendant Care	69,795,823	228.19
Nursing Facility	153,596,381	502.18
Other Long Term Care	16,732,863	54.71
Long Term Care Total	240,125,067	785.08
Total - All Claims	329,026,532	1,075.74
Projected FY2023 Member Months	320,771	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		



FY2023 STAR+PLUS Rating Summary  
 Travis SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	94,818,983	295.60
LTC	276,412,965	861.71
Total	371,231,948	1,157.31
Capitation Expenses & Refunds	1,461,794	4.56
Service Coordination & Other Expenses	13,043,628	40.66
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	3,849,258	12.00
Percentage of Premium	22,415,911	5.25%
Total	26,265,169	81.88
Risk Margin	7,471,970	1.75%
Premium Tax	7,471,970	1.75%
Maintenance Tax	23,256	0.07
Projected FY2023 Total Cost		
Acute Care	106,959,937	333.45
LTC	320,009,798	997.63
Total	426,969,735	1,331.07

FY2023 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	18,771,260	137.18	2,623,404	336.51	0	0.00	0	0.00
Emergency Room	6,062,847	44.31	558,700	71.66	0	0.00	0	0.00
Outpatient Facility	12,984,735	94.89	1,552,403	199.13	0	0.00	0	0.00
Inpatient Facility	29,158,644	213.09	4,635,599	594.61	0	0.00	0	0.00
Other Acute Care	8,596,429	62.82	1,867,636	239.56	0	0.00	0	0.00
Acute Care Total	75,573,915	552.30	11,237,742	1,441.48	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	11,791,488	86.17	9,675,275	1,241.06	18,419,273	140.07	20,693,128	1,330.92
Nursing Facility	120,452	0.88	189,019	24.25	163,862	1.25	1,123,271	72.25
Other Long Term Care	1,971,309	14.41	2,937,904	376.85	740,935	5.63	2,206,354	141.91
Long Term Care Total	13,883,249	101.46	12,802,198	1,642.15	19,324,071	146.95	24,022,753	1,545.07
Total - All Claims	89,457,164	653.76	24,039,940	3,083.62	19,324,071	146.95	24,022,753	1,545.07
Projected FY2023 Member Months	149,073		7,837		146,383		13,904	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0058		1.0140		1.0000		1.0000	
Acute Care - Inpatient	1.0170		1.0275		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9763		0.9874		1.0000		1.0000	
Long Term Care	1.0061		1.0042		1.0068		1.0047	
Other Adjustments - NF Eligibility	1.0255		0.9987		1.1247		0.9947	
PHE Related Cost Adjustment								
Acute Care	0.9789		0.9715		1.0000		1.0000	
Long Term Care	0.9401		0.9664		0.9401		0.9647	

FY2023 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected FY2023 Incurred Claims								
Acute Care	86,956,713	583.32	11,879,759	1,515.79	0	0.00	0	0.00
LTC	17,694,085	118.69	14,895,294	1,900.55	25,394,210	173.48	24,080,869	1,731.89
Total	104,650,798	702.01	26,775,053	3,416.34	25,394,210	173.48	24,080,869	1,731.89
Capitation Expenses & Refunds	1,560,075	10.47	173,423	22.13	319,067	2.18	28,275	2.03
Service Coordination & Other Expenses	8,149,527	54.67	476,748	60.83	7,865,098	53.73	946,867	68.10
Net Reinsurance Cost	8,071	0.05	510	0.07	7,027	0.05	661	0.05
Administrative Expenses								
Fixed Amount	1,788,879	12.00	94,048	12.00	1,756,597	12.00	166,852	12.00
Percentage of Premium	6,683,647	5.25%	1,583,363	5.25%	2,033,986	5.25%	1,451,275	5.25%
Total	8,472,526	56.83	1,677,411	214.03	3,790,583	25.89	1,618,127	116.38
Risk Margin	2,227,882	1.75%	527,788	1.75%	677,995	1.75%	483,758	1.75%
Premium Tax	2,227,882	1.75%	527,788	1.75%	677,995	1.75%	483,758	1.75%
Maintenance Tax	10,808	0.07	568	0.07	10,613	0.07	1,008	0.07
Projected FY2023 Total Cost								
Acute Care	98,652,339	661.77	13,255,532	1,691.33	357,363	2.44	31,711	2.28
LTC	28,655,231	192.22	16,903,756	2,156.82	38,385,225	262.22	27,611,613	1,985.82
Total	127,307,571	853.99	30,159,288	3,848.15	38,742,588	264.67	27,643,324	1,988.10

FY2023 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	1,393,477	227.21	0	0.00	937,753	92.87	1,928,209	934.66
Emergency Room	387,057	63.11	0	0.00	196,864	19.50	85,495	41.44
Outpatient Facility	901,821	147.04	0	0.00	357,533	35.41	1,421,061	688.83
Inpatient Facility	3,967,860	646.97	0	0.00	1,367,608	135.43	605,831	293.67
Other Acute Care	886,922	144.61	0	0.00	824,332	81.63	63,353	30.71
Acute Care Total	7,537,136	1,228.95	0	0.00	3,684,090	364.83	4,103,949	1,989.31
Est Inc. Claims - Long Term Care								
Attendant Care	30,787	5.02	85,978	1.72	0	0.00	85,560	41.47
Nursing Facility	24,571,923	4,006.51	177,106,861	3,543.27	0	0.00	2,567	1.24
Other Long Term Care	139,263	22.71	277,396	5.55	0	0.00	19,851	9.62
Long Term Care Total	24,741,972	4,034.24	177,470,235	3,550.54	0	0.00	107,978	52.34
Total - All Claims	32,279,108	5,263.18	177,470,235	3,550.54	3,684,090	364.83	4,211,927	2,041.65
Projected FY2023 Member Months	5,410		43,039		9,351		2,567	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0205		1.0000		1.0066		1.0173	
Acute Care - Inpatient	1.0290		1.0000		1.0237		1.0157	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9835		0.9946	
Long Term Care	1.1393		1.1316		1.0000		1.0109	
Other Adjustments - NF Eligibility	0.9756		1.0172		0.9993		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9360		1.0000		0.9977		0.9649	
Long Term Care	1.0146		1.0057		1.0000		0.8073	

FY2023 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 FY2023 Incurred Claims								
Acute Care	7,327,328	1,354.44	0	0.00	4,116,088	440.19	6,912,777	2,692.84
LTC	26,378,686	4,876.03	192,207,979	4,465.93	0	0.00	126,636	49.33
Total	33,706,014	6,230.47	192,207,979	4,465.93	4,116,088	440.19	7,039,413	2,742.17
Capitation Expenses & Refunds	60,317	11.15	256,826	5.97	49,207	5.26	-82,388	-32.09
Service Coordination & Other Expenses	293,428	54.24	2,320,610	53.92	525,348	56.18	144,882	56.44
Net Reinsurance Cost	280	0.05	2,125	0.05	615	0.07	174	0.07
Administrative Expenses								
Fixed Amount	64,918	12.00	516,465	12.00	112,208	12.00	30,805	12.00
Percentage of Premium	1,963,376	5.25%	11,236,848	5.25%	276,403	5.25%	410,396	5.25%
Total	2,028,295	374.93	11,753,313	273.09	388,611	41.56	441,201	171.87
Risk Margin	654,459	1.75%	3,745,616	1.75%	92,134	1.75%	136,799	1.75%
Premium Tax	654,459	1.75%	3,745,616	1.75%	92,134	1.75%	136,799	1.75%
Maintenance Tax	392	0.07	3,120	0.07	678	0.07	186	0.07
Projected FY2023 Total Cost								
Acute Care	8,111,916	1,499.47	283,782	6.59	4,689,092	501.47	7,518,900	2,928.95
LTC	29,285,727	5,413.39	213,751,424	4,966.49	575,724	61.57	298,166	116.15
Total	37,397,643	6,912.86	214,035,206	4,973.09	5,264,816	563.04	7,817,066	3,045.10

FY2023 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	25,654,103	71.27
Emergency Room	7,290,963	20.25
Outpatient Facility	17,217,553	47.83
Inpatient Facility	39,735,542	110.39
Other Acute Care	12,238,671	34.00
Acute Care Total	102,136,833	283.74
Est Inc. Claims - Long Term Care		
Attendant Care	60,781,489	168.86
Nursing Facility	203,277,954	564.72
Other Long Term Care	8,293,012	23.04
Long Term Care Total	272,352,456	756.62
Total - All Claims	374,489,288	1,040.36
Projected FY2023 Member Months	377,564	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	117,192,665	310.39
LTC	300,777,759	796.63
Total	417,970,424	1,107.02
Capitation Expenses & Refunds	2,364,803	6.26
Service Coordination & Other Expenses	20,722,510	54.88
Net Reinsurance Cost	19,463	0.05
Administrative Expenses		
Fixed Amount	4,530,773	12.00
Percentage of Premium	25,639,294	5.25%
Total	30,170,066	79.91
Risk Margin	8,546,431	1.75%
Premium Tax	8,546,431	1.75%
Maintenance Tax	27,373	0.07
Projected FY2023 Total Cost		
Acute Care	132,900,635	351.99
LTC	355,466,867	941.47
Total	488,367,502	1,293.47

FY2023 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>
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		186,582		48,789	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	31,105,136	153.46	7,465,358	414.79	0	0.00	0	0.00
Emergency Room	10,291,549	50.77	1,670,201	92.80	0	0.00	0	0.00
Outpatient Facility	16,525,919	81.53	5,339,334	296.66	0	0.00	0	0.00
Inpatient Facility	37,020,973	182.65	9,221,580	512.37	0	0.00	0	0.00
Other Acute Care	8,749,208	43.17	1,147,554	63.76	0	0.00	0	0.00
Acute Care Total	103,692,786	511.58	24,844,027	1,380.38	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	22,888,939	112.92	18,459,338	1,025.63	29,380,635	157.47	49,016,573	1,004.66
Nursing Facility	132,456	0.65	1,391,226	77.30	631,433	3.38	7,033,725	144.17
Other Long Term Care	5,084,172	25.08	11,068,219	614.97	1,354,284	7.26	12,612,068	258.50
Long Term Care Total	28,105,567	138.66	30,918,783	1,717.90	31,366,352	168.11	68,662,367	1,407.33
Total - All Claims	131,798,353	650.24	55,762,809	3,098.28	31,366,352	168.11	68,662,367	1,407.33
Projected FY2023 Member Months	214,729		15,222		211,526		40,747	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0291		1.0193		1.0000		1.0000	
Acute Care - Inpatient	1.0212		1.0209		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9823		0.9914		1.0000		1.0000	
Long Term Care	1.0060		1.0046		1.0085		1.0044	
Other Adjustments - NF Eligibility	1.0263		0.9953		1.1240		0.9964	
PHE Related Cost Adjustment								
Acute Care	0.9883		0.9996		1.0000		1.0000	
Long Term Care	0.9852		0.9782		0.9653		0.9735	



FY2023 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 FY2023 Incurred Claims								
Acute Care	121,173,886	564.31	22,720,006	1,492.60	0	0.00	0	0.00
LTC	36,528,041	170.11	30,541,701	2,006.45	43,151,115	204.00	64,956,150	1,594.13
Total	157,701,927	734.42	53,261,706	3,499.05	43,151,115	204.00	64,956,150	1,594.13
Capitation Expenses & Refunds	1,409,564	6.56	91,815	6.03	169,455	0.80	62,037	1.52
Service Coordination & Other Expenses	10,898,530	50.75	987,970	64.91	10,791,917	51.02	2,903,717	71.26
Net Reinsurance Cost	39,872	0.19	3,463	0.23	870	0.00	173	0.00
Administrative Expenses								
Fixed Amount	2,576,746	12.00	182,661	12.00	2,538,307	12.00	488,964	12.00
Percentage of Premium	9,932,839	5.25%	3,137,269	5.25%	3,260,293	5.25%	3,936,148	5.25%
Total	12,509,585	58.26	3,319,930	218.10	5,798,600	27.41	4,425,111	108.60
Risk Margin	3,310,946	1.75%	1,045,756	1.75%	1,086,764	1.75%	1,312,049	1.75%
Premium Tax	3,310,946	1.75%	1,045,756	1.75%	1,086,764	1.75%	1,312,049	1.75%
Maintenance Tax	15,568	0.07	1,104	0.07	15,336	0.07	2,954	0.07
Projected FY2023 Total Cost								
Acute Care	136,564,587	635.99	25,088,956	1,648.23	186,657	0.88	68,175	1.67
LTC	52,632,351	245.11	34,668,544	2,277.56	61,914,164	292.70	74,906,066	1,838.32
Total	189,196,937	881.10	59,757,500	3,925.79	62,100,821	293.59	74,974,241	1,840.00

FY2023 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	2,033,087	288.01	0	0.00	1,422,320	109.23	3,336,483	1,035.21
Emergency Room	429,913	60.90	0	0.00	274,186	21.06	126,937	39.38
Outpatient Facility	934,727	132.42	0	0.00	692,215	53.16	1,316,319	408.41
Inpatient Facility	6,317,983	895.03	0	0.00	1,200,900	92.23	1,065,969	330.74
Other Acute Care	678,792	96.16	0	0.00	547,902	42.08	64,196	19.92
Acute Care Total	10,394,502	1,472.52	0	0.00	4,137,522	317.76	5,909,904	1,833.67
Est Inc. Claims - Long Term Care								
Attendant Care	76,375	10.82	138,867	2.12	0	0.00	132,359	41.07
Nursing Facility	28,912,020	4,095.77	235,353,429	3,594.61	0	0.00	7,832	2.43
Other Long Term Care	142,610	20.20	730,463	11.16	0	0.00	47,551	14.75
Long Term Care Total	29,131,004	4,126.79	236,222,759	3,607.89	0	0.00	187,742	58.25
Total - All Claims	39,525,506	5,599.31	236,222,759	3,607.89	4,137,522	317.76	6,097,646	1,891.92
Projected FY2023 Member Months	6,397		56,494		11,980		3,621	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0180		1.0000		1.0210		1.0200	
Acute Care - Inpatient	1.0336		1.0000		1.0215		1.0053	
Wrap & Carve-Out Removal	0.9993		1.0000		0.9846		0.9962	
Long Term Care	1.1372		1.1309		1.0000		1.0107	
Other Adjustments - NF Eligibility	0.9688		1.0165		0.9979		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9753		1.0000		1.0273		0.9658	
Long Term Care	1.0276		1.0030		1.0000		0.9971	

FY2023 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 FY2023 Incurred Claims								
Acute Care	10,771,857	1,683.86	0	0.00	4,785,294	399.45	8,941,369	2,469.56
LTC	32,032,585	5,007.35	255,350,723	4,519.97	0	0.00	245,461	67.80
Total	42,804,442	6,691.21	255,350,723	4,519.97	4,785,294	399.45	9,186,830	2,537.36
Capitation Expenses & Refunds	85,520	13.37	436,471	7.73	78,259	6.53	23,891	6.60
Service Coordination & Other Expenses	324,888	50.79	2,861,936	50.66	607,247	50.69	183,170	50.59
Net Reinsurance Cost	1,237	0.19	211	0.00	2,254	0.19	663	0.18
Administrative Expenses								
Fixed Amount	76,765	12.00	677,927	12.00	143,758	12.00	43,448	12.00
Percentage of Premium	2,490,848	5.25%	14,920,435	5.25%	323,209	5.25%	543,023	5.25%
Total	2,567,614	401.37	15,598,362	276.11	466,966	38.98	586,471	161.98
Risk Margin	830,283	1.75%	4,973,478	1.75%	107,736	1.75%	181,008	1.75%
Premium Tax	830,283	1.75%	4,973,478	1.75%	107,736	1.75%	181,008	1.75%
Maintenance Tax	464	0.07	4,096	0.07	869	0.07	262	0.07
Projected FY2023 Total Cost								
Acute Care	11,921,150	1,863.52	478,556	8.47	5,490,886	458.35	9,872,290	2,726.68
LTC	35,523,581	5,553.06	283,720,199	5,022.14	665,476	55.55	471,012	130.09
Total	47,444,731	7,416.58	284,198,755	5,030.61	6,156,361	513.90	10,343,302	2,856.77

FY2023 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	45,362,384	83.26
Emergency Room	12,792,785	23.48
Outpatient Facility	24,808,515	45.53
Inpatient Facility	54,827,405	100.63
Other Acute Care	11,187,652	20.53
Acute Care Total	148,978,740	273.44
Est Inc. Claims - Long Term Care		
Attendant Care	120,093,086	220.42
Nursing Facility	273,462,121	501.91
Other Long Term Care	31,039,367	56.97
Long Term Care Total	424,594,575	779.30
Total - All Claims	573,573,315	1,052.74
Projected FY2023 Member Months	560,715	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	168,392,412	300.32
LTC	462,805,775	825.39
Total	631,198,187	1,125.70
Capitation Expenses & Refunds	2,357,013	4.20
Service Coordination & Other Expenses	29,559,373	52.72
Net Reinsurance Cost	48,741	0.09
Administrative Expenses		
Fixed Amount	6,728,575	12.00
Percentage of Premium	38,544,064	5.25%
Total	45,272,639	80.74
Risk Margin	12,848,021	1.75%
Premium Tax	12,848,021	1.75%
Maintenance Tax	40,652	0.07
Projected FY2023 Total Cost		
Acute Care	189,671,256	338.27
LTC	544,501,391	971.08
Total	734,172,648	1,309.35

FY2023 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>
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		185,182		28,274	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	20,300,450	152.10	3,437,812	344.71	0	0.00	0	0.00
Emergency Room	6,322,341	47.37	825,557	82.78	0	0.00	0	0.00
Outpatient Facility	7,970,387	59.72	1,488,265	149.23	0	0.00	0	0.00
Inpatient Facility	27,222,909	203.97	5,291,703	530.60	0	0.00	0	0.00
Other Acute Care	11,108,056	83.23	3,549,448	355.91	0	0.00	0	0.00
Acute Care Total	72,924,143	546.40	14,592,786	1,463.23	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	9,732,684	72.92	13,042,120	1,307.74	30,595,729	165.22	35,327,694	1,249.48
Nursing Facility	234,357	1.76	255,731	25.64	391,402	2.11	756,525	26.76
Other Long Term Care	630,917	4.73	1,287,371	129.09	1,572,998	8.49	4,542,294	160.65
Long Term Care Total	10,597,958	79.41	14,585,222	1,462.47	32,560,129	175.83	40,626,513	1,436.89
Total - All Claims	83,522,101	625.80	29,178,008	2,925.70	32,560,129	175.83	40,626,513	1,436.89
Projected FY2023 Member Months	139,824		10,949		196,175		27,059	
Annual Cost Trend Assumptions								
Acute Care	1.5 %		1.5 %		1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %		3.0 %		4.4 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0177		1.0281		1.0000		1.0000	
Acute Care - Inpatient	1.0194		1.0234		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9751		0.9886		1.0000		1.0000	
Long Term Care	1.0068		1.0035		1.0059		1.0044	
Other Adjustments - NF Eligibility	1.0252		1.0004		1.0834		0.9962	
PHE Related Cost Adjustment								
Acute Care	0.9816		0.9693		1.0000		1.0000	
Long Term Care	0.9570		0.9537		0.9795		0.9776	

FY2023 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 FY2023 Incurred Claims								
Acute Care	81,932,149	585.97	17,023,426	1,554.73	0	0.00	0	0.00
LTC	13,227,762	94.60	18,307,805	1,672.03	40,832,885	208.14	44,218,190	1,634.14
Total	95,159,911	680.57	35,331,231	3,226.77	40,832,885	208.14	44,218,190	1,634.14
Capitation Expenses & Refunds	1,331,036	9.52	221,106	20.19	634,987	3.24	86,658	3.20
Service Coordination & Other Expenses	6,855,080	49.03	554,469	50.64	9,025,953	46.01	1,231,754	45.52
Net Reinsurance Cost	8,709	0.06	738	0.07	10,338	0.05	1,384	0.05
Administrative Expenses								
Fixed Amount	1,677,885	12.00	131,393	12.00	2,354,104	12.00	324,709	12.00
Percentage of Premium	6,043,556	5.25%	2,085,026	5.25%	3,041,979	5.25%	2,638,788	5.25%
Total	7,721,441	55.22	2,216,419	202.42	5,396,083	27.51	2,963,497	109.52
Risk Margin	2,014,519	1.75%	695,009	1.75%	1,013,993	1.75%	879,596	1.75%
Premium Tax	2,014,519	1.75%	695,009	1.75%	1,013,993	1.75%	879,596	1.75%
Maintenance Tax	10,137	0.07	794	0.07	14,223	0.07	1,962	0.07
Projected FY2023 Total Cost								
Acute Care	92,849,612	664.05	18,968,725	1,732.40	707,206	3.60	96,484	3.57
LTC	22,265,738	159.24	20,746,050	1,894.72	57,235,249	291.76	50,166,153	1,853.95
Total	115,115,351	823.29	39,714,774	3,627.11	57,942,454	295.36	50,262,637	1,857.52

FY2023 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	1,357,404	228.98	0	0.00	1,325,474	106.49	3,710,668	1,091.05
Emergency Room	285,349	48.14	0	0.00	339,667	27.29	121,827	35.82
Outpatient Facility	810,862	136.79	0	0.00	373,769	30.03	1,497,035	440.18
Inpatient Facility	4,797,194	809.24	0	0.00	1,550,126	124.54	784,140	230.56
Other Acute Care	942,653	159.02	0	0.00	1,674,549	134.53	172,235	50.64
Acute Care Total	8,193,462	1,382.16	0	0.00	5,263,585	422.88	6,285,906	1,848.25
Est Inc. Claims - Long Term Care								
Attendant Care	25,293	4.27	102,734	1.88	0	0.00	82,797	24.34
Nursing Facility	23,444,966	3,954.95	191,028,192	3,490.63	0	0.00	7,252	2.13
Other Long Term Care	852	0.14	388,064	7.09	0	0.00	106	0.03
Long Term Care Total	23,471,111	3,959.36	191,518,990	3,499.60	0	0.00	90,155	26.51
Total - All Claims	31,664,573	5,341.53	191,518,990	3,499.60	5,263,585	422.88	6,376,061	1,874.76
Projected FY2023 Member Months	5,755		47,051		11,671		3,892	
Annual Cost Trend Assumptions								
Acute Care	4.1 %		4.1 %		5.2 %		9.3 %	
Long Term Care	2.0 %		2.4 %		0.0 %		4.2 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0093		1.0000		1.0023		1.0157	
Acute Care - Inpatient	1.0344		1.0000		1.0134		1.0119	
Wrap & Carve-Out Removal	0.9982		1.0000		0.9552		0.9908	
Long Term Care	1.1405		1.1331		1.0000		1.0147	
Other Adjustments - NF Eligibility	0.9723		1.0215		0.9970		1.0000	
PHE Related Cost Adjustment								
Acute Care	0.9058		1.0000		0.9893		0.9220	
Long Term Care	1.0065		0.9977		1.0000		0.9758	



FY2023 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 FY2023 Incurred Claims								
Acute Care	8,402,876	1,460.08	0	0.00	5,640,311	483.26	9,220,005	2,368.84
LTC	27,257,577	4,736.26	206,607,792	4,391.11	0	0.00	117,982	30.31
Total	35,660,454	6,196.34	206,607,792	4,391.11	5,640,311	483.26	9,337,986	2,399.15
Capitation Expenses & Refunds	47,869	8.32	153,506	3.26	44,572	3.82	-96,961	-24.91
Service Coordination & Other Expenses	276,599	48.06	2,195,499	46.66	590,357	50.58	193,879	49.81
Net Reinsurance Cost	341	0.06	2,577	0.05	785	0.07	252	0.06
Administrative Expenses								
Fixed Amount	69,061	12.00	564,616	12.00	140,056	12.00	46,706	12.00
Percentage of Premium	2,074,382	5.25%	12,055,001	5.25%	369,193	5.25%	545,548	5.25%
Total	2,143,443	372.44	12,619,617	268.21	509,249	43.63	592,255	152.16
Risk Margin	691,461	1.75%	4,018,334	1.75%	123,064	1.75%	181,849	1.75%
Premium Tax	691,461	1.75%	4,018,334	1.75%	123,064	1.75%	181,849	1.75%
Maintenance Tax	417	0.07	3,411	0.07	846	0.07	282	0.07
Projected FY2023 Total Cost								
Acute Care	9,279,406	1,612.38	171,049	3.64	6,385,281	547.09	10,048,976	2,581.82
LTC	30,232,638	5,253.20	229,448,020	4,876.54	646,966	55.43	342,416	87.97
Total	39,512,044	6,865.59	229,619,070	4,880.18	7,032,247	602.52	10,391,392	2,669.80

FY2023 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	30,131,809	69.53
Emergency Room	7,894,741	18.22
Outpatient Facility	12,140,319	28.01
Inpatient Facility	39,646,072	91.48
Other Acute Care	17,446,941	40.26
Acute Care Total	107,259,882	247.49
Est Inc. Claims - Long Term Care		
Attendant Care	88,909,051	205.15
Nursing Facility	216,118,425	498.66
Other Long Term Care	8,422,602	19.43
Long Term Care Total	313,450,077	723.24
Total - All Claims	420,709,960	970.73
Projected FY2023 Member Months	442,378	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
Projected FY2023 Incurred Claims		
Acute Care	122,218,766	276.28
LTC	350,569,994	792.47
Total	472,788,760	1,068.74
Capitation Expenses & Refunds	2,422,772	5.48
Service Coordination & Other Expenses	20,923,589	47.30
Net Reinsurance Cost	25,123	0.06
Administrative Expenses		
Fixed Amount	5,308,530	12.00
Percentage of Premium	28,853,473	5.25%
Total	34,162,004	77.22
Risk Margin	9,617,824	1.75%
Premium Tax	9,617,824	1.75%
Maintenance Tax	32,072	0.07
Projected FY2023 Total Cost		
Acute Care	138,506,739	313.10
LTC	411,083,230	929.26
Total	549,589,969	1,242.36

FY2023 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			
Impact of Reimbursement Change (1)									
Bexar	7,260	39,715	21,141	112,495	3,706,399	19,252,606	0	0	23,139,616
Dallas	22,297	120,852	64,261	307,367	5,307,749	28,453,586	0	0	34,276,112
El Paso	4,741	20,807	7,212	70,470	540,566	3,640,776	0	633	4,285,205
Harris	20,192	92,308	52,388	236,191	5,570,527	32,035,976	0	0	38,007,583
Hidalgo	13,110	19,957	85,809	212,178	1,504,994	15,625,244	0	0	17,461,292
Jefferson	2,324	22,404	15,642	47,187	1,342,877	9,755,533	0	0	11,185,967
Lubbock	4,123	11,587	10,700	32,150	1,169,193	8,501,824	0	126	9,729,704
Nueces	10,115	19,222	20,530	48,361	1,187,123	10,599,674	0	0	11,885,024
Tarrant	23,153	66,381	87,044	144,791	4,249,196	23,517,968	0	0	28,088,534
Travis	9,142	16,833	39,552	71,401	2,420,407	16,273,167	0	0	18,830,502
MRSA Central	12,982	20,001	44,966	51,042	3,230,639	23,088,986	0	537	26,449,154
MRSA Northeast	25,673	50,366	131,454	156,258	3,710,076	30,027,577	0	901	34,102,303
MRSA West	19,270	28,119	45,765	96,743	3,147,960	24,992,175	0	896	28,330,929
Total	174,383	528,553	626,463	1,586,634	37,087,706	245,765,094	0	3,093	285,771,926
3/2019-2/2020 Total Long Term Care Incurred Claims (2)									
Bexar	43,934,586	42,183,935	65,563,724	59,807,462	27,950,792	144,659,763	0	167,285	384,267,547
Dallas	60,963,472	51,347,221	77,537,975	85,873,007	39,473,974	201,577,922	0	429,108	517,202,679
El Paso	18,898,568	14,706,974	67,355,636	29,046,949	4,191,240	27,095,702	0	255,156	161,550,225
Harris	101,103,548	76,339,584	159,457,981	124,762,417	41,793,942	242,314,018	0	540,886	746,312,378
Hidalgo	101,646,550	64,354,226	330,320,179	271,305,843	12,072,661	126,525,745	0	2,074,518	908,299,722
Jefferson	10,460,265	12,138,400	16,136,513	22,901,863	9,264,860	67,823,468	0	39,384	138,764,753
Lubbock	2,915,273	4,639,947	5,723,610	9,129,407	8,464,478	64,616,737	0	62,922	95,552,375
Nueces	23,169,286	17,342,344	39,734,261	49,301,521	8,670,576	83,957,573	0	293,952	222,469,512
Tarrant	21,964,357	25,164,124	37,513,430	44,154,640	30,580,824	181,583,296	0	156,712	341,117,382
Travis	13,457,638	13,914,833	22,519,353	32,910,406	18,137,437	127,078,442	0	116,662	228,134,771
MRSA Central	11,762,812	11,657,695	19,789,214	24,532,517	23,197,549	175,481,181	0	83,254	266,504,222
MRSA Northeast	23,156,292	27,296,158	31,827,479	69,363,256	27,035,908	229,380,593	0	140,871	408,200,557
MRSA West	9,910,771	13,707,048	33,270,629	40,488,315	22,408,114	187,744,681	0	89,370	307,618,927
Total	443,343,419	374,792,487	906,749,984	863,577,605	273,242,355	1,859,839,123	0	4,450,078	4,725,995,051

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.02%	0.09%	0.03%	0.19%	13.26%	13.31%	0.00%	0.00%	6.02%
Dallas	0.04%	0.24%	0.08%	0.36%	13.45%	14.12%	0.00%	0.00%	6.63%
El Paso	0.03%	0.14%	0.01%	0.24%	12.90%	13.44%	0.00%	0.25%	2.65%
Harris	0.02%	0.12%	0.03%	0.19%	13.33%	13.22%	0.00%	0.00%	5.09%
Hidalgo	0.01%	0.03%	0.03%	0.08%	12.47%	12.35%	0.00%	0.00%	1.92%
Jefferson	0.02%	0.18%	0.10%	0.21%	14.49%	14.38%	0.00%	0.00%	8.06%
Lubbock	0.14%	0.25%	0.19%	0.35%	13.81%	13.16%	0.00%	0.20%	10.18%
Nueces	0.04%	0.11%	0.05%	0.10%	13.69%	12.63%	0.00%	0.00%	5.34%
Tarrant	0.11%	0.26%	0.23%	0.33%	13.89%	12.95%	0.00%	0.00%	8.23%
Travis	0.07%	0.12%	0.18%	0.22%	13.34%	12.81%	0.00%	0.00%	8.25%
MRSA Central	0.11%	0.17%	0.23%	0.21%	13.93%	13.16%	0.00%	0.64%	9.92%
MRSA Northeast	0.11%	0.18%	0.41%	0.23%	13.72%	13.09%	0.00%	0.64%	8.35%
MRSA West	0.19%	0.21%	0.14%	0.24%	14.05%	13.31%	0.00%	1.00%	9.21%
Total	0.04%	0.14%	0.07%	0.18%	13.57%	13.21%	0.00%	0.07%	6.05%

## Footnotes

- (1) Equals the cost impact from increased reimbursement for nursing facilities assumed to be in place 9/1/2022 through 8/31/2023.  
 (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.

FY2023 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2022 (LTC Only)				
Amerigroup - Bexar	280.35	2,176.21	464.87	2,321.40
Molina - Bexar	321.24	1,978.50	469.03	2,173.85
Superior - Bexar	335.94	2,373.41	495.50	2,428.49
Molina - Dallas	370.84	1,974.40	484.03	2,105.81
Superior - Dallas	259.54	2,041.18	404.56	2,110.59
Amerigroup - El Paso	358.87	2,250.85	593.65	2,371.99
Molina - El Paso	443.46	2,113.78	673.38	2,380.10
Amerigroup - Harris	311.95	2,912.29	402.34	2,762.76
Molina - Harris	321.72	2,851.27	412.73	2,702.91
United - Harris	367.42	2,649.78	451.44	2,565.09
Molina - Hidalgo	805.06	2,912.28	1,007.63	2,812.54
Superior - Hidalgo	865.39	2,946.28	1,163.52	2,832.66
Amerigroup - Jefferson	204.74	2,251.70	335.44	2,031.52
Molina - Jefferson	241.65	1,975.87	310.10	1,966.69
United - Jefferson	211.30	1,963.16	239.00	1,887.27
Amerigroup - Lubbock	120.95	1,612.61	190.66	1,641.44
Superior - Lubbock	135.29	1,678.77	191.78	1,828.87
Superior - Nueces	415.70	2,326.63	612.32	2,370.59
United - Nueces	488.09	2,355.26	573.36	2,311.45
Amerigroup - Tarrant	206.55	2,088.95	376.07	2,037.53
Molina - Tarrant	208.81	2,144.38	295.01	2,231.61
Amerigroup - Travis	293.02	2,735.60	380.30	2,273.34
United - Travis	223.98	2,535.52	234.61	2,218.94
Superior - MRSA Central	196.19	2,146.61	256.52	1,990.53
United - MRSA Central	187.54	2,175.89	272.19	1,985.91
Molina - MRSA Northeast	235.26	2,360.90	278.54	2,012.69
United - MRSA Northeast	250.93	2,208.00	304.09	1,713.07
Amerigroup - MRSA West	157.58	1,970.06	323.56	1,843.64
Superior - MRSA West	160.25	1,858.28	270.05	1,870.77

FY2023 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%
Molina - Hidalgo	2.9%	81.2%	1.9%	54.9%
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%
Molina - 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%
Molina - 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.

FY2023 STAR+PLUS Rating  
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	22.31	1,430.53	24.64	864.04
Molina - Bexar	14.07	1,487.96	19.33	1,210.02
Superior - Bexar	25.45	1,667.25	22.35	1,421.52
Molina - Dallas	9.22	1,327.38	10.54	998.36
Superior - Dallas	16.87	1,377.87	16.90	979.53
Amerigroup - El Paso	28.98	1,716.52	32.93	1,149.44
Molina - El Paso	11.66	1,610.77	11.58	1,367.29
Amerigroup - Harris	15.35	2,084.38	14.44	1,679.02
Molina - Harris	11.15	1,840.87	13.95	1,634.26
United - Harris	16.56	1,212.58	18.72	1,333.03
Molina - Hidalgo	22.97	2,365.58	19.34	1,542.77
Superior - Hidalgo	42.62	2,208.35	42.75	1,581.98
Amerigroup - Jefferson	8.39	1,539.56	17.06	768.59
Molina - Jefferson	24.70	1,507.14	23.92	1,051.09
United - Jefferson	8.09	1,007.95	8.44	485.58
Amerigroup - Lubbock	15.99	1,035.86	24.99	546.44
Superior - Lubbock	17.84	837.64	22.37	814.70
Superior - Nueces	41.00	1,794.07	36.53	1,204.54
United - Nueces	22.34	1,781.41	22.60	873.67
Amerigroup - Tarrant	24.35	1,457.23	35.86	811.45
Molina - Tarrant	18.27	1,526.88	15.95	750.95
Amerigroup - Travis	26.94	2,204.96	23.19	1,141.06
United - Travis	17.54	1,273.20	18.15	812.69
Superior - MRSA Central	18.39	1,552.44	15.12	770.39
United - MRSA Central	17.98	1,088.14	15.94	602.99
Molina - MRSA Northeast	17.84	1,828.00	15.63	828.91
United - MRSA Northeast	20.72	1,113.13	19.40	425.06
Amerigroup - MRSA West	23.76	1,261.84	41.65	750.99
Superior - MRSA West	19.42	1,249.42	18.48	711.29

(2) LTC Premium multiplied by CFC eligible percentage.