

**STATE OF TEXAS  
MEDICAID MANAGED CARE  
STAR+PLUS PROGRAM RATE SETTING  
STATE FISCAL YEAR 2023**

Prepared for:

Texas Health and Human Services Commission

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## I. Introduction

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to develop the state fiscal year 2023 (FY2023, September 1, 2022 through August 31, 2023) premium rates for health plans participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

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

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 35 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2023 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2018 and a projection of future enrollment through August 2023. These projections were prepared by HHS Forecasting staff.
- Detailed MCO encounter data for FY2019, FY2020 and FY2021. The encounter data is a dataset that includes detail claim information for every claim incurred during FY2019 and paid through November 30, 2019, incurred during FY2020 and paid through November 30, 2020 and incurred during FY2021 and paid through November 30, 2021. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, health plan; (2) provider information – type of provider, NPI, bill type, taxonomy code; (3) procedure information – diagnosis, procedure code, claim modifier; and (4) payment information – paid amount, billed amount. This information is used to identify the providers and services which will receive or have received reimbursement changes in order to determine the cost impact of such changes.
- Claim lag reports by SDA and risk group for each health plan for the period September 2018 through February 2022. These reports were prepared by the health plans and include monthly paid claims by month of service. These reports summarize the detail encounter data.
- Financial Statistical Reports (FSR) for each participating health plan for FY2017, FY2018, FY2019, FY2020, FY2021 and the first six months of FY2022. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the health plan. These reports are prepared by the health plans and are audited by an external audit organization. A health plan that participates in multiple

programs and/or service areas submits a separate FSR for each individual area and program combination.

- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high cost claimants during the experience period.
- Current (FY2022) premium rates by risk group for each health plan.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
  - Subcapitated services make up approximately 0.5% of total medical plan cost and are most commonly vision and behavioral health arrangements. Information about these arrangements was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those of other health plans.
- Information from the health plans regarding service coordination expenses.
  - Service Coordination expenses make up approximately 3.5% of total plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.
- March 2019 through February 2020 acuity risk adjustment analysis provided by the EQRO for each health plan.
- March 2019 through February 2020 long term care acuity risk adjustment provided by HHSC Actuarial Analysis staff.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2019 and FY2020 health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information provided by HHSC regarding the expected impact of FY2020, FY2021, FY2022 and FY2023 Medicaid provider reimbursement rate changes.
- Information on the nursing facility eligibility changes effective September 1, 2020 provided by the Program Enrollment and Support Division (PES).

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

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

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

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

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

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

Based on the review of the data by the EQRO, HHSC and Rudd and Wisdom, we have concluded that all data sources are consistent, complete and accurate. It is our opinion that the data collected for the rate development is high quality and we have no concerns over the availability or applicability to the FY2023 rate development. The accumulation of data sources noted above has been assigned full credibility.

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

## II. Overview of the Rate Setting Methodology

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

The actuarial model used to derive the FY2023 STAR+PLUS premium rates relies primarily on historical health plan experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. Due to the significant impact of the COVID-19 pandemic and the public health emergency (PHE) we have made adjustments to the standard base periods used in prior rate settings. Beginning March 2020, all programs experienced significant declines in the average cost due to large scale shutdowns and deferral of services. As a result, we have determined that the experience after February 2020 is not indicative of future cost patterns. The base period for all rating components was defined as March 2019 through February 2020, which is the most recent twelve-month period not impacted by COVID-19 and the PHE. Estimates of the base period included an evaluation of incurred but unpaid claims (IBNR). Given the extensive runout beyond the base period, the IBNR estimates are immaterial. The IBNR estimate is based on claims paid through February 2022 and represents the following percentage of claims by type of service:

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

Costs related to Uniform Hospital Rate Increase Program (UHRIP) payments were removed from the base experience. UHRIP was replaced by the Comprehensive Hospital Increase Reimbursement Program (CHIRP) effective September 1, 2021. More information on CHIRP is provided in Section III and Attachment 11. These estimates were then projected to FY2023 using assumed trend rates. Other plan expenditures such as capitated amounts, service coordination, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2023 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan. The results of this analysis were then combined for all health plans in a service area in order to develop a set of community rates for each service area.

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

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

- Medicaid Rural Service Area - Northeast (MRSA Northeast)
- Medicaid Rural Service Area - West (MRSA West)

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

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

The services used in the analysis include the following:

#### Acute Care Services

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

#### Long Term Care Services

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

- Nursing Services (in home)
- Personal Attendant Services
- Therapies – physical, occupational and speech
- Transition Services
- Nursing Facilities

Services specifically excluded from the analysis include:

- Dental and Orthodontia Services with the exception of a small number of dental services provided to STAR+PLUS HCBS waiver members
- Early Childhood Intervention (ECI) case management/service coordination
- Texas School Health and Related Services (SHARS)
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- Certain high cost carve-out prescription drugs
- Prescription drugs provided to dual eligible members
- Testing and treatments for COVID-19

All expenses related to these services, along with any other non-capitated services and any value-added services have been excluded from the FY2023 rating analysis.

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

We projected the FY2023 cost for each individual health plan by estimating their base period average claims cost and then applying trend and other adjustment factors. These adjustment factors are described in Section III. We added capitation expenses for services capitated by the health plan (such as vision and behavioral health), service coordinator expenses for care coordination services, a reasonable provision for administrative expenses and a risk margin. Attachment 2 presents a description and an example of the experience analysis for a sample health plan. This type of analysis was conducted for each health plan.

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

HHSC utilizes a community rating methodology in setting the STAR+PLUS base premium rates. The base rates vary by service area and risk group but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2023 cost for each health plan in the service area. The weights used in this formula are the projected FY2023 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

The base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by



analyzing the health status of their respective memberships. Additional information regarding risk adjustment is included in Section III below under Risk Adjustment and in Attachments 7 and 8.

The FY2023 STAR+PLUS premium rates were defined as the community rates with acuity risk adjustment for acute care services, pharmacy services and long term care services. This is the same methodology that was used during the FY2022 STAR+PLUS rate development. HHSC, the EQRO and the participating STAR+PLUS health plans have worked closely in developing a risk adjustment model to be applied to the long term care component of the premium. The methodology applied in the FY2023 rate development is a continuation of the process which will continue to be refined for future rate developments.

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

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

### III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2023 STAR+PLUS rate setting process.

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

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

The trend analysis included a review of health plan claims experience data through February 2022. Based on this information, estimates of monthly incurred claims were made through December 2021. STAR+PLUS trends after February 2020 were not considered due to the significant impact the COVID-19 pandemic continues to have on expenditures. During the PHE, the STAR+PLUS program has experienced abnormally low trends that are not indicative of future cost growth.

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

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

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

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

Trend Assumption

<u>Acute Care</u>	
Medicaid Only - OCC	1.5%
Medicaid Only - HCBS	1.5%
Medicaid Only - NF	4.1%
IDD	5.2%
MBCCP	9.3%
<u>Long Term Care</u>	
Medicaid Only - OCC	5.5%
Medicaid Only - HCBS	5.2%
Dual Eligible - OCC	3.0%
Dual Eligible - HCBS	4.4%
Medicaid Only - NF	2.0%
Dual Eligible - NF	2.4%
MBCCP	4.2%

***Trend Factors - Pharmacy***

The rating methodology uses assumed pharmacy trend factors to adjust the base period (March 2019 through February 2020) claims cost to the rating period (FY2023). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2022. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2022. From this experience, the average annual utilization and cost per service were determined for each of the six 12-month periods ending February 2022.

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

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

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

The STAR+PLUS pharmacy trend assumptions for the period March 2020 through FY2023 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption for each risk group. Attachment 4 – Exhibit C presents a summary of the historical pharmacy trend analysis.

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

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

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

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

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

### ***Trend Factors – NEMT***

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

and inflation components. The NEMT trend factors were developed using a combination of i) actual statewide NEMT trend experience for all Medicaid managed care programs and ii) the industry trend from the Consumer Price Index published by the Bureau of Labor Statistics for transportation services. The annual trend assumption of 3.30% was used in the rating analysis to project historical experience forward to the rating period. Attachment 4 – Exhibit G presents a summary of the NEMT trend analysis.

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

Medicaid provider reimbursement changes were recognized for the following: inpatient hospital, potentially preventable readmissions (PPR), potentially preventable complications (PPC), therapy services, rural hospital outpatient, private duty nursing, attendant care, ambulatory surgical center, medication assisted therapy, non-rural clinical lab, outpatient behavioral health, evaluation and management services, vaccine administration and radiology.

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

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

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

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

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2023. Exhibit E of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

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

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

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

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

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

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

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

Effective April 1, 2020 HHSC increased reimbursement to nursing facilities as a result of the 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 is assumed to be in effect until October 13, 2022 which coincides with the end of the PHE. Exhibit L of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

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

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

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

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

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

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

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

### ***NEMT Adjustments***

Effective July 1, 2022, reimbursement for Individual Transportation Participant (ITP) service increased to \$0.625 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit X of Attachment 5 includes additional information regarding the application of the ITP adjustment factors.

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

### ***Public Health Emergency (PHE) Related Cost Adjustment***

Beginning in March 2020 and continuing into 2022, the PHE has had a significant impact on average STAR+PLUS expenditures. Enrollment has grown by 4% and average cost for all services has decreased from the pre-pandemic historical norms. During the early stages of the PHE, it was expected that these reductions were short-term and tied to the initial shock of the pandemic and the associated shutdowns; however, the reductions have continued into FY2021 and the first quarter of FY2022. While a return to the pre-pandemic norm is expected, we believe the return will be gradual and won't begin to occur until the termination of the PHE. A rating adjustment was calculated in order to estimate the continued impact of the PHE on average program cost in FY2023. Attachment 6 presents a summary of the derivation of this adjustment factor.

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

Effective June 1, 2015, Texas implemented a CFC initiative within the STAR+PLUS program that expanded access to certain habilitation and attendant care services. As a result of CFC, Texas receives an enhanced federal medical assistance percentage (FMAP) on CFC eligible clients and services. The impact of CFC on program cost is included in the base period and no further adjustments are necessary. Attachment 15 details the development of the CFC portion of the premium eligible for an enhanced FMAP.

### ***Service Coordination***

STAR+PLUS members and their families receive help with coordinating care. Each MCO provides service coordination which requires the MCO to work with the member, the member's family and the member's doctors and other providers to help the member get the medical and long-term services and support they need. The service coordinators partner with health care providers and the members' families to ensure care is holistically integrated and coordinated. They find ways to avoid preventable hospital admissions, readmissions, and emergency room visits, resulting in shared savings to benefit both the providers and MCOs, and most importantly the members themselves. Service coordination expenses were included in the rate development based on the amounts reported by the MCO in their audited FSRs. The average service coordination expense included in the FY2023 STAR+PLUS rate development is approximately \$44.24 per member per month.

### ***Risk Adjustment***

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

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



Chronic Illness and Disability Payment System (CDPS). Additional information regarding this acuity risk adjustment is included in Attachment 7.

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

The long term care portion of the base community rate in each service area was also adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. Prior to FY2018 no acuity model was readily available on which to measure the relative differences among the health plans. HHSC, the EQRO and the health plans formed a workgroup tasked with developing a long term care acuity model. The workgroup analyzed available long term care data and publicly available models and developed a model which was first applied in FY2018 and has been updated for FY2023. The long term care acuity factors have been given 100% credibility for FY2023. Additional information regarding this acuity risk adjustment is included in Attachment 8.

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

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

Attachment 9 presents the development of the NAIP add-on amounts to be included in the capitation rates effective September 1, 2022, along with additional information concerning the NAIP program.

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

Effective September 1, 2017, HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities to improve the quality and innovation of their services. Pending CMS approval of QIPP Year Six, effective September 1, 2022, the program will encompass one uniform rate increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

Attachment 10 presents the development of the QIPP add-on amounts to be included in the capitation rates effective September 1, 2022 along with additional information concerning the QIPP program.

### ***Comprehensive Hospital Increase Reimbursement Program (CHIRP)***

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. The program expanded statewide effective March 1, 2018. Effective September 1, 2021, UHRIP was replaced by the

Comprehensive Hospital Increase Reimbursement Program (CHIRP). CHIRP is a directed payment program that provides increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons enrolled in the STAR and STAR+PLUS programs. CHIRP is comprised of two payment components: (1) Uniform Hospital Rate Increase Payment (UHRIP) and (2) Average Commercial Incentive Award (ACIA). More detailed information about the components can be found in Attachment 11.

The UHRIP component of the CHIRP program increases reimbursement to contracted hospitals by a level percentage that varies by inpatient, outpatient and hospital class. The ACIA component of the CHIRP program increases the reimbursement to contracted hospitals by a hospital-specific percentage that varies by inpatient and outpatient. All MCOs are required to increase their reimbursement rates to contracted hospitals by the established percentage. Attachment 11 presents the development of the CHIRP add-on amounts to be included in the capitation rates effective September 1, 2022 along with additional information concerning the CHIRP program.

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

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

Attachment 12 presents the development of the TIPPS add-on amounts to be included in the capitation rates effective September 1, 2022 along with additional information concerning the TIPPS program.

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

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

Attachment 13 presents the development of the DPP BHS add-on amounts to be included in the capitation rates effective September 1, 2022 along with additional information concerning the DPP BHS program.

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

Effective September 1, 2021, HHSC implemented the Rural Access to Primary and Preventive Services (RAPPS) program, a directed payment program designed to incentivize rural health clinics (RHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients through the use of metrics that are expected to advance at least one of the

goals and objectives of the state’s managed care quality strategy. The program incentivizes the provision of primary and preventive services for Medicaid-enrolled individuals in rural communities of the state and focuses on the management of chronic conditions.

Attachment 14 presents the development of the RAPPs add-on amounts to be included in the capitation rates effective September 1, 2022 along with additional information concerning the RAPPs program.

**COVID-19**

In addition to the PHE-related cost adjustment discussed above, the most significant impact that the COVID-19 pandemic and the resulting PHE had on the FY2023 rate development was the significant reduction in claims during FY2020 and FY2021. As a result, the base period was altered such that all data beyond February 2020 was deemed to have no credibility and was excluded from the base period and all trend and adjustment factor calculations. The impact of the cost reduction and expectations for FY2023 vary significantly by program. For the STAR+PLUS population, the most significant reductions occurred during the period March 2020 through August 2020; however, these reductions have continued into FY2021 and FY2022 and are now expected to continue until the termination of the PHE. During the last half of FY2021 and the first quarter of FY2022 the average cost per member per month and average trends by quarter continue to be lower than historical levels and it is expected that the impact of the pandemic and the PHE on the STAR+PLUS program will continue into FY2023.

In addition to adjusting the base period used in the FY2023 rate development, we have also applied a PHE-related cost adjustment as discussed in Attachment 6. As implemented in FY2021 and FY2022, to mitigate the risk to both HHSC and the MCOs resulting from COVID-19, the following actions will be continued for FY2023:

- COVID-19 related expenditures such as testing and treatment will be excluded from the capitation rates and paid via non-risk arrangements.
- HHSC is continuing the revisions to the experience rebate tiers made for FY2022 for one additional year for FY2023. The revised structure will limit the opportunity for excessive profitability should the reduction in cost associated with the PHE extend longer than anticipated. The table below presents the revised experience rebate structure resulting in a max profit of 4.6% for each health plan.

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

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

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

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

	Avg. Admin. Expense	Avg. Admin. Expense excluding Service Coord.
FY17	122.47	82.39
FY18	128.86	84.39
FY19	120.17	76.86
FY20	116.02	71.17
FY21	119.85	75.86
FY22	119.54	76.38
6 Year Average	121.15	77.84

Based on the administrative formula included in the rate development, the average administrative expense provision included in the capitation rates is approximately \$81 which is within the range of historical average costs excluding service coordination. There are concerns that inflation and employment shortages could lead to increased administrative cost as the PHE comes to an end. The assumption included in the rate development appears to include some allowance in the event that administrative costs increase from the most recent levels and return to the higher averages experienced prior to the PHE. In general, the fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption is intended to be a reasonable amount to cover all administrative costs. This formula is reviewed annually to ensure consistency with the reported administrative costs. For informational purposes the \$12 fixed component of the administrative expense formula breaks down into two categories:

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

The quality improvement amount is in addition to the service coordination expenses noted on page 14 and include services such as disease management, health information technology and wellness service among other items.

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

## V. Summary

The chart below presents the results of the FY2023 STAR+PLUS rating analysis and includes all components of the premium – acute care, long term care, prescription drugs, NEMT, NAIP, CHIRP, TIPPS, RAPPS, DPP BHS and QIPP. Texas is eligible for an enhanced FMAP rate for CFC services. Attachment 15 details the development of the CFC component of the total premium rate.

Health Plan	Medicaid	Medicaid	Dual Eligible	Dual Eligible
	Only	Only		
	OCC	HCBS	OCC	HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,746.69	\$5,526.62	\$476.92	\$2,359.15
Molina - Bexar	1,826.93	5,338.77	481.07	2,211.84
Superior - Bexar	1,945.96	6,037.09	507.53	2,466.07
Molina - Dallas	2,014.69	5,319.90	498.26	2,141.62
Superior - Dallas	1,925.08	5,725.63	418.84	2,146.39
Amerigroup - El Paso	2,023.86	5,413.72	602.46	2,399.42
Molina - El Paso	2,165.80	5,504.98	682.19	2,407.51
Amerigroup - Harris	2,121.53	7,139.59	412.33	2,786.01
Molina - Harris	1,955.00	6,749.61	422.72	2,726.26
United - Harris	2,332.48	6,620.16	461.42	2,588.66
Molina - Hidalgo	2,232.23	5,953.87	1,017.00	2,836.19
Superior - Hidalgo	2,432.53	6,270.79	1,172.84	2,856.29
Amerigroup - Jefferson	1,749.08	6,406.63	357.03	2,097.40
Molina - Jefferson	1,738.73	5,442.62	331.71	2,032.70
United - Jefferson	2,002.31	5,626.92	260.66	1,953.42
Amerigroup - Lubbock	1,806.05	5,191.86	217.55	1,717.82
Superior - Lubbock	1,671.39	5,038.95	218.66	1,904.70
Superior - Nueces	1,808.81	5,415.15	629.56	2,415.55
United - Nueces	2,106.95	5,545.73	590.61	2,356.46
Amerigroup - Tarrant	2,016.16	6,105.45	391.23	2,071.34
Molina - Tarrant	1,848.15	6,329.69	310.30	2,264.87
Amerigroup - Travis	1,799.10	6,647.19	398.22	2,328.62
United - Travis	1,915.35	6,417.23	252.72	2,274.33
Superior - MRSA Central	1,653.24	5,830.29	289.95	2,060.30
United - MRSA Central	1,738.15	6,169.96	305.60	2,055.69
Molina - MRSA Northeast	1,595.22	5,606.82	297.22	2,057.87
United - MRSA Northeast	1,869.11	6,208.32	322.70	1,758.82
Amerigroup - MRSA West	1,705.07	6,050.37	346.06	1,903.73
Superior - MRSA West	1,695.21	5,433.42	292.60	1,930.81

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,420.73	\$6,744.91	\$1,255.18	\$5,262.23
Molina - Bexar	9,948.27	6,744.91	1,266.63	5,524.12
Superior - Bexar	10,370.56	6,744.91	1,495.44	4,536.25
Molina - Dallas	10,801.16	6,471.52	1,115.09	4,201.98
Superior - Dallas	11,426.29	6,471.52	1,224.84	6,563.21
Amerigroup - El Paso	10,611.38	6,475.67	1,873.02	4,340.41
Molina - El Paso	11,282.21	6,475.67	2,011.24	3,863.00
Amerigroup - Harris	11,549.50	6,444.35	1,418.96	5,480.72
Molina - Harris	10,494.03	6,444.35	1,203.67	4,930.49
United - Harris	10,969.31	6,444.35	1,544.31	5,361.75
Molina - Hidalgo	11,595.86	7,222.14	1,196.74	4,422.30
Superior - Hidalgo	12,661.15	7,222.14	1,600.68	4,941.08
Amerigroup - Jefferson	10,254.57	5,909.12	1,310.70	5,475.22
Molina - Jefferson	10,008.26	5,909.12	1,045.53	5,109.84
United - Jefferson	9,956.34	5,909.12	1,285.55	5,920.28
Amerigroup - Lubbock	9,995.10	6,715.60	1,229.13	7,209.66
Superior - Lubbock	9,992.44	6,715.60	1,258.41	5,485.51
Superior - Nueces	9,803.93	6,942.71	1,280.57	4,121.93
United - Nueces	9,632.10	6,942.71	1,341.86	3,985.35
Amerigroup - Tarrant	10,892.79	6,474.44	1,362.59	5,030.35
Molina - Tarrant	10,503.22	6,474.44	1,063.97	4,949.33
Amerigroup - Travis	10,386.51	7,082.87	1,378.60	3,740.51
United - Travis	10,546.62	7,082.87	1,399.38	4,972.05
Superior - MRSA Central	9,838.13	6,524.66	1,339.99	5,530.82
United - MRSA Central	9,521.01	6,524.66	1,430.23	6,773.82
Molina - MRSA Northeast	10,587.95	6,411.40	1,120.66	4,918.71
United - MRSA Northeast	10,552.00	6,411.40	1,337.61	4,436.66
Amerigroup - MRSA West	10,445.56	6,566.21	1,384.26	4,066.67
Superior - MRSA West	10,022.19	6,566.21	1,462.10	4,809.25

Attachment 1 presents additional information regarding the breakdown of the components of the FY2023 rates.

Attachment 17 presents the required rating index summarizing the applicable sections from the 2022-2023 Medicaid Managed Care Rate Development Guide.

## 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 of Rudd and Wisdom, Inc., Consulting Actuaries. All are Fellows of the Society of Actuaries (FSAs), 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 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.

## VII. Attachments



## *Attachment 1*

### Summary of FY2023 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2023 rates. Included on the exhibit are current premium rates split between medical (acute care and long term care), prescription drug, NEMT, NAIP, QIPP, CHIRP, TIPPS, DPP BHS and RAPPS rates; FY2023 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 current (March 1, 2022 through August 31, 2022) and FY2023 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current premium rates and the FY2023 premium rates. The projection is split by medical, pharmacy, NEMT, NAIP/QIPP, CHIRP, TIPPS, DPP BHS and RAPPS.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall premium rates decreased by an average of 7.4% which is primarily attributed to reductions in the long term care component of the premium. This component is reduced from the current rates due to (i) the assumed termination of the PHE which will result in the elimination of the temporary reimbursement increase for nursing facility services and (ii) the expiration of the ARPA rate enhancements that will end August 31, 2022. The acute care, pharmacy and NEMT experienced modest rate changes which is not unexpected given that the same base period and similar trend and adjustment factors were used in the calculation of these components. The NAIP component experienced a large reduction due to the elimination of physician groups who previously received this payment per CMS regulations.

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/2022-8/2022 NAIP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	6.30	6.30	0.00	0.00	0.00	0.00	6.30	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	30.97	30.97	0.00	0.00	0.00	0.00	30.97	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	20.49	20.49	0.00	0.00	0.00	0.00	20.49	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	2.72	2.72	0.00	0.00	0.00	0.00	2.72	0.00
Amerigroup - Jefferson	5.13	5.13	0.00	0.00	0.00	0.00	5.13	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	19.71	19.71	0.00	0.00	0.00	0.00	19.71	0.00
Amerigroup - Lubbock	17.68	17.68	0.00	0.00	0.00	0.00	17.68	0.00
Superior - Lubbock	12.39	12.39	0.00	0.00	0.00	0.00	12.39	0.00
Superior - Nueces	30.99	30.99	0.00	0.00	0.00	0.00	30.99	0.00
United - Nueces	117.14	117.14	0.00	0.00	0.00	0.00	117.14	0.00
Amerigroup - Tarrant	3.87	3.87	0.00	0.00	0.00	0.00	3.87	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA Central	3.19	3.19	0.00	0.00	0.00	0.00	3.19	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - MRSA West	23.96	23.96	0.00	0.00	0.00	0.00	23.96	0.00
Superior - MRSA West	15.11	15.11	0.00	0.00	0.00	0.00	15.11	0.00

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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



## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## FY2023 STAR+PLUS Rating Summary

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

## 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 (Community Rates with Risk Adjustment)								
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 (Community Rates with Risk Adjustment)								
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 (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 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 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	5.97	5.97	0.00	0.00	0.00	0.00	5.97	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	14.20	14.20	0.00	0.00	0.00	0.00	14.20	0.00
Superior - Lubbock	9.86	9.86	0.00	0.00	0.00	0.00	9.86	0.00
Superior - Nueces	29.81	29.81	0.00	0.00	0.00	0.00	29.81	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	20.39	20.39	0.00	0.00	0.00	0.00	20.39	0.00
Superior - MRSA West	12.43	12.43	0.00	0.00	0.00	0.00	12.43	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 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 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 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 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 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 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	1,945.96	6,037.09	507.53	2,466.07	10,370.56	6,744.91	1,495.44	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	2,432.53	6,270.79	1,172.84	2,856.29	12,661.15	7,222.14	1,600.68	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	1,806.05	5,191.86	217.55	1,717.82	9,995.10	6,715.60	1,229.13	7,209.66
Superior - Lubbock	1,671.39	5,038.95	218.66	1,904.70	9,992.44	6,715.60	1,258.41	5,485.51
Superior - Nueces	1,808.81	5,415.15	629.56	2,415.55	9,803.93	6,942.71	1,280.57	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	1,653.24	5,830.29	289.95	2,060.30	9,838.13	6,524.66	1,339.99	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	1,705.07	6,050.37	346.06	1,903.73	10,445.56	6,566.21	1,384.26	4,066.67
Superior - MRSA West	1,695.21	5,433.42	292.60	1,930.81	10,022.19	6,566.21	1,462.10	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 Acute Care Premium Rate Change								
Amerigroup - Bexar	2.5%	4.2%	0.0%	0.0%	-3.9%	0.0%	0.2%	3.9%
Molina - Bexar	1.6%	2.4%	0.0%	0.0%	-3.1%	0.0%	-0.3%	3.7%
Superior - Bexar	2.7%	4.1%	0.0%	0.0%	-3.9%	0.0%	0.1%	3.3%
Molina - Dallas	2.2%	-0.2%	0.0%	0.0%	-0.9%	0.0%	0.4%	3.2%
Superior - Dallas	2.4%	0.0%	0.0%	0.0%	-0.9%	0.0%	0.9%	3.2%
Amerigroup - El Paso	1.4%	-0.7%	0.0%	0.0%	-8.9%	0.0%	-1.4%	4.0%
Molina - El Paso	0.6%	-1.0%	0.0%	0.0%	-12.7%	0.0%	-2.4%	3.8%
Amerigroup - Harris	1.7%	-1.2%	0.0%	0.0%	3.7%	0.0%	5.5%	5.2%
Molina - Harris	1.6%	-0.8%	0.0%	0.0%	2.9%	0.0%	6.6%	5.9%
United - Harris	1.8%	-1.3%	0.0%	0.0%	3.3%	0.0%	4.4%	6.1%
Molina - Hidalgo	-0.1%	4.4%	0.0%	0.0%	-3.7%	0.0%	2.8%	6.8%
Superior - Hidalgo	0.0%	4.0%	0.0%	0.0%	-2.8%	0.0%	2.8%	6.3%
Amerigroup - Jefferson	1.3%	-0.7%	0.0%	0.0%	-1.0%	0.0%	5.9%	6.2%
Molina - Jefferson	0.9%	-1.3%	0.0%	0.0%	-0.9%	0.0%	4.5%	2.5%
United - Jefferson	0.8%	0.0%	0.0%	0.0%	-1.2%	0.0%	4.5%	4.1%
Amerigroup - Lubbock	0.9%	3.7%	0.0%	0.0%	-0.3%	0.0%	5.2%	6.2%
Superior - Lubbock	1.3%	2.0%	0.0%	0.0%	-0.9%	0.0%	6.1%	3.9%
Superior - Nueces	1.2%	-0.3%	0.0%	0.0%	5.2%	0.0%	-0.4%	-3.1%
United - Nueces	1.5%	1.0%	0.0%	0.0%	6.9%	0.0%	0.2%	-2.8%
Amerigroup - Tarrant	-0.3%	0.5%	0.0%	0.0%	-2.4%	0.0%	3.4%	8.1%
Molina - Tarrant	-0.8%	-0.2%	0.0%	0.0%	-2.1%	0.0%	3.1%	6.5%
Amerigroup - Travis	0.0%	1.7%	0.0%	0.0%	6.9%	0.0%	3.4%	5.0%
United - Travis	0.3%	2.0%	0.0%	0.0%	7.5%	0.0%	3.4%	4.0%
Superior - MRSA Central	1.6%	1.1%	0.0%	0.0%	1.2%	0.0%	5.4%	8.4%
United - MRSA Central	1.1%	0.3%	0.0%	0.0%	1.3%	0.0%	4.6%	8.5%
Molina - MRSA Northeast	0.6%	4.0%	0.0%	0.0%	4.9%	0.0%	5.9%	8.0%
United - MRSA Northeast	0.8%	4.1%	0.0%	0.0%	5.2%	0.0%	6.5%	7.3%
Amerigroup - MRSA West	0.4%	0.0%	0.0%	0.0%	-5.0%	0.0%	3.8%	3.9%
Superior - MRSA West	0.4%	-1.3%	0.0%	0.0%	-4.9%	0.0%	4.1%	1.9%



## 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 Rate Change								
Amerigroup - Bexar	-17.0%	-14.8%	-17.1%	-15.2%	-6.8%	-9.0%	0.0%	-11.3%
Molina - Bexar	-17.0%	-14.8%	-17.1%	-15.2%	-6.8%	-9.0%	0.0%	-11.3%
Superior - Bexar	-17.0%	-14.8%	-17.1%	-15.2%	-6.8%	-9.0%	0.0%	-11.3%
Molina - Dallas	-17.2%	-15.6%	-17.2%	-16.0%	-8.0%	-10.0%	0.0%	-14.0%
Superior - Dallas	-17.2%	-15.6%	-17.2%	-16.0%	-8.0%	-10.0%	0.0%	-14.0%
Amerigroup - El Paso	-17.1%	-17.2%	-17.9%	-16.5%	-6.0%	-8.7%	0.0%	-14.9%
Molina - El Paso	-17.1%	-17.2%	-17.9%	-16.5%	-6.0%	-8.7%	0.0%	-14.9%
Amerigroup - Harris	-17.0%	-16.5%	-16.9%	-15.4%	-6.6%	-8.1%	0.0%	-8.2%
Molina - Harris	-17.0%	-16.5%	-16.9%	-15.4%	-6.6%	-8.1%	0.0%	-8.2%
United - Harris	-17.0%	-16.5%	-16.9%	-15.4%	-6.6%	-8.1%	0.0%	-8.2%
Molina - Hidalgo	-18.2%	-18.7%	-20.4%	-18.0%	-5.1%	-8.5%	0.0%	-10.8%
Superior - Hidalgo	-18.3%	-18.8%	-20.4%	-18.0%	-5.1%	-8.5%	0.0%	-10.8%
Amerigroup - Jefferson	-15.1%	-16.6%	-16.6%	-15.7%	-7.3%	-8.3%	0.0%	7.5%
Molina - Jefferson	-15.1%	-16.6%	-16.6%	-15.7%	-7.3%	-8.3%	0.0%	7.5%
United - Jefferson	-15.1%	-16.6%	-16.6%	-15.7%	-7.3%	-8.3%	0.0%	7.5%
Amerigroup - Lubbock	-13.2%	-13.3%	-13.8%	-13.5%	-8.8%	-8.3%	0.0%	-2.8%
Superior - Lubbock	-13.2%	-13.3%	-13.8%	-13.5%	-8.8%	-8.3%	0.0%	-2.8%
Superior - Nueces	-17.6%	-16.6%	-18.8%	-16.7%	-6.1%	-6.1%	0.0%	-18.3%
United - Nueces	-17.6%	-16.6%	-18.8%	-16.7%	-6.1%	-6.1%	0.0%	-18.3%
Amerigroup - Tarrant	-15.0%	-17.7%	-15.3%	-14.2%	-7.8%	-8.4%	0.0%	-13.6%
Molina - Tarrant	-15.0%	-17.7%	-15.3%	-14.2%	-7.8%	-8.4%	0.0%	-13.6%
Amerigroup - Travis	-14.2%	-17.7%	-16.0%	-14.4%	-6.9%	-7.5%	0.0%	-11.0%
United - Travis	-14.3%	-17.7%	-16.0%	-14.4%	-6.9%	-7.5%	0.0%	-11.0%
Superior - MRSA Central	-15.3%	-16.3%	-16.8%	-16.9%	-12.0%	-11.6%	0.0%	-17.4%
United - MRSA Central	-15.3%	-16.3%	-16.8%	-16.9%	-12.0%	-11.6%	0.0%	-17.4%
Molina - MRSA Northeast	-13.0%	-14.6%	-16.5%	-16.1%	-7.2%	-8.3%	0.0%	-9.5%
United - MRSA Northeast	-13.0%	-14.6%	-16.5%	-16.1%	-7.2%	-8.3%	0.0%	-9.5%
Amerigroup - MRSA West	-14.8%	-15.7%	-16.3%	-15.5%	-8.8%	-8.7%	0.0%	-9.0%
Superior - MRSA West	-14.8%	-15.7%	-16.3%	-15.5%	-8.8%	-8.7%	0.0%	-9.0%

## 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 Rate Change								
Amerigroup - Bexar	1.1%	3.1%	0.0%	0.0%	6.7%	0.0%	5.7%	13.9%
Molina - Bexar	0.2%	1.4%	0.0%	0.0%	7.6%	0.0%	5.2%	13.7%
Superior - Bexar	1.3%	3.1%	0.0%	0.0%	6.7%	0.0%	5.6%	13.2%
Molina - Dallas	1.1%	2.5%	0.0%	0.0%	7.9%	0.0%	5.2%	18.1%
Superior - Dallas	1.3%	2.7%	0.0%	0.0%	7.9%	0.0%	5.8%	18.1%
Amerigroup - El Paso	3.2%	1.0%	0.0%	0.0%	2.7%	0.0%	9.1%	9.7%
Molina - El Paso	2.3%	0.7%	0.0%	0.0%	-1.7%	0.0%	7.9%	9.4%
Amerigroup - Harris	2.2%	3.6%	0.0%	0.0%	-3.0%	0.0%	5.0%	12.8%
Molina - Harris	2.1%	4.0%	0.0%	0.0%	-3.8%	0.0%	6.1%	13.5%
United - Harris	2.3%	3.4%	0.0%	0.0%	-3.4%	0.0%	3.9%	13.8%
Molina - Hidalgo	1.9%	0.8%	0.0%	0.0%	14.4%	0.0%	5.7%	18.6%
Superior - Hidalgo	1.9%	0.4%	0.0%	0.0%	15.5%	0.0%	5.7%	18.0%
Amerigroup - Jefferson	2.2%	2.8%	0.0%	0.0%	0.5%	0.0%	3.5%	17.2%
Molina - Jefferson	1.8%	2.2%	0.0%	0.0%	0.6%	0.0%	2.1%	13.0%
United - Jefferson	1.6%	3.6%	0.0%	0.0%	0.3%	0.0%	2.1%	14.8%
Amerigroup - Lubbock	1.3%	3.1%	0.0%	0.0%	2.4%	0.0%	1.7%	7.8%
Superior - Lubbock	1.7%	1.5%	0.0%	0.0%	1.8%	0.0%	2.5%	5.4%
Superior - Nueces	1.7%	1.4%	0.0%	0.0%	2.1%	0.0%	9.7%	3.9%
United - Nueces	2.0%	2.7%	0.0%	0.0%	3.7%	0.0%	10.3%	4.3%
Amerigroup - Tarrant	0.5%	3.1%	0.0%	0.0%	-2.1%	0.0%	2.6%	7.1%
Molina - Tarrant	0.1%	2.4%	0.0%	0.0%	-1.8%	0.0%	2.3%	5.5%
Amerigroup - Travis	2.2%	1.5%	0.0%	0.0%	-2.2%	0.0%	3.3%	33.7%
United - Travis	2.6%	1.8%	0.0%	0.0%	-1.6%	0.0%	3.3%	32.5%
Superior - MRSA Central	3.0%	-2.0%	0.0%	0.0%	0.2%	0.0%	4.2%	18.7%
United - MRSA Central	2.5%	-2.7%	0.0%	0.0%	0.2%	0.0%	3.4%	18.8%
Molina - MRSA Northeast	4.5%	4.4%	0.0%	0.0%	0.1%	0.0%	4.5%	16.3%
United - MRSA Northeast	4.7%	4.4%	0.0%	0.0%	0.4%	0.0%	5.1%	15.5%
Amerigroup - MRSA West	1.9%	4.1%	0.0%	0.0%	7.0%	0.0%	2.2%	30.4%
Superior - MRSA West	1.9%	2.7%	0.0%	0.0%	7.1%	0.0%	2.4%	27.9%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 NEMT Premium Rate Change								
Amerigroup - Bexar	-9.6%	-9.4%	-9.3%	-9.5%	-10.0%	-9.5%	-9.0%	-7.4%
Molina - Bexar	-9.6%	-9.4%	-9.3%	-9.5%	-10.0%	-9.5%	-9.0%	-7.4%
Superior - Bexar	-9.6%	-9.4%	-9.3%	-9.5%	-10.0%	-9.5%	-9.0%	-7.4%
Molina - Dallas	-7.8%	-7.3%	-7.2%	-6.9%	-10.0%	-6.6%	-9.0%	-7.4%
Superior - Dallas	-7.8%	-7.3%	-7.2%	-6.9%	-10.0%	-6.6%	-9.0%	-7.4%
Amerigroup - El Paso	-9.2%	-9.8%	-9.6%	-9.6%	-10.0%	-9.9%	-9.0%	-7.4%
Molina - El Paso	-9.2%	-9.8%	-9.6%	-9.6%	-10.0%	-9.9%	-9.0%	-7.4%
Amerigroup - Harris	-10.7%	-10.9%	-10.6%	-10.8%	-10.0%	-10.4%	-9.0%	-7.4%
Molina - Harris	-10.7%	-10.9%	-10.6%	-10.8%	-10.0%	-10.4%	-9.0%	-7.4%
United - Harris	-10.7%	-10.9%	-10.6%	-10.8%	-10.0%	-10.4%	-9.0%	-7.4%
Molina - Hidalgo	-10.4%	-10.3%	-10.4%	-11.2%	-10.0%	-12.4%	-9.0%	-7.4%
Superior - Hidalgo	-10.4%	-10.3%	-10.4%	-11.2%	-10.0%	-12.4%	-9.0%	-7.4%
Amerigroup - Jefferson	-10.1%	-10.4%	-10.3%	-10.2%	-10.0%	-10.5%	-9.0%	-7.4%
Molina - Jefferson	-10.1%	-10.4%	-10.3%	-10.2%	-10.0%	-10.5%	-9.0%	-7.4%
United - Jefferson	-10.1%	-10.4%	-10.3%	-10.2%	-10.0%	-10.5%	-9.0%	-7.4%
Amerigroup - Lubbock	-8.0%	-8.3%	-8.5%	-8.9%	-10.0%	-9.0%	-9.0%	-7.4%
Superior - Lubbock	-8.0%	-8.3%	-8.5%	-8.9%	-10.0%	-9.0%	-9.0%	-7.4%
Superior - Nueces	-12.5%	-12.6%	-12.5%	-12.2%	-10.0%	-13.1%	-9.0%	-7.4%
United - Nueces	-12.5%	-12.6%	-12.5%	-12.2%	-10.0%	-13.1%	-9.0%	-7.4%
Amerigroup - Tarrant	-6.6%	-6.9%	-7.1%	-7.2%	-10.0%	-6.9%	-9.0%	-7.4%
Molina - Tarrant	-6.6%	-6.9%	-7.1%	-7.2%	-10.0%	-6.9%	-9.0%	-7.4%
Amerigroup - Travis	-8.4%	-8.5%	-8.3%	-8.3%	-10.0%	-8.7%	-9.0%	-7.4%
United - Travis	-8.4%	-8.5%	-8.3%	-8.3%	-10.0%	-8.7%	-9.0%	-7.4%
Superior - MRSA Central	-8.6%	-8.5%	-8.7%	-9.0%	-10.0%	-8.9%	-9.0%	-7.4%
United - MRSA Central	-8.6%	-8.5%	-8.7%	-9.0%	-10.0%	-8.9%	-9.0%	-7.4%
Molina - MRSA Northeast	-11.6%	-11.9%	-11.8%	-12.0%	-10.0%	-12.1%	-9.0%	-7.4%
United - MRSA Northeast	-11.6%	-11.9%	-11.8%	-12.0%	-10.0%	-12.1%	-9.0%	-7.4%
Amerigroup - MRSA West	-7.8%	-8.6%	-8.0%	-8.0%	-10.0%	-9.0%	-9.0%	-7.4%
Superior - MRSA West	-7.8%	-8.6%	-8.0%	-8.0%	-10.0%	-9.0%	-9.0%	-7.4%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 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	-5.2%	-5.2%	0.0%	0.0%	0.0%	0.0%	-5.2%	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	-100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	-100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	-5.5%	-5.5%	0.0%	0.0%	0.0%	0.0%	-5.5%	0.0%
Amerigroup - Jefferson	-100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	-100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	0.0%
Amerigroup - Lubbock	-19.7%	-19.7%	0.0%	0.0%	0.0%	0.0%	-19.7%	0.0%
Superior - Lubbock	-20.4%	-20.4%	0.0%	0.0%	0.0%	0.0%	-20.4%	0.0%
Superior - Nueces	-3.8%	-3.8%	0.0%	0.0%	0.0%	0.0%	-3.8%	0.0%
United - Nueces	-1.8%	-1.8%	0.0%	0.0%	0.0%	0.0%	-1.8%	0.0%
Amerigroup - Tarrant	-100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	-100.0%	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	-19.4%	-19.4%	0.0%	0.0%	0.0%	0.0%	-19.4%	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	-14.9%	-14.9%	0.0%	0.0%	0.0%	0.0%	-14.9%	0.0%
Superior - MRSA West	-17.7%	-17.7%	0.0%	0.0%	0.0%	0.0%	-17.7%	0.0%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	-10.9%	-10.9%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	-10.9%	-10.9%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	29.2%	29.2%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	29.2%	29.2%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	-10.2%	-10.2%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	-10.2%	-10.2%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	-10.2%	-10.2%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	13.8%	13.8%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	13.8%	13.8%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	-12.5%	-12.5%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	-12.5%	-12.5%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	-12.5%	-12.5%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	8.8%	8.8%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	8.8%	8.8%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	4.8%	4.8%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	4.8%	4.8%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	1.9%	1.9%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	1.9%	1.9%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	-0.9%	-0.9%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	-0.9%	-0.9%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	9.3%	9.3%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	9.3%	9.3%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	3.9%	3.9%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	3.9%	3.9%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	3.4%	3.4%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	3.4%	3.4%	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 CHIRP Premium Rate Change								
Amerigroup - Bexar	-6.3%	-2.4%	0.0%	0.0%	-9.6%	0.0%	-7.5%	-5.3%
Molina - Bexar	-3.2%	-4.7%	0.0%	0.0%	-12.1%	0.0%	-3.0%	-7.8%
Superior - Bexar	-3.1%	-1.0%	0.0%	0.0%	-7.6%	0.0%	-2.8%	-5.9%
Molina - Dallas	2.7%	-6.2%	0.0%	0.0%	6.2%	0.0%	17.3%	-5.0%
Superior - Dallas	-31.7%	-31.1%	0.0%	0.0%	-38.8%	0.0%	-27.4%	-13.3%
Amerigroup - El Paso	-3.4%	-3.6%	0.0%	0.0%	-8.3%	0.0%	-3.4%	-0.3%
Molina - El Paso	-1.5%	-5.1%	0.0%	0.0%	-15.1%	0.0%	-7.9%	3.2%
Amerigroup - Harris	-11.1%	-8.4%	0.0%	0.0%	-7.5%	0.0%	-2.0%	-12.0%
Molina - Harris	10.7%	33.6%	0.0%	0.0%	9.9%	0.0%	2.9%	34.9%
United - Harris	-2.2%	-0.3%	0.0%	0.0%	-1.7%	0.0%	3.1%	2.4%
Molina - Hidalgo	-8.6%	2.3%	0.0%	0.0%	-16.9%	0.0%	-3.9%	0.0%
Superior - Hidalgo	2.9%	2.5%	0.0%	0.0%	-1.2%	0.0%	1.1%	6.1%
Amerigroup - Jefferson	13.2%	22.0%	0.0%	0.0%	8.8%	0.0%	-5.6%	9.2%
Molina - Jefferson	10.0%	11.7%	0.0%	0.0%	4.9%	0.0%	1.9%	5.1%
United - Jefferson	15.5%	21.6%	0.0%	0.0%	27.0%	0.0%	26.4%	-1.8%
Amerigroup - Lubbock	6.8%	30.1%	0.0%	0.0%	62.7%	0.0%	17.3%	-8.1%
Superior - Lubbock	9.8%	12.0%	0.0%	0.0%	65.5%	0.0%	34.4%	-7.4%
Superior - Nueces	-2.7%	-2.7%	0.0%	0.0%	-0.7%	0.0%	-2.9%	-6.3%
United - Nueces	-3.2%	-5.7%	0.0%	0.0%	3.5%	0.0%	-6.7%	-6.1%
Amerigroup - Tarrant	-2.9%	-2.3%	0.0%	0.0%	-1.2%	0.0%	0.7%	3.6%
Molina - Tarrant	8.0%	16.6%	0.0%	0.0%	13.3%	0.0%	7.5%	16.9%
Amerigroup - Travis	3.5%	3.1%	0.0%	0.0%	8.8%	0.0%	1.3%	4.4%
United - Travis	3.5%	1.3%	0.0%	0.0%	14.0%	0.0%	1.3%	-2.6%
Superior - MRSA Central	-5.2%	-6.2%	0.0%	0.0%	-3.0%	0.0%	0.2%	-17.7%
United - MRSA Central	-3.8%	-3.2%	0.0%	0.0%	-0.8%	0.0%	0.5%	1.6%
Molina - MRSA Northeast	-23.4%	-28.6%	0.0%	0.0%	-16.7%	0.0%	-31.0%	-47.8%
United - MRSA Northeast	14.6%	16.3%	0.0%	0.0%	21.0%	0.0%	29.9%	16.7%
Amerigroup - MRSA West	-13.1%	-13.7%	0.0%	0.0%	-10.3%	0.0%	-6.9%	-5.6%
Superior - MRSA West	-20.1%	-20.9%	0.0%	0.0%	-20.3%	0.0%	-20.3%	-16.3%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 TIPPS Premium Rate Change								
Amerigroup - Bexar	-13.7%	-12.8%	0.0%	0.0%	-15.5%	0.0%	-14.6%	-6.6%
Molina - Bexar	-14.8%	-12.5%	0.0%	0.0%	-16.8%	0.0%	-15.9%	-9.1%
Superior - Bexar	-14.8%	-13.7%	0.0%	0.0%	-16.5%	0.0%	-16.0%	-6.9%
Molina - Dallas	-56.8%	-55.6%	0.0%	0.0%	-57.4%	0.0%	-57.4%	-54.4%
Superior - Dallas	90.5%	92.5%	0.0%	0.0%	91.1%	0.0%	89.0%	113.4%
Amerigroup - El Paso	-9.7%	-9.4%	0.0%	0.0%	-10.5%	0.0%	-10.1%	-5.3%
Molina - El Paso	-9.9%	-9.4%	0.0%	0.0%	-10.9%	0.0%	-10.2%	-5.9%
Amerigroup - Harris	18.1%	17.9%	0.0%	0.0%	18.5%	0.0%	18.5%	18.7%
Molina - Harris	16.5%	16.6%	0.0%	0.0%	16.3%	0.0%	16.5%	17.8%
United - Harris	-23.9%	-23.7%	0.0%	0.0%	-24.6%	0.0%	-22.7%	-23.3%
Molina - Hidalgo	-9.7%	-10.3%	0.0%	0.0%	-8.0%	0.0%	-8.0%	-4.9%
Superior - Hidalgo	-2.8%	-6.2%	0.0%	0.0%	-7.4%	0.0%	-2.9%	15.5%
Amerigroup - Jefferson	18.1%	18.6%	0.0%	0.0%	13.0%	0.0%	25.0%	20.9%
Molina - Jefferson	21.9%	22.6%	0.0%	0.0%	33.3%	0.0%	23.3%	22.9%
United - Jefferson	-53.5%	-33.2%	0.0%	0.0%	-52.2%	0.0%	-46.7%	-68.1%
Amerigroup - Lubbock	-19.2%	-18.0%	0.0%	0.0%	-20.8%	0.0%	-18.2%	-17.3%
Superior - Lubbock	23.4%	23.6%	0.0%	0.0%	23.6%	0.0%	24.0%	23.4%
Superior - Nueces	21.9%	17.0%	0.0%	0.0%	33.0%	0.0%	21.9%	16.0%
United - Nueces	540.4%	448.6%	0.0%	0.0%	9.1%	0.0%	394.5%	526.8%
Amerigroup - Tarrant	-52.6%	-51.4%	0.0%	0.0%	-57.8%	0.0%	-56.3%	-43.8%
Molina - Tarrant	-9.0%	-14.9%	0.0%	0.0%	12.6%	0.0%	5.5%	-39.8%
Amerigroup - Travis	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	280.0%	5.0%
United - Travis	23.5%	20.3%	0.0%	0.0%	0.0%	0.0%	21.1%	19.9%
Superior - MRSA Central	9.1%	14.7%	0.0%	0.0%	1.2%	0.0%	12.5%	21.6%
United - MRSA Central	11.8%	13.2%	0.0%	0.0%	3.1%	0.0%	11.9%	27.2%
Molina - MRSA Northeast	60.8%	55.2%	0.0%	0.0%	65.0%	0.0%	64.0%	53.5%
United - MRSA Northeast	-39.6%	-37.2%	0.0%	0.0%	-41.8%	0.0%	-38.6%	-34.2%
Amerigroup - MRSA West	17.5%	18.1%	0.0%	0.0%	16.3%	0.0%	23.9%	20.0%
Superior - MRSA West	17.3%	15.0%	0.0%	0.0%	17.0%	0.0%	22.2%	18.1%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 DPP BHS Premium Rate Change								
Amerigroup - Bexar	9.5%	13.6%	0.0%	0.0%	5.2%	0.0%	7.6%	5.8%
Molina - Bexar	6.5%	7.0%	0.0%	0.0%	3.9%	0.0%	4.7%	3.4%
Superior - Bexar	8.0%	8.2%	0.0%	0.0%	4.9%	0.0%	5.5%	4.4%
Molina - Dallas	1.1%	1.9%	0.0%	0.0%	-5.7%	0.0%	-2.9%	-6.0%
Superior - Dallas	20.2%	22.8%	0.0%	0.0%	14.5%	0.0%	16.1%	13.4%
Amerigroup - El Paso	-4.6%	-6.5%	0.0%	0.0%	-13.7%	0.0%	-14.2%	-12.9%
Molina - El Paso	-5.1%	-4.8%	0.0%	0.0%	-15.1%	0.0%	-14.4%	-12.2%
Amerigroup - Harris	17.3%	10.3%	0.0%	0.0%	6.1%	0.0%	19.6%	10.3%
Molina - Harris	6.6%	5.2%	0.0%	0.0%	2.7%	0.0%	3.1%	3.5%
United - Harris	11.0%	9.6%	0.0%	0.0%	9.3%	0.0%	8.8%	6.3%
Molina - Hidalgo	5.3%	14.9%	0.0%	0.0%	4.4%	0.0%	3.5%	4.2%
Superior - Hidalgo	10.1%	7.9%	0.0%	0.0%	5.1%	0.0%	3.0%	4.3%
Amerigroup - Jefferson	1.5%	0.2%	0.0%	0.0%	0.7%	0.0%	-6.5%	-19.4%
Molina - Jefferson	1.7%	4.0%	0.0%	0.0%	1.8%	0.0%	-0.4%	-6.7%
United - Jefferson	39.6%	46.9%	0.0%	0.0%	44.2%	0.0%	40.0%	44.2%
Amerigroup - Lubbock	18.0%	18.4%	0.0%	0.0%	19.4%	0.0%	19.5%	18.9%
Superior - Lubbock	17.9%	19.1%	0.0%	0.0%	18.4%	0.0%	18.8%	18.2%
Superior - Nueces	149.4%	174.3%	0.0%	0.0%	197.1%	0.0%	177.7%	231.0%
United - Nueces	-82.3%	-85.0%	0.0%	0.0%	-83.2%	0.0%	-80.7%	-79.7%
Amerigroup - Tarrant	46.6%	46.4%	0.0%	0.0%	50.8%	0.0%	51.1%	57.3%
Molina - Tarrant	3.4%	11.5%	0.0%	0.0%	9.0%	0.0%	10.1%	9.9%
Amerigroup - Travis	16.1%	7.6%	0.0%	0.0%	7.7%	0.0%	5.8%	4.1%
United - Travis	4.9%	4.1%	0.0%	0.0%	3.7%	0.0%	2.7%	-0.1%
Superior - MRSA Central	38.3%	40.2%	0.0%	0.0%	47.2%	0.0%	47.1%	47.0%
United - MRSA Central	-31.1%	-28.9%	0.0%	0.0%	-31.6%	0.0%	-29.3%	-41.6%
Molina - MRSA Northeast	-38.2%	-44.0%	0.0%	0.0%	-23.8%	0.0%	-24.1%	-22.0%
United - MRSA Northeast	13.0%	5.4%	0.0%	0.0%	17.6%	0.0%	24.9%	28.3%
Amerigroup - MRSA West	8.4%	10.0%	0.0%	0.0%	2.2%	0.0%	4.0%	4.1%
Superior - MRSA West	-4.6%	-3.4%	0.0%	0.0%	-14.8%	0.0%	-11.1%	-14.1%



## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 RAPPS Premium Rate Change								
Amerigroup - Bexar	177.8%	122.2%	0.0%	0.0%	188.7%	0.0%	84.6%	122.2%
Molina - Bexar	120.0%	420.0%	0.0%	0.0%	120.0%	0.0%	120.0%	120.0%
Superior - Bexar	180.0%	280.0%	0.0%	0.0%	215.4%	0.0%	110.0%	110.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	300.0%	300.0%	0.0%	0.0%	300.0%	0.0%	500.0%	300.0%
Amerigroup - El Paso	114.3%	112.5%	0.0%	0.0%	112.5%	0.0%	112.5%	112.5%
Molina - El Paso	112.5%	112.5%	0.0%	0.0%	112.5%	0.0%	112.5%	112.5%
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	175.0%	175.0%	0.0%	0.0%	600.0%	0.0%	175.0%	175.0%
Molina - Hidalgo	4.2%	18.5%	0.0%	0.0%	-9.5%	0.0%	-9.5%	76.2%
Superior - Hidalgo	29.0%	7.5%	0.0%	0.0%	12.0%	0.0%	9.4%	108.0%
Amerigroup - Jefferson	87.5%	106.0%	0.0%	0.0%	-44.7%	0.0%	74.0%	74.0%
Molina - Jefferson	19.5%	38.2%	0.0%	0.0%	-86.1%	0.0%	5.0%	-14.7%
United - Jefferson	50.7%	55.4%	0.0%	0.0%	-49.0%	0.0%	42.3%	83.1%
Amerigroup - Lubbock	127.6%	150.5%	0.0%	0.0%	106.6%	0.0%	111.8%	189.6%
Superior - Lubbock	125.7%	137.5%	0.0%	0.0%	119.5%	0.0%	125.0%	130.6%
Superior - Nueces	358.7%	452.9%	0.0%	0.0%	266.7%	0.0%	366.7%	429.4%
United - Nueces	135.6%	161.8%	0.0%	0.0%	171.1%	0.0%	123.7%	126.5%
Amerigroup - Tarrant	-100.0%	-100.0%	0.0%	0.0%	1600.0%	0.0%	-100.0%	-100.0%
Molina - Tarrant	-100.0%	-100.0%	0.0%	0.0%	1600.0%	0.0%	-100.0%	-100.0%
Amerigroup - Travis	107.5%	123.8%	0.0%	0.0%	194.7%	0.0%	95.7%	100.0%
United - Travis	107.9%	137.5%	0.0%	0.0%	190.9%	0.0%	121.3%	151.0%
Superior - MRSA Central	103.1%	118.4%	0.0%	0.0%	114.3%	0.0%	103.2%	100.9%
United - MRSA Central	91.4%	101.1%	0.0%	0.0%	129.0%	0.0%	99.4%	94.4%
Molina - MRSA Northeast	107.8%	124.8%	0.0%	0.0%	162.4%	0.0%	106.4%	122.6%
United - MRSA Northeast	111.9%	115.7%	0.0%	0.0%	145.3%	0.0%	103.1%	103.7%
Amerigroup - MRSA West	120.0%	131.9%	0.0%	0.0%	125.2%	0.0%	124.9%	133.1%
Superior - MRSA West	121.4%	132.3%	0.0%	0.0%	135.5%	0.0%	121.4%	132.4%

## FY2023 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Total Premium Rate Change								
Amerigroup - Bexar	-3.2%	-5.1%	-16.9%	-15.1%	-4.0%	-5.8%	1.3%	5.4%
Molina - Bexar	-3.7%	-5.7%	-16.9%	-15.1%	-3.9%	-5.8%	1.3%	3.4%
Superior - Bexar	-3.0%	-5.1%	-16.9%	-15.1%	-3.8%	-5.8%	1.6%	4.4%
Molina - Dallas	-5.9%	-8.2%	-17.0%	-15.8%	-5.6%	-10.2%	-3.0%	1.0%
Superior - Dallas	-9.2%	-11.0%	-16.9%	-15.8%	-13.0%	-10.2%	-0.8%	-0.3%
Amerigroup - El Paso	-3.1%	-8.3%	-17.8%	-16.4%	-2.8%	-2.0%	2.3%	3.8%
Molina - El Paso	-3.9%	-8.2%	-17.8%	-16.4%	-5.5%	-2.0%	0.5%	4.1%
Amerigroup - Harris	-5.1%	-8.7%	-16.8%	-15.4%	-5.4%	-8.7%	2.2%	2.9%
Molina - Harris	0.0%	-3.3%	-16.8%	-15.4%	-4.1%	-8.7%	6.5%	11.3%
United - Harris	-3.9%	-7.7%	-16.8%	-15.4%	-4.9%	-8.7%	1.4%	6.7%
Molina - Hidalgo	-8.0%	-9.0%	-20.3%	-17.9%	-2.8%	-3.5%	3.4%	6.1%
Superior - Hidalgo	-6.6%	-8.8%	-20.3%	-18.0%	-0.3%	-3.5%	3.7%	6.7%
Amerigroup - Jefferson	1.2%	-4.0%	-16.3%	-15.6%	-4.7%	-9.5%	2.4%	9.2%
Molina - Jefferson	0.0%	-5.4%	-16.2%	-15.6%	-5.4%	-9.5%	2.9%	5.4%
United - Jefferson	0.7%	-4.1%	-16.1%	-15.5%	-4.3%	-9.5%	3.2%	5.3%
Amerigroup - Lubbock	-0.4%	-0.8%	-13.2%	-13.3%	-1.0%	-3.2%	2.2%	-0.9%
Superior - Lubbock	2.2%	-3.0%	-13.2%	-13.3%	-1.3%	-3.2%	6.8%	0.5%
Superior - Nueces	-3.9%	-7.9%	-18.6%	-16.6%	-1.5%	-3.2%	4.2%	-3.3%
United - Nueces	-4.8%	-7.9%	-18.6%	-16.6%	-1.1%	-3.2%	2.5%	-3.1%
Amerigroup - Tarrant	-3.2%	-6.8%	-15.0%	-14.1%	-3.9%	-5.4%	1.3%	6.4%
Molina - Tarrant	-0.4%	-3.9%	-14.9%	-14.1%	-2.2%	-5.4%	3.5%	7.0%
Amerigroup - Travis	-1.2%	-7.2%	-15.6%	-14.3%	-2.7%	-5.4%	3.0%	9.4%
United - Travis	-0.3%	-7.0%	-15.5%	-14.3%	-2.3%	-5.4%	3.1%	7.6%
Superior - MRSA Central	-1.3%	-7.4%	-15.9%	-16.7%	-4.7%	-5.9%	4.6%	3.6%
United - MRSA Central	-1.9%	-7.3%	-15.9%	-16.7%	-4.8%	-5.9%	3.2%	8.5%
Molina - MRSA Northeast	-4.0%	-8.1%	-16.2%	-16.0%	-3.4%	-5.0%	1.9%	-2.3%
United - MRSA Northeast	1.3%	-2.5%	-16.2%	-16.0%	-0.7%	-5.0%	8.0%	9.4%
Amerigroup - MRSA West	-3.2%	-6.4%	-15.8%	-15.3%	-5.0%	-5.0%	1.8%	5.9%
Superior - MRSA West	-4.6%	-8.2%	-15.7%	-15.3%	-5.7%	-5.0%	-0.3%	1.2%

## FY2023 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2023 Premium		% Rate Change
	Current Rates	FY2023 Rates	Current Rates	FY2023 Rates	
Non-Nursing Facility					
Medical (1)	1,118.01	996.75	6,811,753,766	6,072,983,987	-10.8%
Pharmacy	273.41	280.84	1,665,815,708	1,711,063,678	2.7%
NEMT	20.49	18.55	124,826,164	113,042,930	-9.4%
NAIP	4.74	2.03	28,885,834	12,340,432	-57.3%
CHIRP	193.19	183.97	1,177,075,321	1,120,866,794	-4.8%
TIPPS	19.43	16.27	118,378,286	99,108,978	-16.3%
DPP BHS	8.89	9.48	54,141,799	57,775,743	6.7%
RAPPS	0.22	0.46	1,326,742	2,825,736	113.0%
Total	1,638.37	1,508.35	9,982,203,620	9,190,008,279	-7.9%
Nursing Facility					
Medical (1)	5,321.17	4,883.54	2,740,199,894	2,514,836,890	-8.2%
Pharmacy	89.55	91.43	46,114,218	47,082,134	2.1%
NEMT	9.46	8.58	4,873,365	4,418,728	-9.3%
QIPP	1,973.01	1,977.91	1,016,023,252	1,018,547,883	0.2%
CHIRP	154.68	144.36	79,654,944	74,339,025	-6.7%
TIPPS	4.93	3.93	2,540,928	2,021,454	-20.4%
DPP BHS	1.92	1.99	987,754	1,025,437	3.8%
RAPPS	0.12	0.28	61,176	145,889	138.5%
Total	7,554.85	7,112.02	3,890,455,532	3,662,417,440	-5.9%
Total					
Medical (1)	1,445.57	1,299.66	9,551,953,660	8,587,820,877	-10.1%
Pharmacy	259.08	266.07	1,711,929,926	1,758,145,812	2.7%
NEMT	19.63	17.78	129,699,529	117,461,658	-9.4%
NAIP & QIPP	158.13	156.01	1,044,909,086	1,030,888,315	-1.3%
CHIRP	190.19	180.88	1,256,730,265	1,195,205,820	-4.9%
TIPPS	18.30	15.30	120,919,215	101,130,432	-16.4%
DPP BHS	8.34	8.90	55,129,554	58,801,180	6.7%
RAPPS	0.21	0.45	1,387,918	2,971,625	114.1%
Total	2,099.46	1,945.06	13,872,659,152	12,852,425,719	-7.4%

## Notes:

(1) Includes LTSS.

## *Attachment 2*

### Individual Health Plan Experience Analysis

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

Exhibit A. This exhibit shows a sample of the monthly enrollment by risk group for the period September 2018 through February 2022. All of this information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report for one risk group. This report includes claim amounts by payment month and month of service. We analyzed claims experience for the period September 2018 through February 2022. This information was provided by the MCO and reconciled with the audited FSRs and certified encounter data.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims for one risk group. The report includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 28, 2022, (iii) estimated proportion of that month's incurred claims paid through February 28, 2022 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2023 cost based on the health plan's actual experience. The top of the exhibit shows summary base period (March 2019 through February 2020) enrollment, premium and claims experience. Next are projected FY2023 enrollment and premium based on current rates. Trend assumptions are used to project the average base period claims cost to FY2023. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2023 incurred claims.

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

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

At the bottom of Exhibit D is a summary of the projected FY2023 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services. A similar analysis was performed for prescription drugs and NEMT services.

Sample HMO  
 Enrollment and Premium Experience  
 Number of Members

Month	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
Sep-18	3,766	284	4,045	537
Oct-18	3,762	287	4,040	534
Nov-18	3,732	292	4,104	551
Dec-18	3,750	291	4,107	547
Jan-19	3,739	292	4,024	534
Feb-19	3,731	292	4,029	534
Mar-19	3,703	291	4,026	529
Apr-19	3,717	293	4,021	536
May-19	3,715	294	3,994	543
Jun-19	3,695	304	3,996	552
Jul-19	3,665	305	4,009	541
Aug-19	3,637	320	3,977	541
Sep-19	3,603	325	3,987	563
Oct-19	3,599	331	4,001	570
Nov-19	3,599	336	3,997	580
Dec-19	3,592	331	4,004	582
Jan-20	3,569	335	3,930	578
Feb-20	3,536	335	3,964	580
Mar-20	3,543	343	3,974	578
Apr-20	3,595	350	3,979	583
May-20	3,631	350	4,005	586
Jun-20	3,657	353	4,065	575
Jul-20	3,661	362	4,086	589
Aug-20	3,687	368	4,093	591
Sep-20	3,722	364	4,157	584
Oct-20	3,735	363	4,156	582
Nov-20	3,728	376	4,165	579
Dec-20	3,729	382	4,171	580
Jan-21	3,716	384	4,185	570
Feb-21	3,725	385	4,132	566
Mar-21	3,724	377	4,128	562
Apr-21	3,803	380	4,159	558
May-21	3,801	386	4,197	549
Jun-21	3,829	392	4,220	551
Jul-21	3,845	384	4,235	558
Aug-21	3,904	387	4,267	555
Sep-21	3,953	388	4,306	575
Oct-21	3,972	388	4,327	573
Nov-21	3,971	385	4,323	569
Dec-21	3,973	392	4,367	562
Jan-22	3,980	401	4,375	552
Feb-22	3,969	406	4,437	548
FY2019	44,612	3,545	48,372	6,479
FY2020	43,272	4,119	48,085	6,955
FY2021	45,261	4,560	50,172	6,794

Sample HMO  
Claims Lag Report

Month Incurred	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Sep-17	(1,272)	(2,618)	31	0	(1,631)	27	(1,120)	(399)	(318)	0	0	(303)	28	40
Oct-17	(8,275)	(9,631)	(1,323)	(9,791)	(841)	(27)	242	649	298	0	0	0	(81)	0
Nov-17	35,328	(7,636)	0	13,996	(7,593)	365	7,321	(796)	0	64	(83)	(1,291)	9	0
Dec-17	(612)	(37,585)	0	326	(1,627)	(1,140)	549	(189)	(26)	300	(1,070)	131	55	0
Jan-18	28,797	(22,344)	(4,144)	(1,134)	(8,436)	(21,716)	2,678	(181)	0	(228)	0	1,437	350	0
Feb-18	210	(31,345)	(24,208)	36,266	(4,739)	(1,521)	468	(3,948)	(31)	13,363	1,345	1,548	(495)	0
Mar-18	5,047	(968)	(1,219)	262	(1,071)	435	7,392	(11,776)	8,329	6,124	161	3,466	(507)	0
Apr-18	13,964	(1,818)	(6,196)	(5,543)	(2,363)	2,729	204	(21)	(105)	16,544	259	239	18	(106)
May-18	13,374	1,498	(391)	7	(5,232)	943	(162)	1,655	(247)	7,953	0	1,939	57	1,750
Jun-18	94,572	13,678	5,877	2,032	(25,688)	(25,809)	(17,562)	(3,889)	(1,033)	4,313	(57)	787	(617)	2,830
Jul-18	159,538	23,841	1,818	5,005	1,212	(29,821)	3,059	(5,618)	(219)	(3,238)	300	159	1,369	1,995
Aug-18	1,069,904	116,570	24,423	23,561	6,379	852	(1,333)	(2,384)	332	28,213	(12,209)	5,733	(437)	1,368
Sep-18	633,908	1,457,798	132,126	36,611	44,037	(10,705)	15,086	54	(25,299)	10,356	566	(1,871)	271	5,103
Oct-18		824,540	1,293,769	95,787	40,348	23,223	3,447	119,417	4,177	(20,201)	592	1,560	(2,771)	3,198
Nov-18			740,337	927,435	302,051	31,538	33,396	(7,692)	27,697	(1,588)	1,299	(2,030)	795	22,422
Dec-18				754,668	1,205,886	166,799	25,810	13,362	5,215	(36)	(2,779)	(15,390)	7,242	690
Jan-19					562,058	1,359,167	116,235	41,539	9,080	2,897	3,594	(11,462)	(14,525)	1,410
Feb-19						538,417	1,020,752	143,187	87,173	10,750	1,302	(4,531)	(1,605)	(4,078)
Mar-19							982,488	984,285	146,632	54,435	3,937	1,021	7,452	4,168
Apr-19								611,979	1,301,312	122,003	24,345	23,662	(18,851)	13,153
May-19									864,100	1,179,117	233,049	224,545	31,808	13,554
Jun-19										736,499	1,311,278	231,848	49,437	32,366
Jul-19											654,530	1,326,952	345,804	60,125
Aug-19												590,225	2,100,153	164,381
Sep-19													575,041	1,471,078
Oct-19														771,795
Nov-19														
Dec-19														
Jan-20														
Feb-20														
	2,051,536	2,288,704	2,163,552	1,879,489	2,094,559	2,027,166	2,208,467	1,885,345	2,427,034	2,167,699	2,220,900	2,378,661	3,079,868	2,567,241

Sample HMO  
Estimated Claims Experience

Month	Acute Care - Medicaid Only OCC					Trend
	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	
Sep-18	3,766	1,946,393	1.000	1,946,393	516.83	
Oct-18	3,762	2,053,777	1.000	2,053,777	545.93	
Nov-18	3,732	2,031,290	1.000	2,031,290	544.29	
Dec-18	3,750	2,033,234	1.000	2,033,234	542.20	
Jan-19	3,739	2,157,612	1.000	2,157,612	577.06	
Feb-19	3,731	1,987,269	1.000	1,987,269	532.64	
Mar-19	3,703	1,976,531	1.000	1,976,531	533.76	
Apr-19	3,717	1,968,482	1.000	1,968,482	529.59	
May-19	3,715	2,009,593	1.000	2,009,593	540.94	
Jun-19	3,695	1,868,868	1.000	1,868,868	505.78	
Jul-19	3,665	2,240,200	1.000	2,240,200	611.24	
Aug-19	3,637	2,386,263	1.000	2,386,263	656.11	
Sep-19	3,603	2,011,516	1.000	2,011,516	558.29	1.080
Oct-19	3,599	1,996,008	1.000	1,996,008	554.60	1.016
Nov-19	3,599	1,909,876	1.000	1,909,876	530.67	0.975
Dec-19	3,592	1,690,009	1.000	1,690,009	470.49	0.868
Jan-20	3,569	2,394,447	1.000	2,394,447	670.90	1.163
Feb-20	3,536	2,014,815	1.000	2,014,815	569.80	1.070
Mar-20	3,543	1,827,596	1.000	1,827,596	515.83	0.966
Apr-20	3,595	1,711,206	1.000	1,711,206	476.00	0.899
May-20	3,631	1,695,186	1.000	1,695,186	466.86	0.863
Jun-20	3,657	2,000,359	1.000	2,000,359	546.99	1.081
Jul-20	3,661	1,829,306	1.000	1,829,306	499.67	0.817
Aug-20	3,687	1,894,554	1.000	1,894,554	513.85	0.783
Sep-20	3,722	2,297,964	1.000	2,297,964	617.40	1.106
Oct-20	3,735	2,386,381	1.000	2,386,381	638.92	1.152
Nov-20	3,728	2,075,582	0.999	2,077,659	557.31	1.050
Dec-20	3,729	2,175,484	0.998	2,179,844	584.57	1.242
Jan-21	3,716	2,077,398	0.997	2,083,649	560.72	0.836
Feb-21	3,725	1,794,988	0.997	1,800,389	483.33	0.848
Mar-21	3,724	2,183,505	0.995	2,194,478	589.28	1.142
Apr-21	3,803	2,086,310	0.994	2,098,903	551.91	1.159
May-21	3,801	2,570,833	0.993	2,588,956	681.12	1.459
Jun-21	3,829	2,414,065	0.994	2,428,637	634.27	1.160
Jul-21	3,845	2,416,000	0.997	2,423,270	630.24	1.261
Aug-21	3,904	2,950,992	0.996	2,962,843	758.92	1.477
Sep-21	3,953	2,321,229	0.991	2,342,310	592.54	0.960
Oct-21	3,972	2,129,404	0.990	2,150,913	541.57	0.848
Nov-21	3,971	1,941,257	0.976	1,988,993	500.90	0.899
Dec-21	3,973	1,720,983	0.953	1,805,858	454.51	0.778
FY2018	44,612	24,659,512		24,659,512	552.76	
FY2019	43,272	22,974,878		22,974,878	530.94	0.961
FY2020	45,261	27,429,503		27,522,974	608.09	1.145



Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	43,630		3,800	
Estimated Incurred Claims (Excluding UHRIP)				
Acute Care	20,878,950	478.55	4,443,637	1,169.38
Long Term Care	8,095,583	185.55	6,676,206	1,756.90
Total	28,974,533	664.10	11,119,843	2,926.27
Projected FY2023 Member Months	48,075		4,760	
Projected FY2023 Premium				
At Current Rates	46,178,921	960.56	19,333,710	4,061.68
Annual Cost Trend Assumptions				
Acute Care	1.5 %		1.5 %	
Long Term Care	5.5 %		5.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		1.0030		1.0017
Acute Care - Inpatient		1.0094		1.0136
Wrap & Carve-Out Removal		0.9941		0.9966
Long Term Care		1.0049		1.0022
Other Adjustments - NF Eligibility		1.0184		0.9969
PHE Related Cost Adjustment				
Acute Care		0.9912		1.0105
Long Term Care		0.9606		0.9735
Projected FY2023 Incurred Claims				
Acute Care	24,623,391	512.19	5,977,351	1,255.74
LTC	10,576,686	220.00	9,712,983	2,040.53
Total	35,200,077	732.19	15,690,334	3,296.27
Capitation Expenses				
Vision	46,633	0.97	4,617	0.97
Behavioral Health	0	0.00	0	0.00
PCP	27,883	0.58	3,760	0.79
Other - Settlements	168,743	3.51	16,708	3.51
Total	243,259	5.06	25,085	5.27

Sample HMO  
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	1,414,366	29.42	140,040	29.42
Other	0	0.00	0	0.00
Total	1,414,366	29.42	140,040	29.42
Reinsurance Expenses				
Gross Premium	120,187	2.50	11,900	2.50
Projected Reinsurance Recoveries	96,150	2.00	9,520	2.00
Net Reinsurance Cost	24,037	0.50	2,380	0.50
Administrative Expenses				
Fixed Amount	576,900	12.00	57,120	12.00
Percentage of Premium	2,155,355	5.25%	915,675	5.25%
Total	2,732,255	56.83	972,795	20.23
Risk Margin	718,452	1.75%	305,225	1.75%
Premium Tax	718,452	1.75%	305,225	1.75%
Maintenance Tax	3,485	0.07	345	0.07
Projected FY2023 Total Cost				
Acute Care	27,722,393	576.65	6,604,611	1,387.52
LTC	13,331,992	277.32	10,836,819	2,276.63
Total	41,054,385	853.97	17,441,430	3,664.14

### *Attachment 3*

#### Community Experience Analysis – Medical

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2023 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2023 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2023 STAR+PLUS community rates for the following service areas:

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

These exhibits show projected FY2023 experience for each of the service areas. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (March 2019 through February 2020) experience and projected FY2023 enrollment, and incurred claims experience.

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

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

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

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

The bottom of the exhibit shows a summary of the projected FY2023 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

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

#### Community Experience Analysis – Pharmacy

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

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2023 STAR+PLUS pharmacy community capitation rates for the following service areas:

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

These exhibits present projected FY2023 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The exhibits show (a) summary base period (March 2019 through February 2020) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

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

## Community Experience Analysis – NEMT

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

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2023 STAR+PLUS NEMT community capitation rates for the following service areas:

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

These exhibits present projected FY2023 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The exhibits show (a) summary base period (March 2019 through February 2020) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

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

As described above for medical and pharmacy services, the actuarial model used to derive the FY2023 STAR+PLUS capitation rates for NEMT services relies primarily on historical managed care enrollment and claims experience. The NEMT premiums for the Medicaid Only Nursing Facility, IDD and MBCCP risk groups were set using a statewide rating analysis.

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	1.0049		1.0022		1.0045		1.0025	
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	56,144,447	240.11	56,590,745	2,019.07	82,031,736	377.72	63,987,838	2,079.86
Total	194,985,768	833.87	98,127,064	3,501.02	82,031,736	377.72	63,987,838	2,079.86
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	12,175,843	5.25%	5,782,360	5.25%	5,504,025	5.25%	3,797,913	5.25%
Total	14,981,815	64.07	6,118,698	218.31	8,110,166	37.34	4,167,098	135.45
Risk Margin	4,058,614	1.75%	1,927,453	1.75%	1,834,675	1.75%	1,265,971	1.75%
Premium Tax	4,058,614	1.75%	1,927,453	1.75%	1,834,675	1.75%	1,265,971	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	156,479,880	669.20	46,206,472	1,648.57	753,516	3.47	110,056	3.58
LTC	75,440,948	322.63	63,933,711	2,281.05	104,085,048	479.26	72,231,149	2,347.80
Total	231,920,828	991.83	110,140,183	3,929.62	104,838,564	482.73	72,341,205	2,351.38

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	1.0156		1.0157		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	31,127,698	4,628.31	152,076,269	4,284.99	0	0.00	217,603	43.50
Total	40,451,511	6,014.65	152,076,269	4,284.99	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	2,352,220	5.25%	8,872,619	5.25%	574,157	5.25%	750,460	5.25%
Total	2,432,926	361.75	9,298,505	262.00	813,282	40.81	810,482	162.04
Risk Margin	784,073	1.75%	2,957,540	1.75%	191,386	1.75%	250,153	1.75%
Premium Tax	784,073	1.75%	2,957,540	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	10,276,042	1,527.92	95,005	2.68	9,777,908	490.68	13,755,779	2,750.15
LTC	34,528,149	5,133.92	168,907,270	4,759.23	1,158,408	58.13	538,690	107.70
Total	44,804,192	6,661.84	169,002,275	4,761.90	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	442,176,338	766.41
Total	653,099,323	1,131.99
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	39,809,597	5.25%
Total	46,732,972	81.00
Risk Margin	13,269,866	1.75%
Premium Tax	13,269,866	1.75%
Maintenance Tax	41,829	0.07
Projected FY2023 Total Cost		
Acute Care	237,454,658	411.57
LTC	520,823,374	902.72
Total	758,278,032	1,314.29

## FY2023 STAR+PLUS Rating Summary

## Bexar SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	221,343		26,033		7,029		20,906	
Experience Period Cost								
Estimated Incurred Claims	110,958,592	501.30	28,288,825	1,086.65	5,393,582	767.33	11,566,744	553.27
Other Costs/Refunds	-1,783,559	-8.06	-215,982	-8.30	-50,074	-7.12	-181,708	-8.69
Total Cost	109,175,033	493.24	28,072,844	1,078.36	5,343,508	760.21	11,385,037	544.58
Projected FY2023 Member Months	233,831		28,028		6,725		19,927	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9600		0.9863		0.9848		0.9813	
Hemostatic Carveout	0.9955		0.9988		1.0000		1.0000	
PDL Change	0.9963		0.9969		0.9997		0.9988	
NF Risk Group	1.0018		0.9998		0.9932		0.9989	
IMD Adjustment	0.9993		0.9995		0.9999		0.9995	
PHE Related Cost Adjustment	0.9857		0.9898		1.0007		1.0151	
Projected FY2023 Incurred Claims	126,834,206	542.42	34,019,451	1,213.76	5,072,709	754.25	12,744,311	639.55
Administrative Expenses	374,130	1.60	44,845	1.60	10,761	1.60	31,883	1.60
Risk Margin	2,306,887	1.75 %	617,746	1.75 %	92,187	1.75 %	231,693	1.75 %
Premium Tax	2,306,887	1.75 %	617,746	1.75 %	92,187	1.75 %	231,693	1.75 %
Projected FY2023 Total Cost	131,822,109	563.75	35,299,789	1,259.44	5,267,845	783.27	13,239,579	664.40

## FY2023 STAR+PLUS Rating Summary

## Bexar SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	4,343		279,654	
Experience Period Cost				
Estimated Incurred Claims	3,018,803	695.10	159,226,546	569.37
Other Costs/Refunds	-40,262	-9.27	-2,271,585	-8.12
Total Cost	2,978,541	685.83	156,954,961	561.25
Projected FY2023 Member Months	5,002		293,514	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	0.9921			
Hemostatic Carveout	1.0000			
PDL Change	0.9985			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9472			
Projected FY2023 Incurred Claims	6,327,045	1,264.95	184,997,722	630.29
Administrative Expenses	8,003	1.60	469,622	1.60
Risk Margin	114,884	1.75 %	3,363,397	1.75 %
Premium Tax	114,884	1.75 %	3,363,397	1.75 %
Projected FY2023 Total Cost	6,564,816	1,312.48	192,194,138	654.80

FY2023 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	221,343		26,033		196,154		33,168	
Estimated Incurred Claims								
Demand Response >15 Miles	816,940	3.69	244,279	9.38	411,376	2.10	274,309	8.27
Demand Response <= 15 Miles	1,693,450	7.65	458,643	17.62	1,270,123	6.48	714,615	21.55
Mileage Reimbursement	38,004	0.17	28,590	1.10	41,148	0.21	36,376	1.10
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	814	0.00	0	-
All Others	38,719	0.17	14,254	0.55	54,594	0.28	17,584	0.53
Total	2,587,113	11.69	745,765	28.65	1,778,055	9.06	1,042,883	31.44
Projected FY2023 Member Months	233,831		28,028		217,178		30,765	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0041		1.0039		1.0045		1.0043
Mileage Reimbursement Adjustment		1.0012		1.0030		1.0018		1.0028
PHE Related Cost Adjustment		0.8677		0.8680		0.8691		0.8678
Projected FY2023 Incurred Claims	2,670,977	11.42	786,203	28.05	1,928,930	8.88	947,169	30.79
Administrative Expenses								
Fixed Amount	40,920	0.175	4,905	0.175	38,006	0.175	5,384	0.175
Percent of Premium	800,829	22.0%	233,616	22.0%	580,840	22.0%	281,291	22.0%
Total	841,749	3.60	238,521	8.51	618,847	2.85	286,675	9.32
Risk Margin	63,702	1.75 %	18,583	1.75 %	46,203	1.75 %	22,375	1.75 %
Premium Tax	63,702	1.75 %	18,583	1.75 %	46,203	1.75 %	22,375	1.75 %
Projected FY2023 Total Cost	3,640,131	15.57	1,061,890	37.89	2,640,183	12.16	1,278,595	41.56

FY2023 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,029		38,939		20,906		4,343	
Estimated Incurred Claims								
Demand Response >15 Miles	1,318	0.19	15,687	0.40	5,985	0.29	9,827	2.26
Demand Response <= 15 Miles	7,780	1.11	128,511	3.30	6,567	0.31	5,282	1.22
Mileage Reimbursement	0	-	0	-	6,543	0.31	1,069	0.25
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	49	0.01	769	0.02	102	0.00	86	0.02
Total	9,147	1.30	144,967	3.72	19,196	0.92	16,264	3.74
Projected FY2023 Member Months	6,725		35,490		19,927		5,002	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0053		1.0056		1.0021		1.0020
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0271		1.0052
PHE Related Cost Adjustment		0.8670		0.8670		0.8657		0.8667
Projected FY2023 Incurred Claims	8,547	1.27	129,060	3.64	18,265	0.92	18,319	3.66
Administrative Expenses								
Fixed Amount	1,177	0.175	6,211	0.175	3,487	0.175	875	0.175
Percent of Premium	2,871	22.0%	39,946	22.0%	6,424	22.0%	5,668	22.0%
Total	4,048	0.60	46,157	1.30	9,911	0.50	6,543	1.31
Risk Margin	228	1.75 %	3,177	1.75 %	511	1.75 %	451	1.75 %
Premium Tax	228	1.75 %	3,177	1.75 %	511	1.75 %	451	1.75 %
Projected FY2023 Total Cost	13,052	1.94	181,571	5.12	29,198	1.47	25,764	5.15

FY2023 STAR+PLUS Rating Summary  
Bexar SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	547,915	
Estimated Incurred Claims		
Demand Response >15 Miles	1,779,719	3.25
Demand Response <= 15 Miles	4,284,971	7.82
Mileage Reimbursement	151,729	0.28
Meals	0	-
Lodging	0	-
Airfare	814	0.00
All Others	126,156	0.23
Total	6,343,390	11.58
Projected FY2023 Member Months	576,948	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	6,507,470	11.28
Administrative Expenses		
Fixed Amount	100,966	0.175
Percent of Premium	1,951,485	22.00 %
Total	2,052,450	3.56
Risk Margin	155,232	1.75 %
Premium Tax	155,232	1.75 %
Projected FY2023 Total Cost	8,870,384	15.37



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	1.0049		1.0020		1.0046		1.0018	
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	75,789,434	240.88	75,917,769	1,733.51	96,571,845	351.39	103,131,820	1,837.02
Total	274,432,593	872.23	137,483,056	3,139.29	96,571,845	351.39	103,131,820	1,837.02
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	16,962,005	5.25%	8,157,059	5.25%	6,489,760	5.25%	6,192,084	5.25%
Total	20,737,595	65.91	8,682,590	198.26	9,787,670	35.61	6,865,772	122.30
Risk Margin	5,654,002	1.75%	2,719,020	1.75%	2,163,253	1.75%	2,064,028	1.75%
Premium Tax	5,654,002	1.75%	2,719,020	1.75%	2,163,253	1.75%	2,064,028	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	223,130,758	709.18	68,102,881	1,555.06	820,991	2.99	122,798	2.19
LTC	99,955,046	317.69	87,269,673	1,992.72	122,793,484	446.80	117,821,652	2,098.69
Total	323,085,804	1,026.87	155,372,553	3,547.78	123,614,475	449.79	117,944,451	2,100.87

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	1.0158		1.0166		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	44,333,659	4,427.38	202,096,633	4,115.62	0	0.00	535,593	81.31
Total	63,936,600	6,385.03	202,096,633	4,115.62	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	3,713,606	5.25%	11,789,640	5.25%	639,488	5.25%	1,106,016	5.25%
Total	3,833,768	382.86	12,378,897	252.09	950,544	36.67	1,185,059	179.91
Risk Margin	1,237,869	1.75%	3,929,880	1.75%	213,163	1.75%	368,672	1.75%
Premium Tax	1,237,869	1.75%	3,929,880	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	21,577,585	2,154.85	76,196	1.55	10,837,922	418.11	20,107,683	3,052.67
LTC	49,157,762	4,909.14	224,488,366	4,571.62	1,342,798	51.80	959,294	145.64
Total	70,735,348	7,063.99	224,564,562	4,573.17	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	598,376,754	766.15
Total	906,135,109	1,160.19
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	55,049,657	5.25%
Total	64,421,895	82.48
Risk Margin	18,349,886	1.75%
Premium Tax	18,349,886	1.75%
Maintenance Tax	56,624	0.07
Projected FY2023 Total Cost		
Acute Care	344,776,814	441.44
LTC	703,788,076	901.11
Total	1,048,564,891	1,342.56

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	305,215		35,502		10,150		26,839	
Experience Period Cost								
Estimated Incurred Claims	122,941,693	402.80	30,098,362	847.79	5,343,983	526.50	10,014,275	373.12
Other Costs/Refunds	-2,503,536	-8.20	-259,333	-7.30	-79,220	-7.80	-229,424	-8.55
Total Cost	120,438,157	394.60	29,839,029	840.49	5,264,763	518.70	9,784,851	364.58
Projected FY2023 Member Months	314,633		43,794		10,014		25,921	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9558		0.9578		0.9828		1.0000	
Hemostatic Carveout	0.9764		1.0000		1.0000		1.0000	
PDL Change	0.9977		0.9978		0.9987		0.9987	
NF Risk Group	1.0033		1.0010		0.9599		1.0000	
IMD Adjustment	0.9995		0.9991		0.9999		0.9997	
PHE Related Cost Adjustment	0.9807		0.9839		1.0074		1.0080	
Projected FY2023 Incurred Claims	133,061,534	422.91	40,110,367	915.88	4,998,641	499.19	11,244,118	433.78
Administrative Expenses	503,412	1.60	70,071	1.60	16,022	1.60	41,474	1.60
Risk Margin	2,422,162	1.75 %	728,661	1.75 %	90,939	1.75 %	204,661	1.75 %
Premium Tax	2,422,162	1.75 %	728,661	1.75 %	90,939	1.75 %	204,661	1.75 %
Projected FY2023 Total Cost	138,409,271	439.91	41,637,759	950.76	5,196,541	518.95	11,694,914	451.17

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	5,849		383,555	
Experience Period Cost				
Estimated Incurred Claims	2,846,904	486.73	171,245,217	446.47
Other Costs/Refunds	-55,029	-9.41	-3,126,542	-8.15
Total Cost	2,791,875	477.33	168,118,675	438.32
Projected FY2023 Member Months	6,587		400,949	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	0.9724			
Hemostatic Carveout	1.0000			
PDL Change	0.9989			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9835			
Projected FY2023 Incurred Claims	5,904,049	896.33	195,318,708	487.14
Administrative Expenses	10,539	1.60	641,518	1.60
Risk Margin	107,259	1.75 %	3,553,683	1.75 %
Premium Tax	107,259	1.75 %	3,553,683	1.75 %
Projected FY2023 Total Cost	6,129,107	930.50	203,067,592	506.47



FY2023 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	305,215		35,502		250,694		53,246	
Estimated Incurred Claims								
Demand Response >15 Miles	1,291,663	4.23	576,415	16.24	877,470	3.50	549,350	10.32
Demand Response <= 15 Miles	1,656,551	5.43	685,371	19.31	1,573,230	6.28	995,846	18.70
Mileage Reimbursement	58,930	0.19	29,587	0.83	98,683	0.39	82,249	1.54
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	478	0.01	0	-	0	-
All Others	420,366	1.38	108,793	3.06	181,661	0.72	72,435	1.36
Total	3,427,510	11.23	1,400,644	39.45	2,731,045	10.89	1,699,880	31.93
Projected FY2023 Member Months	314,633		43,794		274,826		56,141	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0031		1.0032		1.0037		1.0038
Mileage Reimbursement Adjustment		1.0014		1.0017		1.0030		1.0040
PHE Related Cost Adjustment		0.8630		0.8674		0.8661		0.8682
Projected FY2023 Incurred Claims	3,431,549	10.91	1,687,283	38.53	2,924,600	10.64	1,756,955	31.30
Administrative Expenses								
Fixed Amount	55,061	0.175	7,664	0.175	48,095	0.175	9,825	0.175
Percent of Premium	1,029,603	22.0%	500,521	22.0%	877,843	22.0%	521,734	22.0%
Total	1,084,664	3.45	508,185	11.60	925,937	3.37	531,558	9.47
Risk Margin	81,900	1.75 %	39,814	1.75 %	69,828	1.75 %	41,502	1.75 %
Premium Tax	81,900	1.75 %	39,814	1.75 %	69,828	1.75 %	41,502	1.75 %
Projected FY2023 Total Cost	4,680,013	14.87	2,275,097	51.95	3,990,194	14.52	2,371,517	42.24

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,150		55,245		26,839		5,849	
Estimated Incurred Claims								
Demand Response >15 Miles	31,823	3.14	29,495	0.53	17,515	0.65	17,078	2.92
Demand Response <= 15 Miles	41,183	4.06	217,146	3.93	20,100	0.75	22,359	3.82
Mileage Reimbursement	149	0.01	0	-	4,406	0.16	5,195	0.89
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	4,925	0.49	9,120	0.17	2,340	0.09	4,342	0.74
Total	78,080	7.69	255,760	4.63	44,361	1.65	48,973	8.37
Projected FY2023 Member Months	10,014		49,105		25,921		6,587	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0034		1.0055		1.0029		1.0030
Mileage Reimbursement Adjustment		1.0002		1.0000		1.0081		1.0087
PHE Related Cost Adjustment		0.8695		0.8733		0.8673		0.8621
Projected FY2023 Incurred Claims	75,308	7.52	223,646	4.55	42,090	1.62	53,893	8.18
Administrative Expenses								
Fixed Amount	1,752	0.175	8,593	0.175	4,536	0.175	1,153	0.175
Percent of Premium	22,756	22.0%	68,581	22.0%	13,769	22.0%	16,255	22.0%
Total	24,508	2.45	77,174	1.57	18,305	0.71	17,408	2.64
Risk Margin	1,810	1.75 %	5,455	1.75 %	1,095	1.75 %	1,293	1.75 %
Premium Tax	1,810	1.75 %	5,455	1.75 %	1,095	1.75 %	1,293	1.75 %
Projected FY2023 Total Cost	103,437	10.33	311,730	6.35	62,585	2.41	73,887	11.22

FY2023 STAR+PLUS Rating Summary  
Dallas SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	742,740	
Estimated Incurred Claims		
Demand Response >15 Miles	3,390,809	4.57
Demand Response <= 15 Miles	5,211,787	7.02
Mileage Reimbursement	279,199	0.38
Meals	0	-
Lodging	0	-
Airfare	478	0.00
All Others	803,980	1.08
Total	9,686,254	13.04
Projected FY2023 Member Months	781,020	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	10,195,325	13.05
Administrative Expenses		
Fixed Amount	136,678	0.175
Percent of Premium	3,051,061	22.00 %
Total	3,187,740	4.08
Risk Margin	242,698	1.75 %
Premium Tax	242,698	1.75 %
Projected FY2023 Total Cost	13,868,460	17.76

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	1.0046		1.0015		1.0046		1.0011	
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	23,774,476	324.92	17,789,274	1,922.13	81,379,817	532.44	30,515,656	2,106.32
Total	69,618,126	951.44	30,149,284	3,257.63	81,379,817	532.44	30,515,656	2,106.32
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	4,196,197	5.25%	1,771,090	5.25%	5,071,006	5.25%	1,804,307	5.25%
Total	5,074,252	69.35	1,882,150	203.37	6,905,119	45.18	1,978,159	136.54
Risk Margin	1,398,732	1.75%	590,363	1.75%	1,690,335	1.75%	601,436	1.75%
Premium Tax	1,398,732	1.75%	590,363	1.75%	1,690,335	1.75%	601,436	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	51,103,988	698.42	13,644,220	1,474.26	264,611	1.73	46,031	3.18
LTC	28,823,578	393.92	20,090,832	2,170.81	96,325,975	630.23	34,321,724	2,369.03
Total	79,927,567	1,092.34	33,735,052	3,645.07	96,590,586	631.96	34,367,755	2,372.20

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	1.0152		1.0158		1.0000		1.0048	
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	5,112,941	4,734.78	28,404,300	4,473.38	0	0.00	303,934	88.16
Total	7,157,975	6,628.56	28,404,300	4,473.38	3,633,393	611.31	7,167,682	2,079.06
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	415,023	5.25%	1,651,196	5.25%	224,273	5.25%	421,366	5.25%
Total	427,982	396.33	1,727,392	272.05	295,597	49.73	462,737	134.22
Risk Margin	138,341	1.75%	550,399	1.75%	74,758	1.75%	140,455	1.75%
Premium Tax	138,341	1.75%	550,399	1.75%	74,758	1.75%	140,455	1.75%
Maintenance Tax	78	0.07	460	0.07	431	0.07	250	0.07
Projected FY2023 Total Cost								
Acute Care	2,255,233	2,088.43	26,206	4.13	4,076,013	685.78	7,576,227	2,197.57
LTC	5,649,977	5,232.10	31,425,153	4,949.13	195,861	32.95	449,800	130.47
Total	7,905,209	7,320.53	31,451,359	4,953.26	4,271,874	718.73	8,026,027	2,328.04

## 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	187,280,399	702.54
Total	258,026,234	967.92
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	15,554,460	5.25%
Total	18,753,388	70.35
Risk Margin	5,184,820	1.75%
Premium Tax	5,184,820	1.75%
Maintenance Tax	19,327	0.07
Projected FY2023 Total Cost		
Acute Care	78,992,527	296.32
LTC	217,282,900	815.08
Total	296,275,427	1,111.41

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	70,460		9,606		1,020		5,949	
Experience Period Cost								
Estimated Incurred Claims	37,893,015	537.79	10,479,839	1,090.97	479,212	469.82	3,981,121	669.21
Other Costs/Refunds	-146,538	-2.08	-25,866	-2.69	-2,942	-2.88	-8,875	-1.49
Total Cost	37,746,477	535.71	10,453,973	1,088.28	476,269	466.93	3,972,246	667.72
Projected FY2023 Member Months	73,171		9,255		1,080		5,944	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9799		0.9833		1.0000		1.0000	
Hemostatic Carveout	0.9420		0.9331		1.0000		1.0000	
PDL Change	0.9984		0.9990		0.9929		0.9987	
NF Risk Group	1.0017		0.9961		1.0018		0.9999	
IMD Adjustment	0.9991		0.9979		1.0000		0.9990	
PHE Related Cost Adjustment	0.9852		0.9732		0.9910		1.0409	
Projected FY2023 Incurred Claims	41,689,747	569.76	10,348,141	1,118.12	504,024	466.75	4,872,173	819.73
Administrative Expenses	117,074	1.60	14,808	1.60	1,728	1.60	9,510	1.60
Risk Margin	758,155	1.75 %	187,929	1.75 %	9,172	1.75 %	88,528	1.75 %
Premium Tax	758,155	1.75 %	187,929	1.75 %	9,172	1.75 %	88,528	1.75 %
Projected FY2023 Total Cost	43,323,130	592.08	10,738,808	1,160.33	524,095	485.33	5,058,738	851.12

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period				
Member Months	3,326		90,361	
Experience Period Cost				
Estimated Incurred Claims	2,025,934	609.12	54,859,120	607.11
Other Costs/Refunds	-6,739	-2.03	-190,960	-2.11
Total Cost	2,019,196	607.09	54,668,161	605.00
Projected FY2023 Member Months	3,448		92,897	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9996			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9096			
Projected FY2023 Incurred Claims	3,740,733	1,085.04	61,154,819	658.31
Administrative Expenses	5,516	1.60	148,636	1.60
Risk Margin	67,937	1.75 %	1,111,721	1.75 %
Premium Tax	67,937	1.75 %	1,111,721	1.75 %
Projected FY2023 Total Cost	3,882,124	1,126.05	63,526,896	683.84

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	70,460		9,606		141,530		15,918	
Estimated Incurred Claims								
Demand Response >15 Miles	124,866	1.77	35,564	3.70	130,632	0.92	40,737	2.56
Demand Response <= 15 Miles	421,179	5.98	151,704	15.79	663,843	4.69	283,018	17.78
Mileage Reimbursement	57,084	0.81	9,008	0.94	38,881	0.27	22,788	1.43
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	32,121	0.46	29,813	3.10	15,377	0.11	3,680	0.23
All Others	8,645	0.12	3,099	0.32	79,373	0.56	36,437	2.29
Total	643,896	9.14	229,187	23.86	928,106	6.56	386,659	24.29
Projected FY2023 Member Months	73,171		9,255		152,843		14,488	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0041		1.0041		1.0045		1.0046
Mileage Reimbursement Adjustment		1.0070		1.0031		1.0033		1.0047
PHE Related Cost Adjustment		0.8687		0.8681		0.8688		0.8685
Projected FY2023 Incurred Claims	658,022	8.99	216,304	23.37	983,209	6.43	345,612	23.86
Administrative Expenses								
Fixed Amount	12,805	0.175	1,620	0.175	26,747	0.175	2,535	0.175
Percent of Premium	198,097	22.0%	64,353	22.0%	298,242	22.0%	102,809	22.0%
Total	210,901	2.88	65,973	7.13	324,990	2.13	105,344	7.27
Risk Margin	15,758	1.75 %	5,119	1.75 %	23,724	1.75 %	8,178	1.75 %
Premium Tax	15,758	1.75 %	5,119	1.75 %	23,724	1.75 %	8,178	1.75 %
Projected FY2023 Total Cost	900,439	12.31	292,516	31.61	1,355,646	8.87	467,312	32.26

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	1,020		7,134		5,949		3,326	
Estimated Incurred Claims								
Demand Response >15 Miles	135	0.13	677	0.09	948	0.16	2,845	0.86
Demand Response <= 15 Miles	13,853	13.58	103,744	14.54	1,456	0.24	5,385	1.62
Mileage Reimbursement	0	-	0	-	4,097	0.69	546	0.16
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	1,352	0.19	4,608	0.77	0	-
All Others	1,032	1.01	827	0.12	594	0.10	0	0.00
Total	15,020	14.73	106,601	14.94	11,704	1.97	8,776	2.64
Projected FY2023 Member Months	1,080		6,350		5,944		3,448	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0057		1.0061		1.0009		1.0038
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0277		1.0049
PHE Related Cost Adjustment		0.8701		0.8709		0.8578		0.8703
Projected FY2023 Incurred Claims	15,589	14.44	93,140	14.67	11,559	1.94	8,947	2.60
Administrative Expenses								
Fixed Amount	189	0.175	1,111	0.175	1,040	0.175	603	0.175
Percent of Premium	4,659	22.0%	27,833	22.0%	3,721	22.0%	2,820	22.0%
Total	4,848	4.49	28,944	4.56	4,761	0.80	3,424	0.99
Risk Margin	371	1.75 %	2,214	1.75 %	296	1.75 %	224	1.75 %
Premium Tax	371	1.75 %	2,214	1.75 %	296	1.75 %	224	1.75 %
Projected FY2023 Total Cost	21,179	19.61	126,512	19.92	16,912	2.85	12,820	3.72

FY2023 STAR+PLUS Rating Summary  
El Paso SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	254,943	
Estimated Incurred Claims		
Demand Response >15 Miles	336,405	1.32
Demand Response <= 15 Miles	1,644,183	6.45
Mileage Reimbursement	132,403	0.52
Meals	0	-
Lodging	0	-
Airfare	86,950	0.34
All Others	130,008	0.51
Total	2,329,949	9.14
Projected FY2023 Member Months	266,577	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	2,332,383	8.75
Administrative Expenses		
Fixed Amount	46,651	0.175
Percent of Premium	702,534	22.00 %
Total	749,185	2.81
Risk Margin	55,883	1.75 %
Premium Tax	55,883	1.75 %
Projected FY2023 Total Cost	3,193,335	11.98

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	1.0049		1.0019		1.0046		1.0023	
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	143,316,047	270.90	95,477,907	2,487.46	199,581,983	338.51	132,064,345	2,357.05
Total	512,722,523	969.17	159,578,158	4,157.45	199,581,983	338.51	132,064,345	2,357.05
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	31,359,519	5.25%	9,330,419	5.25%	13,287,632	5.25%	7,806,278	5.25%
Total	37,707,909	71.28	9,791,024	255.08	20,362,764	34.54	8,478,633	151.32
Risk Margin	10,453,173	1.75%	3,110,140	1.75%	4,429,211	1.75%	2,602,093	1.75%
Premium Tax	10,453,173	1.75%	3,110,140	1.75%	4,429,211	1.75%	2,602,093	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	415,207,139	784.84	70,768,961	1,843.73	1,363,317	2.31	111,403	1.99
LTC	182,117,039	344.25	106,953,315	2,786.43	251,734,431	426.96	148,579,610	2,651.81
Total	597,324,178	1,129.09	177,722,276	4,630.15	253,097,748	429.27	148,691,013	2,653.80



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	1.0157		1.0156		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	48,096,751	4,775.08	240,115,677	4,209.13	0	0.00	871,406	74.88
Total	66,275,665	6,579.89	240,115,677	4,209.13	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	3,849,441	5.25%	14,004,378	5.25%	1,243,478	5.25%	1,894,956	5.25%
Total	3,970,310	394.18	14,688,935	257.49	1,784,307	39.59	2,034,602	174.84
Risk Margin	1,283,147	1.75%	4,668,126	1.75%	414,493	1.75%	631,652	1.75%
Premium Tax	1,283,147	1.75%	4,668,126	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	20,089,420	1,994.49	379,117	6.65	21,706,652	481.63	34,623,748	2,975.29
LTC	53,233,259	5,285.03	266,370,946	4,669.37	1,978,646	43.90	1,470,660	126.38
Total	73,322,679	7,279.53	266,750,063	4,676.02	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	859,524,115	642.94
Total	1,361,393,707	1,018.35
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	82,776,102	5.25%
Total	98,818,484	73.92
Risk Margin	27,592,034	1.75%
Premium Tax	27,592,034	1.75%
Maintenance Tax	96,923	0.07
Projected FY2023 Total Cost		
Acute Care	564,249,757	422.07
LTC	1,012,437,907	757.32
Total	1,576,687,664	1,179.39

FY2023 STAR+PLUS Rating Summary  
Harris SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	491,839		38,933		10,599		45,438	
Experience Period Cost								
Estimated Incurred Claims	253,167,132	514.74	38,606,940	991.63	7,237,443	682.84	25,851,910	568.95
Other Costs/Refunds	-1,115,837	-2.27	-85,469	-2.20	-24,705	-2.33	-101,634	-2.24
Total Cost	252,051,295	512.47	38,521,471	989.43	7,212,738	680.51	25,750,276	566.71
Projected FY2023 Member Months	529,032		38,384		10,072		45,069	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9751		0.9771		0.9795		1.0000	
Hemostatic Carveout	0.9743		0.9926		0.9807		0.9647	
PDL Change	0.9963		0.9952		0.9976		0.9981	
NF Risk Group	1.0008		1.0002		0.9963		1.0000	
IMD Adjustment	0.9986		0.9990		0.9999		0.9990	
PHE Related Cost Adjustment	0.9780		0.9922		0.9622		0.9947	
Projected FY2023 Incurred Claims	293,569,594	554.92	42,113,056	1,097.16	6,385,015	633.91	28,890,624	641.03
Administrative Expenses	846,452	1.60	61,414	1.60	16,116	1.60	72,110	1.60
Risk Margin	5,339,151	1.75 %	764,822	1.75 %	116,083	1.75 %	525,231	1.75 %
Premium Tax	5,339,151	1.75 %	764,822	1.75 %	116,083	1.75 %	525,231	1.75 %
Projected FY2023 Total Cost	305,094,348	576.70	43,704,113	1,138.61	6,633,296	658.56	30,013,196	665.94

FY2023 STAR+PLUS Rating Summary  
Harris SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	10,634		597,443	
Experience Period Cost				
Estimated Incurred Claims	7,709,086	724.95	332,572,511	556.66
Other Costs/Refunds	-25,796	-2.43	-1,353,442	-2.27
Total Cost	7,683,290	722.52	331,219,069	554.39
Projected FY2023 Member Months	11,637		634,195	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	0.9983			
Hemostatic Carveout	1.0000			
PDL Change	0.9971			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9365			
Projected FY2023 Incurred Claims	15,406,932	1,323.95	386,365,220	609.22
Administrative Expenses	18,619	1.60	1,014,712	1.60
Risk Margin	279,738	1.75 %	7,025,025	1.75 %
Premium Tax	279,738	1.75 %	7,025,025	1.75 %
Projected FY2023 Total Cost	15,985,027	1,373.62	401,429,981	632.98

FY2023 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	491,839		38,933		530,890		60,082	
Estimated Incurred Claims								
Demand Response >15 Miles	2,865,104	5.83	561,652	14.43	1,539,914	2.90	488,732	8.13
Demand Response <= 15 Miles	1,884,226	3.83	497,441	12.78	2,253,397	4.24	722,166	12.02
Mileage Reimbursement	180,288	0.37	35,616	0.91	210,592	0.40	57,239	0.95
Meals	0	-	0	-	350	0.00	0	-
Lodging	0	-	0	-	3,058	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	23,992	0.05	4,207	0.11	17,035	0.03	5,623	0.09
Total	4,953,610	10.07	1,098,916	28.23	4,024,346	7.58	1,273,760	21.20
Projected FY2023 Member Months	529,032		38,384		589,594		56,030	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0028		1.0035		1.0035
Mileage Reimbursement Adjustment		1.0029		1.0026		1.0041		1.0036
PHE Related Cost Adjustment		0.8589		0.8590		0.8582		0.8586
Projected FY2023 Incurred Claims	5,154,346	9.74	1,048,285	27.31	4,329,902	7.34	1,150,749	20.54
Administrative Expenses								
Fixed Amount	92,581	0.175	6,717	0.175	103,179	0.175	9,805	0.175
Percent of Premium	1,549,428	22.0%	311,544	22.0%	1,309,098	22.0%	342,714	22.0%
Total	1,642,009	3.10	318,261	8.29	1,412,277	2.40	352,519	6.29
Risk Margin	123,250	1.75 %	24,782	1.75 %	104,133	1.75 %	27,261	1.75 %
Premium Tax	123,250	1.75 %	24,782	1.75 %	104,133	1.75 %	27,261	1.75 %
Projected FY2023 Total Cost	7,042,855	13.31	1,416,110	36.89	5,950,444	10.09	1,557,790	27.80

FY2023 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	10,599		67,759		45,438		10,634	
Estimated Incurred Claims								
Demand Response >15 Miles	4,353	0.41	24,008	0.35	17,856	0.39	64,080	6.03
Demand Response <= 15 Miles	24,848	2.34	177,874	2.63	7,943	0.17	21,108	1.98
Mileage Reimbursement	0	-	0	-	8,921	0.20	9,395	0.88
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	10	0.00	346	0.01	6	0.00	126	0.01
Total	29,211	2.76	202,227	2.98	34,725	0.76	94,709	8.91
Projected FY2023 Member Months	10,072		57,046		45,069		11,637	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0054		1.0055		1.0014		1.0014
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0203		1.0079
PHE Related Cost Adjustment		0.8603		0.8599		0.8505		0.8565
Projected FY2023 Incurred Claims	26,900	2.67	164,923	2.89	33,532	0.74	100,379	8.63
Administrative Expenses								
Fixed Amount	1,763	0.175	9,983	0.175	7,887	0.175	2,036	0.175
Percent of Premium	8,464	22.0%	51,650	22.0%	12,231	22.0%	30,243	22.0%
Total	10,227	1.02	61,633	1.08	20,118	0.45	32,280	2.77
Risk Margin	673	1.75 %	4,109	1.75 %	973	1.75 %	2,406	1.75 %
Premium Tax	673	1.75 %	4,109	1.75 %	973	1.75 %	2,406	1.75 %
Projected FY2023 Total Cost	38,474	3.82	234,774	4.12	55,597	1.23	137,470	11.81



FY2023 STAR+PLUS Rating Summary  
Harris SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	1,256,174	
Estimated Incurred Claims		
Demand Response >15 Miles	5,565,698	4.43
Demand Response <= 15 Miles	5,589,002	4.45
Mileage Reimbursement	502,050	0.40
Meals	350	0.00
Lodging	3,058	0.00
Airfare	0	-
All Others	51,345	0.04
Total	11,711,504	9.32
Projected FY2023 Member Months	1,336,865	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	12,009,017	8.98
Administrative Expenses		
Fixed Amount	233,951	0.175
Percent of Premium	3,615,373	22.00 %
Total	3,849,325	2.88
Risk Margin	287,586	1.75 %
Premium Tax	287,586	1.75 %
Projected FY2023 Total Cost	16,433,514	12.29

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		387,723		124,227	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	26,338,668	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	1.0047		1.0024		1.0046		1.0025	
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	126,914,407	710.99	80,220,295	2,609.28	367,946,937	925.58	301,972,401	2,499.33
Total	229,899,825	1,287.92	121,614,122	3,955.68	367,946,937	925.58	301,972,401	2,499.33
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	2,117,816	11.86	592,127	19.26	2,326,476	5.85	808,887	6.69
Net Reinsurance Cost	8,660,889	48.52	1,820,545	59.22	18,387,376	46.25	6,900,010	57.11
	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	13,974,020	5.25%	7,157,576	5.25%	22,638,674	5.25%	17,901,630	5.25%
Total	16,116,076	90.28	7,526,506	244.81	27,409,045	68.95	19,351,488	160.17
Risk Margin	4,658,007	1.75%	2,385,859	1.75%	7,546,225	1.75%	5,967,210	1.75%
Premium Tax	4,658,007	1.75%	2,385,859	1.75%	7,546,225	1.75%	5,967,210	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	116,292,407	651.48	46,158,700	1,501.38	2,573,387	6.47	894,634	7.40
LTC	149,879,394	839.64	90,176,074	2,933.11	428,639,458	1,078.25	340,088,798	2,814.80
Total	266,171,801	1,491.12	136,334,774	4,434.49	431,212,845	1,084.73	340,983,432	2,822.21

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	1.0147		1.0145		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	12,273,448	4,671.96	119,972,220	4,774.84	0	0.00	2,709,578	399.85
Total	18,511,214	7,046.39	119,972,220	4,774.84	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	1,075,547	5.25%	6,998,348	5.25%	392,144	5.25%	978,171	5.25%
Total	1,107,071	421.41	7,299,859	290.53	530,107	46.11	1,059,489	156.35
Risk Margin	358,516	1.75%	2,332,783	1.75%	130,715	1.75%	326,057	1.75%
Premium Tax	358,516	1.75%	2,332,783	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	6,880,088	2,618.94	214,396	8.53	6,850,898	595.89	15,261,970	2,252.19
LTC	13,606,512	5,179.39	133,087,478	5,296.82	618,515	53.80	3,369,861	497.29
Total	20,486,600	7,798.34	133,301,874	5,305.36	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	1,012,009,286	1,308.13
Total	1,182,587,199	1,528.63
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	71,116,110	5.25%
Total	80,399,642	103.93
Risk Margin	23,705,370	1.75%
Premium Tax	23,705,370	1.75%
Maintenance Tax	56,088	0.07
Projected FY2023 Total Cost		
Acute Care	195,126,480	252.22
LTC	1,159,466,090	1,498.74
Total	1,354,592,570	1,750.96

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		2,919		11,552	
Experience Period Cost								
Estimated Incurred Claims	83,899,237	501.07	29,836,533	974.67	2,281,545	781.62	5,590,297	483.92
Other Costs/Refunds	-1,414,440	-8.45	-279,413	-9.13	-22,203	-7.61	-100,021	-8.66
Total Cost	82,484,797	492.63	29,557,120	965.54	2,259,342	774.01	5,490,276	475.27
Projected FY2023 Member Months	178,505		30,744		2,627		11,497	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9861		0.9905		0.9835		1.0000	
Hemostatic Carveout	0.9486		1.0000		1.0000		1.0000	
PDL Change	0.9953		0.9949		1.0016		0.9981	
NF Risk Group	1.0019		0.9992		0.9783		1.0000	
IMD Adjustment	0.9999		0.9999		1.0000		0.9999	
PHE Related Cost Adjustment	0.9862		0.9798		1.0150		1.0075	
Projected FY2023 Incurred Claims	94,677,848	530.39	33,182,475	1,079.31	2,016,929	767.76	6,495,409	564.97
Administrative Expenses	285,608	1.60	49,191	1.60	4,203	1.60	18,395	1.60
Risk Margin	1,722,135	1.75 %	602,647	1.75 %	36,653	1.75 %	118,126	1.75 %
Premium Tax	1,722,135	1.75 %	602,647	1.75 %	36,653	1.75 %	118,126	1.75 %
Projected FY2023 Total Cost	98,407,726	551.29	34,436,960	1,120.11	2,094,438	797.26	6,750,056	587.12



FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	6,481		219,003	
Experience Period Cost				
Estimated Incurred Claims	3,862,207	595.93	125,469,820	572.91
Other Costs/Refunds	-62,964	-9.72	-1,879,041	-8.58
Total Cost	3,799,244	586.21	123,590,779	564.33
Projected FY2023 Member Months	6,777		230,149	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9978			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9677			
Projected FY2023 Incurred Claims	7,539,772	1,112.63	143,912,433	625.30
Administrative Expenses	10,842	1.60	368,239	1.60
Risk Margin	136,928	1.75 %	2,616,489	1.75 %
Premium Tax	136,928	1.75 %	2,616,489	1.75 %
Projected FY2023 Total Cost	7,824,470	1,154.65	149,513,649	649.64

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	167,439		30,612		387,723		124,227	
Estimated Incurred Claims								
Demand Response >15 Miles	427,189	2.55	242,083	7.91	1,085,733	2.80	739,323	5.95
Demand Response <= 15 Miles	283,475	1.69	204,389	6.68	1,222,501	3.15	1,362,910	10.97
Mileage Reimbursement	180,778	1.08	130,731	4.27	493,978	1.27	321,448	2.59
Meals	75	0.00	0	-	325	0.00	300	0.00
Lodging	525	0.00	0	-	853	0.00	573	0.00
Airfare	4,794	0.03	0	-	10,020	0.03	13,499	0.11
All Others	1,746	0.01	1,124	0.04	5,793	0.01	4,746	0.04
Total	898,582	5.37	578,327	18.89	2,819,203	7.27	2,442,800	19.66
Projected FY2023 Member Months	178,505		30,744		397,531		120,822	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0020		1.0022		1.0027		1.0035
Mileage Reimbursement Adjustment		1.0160		1.0179		1.0139		1.0104
PHE Related Cost Adjustment		0.8442		0.8438		0.8473		0.8442
Projected FY2023 Incurred Claims	922,377	5.17	560,137	18.22	2,789,524	7.02	2,278,365	18.86
Administrative Expenses								
Fixed Amount	31,238	0.175	5,380	0.175	69,568	0.175	21,144	0.175
Percent of Premium	281,605	22.0%	166,998	22.0%	844,296	22.0%	679,050	22.0%
Total	312,843	1.75	172,379	5.61	913,863	2.30	700,193	5.80
Risk Margin	22,400	1.75 %	13,284	1.75 %	67,160	1.75 %	54,015	1.75 %
Premium Tax	22,400	1.75 %	13,284	1.75 %	67,160	1.75 %	54,015	1.75 %
Projected FY2023 Total Cost	1,280,021	7.17	759,084	24.69	3,837,707	9.65	3,086,589	25.55

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,919		30,174		11,552		6,481	
Estimated Incurred Claims								
Demand Response >15 Miles	354	0.12	1,634	0.05	1,882	0.16	34,794	5.37
Demand Response <= 15 Miles	668	0.23	88,176	2.92	2,659	0.23	4,179	0.64
Mileage Reimbursement	89	0.03	0	-	19,642	1.70	42,091	6.49
Meals	0	-	0	-	0	-	25	0.00
Lodging	0	-	0	-	0	-	63	0.01
Airfare	0	-	0	-	0	-	218	0.03
All Others	2	0.00	175	0.01	47	0.00	158	0.02
Total	1,113	0.38	89,985	2.98	24,229	2.10	81,529	12.58
Projected FY2023 Member Months	2,627		25,126		11,497		6,777	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0046		1.0061		1.0007		1.0003
Mileage Reimbursement Adjustment		1.0063		1.0000		1.0643		1.0409
PHE Related Cost Adjustment		0.8386		0.8380		0.8546		0.8546
Projected FY2023 Incurred Claims	951	0.36	70,777	2.82	24,589	2.14	84,983	12.54
Administrative Expenses								
Fixed Amount	460	0.175	4,397	0.175	2,012	0.175	1,186	0.175
Percent of Premium	417	22.0%	22,199	22.0%	7,855	22.0%	25,446	22.0%
Total	876	0.33	26,596	1.06	9,867	0.86	26,632	3.93
Risk Margin	33	1.75 %	1,766	1.75 %	625	1.75 %	2,024	1.75 %
Premium Tax	33	1.75 %	1,766	1.75 %	625	1.75 %	2,024	1.75 %
Projected FY2023 Total Cost	1,894	0.72	100,905	4.02	35,707	3.11	115,662	17.07

FY2023 STAR+PLUS Rating Summary  
Hidalgo SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	761,127	
Estimated Incurred Claims		
Demand Response >15 Miles	2,532,991	3.33
Demand Response <= 15 Miles	3,168,958	4.16
Mileage Reimbursement	1,188,756	1.56
Meals	725	0.00
Lodging	2,014	0.00
Airfare	28,530	0.04
All Others	13,792	0.02
Total	6,935,767	9.11
Projected FY2023 Member Months	773,628	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	6,731,704	8.70
Administrative Expenses		
Fixed Amount	135,385	0.175
Percent of Premium	2,027,865	22.00 %
Total	2,163,250	2.80
Risk Margin	161,307	1.75 %
Premium Tax	161,307	1.75 %
Projected FY2023 Total Cost	9,217,569	11.91

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		84,046		14,986	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	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	1.0050		1.0032		1.0047		1.0028	
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	14,739,725	154.43	13,436,265	1,811.73	20,116,213	216.49	22,865,535	1,730.57
Total	72,307,178	757.56	25,150,184	3,391.23	20,116,213	216.49	22,865,535	1,730.57
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	4,480,682	5.25%	1,476,095	5.25%	1,422,312	5.25%	1,365,377	5.25%
Total	5,626,054	58.94	1,565,090	211.04	2,537,375	27.31	1,523,929	115.34
Risk Margin	1,493,561	1.75%	492,032	1.75%	474,104	1.75%	455,126	1.75%
Premium Tax	1,493,561	1.75%	492,032	1.75%	474,104	1.75%	455,126	1.75%
Maintenance Tax	6,920	0.07	538	0.07	6,737	0.07	958	0.07
Projected FY2023 Total Cost								
Acute Care	64,809,575	679.01	12,918,041	1,741.86	75,229	0.81	13,493	1.02
LTC	20,536,751	215.16	15,198,060	2,049.29	27,016,424	290.74	25,993,679	1,967.33
Total	85,346,326	894.17	28,116,101	3,791.15	27,091,653	291.55	26,007,172	1,968.35

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	1.0171		1.0169		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	10,136,410	4,393.60	68,215,073	3,852.85	0	0.00	105,908	52.63
Total	13,680,185	5,929.64	68,215,073	3,852.85	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	794,577	5.25%	3,979,910	5.25%	94,335	5.25%	344,947	5.25%
Total	822,262	356.41	4,192,371	236.79	144,143	34.73	369,097	183.40
Risk Margin	264,859	1.75%	1,326,637	1.75%	31,445	1.75%	114,982	1.75%
Premium Tax	264,859	1.75%	1,326,637	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	3,911,344	1,695.36	75,321	4.25	1,614,959	389.09	6,362,540	3,161.55
LTC	11,223,463	4,864.78	75,732,488	4,277.44	181,903	43.83	207,884	103.30
Total	15,134,807	6,560.14	75,807,809	4,281.69	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	149,615,129	636.19
Total	229,600,969	976.30
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	13,958,236	5.25%
Total	16,780,321	71.35
Risk Margin	4,652,745	1.75%
Premium Tax	4,652,745	1.75%
Maintenance Tax	17,050	0.07
Projected FY2023 Total Cost		
Acute Care	89,780,503	381.76
LTC	176,090,651	748.77
Total	265,871,154	1,130.53

FY2023 STAR+PLUS Rating Summary  
 Jefferson SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		2,448		4,521	
Experience Period Cost								
Estimated Incurred Claims	43,751,922	479.70	6,958,786	839.52	1,690,332	690.50	2,602,126	575.56
Other Costs/Refunds	-246,266	-2.70	-22,681	-2.74	-6,118	-2.50	-12,427	-2.75
Total Cost	43,505,656	477.00	6,936,105	836.78	1,684,214	688.00	2,589,698	572.82
Projected FY2023 Member Months	95,448		7,416		2,307		4,151	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9742		0.9841		0.9589		1.0000	
Hemostatic Carveout	0.9974		1.0000		1.0000		1.0000	
PDL Change	0.9955		0.9956		0.9999		0.9951	
NF Risk Group	1.0006		0.9979		1.0184		0.9999	
IMD Adjustment	0.9999		1.0000		1.0000		1.0000	
PHE Related Cost Adjustment	0.9691		0.9908		1.0003		0.9672	
Projected FY2023 Incurred Claims	49,980,719	523.65	6,966,102	939.30	1,572,158	681.45	2,705,081	651.73
Administrative Expenses	152,716	1.60	11,866	1.60	3,691	1.60	6,641	1.60
Risk Margin	909,156	1.75 %	126,543	1.75 %	28,578	1.75 %	49,176	1.75 %
Premium Tax	909,156	1.75 %	126,543	1.75 %	28,578	1.75 %	49,176	1.75 %
Projected FY2023 Total Cost	51,951,747	544.30	7,231,055	975.03	1,633,005	707.82	2,810,075	677.03

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	1,773		108,237	
Experience Period Cost				
Estimated Incurred Claims	1,288,205	726.57	56,291,370	520.08
Other Costs/Refunds	-5,302	-2.99	-292,794	-2.71
Total Cost	1,282,903	723.58	55,998,576	517.37
Projected FY2023 Member Months	2,012		111,334	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9997			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9241			
Projected FY2023 Incurred Claims	2,644,342	1,313.97	63,868,403	573.66
Administrative Expenses	3,220	1.60	178,134	1.60
Risk Margin	48,013	1.75 %	1,161,466	1.75 %
Premium Tax	48,013	1.75 %	1,161,466	1.75 %
Projected FY2023 Total Cost	2,743,588	1,363.29	66,369,469	596.13

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	91,206		8,289		84,046		14,986	
Estimated Incurred Claims								
Demand Response >15 Miles	1,259,767	13.81	383,716	46.29	928,823	11.05	439,205	29.31
Demand Response <= 15 Miles	247,098	2.71	89,027	10.74	302,118	3.59	240,462	16.05
Mileage Reimbursement	289,340	3.17	58,576	7.07	164,379	1.96	118,070	7.88
Meals	0	-	0	-	175	0.00	0	-
Lodging	0	-	0	-	481	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	105	0.00	2	0.00	17	0.00	4	0.00
Total	1,796,310	19.70	531,321	64.10	1,395,993	16.61	797,741	53.23
Projected FY2023 Member Months	95,448		7,416		92,922		13,213	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0009		1.0010		1.0014		1.0019
Mileage Reimbursement Adjustment		1.0127		1.0087		1.0093		1.0117
PHE Related Cost Adjustment		0.8541		0.8561		0.8558		0.8547
Projected FY2023 Incurred Claims	1,823,284	19.10	460,374	62.08	1,495,670	16.10	682,666	51.67
Administrative Expenses								
Fixed Amount	16,703	0.175	1,298	0.175	16,261	0.175	2,312	0.175
Percent of Premium	543,352	22.0%	136,333	22.0%	446,476	22.0%	202,275	22.0%
Total	560,055	5.87	137,631	18.56	462,738	4.98	204,588	15.48
Risk Margin	43,221	1.75 %	10,845	1.75 %	35,515	1.75 %	16,090	1.75 %
Premium Tax	43,221	1.75 %	10,845	1.75 %	35,515	1.75 %	16,090	1.75 %
Projected FY2023 Total Cost	2,469,782	25.88	619,694	83.56	2,029,437	21.84	919,434	69.59

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,448		20,697		4,521		1,773	
Estimated Incurred Claims								
Demand Response >15 Miles	2,234	0.91	33,754	1.63	14,049	3.11	22,248	12.55
Demand Response <= 15 Miles	12,186	4.98	42,792	2.07	709	0.16	474	0.27
Mileage Reimbursement	82	0.03	1,250	0.06	23,878	5.28	18,054	10.18
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	0	0.00	0	0.00	0	0.00	0	0.00
Total	14,502	5.92	77,798	3.76	38,636	8.55	40,777	23.00
Projected FY2023 Member Months	2,307		17,705		4,151		2,012	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0053		1.0034		1.0001		1.0001
Mileage Reimbursement Adjustment		1.0004		1.0013		1.0489		1.0350
PHE Related Cost Adjustment		0.8599		0.8597		0.8368		0.8434
Projected FY2023 Incurred Claims	13,242	5.74	64,401	3.64	34,883	8.40	45,269	22.49
Administrative Expenses								
Fixed Amount	404	0.175	3,098	0.175	726	0.175	352	0.175
Percent of Premium	4,030	22.0%	19,933	22.0%	10,516	22.0%	13,472	22.0%
Total	4,433	1.92	23,031	1.30	11,242	2.71	13,824	6.87
Risk Margin	321	1.75 %	1,586	1.75 %	836	1.75 %	1,072	1.75 %
Premium Tax	321	1.75 %	1,586	1.75 %	836	1.75 %	1,072	1.75 %
Projected FY2023 Total Cost	18,316	7.94	90,603	5.12	47,798	11.52	61,237	30.43

FY2023 STAR+PLUS Rating Summary  
Jefferson SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	227,966	
Estimated Incurred Claims		
Demand Response >15 Miles	3,083,796	13.53
Demand Response <= 15 Miles	934,867	4.10
Mileage Reimbursement	673,630	2.95
Meals	175	0.00
Lodging	481	0.00
Airfare	0	-
All Others	129	0.00
Total	4,693,077	20.59
Projected FY2023 Member Months	235,174	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	4,619,790	19.64
Administrative Expenses		
Fixed Amount	41,155	0.175
Percent of Premium	1,376,386	22.00 %
Total	1,417,542	6.03
Risk Margin	109,485	1.75 %
Premium Tax	109,485	1.75 %
Projected FY2023 Total Cost	6,256,302	26.60

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	1.0055		1.0019		1.0046		1.0017	
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	4,037,713	68.93	6,156,745	1,450.76	7,912,993	114.85	10,669,700	1,519.79
Total	41,170,380	702.84	12,697,888	2,992.10	7,912,993	114.85	10,669,700	1,519.79
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	2,602,061	5.25%	748,965	5.25%	690,818	5.25%	638,204	5.25%
Total	3,304,985	56.42	799,891	188.48	1,517,607	22.03	722,450	102.91
Risk Margin	867,354	1.75%	249,655	1.75%	230,273	1.75%	212,735	1.75%
Premium Tax	867,354	1.75%	249,655	1.75%	230,273	1.75%	212,735	1.75%
Maintenance Tax	4,247	0.07	308	0.07	4,995	0.07	509	0.07
Projected FY2023 Total Cost								
Acute Care	41,992,742	716.88	7,265,055	1,711.92	220,282	3.20	21,130	3.01
LTC	7,570,318	129.24	7,000,952	1,649.69	12,938,154	187.78	12,135,131	1,728.52
Total	49,563,060	846.12	14,266,007	3,361.60	13,158,436	190.98	12,156,261	1,731.53

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	1.0163		1.0155		1.0000		1.0052	
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	9,222,424	4,452.43	63,913,294	3,996.26	0	0.00	98,225	65.72
Total	12,056,381	5,820.61	63,913,294	3,996.26	2,795,589	413.10	3,681,481	2,463.24
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	701,585	5.25%	3,731,148	5.25%	185,825	5.25%	214,803	5.25%
Total	726,441	350.71	3,923,068	245.29	267,033	39.46	232,738	155.72
Risk Margin	233,862	1.75%	1,243,716	1.75%	61,942	1.75%	71,601	1.75%
Premium Tax	233,862	1.75%	1,243,716	1.75%	61,942	1.75%	71,601	1.75%
Maintenance Tax	150	0.07	1,160	0.07	491	0.07	108	0.07
Projected FY2023 Total Cost								
Acute Care	3,129,945	1,511.08	46,942	2.94	3,179,153	469.78	3,902,909	2,611.40
LTC	10,233,577	4,940.59	71,022,551	4,440.77	360,367	53.25	188,575	126.17
Total	13,363,522	6,451.68	71,069,492	4,443.71	3,539,519	523.03	4,091,483	2,737.57

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	102,011,094	618.00
Total	154,897,706	938.39
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	9,513,409	5.25%
Total	11,494,213	69.63
Risk Margin	3,171,136	1.75%
Premium Tax	3,171,136	1.75%
Maintenance Tax	11,967	0.07
Projected FY2023 Total Cost		
Acute Care	59,758,157	362.02
LTC	121,449,625	735.76
Total	181,207,782	1,097.78

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	56,119		3,659		2,208		6,901	
Experience Period Cost								
Estimated Incurred Claims	23,274,680	414.74	3,453,494	943.84	1,659,820	751.73	3,046,009	441.39
Other Costs/Refunds	-372,529	-6.64	-25,423	-6.95	-13,768	-6.24	-47,633	-6.90
Total Cost	22,902,151	408.10	3,428,071	936.89	1,646,052	745.49	2,998,376	434.48
Projected FY2023 Member Months	58,577		4,244		2,071		6,767	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9824		0.9841		0.9548		1.0000	
Hemostatic Carveout	0.9887		1.0000		1.0000		1.0000	
PDL Change	0.9958		1.0000		0.9970		0.9950	
NF Risk Group	1.0007		0.9995		1.0250		1.0001	
IMD Adjustment	0.9995		1.0000		0.9975		1.0000	
PHE Related Cost Adjustment	0.9861		0.9802		0.9690		0.9735	
Projected FY2023 Incurred Claims	26,692,738	455.69	4,441,966	1,046.69	1,476,825	712.99	3,367,525	497.61
Administrative Expenses	93,723	1.60	6,790	1.60	3,314	1.60	10,828	1.60
Risk Margin	485,765	1.75 %	80,677	1.75 %	26,842	1.75 %	61,265	1.75 %
Premium Tax	485,765	1.75 %	80,677	1.75 %	26,842	1.75 %	61,265	1.75 %
Projected FY2023 Total Cost	27,757,990	473.87	4,610,110	1,086.31	1,533,823	740.50	3,500,883	517.32

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	1,381		70,268	
Experience Period Cost				
Estimated Incurred Claims	841,231	609.15	32,275,233	459.32
Other Costs/Refunds	-9,767	-7.07	-469,119	-6.68
Total Cost	831,464	602.07	31,806,114	452.64
Projected FY2023 Member Months	1,495		73,154	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	0.9834			
Hemostatic Carveout	1.0000			
PDL Change	0.9983			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.8405			
Projected FY2023 Incurred Claims	1,459,509	976.54	37,438,562	511.78
Administrative Expenses	2,391	1.60	117,047	1.60
Risk Margin	26,511	1.75 %	681,060	1.75 %
Premium Tax	26,511	1.75 %	681,060	1.75 %
Projected FY2023 Total Cost	1,514,923	1,013.62	38,917,729	532.00

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	56,119		3,659		62,636		6,873	
Estimated Incurred Claims								
Demand Response >15 Miles	326,576	5.82	119,761	32.73	550,936	8.80	192,837	28.06
Demand Response <= 15 Miles	264,287	4.71	73,659	20.13	617,605	9.86	214,510	31.21
Mileage Reimbursement	73,034	1.30	15,946	4.36	92,461	1.48	10,711	1.56
Meals	25	0.00	0	-	0	-	0	-
Lodging	166	0.00	0	-	0	-	0	-
Airfare	12,445	0.22	4,512	1.23	2,315	0.04	948	0.14
All Others	303	0.01	31	0.01	185	0.00	61	0.01
Total	676,836	12.06	213,909	58.46	1,263,502	20.17	419,067	60.97
Projected FY2023 Member Months	58,577		4,244		68,899		7,021	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0021		1.0031		1.0032
Mileage Reimbursement Adjustment		1.0085		1.0059		1.0058		1.0020
PHE Related Cost Adjustment		0.8784		0.8796		0.8778		0.8791
Projected FY2023 Incurred Claims	702,847	12.00	246,448	58.07	1,379,012	20.01	423,791	60.36
Administrative Expenses								
Fixed Amount	10,251	0.175	743	0.175	12,057	0.175	1,229	0.175
Percent of Premium	210,579	22.0%	72,996	22.0%	410,786	22.0%	125,509	22.0%
Total	220,830	3.77	73,739	17.38	422,843	6.14	126,738	18.05
Risk Margin	16,751	1.75 %	5,806	1.75 %	32,676	1.75 %	9,984	1.75 %
Premium Tax	16,751	1.75 %	5,806	1.75 %	32,676	1.75 %	9,984	1.75 %
Projected FY2023 Total Cost	957,179	16.34	331,799	78.18	1,867,207	27.10	570,496	81.26



FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,208		18,547		6,901		1,381	
Estimated Incurred Claims								
Demand Response >15 Miles	26,561	12.03	164,471	8.87	2,818	0.41	19,626	14.21
Demand Response <= 15 Miles	26,068	11.81	182,291	9.83	1,564	0.23	7,349	5.32
Mileage Reimbursement	0	-	0	-	2,297	0.33	5,055	3.66
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	3,309	0.48	0	-
All Others	8	0.00	51	0.00	1	0.00	5	0.00
Total	52,636	23.84	346,813	18.70	9,989	1.45	32,035	23.20
Projected FY2023 Member Months	2,071		15,993		6,767		1,495	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0031		1.0033		1.0009		1.0014
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0182		1.0125
PHE Related Cost Adjustment		0.8796		0.8796		0.9060		0.8737
Projected FY2023 Incurred Claims	48,811	23.56	295,684	18.49	10,133	1.50	34,408	23.02
Administrative Expenses								
Fixed Amount	362	0.175	2,799	0.175	1,184	0.175	262	0.175
Percent of Premium	14,521	22.0%	88,142	22.0%	3,342	22.0%	10,238	22.0%
Total	14,883	7.19	90,941	5.69	4,526	0.67	10,500	7.03
Risk Margin	1,155	1.75 %	7,011	1.75 %	266	1.75 %	814	1.75 %
Premium Tax	1,155	1.75 %	7,011	1.75 %	266	1.75 %	814	1.75 %
Projected FY2023 Total Cost	66,004	31.87	400,648	25.05	15,192	2.24	46,537	31.14

FY2023 STAR+PLUS Rating Summary  
Lubbock SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	158,324	
Estimated Incurred Claims		
Demand Response >15 Miles	1,403,587	8.87
Demand Response <= 15 Miles	1,387,332	8.76
Mileage Reimbursement	199,505	1.26
Meals	25	0.00
Lodging	166	0.00
Airfare	23,529	0.15
All Others	644	0.00
Total	3,014,788	19.04
Projected FY2023 Member Months	165,067	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	3,141,135	19.03
Administrative Expenses		
Fixed Amount	28,887	0.175
Percent of Premium	936,114	22.00 %
Total	965,000	5.85
Risk Margin	74,464	1.75 %
Premium Tax	74,464	1.75 %
Projected FY2023 Total Cost	4,255,062	25.78

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	1.0049		1.0029		1.0047		1.0032	
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	30,828,795	354.36	20,200,866	2,062.34	47,270,848	470.89	53,611,881	2,055.22
Total	78,628,000	903.78	33,148,281	3,384.16	47,270,848	470.89	53,611,881	2,055.22
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	4,914,710	5.25%	1,961,106	5.25%	3,118,687	5.25%	3,209,323	5.25%
Total	5,958,696	68.49	2,078,647	212.21	4,323,329	43.07	3,522,352	135.03
Risk Margin	1,638,237	1.75%	653,702	1.75%	1,039,562	1.75%	1,069,774	1.75%
Premium Tax	1,638,237	1.75%	653,702	1.75%	1,039,562	1.75%	1,069,774	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	54,236,323	623.41	14,487,381	1,479.04	364,993	3.64	119,754	4.59
LTC	39,377,206	452.62	22,867,016	2,334.53	59,038,569	588.11	61,010,215	2,338.83
Total	93,613,529	1,076.03	37,354,397	3,813.57	59,403,562	591.75	61,129,969	2,343.42

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	1.0161		1.0149		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	9,866,973	4,524.50	84,168,914	4,464.61	0	0.00	459,438	130.35
Total	12,583,398	5,770.12	84,168,914	4,464.61	2,052,614	410.35	7,660,621	2,173.48
Capitation Expenses & Refunds	44,638	20.47	136,606	7.25	42,536	8.50	-19,530	-5.54
Service Coordination & Other Expenses	119,513	54.80	1,013,193	53.74	272,428	54.46	196,731	55.82
Net Reinsurance Cost	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	734,942	5.25%	4,921,895	5.25%	139,706	5.25%	453,404	5.25%
Total	761,112	349.01	5,148,124	273.07	199,731	39.93	495,699	140.64
Risk Margin	244,981	1.75%	1,640,632	1.75%	46,569	1.75%	151,135	1.75%
Premium Tax	244,981	1.75%	1,640,632	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	3,032,184	1,390.41	150,699	7.99	2,362,525	472.31	7,914,382	2,245.48
LTC	10,966,718	5,028.79	93,599,675	4,964.86	298,551	59.69	721,886	204.81
Total	13,998,902	6,419.20	93,750,374	4,972.85	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	246,407,716	974.61
Total	319,124,557	1,262.23
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	19,453,774	5.25%
Total	22,487,690	88.95
Risk Margin	6,484,591	1.75%
Premium Tax	6,484,591	1.75%
Maintenance Tax	18,330	0.07
Projected FY2023 Total Cost		
Acute Care	82,668,241	326.98
LTC	287,879,836	1,138.65
Total	370,548,078	1,465.62



FY2023 STAR+PLUS Rating Summary  
Nueces SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	81,969		10,400		2,273		5,632	
Experience Period Cost								
Estimated Incurred Claims	38,122,824	465.09	9,798,980	942.21	1,625,404	715.09	2,393,254	424.94
Other Costs/Refunds	-603,085	-7.36	-88,100	-8.47	-17,845	-7.85	-43,230	-7.68
Total Cost	37,519,739	457.73	9,710,880	933.74	1,607,559	707.24	2,350,024	417.26
Projected FY2023 Member Months	86,999		9,795		2,181		5,002	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9738		0.9548		1.0000		1.0000	
Hemostatic Carveout	1.0000		0.9894		1.0000		1.0000	
PDL Change	0.9939		0.9956		0.9982		0.9950	
NF Risk Group	1.0017		1.0010		0.9828		1.0005	
IMD Adjustment	0.9997		1.0000		1.0000		1.0000	
PHE Related Cost Adjustment	0.9834		0.9841		0.9415		1.0682	
Projected FY2023 Incurred Claims	44,425,703	510.65	9,818,673	1,002.40	1,444,613	662.43	2,624,021	524.59
Administrative Expenses	139,198	1.60	15,672	1.60	3,489	1.60	8,003	1.60
Risk Margin	808,172	1.75 %	178,343	1.75 %	26,261	1.75 %	47,731	1.75 %
Premium Tax	808,172	1.75 %	178,343	1.75 %	26,261	1.75 %	47,731	1.75 %
Projected FY2023 Total Cost	46,181,245	530.83	10,191,032	1,040.42	1,500,625	688.11	2,727,486	545.27

## FY2023 STAR+PLUS Rating Summary

## Nueces SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	2,612		102,886	
Experience Period Cost				
Estimated Incurred Claims	1,136,447	435.09	53,076,908	515.88
Other Costs/Refunds	-21,870	-8.37	-774,129	-7.52
Total Cost	1,114,577	426.71	52,302,779	508.36
Projected FY2023 Member Months	3,525		107,501	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	1.0001			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.8636			
Projected FY2023 Incurred Claims	2,553,368	724.45	60,866,379	566.19
Administrative Expenses	5,639	1.60	172,002	1.60
Risk Margin	46,407	1.75 %	1,106,914	1.75 %
Premium Tax	46,407	1.75 %	1,106,914	1.75 %
Projected FY2023 Total Cost	2,651,821	752.38	63,252,209	588.39

FY2023 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	81,969		10,400		95,008		27,331	
Estimated Incurred Claims								
Demand Response >15 Miles	1,153,766	14.08	466,375	44.84	728,911	7.67	510,336	18.67
Demand Response <= 15 Miles	261,876	3.19	110,854	10.66	475,225	5.00	408,340	14.94
Mileage Reimbursement	113,080	1.38	44,821	4.31	81,725	0.86	82,529	3.02
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	3,131	0.04	1,272	0.12	2,630	0.03	2,048	0.07
Total	1,531,854	18.69	623,322	59.93	1,288,490	13.56	1,003,253	36.71
Projected FY2023 Member Months	86,999		9,795		100,387		26,086	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0011		1.0011		1.0023		1.0026
Mileage Reimbursement Adjustment		1.0059		1.0057		1.0050		1.0065
PHE Related Cost Adjustment		0.8377		0.8374		0.8380		0.8396
Projected FY2023 Incurred Claims	1,536,571	17.66	554,523	56.61	1,287,527	12.83	908,915	34.84
Administrative Expenses								
Fixed Amount	15,225	0.175	1,714	0.175	17,568	0.175	4,565	0.175
Percent of Premium	458,249	22.0%	164,258	22.0%	385,397	22.0%	269,753	22.0%
Total	473,473	5.44	165,972	16.94	402,965	4.01	274,318	10.52
Risk Margin	36,452	1.75 %	13,066	1.75 %	30,657	1.75 %	21,458	1.75 %
Premium Tax	36,452	1.75 %	13,066	1.75 %	30,657	1.75 %	21,458	1.75 %
Projected FY2023 Total Cost	2,082,948	23.94	746,627	76.22	1,751,805	17.45	1,226,148	47.00

FY2023 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	2,273		22,110		5,632		2,612	
Estimated Incurred Claims								
Demand Response >15 Miles	646	0.28	9,671	0.44	12,107	2.15	52,898	20.25
Demand Response <= 15 Miles	101	0.04	68,562	3.10	583	0.10	3,287	1.26
Mileage Reimbursement	0	-	0	-	8,195	1.46	10,846	4.15
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	2	0.00	160	0.01	43	0.01	137	0.05
Total	749	0.33	78,393	3.55	20,927	3.72	67,168	25.72
Projected FY2023 Member Months	2,181		18,852		5,002		3,525	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		0.9995		1.0055		1.0002		1.0003
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0311		1.0128
PHE Related Cost Adjustment		0.8378		0.8327		0.8409		0.8378
Projected FY2023 Incurred Claims	674	0.31	62,702	3.33	18,059	3.61	86,188	24.45
Administrative Expenses								
Fixed Amount	382	0.175	3,299	0.175	875	0.175	617	0.175
Percent of Premium	312	22.0%	19,490	22.0%	5,591	22.0%	25,634	22.0%
Total	693	0.32	22,789	1.21	6,467	1.29	26,250	7.45
Risk Margin	25	1.75 %	1,550	1.75 %	445	1.75 %	2,039	1.75 %
Premium Tax	25	1.75 %	1,550	1.75 %	445	1.75 %	2,039	1.75 %
Projected FY2023 Total Cost	1,417	0.65	88,592	4.70	25,415	5.08	116,516	33.06

FY2023 STAR+PLUS Rating Summary  
Nueces SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	247,335	
Estimated Incurred Claims		
Demand Response >15 Miles	2,934,711	11.87
Demand Response <= 15 Miles	1,328,829	5.37
Mileage Reimbursement	341,195	1.38
Meals	0	-
Lodging	0	-
Airfare	0	-
All Others	9,422	0.04
Total	4,614,157	18.66
Projected FY2023 Member Months	252,826	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	4,455,159	17.62
Administrative Expenses		
Fixed Amount	44,245	0.175
Percent of Premium	1,328,683	22.00 %
Total	1,372,928	5.43
Risk Margin	105,691	1.75 %
Premium Tax	105,691	1.75 %
Projected FY2023 Total Cost	6,039,468	23.89

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	1.0051		1.0023		1.0047		1.0015	
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	30,586,464	150.11	32,993,887	1,867.44	51,896,223	272.29	48,307,117	1,837.46
Total	154,258,607	757.07	59,977,071	3,394.67	51,896,223	272.29	48,307,117	1,837.46
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	5,879,423	28.86	516,597	29.24	328,531	1.72	58,673	2.23
Net Reinsurance Cost	7,404,779	36.34	633,604	35.86	6,996,574	36.71	985,248	37.48
	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	9,782,466	5.25%	3,529,264	5.25%	3,539,665	5.25%	2,857,639	5.25%
Total	12,227,543	60.01	3,741,280	211.75	5,826,759	30.57	3,173,121	120.70
Risk Margin	3,260,822	1.75%	1,176,421	1.75%	1,179,888	1.75%	952,546	1.75%
Premium Tax	3,260,822	1.75%	1,176,421	1.75%	1,179,888	1.75%	952,546	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	144,163,944	707.53	30,243,451	1,711.76	360,594	1.89	64,357	2.45
LTC	42,168,748	206.96	36,980,633	2,093.09	67,061,599	351.86	54,366,853	2,067.95
Total	186,332,693	914.49	67,224,085	3,804.85	67,422,193	353.75	54,431,210	2,070.40

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	1.0164		1.0153		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	32,260,015	4,187.26	170,459,981	3,966.32	0	0.00	218,501	42.71
Total	44,462,184	5,771.07	170,459,981	3,966.32	9,386,959	389.65	13,142,581	2,568.66
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	143,839	18.67	149,874	3.49	478,059	19.84	96,086	18.78
Net Reinsurance Cost	286,454	37.18	1,680,844	39.11	857,721	35.60	173,523	33.91
	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	2,588,269	5.25%	9,942,475	5.25%	633,815	5.25%	775,238	5.25%
Total	2,680,721	347.95	10,458,198	243.34	922,903	38.31	836,637	163.52
Risk Margin	862,756	1.75%	3,314,158	1.75%	211,272	1.75%	258,413	1.75%
Premium Tax	862,756	1.75%	3,314,158	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	13,559,049	1,759.93	164,414	3.83	11,132,702	462.12	14,335,705	2,801.85
LTC	35,741,320	4,639.13	189,216,070	4,402.74	939,968	39.02	430,741	84.19
Total	49,300,369	6,399.05	189,380,483	4,406.57	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	366,722,189	707.69
Total	551,890,723	1,065.03
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	33,648,833	5.25%
Total	39,867,163	76.93
Risk Margin	11,216,278	1.75%
Premium Tax	11,216,278	1.75%
Maintenance Tax	37,569	0.07
Projected FY2023 Total Cost		
Acute Care	214,024,217	413.02
LTC	426,905,932	823.83
Total	640,930,150	1,236.85

FY2023 STAR+PLUS Rating Summary  
Tarrant SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	191,030		16,737		8,154		24,511	
Experience Period Cost								
Estimated Incurred Claims	87,245,210	456.71	16,312,585	974.64	6,254,954	767.10	10,695,123	436.34
Other Costs/Refunds	-54,120	-0.28	-5,346	-0.32	-2,214	-0.27	-7,197	-0.29
Total Cost	87,191,090	456.43	16,307,239	974.32	6,252,739	766.83	10,687,926	436.05
Projected FY2023 Member Months	203,756		17,668		7,704		24,091	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9687		0.9779		0.9895		1.0000	
Hemostatic Carveout	1.0000		1.0000		1.0000		1.0000	
PDL Change	0.9966		0.9979		0.9975		0.9965	
NF Risk Group	1.0034		1.0002		0.9842		0.9999	
IMD Adjustment	0.9997		1.0000		0.9992		0.9999	
PHE Related Cost Adjustment	0.9595		0.9858		0.9754		0.9856	
Projected FY2023 Incurred Claims	101,144,339	496.40	19,192,978	1,086.31	5,672,170	736.23	12,195,116	506.22
Administrative Expenses	326,010	1.60	28,269	1.60	12,327	1.60	38,545	1.60
Risk Margin	1,840,136	1.75 %	348,572	1.75 %	103,087	1.75 %	221,854	1.75 %
Premium Tax	1,840,136	1.75 %	348,572	1.75 %	103,087	1.75 %	221,854	1.75 %
Projected FY2023 Total Cost	105,150,621	516.06	19,918,391	1,127.37	5,890,671	764.59	12,677,369	526.24

## FY2023 STAR+PLUS Rating Summary

## Tarrant SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	4,587		245,019	
Experience Period Cost				
Estimated Incurred Claims	3,565,672	777.34	124,073,544	506.38
Other Costs/Refunds	-1,455	-0.32	-70,332	-0.29
Total Cost	3,564,217	777.03	124,003,212	506.10
Projected FY2023 Member Months	5,117		258,336	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	0.9862			
Hemostatic Carveout	1.0000			
PDL Change	0.9995			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.8779			
Projected FY2023 Incurred Claims	6,762,631	1,321.72	144,967,235	561.16
Administrative Expenses	8,186	1.60	413,337	1.60
Risk Margin	122,787	1.75 %	2,636,435	1.75 %
Premium Tax	122,787	1.75 %	2,636,435	1.75 %
Projected FY2023 Total Cost	7,016,391	1,371.32	150,653,443	583.17

FY2023 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	191,030		16,737		163,096		27,355	
Estimated Incurred Claims								
Demand Response >15 Miles	1,368,429	7.16	302,735	18.09	633,473	3.88	201,783	7.38
Demand Response <= 15 Miles	1,227,380	6.43	329,066	19.66	1,051,149	6.44	514,849	18.82
Mileage Reimbursement	116,504	0.61	13,069	0.78	70,175	0.43	23,829	0.87
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	1,272	0.01	925	0.06	0	-	0	-
All Others	159,092	0.83	39,057	2.33	181,180	1.11	79,367	2.90
Total	2,872,677	15.04	684,852	40.92	1,935,977	11.87	819,828	29.97
Projected FY2023 Member Months	203,756		17,668		190,591		26,290	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0028		1.0031		1.0035		1.0041
Mileage Reimbursement Adjustment		1.0033		1.0016		1.0030		1.0024
PHE Related Cost Adjustment		0.8699		0.8700		0.8659		0.8662
Projected FY2023 Incurred Claims	3,004,429	14.75	707,971	40.07	2,209,006	11.59	769,605	29.27
Administrative Expenses								
Fixed Amount	35,657	0.175	3,092	0.175	33,353	0.175	4,601	0.175
Percent of Premium	897,744	22.0%	209,978	22.0%	662,173	22.0%	228,624	22.0%
Total	933,401	4.58	213,070	12.06	695,527	3.65	233,225	8.87
Risk Margin	71,411	1.75 %	16,703	1.75 %	52,673	1.75 %	18,186	1.75 %
Premium Tax	71,411	1.75 %	16,703	1.75 %	52,673	1.75 %	18,186	1.75 %
Projected FY2023 Total Cost	4,080,653	20.03	954,447	54.02	3,009,878	15.79	1,039,202	39.53

FY2023 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	8,154		52,732		24,511		4,587	
Estimated Incurred Claims								
Demand Response >15 Miles	25,327	3.11	77,414	1.47	6,265	0.26	20,703	4.51
Demand Response <= 15 Miles	44,200	5.42	266,961	5.06	11,718	0.48	10,516	2.29
Mileage Reimbursement	35	0.00	0	-	7,119	0.29	9,036	1.97
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	2,413	0.30	28,509	0.54	842	0.03	1,350	0.29
Total	71,975	8.83	372,884	7.07	25,943	1.06	41,604	9.07
Projected FY2023 Member Months	7,704		42,977		24,091		5,117	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0040		1.0046		1.0029		1.0017
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0224		1.0178
PHE Related Cost Adjustment		0.8737		0.8699		0.8656		0.8626
Projected FY2023 Incurred Claims	66,833	8.67	297,542	6.92	25,355	1.05	45,724	8.94
Administrative Expenses								
Fixed Amount	1,348	0.175	7,521	0.175	4,216	0.175	895	0.175
Percent of Premium	20,134	22.0%	90,086	22.0%	8,732	22.0%	13,767	22.0%
Total	21,482	2.79	97,607	2.27	12,948	0.54	14,662	2.87
Risk Margin	1,602	1.75 %	7,166	1.75 %	695	1.75 %	1,095	1.75 %
Premium Tax	1,602	1.75 %	7,166	1.75 %	695	1.75 %	1,095	1.75 %
Projected FY2023 Total Cost	91,519	11.88	409,481	9.53	39,692	1.65	62,577	12.23

FY2023 STAR+PLUS Rating Summary  
Tarrant SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	488,202	
Estimated Incurred Claims		
Demand Response >15 Miles	2,636,129	5.40
Demand Response <= 15 Miles	3,455,839	7.08
Mileage Reimbursement	239,767	0.49
Meals	0	-
Lodging	0	-
Airfare	2,197	0.00
All Others	491,809	1.01
Total	6,825,741	13.98
Projected FY2023 Member Months	518,194	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	7,126,465	13.75
Administrative Expenses		
Fixed Amount	90,684	0.175
Percent of Premium	2,131,239	22.00 %
Total	2,221,923	4.29
Risk Margin	169,530	1.75 %
Premium Tax	169,530	1.75 %
Projected FY2023 Total Cost	9,687,449	18.69



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	1.0052		1.0036		1.0047		1.0036	
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	21,708,775	183.58	17,327,267	2,370.61	27,084,557	217.38	32,516,781	1,986.64
Total	88,296,980	746.70	27,592,263	3,775.01	27,084,557	217.38	32,516,781	1,986.64
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	915,994	7.75	44,132	6.04	104,854	0.84	14,969	0.91
Net Reinsurance Cost	4,821,104	40.77	299,519	40.98	4,938,101	39.63	755,966	46.19
	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	5,492,314	5.25%	1,612,349	5.25%	1,934,975	5.25%	1,926,552	5.25%
Total	6,911,312	58.45	1,700,059	232.59	3,430,133	27.53	2,122,965	129.70
Risk Margin	1,830,771	1.75%	537,450	1.75%	644,992	1.75%	642,184	1.75%
Premium Tax	1,830,771	1.75%	537,450	1.75%	644,992	1.75%	642,184	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	75,157,026	635.58	11,333,650	1,550.60	114,909	0.92	16,404	1.00
LTC	29,458,480	249.12	19,377,752	2,651.15	36,741,752	294.89	36,679,832	2,240.99
Total	104,615,505	884.70	30,711,402	4,201.75	36,856,661	295.81	36,696,236	2,241.99

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	1.0157		1.0151		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	20,766,875	4,779.78	138,762,040	4,199.32	0	0.00	256,686	70.51
Total	25,342,540	5,832.93	138,762,040	4,199.32	4,654,136	352.07	8,992,666	2,470.23
Capitation Expenses & Refunds	52,470	12.08	184,123	5.57	113,628	8.60	31,623	8.69
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	1,474,118	5.25%	8,093,945	5.25%	315,915	5.25%	530,704	5.25%
Total	1,526,254	351.29	8,490,473	256.94	474,545	35.90	574,389	157.78
Risk Margin	491,373	1.75%	2,697,982	1.75%	105,305	1.75%	176,901	1.75%
Premium Tax	491,373	1.75%	2,697,982	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	5,082,307	1,169.76	201,779	6.11	5,399,839	408.49	9,655,121	2,652.20
LTC	22,996,122	5,292.87	153,968,611	4,659.51	617,582	46.72	453,519	124.58
Total	28,078,429	6,462.64	154,170,390	4,665.62	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	258,422,981	805.63
Total	353,241,963	1,101.23
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	21,380,871	5.25%
Total	25,230,129	78.65
Risk Margin	7,126,957	1.75%
Premium Tax	7,126,957	1.75%
Maintenance Tax	23,256	0.07
Projected FY2023 Total Cost		
Acute Care	106,961,035	333.45
LTC	300,293,649	936.16
Total	407,254,684	1,269.61

FY2023 STAR+PLUS Rating Summary  
Travis SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	110,032		7,732		4,587		14,461	
Experience Period Cost								
Estimated Incurred Claims	52,371,473	475.97	9,681,489	1,252.13	3,709,201	808.63	8,348,756	577.33
Other Costs/Refunds	-208,567	-1.90	-10,475	-1.35	-8,345	-1.82	-31,306	-2.16
Total Cost	52,162,906	474.07	9,671,014	1,250.78	3,700,856	806.81	8,317,451	575.16
Projected FY2023 Member Months	118,250		7,309		4,345		13,219	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9647		0.9845		0.9871		1.0000	
Hemostatic Carveout	0.9853		1.0000		1.0000		1.0000	
PDL Change	0.9969		0.9971		0.9991		0.9968	
NF Risk Group	1.0027		1.0027		0.9817		0.9997	
IMD Adjustment	0.9995		1.0000		0.9994		0.9994	
PHE Related Cost Adjustment	0.9815		0.9818		0.9855		0.9848	
Projected FY2023 Incurred Claims	61,159,799	517.21	10,237,484	1,400.63	3,389,607	780.16	8,816,078	666.92
Administrative Expenses	189,200	1.60	11,695	1.60	6,952	1.60	21,151	1.60
Risk Margin	1,112,547	1.75 %	185,866	1.75 %	61,596	1.75 %	160,261	1.75 %
Premium Tax	1,112,547	1.75 %	185,866	1.75 %	61,596	1.75 %	160,261	1.75 %
Projected FY2023 Total Cost	63,574,092	537.63	10,620,911	1,453.09	3,519,750	810.12	9,157,750	692.76

## FY2023 STAR+PLUS Rating Summary

## Travis SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,138		139,950	
Experience Period Cost				
Estimated Incurred Claims	1,508,500	480.72	75,619,419	540.33
Other Costs/Refunds	-6,875	-2.19	-265,568	-1.90
Total Cost	1,501,625	478.53	75,353,852	538.43
Projected FY2023 Member Months	3,640		146,763	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9965			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	1.0954			
Projected FY2023 Incurred Claims	3,737,851	1,026.77	87,340,820	595.11
Administrative Expenses	5,825	1.60	234,821	1.60
Risk Margin	67,890	1.75 %	1,588,159	1.75 %
Premium Tax	67,890	1.75 %	1,588,159	1.75 %
Projected FY2023 Total Cost	3,879,457	1,065.66	90,751,960	618.36



FY2023 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	110,032		7,732		111,377		18,613	
Estimated Incurred Claims								
Demand Response >15 Miles	650,830	5.91	167,700	21.69	590,962	5.31	378,768	20.35
Demand Response <= 15 Miles	644,655	5.86	172,230	22.28	823,286	7.39	381,397	20.49
Mileage Reimbursement	74,136	0.67	10,822	1.40	61,344	0.55	45,961	2.47
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	18,536	0.17	9,966	1.29	58,409	0.52	29,345	1.58
Total	1,388,157	12.62	360,718	46.65	1,534,001	13.77	835,471	44.89
Projected FY2023 Member Months	118,250		7,309		124,597		16,368	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0029		1.0030		1.0034		1.0029
Mileage Reimbursement Adjustment		1.0043		1.0024		1.0032		1.0044
PHE Related Cost Adjustment		0.8698		0.8715		0.8718		0.8711
Projected FY2023 Incurred Claims	1,464,238	12.38	334,739	45.80	1,687,196	13.54	722,248	44.13
Administrative Expenses								
Fixed Amount	20,694	0.175	1,279	0.175	21,804	0.175	2,864	0.175
Percent of Premium	438,503	22.0%	99,227	22.0%	504,671	22.0%	214,127	22.0%
Total	459,197	3.88	100,506	13.75	526,476	4.23	216,992	13.26
Risk Margin	34,881	1.75 %	7,893	1.75 %	40,144	1.75 %	17,033	1.75 %
Premium Tax	34,881	1.75 %	7,893	1.75 %	40,144	1.75 %	17,033	1.75 %
Projected FY2023 Total Cost	1,993,197	16.86	451,031	61.71	2,293,961	18.41	973,305	59.46

FY2023 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	4,587		35,922		14,461		3,138	
Estimated Incurred Claims								
Demand Response >15 Miles	32,753	7.14	224,669	6.25	29,363	2.03	18,132	5.78
Demand Response <= 15 Miles	20,251	4.41	230,342	6.41	9,565	0.66	2,432	0.78
Mileage Reimbursement	0	-	0	-	4,977	0.34	6,999	2.23
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	653	0.14	10,813	0.30	541	0.04	339	0.11
Total	53,657	11.70	465,823	12.97	44,446	3.07	27,904	8.89
Projected FY2023 Member Months	4,345		33,044		13,219		3,640	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0024		1.0031		1.0014		1.0005
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0090		1.0201
PHE Related Cost Adjustment		0.8718		0.8725		0.8675		0.8622
Projected FY2023 Incurred Claims	49,759	11.45	420,158	12.72	39,898	3.02	31,914	8.77
Administrative Expenses								
Fixed Amount	760	0.175	5,783	0.175	2,313	0.175	637	0.175
Percent of Premium	14,918	22.0%	125,781	22.0%	12,465	22.0%	9,612	22.0%
Total	15,679	3.61	131,564	3.98	14,779	1.12	10,249	2.82
Risk Margin	1,187	1.75 %	10,005	1.75 %	992	1.75 %	765	1.75 %
Premium Tax	1,187	1.75 %	10,005	1.75 %	992	1.75 %	765	1.75 %
Projected FY2023 Total Cost	67,811	15.61	571,733	17.30	56,660	4.29	43,692	12.00

FY2023 STAR+PLUS Rating Summary  
Travis SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	305,862	
Estimated Incurred Claims		
Demand Response >15 Miles	2,093,177	6.84
Demand Response <= 15 Miles	2,284,158	7.47
Mileage Reimbursement	204,239	0.67
Meals	0	-
Lodging	0	-
Airfare	0	-
All Others	128,602	0.42
Total	4,710,176	15.40
Projected FY2023 Member Months	320,771	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	4,750,150	14.81
Administrative Expenses		
Fixed Amount	56,135	0.175
Percent of Premium	1,419,306	22.00 %
Total	1,475,441	4.60
Risk Margin	112,899	1.75 %
Premium Tax	112,899	1.75 %
Projected FY2023 Total Cost	6,451,390	20.11

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	1.0051		1.0027		1.0048		1.0028	
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	17,676,498	118.58	14,873,044	1,897.71	25,343,764	173.13	24,035,330	1,728.62
Total	104,633,211	701.89	26,752,803	3,413.50	25,343,764	173.13	24,035,330	1,728.62
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	6,682,636	5.25%	1,582,083	5.25%	2,031,084	5.25%	1,448,654	5.25%
Total	8,471,515	56.83	1,676,131	213.86	3,787,680	25.88	1,615,507	116.19
Risk Margin	2,227,545	1.75%	527,361	1.75%	677,028	1.75%	482,885	1.75%
Premium Tax	2,227,545	1.75%	527,361	1.75%	677,028	1.75%	482,885	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	98,652,615	661.77	13,255,570	1,691.33	357,363	2.44	31,711	2.28
LTC	28,635,683	192.09	16,879,335	2,153.71	38,329,942	261.85	27,561,707	1,982.23
Total	127,288,298	853.86	30,134,905	3,845.04	38,687,306	264.29	27,593,418	1,984.51

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	1.0164		1.0155		1.0000		1.0053	
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	23,533,131	4,350.04	172,487,808	4,007.74	0	0.00	125,935	49.06
Total	30,860,459	5,704.48	172,487,808	4,007.74	4,116,088	440.19	7,038,712	2,741.89
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	1,799,659	5.25%	10,102,263	5.25%	276,403	5.25%	410,356	5.25%
Total	1,864,578	344.66	10,618,728	246.73	388,611	41.56	441,161	171.85
Risk Margin	599,886	1.75%	3,367,421	1.75%	92,134	1.75%	136,785	1.75%
Premium Tax	599,886	1.75%	3,367,421	1.75%	92,134	1.75%	136,785	1.75%
Maintenance Tax	392	0.07	3,120	0.07	678	0.07	186	0.07
Projected FY2023 Total Cost								
Acute Care	8,113,350	1,499.73	283,782	6.59	4,689,092	501.47	7,518,904	2,928.95
LTC	26,165,876	4,836.70	192,140,277	4,464.36	575,724	61.57	297,394	115.85
Total	34,279,227	6,336.43	192,424,059	4,470.95	5,264,816	563.04	7,816,297	3,044.80

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	278,075,510	736.50
Total	395,268,175	1,046.89
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	24,333,137	5.25%
Total	28,863,910	76.45
Risk Margin	8,111,046	1.75%
Premium Tax	8,111,046	1.75%
Maintenance Tax	27,373	0.07
Projected FY2023 Total Cost		
Acute Care	132,902,387	352.00
LTC	330,585,938	875.58
Total	463,488,325	1,227.57

FY2023 STAR+PLUS Rating Summary  
 MRSA Central SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	136,835		7,796		6,133		10,098	
Experience Period Cost								
Estimated Incurred Claims	56,512,800	413.00	9,013,937	1,156.23	3,555,372	579.71	4,899,075	485.15
Other Costs/Refunds	-1,009,246	-7.38	-64,023	-8.21	-44,093	-7.19	-83,444	-8.26
Total Cost	55,503,553	405.62	8,949,914	1,148.01	3,511,279	572.52	4,815,630	476.89
Projected FY2023 Member Months	149,073		7,837		5,410		9,351	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9620		0.9839		0.9829		1.0000	
Hemostatic Carveout	0.9828		1.0000		1.0000		1.0000	
PDL Change	0.9936		0.9970		0.9983		0.9969	
NF Risk Group	1.0014		0.9979		1.0014		1.0002	
IMD Adjustment	0.9995		0.9999		1.0000		0.9989	
PHE Related Cost Adjustment	0.9960		0.9475		0.9797		0.9993	
Projected FY2023 Incurred Claims	66,277,416	444.60	9,668,968	1,233.70	3,023,555	558.90	5,247,250	561.16
Administrative Expenses	238,517	1.60	12,540	1.60	8,656	1.60	14,961	1.60
Risk Margin	1,206,247	1.75 %	175,571	1.75 %	54,988	1.75 %	95,429	1.75 %
Premium Tax	1,206,247	1.75 %	175,571	1.75 %	54,988	1.75 %	95,429	1.75 %
Projected FY2023 Total Cost	68,928,428	462.38	10,032,651	1,280.11	3,142,188	580.83	5,453,069	583.17

FY2023 STAR+PLUS Rating Summary  
 MRSA Central SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	2,063		162,925	
Experience Period Cost				
Estimated Incurred Claims	1,614,354	782.53	75,595,537	463.99
Other Costs/Refunds	-17,339	-8.40	-1,218,146	-7.48
Total Cost	1,597,015	774.12	74,377,392	456.51
Projected FY2023 Member Months	2,567		174,238	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9981			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9932			
Projected FY2023 Incurred Claims	3,872,360	1,508.46	88,089,550	505.57
Administrative Expenses	4,107	1.60	278,781	1.60
Risk Margin	70,299	1.75 %	1,602,535	1.75 %
Premium Tax	70,299	1.75 %	1,602,535	1.75 %
Projected FY2023 Total Cost	4,017,065	1,564.83	91,573,400	525.56

FY2023 STAR+PLUS Rating Summary  
MRSA Central SDA - NEMT

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	136,835		7,796		131,504		15,548	
Estimated Incurred Claims								
Demand Response >15 Miles	1,428,711	10.44	363,744	46.66	2,097,065	15.95	536,626	34.51
Demand Response <= 15 Miles	707,724	5.17	148,481	19.05	1,061,766	8.07	276,152	17.76
Mileage Reimbursement	166,118	1.21	45,765	5.87	161,569	1.23	45,323	2.92
Meals	1,050	0.01	0	-	0	-	0	-
Lodging	2,430	0.02	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	23,748	0.17	5,745	0.74	34,186	0.26	8,835	0.57
Total	2,329,779	17.03	563,734	72.31	3,354,585	25.51	866,935	55.76
Projected FY2023 Member Months	149,073		7,837		146,383		13,904	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0019		1.0017		1.0020		1.0020
Mileage Reimbursement Adjustment		1.0057		1.0065		1.0039		1.0042
PHE Related Cost Adjustment		0.8685		0.8689		0.8699		0.8668
Projected FY2023 Incurred Claims	2,488,462	16.69	556,217	70.97	3,660,744	25.01	757,567	54.48
Administrative Expenses								
Fixed Amount	26,088	0.175	1,372	0.175	25,617	0.175	2,433	0.175
Percent of Premium	742,552	22.0%	164,657	22.0%	1,088,590	22.0%	224,430	22.0%
Total	768,640	5.16	166,029	21.18	1,114,207	7.61	226,863	16.32
Risk Margin	59,067	1.75 %	13,098	1.75 %	86,592	1.75 %	17,852	1.75 %
Premium Tax	59,067	1.75 %	13,098	1.75 %	86,592	1.75 %	17,852	1.75 %
Projected FY2023 Total Cost	3,375,235	22.64	748,441	95.50	4,948,135	33.80	1,020,135	73.37

FY2023 STAR+PLUS Rating Summary  
MRSA Central SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	6,133		49,984		10,098		2,063	
Estimated Incurred Claims								
Demand Response >15 Miles	27,064	4.41	251,621	5.03	10,065	1.00	31,142	15.10
Demand Response <= 15 Miles	72,047	11.75	142,312	2.85	12,416	1.23	1,873	0.91
Mileage Reimbursement	0	-	173	0.00	4,025	0.40	4,566	2.21
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	1,020	0.17	4,058	0.08	273	0.03	387	0.19
Total	100,131	16.33	398,164	7.97	26,779	2.65	37,968	18.40
Projected FY2023 Member Months	5,410		43,039		9,351		2,567	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0046		1.0023		1.0029		1.0003
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0120		1.0096
PHE Related Cost Adjustment		0.8677		0.8706		0.8687		0.8596
Projected FY2023 Incurred Claims	86,258	15.94	335,164	7.79	24,494	2.62	45,951	17.90
Administrative Expenses								
Fixed Amount	947	0.175	7,532	0.175	1,636	0.175	449	0.175
Percent of Premium	25,752	22.0%	101,199	22.0%	7,716	22.0%	13,702	22.0%
Total	26,698	4.94	108,731	2.53	9,353	1.00	14,151	5.51
Risk Margin	2,048	1.75 %	8,050	1.75 %	614	1.75 %	1,090	1.75 %
Premium Tax	2,048	1.75 %	8,050	1.75 %	614	1.75 %	1,090	1.75 %
Projected FY2023 Total Cost	117,053	21.64	459,995	10.69	35,075	3.75	62,282	24.26

FY2023 STAR+PLUS Rating Summary  
 MRSA Central SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	359,961	
Estimated Incurred Claims		
Demand Response >15 Miles	4,746,037	13.18
Demand Response <= 15 Miles	2,422,769	6.73
Mileage Reimbursement	427,540	1.19
Meals	1,050	0.00
Lodging	2,430	0.01
Airfare	0	-
All Others	78,251	0.22
Total	7,678,077	21.33
Projected FY2023 Member Months	377,564	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	7,954,857	21.07
Administrative Expenses		
Fixed Amount	66,074	0.175
Percent of Premium	2,368,597	22.00 %
Total	2,434,671	6.45
Risk Margin	188,411	1.75 %
Premium Tax	188,411	1.75 %
Projected FY2023 Total Cost	10,766,350	28.52

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	1.0050		1.0030		1.0049		1.0024	
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	36,491,730	169.94	30,493,058	2,003.25	42,997,080	203.27	64,826,807	1,590.96
Total	157,665,617	734.25	53,213,063	3,495.85	42,997,080	203.27	64,826,807	1,590.96
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	9,930,750	5.25%	3,134,470	5.25%	3,251,431	5.25%	3,928,706	5.25%
Total	12,507,496	58.25	3,317,131	217.92	5,789,738	27.37	4,417,670	108.42
Risk Margin	3,310,250	1.75%	1,044,823	1.75%	1,083,810	1.75%	1,309,569	1.75%
Premium Tax	3,310,250	1.75%	1,044,823	1.75%	1,083,810	1.75%	1,309,569	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	136,565,089	635.99	25,089,035	1,648.23	186,657	0.88	68,175	1.67
LTC	52,592,056	244.92	34,615,158	2,274.06	61,745,359	291.90	74,764,320	1,834.84
Total	189,157,145	880.91	59,704,193	3,922.29	61,932,016	292.79	74,832,495	1,836.52



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	1.0162		1.0154		1.0000		1.0051	
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	28,624,264	4,474.56	229,271,486	4,058.34	0	0.00	244,101	67.42
Total	39,396,121	6,158.42	229,271,486	4,058.34	4,785,294	399.45	9,185,470	2,536.98
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	2,294,753	5.25%	13,419,985	5.25%	323,209	5.25%	542,945	5.25%
Total	2,371,519	370.72	14,097,913	249.55	466,966	38.98	586,393	161.96
Risk Margin	764,918	1.75%	4,473,328	1.75%	107,736	1.75%	180,982	1.75%
Premium Tax	764,918	1.75%	4,473,328	1.75%	107,736	1.75%	180,982	1.75%
Maintenance Tax	464	0.07	4,096	0.07	869	0.07	262	0.07
Projected FY2023 Total Cost								
Acute Care	11,922,993	1,863.81	478,556	8.47	5,490,886	458.35	9,872,297	2,726.68
LTC	31,786,592	4,968.90	255,140,214	4,516.24	665,476	55.55	469,514	129.68
Total	43,709,584	6,832.70	255,618,770	4,524.71	6,156,361	513.90	10,341,811	2,856.36

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	432,948,526	772.14
Total	601,340,938	1,072.45
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	36,826,250	5.25%
Total	43,554,825	77.68
Risk Margin	12,275,417	1.75%
Premium Tax	12,275,417	1.75%
Maintenance Tax	40,652	0.07
Projected FY2023 Total Cost		
Acute Care	189,673,687	338.27
LTC	511,778,688	912.73
Total	701,452,375	1,251.00

FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		7,059		13,021	
Experience Period Cost								
Estimated Incurred Claims	88,648,759	437.36	19,405,788	1,078.22	6,221,425	881.35	5,654,599	434.27
Other Costs/Refunds	-315,999	-1.56	-24,327	-1.35	-10,738	-1.52	-20,138	-1.55
Total Cost	88,332,760	435.80	19,381,461	1,076.87	6,210,687	879.83	5,634,461	432.72
Projected FY2023 Member Months	214,729		15,222		6,397		11,980	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9742		0.9706		0.9717		1.0000	
Hemostatic Carveout	0.9878		1.0000		1.0000		1.0000	
PDL Change	0.9940		0.9934		0.9979		0.9935	
NF Risk Group	1.0011		1.0009		1.0142		0.9998	
IMD Adjustment	0.9998		0.9998		0.9999		0.9999	
PHE Related Cost Adjustment	1.0042		0.9806		0.9968		0.9911	
Projected FY2023 Incurred Claims	105,304,237	490.41	17,971,430	1,180.64	5,594,431	874.52	6,032,906	503.59
Administrative Expenses	343,566	1.60	24,355	1.60	10,235	1.60	19,168	1.60
Risk Margin	1,915,893	1.75 %	326,348	1.75 %	101,639	1.75 %	109,753	1.75 %
Premium Tax	1,915,893	1.75 %	326,348	1.75 %	101,639	1.75 %	109,753	1.75 %
Projected FY2023 Total Cost	109,479,588	509.85	18,648,482	1,225.12	5,807,944	907.90	6,271,579	523.51

FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,223		243,993	
Experience Period Cost				
Estimated Incurred Claims	1,748,864	542.62	121,679,435	498.70
Other Costs/Refunds	-5,068	-1.57	-376,270	-1.54
Total Cost	1,743,796	541.05	121,303,165	497.16
Projected FY2023 Member Months	3,621		251,948	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9971			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	0.9556			
Projected FY2023 Incurred Claims	3,668,993	1,013.36	138,571,997	550.00
Administrative Expenses	5,793	1.60	403,117	1.60
Risk Margin	66,641	1.75 %	2,520,274	1.75 %
Premium Tax	66,641	1.75 %	2,520,274	1.75 %
Projected FY2023 Total Cost	3,808,068	1,051.77	144,015,662	571.61

FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	202,692		17,998		186,582		48,789	
Estimated Incurred Claims								
Demand Response >15 Miles	2,375,672	11.72	700,965	38.95	1,690,086	9.06	1,197,959	24.55
Demand Response <= 15 Miles	637,929	3.15	178,269	9.90	838,142	4.49	525,211	10.76
Mileage Reimbursement	381,515	1.88	89,577	4.98	267,868	1.44	136,490	2.80
Meals	950	0.00	0	-	425	0.00	0	-
Lodging	3,135	0.02	0	-	966	0.01	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	298	0.00	42	0.00	125	0.00	82	0.00
Total	3,399,499	16.77	968,854	53.83	2,797,613	14.99	1,859,742	38.12
Projected FY2023 Member Months	214,729		15,222		211,526		40,747	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0012		1.0011		1.0019		1.0018
Mileage Reimbursement Adjustment		1.0089		1.0073		1.0076		1.0058
PHE Related Cost Adjustment		0.8438		0.8438		0.8436		0.8440
Projected FY2023 Incurred Claims	3,438,968	16.02	781,135	51.32	3,026,085	14.31	1,479,832	36.32
Administrative Expenses								
Fixed Amount	37,578	0.175	2,664	0.175	37,017	0.175	7,131	0.175
Percent of Premium	1,026,631	22.0%	231,457	22.0%	904,540	22.0%	439,103	22.0%
Total	1,064,209	4.96	234,121	15.38	941,557	4.45	446,234	10.95
Risk Margin	81,664	1.75 %	18,411	1.75 %	71,952	1.75 %	34,929	1.75 %
Premium Tax	81,664	1.75 %	18,411	1.75 %	71,952	1.75 %	34,929	1.75 %
Projected FY2023 Total Cost	4,666,505	21.73	1,052,079	69.12	4,111,546	19.44	1,995,923	48.98

FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	7,059		65,474		13,021		3,223	
Estimated Incurred Claims								
Demand Response >15 Miles	26,917	3.81	94,509	1.44	93,323	7.17	24,514	7.61
Demand Response <= 15 Miles	13,621	1.93	214,013	3.27	6,408	0.49	14,083	4.37
Mileage Reimbursement	0	-	0	-	11,115	0.85	11,279	3.50
Meals	0	-	0	-	0	-	0	-
Lodging	0	-	0	-	0	-	0	-
Airfare	0	-	0	-	0	-	0	-
All Others	2	0.00	14	0.00	5	0.00	2	0.00
Total	40,540	5.74	308,535	4.71	110,851	8.51	49,877	15.48
Projected FY2023 Member Months	6,397		56,494		11,980		3,621	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0021		1.0043		1.0004		1.0018
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0079		1.0179
PHE Related Cost Adjustment		0.8445		0.8459		0.8447		0.8403
Projected FY2023 Incurred Claims	34,833	5.45	253,380	4.49	97,317	8.12	53,789	14.86
Administrative Expenses								
Fixed Amount	1,119	0.175	9,886	0.175	2,096	0.175	634	0.175
Percent of Premium	10,617	22.0%	77,743	22.0%	29,357	22.0%	16,071	22.0%
Total	11,736	1.83	87,629	1.55	31,454	2.63	16,705	4.61
Risk Margin	845	1.75 %	6,184	1.75 %	2,335	1.75 %	1,278	1.75 %
Premium Tax	845	1.75 %	6,184	1.75 %	2,335	1.75 %	1,278	1.75 %
Projected FY2023 Total Cost	48,258	7.54	353,377	6.26	133,441	11.14	73,051	20.18



FY2023 STAR+PLUS Rating Summary  
 MRSA Northeast SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	544,838	
Estimated Incurred Claims		
Demand Response >15 Miles	6,203,945	11.39
Demand Response <= 15 Miles	2,427,677	4.46
Mileage Reimbursement	897,845	1.65
Meals	1,375	0.00
Lodging	4,101	0.01
Airfare	0	-
All Others	569	0.00
Total	9,535,511	17.50
Projected FY2023 Member Months	560,715	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	9,165,339	16.35
Administrative Expenses		
Fixed Amount	98,125	0.175
Percent of Premium	2,735,520	22.00 %
Total	2,833,645	5.05
Risk Margin	217,598	1.75 %
Premium Tax	217,598	1.75 %
Projected FY2023 Total Cost	12,434,180	22.18

FY2023 STAR+PLUS Rating Summary  
MRSA West SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		185,182		28,274	
Est. Inc. Claims - Acute Care (Excl. UHRIP)								
Professional	20,300,450	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	1.0051		1.0016		1.0047		1.0023	
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

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2023 Incurred Claims								
Acute Care	81,932,149	585.97	17,023,426	1,554.73	0	0.00	0	0.00
LTC	13,205,427	94.44	18,273,142	1,668.87	40,784,173	207.90	44,125,739	1,630.72
Total	95,137,575	680.41	35,296,567	3,223.60	40,784,173	207.90	44,125,739	1,630.72
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	6,042,271	5.25%	2,083,031	5.25%	3,039,176	5.25%	2,633,469	5.25%
Total	7,720,156	55.21	2,214,424	202.24	5,393,280	27.49	2,958,178	109.32
Risk Margin	2,014,090	1.75%	694,344	1.75%	1,013,059	1.75%	877,823	1.75%
Premium Tax	2,014,090	1.75%	694,344	1.75%	1,013,059	1.75%	877,823	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	92,849,986	664.05	18,968,793	1,732.40	707,206	3.60	96,484	3.57
LTC	22,240,887	159.06	20,707,994	1,891.24	57,181,866	291.48	50,064,836	1,850.21
Total	115,090,873	823.11	39,676,787	3,623.64	57,889,071	295.09	50,161,320	1,853.77

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	1.0166		1.0157		1.0000		1.0059	
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	24,296,408	4,221.73	185,201,249	3,936.15	0	0.00	116,958	30.05
Total	32,699,284	5,681.81	185,201,249	3,936.15	5,640,311	483.26	9,336,963	2,398.89
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	1,904,014	5.25%	10,823,392	5.25%	369,193	5.25%	545,489	5.25%
Total	1,973,075	342.84	11,388,008	242.03	509,249	43.63	592,196	152.15
Risk Margin	634,671	1.75%	3,607,797	1.75%	123,064	1.75%	181,830	1.75%
Premium Tax	634,671	1.75%	3,607,797	1.75%	123,064	1.75%	181,830	1.75%
Maintenance Tax	417	0.07	3,411	0.07	846	0.07	282	0.07
Projected FY2023 Total Cost								
Acute Care	9,281,030	1,612.67	171,049	3.64	6,385,281	547.09	10,048,982	2,581.82
LTC	26,985,896	4,689.05	205,988,794	4,377.96	646,966	55.43	341,289	87.69
Total	36,266,927	6,301.72	206,159,844	4,381.59	7,032,247	602.52	10,390,271	2,669.51

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	326,003,095	736.93
Total	448,221,861	1,013.21
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	27,440,035	5.25%
Total	32,748,566	74.03
Risk Margin	9,146,678	1.75%
Premium Tax	9,146,678	1.75%
Maintenance Tax	32,072	0.07
Projected FY2023 Total Cost		
Acute Care	138,508,812	313.10
LTC	384,158,529	868.40
Total	522,667,340	1,181.50

FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		5,928		12,447	
Experience Period Cost								
Estimated Incurred Claims	64,109,692	480.35	11,103,518	1,113.36	4,345,702	733.08	6,539,576	525.39
Other Costs/Refunds	-980,884	-7.35	-79,012	-7.92	-41,534	-7.01	-98,359	-7.90
Total Cost	63,128,808	473.00	11,024,506	1,105.44	4,304,168	726.07	6,441,217	517.49
Projected FY2023 Member Months	139,824		10,949		5,755		11,671	
Annual Trend Assumption	4.6 %		4.3 %		0.4 %		4.9 %	
Rating Adjustments								
Hepatitis C Carveout	0.9761		0.9824		0.9938		0.9940	
Hemostatic Carveout	0.9496		1.0000		1.0000		1.0000	
PDL Change	0.9966		0.9973		0.9982		0.9973	
NF Risk Group	1.0013		0.9972		1.0063		1.0005	
IMD Adjustment	0.9996		0.9999		0.9965		0.9993	
PHE Related Cost Adjustment	0.9902		0.9936		0.9909		0.9833	
Projected FY2023 Incurred Claims	70,871,296	506.86	13,613,949	1,243.35	4,176,880	725.77	6,959,042	596.25
Administrative Expenses	223,718	1.60	17,519	1.60	9,208	1.60	18,674	1.60
Risk Margin	1,289,288	1.75 %	247,203	1.75 %	75,914	1.75 %	126,539	1.75 %
Premium Tax	1,289,288	1.75 %	247,203	1.75 %	75,914	1.75 %	126,539	1.75 %
Projected FY2023 Total Cost	73,673,590	526.90	14,125,873	1,290.10	4,337,915	753.75	7,230,794	619.53



FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period				
Member Months	3,401		165,213	
Experience Period Cost				
Estimated Incurred Claims	1,453,388	427.34	87,551,876	529.93
Other Costs/Refunds	-25,945	-7.63	-1,225,734	-7.42
Total Cost	1,427,443	419.71	86,326,141	522.51
Projected FY2023 Member Months	3,892		172,092	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
Hepatitis C Carveout	1.0000			
Hemostatic Carveout	1.0000			
PDL Change	0.9988			
NF Risk Group	1.0000			
IMD Adjustment	1.0000			
PHE Related Cost Adjustment	1.0549			
Projected FY2023 Incurred Claims	3,383,378	869.27	99,004,546	575.30
Administrative Expenses	6,228	1.60	275,347	1.60
Risk Margin	61,470	1.75 %	1,800,413	1.75 %
Premium Tax	61,470	1.75 %	1,800,413	1.75 %
Projected FY2023 Total Cost	3,512,545	902.46	102,880,718	597.82

FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
3/2019-2/2020 Experience Period								
Member Months	133,464		9,973		185,182		28,274	
Estimated Incurred Claims								
Demand Response >15 Miles	945,230	7.08	238,998	23.96	1,790,169	9.67	682,903	24.15
Demand Response <= 15 Miles	501,619	3.76	181,919	18.24	934,366	5.05	462,337	16.35
Mileage Reimbursement	283,441	2.12	55,625	5.58	366,451	1.98	186,660	6.60
Meals	4,822	0.04	300	0.03	975	0.01	3,600	0.13
Lodging	11,207	0.08	722	0.07	3,808	0.02	7,923	0.28
Airfare	1,739	0.01	0	-	29,867	0.16	0	-
All Others	12,874	0.10	1,861	0.19	8,354	0.05	4,323	0.15
Total	1,760,933	13.19	479,424	48.07	3,133,990	16.92	1,347,746	47.67
Projected FY2023 Member Months	139,824		10,949		196,175		27,059	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0018		1.0024		1.0019		1.0021
Mileage Reimbursement Adjustment		1.0128		1.0092		1.0093		1.0110
PHE Related Cost Adjustment		0.8743		0.8725		0.8768		0.8754
Projected FY2023 Incurred Claims	1,833,479	13.11	520,499	47.54	3,297,916	16.81	1,281,602	47.36
Administrative Expenses								
Fixed Amount	24,469	0.175	1,916	0.175	34,331	0.175	4,735	0.175
Percent of Premium	548,656	22.0%	154,270	22.0%	984,019	22.0%	379,858	22.0%
Total	573,125	4.10	156,187	14.26	1,018,350	5.19	384,593	14.21
Risk Margin	43,643	1.75 %	12,272	1.75 %	78,274	1.75 %	30,216	1.75 %
Premium Tax	43,643	1.75 %	12,272	1.75 %	78,274	1.75 %	30,216	1.75 %
Projected FY2023 Total Cost	2,493,890	17.84	701,229	64.04	4,472,814	22.80	1,726,627	63.81

FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period								
Member Months	5,928		54,726		12,447		3,401	
Estimated Incurred Claims								
Demand Response >15 Miles	3,239	0.55	207,485	3.79	4,529	0.36	17,755	5.22
Demand Response <= 15 Miles	34,097	5.75	177,233	3.24	10,567	0.85	8,530	2.51
Mileage Reimbursement	0	-	927	0.02	13,683	1.10	9,254	2.72
Meals	0	-	0	-	0	-	25	0.01
Lodging	0	-	0	-	0	-	70	0.02
Airfare	0	-	0	-	0	-	0	-
All Others	46	0.01	476	0.01	36	0.00	44	0.01
Total	37,382	6.31	386,121	7.06	28,815	2.32	35,679	10.49
Projected FY2023 Member Months	5,755		47,051		11,671		3,892	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Seasonality Adjustment		1.0000		1.0000		1.0000		1.0000
TNC Adjustment		1.0057		1.0029		1.0023		1.0016
Mileage Reimbursement Adjustment		1.0000		1.0002		1.0376		1.0206
PHE Related Cost Adjustment		0.8670		0.8768		0.8829		0.8824
Projected FY2023 Incurred Claims	35,452	6.16	327,113	6.95	27,795	2.38	41,263	10.60
Administrative Expenses								
Fixed Amount	1,007	0.175	8,234	0.175	2,042	0.175	681	0.175
Percent of Premium	10,766	22.0%	99,029	22.0%	8,811	22.0%	12,386	22.0%
Total	11,774	2.05	107,263	2.28	10,853	0.93	13,067	3.36
Risk Margin	856	1.75 %	7,877	1.75 %	701	1.75 %	985	1.75 %
Premium Tax	856	1.75 %	7,877	1.75 %	701	1.75 %	985	1.75 %
Projected FY2023 Total Cost	48,938	8.50	450,130	9.57	40,050	3.43	56,301	14.47

FY2023 STAR+PLUS Rating Summary  
 MRSA West SDA - NEMT

	Total	
	Amount	pmpm
3/2019-2/2020 Experience Period		
Member Months	433,395	
Estimated Incurred Claims		
Demand Response >15 Miles	3,890,308	8.98
Demand Response <= 15 Miles	2,310,668	5.33
Mileage Reimbursement	916,041	2.11
Meals	9,722	0.02
Lodging	23,731	0.05
Airfare	31,606	0.07
All Others	28,013	0.06
Total	7,210,089	16.64
Projected FY2023 Member Months	442,378	
Annual Trend Assumption		
Rating Adjustment Factors		
Seasonality Adjustment		
TNC Adjustment		
Mileage Reimbursement Adjustment		
PHE Related Cost Adjustment		
Projected FY2023 Incurred Claims	7,365,119	16.65
Administrative Expenses		
Fixed Amount	77,416	0.175
Percent of Premium	2,197,795	22.00 %
Total	2,275,212	5.14
Risk Margin	174,825	1.75 %
Premium Tax	174,825	1.75 %
Projected FY2023 Total Cost	9,989,979	22.58

FY2023 STAR+PLUS Rating Summary  
Statewide SDA - NEMT

	Medicaid Only - NF		IDD		MBCC	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
3/2019-2/2020 Experience Period						
Member Months	70,507		202,276		52,811	
Estimated Incurred Claims						
Demand Response >15 Miles	181,067	2.57	209,972	1.04	345,983	6.55
Demand Response <= 15 Miles	309,704	4.39	91,389	0.45	106,573	2.02
Mileage Reimbursement	357	0.01	117,219	0.58	133,259	2.52
Meals	0	-	0	-	49	0.00
Lodging	0	-	0	-	130	0.00
Airfare	0	-	8,158	0.04	203	0.00
All Others	10,427	0.15	4,838	0.02	7,049	0.13
Total	501,555	7.11	431,576	2.13	593,246	11.23
Projected FY2023 Member Months	66,689		194,590		59,318	
Annual Trend Assumption		3.30%		3.30%		3.30%
Rating Adjustment Factors						
Seasonality Adjustment		1.0000		1.0000		1.0000
TNC Adjustment		1.0039		1.0013		1.0011
Mileage Reimbursement Adjustment		1.0001		1.0216		1.0179
PHE Related Cost Adjustment		0.8680		0.8574		0.8558
Projected FY2023 Incurred Claims	463,156	6.95	407,971	2.10	651,028	10.98
Administrative Expenses						
Fixed Amount	11,671	0.175	34,053	0.175	10,381	0.175
Percent of Premium	140,217	22.0%	130,531	22.0%	195,315	22.0%
Total	151,888	2.28	164,584	0.85	205,696	3.47
Risk Margin	11,154	1.75 %	10,383	1.75 %	15,536	1.75 %
Premium Tax	11,154	1.75 %	10,383	1.75 %	15,536	1.75 %
Projected FY2023 Total Cost	637,352	9.56	593,321	3.05	887,797	14.97

## *Attachment 4*

### Trend Analysis - Medical

The FY2023 rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. Separate trend factors were developed by type of service – acute care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption is applied to all service areas but varies by risk group and year.

The trend analysis included a review of health plan claims experience data through February 2022. Based on this information, estimates of monthly incurred claims were made through December 2021. The claims cost and trend experience was reviewed separately by service area, type of service and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights.

Beginning March 2020 and continuing into FY2022, the trends were distorted by the COVID-19 pandemic resulting in abnormally large reductions in cost which are not expected to continue into future periods. As a result, STAR+PLUS specific managed care trends were studied for FY2017, FY2018, FY2019 and the first six months of FY2020 as it is believed that these periods are most reflective of future program trends. As additional managed care data becomes available and the PHE ends, future trend assumptions will have a greater reliance on more recent, program specific information.

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

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

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

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

includes the trend assumptions developed based on the described methodology.

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

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

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

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

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

#### Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (March 2019 through February 2020) claims cost to the rating period (FY2023). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of utilization and cost experience data paid through March 31, 2022. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2022. From this experience, the average annual utilization and

cost per service were determined for each of the six 12-month periods ending February 2022.

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

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

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2020 through 2023 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption for each risk group. Exhibit C of this attachment presents a summary of the historical pharmacy trend analysis.

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

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



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

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

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

#### Trend Analysis – NEMT

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

Statewide NEMT trend experience for all Medicaid managed care programs was used due to small sample size. The NEMT trend analysis includes only demand response services. In addition, MTO Region 1 and MTO Region 10 changed MTO providers effective September 1, 2017 and experience for these regions was excluded from the trend analysis. The statewide NEMT trend assumptions were developed using an average of the three most recent 12-month period trends prior to the COVID-19 pandemic.

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

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

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only OCC										
FY2017										
-Professional	1.056	0.984	1.101	0.968	0.980	0.976	1.033	0.979	0.980	1.049
-Outpatient - ER	0.999	0.976	1.110	1.088	1.177	1.133	1.205	1.046	0.870	0.966
-Outpatient - Non ER	1.048	0.928	1.086	1.009	1.000	1.011	1.201	1.007	0.962	1.051
-Inpatient	1.080	0.925	1.113	1.032	0.937	1.104	1.091	1.073	0.889	1.128
-Other Acute Care	1.161	1.983	0.996	1.047	0.851	1.018	0.916	1.033	0.897	1.084
-Total Acute Care	1.068	1.018	1.074	1.019	0.970	1.046	1.083	1.028	0.925	1.069
-Long Term Care	1.109	1.106	1.083	1.099	1.056	1.068	0.970	1.139	1.032	0.986
FY2018										
-Professional	0.915	0.972	0.950	0.991	0.955	1.021	1.071	0.978	1.031	0.911
-Outpatient - ER	0.964	0.769	0.949	0.915	1.022	0.974	0.930	0.945	0.909	0.947
-Outpatient - Non ER	1.131	0.867	0.988	0.967	1.033	0.933	1.046	0.990	1.002	1.089
-Inpatient	1.022	0.903	0.959	0.935	1.014	0.941	1.075	0.967	1.083	0.944
-Other Acute Care	1.267	1.216	1.027	1.044	1.091	0.899	1.071	1.202	1.083	0.902
-Total Acute Care	1.025	0.943	0.977	0.968	1.007	0.959	1.056	0.995	1.027	0.946
-Long Term Care	0.970	1.028	1.082	1.074	0.994	1.047	0.991	1.047	1.064	1.067
FY2019										
-Professional	1.030	1.021	0.982	1.007	0.953	1.029	1.018	1.074	0.986	1.051
-Outpatient - ER	0.991	0.943	1.058	1.013	1.062	0.957	1.074	0.987	0.922	0.885
-Outpatient - Non ER	1.022	1.065	1.057	1.027	1.073	1.036	1.087	1.001	0.972	0.912
-Inpatient	0.974	1.046	1.028	1.082	1.041	1.162	1.024	1.041	0.978	1.213
-Other Acute Care	1.060	0.938	1.017	1.001	1.137	1.013	1.048	1.004	1.011	1.112
-Total Acute Care	1.011	1.013	1.018	1.034	1.035	1.068	1.039	1.036	0.977	1.076
-Long Term Care	1.027	1.061	1.071	1.073	1.014	1.064	1.001	1.032	1.033	1.068
FY2020										
-Professional	1.053	1.000	1.138	1.040	1.018	1.067	1.002	0.957	0.990	1.061
-Outpatient - ER	1.003	0.890	0.871	0.989	1.072	1.052	1.172	1.066	1.001	1.078
-Outpatient - Non ER	0.907	0.986	1.092	0.999	1.135	0.895	1.075	0.919	1.022	1.001
-Inpatient	1.112	1.117	0.962	1.080	1.273	0.816	1.017	1.007	1.116	1.072
-Other Acute Care	1.060	1.014	0.939	0.985	1.620	1.114	1.177	1.085	1.072	1.003
-Total Acute Care	1.050	1.028	1.004	1.031	1.207	0.948	1.052	0.993	1.045	1.042
-Long Term Care	1.028	1.032	1.041	1.060	0.991	1.039	0.965	0.997	1.079	1.078

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only OCC				
FY2017				
-Professional	1.012	1.064	1.016	1.007
-Outpatient - ER	1.013	0.984	1.048	1.026
-Outpatient - Non ER	1.142	1.139	1.074	1.029
-Inpatient	1.063	0.952	0.989	1.012
-Other Acute Care	0.983	0.692	1.097	1.209
-Total Acute Care	1.052	1.013	1.022	1.021
-Long Term Care	1.166	1.211	1.135	1.093
FY2018				
-Professional	0.955	1.000	0.944	0.975
-Outpatient - ER	1.005	1.052	0.986	0.930
-Outpatient - Non ER	1.156	0.935	0.921	0.988
-Inpatient	0.975	0.940	1.003	0.970
-Other Acute Care	1.127	1.042	1.118	1.095
-Total Acute Care	1.019	0.976	0.984	0.984
-Long Term Care	1.055	1.144	0.945	1.036
FY2019				
-Professional	1.020	1.036	1.065	1.017
-Outpatient - ER	0.890	0.929	1.010	0.974
-Outpatient - Non ER	0.948	0.961	1.041	1.017
-Inpatient	1.104	0.990	1.073	1.055
-Other Acute Care	1.049	0.923	1.019	1.018
-Total Acute Care	1.028	0.986	1.053	1.024
-Long Term Care	1.049	1.097	0.934	1.046
FY2020				
-Professional	1.031	1.000	1.041	1.029
-Outpatient - ER	0.975	1.056	1.192	1.011
-Outpatient - Non ER	0.917	1.049	0.961	1.000
-Inpatient	1.028	1.290	1.031	1.099
-Other Acute Care	0.902	1.021	1.082	1.075
-Total Acute Care	0.986	1.108	1.043	1.046
-Long Term Care	1.018	1.121	0.965	1.035

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only HCBS										
FY2017										
-Professional	1.158	0.909	1.137	0.852	1.064	0.924	1.095	0.857	0.902	0.978
-Outpatient - ER	1.036	0.868	0.996	0.998	1.122	1.162	0.951	1.028	0.769	0.932
-Outpatient - Non ER	1.081	0.895	0.969	0.980	1.060	0.958	1.404	0.916	1.124	0.943
-Inpatient	1.055	0.906	0.989	1.000	0.977	1.049	0.851	1.060	0.985	0.983
-Other Acute Care	1.174	1.065	1.178	1.176	0.925	0.969	1.163	1.054	0.812	0.783
-Total Acute Care	1.107	0.928	1.058	0.963	1.023	0.998	1.059	0.962	0.978	0.959
-Long Term Care	1.048	0.979	1.110	1.081	1.099	1.044	1.121	1.048	1.086	1.100
FY2018										
-Professional	0.926	0.875	0.969	1.013	1.005	1.150	1.147	1.027	0.969	0.759
-Outpatient - ER	0.816	0.795	1.053	0.865	0.999	1.114	0.865	0.815	0.943	1.055
-Outpatient - Non ER	1.134	0.767	0.750	1.012	1.058	0.959	0.806	0.924	1.029	0.984
-Inpatient	1.080	0.801	0.897	1.132	1.049	1.081	1.020	0.845	1.123	0.886
-Other Acute Care	1.116	1.085	1.237	0.984	1.103	1.196	0.733	1.025	1.253	0.911
-Total Acute Care	1.036	0.873	0.969	1.038	1.051	1.088	0.923	0.928	1.047	0.873
-Long Term Care	1.020	1.006	1.035	1.065	1.034	1.069	0.961	1.015	1.078	1.117
FY2019										
-Professional	1.019	1.075	1.081	0.970	0.991	0.903	1.055	1.111	1.061	0.866
-Outpatient - ER	1.000	1.024	0.926	1.039	1.114	0.875	1.282	1.113	1.072	0.900
-Outpatient - Non ER	1.093	1.154	0.980	0.874	0.985	1.232	1.264	0.799	0.964	0.830
-Inpatient	0.897	1.174	0.967	0.998	0.921	0.893	1.156	1.179	1.068	1.086
-Other Acute Care	1.122	0.968	0.912	0.954	1.093	0.897	1.068	1.167	0.987	1.093
-Total Acute Care	1.011	1.086	0.971	0.970	1.001	0.937	1.130	1.115	1.032	0.977
-Long Term Care	1.020	1.095	1.054	1.124	1.047	1.139	1.153	1.055	1.023	1.028
FY2020										
-Professional	1.111	1.047	0.948	0.955	0.948	1.149	0.973	1.015	0.988	1.053
-Outpatient - ER	1.032	0.996	1.006	1.005	1.092	0.987	1.334	1.038	0.910	0.977
-Outpatient - Non ER	1.043	1.120	1.038	1.017	0.911	0.992	1.066	1.053	1.190	1.207
-Inpatient	1.274	0.949	0.888	1.095	1.040	1.196	0.555	1.130	1.044	1.354
-Other Acute Care	1.034	1.036	1.109	0.940	1.053	1.039	1.411	1.250	1.044	1.202
-Total Acute Care	1.118	1.006	1.002	1.012	1.002	1.106	0.920	1.105	1.040	1.195
-Long Term Care	0.993	1.052	1.055	1.057	1.019	1.044	0.905	1.029	1.015	1.041

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only HCBS				
FY2017				
-Professional	0.995	0.986	1.231	0.992
-Outpatient - ER	1.081	0.972	1.189	0.983
-Outpatient - Non ER	1.273	1.209	1.050	1.051
-Inpatient	1.144	1.095	1.224	1.015
-Other Acute Care	0.894	0.297	1.408	1.083
-Total Acute Care	1.086	1.055	1.196	1.011
-Long Term Care	0.975	1.089	1.083	1.066
FY2018				
-Professional	1.009	1.029	1.096	0.984
-Outpatient - ER	0.838	1.108	0.796	0.920
-Outpatient - Non ER	0.942	1.049	0.905	0.983
-Inpatient	0.867	0.924	1.016	1.008
-Other Acute Care	0.944	0.982	0.907	1.075
-Total Acute Care	0.921	0.998	0.977	0.996
-Long Term Care	0.949	1.060	0.982	1.038
FY2019				
-Professional	1.083	1.048	1.039	1.018
-Outpatient - ER	0.992	0.912	1.204	1.028
-Outpatient - Non ER	1.081	0.950	1.109	1.009
-Inpatient	1.220	0.995	1.002	1.033
-Other Acute Care	1.093	0.905	1.046	1.025
-Total Acute Care	1.132	0.989	1.042	1.019
-Long Term Care	1.015	1.010	0.963	1.061
FY2020				
-Professional	1.064	1.095	1.159	1.029
-Outpatient - ER	1.084	1.075	1.262	1.027
-Outpatient - Non ER	1.224	1.022	0.993	1.054
-Inpatient	1.160	1.214	1.239	1.107
-Other Acute Care	1.023	1.082	0.960	1.050
-Total Acute Care	1.110	1.112	1.118	1.053
-Long Term Care	1.010	1.033	1.005	1.031

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only Nursing Facility										
FY2017										
-Professional	1.116	0.996	1.185	1.110	1.280	0.982	1.113	0.861	1.197	1.263
-Outpatient - ER	1.081	1.041	1.668	0.966	1.302	1.116	1.329	1.149	0.890	1.301
-Outpatient - Non ER	0.922	0.878	0.717	1.082	1.103	1.012	1.223	0.835	0.988	1.390
-Inpatient	1.033	1.047	1.251	1.069	1.156	0.849	1.394	0.745	0.886	1.071
-Other Acute Care	1.073	1.280	1.037	1.215	1.248	1.316	0.946	0.824	1.035	1.338
-Total Acute Care	1.047	1.039	1.161	1.086	1.182	0.938	1.282	0.792	0.973	1.185
-Long Term Care	0.997	1.006	1.026	1.040	1.009	1.017	1.003	1.018	0.969	1.007
FY2018										
-Professional	0.992	1.150	1.104	1.090	1.188	1.060	0.848	1.177	1.066	0.929
-Outpatient - ER	0.959	0.747	0.777	1.022	0.914	1.278	0.854	1.043	1.310	1.008
-Outpatient - Non ER	0.870	0.859	0.776	0.922	0.848	0.976	0.533	1.206	1.020	1.074
-Inpatient	1.049	1.067	0.652	1.096	1.068	0.816	0.598	1.208	1.113	1.196
-Other Acute Care	1.443	1.193	0.684	1.390	1.447	1.186	1.762	0.837	0.915	1.093
-Total Acute Care	1.057	1.061	0.749	1.086	1.117	0.941	0.688	1.146	1.085	1.093
-Long Term Care	1.031	1.009	0.986	1.010	0.992	1.011	1.036	1.003	1.017	0.993
FY2019										
-Professional	1.110	1.005	1.229	1.015	1.048	0.976	1.337	0.981	1.037	1.007
-Outpatient - ER	1.046	0.953	1.030	1.147	1.279	1.081	1.060	1.011	0.904	1.153
-Outpatient - Non ER	1.061	1.046	2.348	1.054	1.309	0.984	0.879	1.224	1.110	0.477
-Inpatient	0.966	0.960	1.461	1.018	1.050	1.235	1.362	1.017	1.036	0.902
-Other Acute Care	0.984	1.014	0.864	0.889	0.970	0.925	1.146	0.742	1.055	0.980
-Total Acute Care	1.005	0.983	1.357	1.009	1.057	1.094	1.267	0.994	1.037	0.893
-Long Term Care	1.026	1.030	0.935	1.037	1.023	1.042	1.027	1.048	1.030	1.041
FY2020										
-Professional	1.188	0.923	0.864	1.036	1.123	0.853	0.792	1.097	1.008	1.028
-Outpatient - ER	1.100	0.943	0.782	1.114	1.271	0.842	0.790	1.423	0.804	1.122
-Outpatient - Non ER	1.117	0.626	0.983	1.110	0.548	1.991	1.915	1.794	1.151	0.929
-Inpatient	1.059	1.109	0.701	0.906	1.143	0.976	1.004	0.780	1.011	0.787
-Other Acute Care	0.889	0.725	0.741	1.067	0.770	0.797	1.278	0.896	0.718	1.036
-Total Acute Care	1.060	0.956	0.769	0.975	1.012	0.997	1.029	0.895	0.970	0.888
-Long Term Care	1.014	0.980	1.093	1.023	1.050	1.023	0.999	1.022	1.017	1.079

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only Nursing Facility				
FY2017				
-Professional	0.901	0.978	1.032	1.080
-Outpatient - ER	0.889	0.920	0.948	1.023
-Outpatient - Non ER	1.283	1.247	0.844	1.069
-Inpatient	0.987	1.023	1.094	1.039
-Other Acute Care	0.672	0.762	0.973	1.156
-Total Acute Care	0.968	1.037	1.035	1.050
-Long Term Care	1.022	1.018	1.025	1.012
FY2018				
-Professional	0.975	1.001	1.032	1.062
-Outpatient - ER	1.033	1.077	0.954	1.032
-Outpatient - Non ER	1.196	0.857	0.945	0.940
-Inpatient	1.026	1.047	1.035	1.056
-Other Acute Care	0.875	1.025	1.052	1.202
-Total Acute Care	1.017	1.011	1.024	1.048
-Long Term Care	1.059	1.036	1.003	1.018
FY2019				
-Professional	1.093	1.091	0.981	1.049
-Outpatient - ER	1.183	1.006	0.870	1.038
-Outpatient - Non ER	1.223	0.995	1.343	1.114
-Inpatient	1.185	1.070	1.070	1.048
-Other Acute Care	1.339	0.799	0.830	0.983
-Total Acute Care	1.185	1.040	1.033	1.039
-Long Term Care	1.050	1.024	1.033	1.032
FY2020				
-Professional	1.089	1.088	1.142	1.040
-Outpatient - ER	1.224	0.967	1.265	1.046
-Outpatient - Non ER	1.171	0.881	1.307	1.117
-Inpatient	0.904	1.293	1.125	1.046
-Other Acute Care	1.369	1.250	1.183	0.964
-Total Acute Care	1.011	1.181	1.145	1.013
-Long Term Care	1.000	1.002	1.024	1.017

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
IDD										
FY2017										
-Professional	1.130	1.102	1.106	1.028	1.093	0.845	1.060	0.978	1.093	0.860
-Outpatient - ER	1.034	1.138	0.972	0.984	1.215	0.813	1.132	1.096	0.875	0.834
-Outpatient - Non ER	1.038	1.044	0.980	1.006	1.004	0.970	1.123	1.514	0.964	1.179
-Inpatient	1.237	1.365	1.571	0.948	0.961	1.979	1.034	0.783	0.984	1.428
-Other Acute Care	1.022	1.084	1.115	0.904	0.978	0.831	0.866	0.927	0.650	1.083
-Total Acute Care	1.116	1.157	1.137	0.979	1.033	1.138	1.024	0.908	0.939	1.048
FY2018										
-Professional	0.973	0.963	0.957	0.992	1.086	1.154	1.059	1.080	0.928	0.854
-Outpatient - ER	0.949	0.686	1.485	1.058	1.115	1.773	0.969	0.883	0.985	1.085
-Outpatient - Non ER	0.848	0.806	0.856	0.946	1.089	1.123	1.042	0.969	0.919	0.971
-Inpatient	1.230	0.797	0.607	0.932	1.126	0.642	1.167	0.985	0.858	0.949
-Other Acute Care	0.949	1.138	1.319	0.910	1.060	2.149	1.181	0.457	0.892	1.852
-Total Acute Care	1.019	0.942	0.940	0.958	1.086	1.056	1.100	0.756	0.912	1.028
FY2019										
-Professional	1.082	1.003	1.113	1.118	1.020	0.922	1.019	0.919	1.165	0.976
-Outpatient - ER	1.101	0.948	0.967	1.023	0.999	1.036	1.036	0.902	1.329	0.931
-Outpatient - Non ER	1.135	0.974	1.111	1.181	1.082	1.383	0.803	1.216	0.938	0.743
-Inpatient	0.964	1.229	2.069	1.560	0.859	0.899	1.354	0.932	1.808	0.897
-Other Acute Care	1.123	1.006	1.040	1.151	1.050	0.719	0.945	0.979	1.196	1.137
-Total Acute Care	1.059	1.056	1.207	1.228	1.005	0.905	1.046	0.958	1.262	0.991
FY2020										
-Professional	1.079	1.117	1.004	1.001	1.064	0.926	1.031	1.401	1.077	0.955
-Outpatient - ER	1.049	1.017	0.836	1.170	0.886	0.899	1.013	2.233	0.848	0.960
-Outpatient - Non ER	1.548	1.212	1.985	1.189	0.670	2.025	1.293	1.901	1.114	1.503
-Inpatient	0.931	0.840	0.572	0.975	1.059	0.352	0.688	3.348	1.190	1.561
-Other Acute Care	0.882	1.054	1.099	0.841	1.014	0.675	1.152	1.228	0.991	0.938
-Total Acute Care	0.994	1.020	0.959	0.973	0.981	0.831	0.963	1.738	1.055	1.117



FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
IDD				
FY2017				
-Professional	0.922	1.135	1.075	1.047
-Outpatient - ER	1.215	1.017	1.086	1.021
-Outpatient - Non ER	1.323	1.170	1.329	1.060
-Inpatient	1.153	1.227	1.114	1.174
-Other Acute Care	1.356	0.878	0.842	0.978
-Total Acute Care	1.089	1.131	1.096	1.053
FY2018				
-Professional	0.935	1.036	1.041	0.991
-Outpatient - ER	0.826	1.297	0.900	1.034
-Outpatient - Non ER	0.855	1.016	1.230	0.972
-Inpatient	0.726	0.941	0.656	0.945
-Other Acute Care	0.977	0.933	1.014	1.084
-Total Acute Care	0.862	1.010	0.961	0.974
FY2019				
-Professional	1.056	1.095	0.963	1.061
-Outpatient - ER	0.961	0.764	1.318	1.071
-Outpatient - Non ER	0.933	0.928	0.539	1.019
-Inpatient	1.162	0.956	1.808	1.345
-Other Acute Care	0.881	0.996	1.276	1.093
-Total Acute Care	1.012	0.987	1.154	1.114
FY2020				
-Professional	1.337	0.911	1.133	1.062
-Outpatient - ER	1.104	1.244	1.587	1.127
-Outpatient - Non ER	1.148	0.879	1.268	1.252
-Inpatient	2.034	2.018	1.699	1.318
-Other Acute Care	1.075	1.011	1.202	1.000
-Total Acute Care	1.426	1.165	1.328	1.084

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
MBCCP										
FY2019										
-Professional	1.186	1.249	1.278	1.268	0.909	1.248	1.079	0.856	1.095	1.182
-Outpatient - ER	1.333	0.994	1.054	1.134	0.966	0.829	0.965	1.053	0.921	0.986
-Outpatient - Non ER	0.799	0.936	2.246	1.184	1.257	1.293	1.214	1.539	0.984	1.481
-Inpatient	0.786	1.154	0.720	0.876	0.732	1.219	1.446	0.783	1.275	1.157
-Other Acute Care	1.259	1.083	1.009	1.074	1.060	1.123	0.834	1.130	0.922	0.773
-Total Acute Care	1.047	1.105	1.361	1.136	0.987	1.244	1.202	1.004	1.088	1.197
-Long Term Care	1.308	2.009	1.314	1.687	1.280	0.935	2.030	1.453	1.399	1.516
FY2020										
-Professional	1.184	0.958	1.787	1.245	0.979	1.204	1.454	0.777	0.954	0.810
-Outpatient - ER	0.888	1.139	0.470	1.075	1.212	1.692	0.819	1.136	1.189	0.917
-Outpatient - Non ER	0.939	1.428	1.064	0.973	1.270	1.763	0.996	1.129	1.158	1.358
-Inpatient	1.108	0.849	1.583	1.232	1.037	0.491	0.816	1.887	0.720	0.921
-Other Acute Care	1.423	1.029	1.139	0.901	0.750	5.074	1.716	1.135	1.052	0.939
-Total Acute Care	1.133	1.075	1.429	1.115	1.075	1.255	1.049	1.031	0.950	0.893
-Long Term Care	0.975	1.430	1.134	1.331	1.142	0.767	0.778	1.040	1.009	1.524
Dual Eligible OCC										
FY2017										
-Long Term Care	1.052	1.052	1.085	1.069	1.024	1.105	1.073	1.074	1.078	1.078
FY2018										
-Long Term Care	1.014	1.034	1.064	1.062	0.999	1.000	0.963	1.011	1.083	1.059
FY2019										
-Long Term Care	1.042	1.051	1.040	1.031	1.005	0.988	0.969	1.048	1.005	1.041
FY2020										
-Long Term Care	1.045	0.982	1.030	0.988	1.005	1.006	0.992	1.027	1.036	1.001

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
MBCCP				
FY2020				
-Professional	1.015	0.891	1.020	1.121
-Outpatient - ER	0.918	0.839	1.124	1.051
-Outpatient - Non ER	0.973	0.824	1.145	1.189
-Inpatient	0.648	0.761	1.536	0.995
-Other Acute Care	0.793	1.162	1.126	1.056
-Total Acute Care	0.920	0.856	1.110	1.092
-Long Term Care	1.191	1.303	1.007	1.425
FY2020				
-Professional	1.111	0.969	1.244	1.109
-Outpatient - ER	1.111	1.146	1.343	1.133
-Outpatient - Non ER	0.809	1.110	1.009	1.162
-Inpatient	1.182	2.066	0.884	1.200
-Other Acute Care	1.417	0.929	1.085	1.346
-Total Acute Care	1.001	1.125	1.123	1.094
-Long Term Care	2.299	1.161	1.163	1.211
Dual Eligible OCC				
FY2017				
-Long Term Care	1.086	1.168	1.104	1.056
FY2018				
-Long Term Care	0.997	1.072	0.975	1.025
FY2019				
-Long Term Care	0.998	1.024	0.956	1.020
FY2020				
-Long Term Care	0.971	1.006	1.013	1.007

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Dual Eligible HCBS										
FY2017										
-Long Term Care	1.048	1.030	1.049	1.087	1.074	1.025	1.083	1.082	1.044	1.084
FY2018										
-Long Term Care	1.018	1.014	1.055	1.062	1.042	1.041	1.005	1.010	1.053	1.064
FY2019										
-Long Term Care	1.042	1.053	1.027	1.082	1.027	1.076	1.027	1.027	1.040	1.045
FY2020										
-Long Term Care	1.032	1.041	1.042	1.024	1.010	1.012	1.071	0.996	1.050	1.019
Dual Eligible Nursing Facility										
FY2017										
-Long Term Care	1.036	1.021	1.033	1.019	1.021	1.008	1.031	1.013	0.999	1.019
FY2018										
-Long Term Care	1.022	1.032	1.008	1.029	1.028	0.995	1.035	0.996	1.030	1.009
FY2019										
-Long Term Care	1.033	1.012	1.044	1.045	1.043	1.046	1.016	1.068	1.020	1.035
FY2020										
-Long Term Care	1.043	1.017	1.044	1.014	1.030	1.006	1.016	1.052	1.023	1.024

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Dual Eligible HCBS				
FY2017				
-Long Term Care	1.051	1.064	1.043	1.064
FY2018				
-Long Term Care	0.992	1.062	1.032	1.039
FY2019				
-Long Term Care	1.031	1.012	1.038	1.041
FY2020				
-Long Term Care	0.984	0.982	1.024	1.018
Dual Eligible Nursing Facility				
FY2017				
-Long Term Care	1.012	1.016	1.022	1.018
FY2018				
-Long Term Care	1.034	1.024	1.016	1.023
FY2019				
-Long Term Care	1.045	1.024	1.019	1.032
FY2020				
-Long Term Care	1.017	1.009	1.023	1.022

FY2023 STAR+PLUS Rating  
Trend Assumptions - Medical

	<u>FY2017</u>	<u>FY2018</u>	<u>FY2019</u>	<u>9/19-2/20 (2)</u>	<u>Trend Assumption (3)</u>
Statewide Average Trend (1)					
<b>Acute Care</b>					
Medicaid Only OCC	2.1 %	-1.6 %	2.4 %	4.6 %	1.5 %
Medicaid Only HCBS	1.1 %	-0.4 %	1.9 %	5.3 %	1.5 %
Medicaid Only NF	5.0 %	4.8 %	3.9 %	1.3 %	4.1 %
IDD	5.3 %	-2.6 %	11.4 %	8.4 %	5.2 %
MBCCP			9.2 %	9.4 %	9.3 %
<b>Long Term Care</b>					
Medicaid Only OCC	9.3 %	3.6 %	4.6 %	3.5 %	5.5 %
Medicaid Only HCBS	6.6 %	3.8 %	6.1 %	3.1 %	5.2 %
Medicaid Only NF	1.2 %	1.8 %	3.2 %	1.7 %	2.0 %
Dual Eligible OCC	5.6 %	2.5 %	2.0 %	0.7 %	3.0 %
Dual Eligible HCBS	6.4 %	3.9 %	4.1 %	1.8 %	4.4 %
Dual Eligible NF	1.8 %	2.3 %	3.2 %	2.2 %	2.4 %
MBCCP (4)			42.5 %	21.1 %	4.2 %

## Footnotes

(1) All trends are net of reimbursement changes.

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

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

Weighted based on number of months.

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

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Number of Scripts per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	-8.2 %	-7.1 %	0.0 %	0.0 %	-7.7 %	-8.1 %
3/2014-2/2015	-12.6 %	-10.9 %	0.0 %	0.0 %	-11.9 %	-5.5 %
3/2015-2/2016	-9.3 %	-5.2 %	-8.3 %	0.0 %	-5.8 %	-4.0 %
3/2016-2/2017	-4.8 %	-5.2 %	-9.5 %	-11.0 %	-4.6 %	-5.5 %
3/2017-2/2018	-4.9 %	-4.8 %	-8.3 %	-7.2 %	-4.3 %	-5.2 %
3/2018-2/2019	-8.3 %	-6.4 %	-9.4 %	-6.9 %	-7.3 %	-8.0 %
3/2019-2/2020	-10.5 %	-7.6 %	-5.7 %	-5.1 %	-8.9 %	-9.5 %
3/2020-2/2021	-22.2 %	-19.1 %	-2.6 %	-7.7 %	-19.5 %	-19.7 %
3/2021-2/2022	2.3 %	-1.2 %	-6.8 %	-3.4 %	0.3 %	0.7 %
Use	-8.8 %	-6.7 %	-7.4 %	-6.0 %	-8.3 %	-8.2 %
<b>Generic Drugs</b>						
3/2013-2/2014	9.9 %	9.3 %	0.0 %	0.0 %	10.4 %	9.8 %
3/2014-2/2015	1.1 %	2.2 %	0.0 %	0.0 %	2.0 %	9.7 %
3/2015-2/2016	1.1 %	3.9 %	4.4 %	0.0 %	6.4 %	8.2 %
3/2016-2/2017	4.1 %	2.3 %	2.8 %	-1.8 %	4.5 %	3.4 %
3/2017-2/2018	5.8 %	3.4 %	6.1 %	-1.8 %	6.1 %	5.1 %
3/2018-2/2019	-1.5 %	-0.1 %	1.7 %	-1.4 %	-0.4 %	-1.0 %
3/2019-2/2020	-5.2 %	-2.8 %	1.6 %	-3.1 %	-3.8 %	-4.2 %
3/2020-2/2021	-6.8 %	-4.0 %	-0.1 %	-1.8 %	-5.5 %	-5.6 %
3/2021-2/2022	-6.5 %	-3.5 %	-0.2 %	-1.4 %	-5.6 %	-5.2 %
Use	-2.1 %	-0.8 %	2.4 %	-2.3 %	-1.6 %	-1.5 %
<b>Specialty Drugs</b>						
3/2013-2/2014	6.8 %	-1.0 %	0.0 %	0.0 %	6.5 %	5.6 %
3/2014-2/2015	-1.8 %	-0.5 %	0.0 %	0.0 %	-2.6 %	3.1 %
3/2015-2/2016	-2.9 %	-5.7 %	3.0 %	0.0 %	-1.5 %	1.7 %
3/2016-2/2017	-3.1 %	-3.2 %	-3.5 %	-10.3 %	-3.0 %	-3.4 %
3/2017-2/2018	3.4 %	2.5 %	7.2 %	-6.4 %	3.5 %	3.1 %
3/2018-2/2019	-3.0 %	-2.1 %	3.5 %	-4.1 %	-2.3 %	-2.6 %
3/2019-2/2020	-5.0 %	-1.8 %	6.7 %	-8.1 %	-3.8 %	-4.1 %
3/2020-2/2021	-5.3 %	-4.2 %	0.7 %	-8.4 %	-4.8 %	-5.0 %
3/2021-2/2022	-8.2 %	-7.5 %	1.9 %	-14.6 %	-7.9 %	-7.7 %
Use	-2.9 %	-1.2 %	5.7 %	-6.5 %	-2.3 %	-2.3 %
<b>All Drugs</b>						
3/2013-2/2014	5.5 %	5.1 %	0.0 %	0.0 %	5.9 %	5.4 %
3/2014-2/2015	-1.8 %	-0.7 %	0.0 %	0.0 %	-1.0 %	6.3 %
3/2015-2/2016	-0.9 %	2.0 %	2.1 %	0.0 %	3.9 %	5.8 %
3/2016-2/2017	2.4 %	0.9 %	0.7 %	-3.2 %	2.8 %	1.7 %
3/2017-2/2018	4.1 %	2.0 %	4.0 %	-2.6 %	4.4 %	3.4 %
3/2018-2/2019	-2.5 %	-1.1 %	0.4 %	-2.1 %	-1.4 %	-2.1 %
3/2019-2/2020	-5.9 %	-3.5 %	0.8 %	-3.4 %	-4.5 %	-5.0 %
3/2020-2/2021	-8.8 %	-6.2 %	-0.4 %	-2.6 %	-7.3 %	-7.4 %
3/2021-2/2022	-5.6 %	-3.3 %	-0.9 %	-1.8 %	-5.0 %	-4.6 %
Use	-2.9 %	-1.6 %	1.5 %	-2.8 %	-2.4 %	-2.3 %

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Days Supply per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	-9.0 %	-7.8 %	0.0 %	0.0 %	-8.5 %	-8.8 %
3/2014-2/2015	-12.7 %	-11.0 %	0.0 %	0.0 %	-11.9 %	-5.5 %
3/2015-2/2016	-9.5 %	-5.9 %	-8.2 %	0.0 %	-7.0 %	-5.4 %
3/2016-2/2017	-5.3 %	-5.4 %	-10.2 %	-10.5 %	-5.0 %	-5.9 %
3/2017-2/2018	-4.8 %	-4.5 %	-8.6 %	-7.4 %	-4.2 %	-5.1 %
3/2018-2/2019	-7.2 %	-5.8 %	-8.3 %	-7.8 %	-6.4 %	-7.1 %
3/2019-2/2020	-8.4 %	-6.7 %	-5.2 %	-8.3 %	-7.4 %	-7.9 %
3/2020-2/2021	-15.8 %	-14.2 %	-3.1 %	-12.6 %	-14.3 %	-14.6 %
3/2021-2/2022	-6.9 %	-6.0 %	-11.0 %	-1.0 %	-7.1 %	-6.8 %
Use	-7.4 %	-6.1 %	-6.8 %	-8.0 %	-7.2 %	-7.2 %
<b>Generic Drugs</b>						
3/2013-2/2014	12.0 %	10.3 %	0.0 %	0.0 %	12.4 %	11.7 %
3/2014-2/2015	2.5 %	2.7 %	0.0 %	0.0 %	3.5 %	11.4 %
3/2015-2/2016	2.9 %	5.2 %	5.3 %	0.0 %	7.6 %	9.2 %
3/2016-2/2017	4.9 %	2.9 %	3.4 %	-1.7 %	5.3 %	4.2 %
3/2017-2/2018	7.1 %	4.4 %	6.3 %	-1.2 %	7.3 %	6.2 %
3/2018-2/2019	1.1 %	1.7 %	3.4 %	-2.2 %	1.8 %	1.2 %
3/2019-2/2020	-1.0 %	-0.2 %	3.3 %	-2.6 %	-0.1 %	-0.6 %
3/2020-2/2021	2.6 %	3.6 %	4.4 %	0.4 %	2.9 %	2.8 %
3/2021-2/2022	-7.6 %	-4.1 %	-0.6 %	-0.6 %	-6.5 %	-6.2 %
Use	1.0 %	1.2 %	3.8 %	-2.2 %	1.1 %	1.1 %
<b>Specialty Drugs</b>						
3/2013-2/2014	7.4 %	0.4 %	0.0 %	0.0 %	7.2 %	6.4 %
3/2014-2/2015	-3.7 %	-3.0 %	0.0 %	0.0 %	-4.7 %	0.6 %
3/2015-2/2016	-1.8 %	-4.9 %	6.1 %	0.0 %	-2.0 %	1.3 %
3/2016-2/2017	0.5 %	-1.1 %	5.1 %	-6.1 %	0.5 %	0.3 %
3/2017-2/2018	4.8 %	5.2 %	11.0 %	-1.9 %	5.1 %	4.9 %
3/2018-2/2019	-1.8 %	-0.4 %	5.3 %	-4.1 %	-1.1 %	-1.4 %
3/2019-2/2020	-4.2 %	-1.3 %	8.4 %	-5.1 %	-3.0 %	-3.2 %
3/2020-2/2021	-3.4 %	-2.1 %	2.4 %	-4.3 %	-2.7 %	-2.9 %
3/2021-2/2022	-7.2 %	-6.0 %	2.2 %	-6.4 %	-6.6 %	-6.5 %
Use	-1.9 %	0.1 %	7.8 %	-4.2 %	-1.1 %	-1.1 %
<b>All Drugs</b>						
3/2013-2/2014	6.5 %	5.5 %	0.0 %	0.0 %	6.9 %	6.3 %
3/2014-2/2015	-1.0 %	-0.5 %	0.0 %	0.0 %	-0.1 %	7.4 %
3/2015-2/2016	0.4 %	2.8 %	2.9 %	0.0 %	4.6 %	6.2 %
3/2016-2/2017	3.0 %	1.4 %	1.2 %	-2.9 %	3.4 %	2.4 %
3/2017-2/2018	5.2 %	2.9 %	4.2 %	-1.9 %	5.4 %	4.4 %
3/2018-2/2019	-0.2 %	0.4 %	1.9 %	-2.9 %	0.6 %	-0.1 %
3/2019-2/2020	-2.1 %	-1.2 %	2.4 %	-3.2 %	-1.2 %	-1.7 %
3/2020-2/2021	0.1 %	1.0 %	3.6 %	-1.0 %	0.7 %	0.5 %
3/2021-2/2022	-7.5 %	-4.3 %	-1.6 %	-0.7 %	-6.6 %	-6.3 %
Use	0.0 %	0.2 %	2.9 %	-2.8 %	0.1 %	0.1 %



FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Incurred Claims per Days Supply</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	11.6 %	13.2 %	0.0 %	0.0 %	11.8 %	11.9 %
3/2014-2/2015	14.0 %	16.1 %	0.0 %	0.0 %	15.8 %	26.3 %
3/2015-2/2016	12.9 %	15.1 %	10.5 %	0.0 %	15.1 %	17.4 %
3/2016-2/2017	7.3 %	6.9 %	4.4 %	7.1 %	7.2 %	7.0 %
3/2017-2/2018	8.6 %	8.6 %	5.0 %	6.2 %	8.4 %	8.2 %
3/2018-2/2019	6.9 %	6.7 %	5.8 %	2.8 %	6.7 %	6.6 %
3/2019-2/2020	9.3 %	6.7 %	2.4 %	7.2 %	8.4 %	8.2 %
3/2020-2/2021	16.0 %	13.6 %	4.9 %	1.4 %	14.3 %	14.2 %
3/2021-2/2022	7.2 %	9.7 %	20.4 %	8.0 %	8.7 %	8.7 %
Use	8.4 %	7.0 %	4.0 %	5.6 %	7.7 %	7.7 %
<b>Generic Drugs</b>						
3/2013-2/2014	-2.1 %	-4.5 %	0.0 %	0.0 %	-2.2 %	-2.5 %
3/2014-2/2015	0.5 %	6.0 %	0.0 %	0.0 %	2.9 %	16.6 %
3/2015-2/2016	10.0 %	11.0 %	1.3 %	0.0 %	11.4 %	13.5 %
3/2016-2/2017	2.5 %	4.1 %	0.2 %	2.2 %	2.7 %	2.5 %
3/2017-2/2018	-9.3 %	-10.8 %	-5.4 %	-3.1 %	-8.5 %	-8.9 %
3/2018-2/2019	5.6 %	4.9 %	8.6 %	6.8 %	6.1 %	5.9 %
3/2019-2/2020	-3.8 %	-2.8 %	-8.3 %	-8.4 %	-4.2 %	-4.4 %
3/2020-2/2021	6.0 %	1.3 %	-6.9 %	-2.4 %	3.5 %	3.4 %
3/2021-2/2022	-2.6 %	-3.3 %	-4.4 %	-10.0 %	-3.1 %	-3.1 %
Use	-1.6 %	-1.6 %	-2.2 %	-2.4 %	-1.6 %	-1.7 %
<b>Specialty Drugs</b>						
3/2013-2/2014	4.5 %	11.4 %	0.0 %	0.0 %	5.1 %	5.6 %
3/2014-2/2015	8.6 %	11.6 %	0.0 %	0.0 %	8.9 %	17.4 %
3/2015-2/2016	13.5 %	9.8 %	9.4 %	0.0 %	12.8 %	15.3 %
3/2016-2/2017	14.6 %	13.2 %	28.4 %	6.6 %	14.8 %	15.1 %
3/2017-2/2018	10.1 %	14.5 %	10.5 %	14.5 %	11.0 %	10.9 %
3/2018-2/2019	10.1 %	4.6 %	7.5 %	15.2 %	9.6 %	9.1 %
3/2019-2/2020	12.5 %	13.1 %	8.6 %	10.2 %	12.5 %	12.2 %
3/2020-2/2021	6.4 %	4.2 %	13.1 %	3.7 %	6.5 %	6.5 %
3/2021-2/2022	6.7 %	6.8 %	9.6 %	3.1 %	6.8 %	6.9 %
Use	11.3 %	10.5 %	8.5 %	12.6 %	11.0 %	11.0 %
<b>All Drugs</b>						
3/2013-2/2014	-0.9 %	0.8 %	0.0 %	0.0 %	-0.7 %	-0.6 %
3/2014-2/2015	2.5 %	5.9 %	0.0 %	0.0 %	3.2 %	14.1 %
3/2015-2/2016	6.1 %	5.7 %	1.4 %	0.0 %	5.1 %	8.9 %
3/2016-2/2017	3.5 %	3.5 %	0.1 %	0.7 %	3.2 %	3.1 %
3/2017-2/2018	1.2 %	3.4 %	-2.4 %	2.8 %	1.3 %	1.3 %
3/2018-2/2019	3.7 %	2.1 %	1.7 %	3.7 %	3.4 %	3.2 %
3/2019-2/2020	4.4 %	4.1 %	-1.0 %	1.3 %	3.9 %	3.8 %
3/2020-2/2021	1.1 %	-0.9 %	0.9 %	-5.5 %	0.7 %	0.6 %
3/2021-2/2022	6.0 %	5.2 %	7.9 %	0.8 %	5.8 %	5.9 %
Use	4.0 %	3.8 %	1.4 %	3.1 %	3.8 %	3.7 %

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Annual Trend in Incurred Claims per Member per Month</b>						
<b>Brand Drugs</b>						
3/2013-2/2014	1.5 %	4.4 %	0.0 %	0.0 %	2.3 %	2.0 %
3/2014-2/2015	-0.4 %	3.3 %	0.0 %	0.0 %	2.0 %	11.2 %
3/2015-2/2016	2.2 %	8.4 %	1.5 %	0.0 %	7.0 %	7.5 %
3/2016-2/2017	1.6 %	1.2 %	-6.2 %	-4.2 %	1.8 %	0.6 %
3/2017-2/2018	3.4 %	3.6 %	-4.0 %	-1.7 %	3.8 %	2.6 %
3/2018-2/2019	-0.8 %	0.5 %	-3.0 %	-5.2 %	-0.1 %	-0.9 %
3/2019-2/2020	0.1 %	-0.5 %	-2.9 %	-1.7 %	0.3 %	-0.3 %
3/2020-2/2021	-2.4 %	-2.5 %	1.7 %	-11.3 %	-2.1 %	-2.4 %
3/2021-2/2022	-0.2 %	3.2 %	7.2 %	7.0 %	0.9 %	1.2 %
Use	0.4 %	0.5 %	-3.1 %	-2.8 %	0.0 %	0.0 %
<b>Generic Drugs</b>						
3/2013-2/2014	9.7 %	5.4 %	0.0 %	0.0 %	9.9 %	8.9 %
3/2014-2/2015	3.0 %	8.8 %	0.0 %	0.0 %	6.5 %	17.2 %
3/2015-2/2016	13.2 %	16.7 %	6.7 %	0.0 %	19.9 %	19.4 %
3/2016-2/2017	7.5 %	7.1 %	3.7 %	0.5 %	8.2 %	6.7 %
3/2017-2/2018	-2.9 %	-6.8 %	0.5 %	-4.3 %	-1.9 %	-3.3 %
3/2018-2/2019	6.7 %	6.6 %	12.2 %	4.4 %	8.0 %	7.1 %
3/2019-2/2020	-4.8 %	-3.0 %	-5.3 %	-10.7 %	-4.3 %	-4.8 %
3/2020-2/2021	8.7 %	4.9 %	-2.8 %	-2.1 %	6.5 %	6.4 %
3/2021-2/2022	-10.0 %	-7.2 %	-5.0 %	-10.5 %	-9.4 %	-9.1 %
Use	-0.6 %	-0.4 %	1.5 %	-4.5 %	-0.6 %	-0.5 %
<b>Specialty Drugs</b>						
3/2013-2/2014	12.2 %	11.8 %	0.0 %	0.0 %	12.6 %	12.1 %
3/2014-2/2015	4.5 %	8.2 %	0.0 %	0.0 %	3.7 %	9.1 %
3/2015-2/2016	11.4 %	4.5 %	16.1 %	0.0 %	10.6 %	14.0 %
3/2016-2/2017	15.1 %	12.0 %	34.8 %	0.2 %	15.5 %	14.9 %
3/2017-2/2018	15.3 %	20.5 %	22.6 %	12.4 %	16.7 %	16.3 %
3/2018-2/2019	8.0 %	4.1 %	13.1 %	10.5 %	8.4 %	7.8 %
3/2019-2/2020	7.7 %	11.6 %	17.8 %	4.6 %	9.1 %	8.7 %
3/2020-2/2021	2.8 %	2.0 %	15.8 %	-0.7 %	3.6 %	3.3 %
3/2021-2/2022	-1.0 %	0.4 %	12.0 %	-3.5 %	-0.3 %	-0.1 %
Use	9.2 %	10.6 %	17.0 %	7.9 %	9.8 %	9.8 %
<b>All Drugs</b>						
3/2013-2/2014	5.5 %	6.3 %	0.0 %	0.0 %	6.1 %	5.7 %
3/2014-2/2015	1.5 %	5.4 %	0.0 %	0.0 %	3.2 %	11.5 %
3/2015-2/2016	6.5 %	8.7 %	4.3 %	0.0 %	10.0 %	11.1 %
3/2016-2/2017	6.7 %	4.9 %	1.4 %	-2.2 %	6.8 %	5.6 %
3/2017-2/2018	6.4 %	6.4 %	1.7 %	0.8 %	6.8 %	5.8 %
3/2018-2/2019	3.4 %	2.6 %	3.7 %	0.7 %	4.0 %	3.2 %
3/2019-2/2020	2.2 %	2.9 %	1.4 %	-2.0 %	2.7 %	2.1 %
3/2020-2/2021	1.2 %	0.1 %	4.6 %	-6.4 %	1.3 %	1.0 %
3/2021-2/2022	-1.9 %	0.6 %	6.2 %	0.1 %	-1.1 %	-0.9 %
Use	4.0 %	4.1 %	4.3 %	0.2 %	3.9 %	3.9 %

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
<b>Generic Dispensing Rate (Days Supply)</b>						
3/2015-2/2016	80.4 %	80.2 %	82.6 %	86.0 %	80.8 %	80.8 %
3/2016-2/2017	81.9 %	81.4 %	84.4 %	87.0 %	82.2 %	82.2 %
3/2017-2/2018	83.4 %	82.6 %	86.1 %	87.7 %	83.7 %	83.7 %
3/2018-2/2019	84.4 %	83.6 %	87.3 %	88.3 %	84.7 %	84.7 %
3/2019-2/2020	85.4 %	84.5 %	88.1 %	88.8 %	85.6 %	85.6 %
3/2020-2/2021	87.5 %	86.6 %	88.8 %	90.1 %	87.5 %	87.5 %
3/2021-2/2022	87.4 %	86.8 %	89.7 %	90.1 %	87.6 %	87.6 %
FY2023	88.5 %	87.3 %	90.9 %	90.7 %	88.6 %	88.6 %

FY2023 STAR+PLUS Rating  
Trend Assumptions - Pharmacy

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>
<b>Incurred Claims per Member per Month</b>					
3/2015-2/2016	366.983	820.505	453.310	728.630	405.282
3/2016-2/2017	391.472	861.037	459.469	712.272	432.692
3/2017-2/2018	416.469	916.346	467.439	718.304	462.323
3/2018-2/2019	430.785	939.771	484.595	723.399	480.817
3/2019-2/2020	440.431	966.946	491.312	709.209	493.701
<b>PDL Adjustment Factors</b>					
3/2017-2/2018	1.0012	1.0011	1.0018	1.0002	1.0012
3/2018-2/2019	1.0170	1.0129	1.0423	1.0151	1.0182
3/2019-2/2020	1.0303	1.0227	1.0677	1.0246	1.0316
<b>Adjusted Incurred Claims per Member per Month</b>					
3/2015-2/2016	366.983	820.505	453.310	728.630	405.282
3/2016-2/2017	391.472	861.037	459.469	712.272	432.692
3/2017-2/2018	416.969	917.354	468.281	718.448	462.874
3/2018-2/2019	438.108	951.894	505.094	734.322	489.561
3/2019-2/2020	453.776	988.896	524.574	726.655	509.310
<b>Annual Trend in Adjusted Incurred Claims per Member per Month</b>					
3/2016-2/2017	6.7 %	4.9 %	1.4 %	-2.2 %	6.8 %
3/2017-2/2018	6.5 %	6.5 %	1.9 %	0.9 %	7.0 %
3/2018-2/2019	5.1 %	3.8 %	7.9 %	2.2 %	5.8 %
3/2019-2/2020	3.6 %	3.9 %	3.9 %	-1.0 %	4.0 %
<b>Use</b>	<b>4.6 %</b>	<b>4.3 %</b>	<b>4.9 %</b>	<b>0.4 %</b>	

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

FY2023 STAR+PLUS Rating  
Analysis of Trend Factors - Pharmacy MBCCP

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

9/2018-2/2019	14.3 %	15.3 %	19.5 %	15.3 %
9/2019-2/2020	2.6 %	0.7 %	4.5 %	1.0 %
9/2020-2/2021	-11.4 %	-13.5 %	-28.2 %	-13.6 %
9/2021-2/2022	12.3 %	-2.0 %	-9.9 %	-0.7 %
Use	6.5 %	5.6 %	9.5 %	5.8 %

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

9/2018-2/2019	20.2 %	23.7 %	25.7 %	23.4 %
9/2019-2/2020	4.7 %	4.5 %	7.0 %	4.6 %
9/2020-2/2021	-5.1 %	-1.8 %	-32.3 %	-2.6 %
9/2021-2/2022	-0.7 %	-6.6 %	-8.6 %	-6.1 %
Use	9.9 %	10.9 %	13.2 %	10.8 %

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

9/2018-2/2019	17.6 %	-2.1 %	6.3 %	8.6 %
9/2019-2/2020	25.2 %	-8.2 %	3.2 %	8.8 %
9/2020-2/2021	124.1 %	20.8 %	-11.5 %	6.9 %
9/2021-2/2022	7.5 %	-6.4 %	6.1 %	7.9 %
Use	22.6 %	-6.2 %	4.3 %	10.2 %

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

9/2018-2/2019	41.4 %	21.2 %	33.6 %	34.0 %
9/2019-2/2020	31.1 %	-4.1 %	10.5 %	13.8 %
9/2020-2/2021	112.7 %	18.7 %	-40.1 %	4.1 %
9/2021-2/2022	6.8 %	-12.6 %	-3.0 %	1.4 %
Use	34.7 %	4.0 %	18.1 %	22.1 %

**Generic Dispensing Rate (Days Supply)**

9/2017-2/2018	88.9 %
9/2018-2/2019	89.1 %
9/2019-2/2020	89.0 %
9/2020-2/2021	89.8 %
9/2021-2/2022	89.3 %
Use	89.2 %

FY2023 STAR+PLUS Rating  
Trend Assumptions - Pharmacy MBCCP

MBCCP

**Incurred Claims per Member per Month**

9/2017-2/2018	398.891
9/2018-2/2019	534.642
9/2019-2/2020	608.581

**PDL Adjustment Factors**

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

**Adjusted Incurred Claims per Member per Month**

9/2017-2/2018	398.891
9/2018-2/2019	537.476
9/2019-2/2020	615.640

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

9/2018-2/2019	34.7 %
9/2019-2/2020	14.5 %
Use	<b>21.3 %</b>

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

FY2023 STAR+PLUS Rating  
Trend Assumptions - NEMT

Trend Assumption

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

Notes:

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

## *Attachment 5*

### Provider Reimbursement, Eligibility Changes and Benefit Revisions

This attachment presents information regarding rating adjustments for the various provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting and before the end of FY2023.

All adjustments have been calculated through an analysis of health plan encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable March 2019 through February 2020 encounter data was repriced using the FFS reimbursement in place during this base period, the FFS reimbursement that will be in place during FY2023 and the applicable percentage change determined. Although the MCOs are not required to change their reimbursement levels based on changes implemented by HHSC, the Medicaid fee schedule serves as a primary negotiating tool for both MCOs and providers in Texas. Many MCO/provider reimbursement contracts are directly tied to the Medicaid FFS fee schedule through established percentages (e.g. 100%, 102%, 95% etc.) As a result, MCO reimbursement has historically changed in conjunction with Medicaid FFS fee schedule changes, both increases and decreases. Furthermore, it is common for provider reimbursement contracts that are directly tied to the Medicaid fee schedule (i.e. set at a percentage of Medicaid) to automatically adjust when the Medicaid fee schedule changes with no further need for recontracting. The correlation between managed care reimbursement and FFS fee schedules has been consistently observed throughout the history of the Texas managed care programs and is reiterated through discussions with the MCOs.

As a result of annual evaluations, several hospitals have had their Standard Dollar Amount (SDA) revised between the base period and FY2023. In addition, the universal mean used for outlier calculations was revised effective October 1, 2021. Exhibit A presents a summary of the derivation of the rating adjustment factors associated with these revisions.

Beginning May 1, 2013, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2022. As a result, the adjustment factors shown in Exhibit B represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2023.

Effective March 1, 2014, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPC reduction list will become effective September 1, 2022. As a result, the adjustment factors shown in Exhibit C represent the restoration of those reductions that were in place during the base period net of those reductions that will be in place during FY2023.

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



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

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2023. The 10% PPR adjustment is intended to be an introductory step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods. Exhibit E presents a summary of the derivation of the rating adjustment factors.

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

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

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

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

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

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

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

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

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

Effective April 1, 2020, HHSC increased the reimbursement for nursing facilities. This increase is assumed to be in place until October 13, 2022. Exhibit L presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2020, HHSC made changes to the Service Authorization System (SAS) that will impact the classification of members in the nursing facility risk groups. This change does not impact the overall number of members in the STAR+PLUS program but shifts members amongst the OCC, HCBS and nursing facility risk groups. The primary change is that the SAS system will only classify a member in the nursing facility risk group if the member's nursing facility segment and Resource Utilization Group (RUG) dates include the first day of the month. In order to calculate the adjustment factor, the base period enrollment was run through the revised eligibility criteria and the STAR+PLUS membership was reassigned into the risk groups that they would be assigned during FY2023. The claims and enrollment months for all members were then recategorized and the average cost by SDA and risk group was determined. Exhibits M.1 and M.2 show the comparison of the average cost pre and post eligibility shift for the medical and prescription drug expenditures respectively. The rating adjustment factors are defined as the change in average cost due to the enrollment shift. It should be noted that, in total, this adjustment is budget neutral; however, it has varying impacts by SDA and risk group.

Effective March 1, 2021, HHSC made revisions to the reimbursement for ambulatory surgical centers (ASC). Exhibit N presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2021, HHSC made revisions to the reimbursement for medication assisted therapy (MAT). Exhibit O presents a summary of the derivation of the rating adjustment factors.

Effective March 1, 2021, HHSC made revisions to the reimbursement for non-state clinical labs. Exhibit P presents a summary of the derivation of the rating adjustment factors.

Effective March 1, 2022, HHSC made revisions to the reimbursement for outpatient behavioral health services. Exhibit Q presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2021, HHSC made revisions to the reimbursement for evaluation and management (E&M) services. Exhibit R presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2021, HHSC made revisions to the reimbursement for radiology services. Exhibit S presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2022, HHSC made revisions to the reimbursement for vaccine administration. Exhibit T presents a summary of the derivation of the rating adjustment factors.

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

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

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

Effective July 1, 2022, reimbursement for Individual Transportation Participant (ITP) service decreased to \$0.625 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit X includes additional information regarding the application of the ITP adjustment factors.

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

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

**Attachment 5 Exhibits**

**Heading**

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
Other – NF Eligibility	M.1

The pharmacy and NEMT adjustments are included separately in Attachment 3.

Please note that the incurred claims reported on Attachment 5 are developed from the FY2019 detail encounter data which only includes claims paid through November 2019 and the FY2020 detail encounter data which only includes claims paid through November 2020. As a result, the incurred claims reported on Attachment 3 vary slightly from Attachment 5 amounts for several reasons including: (i) Attachment 3 incurred claims include claims paid through February 2022, (ii) Attachment 3 incurred claims include a small amount of IBNR where applicable and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 incurred claims but not available in the detailed encounter data files. As noted on pages 1-3 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors detailed in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

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

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	176,502	-444	-156	11	34,719	201	6,611	-440	217,004
Dallas	584,878	136,587	1,994	-236	54,970	-27	48,200	13,778	840,144
El Paso	224,721	72,415	606	0	42,361	48	33,340	3,874	377,366
Harris	381,345	-17,808	1,158	538	28,964	-197	-3,632	4,309	394,677
Hidalgo	1,088,252	392,945	3,021	182	168,991	3,037	37,559	55,033	1,749,020
Jefferson	88,790	16,972	56	0	26,374	309	3,787	980	137,269
Lubbock	292,613	83,854	7,429	0	76,543	119	27,886	1,563	490,009
Nueces	531,653	215,698	2,939	12	50,686	10,259	7,065	11,370	829,682
Tarrant	332,013	122,789	140	184	151,980	0	28,805	16,137	652,047
Travis	281,855	43,279	5,074	-1	16,717	0	-16,184	4,479	335,219
MRSA Central	789,158	207,506	13,636	45	211,337	50,030	86,973	29,361	1,388,044
MRSA Northeast	910,301	337,549	7,992	1,418	187,106	5,631	10,087	14,968	1,475,052
MRSA West	884,508	186,930	-1,723	-1,713	125,602	961	35,229	50,093	1,279,886
Total	6,566,588	1,798,272	42,166	440	1,176,350	70,372	305,726	205,506	10,165,420
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.15%	0.00%	0.00%	0.00%	0.33%	0.00%	0.09%	-0.01%	0.12%
Dallas	0.33%	0.27%	0.00%	0.00%	0.28%	0.00%	0.56%	0.11%	0.31%
El Paso	0.54%	0.55%	0.00%	0.00%	1.95%	0.00%	1.00%	0.08%	0.58%
Harris	0.12%	-0.03%	0.00%	0.00%	0.16%	0.00%	-0.02%	0.02%	0.09%
Hidalgo	1.25%	0.95%	0.00%	0.00%	2.36%	0.00%	0.75%	0.56%	1.16%
Jefferson	0.18%	0.13%	0.00%	0.00%	0.75%	0.00%	0.32%	0.03%	0.19%
Lubbock	0.92%	1.56%	0.00%	0.00%	2.73%	0.00%	1.23%	0.06%	1.09%
Nueces	1.34%	1.58%	0.00%	0.00%	1.87%	0.00%	0.38%	0.26%	1.34%
Tarrant	0.30%	0.45%	0.00%	0.00%	1.25%	0.00%	0.36%	0.18%	0.39%
Travis	0.47%	0.34%	0.00%	0.00%	0.35%	0.00%	-0.39%	0.08%	0.39%
MRSA Central	1.09%	1.73%	0.00%	0.00%	2.35%	0.00%	2.39%	0.72%	1.38%
MRSA Northeast	0.87%	1.24%	0.00%	0.00%	1.73%	0.00%	0.23%	0.26%	0.97%
MRSA West	1.23%	1.20%	0.00%	0.00%	1.42%	0.00%	0.68%	0.82%	1.19%
Total	0.52%	0.53%	0.00%	0.00%	1.05%	0.00%	0.44%	0.21%	0.54%

## Footnotes

(1) Equals the cost impact from reimbursement changes for inpatient SDAs effective 9/1/2019, 9/1/2020, 9/1/2021 and 9/1/2022 along with universal mean change.

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

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

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	41,561	11,075	116	0	4,440	0	1,630	12	58,833
Dallas	174,329	28,864	155	1	19,489	29	5,701	408	228,975
El Paso	-6,478	-963	628	0	-2,693	-264	-42	1,848	-7,964
Harris	-8,227	4,686	111	158	741	213	-6,959	-19,423	-28,700
Hidalgo	16,446	23,072	-180	258	5,400	5	2,322	1,984	49,307
Jefferson	26,711	7,124	-269	0	-941	55	715	-915	32,481
Lubbock	-13,475	-2,373	-97	0	94	-309	501	-1,967	-17,627
Nueces	3,021	183	9	0	-48	-18	593	118	3,858
Tarrant	-72,099	-21,144	-28	65	-17,206	0	-3,758	-3,099	-117,270
Travis	22,170	9,201	291	175	-2,015	-61	5,444	-504	34,699
MRSA Central	6,342	2,818	-75	5	600	104	1,018	-1,021	9,791
MRSA Northeast	-52,550	-14,685	305	-122	-10,210	-226	-1,099	-3,715	-82,301
MRSA West	-12,792	-3,169	-550	0	-11,007	-135	-4,698	-813	-33,163
Total	124,957	44,689	418	541	-13,357	-609	1,368	-27,089	130,920
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 Potentially Preventable Readmission (PPR) Reimbursement Reductions

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

## Footnotes

- (1) Equals the net cost/savings resulting from PPR reimbursement reductions that will become effective 9/1/2022 versus those effective during 3/2019-2/2020.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.



## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-270,192	-50,828	-1,094	1	-23,109	-364	-9,183	-13,489	-368,259
Dallas	-185,228	-53,983	-451	-37	-52,360	-2,101	-5,316	-1,649	-301,125
El Paso	-52,852	-19,046	30	0	-5,178	46	-2,644	-4,749	-84,394
Harris	-218,591	-59,326	-1,690	-2,057	-22,607	-1,238	-21,589	233	-326,864
Hidalgo	-65,546	-33,817	-34	-2,104	-17,464	-227	-3,052	1,184	-121,060
Jefferson	60,468	9,296	534	0	-947	0	-242	2,511	71,619
Lubbock	14,688	1,547	31	0	-1,177	94	810	99	16,092
Nueces	34,939	10,479	0	208	7,713	5	1,523	1,161	56,028
Tarrant	-5,280	2,321	-452	12	5,106	0	-650	518	1,575
Travis	17,207	2,190	576	343	5,158	0	2,976	1,219	29,669
MRSA Central	-284,868	-48,171	-684	-69	-42,678	-648	-12,861	-5,939	-395,917
MRSA Northeast	-10,652	8,881	-849	-108	9,014	-30	-1,407	5,607	10,456
MRSA West	-126,474	-18,413	-1,066	-339	-6,113	-20	-5,514	-2,806	-160,746
Total	-1,092,380	-248,871	-5,151	-4,151	-144,641	-4,482	-57,149	-16,099	-1,572,925
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.23%	-0.13%	0.00%	0.00%	-0.22%	0.00%	-0.12%	-0.16%	-0.20%
Dallas	-0.10%	-0.11%	0.00%	0.00%	-0.27%	0.00%	-0.06%	-0.01%	-0.11%
El Paso	-0.13%	-0.14%	0.00%	0.00%	-0.24%	0.00%	-0.08%	-0.09%	-0.13%
Harris	-0.07%	-0.09%	0.00%	0.00%	-0.12%	0.00%	-0.14%	0.00%	-0.08%
Hidalgo	-0.08%	-0.08%	0.00%	0.00%	-0.24%	0.00%	-0.06%	0.01%	-0.08%
Jefferson	0.12%	0.07%	0.00%	0.00%	-0.03%	0.00%	-0.02%	0.07%	0.10%
Lubbock	0.05%	0.03%	0.00%	0.00%	-0.04%	0.00%	0.04%	0.00%	0.04%
Nueces	0.09%	0.08%	0.00%	0.00%	0.29%	0.00%	0.08%	0.03%	0.09%
Tarrant	0.00%	0.01%	0.00%	0.00%	0.04%	0.00%	-0.01%	0.01%	0.00%
Travis	0.03%	0.02%	0.00%	0.00%	0.11%	0.00%	0.07%	0.02%	0.03%
MRSA Central	-0.39%	-0.40%	0.00%	0.00%	-0.47%	0.00%	-0.35%	-0.15%	-0.39%
MRSA Northeast	-0.01%	0.03%	0.00%	0.00%	0.08%	0.00%	-0.03%	0.10%	0.01%
MRSA West	-0.18%	-0.12%	0.00%	0.00%	-0.07%	0.00%	-0.11%	-0.05%	-0.15%
Total	-0.09%	-0.07%	0.00%	0.00%	-0.13%	0.00%	-0.08%	-0.02%	-0.08%

## Footnotes

(1) Equals the net cost/savings resulting from PPC reimbursement reductions that will become effective 9/1/2022 versus those effective during 3/2019-2/2020.

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 DRG Grouper Revisions

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
<b>Impact of Reimbursement Change (1)</b>									
Bexar	1,708,813	718,436	5,003	0	223,960	3,184	55,841	67,713	2,782,949
Dallas	2,711,099	847,103	1,752	7,093	571,520	17,848	85,902	24,883	4,267,201
El Paso	274,526	62,600	7,407	0	28,341	0	13,658	19,424	405,955
Harris	3,129,626	757,864	178	0	278,062	0	65,802	9,748	4,241,280
Hidalgo	893,173	460,003	-1,227	1,403	169,843	391	17,752	49,167	1,590,505
Jefferson	420,342	112,379	0	0	69,571	1,383	5,534	23,171	632,380
Lubbock	406,809	35,496	41	0	57,505	0	12,903	13,249	526,002
Nueces	625,401	213,533	0	0	75,662	0	10,214	14,938	939,748
Tarrant	1,458,755	302,827	0	1,400	207,133	0	55,080	27,361	2,052,556
Travis	618,185	42,871	-5,825	0	89,048	3,023	32,506	25,842	805,650
MRSA Central	1,112,578	224,770	-98	0	159,242	1,013	29,463	41,682	1,568,649
MRSA Northeast	1,724,072	333,196	7,321	0	284,701	0	107,314	18,890	2,475,493
MRSA West	927,205	258,099	0	1	256,439	1,518	66,986	26,393	1,536,643
Total	16,010,584	4,369,178	14,551	9,895	2,471,027	28,359	558,954	362,461	23,825,010
<b>3/2019-2/2020 Total Acute Care Incurred Claims (2)</b>									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 DRG Grouper Revisions

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

## Footnotes

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

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

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

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Inpatient Acute Care

## Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Quality Improvement (1)									
Bexar	-500,715	-155,499	0	0	-83,294	0	-32,529	-913	-772,950
Dallas	-1,023,731	-230,597	0	-3,255	-184,106	0	-42,662	-3,105	-1,487,455
El Paso	-147,553	-65,810	0	0	-21,540	0	-11,406	-1,042	-247,351
Harris	-1,772,873	-312,932	-529	0	-128,218	0	-64,910	-5,146	-2,284,608
Hidalgo	-263,796	-149,205	0	0	-68,459	0	-16,291	-1,940	-499,691
Jefferson	-165,429	-54,059	0	0	-15,526	0	-1,059	-1,706	-237,779
Lubbock	-111,933	-18,878	0	0	-7,848	0	-8,448	-328	-147,435
Nueces	-185,701	-51,057	0	0	-19,788	0	-6,664	-3,700	-266,911
Tarrant	-471,092	-108,295	0	0	-82,302	0	-26,808	-824	-689,320
Travis	-330,675	-62,101	0	-1,680	-26,010	0	-28,279	-898	-449,644
MRSA Central	-391,584	-56,998	0	0	-67,538	0	-18,138	0	-534,258
MRSA Northeast	-367,412	-101,177	0	0	-107,529	0	-19,878	-5,034	-601,031
MRSA West	-270,655	-58,667	0	0	-60,884	0	-22,471	0	-412,678
Total	-6,003,150	-1,425,276	-529	-4,935	-873,041	0	-299,544	-24,636	-8,631,111
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Inpatient Acute Care  
 Potentially Preventable Readmission (PPR) Quality Improvement

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

## Footnotes

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

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Therapy Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	22,450	13,659	75	83	81	0	1,335	373	38,055
Dallas	2,793	1,877	0	0	0	0	95	0	4,765
El Paso	12,859	5,424	83	248	0	0	3,134	353	22,100
Harris	50,585	17,270	237	177	294	0	961	2,191	71,714
Hidalgo	28,866	15,210	262	16	66	0	5,127	1,112	50,660
Jefferson	1,964	895	0	0	0	0	0	0	2,859
Lubbock	952	347	0	0	10	0	0	0	1,309
Nueces	14,567	5,536	0	77	70	0	118	2,268	22,637
Tarrant	2,643	1,037	0	0	0	0	164	173	4,017
Travis	5,232	1,470	70	3	11	0	456	105	7,347
MRSA Central	4,308	560	0	0	96	0	261	177	5,401
MRSA Northeast	18,703	12,290	0	0	539	0	279	392	32,203
MRSA West	832	662	463	0	0	0	37	221	2,216
Total	166,753	76,237	1,189	603	1,167	0	11,968	7,364	265,282
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Therapy Reimbursement Changes

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

## Footnotes

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

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

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



FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Rural Hospital Outpatient Reimbursement Changes

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	205,958	31,413	1,728	2	10,086	1,980	10,603	9,470	271,239
Dallas	196,438	16,667	1,646	1,147	5,843	816	14,244	2,709	239,509
El Paso	3,418	378	0	0	0	0	0	0	3,796
Harris	528,368	43,816	3,044	541	32,886	322	18,126	10,385	637,490
Hidalgo	210,696	93,640	2,209	689	19,467	135	8,057	15,130	350,022
Jefferson	838,196	126,568	14,339	1,115	34,475	385	8,554	19,204	1,042,835
Lubbock	380,312	39,863	2,346	0	15,962	1,942	11,156	7,789	459,369
Nueces	714,545	161,792	6,895	3,075	43,566	3,885	4,115	18,732	956,606
Tarrant	395,711	36,799	242	106	17,751	13	6,745	33,087	490,454
Travis	323,195	33,672	2,218	606	13,738	3,889	26,627	16,293	420,238
MRSA Central	1,313,562	186,448	17,563	5,901	142,726	3,764	50,366	49,377	1,769,707
MRSA Northeast	3,182,105	519,820	12,686	4,522	148,816	3,998	102,219	91,213	4,065,381
MRSA West	2,132,348	454,346	20,788	7,616	113,221	3,866	112,977	75,258	2,920,420
Total	10,424,853	1,745,224	85,703	25,320	598,537	24,994	373,789	348,646	13,627,065
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Rural Hospital Outpatient Reimbursement Changes

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

## Footnotes

- (1) Equals the cost impact from reimbursement changes for outpatient rural hospital services effective 9/1/2021.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-4,216	0	0	0	-4	0	0	0	-4,220
Dallas	-318	0	0	0	0	0	0	0	-318
El Paso	-7,212	-3,853	0	0	-3,844	0	-253	-127	-15,289
Harris	-30,554	-32,648	-83	-7	-983	0	-6,703	-21,488	-92,466
Hidalgo	-10,136	-25,505	0	0	-243	0	0	-1,591	-37,475
Jefferson	-35,813	-490	0	0	0	0	-1,448	-6,749	-44,498
Lubbock	-392	-2,862	0	-240	0	0	-46	-31,325	-34,865
Nueces	-881	-1,143	0	0	0	0	0	-3	-2,026
Tarrant	-16,034	-1,962	-2	0	0	-214	-198	-4,946	-23,356
Travis	-9,820	-480	0	0	-3	0	-2,040	-207	-12,551
MRSA Central	-20,307	-54	-21	0	-90	0	-29	-454	-20,955
MRSA Northeast	-21,430	-46,193	-492	-231	-5,003	-54	-6,378	-173	-79,955
MRSA West	-304	-348	-23	0	-517	0	0	0	-1,192
Total	-157,417	-115,537	-622	-478	-10,686	-268	-17,096	-67,062	-369,166
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Remove Invalid CAD Encounters

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

## Footnotes

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

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Removal of Cost for Members with IMD in excess of 15 Days in a Month & Reprice IMD Unit Cost

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
<b>Estimated Impact (1)</b>									
Bexar	-1,325,183	-185,988	828	-492	-39,709	0	-59,297	103	-1,609,738
Dallas	-3,309,218	-369,772	-32,698	-1,843	-57,308	-28,329	-95,140	59	-3,894,249
El Paso	-725,117	-128,842	0	-1,156	386	0	-40,005	0	-894,734
Harris	-5,360,538	-465,375	-2	232	-27,321	0	-246,936	362	-6,099,578
Hidalgo	-388,587	-19,471	14	45	457	0	-30,022	0	-437,564
Jefferson	-239,108	-9,480	0	0	716	0	486	0	-247,386
Lubbock	-280,088	1,201	-8,734	0	-12,983	0	-9,876	0	-310,479
Nueces	-181,811	2,124	35	0	0	34	1,399	0	-178,220
Tarrant	-639,746	-49,953	14	105	-31,525	-434	-18,237	0	-739,777
Travis	-1,134,959	-27,056	48	-299	-67,175	0	-124,770	374	-1,353,836
MRSA Central	-1,121,378	-44,674	542	364	2,663	-1,857	-46,853	210	-1,210,983
MRSA Northeast	-558,227	-21,290	146	-1,135	-12,783	203	-25,234	69	-618,251
MRSA West	-1,082,661	-47,575	-63,182	3	-53,981	-96	-130,394	398	-1,377,489
Total	-16,346,621	-1,366,152	-102,988	-4,176	-298,563	-30,479	-824,880	1,575	-18,972,285
<b>3/2019-2/2020 Total Acute Care Incurred Claims (2)</b>									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

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

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

## Footnotes

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

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

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

## FY2023 STAR+PLUS Rating

## Pharmacy Adjustments

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

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

## FY2023 STAR+PLUS Rating

## Pharmacy Adjustments

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

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

## Footnotes

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

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

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



FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 FQHC Wrap Removal

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
<b>Impact of Reimbursement Change (1)</b>									
Bexar	-1,175,771	-148,947	0	0	-7,109	0	-46,817	-50,825	-1,429,470
Dallas	-597,992	-97,555	0	0	-28,155	0	-24,889	-17,003	-765,593
El Paso	-156,244	-23,188	0	0	-4,131	0	-2,340	-6,052	-191,955
Harris	-2,232,778	-185,954	0	0	-25,526	0	-129,264	-53,326	-2,626,849
Hidalgo	-717,464	-109,987	0	0	-5,682	0	-11,859	-82,260	-927,253
Jefferson	-545,310	-51,577	0	0	-7,088	0	-5,508	-11,446	-620,929
Lubbock	-410,590	-32,985	0	0	-3,167	0	-43,160	-12,124	-502,025
Nueces	-630,425	-137,449	0	0	-1,730	0	-31,598	-35,527	-836,728
Tarrant	-163,597	-19,051	0	0	-1,221	0	-11,110	-10,555	-205,533
Travis	-2,028,225	-279,499	0	0	-12,966	0	-126,209	-50,831	-2,497,730
MRSA Central	-1,712,048	-150,484	0	0	-11,073	0	-60,057	-22,011	-1,955,673
MRSA Northeast	-1,843,758	-233,881	0	0	-7,576	0	-67,898	-22,177	-2,175,289
MRSA West	-1,792,632	-178,725	0	0	-16,306	0	-231,750	-56,319	-2,275,732
Total	-14,006,832	-1,649,283	0	0	-131,730	0	-792,459	-430,455	-17,010,759
<b>3/2019-2/2020 Total Acute Care Incurred Claims (2)</b>									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.98%	-0.39%	0.00%	0.00%	-0.07%	0.00%	-0.61%	-0.60%	-0.77%
Dallas	-0.34%	-0.19%	0.00%	0.00%	-0.14%	0.00%	-0.29%	-0.13%	-0.28%
El Paso	-0.38%	-0.17%	0.00%	0.00%	-0.19%	0.00%	-0.07%	-0.12%	-0.29%
Harris	-0.73%	-0.27%	0.00%	0.00%	-0.14%	0.00%	-0.87%	-0.25%	-0.61%
Hidalgo	-0.82%	-0.27%	0.00%	0.00%	-0.08%	0.00%	-0.24%	-0.84%	-0.62%
Jefferson	-1.11%	-0.40%	0.00%	0.00%	-0.20%	0.00%	-0.46%	-0.32%	-0.88%
Lubbock	-1.29%	-0.62%	0.00%	0.00%	-0.11%	0.00%	-1.90%	-0.48%	-1.12%
Nueces	-1.59%	-1.01%	0.00%	0.00%	-0.06%	0.00%	-1.70%	-0.81%	-1.35%
Tarrant	-0.15%	-0.07%	0.00%	0.00%	-0.01%	0.00%	-0.14%	-0.12%	-0.12%
Travis	-3.42%	-2.23%	0.00%	0.00%	-0.27%	0.00%	-3.01%	-0.89%	-2.88%
MRSA Central	-2.37%	-1.26%	0.00%	0.00%	-0.12%	0.00%	-1.65%	-0.54%	-1.94%
MRSA Northeast	-1.77%	-0.86%	0.00%	0.00%	-0.07%	0.00%	-1.54%	-0.38%	-1.43%
MRSA West	-2.49%	-1.14%	0.00%	0.00%	-0.18%	0.00%	-4.48%	-0.92%	-2.12%
Total	-1.10%	-0.49%	0.00%	0.00%	-0.12%	0.00%	-1.13%	-0.44%	-0.90%

Footnotes  
 (1) Equals the cost impact from removing FQHC wrap payments from the capitation rate.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

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

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	213,090	88,477	295,342	140,036	0	0	0	921	737,866
Dallas	296,043	88,941	350,020	123,492	0	0	4	1,863	860,363
El Paso	86,647	19,676	309,168	23,167	0	0	0	1,151	439,808
Harris	497,785	134,595	734,726	261,429	0	0	0	2,541	1,631,076
Hidalgo	479,807	152,274	1,521,843	657,808	0	0	0	9,328	2,821,060
Jefferson	51,955	36,480	73,548	59,159	0	0	0	175	221,317
Lubbock	15,367	7,505	25,075	11,855	0	0	0	314	60,116
Nueces	110,779	49,028	184,168	154,249	0	0	0	1,324	499,548
Tarrant	110,756	51,380	165,219	47,211	0	0	10	812	375,387
Travis	69,099	48,983	101,713	109,163	0	0	-35	538	329,462
MRSA Central	59,077	29,429	88,101	64,605	0	0	0	373	241,585
MRSA Northeast	113,101	76,870	140,044	148,482	0	0	11	612	479,121
MRSA West	48,919	19,024	151,371	79,442	0	0	0	416	299,173
Total	2,152,425	802,664	4,140,339	1,880,097	0	0	-9	20,369	8,995,883
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  
 Attendant Care Reimbursement Increase

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

## Footnotes

- (1) Equals the cost impact from reimbursement changes for the attendant care minimum wage effective 9/1/2019.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Long Term Care Claims Paid.

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

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	855	4,679	2,491	13,253	436,644	2,268,115	1,266	0	2,727,303
Dallas	2,627	14,237	7,570	36,210	625,296	3,352,066	3,639	0	4,041,647
El Paso	559	2,451	850	8,302	63,683	428,913	403	75	505,235
Harris	2,379	10,875	6,172	27,825	656,254	3,774,101	3,239	0	4,480,845
Hidalgo	1,545	2,351	10,109	24,996	177,301	1,840,782	299	0	2,057,383
Jefferson	274	2,639	1,843	5,559	158,202	1,149,282	143	0	1,317,942
Lubbock	486	1,365	1,261	3,788	137,741	1,001,585	1,718	15	1,147,957
Nueces	1,192	2,264	2,419	5,697	139,853	1,248,729	90	0	1,400,243
Tarrant	2,728	7,820	10,255	17,058	500,590	2,770,610	4,009	0	3,313,069
Travis	1,077	1,983	4,660	8,412	285,144	1,917,113	1,691	0	2,220,079
MRSA Central	1,529	2,356	5,297	6,013	380,596	2,720,072	2,321	63	3,118,248
MRSA Northeast	3,024	5,934	15,486	18,408	437,077	3,537,495	2,950	106	4,020,482
MRSA West	2,270	3,313	5,392	11,397	370,856	2,944,284	2,886	106	3,340,502
Total	20,544	62,268	73,803	186,919	4,369,237	28,953,148	24,654	364	33,690,935
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	0.00%	0.01%	0.00%	0.02%	1.56%	1.57%	0.00%	0.00%	0.71%
Dallas	0.00%	0.03%	0.01%	0.04%	1.58%	1.66%	0.00%	0.00%	0.78%
El Paso	0.00%	0.02%	0.00%	0.03%	1.52%	1.58%	0.00%	0.03%	0.31%
Harris	0.00%	0.01%	0.00%	0.02%	1.57%	1.56%	0.00%	0.00%	0.60%
Hidalgo	0.00%	0.00%	0.00%	0.01%	1.47%	1.45%	0.00%	0.00%	0.23%
Jefferson	0.00%	0.02%	0.01%	0.02%	1.71%	1.69%	0.00%	0.00%	0.95%
Lubbock	0.02%	0.03%	0.02%	0.04%	1.63%	1.55%	0.00%	0.02%	1.20%
Nueces	0.01%	0.01%	0.01%	0.01%	1.61%	1.49%	0.00%	0.00%	0.63%
Tarrant	0.01%	0.03%	0.03%	0.04%	1.64%	1.53%	0.00%	0.00%	0.97%
Travis	0.01%	0.01%	0.02%	0.03%	1.57%	1.51%	0.00%	0.00%	0.97%
MRSA Central	0.01%	0.02%	0.03%	0.02%	1.64%	1.55%	0.00%	0.08%	1.17%
MRSA Northeast	0.01%	0.02%	0.05%	0.03%	1.62%	1.54%	0.00%	0.08%	0.98%
MRSA West	0.02%	0.02%	0.02%	0.03%	1.66%	1.57%	0.00%	0.12%	1.09%
Total	0.00%	0.02%	0.01%	0.02%	1.60%	1.56%	0.00%	0.01%	0.71%

## Footnotes

- (1) Equals the cost impact from increased reimbursement for nursing facilities assumed to be in place until 10/13/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all long term care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Long Term Care Claims Paid.

## FY2023 STAR+PLUS Rating

## Other Adjustments

## Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/2019-2/2020 Average Cost PMPM (1)								
Bexar	759.46	3,119.14	333.86	1,818.49	5,585.06	3,819.36	383.23	2,035.95
Dallas	790.17	2,865.08	309.20	1,624.78	5,836.13	3,664.13	318.87	2,272.38
El Paso	869.77	2,960.92	477.75	1,843.98	6,269.89	3,906.09	550.46	1,609.17
Harris	900.83	3,778.93	298.59	2,047.14	5,974.66	3,708.22	359.43	2,155.47
Hidalgo	1,139.76	3,503.83	850.62	2,181.80	6,639.50	4,247.07	453.44	1,887.97
Jefferson	695.70	3,091.88	184.69	1,523.62	5,401.32	3,414.35	281.37	2,275.23
Lubbock	643.62	2,733.36	89.16	1,349.81	5,251.98	3,561.94	339.82	1,936.49
Nueces	811.74	3,022.65	415.11	1,797.95	5,245.47	3,965.68	368.45	1,853.59
Tarrant	692.52	3,118.72	227.03	1,610.40	5,305.89	3,532.93	331.05	1,924.70
Travis	729.16	3,431.06	187.65	1,762.96	5,239.87	3,724.05	320.17	1,947.80
MRSA Central	653.76	3,083.62	146.95	1,545.07	5,263.18	3,550.54	364.83	2,041.65
MRSA Northeast	650.24	3,098.28	168.11	1,407.33	5,599.31	3,607.89	317.76	1,891.92
MRSA West	625.80	2,925.70	175.83	1,436.89	5,341.53	3,499.60	422.88	1,874.76
3/2019-2/2020 Average Cost PMPM With Enrollment Shift (2)								
Bexar	773.43	3,109.47	345.18	1,809.76	5,465.54	3,903.39	382.16	2,035.95
Dallas	808.35	2,836.72	321.45	1,605.77	5,771.35	3,747.67	318.93	2,272.38
El Paso	880.20	2,948.48	481.77	1,830.70	6,022.23	4,061.94	550.40	1,609.17
Harris	909.75	3,767.59	307.90	2,037.10	5,921.49	3,811.68	359.43	2,155.47
Hidalgo	1,153.44	3,504.53	854.19	2,179.84	6,308.85	4,360.47	451.95	1,887.97
Jefferson	705.92	3,072.09	199.85	1,516.30	5,333.80	3,489.81	281.32	2,275.23
Lubbock	656.23	2,706.57	106.44	1,332.26	5,271.93	3,621.07	339.78	1,936.49
Nueces	822.62	3,012.07	436.82	1,794.71	5,158.39	4,043.80	368.49	1,853.59
Tarrant	711.35	3,105.00	244.26	1,597.84	5,219.93	3,600.41	330.42	1,924.70
Travis	740.17	3,425.57	202.74	1,753.79	5,229.92	3,794.80	319.59	1,947.80
MRSA Central	670.43	3,079.62	165.27	1,536.88	5,134.76	3,611.61	364.58	2,041.65
MRSA Northeast	667.34	3,083.72	188.96	1,402.27	5,424.61	3,667.42	317.09	1,891.92
MRSA West	641.57	2,926.87	190.49	1,431.43	5,193.57	3,574.84	421.61	1,874.76

## FY2023 STAR+PLUS Rating

## Other Adjustments

## Nursing Facility Risk Group Adjustment Factors

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

## Footnotes

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

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

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



FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/2019-2/2020 Average Cost PMPM (1)								
Bexar	501.30	1,086.65	0.00	0.00	767.33	0.00	553.27	695.10
Dallas	402.80	847.79	0.00	0.00	526.50	0.00	373.12	486.73
El Paso	537.79	1,090.97	0.00	0.00	469.82	0.00	669.21	609.12
Harris	514.74	991.63	0.00	0.00	682.84	0.00	568.95	724.95
Hidalgo	501.07	974.67	0.00	0.00	781.62	0.00	483.92	595.93
Jefferson	479.70	839.52	0.00	0.00	690.50	0.00	575.56	726.57
Lubbock	414.74	943.84	0.00	0.00	751.73	0.00	441.39	609.15
Nueces	465.09	942.21	0.00	0.00	715.09	0.00	424.94	435.09
Tarrant	456.71	974.64	0.00	0.00	767.10	0.00	436.34	777.34
Travis	475.97	1,252.13	0.00	0.00	808.63	0.00	577.33	480.72
MRSA Central	413.00	1,156.23	0.00	0.00	579.71	0.00	485.15	782.53
MRSA Northeast	437.36	1,078.22	0.00	0.00	881.35	0.00	434.27	542.62
MRSA West	480.35	1,113.36	0.00	0.00	733.08	0.00	525.39	427.34
3/2019-2/2020 Average Cost PMPM With Enrollment Shift (2)								
Bexar	502.20	1,086.44	0.00	0.00	762.11	0.00	552.67	695.10
Dallas	404.13	848.64	0.00	0.00	505.39	0.00	373.12	486.73
El Paso	538.71	1,086.71	0.00	0.00	470.66	0.00	669.14	609.12
Harris	515.15	991.82	0.00	0.00	680.32	0.00	568.95	724.95
Hidalgo	502.03	973.89	0.00	0.00	764.66	0.00	483.92	595.93
Jefferson	479.99	837.76	0.00	0.00	703.20	0.00	575.51	726.57
Lubbock	415.03	943.36	0.00	0.00	770.52	0.00	441.43	609.15
Nueces	465.88	943.15	0.00	0.00	702.79	0.00	425.15	435.09
Tarrant	458.26	974.84	0.00	0.00	754.98	0.00	436.30	777.34
Travis	477.25	1,255.51	0.00	0.00	793.84	0.00	577.16	480.72
MRSA Central	413.58	1,153.80	0.00	0.00	580.52	0.00	485.25	782.53
MRSA Northeast	437.84	1,079.19	0.00	0.00	893.86	0.00	434.18	542.62
MRSA West	480.98	1,110.24	0.00	0.00	737.70	0.00	525.66	427.34

FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Rate Adjustment Factor (3)								
Bexar	0.18%	-0.02%	0.00%	0.00%	-0.68%	0.00%	-0.11%	0.00%
Dallas	0.33%	0.10%	0.00%	0.00%	-4.01%	0.00%	0.00%	0.00%
El Paso	0.17%	-0.39%	0.00%	0.00%	0.18%	0.00%	-0.01%	0.00%
Harris	0.08%	0.02%	0.00%	0.00%	-0.37%	0.00%	0.00%	0.00%
Hidalgo	0.19%	-0.08%	0.00%	0.00%	-2.17%	0.00%	0.00%	0.00%
Jefferson	0.06%	-0.21%	0.00%	0.00%	1.84%	0.00%	-0.01%	0.00%
Lubbock	0.07%	-0.05%	0.00%	0.00%	2.50%	0.00%	0.01%	0.00%
Nueces	0.17%	0.10%	0.00%	0.00%	-1.72%	0.00%	0.05%	0.00%
Tarrant	0.34%	0.02%	0.00%	0.00%	-1.58%	0.00%	-0.01%	0.00%
Travis	0.27%	0.27%	0.00%	0.00%	-1.83%	0.00%	-0.03%	0.00%
MRSA Central	0.14%	-0.21%	0.00%	0.00%	0.14%	0.00%	0.02%	0.00%
MRSA Northeast	0.11%	0.09%	0.00%	0.00%	1.42%	0.00%	-0.02%	0.00%
MRSA West	0.13%	-0.28%	0.00%	0.00%	0.63%	0.00%	0.05%	0.00%

## Footnotes

(1) Equals the average cost based on actual 3/19-2/20 claims and enrollment information.

(2) Equals the average cost based on 3/19-2/20 claims and enrollment modeled under revised eligibility definitions.

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Ambulatory Surgical Center (ASC) Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-1,630	-746	0	0	-186	0	0	0	-2,563
Dallas	-516	-194	0	0	0	0	0	0	-709
El Paso	0	0	0	0	0	0	0	0	0
Harris	0	0	0	0	0	0	0	0	0
Hidalgo	-24,308	-4,961	-1,741	0	-124	0	0	-675	-31,809
Jefferson	0	0	0	0	0	0	0	0	0
Lubbock	-145	-131	0	0	0	0	-100	24	-353
Nueces	0	0	0	0	0	0	0	0	0
Tarrant	-60	0	0	0	0	0	0	0	-60
Travis	0	0	0	0	0	0	0	0	0
MRSA Central	364	38	0	0	0	0	0	0	402
MRSA Northeast	-1,420	-794	82	0	-356	0	-66	125	-2,429
MRSA West	-841	415	-69	0	-62	0	0	0	-558
Total	-28,556	-6,373	-1,728	0	-729	0	-167	-527	-38,080
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Ambulatory Surgical Center (ASC) Reimbursement Changes

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

## Footnotes

(1) Equals the cost impact resulting from the ASC reimbursement changes effective 3/1/2021.

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

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

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Medicated Assisted Therapy Reimbursement Adjustments

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	946,642	99,347	76,660	10,009	2,579	0	0	8	1,135,245
Dallas	160,271	38,480	8,169	3,673	2,626	0	0	0	213,220
El Paso	142,055	4,014	635	0	1,035	0	0	0	147,739
Harris	254,384	8,837	3,845	0	0	0	0	0	267,067
Hidalgo	3,152	3,316	8	0	0	0	0	0	6,476
Jefferson	6,489	0	220	0	0	0	0	0	6,709
Lubbock	40,566	1,380	784	0	0	0	0	0	42,730
Nueces	158,738	16,676	4,260	0	188	0	0	0	179,862
Tarrant	230,745	14,441	0	0	0	31	2,877	0	248,095
Travis	124,938	5,581	0	0	390	0	0	0	130,909
MRSA Central	43,751	5,849	5,127	0	0	0	0	0	54,727
MRSA Northeast	115,577	13,908	1,137	0	0	0	1,811	0	132,433
MRSA West	53,461	3,003	0	0	16	0	0	0	56,479
Total	2,280,769	214,832	100,846	13,682	6,834	31	4,688	8	2,621,690
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Medicated Assisted Therapy Reimbursement Adjustments

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.79%	0.26%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.61%
Dallas	0.09%	0.08%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.08%
El Paso	0.34%	0.03%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.23%
Harris	0.08%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%
Hidalgo	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Lubbock	0.13%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%
Nueces	0.40%	0.12%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.29%
Tarrant	0.21%	0.05%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.15%
Travis	0.21%	0.04%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.15%
MRSA Central	0.06%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%
MRSA Northeast	0.11%	0.05%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.09%
MRSA West	0.07%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%
Total	0.18%	0.06%	0.00%	0.00%	0.01%	0.00%	0.01%	0.00%	0.14%

## Footnotes

- (1) Equals the cost impact from changes to the reimbursement for medicated assisted therapy effective 9/1/2021.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Non-State Clinical Lab Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-272,491	-50,085	-3,797	-1,272	-11,009	-582	-14,799	-11,444	-365,480
Dallas	-439,777	-89,844	-6,232	-3,400	-15,398	-1,118	-16,790	-15,548	-588,107
El Paso	-82,434	-15,919	-304	-535	-1,034	-18	-5,039	-7,282	-112,564
Harris	-720,275	-83,676	-4,864	-986	-15,584	-499	-29,606	-30,910	-886,399
Hidalgo	-253,349	-65,964	-4,154	-2,779	-7,911	-473	-11,308	-18,042	-363,979
Jefferson	-89,270	-13,382	-480	-402	-3,012	-99	-3,659	-4,776	-115,080
Lubbock	-55,616	-5,942	-902	-41	-4,359	-653	-4,375	-3,318	-75,205
Nueces	-92,715	-18,126	-1,250	-208	-3,486	-207	-3,432	-7,435	-126,858
Tarrant	-239,111	-31,702	-1,074	-125	-12,310	-52	-17,270	-11,497	-313,141
Travis	-101,650	-10,524	-1,098	-134	-5,916	-143	-6,823	-7,929	-134,217
MRSA Central	-145,634	-13,247	-2,792	-256	-8,645	-503	-6,154	-5,446	-182,677
MRSA Northeast	-180,892	-25,526	-1,230	-261	-6,311	-65	-8,417	-6,904	-229,607
MRSA West	-107,846	-12,342	-1,642	-239	-5,079	-463	-8,581	-8,023	-144,215
Total	-2,781,060	-436,279	-29,818	-10,637	-100,054	-4,875	-136,252	-138,555	-3,637,530
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Non-State Clinical Lab Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.23%	-0.13%	0.00%	0.00%	-0.10%	0.00%	-0.19%	-0.13%	-0.20%
Dallas	-0.25%	-0.18%	0.00%	0.00%	-0.08%	0.00%	-0.20%	-0.12%	-0.22%
El Paso	-0.20%	-0.12%	0.00%	0.00%	-0.05%	0.00%	-0.15%	-0.14%	-0.17%
Harris	-0.24%	-0.12%	0.00%	0.00%	-0.09%	0.00%	-0.20%	-0.14%	-0.21%
Hidalgo	-0.29%	-0.16%	0.00%	0.00%	-0.11%	0.00%	-0.23%	-0.18%	-0.24%
Jefferson	-0.18%	-0.10%	0.00%	0.00%	-0.09%	0.00%	-0.31%	-0.13%	-0.16%
Lubbock	-0.17%	-0.11%	0.00%	0.00%	-0.16%	0.00%	-0.19%	-0.13%	-0.17%
Nueces	-0.23%	-0.13%	0.00%	0.00%	-0.13%	0.00%	-0.18%	-0.17%	-0.20%
Tarrant	-0.22%	-0.12%	0.00%	0.00%	-0.10%	0.00%	-0.22%	-0.13%	-0.19%
Travis	-0.17%	-0.08%	0.00%	0.00%	-0.12%	0.00%	-0.16%	-0.14%	-0.15%
MRSA Central	-0.20%	-0.11%	0.00%	0.00%	-0.10%	0.00%	-0.17%	-0.13%	-0.18%
MRSA Northeast	-0.17%	-0.09%	0.00%	0.00%	-0.06%	0.00%	-0.19%	-0.12%	-0.15%
MRSA West	-0.15%	-0.08%	0.00%	0.00%	-0.06%	0.00%	-0.17%	-0.13%	-0.13%
Total	-0.22%	-0.13%	0.00%	0.00%	-0.09%	0.00%	-0.19%	-0.14%	-0.19%

## Footnotes

- (1) Equals the cost impact resulting from the non-state clinical lab reimbursement changes effective 3/1/2021.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.



## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Outpatient Behavioral Health Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	208,097	41,956	5,970	2,332	53,798	7,165	34,374	2,108	355,801
Dallas	102,273	19,740	1,820	1,085	71,682	8,016	7,293	3,212	215,121
El Paso	55,474	8,528	62	167	4,264	145	2,791	710	72,142
Harris	356,320	44,136	2,182	1,510	71,944	6,361	42,149	4,478	529,081
Hidalgo	111,097	25,122	2,286	923	13,898	2,201	6,657	2,680	164,864
Jefferson	39,377	4,572	107	73	12,247	158	3,187	359	60,080
Lubbock	34,605	6,364	1,621	701	8,412	356	16,267	1,026	69,353
Nueces	43,181	9,032	3,077	882	7,555	1,058	6,242	1,459	72,485
Tarrant	106,257	37,588	284	17	78,139	347	16,736	1,005	240,373
Travis	75,291	15,162	420	62	25,680	1,354	14,798	1,051	133,819
MRSA Central	105,790	9,350	3,494	672	26,524	2,645	17,182	1,051	166,709
MRSA Northeast	80,160	11,375	988	322	46,525	1,111	12,454	1,417	154,352
MRSA West	87,850	8,913	4,337	315	10,986	6,299	27,918	1,866	148,483
Total	1,405,772	241,840	26,649	9,062	431,654	37,216	208,047	22,421	2,382,662
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Outpatient Behavioral Health Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.17%	0.11%	0.00%	0.00%	0.51%	0.00%	0.44%	0.02%	0.19%
Dallas	0.06%	0.04%	0.00%	0.00%	0.36%	0.00%	0.09%	0.02%	0.08%
El Paso	0.13%	0.06%	0.00%	0.00%	0.20%	0.00%	0.08%	0.01%	0.11%
Harris	0.12%	0.06%	0.00%	0.00%	0.40%	0.00%	0.28%	0.02%	0.12%
Hidalgo	0.13%	0.06%	0.00%	0.00%	0.19%	0.00%	0.13%	0.03%	0.11%
Jefferson	0.08%	0.04%	0.00%	0.00%	0.35%	0.00%	0.27%	0.01%	0.09%
Lubbock	0.11%	0.12%	0.00%	0.00%	0.30%	0.00%	0.72%	0.04%	0.15%
Nueces	0.11%	0.07%	0.00%	0.00%	0.28%	0.00%	0.34%	0.03%	0.12%
Tarrant	0.10%	0.14%	0.00%	0.00%	0.64%	0.00%	0.21%	0.01%	0.15%
Travis	0.13%	0.12%	0.00%	0.00%	0.53%	0.00%	0.35%	0.02%	0.15%
MRSA Central	0.15%	0.08%	0.00%	0.00%	0.30%	0.00%	0.47%	0.03%	0.17%
MRSA Northeast	0.08%	0.04%	0.00%	0.00%	0.43%	0.00%	0.28%	0.02%	0.10%
MRSA West	0.12%	0.06%	0.00%	0.00%	0.12%	0.00%	0.54%	0.03%	0.14%
Total	0.11%	0.07%	0.00%	0.00%	0.38%	0.00%	0.30%	0.02%	0.13%

## Footnotes

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

## FY2023 STAR+PLUS Rating

## Provider Reimbursement Adjustments - Non-Inpatient Acute Care

## Evaluation &amp; Management Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	235,097	53,695	1,319	556	30,662	2,452	16,349	6,297	346,426
Dallas	317,404	72,509	2,526	2,476	45,700	5,061	17,168	7,814	470,658
El Paso	86,062	22,893	334	521	7,324	192	7,907	4,060	129,293
Harris	628,349	101,030	1,587	887	52,040	1,537	38,646	17,895	841,969
Hidalgo	178,481	63,609	1,334	947	16,545	893	10,728	8,696	281,233
Jefferson	92,777	17,696	198	264	6,688	233	3,302	2,756	123,914
Lubbock	49,683	6,665	205	31	6,029	254	3,969	1,532	68,368
Nueces	79,583	18,713	449	160	6,505	260	3,771	3,496	112,938
Tarrant	231,964	40,220	380	88	31,431	147	18,417	7,166	329,813
Travis	105,937	15,451	255	34	14,583	115	9,438	4,559	150,369
MRSA Central	120,158	14,104	477	72	14,717	268	6,064	2,489	158,349
MRSA Northeast	179,020	35,612	318	112	19,564	119	8,307	4,393	247,445
MRSA West	122,613	19,866	778	101	17,399	545	9,574	4,825	175,702
Total	2,427,129	482,062	10,157	6,250	269,188	12,075	153,640	75,976	3,436,477
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Evaluation & Management Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.20%	0.14%	0.00%	0.00%	0.29%	0.00%	0.21%	0.07%	0.19%
Dallas	0.18%	0.14%	0.00%	0.00%	0.23%	0.00%	0.20%	0.06%	0.17%
El Paso	0.21%	0.17%	0.00%	0.00%	0.34%	0.00%	0.24%	0.08%	0.20%
Harris	0.21%	0.15%	0.00%	0.00%	0.29%	0.00%	0.26%	0.08%	0.20%
Hidalgo	0.20%	0.15%	0.00%	0.00%	0.23%	0.00%	0.21%	0.09%	0.19%
Jefferson	0.19%	0.14%	0.00%	0.00%	0.19%	0.00%	0.28%	0.08%	0.18%
Lubbock	0.16%	0.12%	0.00%	0.00%	0.22%	0.00%	0.17%	0.06%	0.15%
Nueces	0.20%	0.14%	0.00%	0.00%	0.24%	0.00%	0.20%	0.08%	0.18%
Tarrant	0.21%	0.15%	0.00%	0.00%	0.26%	0.00%	0.23%	0.08%	0.20%
Travis	0.18%	0.12%	0.00%	0.00%	0.30%	0.00%	0.23%	0.08%	0.17%
MRSA Central	0.17%	0.12%	0.00%	0.00%	0.16%	0.00%	0.17%	0.06%	0.16%
MRSA Northeast	0.17%	0.13%	0.00%	0.00%	0.18%	0.00%	0.19%	0.08%	0.16%
MRSA West	0.17%	0.13%	0.00%	0.00%	0.20%	0.00%	0.18%	0.08%	0.16%
Total	0.19%	0.14%	0.00%	0.00%	0.24%	0.00%	0.22%	0.08%	0.18%

## Footnotes

(1) Equals the cost impact resulting from the E&M reimbursement changes effective 9/1/2021.

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Radiology Reimbursement Changes

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	310,211	53,427	9,434	3,835	3,947	904	10,390	35,111	427,260
Dallas	386,248	73,415	3,715	2,864	12,845	626	12,656	67,310	559,678
El Paso	54,185	7,907	99	1,028	1,941	2	1,608	17,872	84,641
Harris	485,024	43,094	1,844	661	13,726	318	14,459	70,486	629,612
Hidalgo	146,939	41,649	1,624	276	2,141	45	3,698	40,590	236,962
Jefferson	78,517	13,483	342	282	1,442	298	1,237	11,761	107,364
Lubbock	34,401	3,218	110	15	1,636	-2	1,598	13,630	54,606
Nueces	77,715	10,341	684	32	1,154	652	1,378	16,258	108,213
Tarrant	247,663	29,017	1,500	115	9,024	4	9,965	46,859	344,149
Travis	111,966	9,352	582	237	383	22	7,466	21,685	151,693
MRSA Central	114,959	7,572	1,832	1,128	5,003	394	2,081	21,431	154,400
MRSA Northeast	195,917	20,112	34	631	3,400	24	5,042	25,002	250,160
MRSA West	93,675	9,195	1,153	-3	1,625	125	2,805	20,767	129,342
Total	2,337,420	321,780	22,953	11,101	58,268	3,412	74,384	408,763	3,238,082
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Radiology Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.26%	0.14%	0.00%	0.00%	0.04%	0.00%	0.13%	0.41%	0.23%
Dallas	0.22%	0.15%	0.00%	0.00%	0.07%	0.00%	0.15%	0.52%	0.21%
El Paso	0.13%	0.06%	0.00%	0.00%	0.09%	0.00%	0.05%	0.35%	0.13%
Harris	0.16%	0.06%	0.00%	0.00%	0.08%	0.00%	0.10%	0.33%	0.15%
Hidalgo	0.17%	0.10%	0.00%	0.00%	0.03%	0.00%	0.07%	0.41%	0.16%
Jefferson	0.16%	0.10%	0.00%	0.00%	0.04%	0.00%	0.10%	0.33%	0.15%
Lubbock	0.11%	0.06%	0.00%	0.00%	0.06%	0.00%	0.07%	0.53%	0.12%
Nueces	0.20%	0.08%	0.00%	0.00%	0.04%	0.00%	0.07%	0.37%	0.17%
Tarrant	0.23%	0.11%	0.00%	0.00%	0.07%	0.00%	0.13%	0.53%	0.21%
Travis	0.19%	0.07%	0.00%	0.00%	0.01%	0.00%	0.18%	0.38%	0.18%
MRSA Central	0.16%	0.06%	0.00%	0.00%	0.06%	0.00%	0.06%	0.53%	0.15%
MRSA Northeast	0.19%	0.07%	0.00%	0.00%	0.03%	0.00%	0.11%	0.43%	0.16%
MRSA West	0.13%	0.06%	0.00%	0.00%	0.02%	0.00%	0.05%	0.34%	0.12%
Total	0.18%	0.10%	0.00%	0.00%	0.05%	0.00%	0.11%	0.41%	0.17%

## Footnotes

(1) Equals the cost impact resulting from the radiology reimbursement changes effective 9/1/2021.

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Vaccine Administration Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	32,836	6,118	191	84	123	5	2,011	929	42,297
Dallas	47,118	9,024	309	416	539	46	2,846	1,030	61,328
El Paso	6,297	967	10	5	43	0	576	441	8,341
Harris	49,570	5,015	175	29	401	1	4,814	986	60,991
Hidalgo	17,557	4,802	131	46	76	0	1,349	631	24,592
Jefferson	7,379	953	52	11	22	0	558	120	9,095
Lubbock	5,739	519	50	0	27	0	776	131	7,241
Nueces	8,378	1,341	46	0	96	0	432	204	10,497
Tarrant	54,500	4,672	242	81	514	0	4,260	1,205	65,474
Travis	5,668	550	21	0	65	0	834	333	7,471
MRSA Central	16,105	1,307	72	0	198	4	1,435	355	19,476
MRSA Northeast	35,843	5,051	135	11	293	0	2,724	592	44,650
MRSA West	9,825	1,197	142	14	128	0	1,323	365	12,994
Total	296,815	41,516	1,575	697	2,526	56	23,939	7,323	374,447
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care  
 Vaccine Administration Reimbursement Changes

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

## Footnotes

- (1) Equals the cost impact resulting from the vaccine administration reimbursement changes effective 9/1/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.



FY2023 STAR+PLUS Rating  
Pharmacy Adjustments  
PDL Changes

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

FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 PDL Changes

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

## Footnotes

(1) Equals the cost impact from preferred drug list (PDL) changes effective July 1, 2019 and July 1, 2021.

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

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

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total	
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible				
Impact of Hemostatic Drug Carve-out (1)										
Bexar	0	0	0	0	0	0	0	0	0	0
Dallas	-58,468	0	0	0	0	0	0	0	0	-58,468
El Paso	0	0	0	0	0	0	0	0	0	0
Harris	-20,380	0	0	0	0	0	0	0	0	-20,380
Hidalgo	0	0	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	0	0	0	0
Lubbock	0	0	0	0	0	0	0	0	0	0
Nueces	0	0	0	0	0	0	0	0	0	0
Tarrant	0	0	0	0	0	0	0	0	0	0
Travis	-698,061	0	0	0	0	0	-6,130	0	0	-704,190
MRSA Central	0	0	0	0	-1,917	0	0	0	0	-1,917
MRSA Northeast	0	0	0	0	0	0	0	0	0	0
MRSA West	0	0	0	0	0	0	0	0	0	0
Total	-776,908	0	0	0	-1,917	0	-6,130	0	0	-784,955
3/2019-2/2020 Total Acute Care Incurred Claims (2)										
Bexar	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988	
Dallas	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301	
El Paso	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679	
Harris	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660	
Hidalgo	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694	
Jefferson	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712	
Lubbock	31,941,709	5,358,127	0	0	2,801,955	0	2,269,542	2,550,181	44,921,514	
Nueces	39,534,197	13,640,677	0	0	2,705,478	0	1,856,509	4,375,125	62,111,985	
Tarrant	109,064,405	27,216,045	0	0	12,205,043	0	7,935,772	8,795,645	165,216,910	
Travis	59,350,277	12,556,139	0	0	4,819,293	0	4,191,702	5,705,477	86,622,887	
MRSA Central	72,290,886	11,963,499	0	0	8,991,106	0	3,635,503	4,061,573	100,942,567	
MRSA Northeast	104,167,090	27,195,449	0	0	10,822,510	0	4,408,962	5,836,112	152,430,123	
MRSA West	71,852,777	15,612,276	0	0	8,837,583	0	5,176,557	6,096,776	107,575,968	
Total	1,270,057,361	337,812,694	0	0	112,513,936	0	70,218,247	98,853,750	1,889,455,988	

FY2023 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal  
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-1.18%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	-0.81%
MRSA Central	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	-0.04%

## Footnotes

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

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

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

FY2023 STAR+PLUS Rating  
Pharmacy Adjustments  
Hemostatic Drug Carve-out

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Hemostatic Drug Carve-out (1)									
Bexar	-502,627	-34,591	0	0	0	0	0	0	-537,218
Dallas	-2,869,792	0	0	0	0	0	0	0	-2,869,792
El Paso	-2,175,151	-718,733	0	0	0	0	0	0	-2,893,884
Harris	-6,405,502	-283,746	0	0	-142,649	0	-903,185	0	-7,735,082
Hidalgo	-4,292,444	0	0	0	0	0	0	0	-4,292,444
Jefferson	-108,952	0	0	0	0	0	0	0	-108,952
Lubbock	-262,190	0	0	0	0	0	0	0	-262,190
Nueces	0	-104,560	0	0	0	0	0	0	-104,560
Tarrant	0	0	0	0	0	0	0	0	0
Travis	-761,942	0	0	0	0	0	0	0	-761,942
MRSA Central	-970,818	0	0	0	0	0	0	0	-970,818
MRSA Northeast	-1,072,023	0	0	0	0	0	0	0	-1,072,023
MRSA West	-3,239,170	0	0	0	0	0	0	0	-3,239,170
Total	-22,660,610	-1,141,631	0	0	-142,649	0	-903,185	0	-24,848,075
3/2019-2/2020 Pharmacy Incurred Claims (2)									
Bexar	111,219,535	28,429,379	0	0	5,500,307	0	11,694,223	2,976,463	159,819,908
Dallas	121,430,516	30,225,288	0	0	5,828,847	0	10,073,075	2,867,108	170,424,834
El Paso	37,483,210	10,736,959	0	0	608,188	0	3,981,985	2,033,530	54,843,872
Harris	249,070,854	38,522,418	0	0	7,403,498	0	25,549,926	7,688,013	328,234,708
Hidalgo	83,568,832	29,921,864	0	0	2,362,893	0	5,537,384	3,779,423	125,170,395
Jefferson	42,266,866	6,996,692	0	0	1,698,166	0	2,496,420	1,252,878	54,711,022
Lubbock	23,230,273	3,253,813	0	0	1,656,845	0	3,035,229	783,977	31,960,137
Nueces	37,834,812	9,821,265	0	0	1,671,697	0	2,389,850	1,134,958	52,852,583
Tarrant	87,019,905	16,415,724	0	0	6,225,485	0	10,693,114	3,534,776	123,889,004
Travis	51,876,619	9,695,178	0	0	3,870,507	0	8,221,094	1,500,037	75,163,434
MRSA Central	56,293,666	9,079,376	0	0	3,695,151	0	4,906,939	1,585,980	75,561,111
MRSA Northeast	87,790,622	18,564,093	0	0	6,249,665	0	5,578,584	1,737,343	119,920,307
MRSA West	64,257,453	11,107,714	0	0	4,319,003	0	6,535,903	1,426,465	87,646,538
Total	1,053,343,163	222,769,762	0	0	51,090,251	0	100,693,726	32,300,951	1,460,197,854

FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.45%	-0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.34%
Dallas	-2.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.68%
El Paso	-5.80%	-6.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.28%
Harris	-2.57%	-0.74%	0.00%	0.00%	-1.93%	0.00%	-3.53%	0.00%	-2.36%
Hidalgo	-5.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.43%
Jefferson	-0.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%
Lubbock	-1.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.82%
Nueces	0.00%	-1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-1.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.01%
MRSA Central	-1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.28%
MRSA Northeast	-1.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.89%
MRSA West	-5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.70%
Total	-2.15%	-0.51%	0.00%	0.00%	-0.28%	0.00%	-0.90%	0.00%	-1.70%

## Footnotes

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

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

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

FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hepatitis C Drug Carve-out

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

FY2023 STAR+PLUS Rating  
 Pharmacy Adjustments  
 Hepatitis C Drug Carve-out

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

## Footnotes

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

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

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



FY2023 STAR+PLUS Rating  
NEMT Carve-in Rating Adjustments  
Mileage Reimbursement Adjustment

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Cost Adjustment (1)									
Bexar	3,008	2,262	3,256	2,879	0	0	518	85	12,007
Dallas	4,664	2,341	7,809	6,509	12	0	349	411	22,095
El Paso	4,517	713	3,077	1,803	0	0	324	43	10,478
Harris	14,267	2,819	16,666	4,530	0	0	706	743	39,731
Hidalgo	14,306	10,346	39,092	25,438	7	0	1,554	3,331	94,074
Jefferson	22,897	4,636	13,008	9,344	7	99	1,890	1,429	53,309
Lubbock	5,780	1,262	7,317	848	0	0	182	400	15,788
Nueces	8,949	3,547	6,467	6,531	0	0	649	858	27,001
Tarrant	9,220	1,034	5,553	1,886	3	0	563	715	18,974
Travis	5,867	856	4,855	3,637	0	0	394	554	16,163
MRSA Central	13,146	3,622	12,786	3,587	0	14	319	361	33,834
MRSA Northeast	30,192	7,089	21,198	10,801	0	0	880	893	71,052
MRSA West	22,431	4,402	29,000	14,772	0	73	1,083	732	72,492
Total	159,243	44,928	170,085	92,564	28	186	9,409	10,556	486,999
Total Incurred Claims NEMT Service (2)									
Bexar	2,573,394	741,810	1,768,626	1,037,353	9,099	144,198	19,094	16,178	6,309,753
Dallas	3,321,507	1,357,326	2,646,581	1,647,307	75,665	247,850	42,989	47,459	9,386,684
El Paso	643,892	229,186	928,101	386,657	15,020	106,600	11,704	8,776	2,329,935
Harris	4,953,537	1,098,900	4,024,287	1,273,741	29,211	202,225	34,725	94,707	11,711,332
Hidalgo	896,836	577,203	2,813,725	2,438,053	1,111	89,810	24,182	81,371	6,922,290
Jefferson	1,796,302	531,319	1,395,987	797,737	14,502	77,797	38,636	40,777	4,693,056
Lubbock	676,737	213,878	1,263,317	419,006	52,628	346,763	9,988	32,031	3,014,348
Nueces	1,528,727	622,050	1,285,860	1,001,206	748	78,233	20,885	67,031	4,604,740
Tarrant	2,779,483	662,634	1,873,171	793,232	69,640	360,787	25,102	40,255	6,604,304
Travis	1,371,267	356,330	1,515,337	825,306	53,004	460,156	43,905	27,564	4,652,868
MRSA Central	2,306,037	557,989	3,320,399	858,100	99,111	394,106	26,506	37,581	7,599,830
MRSA Northeast	3,399,350	968,811	2,797,490	1,859,660	40,538	308,522	110,846	49,875	9,535,093
MRSA West	1,758,763	478,834	3,130,129	1,346,085	37,336	385,645	28,779	35,635	7,201,206
Total	28,005,832	8,396,269	28,763,011	14,683,443	497,612	3,202,692	437,341	579,239	84,565,440

FY2023 STAR+PLUS Rating  
 NEMT Carve-in Rating Adjustments  
 Mileage Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.12%	0.30%	0.18%	0.28%	0.00%	0.00%	2.71%	0.52%	0.19%
Dallas	0.14%	0.17%	0.30%	0.40%	0.02%	0.00%	0.81%	0.87%	0.24%
El Paso	0.70%	0.31%	0.33%	0.47%	0.00%	0.00%	2.77%	0.49%	0.45%
Harris	0.29%	0.26%	0.41%	0.36%	0.00%	0.00%	2.03%	0.79%	0.34%
Hidalgo	1.60%	1.79%	1.39%	1.04%	0.63%	0.00%	6.43%	4.09%	1.36%
Jefferson	1.27%	0.87%	0.93%	1.17%	0.04%	0.13%	4.89%	3.50%	1.14%
Lubbock	0.85%	0.59%	0.58%	0.20%	0.00%	0.00%	1.82%	1.25%	0.52%
Nueces	0.59%	0.57%	0.50%	0.65%	0.00%	0.00%	3.11%	1.28%	0.59%
Tarrant	0.33%	0.16%	0.30%	0.24%	0.00%	0.00%	2.24%	1.78%	0.29%
Travis	0.43%	0.24%	0.32%	0.44%	0.00%	0.00%	0.90%	2.01%	0.35%
MRSA Central	0.57%	0.65%	0.39%	0.42%	0.00%	0.00%	1.20%	0.96%	0.45%
MRSA Northeast	0.89%	0.73%	0.76%	0.58%	0.00%	0.00%	0.79%	1.79%	0.75%
MRSA West	1.28%	0.92%	0.93%	1.10%	0.00%	0.02%	3.76%	2.06%	1.01%
Total	0.57%	0.54%	0.59%	0.63%	0.01%	0.01%	2.15%	1.82%	0.58%

## Footnotes:

- (1) Cost impact from mileage reimbursement adjustment effective July 1, 2022.
- (2) Equals total incurred NEMT claims during the experience period March 1, 2019 through February 29, 2020.
- (3) Cost impact divided by Incurred Claims.

FY2023 STAR+PLUS Rating  
NEMT Carve-in Rating Adjustments  
Transportation Network Company (TNC) Adjustment

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

FY2023 STAR+PLUS Rating  
 NEMT Carve-in Rating Adjustments  
 Transportation Network Company (TNC) Adjustment

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

## Footnotes:

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

## ***Attachment 6***

### **PHE Related Cost Adjustment**

COVID-19 and the resulting Public Health Emergency (PHE) have had a significant impact on the STAR+PLUS program. Beginning March 2020, enrollment has grown by 4% while the average cost for all services declined at abnormal levels. Originally it was assumed that the reduced trends would be short term and directly associated with the immediate shock of the pandemic and the resulting shutdowns. As we have collected additional data it is clear that the reduced trends have continued into FY2021 and FY2022 and are expected to continue until the end of the PHE.

In order to estimate the continued impact of the PHE on the FY2023 average costs, we have studied the actual, quarterly average cost separately for acute care, long term care, pharmacy and NEMT.

### **Medical and Pharmacy Adjustment**

Based on historical claims and enrollment information prior to the PHE, we have estimated incurred claims during each quarter beginning March 2020 through November 2021. The expected (absent the PHE) quarterly average cost was developed based on the trend assumptions described in Attachment 4 and benefit and provider reimbursement changes that have impacted the program such as those described in Attachment 5. In addition, COVID-19 related claims reimbursed on a non-risk basis have been excluded from the analysis. Actual average claims net of COVID non-risk expenditures were then compared to the expected average claims to determine the actual to expected ratio which is assumed to be representative of the impact of the PHE on program costs during each observed quarter.

The PHE-related cost impact has been defined as the average of the actual to expected ratio during the period March 2021 through August 2021, the last two quarters of FY2021. This period was selected as representative of the ongoing impact on future cost of the PHE because it represents a relatively stable period which was not overly influenced by a spike in COVID-19 infections and hospitalizations.

Currently, the PHE is assumed to end October 13, 2022, at which time it is expected that the PHE impact on eligibility and average cost will begin to unwind. As a result, we have assumed that the PHE-related cost impact described above will impact the first quarter of FY2023. Much uncertainty remains as to how the unwinding process will impact each program and we believe using one quarter of the PHE-related cost impact allows for the potential for pent-up demand, elimination of temporary behavior change which has reduced recent expenditures, benefit rush as members lose eligibility and the eventual return to a more historically normal cost pattern.

Exhibits A, B and C provide additional information and descriptions of the development of the medical, long-term care and pharmacy adjustment factors respectively.

### **NEMT Adjustment**

Beginning March 2020, NEMT utilization reduced by almost 30% and has continued to be much lower than pre-COVID experience. Members have been reluctant to share rides with others and

NEMT utilization has not bounced back toward normal levels experienced with medical and pharmacy claims.

The PHE-related cost impact has been defined as the difference in statewide NEMT paid amount by MTO regions and service categories for the 12-month period immediately prior to COVID19 (3/19-2/20) and the period 6/20-5/21. Effective June 1, 2021 NEMT services were provided by the MCOs. Much uncertainty remains from NEMT services being provided by the MCOs, including possible pent-up demand, increase in utilization from ease of access, elimination of temporary behavior change which has reduced recent expenditures, etc. As a result, the NEMT PHE-related cost adjustment was developed by applying 50% of the full PHE-related cost impact to NEMT experience for STAR+PLUS program by service area and risk group.

Exhibits D-1 and D-2 provide additional information and descriptions of the development of the NEMT adjustment factors.

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment - Acute Care

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Ratio - Actual PMPM vs. Expected PMPM (1)								
Bexar	0.9648	1.0420	1.0000	1.0000	0.6488	1.0000	0.7985	0.6805
Dallas	0.9981	0.9232	1.0000	1.0000	0.7679	1.0000	0.8393	0.7090
El Paso	0.9514	0.8584	1.0000	1.0000	0.5795	1.0000	0.7193	0.7841
Harris	0.9624	0.8602	1.0000	1.0000	0.8648	1.0000	0.9810	0.7755
Hidalgo	1.0333	0.9480	1.0000	1.0000	0.6386	1.0000	0.8708	0.8280
Jefferson	0.9489	0.8765	1.0000	1.0000	0.8020	1.0000	0.9479	0.7159
Lubbock	0.9818	1.0535	1.0000	1.0000	0.7638	1.0000	1.0560	0.7349
Nueces	0.9072	0.8909	1.0000	1.0000	0.7579	1.0000	0.7407	0.4414
Tarrant	0.8742	0.8322	1.0000	1.0000	0.6893	1.0000	0.9187	0.8780
Travis	0.8196	0.9049	1.0000	1.0000	1.0209	1.0000	0.8831	0.7210
MRSA Central	0.9157	0.8859	1.0000	1.0000	0.7441	1.0000	0.9907	0.8596
MRSA Northeast	0.9533	0.9983	1.0000	1.0000	0.9013	1.0000	1.1090	0.8630
MRSA West	0.9265	0.8770	1.0000	1.0000	0.6232	1.0000	0.9571	0.6881
Adjustment Factor (2)								
Bexar	0.9912	1.0105	1.0000	1.0000	0.9122	1.0000	0.9496	0.9201
Dallas	0.9995	0.9808	1.0000	1.0000	0.9420	1.0000	0.9598	0.9273
El Paso	0.9879	0.9646	1.0000	1.0000	0.8949	1.0000	0.9298	0.9460
Harris	0.9906	0.9651	1.0000	1.0000	0.9662	1.0000	0.9953	0.9439
Hidalgo	1.0083	0.9870	1.0000	1.0000	0.9097	1.0000	0.9677	0.9570
Jefferson	0.9872	0.9691	1.0000	1.0000	0.9505	1.0000	0.9870	0.9290
Lubbock	0.9955	1.0134	1.0000	1.0000	0.9410	1.0000	1.0140	0.9337
Nueces	0.9768	0.9727	1.0000	1.0000	0.9395	1.0000	0.9352	0.8604
Tarrant	0.9686	0.9581	1.0000	1.0000	0.9223	1.0000	0.9797	0.9695
Travis	0.9549	0.9762	1.0000	1.0000	1.0052	1.0000	0.9708	0.9303
MRSA Central	0.9789	0.9715	1.0000	1.0000	0.9360	1.0000	0.9977	0.9649
MRSA Northeast	0.9883	0.9996	1.0000	1.0000	0.9753	1.0000	1.0273	0.9658
MRSA West	0.9816	0.9693	1.0000	1.0000	0.9058	1.0000	0.9893	0.9220

## Footnotes:

(1) Expected PMPM defined as pre-COVID experience trended forward and adjusted for reimbursement and policy changes..

PHE related impact defined as ratio of actual PMPM to expected PMPM.

The selected ratio is the average ratio for the periods FY21Q3 and FY21Q4.

(2) Assume PHE continues to impact program cost through Q1 of FY2023, 25% of Ratio - Actual PMPM vs. Expected PMPM (1).

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment - Long Term Care

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Ratio - Actual PMPM vs. Expected PMPM (1)								
Bexar	0.8424	0.8938	0.9292	0.9439	1.0790	0.9786	1.0000	0.8899
Dallas	0.8691	0.8979	0.9246	0.9287	1.0610	0.9768	1.0000	0.8693
El Paso	0.9222	0.9515	0.9680	0.9541	1.1218	0.9913	1.0000	0.9693
Harris	0.8779	0.9200	0.9473	0.9717	1.0605	1.0027	1.0000	1.0317
Hidalgo	0.8090	0.9067	0.8905	0.9348	1.1587	0.9737	1.0000	1.2380
Jefferson	0.8451	0.9110	0.8887	0.9154	1.0526	0.9969	1.0000	1.8069
Lubbock	0.8546	0.7488	0.8741	0.9179	1.0191	1.0006	1.0000	1.7366
Nueces	0.8415	0.9036	0.8700	0.9271	1.0780	1.0047	1.0000	0.6509
Tarrant	0.9831	0.8722	1.0020	0.9502	1.0776	0.9942	1.0000	0.8852
Travis	0.9169	0.8834	0.8491	0.8833	1.0566	1.0130	1.0000	0.8379
MRSA Central	0.7605	0.8654	0.7605	0.8587	1.0584	1.0226	1.0000	0.2293
MRSA Northeast	0.9406	0.9129	0.8613	0.8939	1.1104	1.0118	1.0000	0.9883
MRSA West	0.8280	0.8148	0.9178	0.9102	1.0259	0.9908	1.0000	0.9033
Adjustment Factor (2)								
Bexar	0.9606	0.9735	0.9823	0.9860	1.0198	0.9947	1.0000	0.9725
Dallas	0.9673	0.9745	0.9812	0.9822	1.0153	0.9942	1.0000	0.9673
El Paso	0.9806	0.9879	0.9920	0.9885	1.0305	0.9978	1.0000	0.9923
Harris	0.9695	0.9800	0.9868	0.9929	1.0151	1.0007	1.0000	1.0079
Hidalgo	0.9523	0.9767	0.9726	0.9837	1.0397	0.9934	1.0000	1.0595
Jefferson	0.9613	0.9778	0.9722	0.9789	1.0132	0.9992	1.0000	1.2017
Lubbock	0.9637	0.9372	0.9685	0.9795	1.0048	1.0002	1.0000	1.1842
Nueces	0.9604	0.9759	0.9675	0.9818	1.0195	1.0012	1.0000	0.9127
Tarrant	0.9958	0.9681	1.0005	0.9876	1.0194	0.9986	1.0000	0.9713
Travis	0.9792	0.9709	0.9623	0.9708	1.0142	1.0033	1.0000	0.9595
MRSA Central	0.9401	0.9664	0.9401	0.9647	1.0146	1.0057	1.0000	0.8073
MRSA Northeast	0.9852	0.9782	0.9653	0.9735	1.0276	1.0030	1.0000	0.9971
MRSA West	0.9570	0.9537	0.9795	0.9776	1.0065	0.9977	1.0000	0.9758

## Footnotes:

(1) Expected PMPM defined as pre-COVID experience trended forward and adjusted for reimbursement and policy changes..

PHE related impact defined as ratio of actual PMPM to expected PMPM.

The selected ratio is the average ratio for the periods FY21Q3 and FY21Q4.

(2) Assume PHE continues to impact program cost through Q1 of FY2023, 25% of Ratio - Actual PMPM vs. Expected PMPM (1).



FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment - Pharmacy

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Ratio - Actual PMPM vs. Expected PMPM (1)								
Bexar	0.9430	0.9591	1.0000	1.0000	1.0030	1.0000	1.0603	0.7889
Dallas	0.9229	0.9355	1.0000	1.0000	1.0294	1.0000	1.0322	0.9340
El Paso	0.9407	0.8926	1.0000	1.0000	0.9640	1.0000	1.1636	0.6383
Harris	0.9122	0.9687	1.0000	1.0000	0.8488	1.0000	0.9790	0.7459
Hidalgo	0.9449	0.9190	1.0000	1.0000	1.0601	1.0000	1.0300	0.8708
Jefferson	0.8765	0.9633	1.0000	1.0000	1.0014	1.0000	0.8688	0.6963
Lubbock	0.9442	0.9207	1.0000	1.0000	0.8760	1.0000	0.8941	0.3619
Nueces	0.9335	0.9363	1.0000	1.0000	0.7659	1.0000	1.2729	0.4545
Tarrant	0.8379	0.9434	1.0000	1.0000	0.9017	1.0000	0.9425	0.5115
Travis	0.9259	0.9272	1.0000	1.0000	0.9420	1.0000	0.9392	1.3815
MRSA Central	0.9840	0.7902	1.0000	1.0000	0.9188	1.0000	0.9971	0.9729
MRSA Northeast	1.0167	0.9224	1.0000	1.0000	0.9871	1.0000	0.9645	0.8224
MRSA West	0.9607	0.9744	1.0000	1.0000	0.9635	1.0000	0.9332	1.2197
Adjustment Factor (2)								
Bexar	0.9857	0.9898	1.0000	1.0000	1.0007	1.0000	1.0151	0.9472
Dallas	0.9807	0.9839	1.0000	1.0000	1.0074	1.0000	1.0080	0.9835
El Paso	0.9852	0.9732	1.0000	1.0000	0.9910	1.0000	1.0409	0.9096
Harris	0.9780	0.9922	1.0000	1.0000	0.9622	1.0000	0.9947	0.9365
Hidalgo	0.9862	0.9798	1.0000	1.0000	1.0150	1.0000	1.0075	0.9677
Jefferson	0.9691	0.9908	1.0000	1.0000	1.0003	1.0000	0.9672	0.9241
Lubbock	0.9861	0.9802	1.0000	1.0000	0.9690	1.0000	0.9735	0.8405
Nueces	0.9834	0.9841	1.0000	1.0000	0.9415	1.0000	1.0682	0.8636
Tarrant	0.9595	0.9858	1.0000	1.0000	0.9754	1.0000	0.9856	0.8779
Travis	0.9815	0.9818	1.0000	1.0000	0.9855	1.0000	0.9848	1.0954
MRSA Central	0.9960	0.9475	1.0000	1.0000	0.9797	1.0000	0.9993	0.9932
MRSA Northeast	1.0042	0.9806	1.0000	1.0000	0.9968	1.0000	0.9911	0.9556
MRSA West	0.9902	0.9936	1.0000	1.0000	0.9909	1.0000	0.9833	1.0549

## Footnotes:

(1) Expected PMPM defined as pre-COVID experience trended forward and adjusted for reimbursement and policy changes..

PHE related impact defined as ratio of actual PMPM to expected PMPM.

The selected ratio is the average ratio for the periods FY21Q3 and FY21Q4.

(2) Assume PHE continues to impact program cost through Q1 of FY2023, 25% of Ratio - Actual PMPM vs. Expected PMPM (1).

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment  
NEMT Paid Amount by MTO - Pre vs. Post COVID Periods  
Statewide NEMT Experience

Plan Name	MTO	SDA	Pre COVID - 3/19-2/20				Post COVID - 6/20-5/21			
			Demand Response	Mileage	Others	Total	Demand Response	Mileage	Others	Total
MTO - Region 1	Logisticare	Region 1	4,258,870	1,082,273	658,694	5,999,837	3,233,155	762,301	630,147	4,625,603
MTO - Region 2	Project Amistad	Region 2	5,099,419	1,015,549	2,007,111	8,122,078	3,786,712	720,824	1,420,466	5,928,002
MTO - Region 3	AMR	Region 3	1,885,430	579,943	376,090	2,841,462	1,385,766	502,867	345,098	2,233,731
MTO - Region 4	FFS	Region 4	2,758,885	185,293	324,826	3,269,004	1,883,616	154,282	324,826	2,362,724
MTO - Region 5	MTM	Region 5	9,503,153	2,080,012	787,782	12,370,946	6,568,288	1,358,285	633,563	8,560,136
MTO - Region 6	AMR	Region 6	1,428,973	986,524	368,467	2,783,964	1,179,747	765,230	242,336	2,187,313
MTO - Region 7	Logisticare	Region 7	10,511,564	872,303	758,307	12,142,174	7,783,945	578,624	653,331	9,015,901
MTO - Region 8	Logisticare	Region 8	8,613,448	492,369	635,917	9,741,734	6,309,317	357,077	576,885	7,243,280
MTO - Region 9	MTM	Region 9	1,588,200	269,249	148,256	2,005,705	1,030,282	182,281	163,097	1,375,660
MTO - Region 10	Logisticare	Region 10	12,846,107	3,222,009	3,049,858	19,117,974	8,669,867	2,243,372	2,039,765	12,953,003
MTO - Region 11	Logisticare	Region 11	1,954,470	297,292	154,023	2,405,785	1,499,206	234,052	69,434	1,802,692
FRB - Logisticare	Logisticare	FRB SDA 1	18,533,995	1,172,265	2,148,384	21,854,644	13,712,832	743,111	1,185,352	15,641,295
FRB - MTM	MTM	FRB SDA 2	19,486,700	2,422,599	632,362	22,541,661	14,041,914	1,561,328	445,652	16,048,894
Total			98,469,213	14,677,680	12,050,076	125,196,970	71,084,648	10,163,632	8,729,953	89,978,232

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment  
NEMT Paid Amount by MTO - Pre vs. Post COVID Periods  
Statewide NEMT Experience

Plan Name	MTO	SDA	% Difference				Selected Adjustment - 50%			
			Demand Response	Mileage	Others	Total	Demand Response	Mileage	Others	Total
MTO - Region 1	Logisticare	Region 1	-24.1%	-29.6%	-4.3%	-22.9%	-12.0%	-14.8%	-2.2%	-11.5%
MTO - Region 2	Project Amistad	Region 2	-25.7%	-29.0%	-29.2%	-27.0%	-12.9%	-14.5%	-14.6%	-13.5%
MTO - Region 3	AMR	Region 3	-26.5%	-13.3%	-8.2%	-21.4%	-13.3%	-6.6%	-4.1%	-10.7%
MTO - Region 4	FFS	Region 4	-31.7%	-16.7%	0.0%	-27.7%	-15.9%	-8.4%	0.0%	-13.9%
MTO - Region 5	MTM	Region 5	-30.9%	-34.7%	-19.6%	-30.8%	-15.4%	-17.3%	-9.8%	-15.4%
MTO - Region 6	AMR	Region 6	-17.4%	-22.4%	-34.2%	-21.4%	-8.7%	-11.2%	-17.1%	-10.7%
MTO - Region 7	Logisticare	Region 7	-25.9%	-33.7%	-13.8%	-25.7%	-13.0%	-16.8%	-6.9%	-12.9%
MTO - Region 8	Logisticare	Region 8	-26.8%	-27.5%	-9.3%	-25.6%	-13.4%	-13.7%	-4.6%	-12.8%
MTO - Region 9	MTM	Region 9	-35.1%	-32.3%	10.0%	-31.4%	-17.6%	-16.2%	5.0%	-15.7%
MTO - Region 10	Logisticare	Region 10	-32.5%	-30.4%	-33.1%	-32.2%	-16.3%	-15.2%	-16.6%	-16.1%
MTO - Region 11	Logisticare	Region 11	-23.3%	-21.3%	-54.9%	-25.1%	-11.6%	-10.6%	-27.5%	-12.5%
FRB - Logisticare	Logisticare	FRB SDA 1	-26.0%	-36.6%	-44.8%	-28.4%	-13.0%	-18.3%	-22.4%	-14.2%
FRB - MTM	MTM	FRB SDA 2	-27.9%	-35.6%	-29.5%	-28.8%	-14.0%	-17.8%	-14.8%	-14.4%
Total			-27.8%	-30.8%	-27.6%	-28.1%	-13.9%	-15.4%	-13.8%	-14.1%

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment - NEMT

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Cost Adjustment (1)									
Bexar	-340,460	-97,919	-231,513	-137,138	-1,210	-19,178	-2,564	-2,156	-832,140
Dallas	-455,046	-179,981	-354,377	-217,115	-9,874	-31,403	-5,705	-6,545	-1,260,046
El Paso	-84,543	-30,230	-121,767	-50,845	-1,951	-13,762	-1,664	-1,138	-305,901
Harris	-698,944	-154,945	-570,644	-180,107	-4,081	-28,332	-5,191	-13,591	-1,655,834
Hidalgo	-139,727	-90,159	-429,656	-379,849	-179	-14,549	-3,516	-11,831	-1,069,466
Jefferson	-262,080	-76,457	-201,301	-115,911	-2,032	-10,915	-6,305	-6,386	-681,387
Lubbock	-82,291	-25,751	-154,377	-50,658	-6,336	-41,750	-939	-4,045	-366,148
Nueces	-248,112	-101,145	-208,309	-160,593	-121	-13,088	-3,323	-10,872	-745,565
Tarrant	-361,611	-86,142	-251,192	-106,134	-8,796	-46,938	-3,374	-5,531	-869,718
Travis	-178,539	-45,788	-194,266	-106,382	-6,795	-58,670	-5,817	-3,798	-600,056
MRSA Central	-303,244	-73,152	-431,984	-114,299	-13,112	-50,997	-3,480	-5,276	-995,546
MRSA Northeast	-530,978	-151,328	-437,528	-290,107	-6,304	-47,543	-17,214	-7,965	-1,488,968
MRSA West	-221,077	-61,051	-385,632	-167,722	-4,966	-47,511	-3,370	-4,191	-895,520
Total	-3,906,653	-1,174,050	-3,972,547	-2,076,861	-65,757	-424,638	-62,464	-83,326	-11,766,296
Total Incurred Claims NEMT Service (2)									
Bexar	2,573,394	741,810	1,768,626	1,037,353	9,099	144,198	19,094	16,178	6,309,753
Dallas	3,321,507	1,357,326	2,646,581	1,647,307	75,665	247,850	42,989	47,459	9,386,684
El Paso	643,892	229,186	928,101	386,657	15,020	106,600	11,704	8,776	2,329,935
Harris	4,953,537	1,098,900	4,024,287	1,273,741	29,211	202,225	34,725	94,707	11,711,332
Hidalgo	896,836	577,203	2,813,725	2,438,053	1,111	89,810	24,182	81,371	6,922,290
Jefferson	1,796,302	531,319	1,395,987	797,737	14,502	77,797	38,636	40,777	4,693,056
Lubbock	676,737	213,878	1,263,317	419,006	52,628	346,763	9,988	32,031	3,014,348
Nueces	1,528,727	622,050	1,285,860	1,001,206	748	78,233	20,885	67,031	4,604,740
Tarrant	2,779,483	662,634	1,873,171	793,232	69,640	360,787	25,102	40,255	6,604,304
Travis	1,371,267	356,330	1,515,337	825,306	53,004	460,156	43,905	27,564	4,652,868
MRSA Central	2,306,037	557,989	3,320,399	858,100	99,111	394,106	26,506	37,581	7,599,830
MRSA Northeast	3,399,350	968,811	2,797,490	1,859,660	40,538	308,522	110,846	49,875	9,535,093
MRSA West	1,758,763	478,834	3,130,129	1,346,085	37,336	385,645	28,779	35,635	7,201,206
Total	28,005,832	8,396,269	28,763,011	14,683,443	497,612	3,202,692	437,341	579,239	84,565,440

FY2023 STAR+PLUS Rating  
PHE Related Cost Adjustment - NEMT

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.8677	0.8680	0.8691	0.8678	0.8670	0.8670	0.8657	0.8667	0.8681
Dallas	0.8630	0.8674	0.8661	0.8682	0.8695	0.8733	0.8673	0.8621	0.8658
El Paso	0.8687	0.8681	0.8688	0.8685	0.8701	0.8709	0.8578	0.8703	0.8687
Harris	0.8589	0.8590	0.8582	0.8586	0.8603	0.8599	0.8505	0.8565	0.8586
Hidalgo	0.8442	0.8438	0.8473	0.8442	0.8386	0.8380	0.8546	0.8546	0.8455
Jefferson	0.8541	0.8561	0.8558	0.8547	0.8599	0.8597	0.8368	0.8434	0.8548
Lubbock	0.8784	0.8796	0.8778	0.8791	0.8796	0.8796	0.9060	0.8737	0.8785
Nueces	0.8377	0.8374	0.8380	0.8396	0.8378	0.8327	0.8409	0.8378	0.8381
Tarrant	0.8699	0.8700	0.8659	0.8662	0.8737	0.8699	0.8656	0.8626	0.8683
Travis	0.8698	0.8715	0.8718	0.8711	0.8718	0.8725	0.8675	0.8622	0.8710
MRSA Central	0.8685	0.8689	0.8699	0.8668	0.8677	0.8706	0.8687	0.8596	0.8690
MRSA Northeast	0.8438	0.8438	0.8436	0.8440	0.8445	0.8459	0.8447	0.8403	0.8438
MRSA West	0.8743	0.8725	0.8768	0.8754	0.8670	0.8768	0.8829	0.8824	0.8756
Total	0.8605	0.8602	0.8619	0.8586	0.8679	0.8674	0.8572	0.8561	0.8609

## Footnotes

- (1) Applied adjustment in Attachment 6 Exhibit D-1 by MTO region and service category to STAR+PLUS NEMT claims.
- (2) Equals total incurred NEMT claims during the experience period March 1, 2019 through February 29, 2020.
- (3) 1+ Cost impact divided by Incurred Claims.

## *Attachment 7*

### Acuity Risk Adjustment – Acute Care

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

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

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

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

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



# **Technical Specifications**

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

**Programs: STAR, CHIP, CHIP Perinatal, STAR+PLUS, STAR Kids**  
**Reporting Period: March 2019-February 2020 (PRECOV20)**

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

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

Issue Date: March 30<sup>th</sup>, 2022

The University of Florida Institute for Child Health Policy (ICHP), the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care and CHIP, conducted health-based risk analyses for STAR, CHIP, STAR+PLUS, STAR Kids, and CHIP Perinatal at the request of the Texas Health and Human Services (HHS). These analyses rely on the Chronic Illness and Disability Payment System (CDPS) software, which classifies diagnostic and pharmaceutical information to facilitate a comparison of managed care organizations’ actual and expected expenditures. To accomplish the analyses on time with the most accurate information, ICHP performed the analyses using CDPS Version 6.5, but with the updated ICD-10 to CDPS diagnosis category mapping provided by the CDPS author. To minimize the COVID-19 pandemic impact on service utilizations, the reporting period for this analysis is March, 1<sup>st</sup>, 2019-February 29<sup>th</sup>, 2020(PRECOV20).

In its basic form, the CDPS package groups the International Classification of Diseases diagnostic codes found in health-care encounter data into a series of diagnosis categories. Users of the CDPS package have the option of including pharmacy data as well as medical encounter data in their analyses by following an alternative model, called CDPS+Rx. In addition to grouping diagnostic codes into diagnosis categories as in the basic CDPS model, CDPS+Rx also groups the National Drug Codes (NDCs) found in pharmacy data into a series of pharmacy categories and then combines the two set of categories into one dataset. Hierarchical categories are constructed so that if a person has a disease that is in a high-cost group, they cannot also be counted as being in a lower-cost group within the same major classification. More information about CDPS is available at <http://cdps.ucsd.edu> and the separate FAQ file with CDPS 6.5.

**Data Source Time Period Covered:**

<b>Program</b>	<b>Data Source</b>
<b>STAR</b>	Member level enrollment data (March,2017-February,2020) MCO medical and pharmacy encounters (March,2017- February,2020)
<b>CHIP</b>	Member level enrollment data (March,2017- February,2020) MCO medical and pharmacy encounters (March,2017- February,2020)
<b>STAR+PLUS</b>	Member level enrollment data (March,2017- February,2020) MCO medical and pharmacy encounters (March,2017- February,2020)
<b>STAR Kids</b>	Member level enrollment data (March,2017- February,2020) MCO medical and pharmacy encounters (March,2017- February,2020)
<b>CHIP Perinatal</b>	Member level enrollment data (March,2019-February,2020) MCO medical and pharmacy encounters (March,2019-February,2020)



ICHP uses encounters with header service date in medical encounters and drug fill date in pharmacy data from March 01, 2017 to February 29, 2020 in its analyses, including medical and pharmacy encounters submitted by MCOs through November 30th, 2021 for all programs

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

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

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

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

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

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

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

ICHP uses monthly risk-group information found in PPS enrollment files to identify enrollees’ risk groups. In general, each enrollee is assigned to the risk group to which he or she was assigned for most of time of the analysis year. The only exception is for pregnant women. Enrollees are assigned to the pregnant women risk group if they were assigned in the eligibility data for any month of the analysis year. For age-related risk groups, ICHP recalculated member’s age as the difference between the member’s date of birth and the last date of each analysis year, i.e., February 28 of 2018-2019 and February 29 for 2020. As a result, it is possible that some members’ age-related risk groups are different from their enrollment file.

**CDPS+Rx Weights:** ICHP uses the prospective-concurrent mixed model to predict expenditures of the analysis year (March, 2019-February, 2020). The expenditures per month for each eligible member (expenditure PMPM) are calculated from the medical and pharmacy encounter data Mar 1, 2018 –Feb 29, 2020 data is used to predict expenditures of the 12-month Pre-COVID period PRECOV20 (Mar 1, 2019 – Feb 29, 2020).

The “true” expenditures are used where the UHRIP (Uniform Hospital Rate Increase Program) increased payments are removed per HHS specifications. The UHRIP program applies to STAR and STAR+PLUS for certain contracted hospitals in certain Service Areas (SA) during SFY2018, SFY2019 and SFY2020. Texas-specific weights are developed using linear regression models with CDPS diagnostic, pharmacy and demographic categories as the independent variables and cost as the dependent variable, using three years of data. The Consumer Price Index (medical care component) for each 12-month period is used to adjust expenditures when fitting these models.

Starting with CDPS Version 6.5, only ICD-10 diagnosis codes could be mapped to CDPS diagnostic categories. ICD-9 mapping is no longer available.

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

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

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

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

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

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

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

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

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

MCO's actual expenditures for enrollees in a given risk group relative to the expenditures that are expected given the health status of the MCO's enrollees in the risk group.

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

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

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only OCC</b>	199,064	100.00	1,284.92	1,284.92	1.00	1.00
<b>Bexar</b>	19,449	100.00	1,298.68	1,255.84	1.00	1.03
Amerigroup	3,799	19.53	1,196.89	1,196.28	0.95	1.00
Molina	2,381	12.24	1,232.63	1,199.23	0.95	1.03
Superior	13,269	68.22	1,339.44	1,282.89	1.02	1.04
<b>Dallas</b>	26,787	100.00	1,218.91	1,251.52	1.00	0.97
Molina	14,578	54.42	1,254.92	1,255.76	1.00	1.00
Superior	12,209	45.58	1,175.75	1,246.45	1.00	0.94
<b>El Paso</b>	6,188	100.00	1,417.25	1,351.81	1.00	1.05
Amerigroup	3,717	60.07	1,411.78	1,351.92	1.00	1.04
Molina	2,471	39.93	1,425.58	1,351.64	1.00	1.05
<b>Harris</b>	43,292	100.00	1,416.32	1,393.48	1.00	1.02
Amerigroup	15,696	36.26	1,376.60	1,337.00	0.96	1.03
Molina	4,228	9.77	1,288.75	1,198.17	0.86	1.08
United Health Care (United)	23,368	53.98	1,466.66	1,467.59	1.05	1.00
<b>Hidalgo</b>	14,677	100.00	1,684.36	1,282.94	1.00	1.31
Health Spring/Molina	6,780	46.19	1,657.85	1,223.32	0.95	1.36
Superior	7,897	53.81	1,707.08	1,334.01	1.04	1.28
<b>Jefferson</b>	8,026	100.00	1,180.14	1,283.74	1.00	0.92
Amerigroup	2,464	30.70	1,064.64	1,188.63	0.93	0.90
Molina	1,913	23.84	1,146.58	1,185.27	0.92	0.97
United Health Care (United)	3,649	45.46	1,279.06	1,403.31	1.09	0.91
<b>Lubbock</b>	4,980	100.00	1,079.26	1,280.01	1.00	0.84
Amerigroup	1,979	39.74	1,127.82	1,323.59	1.03	0.85
Superior	3,001	60.26	1,047.43	1,251.45	0.98	0.84
<b>MRSA Central</b>	12,126	100.00	1,077.17	1,192.58	1.00	0.90
Superior	7,085	58.43	1,051.91	1,174.64	0.98	0.90
United Health Care (United)	5,041	41.57	1,112.95	1,217.99	1.02	0.91
<b>MRSA Northeast</b>	17,927	100.00	1,133.47	1,208.37	1.00	0.94
Health Spring/Molina	8,170	45.57	1,116.77	1,126.89	0.93	0.99
United Health Care (United)	9,757	54.43	1,147.65	1,277.55	1.06	0.90
<b>MRSA West</b>	11,789	100.00	1,111.98	1,203.20	1.00	0.92
Amerigroup	4,542	38.53	1,115.51	1,188.48	0.99	0.94
Superior	7,247	61.47	1,109.75	1,212.51	1.01	0.92
<b>Nueces</b>	7,182	100.00	1,296.10	1,295.28	1.00	1.00
Superior	3,493	48.64	1,250.13	1,205.61	0.93	1.04
United Health Care (United)	3,689	51.36	1,339.07	1,379.11	1.06	0.97
<b>Tarrant</b>	16,951	100.00	1,199.54	1,329.86	1.00	0.90
Amerigroup	12,525	73.89	1,204.83	1,373.93	1.03	0.88
Health Spring/Molina	4,426	26.11	1,184.04	1,200.80	0.90	0.99
<b>Travis</b>	9,690	100.00	1,242.29	1,185.93	1.00	1.05
Amerigroup	4,071	42.01	1,269.25	1,142.67	0.96	1.11
United Health Care (United)	5,619	57.99	1,222.66	1,217.42	1.03	1.00

Notes:

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

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

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

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only SPW</b>	19,601	100.00	4,412.37	4,412.37	1.00	1.00
<b>Bexar</b>	2,263	100.00	4,373.94	4,214.14	1.00	1.04
Amerigroup	336	14.85	4,208.42	4,016.15	0.95	1.05
Molina	367	16.22	3,748.36	4,007.03	0.95	0.94
Superior	1,560	68.94	4,556.02	4,305.36	1.02	1.06
<b>Dallas</b>	3,116	100.00	3,862.57	4,077.85	1.00	0.95
Molina	2,035	65.31	3,678.59	3,924.15	0.96	0.94
Superior	1,081	34.69	4,213.06	4,370.63	1.07	0.96
<b>El Paso</b>	840	100.00	4,184.61	4,131.46	1.00	1.01
Amerigroup	393	46.79	4,075.33	4,081.84	0.99	1.00
Molina	447	53.21	4,280.28	4,174.90	1.01	1.03
<b>Harris</b>	3,409	100.00	5,050.19	4,880.37	1.00	1.03
Amerigroup	1,228	36.02	4,754.92	4,889.33	1.00	0.97
Molina	539	15.81	4,721.45	4,247.61	0.87	1.11
United Health Care (United)	1,642	48.17	5,378.19	5,082.40	1.04	1.06
<b>Hidalgo</b>	2,677	100.00	4,638.51	4,007.60	1.00	1.16
Health Spring/Molina	1,134	42.36	4,305.73	3,824.60	0.95	1.13
Superior	1,543	57.64	4,881.01	4,140.96	1.03	1.18
<b>Jefferson</b>	735	100.00	4,060.46	4,810.76	1.00	0.84
Amerigroup	199	27.07	4,116.62	5,425.75	1.13	0.76
Molina	350	47.62	3,756.71	4,402.31	0.92	0.85
United Health Care (United)	186	25.31	4,582.87	4,943.98	1.03	0.93
<b>Lubbock</b>	323	100.00	3,780.46	4,689.05	1.00	0.81
Amerigroup	153	47.37	3,393.94	4,641.34	0.99	0.73
Superior	170	52.63	4,127.72	4,731.91	1.01	0.87
<b>MRSA Central</b>	680	100.00	4,433.94	4,737.42	1.00	0.94
Superior	454	66.76	4,112.01	4,584.60	0.97	0.90
United Health Care (United)	226	33.24	5,080.06	5,044.14	1.06	1.01
<b>MRSA Northeast</b>	1,577	100.00	4,333.12	4,417.51	1.00	0.98
Health Spring/Molina	880	55.80	3,877.16	4,099.08	0.93	0.95
United Health Care (United)	697	44.20	4,913.20	4,822.63	1.09	1.02
<b>MRSA West</b>	885	100.00	4,247.02	4,535.38	1.00	0.94
Amerigroup	301	34.01	4,353.25	4,919.75	1.08	0.88
Superior	584	65.99	4,192.17	4,336.93	0.96	0.97
<b>Nueces</b>	928	100.00	4,073.51	4,368.15	1.00	0.93
Superior	592	63.79	4,079.39	4,326.17	0.99	0.94
United Health Care (United)	336	36.21	4,063.00	4,443.26	1.02	0.91
<b>Tarrant</b>	1,487	100.00	4,322.27	4,719.83	1.00	0.92
Amerigroup	1,203	80.90	4,233.15	4,731.44	1.00	0.89
Health Spring/Molina	284	19.10	4,714.81	4,668.70	0.99	1.01
<b>Travis</b>	681	100.00	4,958.80	4,535.24	1.00	1.09
Amerigroup	350	51.40	4,636.93	4,408.02	0.97	1.05
United Health Care (United)	331	48.60	5,302.85	4,671.22	1.03	1.14

Notes:

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

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

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

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--Medicaid-Only NF</b>	6,462	100.00	6,405.89	6,405.89	1.00	1.00
<b>Bexar</b>	654	100.00	6,544.17	6,726.72	1.00	0.97
Amerigroup	133	20.34	6,303.22	6,906.32	1.03	0.91
Molina	164	25.08	6,514.67	6,285.26	0.93	1.04
Superior	357	54.59	6,643.20	6,869.64	1.02	0.97
<b>Dallas</b>	912	100.00	6,542.45	6,832.24	1.00	0.96
Molina	535	58.66	6,502.73	6,601.37	0.97	0.99
Superior	377	41.34	6,598.06	7,155.35	1.05	0.92
<b>El Paso</b>	97	100.00	6,948.56	7,153.56	1.00	0.97
Amerigroup	48	49.48	6,096.84	7,138.50	1.00	0.85
Molina	49	50.52	7,701.05	7,166.87	1.00	1.07
<b>Harris</b>	985	100.00	6,607.60	7,363.83	1.00	0.90
Amerigroup	350	35.53	6,708.49	7,421.07	1.01	0.90
Molina	156	15.84	6,597.62	6,710.78	0.91	0.98
United Health Care (United)	479	48.63	6,535.22	7,534.74	1.02	0.87
<b>Hidalgo</b>	246	100.00	7,408.79	7,350.48	1.00	1.01
Health Spring/Molina	140	56.91	7,280.36	6,709.77	0.91	1.09
Superior	106	43.09	7,576.85	8,188.92	1.11	0.93
<b>Jefferson</b>	219	100.00	6,103.11	5,688.09	1.00	1.07
Amerigroup	75	34.25	5,816.24	5,419.97	0.95	1.07
Molina	62	28.31	6,583.41	5,541.15	0.97	1.19
United Health Care (United)	82	37.44	6,007.58	6,055.04	1.06	0.99
<b>Lubbock</b>	205	100.00	6,096.02	6,094.14	1.00	1.00
Amerigroup	92	44.88	5,996.92	5,866.59	0.96	1.02
Superior	113	55.12	6,177.87	6,282.06	1.03	0.98
<b>MRSA Central</b>	569	100.00	6,053.40	5,615.32	1.00	1.08
Superior	287	50.44	6,075.40	5,783.72	1.03	1.05
United Health Care (United)	282	49.56	6,031.29	5,446.08	0.97	1.11
<b>MRSA Northeast</b>	642	100.00	6,436.59	5,910.54	1.00	1.09
Health Spring/Molina	280	43.61	6,535.61	6,028.48	1.02	1.08
United Health Care (United)	362	56.39	6,361.05	5,820.56	0.98	1.09
<b>MRSA West</b>	541	100.00	6,299.58	5,651.12	1.00	1.11
Amerigroup	221	40.85	6,304.93	5,678.21	1.00	1.11
Superior	320	59.15	6,295.84	5,632.18	1.00	1.12
<b>Nueces</b>	206	100.00	5,976.32	5,993.58	1.00	1.00
Superior	106	51.46	6,073.77	6,004.17	1.00	1.01
United Health Care (United)	100	48.54	5,877.30	5,982.81	1.00	0.98
<b>Tarrant</b>	752	100.00	6,185.24	6,377.01	1.00	0.97
Amerigroup	535	71.14	6,123.81	6,557.20	1.03	0.93
Health Spring/Molina	217	28.86	6,343.47	5,912.83	0.93	1.07
<b>Travis</b>	434	100.00	6,208.67	5,629.98	1.00	1.10
Amerigroup	190	43.78	6,187.25	5,336.72	0.95	1.16
United Health Care (United)	244	56.22	6,225.67	5,862.71	1.04	1.06

Notes:

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

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

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

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--IDD</b>	17,294	100.00	888.50	888.50	1.00	1.00
<b>Bexar</b>	1,789	100.00	978.27	887.50	1.00	1.10
Amerigroup	268	14.98	878.28	777.72	0.88	1.13
Molina	129	7.21	647.53	794.19	0.89	0.82
Superior	1,392	77.81	1,028.88	917.67	1.03	1.12
<b>Dallas</b>	2,305	100.00	733.96	782.50	1.00	0.94
Molina	1,058	45.90	769.61	748.66	0.96	1.03
Superior	1,247	54.10	703.85	811.08	1.04	0.87
<b>El Paso</b>	513	100.00	1,270.77	1,204.39	1.00	1.06
Amerigroup	374	72.90	1,308.65	1,189.06	0.99	1.10
Molina	139	27.10	1,169.07	1,245.54	1.03	0.94
<b>Harris</b>	3,879	100.00	940.18	912.91	1.00	1.03
Amerigroup	1,386	35.73	918.06	866.88	0.95	1.06
Molina	329	8.48	711.93	760.35	0.83	0.94
United Health Care (United)	2,164	55.79	989.68	966.19	1.06	1.02
<b>Hidalgo</b>	982	100.00	941.14	1,001.91	1.00	0.94
Health Spring/Molina	459	46.74	753.36	881.09	0.88	0.86
Superior	523	53.26	1,108.22	1,109.41	1.11	1.00
<b>Jefferson</b>	383	100.00	860.54	902.62	1.00	0.95
Amerigroup	81	21.15	1,499.00	900.87	1.00	1.66
Molina	62	16.19	557.24	776.31	0.86	0.72
United Health Care (United)	240	62.66	721.65	937.00	1.04	0.77
<b>Lubbock</b>	591	100.00	797.22	920.35	1.00	0.87
Amerigroup	228	38.58	750.75	882.16	0.96	0.85
Superior	363	61.42	826.05	944.05	1.03	0.88
<b>MRSA Central</b>	855	100.00	884.70	832.22	1.00	1.06
Superior	580	67.84	937.61	816.27	0.98	1.15
United Health Care (United)	275	32.16	771.22	866.43	1.04	0.89
<b>MRSA Northeast</b>	1,111	100.00	809.03	872.48	1.00	0.93
Health Spring/Molina	515	46.35	766.38	814.09	0.93	0.94
United Health Care (United)	596	53.65	846.32	923.53	1.06	0.92
<b>MRSA West</b>	1,063	100.00	971.95	905.98	1.00	1.07
Amerigroup	338	31.80	895.03	871.25	0.96	1.03
Superior	725	68.20	1,007.58	922.06	1.02	1.09
<b>Nueces</b>	481	100.00	807.25	890.85	1.00	0.91
Superior	256	53.22	773.84	898.63	1.01	0.86
United Health Care (United)	225	46.78	844.73	882.13	0.99	0.96
<b>Tarrant</b>	2,092	100.00	783.74	863.60	1.00	0.91
Amerigroup	1,535	73.37	792.27	909.64	1.05	0.87
Health Spring/Molina	557	26.63	760.11	736.13	0.85	1.03
<b>Travis</b>	1,250	100.00	948.57	850.20	1.00	1.12
Amerigroup	313	25.04	970.28	760.90	0.89	1.28
United Health Care (United)	937	74.96	941.30	880.09	1.04	1.07

Notes:

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



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

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

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
<b>CDPS</b>						
<b>STAR+PLUS--MBCC</b>	5,067	100.00	2,641.07	2,641.07	1.00	1.00
<b>Bexar</b>	418	100.00	2,716.82	2,522.87	1.00	1.08
Amerigroup	50	11.96	2,463.85	2,914.67	1.16	0.85
Molina	39	9.33	3,932.37	2,740.65	1.09	1.43
Superior	329	78.71	2,606.55	2,435.26	0.97	1.07
<b>Dallas</b>	577	100.00	2,831.01	2,580.44	1.00	1.10
Molina	211	36.57	2,099.78	2,068.95	0.80	1.01
Superior	366	63.43	3,257.07	2,878.46	1.12	1.13
<b>El Paso</b>	310	100.00	2,259.42	2,213.37	1.00	1.02
Amerigroup	186	60.00	2,681.86	2,282.26	1.03	1.18
Molina	124	40.00	1,614.68	2,108.23	0.95	0.77
<b>Harris</b>	1,037	100.00	2,939.35	2,835.23	1.00	1.04
Amerigroup	303	29.22	3,182.25	2,767.96	0.98	1.15
Molina	124	11.96	2,983.29	2,545.96	0.90	1.17
United Health Care (United)	610	58.82	2,809.04	2,928.86	1.03	0.96
<b>Hidalgo</b>	591	100.00	2,483.62	2,435.09	1.00	1.02
Health Spring/Molina	218	36.89	2,055.41	2,367.74	0.97	0.87
Superior	373	63.11	2,735.87	2,474.76	1.02	1.11
<b>Jefferson</b>	174	100.00	2,929.37	2,974.55	1.00	0.98
Amerigroup	32	18.39	2,168.78	2,908.31	0.98	0.75
Molina	31	17.82	2,116.25	2,469.51	0.83	0.86
United Health Care (United)	111	63.79	3,393.66	3,141.72	1.06	1.08
<b>Lubbock</b>	129	100.00	2,434.43	2,865.76	1.00	0.85
Amerigroup	43	33.33	2,977.24	3,024.31	1.06	0.98
Superior	86	66.67	2,176.42	2,790.39	0.97	0.78
<b>MRSA Central</b>	206	100.00	2,829.57	2,914.00	1.00	0.97
Superior	139	67.48	2,763.55	2,766.02	0.95	1.00
United Health Care (United)	67	32.52	2,981.89	3,255.47	1.12	0.92
<b>MRSA Northeast</b>	316	100.00	2,435.56	2,761.81	1.00	0.88
Health Spring/Molina	117	37.03	2,879.35	3,042.33	1.10	0.95
United Health Care (United)	199	62.97	2,180.72	2,600.73	0.94	0.84
<b>MRSA West</b>	320	100.00	2,203.18	2,644.45	1.00	0.83
Amerigroup	132	41.25	1,745.63	2,405.61	0.91	0.73
Superior	188	58.75	2,538.72	2,819.60	1.07	0.90
<b>Nueces</b>	256	100.00	2,380.68	2,635.64	1.00	0.90
Superior	164	64.06	2,406.83	2,619.62	0.99	0.92
United Health Care (United)	92	35.94	2,334.43	2,663.97	1.01	0.88
<b>Tarrant</b>	430	100.00	2,780.89	2,577.76	1.00	1.08
Amerigroup	349	81.16	2,699.47	2,586.41	1.00	1.04
Health Spring/Molina	81	18.84	3,157.51	2,537.75	0.98	1.24
<b>Travis</b>	303	100.00	2,418.84	2,659.12	1.00	0.91
Amerigroup	76	25.08	1,660.28	2,054.43	0.77	0.81
United Health Care (United)	227	74.92	2,657.57	2,849.43	1.07	0.93

Notes:

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

FY2023 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Unadjusted Acuity Scores (1)					
Amerigroup - Bexar	0.9526	0.9530	1.0267	0.8763	1.1553
Molina - Bexar	0.9549	0.9509	0.9344	0.8949	1.0863
Superior - Bexar	1.0215	1.0216	1.0212	1.0340	0.9653
Molina - Dallas	1.0034	0.9623	0.9662	0.9568	0.8018
Superior - Dallas	0.9959	1.0718	1.0473	1.0365	1.1155
Amerigroup - El Paso	1.0001	0.9880	0.9979	0.9873	1.0311
Molina - El Paso	0.9999	1.0105	1.0019	1.0342	0.9525
Amerigroup - Harris	0.9595	1.0018	1.0078	0.9496	0.9763
Molina - Harris	0.8598	0.8703	0.9113	0.8329	0.8980
United - Harris	1.0532	1.0414	1.0232	1.0584	1.0330
Molina - Hidalgo	0.9535	0.9543	0.9128	0.8794	0.9723
Superior - Hidalgo	1.0398	1.0333	1.1141	1.1073	1.0163
Amerigroup - Jefferson	0.9259	1.1278	0.9529	0.9981	0.9777
Molina - Jefferson	0.9233	0.9151	0.9742	0.8601	0.8302
United - Jefferson	1.0931	1.0277	1.0645	1.0381	1.0562
Amerigroup - Lubbock	1.0340	0.9898	0.9627	0.9585	1.0553
Superior - Lubbock	0.9777	1.0091	1.0308	1.0258	0.9737
Superior - Nueces	0.9308	0.9904	1.0018	1.0087	0.9939
United - Nueces	1.0647	1.0172	0.9982	0.9902	1.0107
Amerigroup - Tarrant	1.0331	1.0025	1.0283	1.0533	1.0034
Molina - Tarrant	0.9029	0.9892	0.9272	0.8524	0.9845
Amerigroup - Travis	0.9635	0.9719	0.9479	0.8950	0.7726
United - Travis	1.0266	1.0300	1.0413	1.0352	1.0716
Superior - MRSA Central	0.9850	0.9677	1.0300	0.9808	0.9492
United - MRSA Central	1.0213	1.0647	0.9699	1.0411	1.1172
Molina - MRSA Northeast	0.9326	0.9279	1.0200	0.9331	1.1016
United - MRSA Northeast	1.0573	1.0917	0.9848	1.0585	0.9417
Amerigroup - MRSA West	0.9878	1.0847	1.0048	0.9617	0.9097
Superior - MRSA West	1.0077	0.9562	0.9966	1.0178	1.0662

FY2023 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutrality Adjustment (2)					
Amerigroup - Bexar	1.0009	1.0002	0.9991	1.0049	1.0018
Molina - Bexar	1.0009	1.0002	0.9991	1.0049	1.0018
Superior - Bexar	1.0009	1.0002	0.9991	1.0049	1.0018
Molina - Dallas	1.0002	1.0011	1.0003	1.0008	0.9888
Superior - Dallas	1.0002	1.0011	1.0003	1.0008	0.9888
Amerigroup - El Paso	1.0000	0.9993	0.9997	1.0000	1.0005
Molina - El Paso	1.0000	0.9993	0.9997	1.0000	1.0005
Amerigroup - Harris	0.9965	1.0025	0.9983	0.9938	0.9993
Molina - Harris	0.9965	1.0025	0.9983	0.9938	0.9993
United - Harris	0.9965	1.0025	0.9983	0.9938	0.9993
Molina - Hidalgo	0.9969	0.9953	0.9875	0.9854	0.9972
Superior - Hidalgo	0.9969	0.9953	0.9875	0.9854	0.9972
Amerigroup - Jefferson	0.9858	0.9945	1.0003	1.0014	0.9942
Molina - Jefferson	0.9858	0.9945	1.0003	1.0014	0.9942
United - Jefferson	0.9858	0.9945	1.0003	1.0014	0.9942
Amerigroup - Lubbock	0.9989	0.9983	1.0001	1.0005	0.9957
Superior - Lubbock	0.9989	0.9983	1.0001	1.0005	0.9957
Superior - Nueces	1.0007	1.0001	0.9998	0.9999	0.9999
United - Nueces	1.0007	1.0001	0.9998	0.9999	0.9999
Amerigroup - Tarrant	1.0000	0.9997	1.0006	0.9924	0.9998
Molina - Tarrant	1.0000	0.9997	1.0006	0.9924	0.9998
Amerigroup - Travis	0.9965	1.0044	0.9958	1.0003	1.0009
United - Travis	0.9965	1.0044	0.9958	1.0003	1.0009
Superior - MRSA Central	0.9984	0.9984	0.9991	0.9986	0.9965
United - MRSA Central	0.9984	0.9984	0.9991	0.9986	0.9965
Molina - MRSA Northeast	0.9892	0.9831	1.0016	0.9888	0.9998
United - MRSA Northeast	0.9892	0.9831	1.0016	0.9888	0.9998
Amerigroup - MRSA West	0.9998	1.0019	1.0000	1.0006	0.9890
Superior - MRSA West	0.9998	1.0019	1.0000	1.0006	0.9890

FY2023 STAR+PLUS Rating  
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutral Acuity Scores (3)					
Amerigroup - Bexar	0.9534	0.9533	1.0257	0.8806	1.1574
Molina - Bexar	0.9558	0.9511	0.9335	0.8992	1.0883
Superior - Bexar	1.0225	1.0219	1.0203	1.0390	0.9671
Molina - Dallas	1.0035	0.9634	0.9665	0.9576	0.7928
Superior - Dallas	0.9961	1.0730	1.0476	1.0374	1.1030
Amerigroup - El Paso	1.0001	0.9873	0.9976	0.9873	1.0317
Molina - El Paso	0.9999	1.0098	1.0015	1.0341	0.9530
Amerigroup - Harris	0.9561	1.0043	1.0061	0.9437	0.9756
Molina - Harris	0.8568	0.8725	0.9098	0.8277	0.8974
United - Harris	1.0495	1.0440	1.0215	1.0518	1.0323
Molina - Hidalgo	0.9506	0.9499	0.9014	0.8666	0.9696
Superior - Hidalgo	1.0366	1.0285	1.1002	1.0912	1.0135
Amerigroup - Jefferson	0.9127	1.1216	0.9531	0.9995	0.9721
Molina - Jefferson	0.9102	0.9101	0.9744	0.8613	0.8254
United - Jefferson	1.0776	1.0221	1.0648	1.0395	1.0501
Amerigroup - Lubbock	1.0329	0.9882	0.9627	0.9590	1.0508
Superior - Lubbock	0.9766	1.0075	1.0309	1.0263	0.9695
Superior - Nueces	0.9314	0.9905	1.0016	1.0086	0.9938
United - Nueces	1.0655	1.0173	0.9980	0.9901	1.0106
Amerigroup - Tarrant	1.0331	1.0021	1.0288	1.0453	1.0031
Molina - Tarrant	0.9029	0.9888	0.9277	0.8459	0.9842
Amerigroup - Travis	0.9602	0.9762	0.9440	0.8953	0.7733
United - Travis	1.0230	1.0345	1.0370	1.0355	1.0725
Superior - MRSA Central	0.9834	0.9662	1.0290	0.9794	0.9458
United - MRSA Central	1.0196	1.0631	0.9689	1.0396	1.1132
Molina - MRSA Northeast	0.9225	0.9122	1.0216	0.9226	1.1014
United - MRSA Northeast	1.0458	1.0733	0.9864	1.0467	0.9415
Amerigroup - MRSA West	0.9876	1.0868	1.0048	0.9623	0.8997
Superior - MRSA West	1.0075	0.9580	0.9967	1.0184	1.0545

## Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits B-F.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2023 Acute Care Community Rates.

## *Attachment 8*

### Acuity Risk Adjustment – Long Term Care

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

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

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

Data was collected separately for the following risk groups:

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

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

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

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

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

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

This long term care acuity model does not impact the nursing facility risk groups since attendant care is not a significant cost for these populations. The impact of relative acuity differences on the nursing facility populations is continuing to be studied but no adjustments will be made for the FY2023 premium rates.

## **Technical Specifications for LTSS Risk Adjustment, STAR+PLUS, for Reporting Period: March 1, 2019 - February 29, 2020**

### **Background**

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

### **Data Source**

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

### **Analysis**

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

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

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

The analyses were stratified by Home and Community Based Services (HCBS) and Other Community Care (OCC) programs for dual and non-dual status. Effective January 1, 2022 Molina acquired Cigna's Texas Medicaid and MMP in all service delivery areas in which Cigna (Health Spring) previously operated. Given that both Molina and Cigna (Health Spring) previously participated in the Hidalgo SDA the relative scores for the two MCOs were combined to calculate Molina's updated risk scores.

The risk scores were used to adjust SFY2023 STAR+PLUS LTSS capitation rates. The acuity factors were developed and applied at 100% of the MCOs factors to adjust the rates.

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Medicaid Only OCC

	<u>Unique Members</u>	<u>Unique Utilizers</u>	<u>Percent Utilization</u>	<u>Risk Score</u>
Amerigroup - Bexar	4,499	753	16.7%	0.8682
Molina - Bexar	2,946	565	19.2%	0.9948
Superior - Bexar	15,073	3,023	20.1%	1.0403
Bexar SDA Total	22,518	4,341	19.3%	1.0000
Molina - Dallas	17,062	3,863	22.6%	1.1600
Superior - Dallas	14,509	2,299	15.8%	0.8118
Dallas SDA Total	31,571	6,162	19.5%	1.0000
Amerigroup - El Paso	4,248	924	21.8%	0.9123
Molina - El Paso	2,928	787	26.9%	1.1273
El Paso SDA Total	7,176	1,711	23.8%	1.0000
Amerigroup - Harris	18,292	3,245	17.7%	0.9106
Molina - Harris	5,209	953	18.3%	0.9391
United - Harris	26,926	5,626	20.9%	1.0725
Harris SDA Total	50,427	9,824	19.5%	1.0000
HealthSpring/Molina - Hidalgo	8,049	3,824	47.5%	0.9617
Superior - Hidalgo	9,119	4,657	51.1%	1.0338
Hidalgo SDA Total	17,168	8,481	49.4%	1.0000
Amerigroup - Jefferson	2,836	362	12.8%	0.9449
Molina - Jefferson	2,290	345	15.1%	1.1152
United - Jefferson	4,327	570	13.2%	0.9751
Jefferson SDA Total	9,453	1,277	13.5%	1.0000
Amerigroup - Lubbock	2,363	159	6.7%	0.9343
Superior - Lubbock	3,441	259	7.5%	1.0451
Lubbock SDA Total	5,804	418	7.2%	1.0000
Superior - Nueces	4,290	1,071	25.0%	0.9205
United - Nueces	4,220	1,237	29.3%	1.0808
Nueces SDA Total	8,510	2,308	27.1%	1.0000
Amerigroup - Tarrant	14,744	1,601	10.9%	0.9970
HealthSpring/Molina - Tarrant	5,566	611	11.0%	1.0079
Tarrant SDA Total	20,310	2,212	10.9%	1.0000
Amerigroup - Travis	4,724	655	13.9%	1.1588
United - Travis	6,567	696	10.6%	0.8858
Travis SDA Total	11,291	1,351	12.0%	1.0000
Superior - MRSA Central	8,203	821	10.0%	1.0188
United - MRSA Central	5,916	566	9.6%	0.9739
MRSA Central SDA Total	14,119	1,387	9.8%	1.0000
HealthSpring/Molina - MRSA North	9,353	1,209	12.9%	0.9647
United - MRSA Northeast	11,358	1,566	13.8%	1.0290
MRSA Northeast SDA Total	20,711	2,775	13.4%	1.0000
Amerigroup - MRSA West	5,334	527	9.9%	0.9897
Superior - MRSA West	8,430	847	10.0%	1.0065
MRSA West SDA Total	13,764	1,374	10.0%	1.0000

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Medicaid Only HCBS

	<u>Unique Members</u>	<u>Unique Utilizers</u>	<u>Percent Utilization</u>	<u>Risk Score</u>
Amerigroup - Bexar	431	315	73.1%	0.9547
Molina - Bexar	453	301	66.4%	0.8680
Superior - Bexar	1,922	1,532	79.7%	1.0413
Bexar SDA Total	2,806	2,148	76.6%	1.0000
Molina - Dallas	2,493	1,762	70.7%	0.9881
Superior - Dallas	1,385	1,012	73.1%	1.0215
Dallas SDA Total	3,878	2,774	71.5%	1.0000
Amerigroup - El Paso	470	383	81.5%	1.0332
Molina - El Paso	524	401	76.5%	0.9702
El Paso SDA Total	994	784	78.9%	1.0000
Amerigroup - Harris	1,547	1,265	81.8%	1.0472
Molina - Harris	692	554	80.1%	1.0253
United - Harris	1,918	1,427	74.4%	0.9528
Harris SDA Total	4,157	3,246	78.1%	1.0000
HealthSpring/Molina - Hidalgo	1,380	1,309	94.9%	0.9934
Superior - Hidalgo	1,808	1,735	96.0%	1.0050
Hidalgo SDA Total	3,188	3,044	95.5%	1.0000
Amerigroup - Jefferson	241	202	83.8%	1.1006
Molina - Jefferson	431	317	73.5%	0.9657
United - Jefferson	234	171	73.1%	0.9595
Jefferson SDA Total	906	690	76.2%	1.0000
Amerigroup - Lubbock	189	119	63.0%	0.9776
Superior - Lubbock	238	156	65.5%	1.0178
Lubbock SDA Total	427	275	64.4%	1.0000
Superior - Nueces	728	651	89.4%	0.9956
United - Nueces	401	363	90.5%	1.0079
Nueces SDA Total	1,129	1,014	89.8%	1.0000
Amerigroup - Tarrant	1,468	1,042	71.0%	0.9944
HealthSpring/Molina - Tarrant	398	290	72.9%	1.0208
Tarrant SDA Total	1,866	1,332	71.4%	1.0000
Amerigroup - Travis	428	364	85.0%	1.0362
United - Travis	392	309	78.8%	0.9604
Travis SDA Total	820	673	82.1%	1.0000
Superior - MRSA Central	613	451	73.6%	0.9956
United - MRSA Central	295	220	74.6%	1.0092
MRSA Central SDA Total	908	671	73.9%	1.0000
HealthSpring/Molina - MRSA North	1,089	853	78.3%	1.0294
United - MRSA Northeast	860	630	73.3%	0.9627
MRSA Northeast SDA Total	1,949	1,483	76.1%	1.0000
Amerigroup - MRSA West	395	317	80.3%	1.0392
Superior - MRSA West	786	595	75.7%	0.9803
MRSA West SDA Total	1,181	912	77.2%	1.0000



FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Dual Eligible OCC

	<u>Unique Members</u>	<u>Unique Utilizers</u>	<u>Percent Utilization</u>	<u>Risk Score</u>
Amerigroup - Bexar	5,045	1,365	27.1%	0.9632
Molina - Bexar	4,242	1,158	27.3%	0.9718
Superior - Bexar	11,481	3,311	28.8%	1.0266
Bexar SDA Total	20,768	5,834	28.1%	1.0000
Molina - Dallas	16,213	4,465	27.5%	1.0720
Superior - Dallas	11,226	2,584	23.0%	0.8960
Dallas SDA Total	27,439	7,049	25.7%	1.0000
Amerigroup - El Paso	7,327	2,686	36.7%	0.9396
Molina - El Paso	6,736	2,801	41.6%	1.0657
El Paso SDA Total	14,063	5,487	39.0%	1.0000
Amerigroup - Harris	20,640	4,975	24.1%	0.9391
Molina - Harris	6,305	1,559	24.7%	0.9634
United - Harris	27,709	7,494	27.0%	1.0537
Harris SDA Total	54,654	14,028	25.7%	1.0000
HealthSpring/Molina - Hidalgo	20,001	11,711	58.6%	0.9313
Superior - Hidalgo	18,219	12,318	67.6%	1.0754
Hidalgo SDA Total	38,220	24,029	62.9%	1.0000
Amerigroup - Jefferson	3,033	662	21.8%	1.1277
Molina - Jefferson	3,038	613	20.2%	1.0426
United - Jefferson	2,630	409	15.6%	0.8035
Jefferson SDA Total	8,701	1,684	19.4%	1.0000
Amerigroup - Lubbock	3,411	381	11.2%	0.9973
Superior - Lubbock	3,053	343	11.2%	1.0031
Lubbock SDA Total	6,464	724	11.2%	1.0000
Superior - Nueces	4,841	1,814	37.5%	1.0323
United - Nueces	4,694	1,647	35.1%	0.9667
Nueces SDA Total	9,535	3,461	36.3%	1.0000
Amerigroup - Tarrant	13,239	2,489	18.8%	1.0632
HealthSpring/Molina - Tarrant	5,038	743	14.7%	0.8340
Tarrant SDA Total	18,277	3,232	17.7%	1.0000
Amerigroup - Travis	5,382	1,156	21.5%	1.2559
United - Travis	6,113	810	13.3%	0.7747
Travis SDA Total	11,495	1,966	17.1%	1.0000
Superior - MRSA Central	6,360	925	14.5%	0.9682
United - MRSA Central	7,400	1,142	15.4%	1.0273
MRSA Central SDA Total	13,760	2,067	15.0%	1.0000
HealthSpring/Molina - MRSA North	9,080	1,470	16.2%	0.9529
United - MRSA Northeast	10,597	1,873	17.7%	1.0403
MRSA Northeast SDA Total	19,677	3,343	17.0%	1.0000
Amerigroup - MRSA West	9,282	1,900	20.5%	1.0909
Superior - MRSA West	9,418	1,609	17.1%	0.9104
MRSA West SDA Total	18,700	3,509	18.8%	1.0000

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Dual Eligible HCBS

	<u>Unique Members</u>	<u>Unique Utilizers</u>	<u>Percent Utilization</u>	<u>Risk Score</u>
Amerigroup - Bexar	762	637	83.6%	0.9879
Molina - Bexar	815	638	78.3%	0.9251
Superior - Bexar	2,096	1,833	87.5%	1.0335
Bexar SDA Total	3,673	3,108	84.6%	1.0000
Molina - Dallas	4,104	3,176	77.4%	0.9993
Superior - Dallas	1,921	1,490	77.6%	1.0015
Dallas SDA Total	6,025	4,666	77.4%	1.0000
Amerigroup - El Paso	750	624	83.2%	0.9981
Molina - El Paso	993	829	83.5%	1.0015
El Paso SDA Total	1,743	1,453	83.4%	1.0000
Amerigroup - Harris	2,084	1,836	88.1%	1.0419
Molina - Harris	1,108	955	86.2%	1.0194
United - Harris	3,340	2,732	81.8%	0.9674
Harris SDA Total	6,532	5,523	84.6%	1.0000
HealthSpring/Molina - Hidalgo	6,002	5,839	97.3%	0.9962
Superior - Hidalgo	6,832	6,694	98.0%	1.0033
Hidalgo SDA Total	12,834	12,533	97.7%	1.0000
Amerigroup - Jefferson	494	428	86.6%	1.0310
Molina - Jefferson	769	645	83.9%	0.9981
United - Jefferson	328	264	80.5%	0.9578
Jefferson SDA Total	1,591	1,337	84.0%	1.0000
Amerigroup - Lubbock	426	311	73.0%	0.9515
Superior - Lubbock	343	279	81.3%	1.0602
Lubbock SDA Total	769	590	76.7%	1.0000
Superior - Nueces	1,551	1,475	95.1%	1.0113
United - Nueces	1,265	1,173	92.7%	0.9861
Nueces SDA Total	2,816	2,648	94.0%	1.0000
Amerigroup - Tarrant	2,393	1,709	71.4%	0.9782
HealthSpring/Molina - Tarrant	730	571	78.2%	1.0714
Tarrant SDA Total	3,123	2,280	73.0%	1.0000
Amerigroup - Travis	916	830	90.6%	1.0129
United - Travis	1,047	926	88.4%	0.9887
Travis SDA Total	1,963	1,756	89.5%	1.0000
Superior - MRSA Central	738	600	81.3%	1.0013
United - MRSA Central	953	773	81.1%	0.9990
MRSA Central SDA Total	1,691	1,373	81.2%	1.0000
HealthSpring/Molina - MRSA North	2,461	2,065	83.9%	1.0842
United - MRSA Northeast	2,687	1,919	71.4%	0.9228
MRSA Northeast SDA Total	5,148	3,984	77.4%	1.0000
Amerigroup - MRSA West	1,664	1,417	85.2%	0.9931
Superior - MRSA West	1,479	1,278	86.4%	1.0077
MRSA West SDA Total	3,143	2,695	85.7%	1.0000

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Unadjusted Acuity Scores (1)				
Amerigroup - Bexar	0.8682	0.9547	0.9632	0.9879
Molina - Bexar	0.9948	0.8680	0.9718	0.9251
Superior - Bexar	1.0403	1.0413	1.0266	1.0335
Molina - Dallas	1.1600	0.9881	1.0720	0.9993
Superior - Dallas	0.8118	1.0215	0.8960	1.0015
Amerigroup - El Paso	0.9123	1.0332	0.9396	0.9981
Molina - El Paso	1.1273	0.9702	1.0657	1.0015
Amerigroup - Harris	0.9106	1.0472	0.9391	1.0419
Molina - Harris	0.9391	1.0253	0.9634	1.0194
United - Harris	1.0725	0.9528	1.0537	0.9674
Molina - Hidalgo	0.9617	0.9934	0.9313	0.9962
Superior - Hidalgo	1.0338	1.0050	1.0754	1.0033
Amerigroup - Jefferson	0.9449	1.1006	1.1277	1.0310
Molina - Jefferson	1.1152	0.9657	1.0426	0.9981
United - Jefferson	0.9751	0.9595	0.8035	0.9578
Amerigroup - Lubbock	0.9343	0.9776	0.9973	0.9515
Superior - Lubbock	1.0451	1.0178	1.0031	1.0602
Superior - Nueces	0.9205	0.9956	1.0323	1.0113
United - Nueces	1.0808	1.0079	0.9667	0.9861
Amerigroup - Tarrant	0.9970	0.9944	1.0632	0.9782
Molina - Tarrant	1.0079	1.0208	0.8340	1.0714
Amerigroup - Travis	1.1588	1.0362	1.2559	1.0129
United - Travis	0.8858	0.9604	0.7747	0.9887
Superior - MRSA Central	1.0188	0.9956	0.9682	1.0013
United - MRSA Central	0.9739	1.0092	1.0273	0.9990
Molina - MRSA Northeast	0.9647	1.0294	0.9529	1.0842
United - MRSA Northeast	1.0290	0.9627	1.0403	0.9228
Amerigroup - MRSA West	0.9897	1.0392	1.0909	0.9931
Superior - MRSA West	1.0065	0.9803	0.9104	1.0077

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutrality Adjustment (2)				
Amerigroup - Bexar	1.0007	0.9985	0.9996	0.9977
Molina - Bexar	1.0007	0.9985	0.9996	0.9977
Superior - Bexar	1.0007	0.9985	0.9996	0.9977
Molina - Dallas	1.0060	1.0008	1.0032	1.0000
Superior - Dallas	1.0060	1.0008	1.0032	1.0000
Amerigroup - El Paso	0.9984	1.0024	0.9997	0.9998
Molina - El Paso	0.9984	1.0024	0.9997	0.9998
Amerigroup - Harris	0.9950	0.9970	0.9978	0.9975
Molina - Harris	0.9950	0.9970	0.9978	0.9975
United - Harris	0.9950	0.9970	0.9978	0.9975
Molina - Hidalgo	0.9969	0.9992	0.9971	0.9997
Superior - Hidalgo	0.9969	0.9992	0.9971	0.9997
Amerigroup - Jefferson	1.0069	0.9968	1.0194	0.9992
Molina - Jefferson	1.0069	0.9968	1.0194	0.9992
United - Jefferson	1.0069	0.9968	1.0194	0.9992
Amerigroup - Lubbock	1.0009	0.9978	1.0000	0.9933
Superior - Lubbock	1.0009	0.9978	1.0000	0.9933
Superior - Nueces	0.9975	1.0000	1.0020	0.9994
United - Nueces	0.9975	1.0000	1.0020	0.9994
Amerigroup - Tarrant	1.0002	1.0014	0.9983	1.0032
Molina - Tarrant	1.0002	1.0014	0.9983	1.0032
Amerigroup - Travis	1.0145	0.9947	1.0224	0.9992
United - Travis	1.0145	0.9947	1.0224	0.9992
Superior - MRSA Central	1.0018	0.9997	1.0011	0.9999
United - MRSA Central	1.0018	0.9997	1.0011	0.9999
Molina - MRSA Northeast	0.9949	1.0070	0.9956	1.0089
United - MRSA Northeast	0.9949	1.0070	0.9956	1.0089
Amerigroup - MRSA West	0.9998	1.0005	1.0042	0.9994
Superior - MRSA West	0.9998	1.0005	1.0042	0.9994

FY2023 STAR+PLUS Rating  
 Long Term Care Acuity Analysis  
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutral Acuity Scores (3)				
Amerigroup - Bexar	0.8688	0.9533	0.9628	0.9856
Molina - Bexar	0.9955	0.8667	0.9714	0.9230
Superior - Bexar	1.0411	1.0397	1.0262	1.0311
Molina - Dallas	1.1669	0.9888	1.0755	0.9993
Superior - Dallas	0.8167	1.0223	0.8989	1.0016
Amerigroup - El Paso	0.9108	1.0357	0.9393	0.9979
Molina - El Paso	1.1255	0.9726	1.0654	1.0013
Amerigroup - Harris	0.9060	1.0440	0.9370	1.0393
Molina - Harris	0.9344	1.0222	0.9612	1.0168
United - Harris	1.0671	0.9499	1.0514	0.9650
Molina - Hidalgo	0.9587	0.9926	0.9287	0.9959
Superior - Hidalgo	1.0306	1.0042	1.0723	1.0030
Amerigroup - Jefferson	0.9514	1.0971	1.1497	1.0302
Molina - Jefferson	1.1229	0.9627	1.0628	0.9973
United - Jefferson	0.9819	0.9565	0.8191	0.9571
Amerigroup - Lubbock	0.9352	0.9755	0.9972	0.9452
Superior - Lubbock	1.0461	1.0155	1.0030	1.0531
Superior - Nueces	0.9182	0.9957	1.0344	1.0107
United - Nueces	1.0781	1.0079	0.9686	0.9855
Amerigroup - Tarrant	0.9972	0.9958	1.0613	0.9814
Molina - Tarrant	1.0081	1.0222	0.8325	1.0748
Amerigroup - Travis	1.1756	1.0307	1.2840	1.0121
United - Travis	0.8986	0.9554	0.7921	0.9879
Superior - MRSA Central	1.0206	0.9953	0.9692	1.0012
United - MRSA Central	0.9756	1.0088	1.0284	0.9989
Molina - MRSA Northeast	0.9598	1.0366	0.9487	1.0939
United - MRSA Northeast	1.0238	0.9695	1.0358	0.9310
Amerigroup - MRSA West	0.9896	1.0398	1.0955	0.9925
Superior - MRSA West	1.0063	0.9808	0.9143	1.0071

## Footnotes:

- (1) Acuity scores as developed by HHSC from Exhibits B-E.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2023 Long Term Care Community Rates.

## *Attachment 9*

### Network Access Improvement Program (NAIP)

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

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

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

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

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

As of September 1, 2022 the NAIP program will only apply to hospitals as the physician practice groups have been phased out per CMS regulations. Exhibit A summarizes each of the NAIPs by health plan, service area and program split. The participating provider has been removed from the file in order to maintain the privacy of these negotiated arrangements.

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

The following information is provided as requested in the 2022-2023 Medicaid Managed Care Rate Development Guide.

#### **A. Hospitals**

1. A description of the pass-through payment - CMS approved NAIP as an incentive payment in September 2014. The program was implemented in March 2015. Subsequently, CMS issued final Medicaid managed care rules. Following the publication of those rules, CMS performed an informal review of NAIP and in September 2016 concluded NAIP was a pass-through payment, not an incentive. The program is a voluntary program between MCOs and providers whereby agreements are entered into between these two parties to improve access to care and services for Medicaid managed care members. Examples include the recruitment of new primary care or specialty physicians, expanded physician office hours, and other similar initiatives. Each project had a specific associated cost which translated into a PMPM amount for the MCOs.
2. A description of how the pass-through payment will be paid – the NAIP payments will be paid to the MCOs based on the PMPM amounts specified in this report.
3. The amount of the pass-through payments both in total and on a per member per month basis – The NAIP Hospital program cost is \$272,795,097 of which \$260,454,665 is attributed to the STAR program and \$12,340,432 is attributed to the STAR+PLUS program. The per member per month amounts are shown in Exhibit A.
4. The program(s) that includes the pass-through payments – the pass-through applies to the STAR and STAR+PLUS programs
5. The providers receiving the pass-through payments –
  - Texas Tech University Health Sciences Center – Lubbock (University Medical Center)
  - Parkland Health & Hospital System
  - Childress County Hospital District
  - University Health System
  - Midland Memorial Hospital
  - University Medical Center – Lubbock
  - Harris Health System
  - Palo Pinto General Hospital
  - University Medical Center of El Paso
  - Christus Spohn Health System
6. The financing mechanism for the pass-through payments:
  - a. A description of the non-federal share of the pass-through payment - The non-federal share is provided by local governmental entities, including hospital districts. The estimated non-federal share is \$118,649,500 of which \$113,282,152

is attributed to the STAR program and \$5,367,348 is attributed to the STAR+PLUS program.

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

<b>Name of Entity Transferring Funds</b>	<b>Operational nature of the entity (state, county, city, other):</b>	<b>Total amounts transferred by each entity</b>	<b>General taxing authority (Y/N)</b>	<b>Transferring entity received apportion (Y/N)</b>
Childress County Hospital District	Other	1,538,764	Yes	No
Nueces County Hospital District	Other	7,612,122	Yes	No
Harris County Hospital District	Other	20,067,702	Yes	No
Lubbock County Hospital District	Other	25,076,555	Yes	No
Midland County Hospital District	Other	4,611,151	Yes	No
Palo Pinto General Hospital	Other	1,916,191	Yes	No
Dallas County Hospital District / Parkland	Other	21,198,499	Yes	No
University Health System	Other	24,377,509	Yes	No
El Paso County Hospital District	Other	12,251,007	Yes	No

There are no written agreements between HHSC and healthcare providers participating in NAIP regarding NAIP. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations.

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

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

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



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

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

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

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

There has been no change to this general methodology compared to the prior fiscal year's analysis other than updating the data analyzed to the FY2021 time period. There has been no trend adjustments to the data utilized in the UPL test.

## **B. Physicians**

Per CMS regulations, the NAIP program no longer applies to physicians. Any NAIP arrangements applicable to physician groups have been discontinued and no further amounts are included in the NAIP program for these providers.

FY2023 STAR+PLUS Rating  
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
<b>HOSPITAL</b>					
Amerigroup	STAR	Dallas	14,983,824	3,344,604	4.48
Amerigroup	STAR	Lubbock, MRSA West	1,582,726	656,733	2.41
Amerigroup	STAR	MRSA West, Tarrant	4,405,644	2,381,429	1.85
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	10,586,113	745,501	14.20
Amerigroup	STAR, STAR+Plus	MRSA West	3,537,876	571,547	6.19
CFHP	STAR	Bexar	20,384,398	1,708,667	11.93
CHC	STAR	Harris	46,139,011	3,766,450	12.25
El Paso Health	STAR	El Paso	17,670,707	1,024,389	17.25
FirstCare	STAR	Lubbock, MRSA West	21,744,446	1,204,011	18.06
FirstCare	STAR	MRSA West	10,601,809	652,821	16.24
Molina	STAR	Dallas	1,507,788	468,257	3.22
PCHP	STAR	Dallas	32,247,292	2,507,565	12.86
Superior	STAR	Bexar	6,569,194	1,920,817	3.42
Superior	STAR	El Paso	10,496,413	753,511	13.93
Superior	STAR	Lubbock, MRSA West	4,163,720	1,842,354	2.26
Superior	STAR, STAR+Plus	Bexar	7,179,448	2,111,602	3.40
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,899,336	7,283,131	0.81
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	16,015,606	9,099,776	1.76
Superior	STAR, STAR+Plus	Lubbock, MRSA West	19,578,200	1,985,619	9.86
Superior	STAR, STAR+Plus	Nueces	10,300,730	367,227	28.05
United	STAR	Nueces	1,409,927	47,424	29.73
United	STAR+Plus	Nueces	5,790,889	50,321	115.08
Total			272,795,097		

## Footnotes:

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

FY2023 STAR+PLUS Rating  
 Network Access Improvement Program (NAIP) Hospital Summary

Ownership Type	MCO UPL Test Outpatient*			MCO UPL Test Inpatient*			MCO UPL Test Total*		
	Outpatient Medicare MCO Est. Payment	Outpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Inpatient Payment	Inpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Payment	Medicaid MCO Payment	Difference
Non-state Government	360,489,791	261,736,763	98,753,028	1,067,433,938	442,024,550	625,409,388	1,427,923,729	703,761,313	724,162,416
Private	1,802,210,858	1,368,624,011	433,586,848	5,221,634,141	3,782,877,255	1,438,756,887	7,023,845,000	5,151,501,266	1,872,343,734
State Owned	107,548,062	68,515,320	39,032,742	157,916,714	126,876,613	31,040,100	265,464,776	195,391,933	70,072,843
<b>Grand Total</b>	<b>2,270,248,711</b>	<b>1,698,876,094</b>	<b>571,372,618</b>	<b>6,446,984,793</b>	<b>4,351,778,418</b>	<b>2,095,206,375</b>	<b>8,717,233,504</b>	<b>6,050,654,512</b>	<b>2,666,578,992</b>

Aggregate Maximum Pass Through Lesser of:

(i) 50% of Base Amount	1,333,289,496
(ii) Total NAIP in FY2016	329,935,051
Lesser of (i) and (ii)	329,935,051

FY2023 NAIP Hospital 272,795,097

\*Calculated based on FY2021 managed care experience.

FY2023 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Med Only</u>	<u>Dual Elig.</u>		
FY2023 NAIP Hospital PMPM								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	5.97	5.97	0.00	0.00	0.00	0.00	5.97	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	14.20	14.20	0.00	0.00	0.00	0.00	14.20	0.00
Superior - Lubbock	9.86	9.86	0.00	0.00	0.00	0.00	9.86	0.00
Superior - Nueces	29.81	29.81	0.00	0.00	0.00	0.00	29.81	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	20.39	20.39	0.00	0.00	0.00	0.00	20.39	0.00
Superior - MRSA West	12.43	12.43	0.00	0.00	0.00	0.00	12.43	0.00

FY2023 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Med Only</u>	<u>Dual Elig.</u>		
FY2023 NAIP Physician PMPM								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

FY2023 STAR+PLUS Rating  
 NAIP Premium Rates PMPM by MCO and Risk Group

<u>Health Plan</u>	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Med Only</u>	<u>Dual Elig.</u>		
FY2023 NAIP Total PMPM								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	5.97	5.97	0.00	0.00	0.00	0.00	5.97	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	14.20	14.20	0.00	0.00	0.00	0.00	14.20	0.00
Superior - Lubbock	9.86	9.86	0.00	0.00	0.00	0.00	9.86	0.00
Superior - Nueces	29.81	29.81	0.00	0.00	0.00	0.00	29.81	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	2.57	2.57	0.00	0.00	0.00	0.00	2.57	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	20.39	20.39	0.00	0.00	0.00	0.00	20.39	0.00
Superior - MRSA West	12.43	12.43	0.00	0.00	0.00	0.00	12.43	0.00

## *Attachment 10*

### Quality Incentive Payment Program (QIPP)

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

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

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

Attachment B provides a summary of the QIPP add-on amounts by service delivery area. The QIPP program impacts members in both the STAR+PLUS and Dual Demonstration programs. As a result, the eligible expenditures are spread across the two programs based on total membership within the nursing facility risk groups. Contracted Cost (\$1,100,000,00) is the total dollar value of the program assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Managed Care (MCO) days. The total program size was multiplied by each provider's percentage of FFS & MCO days in the base period.

The QIPP premiums have been accounted for in the FY2023 STAR+PLUS rate development in a manner that is consistent with the pre-print that is currently under CMS review.

## Quality Incentive Payment Program

### Overview

#### Program Description

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

In QIPP Year Six, effective September 1, 2022, the program will encompass one uniform percent increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

#### Eligible Providers

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

#### Participating Medicaid Programs

STAR+PLUS and Dual Demonstration

#### Program Funding Estimated for SFY 2023

\$1,100,000,000

#### History

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

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

State Fiscal Year 2023 begins QIPP Year Six. Funds are paid through components of the STAR+PLUS NF managed care based on per-member-per-month (PMPM) capitation rates. The chart below provides a broad overview of changes in QIPP history:



<b>State Fiscal Year</b>	<b>Approved Funding</b>	<b>Actual Funding</b>	<b>Components</b>
SFY 2018	\$400,000,000	\$399,333,542	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2019	\$446,000,000	\$427,649,611	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2020	\$600,000,000	\$592,534,983	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2021	\$1,100,000,000	\$1,092,613,934	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2022	\$1,100,000,000	TBD	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2023	\$1,100,000,000	TBD	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only

## **Program Design**

### **Delivery System**

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

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

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

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

QIPP intends to support achievement of these goals by:

- Reducing the rate of avoidable complications or adverse healthcare events
- Reducing the rate of avoidable hospitalizations for NF residents
- Reducing the rate of avoidable hospital and emergency department visits for individuals with medical complexity
- Encouraging providers to actively monitor patient outcomes and perspectives to address their needs and improve healthcare delivery

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

### **Directed Payment Arrangement**

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

### **Eligibility Requirements**

In QIPP Year Six, NSGO NFs are eligible to participate if they meet one of the following criteria per Title 1 of the Texas Administrative Code (1 TAC) §353.1302:

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

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

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

### **Capitation Rate Components**

The total dollar value under review for CMS approval for the QIPP program for Year Six is \$1,100,000,000. The program is paid using joint state and federal funds. The state funds are

provided by the NSGOs via an Intergovernmental Transfer (IGT); no state general revenue is used to fund the QIPP program.

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

<b>QIPP Year Six Anticipated Funding</b>	
<b>Estimated Total Funds</b>	<b>\$ 1,100,000,000</b>
Federal Share Funds (59.95%)	\$ 659,450,000
Non-Federal Share Funds (40.05%)	\$ 440,550,000
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 0.125 %	\$ 1,375,000
MCO Risk Margin = 1.750 %	\$ 19,250,000
MCO Provider Tax = 1.750 %	\$ 19,250,000
<b>Total MCO Fees = 3.625 %</b>	<b>\$ 39,875,000</b>
IGT Funds Needed for Pool Size	\$ 440,550,000
<b>Available Funds for Program Components</b>	
Component 1 Total Funds: NFS plus 10%	\$ 484,605,000
Component 2 Total Funds: 40% of pool after C1/C4/MCO Fees	\$ 159,808,000
Component 3 Total Funds: 60% of pool after C1/C4/MCO Fees	\$ 239,712,000
Component 4 Total Funds: 16% of total funds	\$ 176,000,000

### **Distribution of Payments**

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

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

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

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

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

### Quality Metric Summary

- Component 1 (NSGO Only - Monthly): One condition of participation for '*Quality Assurance and Performance Improvement (QAPI) Meetings*' is:
  - Facility holds a QAPI meeting each month that accords with quarterly federal requirements and pursues specific outcomes developed by the NF as part of a focused performance improvement project (PIP).
- Component 2 (All NFs – Monthly): Two metrics and one condition of participation around '*Staffing and Workforce Development*' are:
  - Metric 1: NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
  - Metric 2: NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
  - Condition of participation: NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.
- Component 3 (All NFs – Quarterly): Four metrics relate to '*Long-Stay Minimum Data Set (MDS) quality metrics*', and Medicaid managed care beneficiaries are measured against program-wide as well as facility-specific targets. They are:
  - Metric 1: (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
  - Metric 2: (CMS N031.03) Percent of residents who received an antipsychotic medication.
  - Metric 3: (CMS N035.03) Percent of residents whose ability to move independently has worsened.
  - Metric 4: (CMS N024.02) Percent of residents with a urinary tract infection.
- Component 4 (NSGO Only – Quarterly): One quality metric entails staged performance requirements over the four quarters of the program year for '*Infection Control Program*'.
  - In Quarter 1 and Quarter 3: The NF must submit evidence-based infection control policies and supporting documentation that include at least the following antibiotic stewardship elements (i) Designated leadership individuals for antibiotic stewardship (ii) Written policies on antibiotic prescribing (iii)

- Pharmacy-generated antibiotic use report from within the last six months (iv) Lab-generated antibiogram report from within the last six months (or from regional hospital) (v) Audits (monitors and documents) of adherence to hand hygiene (vi) Audits (monitors and documents) of adherence to personal protective equipment use (vii) Current list of reportable diseases.
- In Quarter 2, the NF must submit current certificates of completion for the "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC for both (i) Nursing Facility Administrator and (ii) Director of Nursing.
  - In Quarter 4, two MDS measures related to vaccination rates of Medicaid managed care beneficiaries will be measured against facility-specific improvement targets and program-wide benchmarks derived from the most recently published national average at the beginning of the eligibility period. To meet the metric, both percentages must reach the target: (i) Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (CMS N020.02) (ii) Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (CMS N016.03).

### Achievement Requirements

The table below identifies the quality measures by program component.

#### Quality Metrics and Associate Performance Requirements

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

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

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

FY2023 STAR+PLUS Rating  
Quality Incentive Payment Program (QIPP) Summary

MCOs (1)	Impacted Programs	SDA	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup, Molina, Superior	STAR+PLUS, Dual Demo	Bexar	\$ 96,793,899	48,938	\$ 1,977.89
Molina, Superior	STAR+PLUS, Dual Demo	Dallas	129,121,155	68,246	1,892.00
Amerigroup, Molina	STAR+PLUS, Dual Demo	El Paso	16,691,791	11,109	1,502.49
Amerigroup, Molina, United	STAR+PLUS, Dual Demo	Harris	142,430,562	80,733	1,764.21
Molina, Superior	STAR+PLUS, Dual Demo	Hidalgo	58,399,336	30,531	1,912.76
Amerigroup, Molina, United	STAR+PLUS	Jefferson	32,465,974	20,012	1,622.31
Amerigroup, Superior	STAR+PLUS	Lubbock	40,588,298	18,065	2,246.84
Superior, United	STAR+PLUS	Nueces	41,333,668	21,033	1,965.16
Amerigroup, Molina	STAR+PLUS, Dual Demo	Tarrant	120,346,351	58,468	2,058.34
Amerigroup, United	STAR+PLUS	Travis	89,730,929	37,389	2,399.95
Superior, United	STAR+PLUS	MRSA Central	98,981,421	48,449	2,043.02
Molina, United	STAR+PLUS	MRSA Northeast	118,262,222	62,891	1,880.43
Amerigroup, Superior	STAR+PLUS	MRSA West	114,856,649	52,806	2,175.05

## Footnotes:

(1) All STAR+PLUS and Dual Demo MCOs will participate with all QIPP providers in their SDAs

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

Includes 0.125% for administrative fees, 1.75% for risk margin, and 1.75% for premium tax

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

(ii) STAR+PLUS Dual Eligible Nursing Facility, and (iii) Dual Demo Nursing Facility.



## *Attachment 11*

### Comprehensive Hospital Increase Reimbursement Program (CHIRP)

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. CMS approved HHSC's statewide implementation of the program on August 18, 2017 and the program was expanded statewide March 1, 2018. Effective September 1, 2021 UHRIP was replaced by the Comprehensive Hospital Increase Reimbursement Programs (CHIRP).

CHIRP is comprised of two components, (1) Uniform Hospital Rate Increase Payment (UHRIP) and (2) Average Commercial Incentive Award (ACIA). Payments from managed care organizations to qualified hospitals will be a directed uniform rate increase above the negotiated rate. The percentage increase will be uniform for hospitals within a class within a service delivery area (SDA), but increases may vary between classes of hospitals due to the choice to participate in the optional ACIA component.

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

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

1. Services provided to members at a non-contracted facility.
2. Non-emergent services provided in an emergency room for non-rural facilities.
3. Services provided to a member at an out of area facility if the facility is located in a SDA in which the MCO does not participate in the STAR or STAR+PLUS program.
4. Outpatient services provided at an Institute for Mental Disease (IMD).
5. Service provided at an IMD to members over age 21 and under age 65.
6. Claims for COVID-19 testing, diagnosis, or treatment.
7. Services related to non-risk arrangements paid to MCOs outside the capitation rates.

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

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

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

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

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

Exhibit B presents a summary of the derivation of the rating adjustment factors which have been calculated at the individual plan level due to variations in each MCO's network configuration. The adjustments have been calculated by applying the applicable percentage increase to each MCO's March 2019 through February 2020 encounter data. Unlike other adjustment factors which are applied at the community level, the CHIRP adjustment factors have been calculated at the individual plan level due to the fact that each MCO may have varying levels of utilization at each class of hospital and could be disadvantaged if their actual utilization is higher or lower than the SDA average for a given class.

Exhibit C presents a summary of the calculation of the CHIRP premium add-on rates by MCO for all risk groups. The add-on is calculated as an MCO-specific amount due to the varying impacts the mandated increases will have on expected reimbursement for each MCO. The add-on is calculated as the projected FY2023 claims increased by the applicable CHIRP adjustment factor plus provision for risk margin, taxes and administrative fees.

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

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS)
- Premium Tax – 1.75% of premium

The 2.5% administrative fee was developed based on discussions between HHSC, the MCOs and the contracted hospitals. While there is an expectation of increased administrative cost associated with CHIRP as a result of contract negotiations, claims processing and other system changes it is not expected that this increased burden will be significant. As a result, the standard 5.25% of premium applicable to the overall rate development was reduced to 2.5% for the CHIRP component.

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

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

Exhibit D presents a summary of the CHIRP premium add-on rates split between the UHRIP and ACIA components.

The CHIRP premiums have been accounted for in the FY2023 rate development in a manner that is consistent with the pre-print that is currently under CMS review.

**Texas Health and Human Services Commission  
State Fiscal Year 2023 Directed Payment Programs**

## **Comprehensive Hospital Increase Reimbursement Program**

### **Overview**

#### **Program Description**

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a directed payment program that provides increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons enrolled in Medicaid STAR and STAR+PLUS managed care programs. CHIRP is the successor to the Uniform Hospital Rate Increase Program. Beginning on September 1, 2022, CHIRP, formerly known as UHRIP, will be in its sixth year of operation. HHSC will include CHIRP funding in Medicaid managed care organizations' (MCOs) per member per month (PMPM) capitation rates. Then MCOs will pay CHIRP funds to providers through two components of the program.

#### **Eligible Provider Classes**

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

#### **Participating Medicaid Programs**

STAR, STAR+PLUS

#### **Program Funding Estimated for SFY 2023**

\$5,264,057,989

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

#### **History**

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

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

## **Program Design**

### **Delivery System**

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

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

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

### **Directed Payment Arrangement**

CHIRP is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs.

CHIRP is comprised of two payment components:

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

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

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

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

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

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

1. Services provided to members at a non-contracted facility.
2. Non-emergent services provided in an emergency room for non-rural facilities.
3. Services provided to a member at an out of area facility if the facility is located in a SDA in which the MCO does not participate in the STAR or STAR+PLUS program.
4. Outpatient services provided at an Institution for Mental Diseases (IMD).
5. Service provided at an IMD to members over age 21 and under age 65.
6. Claims for COVID-19 testing, diagnosis, or treatment.
7. Services related to non-risk arrangements paid to MCOs outside the capitation rates.

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

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

### **Capitation Rate Components**

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

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

Hospitals apply for participation in CHIRP, and hospitals are required to report program measures as a condition of participation for each component in which they participate. While

all participating providers must report on measures for UHRIP, only those providers who opt into the ACIA component must report measures for ACIA.

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

<b>CHIRP Year 6 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 5,264,057,989</b>
Federal Share Funds (60.46%)	\$ 3,182,649,460
Non-Federal Share Funds (39.54%)	\$ 2,081,408,529
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50 %	\$ 131,601,450
MCO Risk Margin STAR = 1.50 %	\$ 61,032,783
MCO Risk Margin STAR+PLUS = 1.75%	\$ 20,916,102
MCO Premium Tax = 1.75 %	\$ 92,121,015
<b>Total MCO Fees (STAR = 5.75% and STAR+PLUS = 6.00%)</b>	<b>\$ 305,671,349</b>
IGT Funds Needed for Pool Size	\$ 2,081,408,529
<b>Available Funds for Program Components</b>	
UHRIP Component	
55.24% of Total Funds	\$ 2,907,939,883
ACIA Component	
38.95% of Total Funds	\$ 2,050,446,757

### **Distribution of Payments**

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

### **Quality Metric Summary**

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

ACIA includes six modules, which are groupings of measures around a similar hospital service type. Providers must report on all modules for which they are eligible. The number of measures a hospital will be required to report is determined by the hospital’s provider class as defined in program enrollment and historic volume and type of services provided. For hospitals participating in ACIA, the maximum number of ACIA structure measures a provider will be required to report based on class and volume is 4 and the minimum number is 0. The maximum number of ACIA data-based measures a hospital will be required to report based on class and volume is 7 and the minimum number is 0. Hospitals that are not eligible for any ACIA measures based on volume are still eligible to participate in ACIA but will not be required to report quality metric data. Data will be used to monitor provider-level progress toward state quality objectives and annual program evaluation.

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

The table below identifies the quality measures by program component.

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

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	C2-135	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Outcome	0753	CDC
ACIA Pediatric	C2-155	Pediatric SSI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-156	Hospital Safety Collaborative Participation	Structure	NA	NA
	C2-157	Pediatric Adverse Drug Events	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-158	Pediatric CLABSI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-159	Pediatric CAUTI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-160	Engagement in Integrated Behavioral Health	Process	NA	Texas HHSC (Developed by Meadows Mental Health Policy Institute)
ACIA Psychiatric Care Transitions	C2-141	Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for psychiatric patients	Structure	NA	NA
ACIA Care Transitions	C2-142	Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for non-psychiatric patients	Structure	NA	NA
ACIA Rural Hospital Best Practices	C2-103	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	0028e	NCQA



Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	C2-104	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA

### Reporting Requirements

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

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	7,997,885	1,757,848	0	0	1,114,775	0	303,097	141,926	11,315,531
Molina	5,794,374	1,750,924	0	0	1,145,826	0	135,643	290,086	9,116,853
Superior	32,868,084	9,713,446	0	0	3,365,100	0	2,128,757	991,163	49,066,550
Bexar Total	46,660,343	13,222,219	0	0	5,625,701	0	2,567,496	1,423,175	69,498,935
Dallas SDA									
Molina	56,065,774	17,297,610	0	0	7,056,394	0	1,512,984	1,278,046	83,210,808
Superior	50,636,542	10,094,248	0	0	7,246,685	0	2,213,593	5,388,004	75,579,072
Dallas Total	106,702,316	27,391,859	0	0	14,303,079	0	3,726,577	6,666,049	158,789,880
El Paso SDA									
Amerigroup	10,447,151	1,924,101	0	0	560,742	0	904,215	999,776	14,835,985
Molina	8,365,699	3,136,064	0	0	1,195,976	0	455,817	417,587	13,571,143
El Paso Total	18,812,849	5,060,166	0	0	1,756,718	0	1,360,032	1,417,363	28,407,127
Harris SDA									
Amerigroup	69,643,573	15,294,057	0	0	5,689,150	0	2,937,882	2,233,289	95,797,952
Molina	15,909,953	6,355,870	0	0	1,351,206	0	427,046	717,031	24,761,106
United	94,064,109	15,219,807	0	0	5,450,853	0	3,932,334	2,974,804	121,641,908
Harris Total	179,617,636	36,869,734	0	0	12,491,209	0	7,297,262	5,925,124	242,200,965
Hidalgo SDA									
Molina/Health Spring	15,734,035	5,730,928	0	0	2,159,071	0	428,784	990,168	25,042,986
Superior	21,253,531	9,813,193	0	0	2,290,272	0	1,122,788	2,716,087	37,195,871
Hidalgo Total	36,987,566	15,544,121	0	0	4,449,344	0	1,551,571	3,706,255	62,238,856
Jefferson SDA									
Amerigroup	9,876,192	2,168,015	0	0	1,017,146	0	141,142	234,654	13,437,148
Molina	6,090,596	3,099,933	0	0	694,726	0	38,238	263,405	10,186,897
United	14,988,180	1,690,506	0	0	790,463	0	267,299	757,886	18,494,333
Jefferson Total	30,954,967	6,958,453	0	0	2,502,334	0	446,679	1,255,944	42,118,378

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	6,078,318	911,660	0	0	432,548	0	207,713	1,046,821	8,677,060
Superior	6,303,605	597,349	0	0	405,993	0	216,812	1,174,349	8,698,108
Lubbock Total	12,381,922	1,509,010	0	0	838,541	0	424,525	2,221,170	17,375,168
Nueces SDA									
Superior	8,460,063	2,857,751	0	0	695,025	0	339,939	1,180,110	13,532,889
United	7,930,644	1,556,691	0	0	590,923	0	282,230	508,664	10,869,151
Nueces Total	16,390,707	4,414,442	0	0	1,285,948	0	622,170	1,688,774	24,402,041
Tarrant SDA									
Amerigroup	63,162,620	14,791,622	0	0	8,234,426	0	3,795,133	1,933,244	91,917,046
Molina/Health Spring	21,257,273	4,186,956	0	0	2,870,133	0	866,469	421,787	29,602,618
Tarrant Total	84,419,894	18,978,578	0	0	11,104,559	0	4,661,601	2,355,031	121,519,663
Travis SDA									
Amerigroup	14,448,898	3,537,126	0	0	1,275,325	0	968,600	358,239	20,588,189
United	23,185,435	3,135,281	0	0	1,995,077	0	1,428,729	1,398,884	31,143,407
Travis Total	37,634,333	6,672,408	0	0	3,270,403	0	2,397,329	1,757,123	51,731,596
MRSA Central SDA									
Superior	20,654,975	3,160,009	0	0	2,292,467	0	961,563	1,093,789	28,162,803
United	16,593,689	1,964,796	0	0	2,016,023	0	548,576	703,190	21,826,273
Central Total	37,248,664	5,124,804	0	0	4,308,490	0	1,510,138	1,796,979	49,989,076
MRSA Northeast SDA									
Molina/Health Spring	17,148,370	4,385,728	0	0	2,093,194	0	461,865	427,315	24,516,472
United	33,507,381	6,579,980	0	0	3,229,654	0	1,196,619	1,012,619	45,526,253
Northeast Total	50,655,751	10,965,708	0	0	5,322,848	0	1,658,484	1,439,934	70,042,725
MRSA West SDA									
Amerigroup	12,843,372	2,132,367	0	0	2,665,580	0	489,881	795,172	18,926,372
Superior	17,727,320	3,365,092	0	0	2,554,779	0	1,084,950	1,427,840	26,159,981
West Total	30,570,692	5,497,459	0	0	5,220,359	0	1,574,832	2,223,012	45,086,353

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,109,186	5,028,973	0	0	1,980,803	0	922,129	886,400	29,927,492
Molina	14,479,149	5,353,291	0	0	2,442,428	0	469,545	1,466,610	24,211,023
Superior	84,379,577	27,795,258	0	0	6,208,086	0	6,337,263	6,133,291	130,853,474
Bexar Total	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas SDA									
Molina	100,762,283	31,745,860	0	0	11,163,009	0	3,838,433	2,839,445	150,349,030
Superior	77,402,402	18,648,621	0	0	8,573,133	0	4,714,039	10,035,076	119,373,272
Dallas Total	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso SDA									
Amerigroup	23,810,391	5,198,494	0	0	742,777	0	2,132,867	3,691,190	35,575,719
Molina	17,819,757	8,063,836	0	0	1,431,281	0	1,210,134	1,365,951	29,890,960
El Paso Total	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris SDA									
Amerigroup	118,759,779	25,035,316	0	0	7,291,547	0	5,667,886	7,246,899	164,001,426
Molina	32,114,759	11,420,443	0	0	2,596,360	0	1,354,453	2,680,757	50,166,771
United	154,721,603	31,883,387	0	0	8,227,055	0	7,895,843	11,708,574	214,436,463
Harris Total	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo SDA									
Molina/Health Spring	40,613,678	15,127,877	0	0	3,832,923	0	1,545,825	2,992,427	64,112,730
Superior	46,610,197	26,023,950	0	0	3,334,791	0	3,470,489	6,794,537	86,233,964
Hidalgo Total	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson SDA									
Amerigroup	14,923,422	3,535,417	0	0	1,214,448	0	403,666	670,979	20,747,932
Molina	12,046,504	6,389,902	0	0	1,318,762	0	166,582	622,182	20,543,933
United	22,303,330	3,019,861	0	0	973,565	0	614,547	2,298,544	29,209,847
Jefferson Total	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

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

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	37.89%	34.95%	0.00%	0.00%	56.28%	0.00%	32.87%	16.01%	37.81%
Molina	40.02%	32.71%	0.00%	0.00%	46.91%	0.00%	28.89%	19.78%	37.66%
Superior	38.95%	34.95%	0.00%	0.00%	54.21%	0.00%	33.59%	16.16%	37.50%
Bexar Total	38.89%	34.63%	0.00%	0.00%	52.92%	0.00%	33.22%	16.77%	37.57%
Dallas SDA									
Molina	55.64%	54.49%	0.00%	0.00%	63.21%	0.00%	39.42%	45.01%	55.35%
Superior	65.42%	54.13%	0.00%	0.00%	84.53%	0.00%	46.96%	53.69%	63.31%
Dallas Total	59.89%	54.35%	0.00%	0.00%	72.47%	0.00%	43.57%	51.78%	58.87%
El Paso SDA									
Amerigroup	43.88%	37.01%	0.00%	0.00%	75.49%	0.00%	42.39%	27.09%	41.70%
Molina	46.95%	38.89%	0.00%	0.00%	83.56%	0.00%	37.67%	30.57%	45.40%
El Paso Total	45.19%	38.15%	0.00%	0.00%	80.80%	0.00%	40.68%	28.03%	43.39%
Harris SDA									
Amerigroup	58.64%	61.09%	0.00%	0.00%	78.02%	0.00%	51.83%	30.82%	58.41%
Molina	49.54%	55.65%	0.00%	0.00%	52.04%	0.00%	31.53%	26.75%	49.36%
United	60.80%	47.74%	0.00%	0.00%	66.26%	0.00%	49.80%	25.41%	56.73%
Harris Total	58.78%	53.95%	0.00%	0.00%	68.96%	0.00%	48.92%	27.39%	56.51%
Hidalgo SDA									
Molina/Health Spring	38.74%	37.88%	0.00%	0.00%	56.33%	0.00%	27.74%	33.09%	39.06%
Superior	45.60%	37.71%	0.00%	0.00%	68.68%	0.00%	32.35%	39.97%	43.13%
Hidalgo Total	42.41%	37.77%	0.00%	0.00%	62.07%	0.00%	30.93%	37.87%	41.40%
Jefferson SDA									
Amerigroup	66.18%	61.32%	0.00%	0.00%	83.75%	0.00%	34.96%	34.97%	64.76%
Molina	50.56%	48.51%	0.00%	0.00%	52.68%	0.00%	22.95%	42.34%	49.59%
United	67.20%	55.98%	0.00%	0.00%	81.19%	0.00%	43.50%	32.97%	63.32%
Jefferson Total	62.82%	53.75%	0.00%	0.00%	71.36%	0.00%	37.70%	34.97%	59.74%

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	43.84%	38.72%	0.00%	0.00%	38.10%	0.00%	24.86%	100.14%	45.11%
Superior	34.87%	19.89%	0.00%	0.00%	24.36%	0.00%	15.12%	78.04%	33.86%
Lubbock Total	38.76%	28.16%	0.00%	0.00%	29.93%	0.00%	18.71%	87.10%	38.68%
Nueces SDA									
Superior	41.09%	31.07%	0.00%	0.00%	48.91%	0.00%	30.03%	40.92%	38.42%
United	41.86%	35.03%	0.00%	0.00%	46.01%	0.00%	38.95%	34.10%	40.42%
Nueces Total	41.46%	32.36%	0.00%	0.00%	47.53%	0.00%	33.51%	38.60%	39.29%
Tarrant SDA									
Amerigroup	78.21%	69.55%	0.00%	0.00%	93.57%	0.00%	62.07%	27.95%	74.21%
Molina/Health Spring	75.10%	70.40%	0.00%	0.00%	84.30%	0.00%	47.56%	22.44%	71.58%
Tarrant Total	77.40%	69.73%	0.00%	0.00%	90.98%	0.00%	58.74%	26.77%	73.55%
Travis SDA									
Amerigroup	53.16%	53.24%	0.00%	0.00%	61.85%	0.00%	65.12%	32.64%	53.52%
United	72.07%	53.02%	0.00%	0.00%	72.35%	0.00%	52.83%	30.36%	64.68%
Travis Total	63.41%	53.14%	0.00%	0.00%	67.86%	0.00%	57.19%	30.80%	59.72%
MRSA Central SDA									
Superior	48.70%	42.84%	0.00%	0.00%	48.78%	0.00%	39.10%	41.17%	47.25%
United	55.53%	42.83%	0.00%	0.00%	46.98%	0.00%	46.64%	50.05%	52.79%
Central Total	51.53%	42.84%	0.00%	0.00%	47.92%	0.00%	41.54%	44.24%	49.52%
MRSA Northeast SDA									
Molina/Health Spring	34.58%	29.55%	0.00%	0.00%	41.09%	0.00%	21.82%	18.00%	33.12%
United	61.39%	53.27%	0.00%	0.00%	56.38%	0.00%	52.20%	29.25%	58.06%
Northeast Total	48.63%	40.32%	0.00%	0.00%	49.18%	0.00%	37.62%	24.67%	45.95%

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Impact of CHIRP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	46.74%	37.14%	0.00%	0.00%	69.08%	0.00%	31.88%	39.89%	46.60%
Superior	39.95%	34.09%	0.00%	0.00%	51.31%	0.00%	29.81%	34.79%	39.06%
West Total	42.55%	35.21%	0.00%	0.00%	59.07%	0.00%	30.42%	36.46%	41.91%

## Footnotes

(1) Equals the cost impact from increased CHIRP reimbursement effective 9/1/2022.

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

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



FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2023 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	512.19	1,255.74	0.00	0.00	1,446.83	0.00	348.21	2,106.52
Molina	574.47	1,398.09	0.00	0.00	1,222.76	0.00	364.24	4,314.84
Superior	622.37	1,555.67	0.00	0.00	1,437.38	0.00	459.10	2,357.32
Dallas SDA								
Molina	658.97	1,366.23	0.00	0.00	1,977.50	0.00	360.77	1,674.47
Superior	601.02	1,484.63	0.00	0.00	1,929.49	0.00	370.43	3,363.75
El Paso SDA								
Amerigroup	593.80	1,139.89	0.00	0.00	1,527.92	0.00	548.56	2,363.78
Molina	672.55	1,485.83	0.00	0.00	2,125.41	0.00	779.38	1,437.26
Harris SDA								
Amerigroup	676.19	1,727.72	0.00	0.00	2,113.53	0.00	402.74	3,107.56
Molina	706.41	1,988.62	0.00	0.00	1,705.13	0.00	403.13	2,803.90
United	710.26	1,495.30	0.00	0.00	1,622.18	0.00	428.30	2,464.42
Hidalgo SDA								
Molina/Health Spring	586.67	1,207.61	0.00	0.00	2,320.00	0.00	338.75	1,653.93
Superior	569.72	1,425.20	0.00	0.00	2,429.77	0.00	651.18	2,234.41
Jefferson SDA								
Amerigroup	550.01	1,549.73	0.00	0.00	1,629.93	0.00	499.81	2,533.39
Molina	637.60	1,729.76	0.00	0.00	2,059.18	0.00	301.64	2,754.78
United	618.76	1,346.51	0.00	0.00	1,040.09	0.00	271.12	2,985.45
Lubbock SDA								
Amerigroup	657.00	1,456.79	0.00	0.00	1,295.09	0.00	384.76	2,950.39
Superior	617.49	1,594.65	0.00	0.00	1,428.79	0.00	431.30	2,065.58
Nueces SDA								
Superior	553.87	1,412.57	0.00	0.00	1,342.46	0.00	449.58	2,071.62
United	545.18	1,156.77	0.00	0.00	1,123.44	0.00	365.54	1,994.34

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Tarrant SDA								
Amerigroup	603.90	1,486.29	0.00	0.00	1,577.61	0.00	404.35	2,425.64
Molina/Health Spring	615.92	1,743.07	0.00	0.00	1,599.33	0.00	339.69	3,032.73
Travis SDA								
Amerigroup	550.57	1,538.19	0.00	0.00	1,161.34	0.00	445.15	1,984.19
United	570.36	1,210.13	0.00	0.00	981.68	0.00	320.52	2,532.60
MRSA Central SDA								
Superior	565.03	1,485.92	0.00	0.00	1,503.80	0.00	442.41	2,541.75
United	604.91	1,571.56	0.00	0.00	1,194.57	0.00	435.92	3,008.72
MRSA Northeast SDA								
Molina/Health Spring	585.71	1,570.61	0.00	0.00	1,904.71	0.00	417.13	2,866.07
United	551.67	1,427.48	0.00	0.00	1,544.67	0.00	388.77	2,240.68
MRSA West SDA								
Amerigroup	566.41	1,648.14	0.00	0.00	1,575.69	0.00	430.59	1,832.16
Superior	597.81	1,509.57	0.00	0.00	1,380.45	0.00	508.94	2,660.65
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.3789	0.3495	0.0000	0.0000	0.5628	0.0000	0.3287	0.1601
Molina	0.4002	0.3271	0.0000	0.0000	0.4691	0.0000	0.2889	0.1978
Superior	0.3895	0.3495	0.0000	0.0000	0.5421	0.0000	0.3359	0.1616
Dallas SDA								
Molina	0.5564	0.5449	0.0000	0.0000	0.6321	0.0000	0.3942	0.4501
Superior	0.6542	0.5413	0.0000	0.0000	0.8453	0.0000	0.4696	0.5369
El Paso SDA								
Amerigroup	0.4388	0.3701	0.0000	0.0000	0.7549	0.0000	0.4239	0.2709
Molina	0.4695	0.3889	0.0000	0.0000	0.8356	0.0000	0.3767	0.3057

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.5864	0.6109	0.0000	0.0000	0.7802	0.0000	0.5183	0.3082
Molina	0.4954	0.5565	0.0000	0.0000	0.5204	0.0000	0.3153	0.2675
United	0.6080	0.4774	0.0000	0.0000	0.6626	0.0000	0.4980	0.2541
Hidalgo SDA								
Molina/Health Spring	0.3874	0.3788	0.0000	0.0000	0.5633	0.0000	0.2774	0.3309
Superior	0.4560	0.3771	0.0000	0.0000	0.6868	0.0000	0.3235	0.3997
Jefferson SDA								
Amerigroup	0.6618	0.6132	0.0000	0.0000	0.8375	0.0000	0.3496	0.3497
Molina	0.5056	0.4851	0.0000	0.0000	0.5268	0.0000	0.2295	0.4234
United	0.6720	0.5598	0.0000	0.0000	0.8119	0.0000	0.4350	0.3297
Lubbock SDA								
Amerigroup	0.4384	0.3872	0.0000	0.0000	0.3810	0.0000	0.2486	1.0014
Superior	0.3487	0.1989	0.0000	0.0000	0.2436	0.0000	0.1512	0.7804
Nueces SDA								
Superior	0.4109	0.3107	0.0000	0.0000	0.4891	0.0000	0.3003	0.4092
United	0.4186	0.3503	0.0000	0.0000	0.4601	0.0000	0.3895	0.3410
Tarrant SDA								
Amerigroup	0.7821	0.6955	0.0000	0.0000	0.9357	0.0000	0.6207	0.2795
Molina/Health Spring	0.7510	0.7040	0.0000	0.0000	0.8430	0.0000	0.4756	0.2244
Travis SDA								
Amerigroup	0.5316	0.5324	0.0000	0.0000	0.6185	0.0000	0.6512	0.3264
United	0.7207	0.5302	0.0000	0.0000	0.7235	0.0000	0.5283	0.3036
MRSA Central SDA								
Superior	0.4870	0.4284	0.0000	0.0000	0.4878	0.0000	0.3910	0.4117
United	0.5553	0.4283	0.0000	0.0000	0.4698	0.0000	0.4664	0.5005

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>		
<b>MRSA Northeast SDA</b>								
Molina/Health Spring	0.3458	0.2955	0.0000	0.0000	0.4109	0.0000	0.2182	0.1800
United	0.6139	0.5327	0.0000	0.0000	0.5638	0.0000	0.5220	0.2925
<b>MRSA West SDA</b>								
Amerigroup	0.4674	0.3714	0.0000	0.0000	0.6908	0.0000	0.3188	0.3989
Superior	0.3995	0.3409	0.0000	0.0000	0.5131	0.0000	0.2981	0.3479
<b>Non Benefit Component</b>								
Risk Margin	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Admin. Fee	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %
Premium Tax	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
<b>Health Insurer Fee</b>								
Non-Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
<b>CHIRP Premium PMPM (3)</b>								
<b>Bexar SDA</b>								
Amerigroup	206.45	466.89	0.00	0.00	866.25	0.00	121.76	358.78
Molina	244.58	486.50	0.00	0.00	610.21	0.00	111.95	907.95
Superior	257.88	578.41	0.00	0.00	828.94	0.00	164.06	405.26
<b>Dallas SDA</b>								
Molina	390.05	791.98	0.00	0.00	1,329.76	0.00	151.29	801.79
Superior	418.28	854.92	0.00	0.00	1,735.11	0.00	185.06	1,921.27
<b>El Paso SDA</b>								
Amerigroup	277.19	448.80	0.00	0.00	1,227.05	0.00	247.38	681.22
Molina	335.92	614.72	0.00	0.00	1,889.36	0.00	312.33	467.42
<b>Harris SDA</b>								
Amerigroup	421.83	1,122.83	0.00	0.00	1,754.23	0.00	222.07	1,018.88
Molina	372.29	1,177.31	0.00	0.00	943.99	0.00	135.22	797.92
United	459.40	759.42	0.00	0.00	1,143.46	0.00	226.91	666.18

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Hidalgo SDA								
Molina/Health Spring	241.78	486.64	0.00	0.00	1,390.27	0.00	99.97	582.22
Superior	276.38	571.75	0.00	0.00	1,775.28	0.00	224.10	950.10
Jefferson SDA								
Amerigroup	387.23	1,010.95	0.00	0.00	1,452.20	0.00	185.88	942.47
Molina	342.95	892.67	0.00	0.00	1,154.02	0.00	73.65	1,240.82
United	442.35	801.89	0.00	0.00	898.35	0.00	125.47	1,047.13
Lubbock SDA								
Amerigroup	306.41	600.07	0.00	0.00	524.93	0.00	101.76	3,143.11
Superior	229.06	337.42	0.00	0.00	370.27	0.00	69.37	1,714.87
Nueces SDA								
Superior	242.11	466.90	0.00	0.00	698.51	0.00	143.63	901.81
United	242.78	431.08	0.00	0.00	549.89	0.00	151.47	723.48
Tarrant SDA								
Amerigroup	502.46	1,099.70	0.00	0.00	1,570.39	0.00	267.00	721.24
Molina/Health Spring	492.08	1,305.45	0.00	0.00	1,434.29	0.00	171.87	723.98
Travis SDA								
Amerigroup	311.36	871.21	0.00	0.00	764.14	0.00	308.38	688.98
United	437.29	682.57	0.00	0.00	755.58	0.00	180.14	817.98
MRSA Central SDA								
Superior	292.73	677.20	0.00	0.00	780.38	0.00	184.02	1,113.23
United	357.35	716.06	0.00	0.00	597.03	0.00	216.29	1,601.98

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Calculation of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Molina/Health Spring	215.47	493.74	0.00	0.00	832.60	0.00	96.83	548.82
United	360.29	808.96	0.00	0.00	926.47	0.00	215.89	697.23
MRSA West SDA								
Amerigroup	281.64	651.19	0.00	0.00	1,157.97	0.00	146.03	777.50
Superior	254.07	547.46	0.00	0.00	753.52	0.00	161.40	984.72

## Footnotes

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

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total CHIRP Premium PMPM (1)								
Amerigroup - Bexar	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 - Central	292.73	677.20	0.00	0.00	780.38	0.00	184.02	1,113.23
United - Central	357.35	716.06	0.00	0.00	597.03	0.00	216.29	1,601.98
Molina - Northeast	215.47	493.74	0.00	0.00	832.60	0.00	96.83	548.82
United - Northeast	360.29	808.96	0.00	0.00	926.47	0.00	215.89	697.23
Amerigroup - West	281.64	651.19	0.00	0.00	1,157.97	0.00	146.03	777.50
Superior - West	254.07	547.46	0.00	0.00	753.52	0.00	161.40	984.72

(1) From Exhibit C

FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
UHRIP Premium PMPM (2)								
Amerigroup - Bexar	108.05	202.12	0.00	0.00	330.77	0.00	61.57	223.65
Molina - Bexar	131.82	267.12	0.00	0.00	260.55	0.00	59.83	757.39
Superior - Bexar	134.67	279.36	0.00	0.00	359.96	0.00	76.87	303.69
Molina - Dallas	182.06	364.96	0.00	0.00	605.03	0.00	73.81	381.21
Superior - Dallas	164.45	324.25	0.00	0.00	664.24	0.00	70.78	907.14
Amerigroup - El Paso	66.33	77.85	0.00	0.00	129.55	0.00	39.10	386.76
Molina - El Paso	71.98	114.28	0.00	0.00	212.09	0.00	46.76	227.82
Amerigroup - Harris	394.56	1,069.16	0.00	0.00	1,690.60	0.00	210.33	866.81
Molina - Harris	359.44	1,159.11	0.00	0.00	895.19	0.00	130.20	743.33
United - Harris	438.70	735.08	0.00	0.00	1,107.22	0.00	215.65	614.01
Molina - Hidalgo	132.50	261.56	0.00	0.00	723.15	0.00	53.66	422.11
Superior - Hidalgo	154.07	318.55	0.00	0.00	939.86	0.00	120.05	564.78
Amerigroup - Jefferson	269.04	652.70	0.00	0.00	1,077.66	0.00	169.67	611.52
Molina - Jefferson	256.26	630.81	0.00	0.00	776.79	0.00	53.62	899.11
United - Jefferson	306.68	552.21	0.00	0.00	509.64	0.00	81.34	796.86
Amerigroup - Lubbock	133.78	215.88	0.00	0.00	165.33	0.00	38.19	1,458.56
Superior - Lubbock	79.75	153.70	0.00	0.00	129.35	0.00	29.09	773.50
Superior - Nueces	122.03	230.22	0.00	0.00	317.91	0.00	71.26	547.88
United - Nueces	138.15	245.51	0.00	0.00	256.84	0.00	100.17	511.31
Amerigroup - Tarrant	237.19	484.31	0.00	0.00	651.69	0.00	122.51	349.91
Molina - Tarrant	226.12	536.27	0.00	0.00	605.53	0.00	81.42	412.64
Amerigroup - Travis	120.95	314.51	0.00	0.00	258.46	0.00	54.79	383.12
United - Travis	179.18	216.02	0.00	0.00	229.55	0.00	66.46	498.44
Superior - Central	180.57	388.71	0.00	0.00	366.35	0.00	99.97	846.62
United - Central	242.74	438.03	0.00	0.00	323.30	0.00	144.87	1,249.58
Molina - Northeast	108.04	227.57	0.00	0.00	392.69	0.00	49.43	262.82
United - Northeast	179.76	429.46	0.00	0.00	422.15	0.00	93.80	358.51
Amerigroup - West	124.31	277.55	0.00	0.00	382.19	0.00	83.14	399.96
Superior - West	97.11	206.84	0.00	0.00	231.45	0.00	60.10	506.94

(2) UHRIP component of total CHIRP premium rate.



FY2023 STAR+PLUS Rating - Medical  
 CHIRP Adjustment  
 Components of CHIRP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
ACIA Premium PMPM (3)								
Amerigroup - Bexar	98.40	264.77	0.00	0.00	535.48	0.00	60.19	135.13
Molina - Bexar	112.76	219.38	0.00	0.00	349.66	0.00	52.12	150.56
Superior - Bexar	123.21	299.05	0.00	0.00	468.98	0.00	87.19	101.57
Molina - Dallas	207.99	427.02	0.00	0.00	724.73	0.00	77.48	420.58
Superior - Dallas	253.83	530.67	0.00	0.00	1,070.87	0.00	114.28	1,014.13
Amerigroup - El Paso	210.86	370.95	0.00	0.00	1,097.50	0.00	208.28	294.46
Molina - El Paso	263.94	500.44	0.00	0.00	1,677.27	0.00	265.57	239.60
Amerigroup - Harris	27.27	53.67	0.00	0.00	63.63	0.00	11.74	152.07
Molina - Harris	12.85	18.20	0.00	0.00	48.80	0.00	5.02	54.59
United - Harris	20.70	24.34	0.00	0.00	36.24	0.00	11.26	52.17
Molina - Hidalgo	109.28	225.08	0.00	0.00	667.12	0.00	46.31	160.11
Superior - Hidalgo	122.31	253.20	0.00	0.00	835.42	0.00	104.05	385.32
Amerigroup - Jefferson	118.19	358.25	0.00	0.00	374.54	0.00	16.21	330.95
Molina - Jefferson	86.69	261.86	0.00	0.00	377.23	0.00	20.03	341.71
United - Jefferson	135.67	249.68	0.00	0.00	388.71	0.00	44.13	250.27
Amerigroup - Lubbock	172.63	384.19	0.00	0.00	359.60	0.00	63.57	1,684.55
Superior - Lubbock	149.31	183.72	0.00	0.00	240.92	0.00	40.28	941.37
Superior - Nueces	120.08	236.68	0.00	0.00	380.60	0.00	72.37	353.93
United - Nueces	104.63	185.57	0.00	0.00	293.05	0.00	51.30	212.17
Amerigroup - Tarrant	265.27	615.39	0.00	0.00	918.70	0.00	144.49	371.33
Molina - Tarrant	265.96	769.18	0.00	0.00	828.76	0.00	90.45	311.34
Amerigroup - Travis	190.41	556.70	0.00	0.00	505.68	0.00	253.59	305.86
United - Travis	258.11	466.55	0.00	0.00	526.03	0.00	113.68	319.54
Superior - Central	112.16	288.49	0.00	0.00	414.03	0.00	84.05	266.61
United - Central	114.61	278.03	0.00	0.00	273.73	0.00	71.42	352.40
Molina - Northeast	107.43	266.17	0.00	0.00	439.91	0.00	47.40	286.00
United - Northeast	180.53	379.50	0.00	0.00	504.32	0.00	122.09	338.72
Amerigroup - West	157.33	373.64	0.00	0.00	775.78	0.00	62.89	377.54
Superior - West	156.96	340.62	0.00	0.00	522.07	0.00	101.30	477.78

(3) ACIA component of total CHIRP premium rate.

## *Attachment 12*

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

Effective September 1, 2021, HHSC implemented the Texas Incentives for Physicians and Professional Services Program (TIPPS) which is designed to incentivize physicians and certain medical professionals to improve quality, access, and innovation in the provision of medical services to Medicaid recipients. Year two of the program will begin September 1, 2022.

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

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

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

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

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

The Component 3 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 11. Exhibit C provides a summary of the TIPPS Component 3 adjustment factors. These adjustment factors are then applied to the projected FY2023 incurred claims.

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

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS and STAR Kids)
- Premium Tax – 1.75% of premium

The TIPPS premiums have been accounted for in the FY2023 rate development in a manner that is consistent with the pre-print that is currently under CMS review.

**Texas Health and Human Services Commission  
State Fiscal Year 2023 Directed Payment Programs**

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

### **Overview**

#### **Program Description**

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

The TIPPS program is for certain physician groups providing healthcare services to adults and children enrolled in STAR, STAR+PLUS, and STAR Kids Medicaid managed care programs. TIPPS program year two will begin on September 1, 2022. The TIPPS program consists of three program components, and TIPPS funds will be paid to Medicaid Managed Care Organizations (MCOs) through three components of the managed care per member per month (PMPM) capitation rates distributed to TIPPS-participating physician groups. Physician groups are required to report on quality metrics as a condition of participation in the program. The quantitative and qualitative data will be used to monitor provider-level progress toward state quality objectives and to evaluate the program.

#### **Eligible Provider Classes**

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

#### **Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

#### **Program Funding Estimated for SFY 2023**

\$741,049,956

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

#### **History**

HHSC proposed the TIPPS program as a part of an effort to replace the Texas Delivery System Reform Incentive Payment (DSRIP) program and the Network Access Improvement Program (NAIP), which are ending in state fiscal years 2022 and 2023, respectively. The TIPPS program is intended to support access and improve outpatient care for Medicaid managed care members and to improve primary care, chronic care, maternal health, behavioral health, and social drivers of health (SDOH).

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

## **Program Design**

### **Delivery System**

The TIPPS program uses the Medicaid MCO delivery system to provide increased Medicaid payments for TIPPS-participating physician groups providing primary and specialty care.

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

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

### **Directed Payment Arrangement**

TIPPS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs.

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

Physician groups must have a minimum denominator volume of 30 Medicaid managed care patients in at least 50 percent of the quality metrics in CY2022 in each Component 2 and 3 to be eligible to participate in the Component.

### **Capitation Rate Components**

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

- Component 1: Only applicable to Class 1 and Class 2 providers. Component 1 is a uniform dollar increase. It will be equal to 65% of the total program funds. The estimated value of the incentive payment for each provider will be based upon the proportion of historical counts of unique members served by the provider to the total number of members receiving services from participating providers. Payment distribution will be reconciled to actual utilization during the program year following a period of 120 days to allow for claims adjudication and encounter data collection. This component is considered a fee schedule requirement as a uniform dollar increase.
- Component 2: Only applicable to Class 1 and Class 2 providers. It will consist of a uniform rate increase paid on a semi-annual basis. This component will be equal to 25% of the total program funds. Payment distribution will be reconciled to actual utilization during the program year following a period of 120 days to allow for claims adjudication and encounter data collection.
- Component 3: A uniform rate increase limited to professional encounters that is available to all provider classes. The rate increase will be applicable to CPT codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. This component is considered a fee schedule requirement as a uniform percentage increase.

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

<b>TIPPS Year 2 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 741,049,956</b>
Federal Share Funds (59.95%)	\$ 444,259,449
Non-Federal Share Funds (40.05%)	\$ 296,790,507
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50%	\$ 18,526,249
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$ 11,518,138
MCO Premium Tax = 1.75%	\$ 12,968,374
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 43,012,761</b>
IGT Funds Needed for Pool Size	\$ 296,790,507
<b>Available Funds for Program Components</b>	
Component 1	
61.07% of Total Funds	\$ 452,571,934
Component 2	
23.49% of Total Funds	\$ 174,066,128
Component 3	
9.63% of Total Funds	\$ 71,399,133

### Distribution of Payments

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

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

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

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

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

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

### Quality Metric Summary

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

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
Component 1: Uniform Dollar Increase	T1-106	Patient-Centered Medical Home (PCMH) Accreditation or Recognition Status	Structure	NA	NA
	T1-107	Same-day, walk-in, or after-hours appointments in the outpatient setting	Structure	NA	NA

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	T1-101	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA
	T1-108	Pre-visit planning and/or standing order protocols	Structure	NA	NA
	T1-109	Patient education focused on disease self-management	Structure	NA	NA
	T1-110	Identification of pregnant women at-risk for Hypertension, Preeclampsia, or Eclampsia; treatment based on best practices; and follow-up with postpartum women diagnosed with Hypertension, Preeclampsia, or Eclampsia	Structure	NA	NA
	T1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	T1-111	Telehealth to provide virtual medical appointments and/or consultations for specialty services, including both physical health and behavioral health services	Structure	NA	NA
Component 2: Uniform Rate Enhancement	T2-104	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	00283	NCQA
	T2-112	Cervical Cancer Screening	Process	0032	NCQA
	T2-113	Childhood Immunization Status	Process	0038	NCQA
	T2-114	Immunization for Adolescents	Process	0407	NCQA
	T2-115	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process	0418	CMS
	T2-116	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Process	0057	NCQA
	T2-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	T2-117	Tobacco Use and Help with Quitting Among Adolescents	Process	2803	NCQA
	T2-118	Chlamydia Screening in Women	Process	0033	NCQA
	T2-119	Controlling High Blood Pressure	Outcome	0018	NCQA
Component 3: Uniform Rate Enhancement	T3-121	Food Insecurity Screening	Process	NA	Texas HHSC
	T3-122	Maternity Care: Post-Partum Follow-Up and Care Coordination	Process	NA	CMS
	T3-123	Behavioral Health Risk Assessment for Pregnant Women	Process	NA	Texas HHSC

Program Component	Final Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	T3-102	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA
	T3-124	Depression Response at Twelve Months	Outcome	1885	MN Community Measurement
	T3-125	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Process	0024	NCQA

### Reporting Requirements

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

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

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

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



FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 & 2 Premium PMPM								
Amerigroup - Bexar	41.21	41.21	0.00	0.00	41.21	0.00	41.21	41.21
Molina - Bexar	41.26	41.26	0.00	0.00	41.26	0.00	41.26	41.26
Superior - Bexar	41.26	41.26	0.00	0.00	41.26	0.00	41.26	41.26
Molina - Dallas	56.78	56.78	0.00	0.00	56.78	0.00	56.78	56.78
Superior - Dallas	56.78	56.78	0.00	0.00	56.78	0.00	56.78	56.78
Amerigroup - El Paso	51.37	51.37	0.00	0.00	51.37	0.00	51.37	51.37
Molina - El Paso	51.37	51.37	0.00	0.00	51.37	0.00	51.37	51.37
Amerigroup - Harris	56.62	56.62	0.00	0.00	56.62	0.00	56.62	56.62
Molina - Harris	71.85	71.85	0.00	0.00	71.85	0.00	71.85	71.85
United - Harris	48.85	48.85	0.00	0.00	48.85	0.00	48.85	48.85
Molina - Hidalgo	2.75	2.75	0.00	0.00	2.75	0.00	2.75	2.75
Superior - Hidalgo	2.75	2.75	0.00	0.00	2.75	0.00	2.75	2.75
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	83.72	83.72	0.00	0.00	83.72	0.00	83.72	83.72
Superior - Lubbock	83.72	83.72	0.00	0.00	83.72	0.00	83.72	83.72
Superior - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Tarrant	8.04	8.04	0.00	0.00	8.04	0.00	8.04	8.04
Molina - Tarrant	8.04	8.04	0.00	0.00	8.04	0.00	8.04	8.04
Amerigroup - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Central	2.31	2.31	0.00	0.00	2.31	0.00	2.31	2.31
United - Central	2.31	2.31	0.00	0.00	2.31	0.00	2.31	2.31
Molina - Northeast	51.53	51.53	0.00	0.00	51.53	0.00	51.53	51.53
United - Northeast	17.39	17.39	0.00	0.00	17.39	0.00	17.39	17.39
Amerigroup - West	3.85	3.85	0.00	0.00	3.85	0.00	3.85	3.85
Superior - West	3.85	3.85	0.00	0.00	3.85	0.00	3.85	3.85

FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 3 Premium PMPM								
Amerigroup - Bexar	4.14	5.21	0.00	0.00	1.23	0.00	2.59	19.50
Molina - Bexar	4.34	7.88	0.00	0.00	1.17	0.00	2.52	14.69
Superior - Bexar	4.17	6.12	0.00	0.00	1.53	0.00	2.15	19.81
Molina - Dallas	2.73	5.23	0.00	0.00	1.68	0.00	1.38	8.02
Superior - Dallas	1.85	3.00	0.00	0.00	1.44	0.00	1.02	10.02
Amerigroup - El Paso	2.65	3.52	0.00	0.00	0.65	0.00	1.75	13.08
Molina - El Paso	2.29	3.16	0.00	0.00	0.68	0.00	1.66	10.55
Amerigroup - Harris	4.53	8.45	0.00	0.00	2.70	0.00	3.56	12.23
Molina - Harris	3.23	6.98	0.00	0.00	1.09	0.00	2.74	11.93
United - Harris	3.78	4.93	0.00	0.00	1.21	0.00	4.65	8.91
Molina - Hidalgo	0.31	0.39	0.00	0.00	0.25	0.00	0.22	1.76
Superior - Hidalgo	0.73	0.91	0.00	0.00	0.52	0.00	0.62	3.57
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	8.67	12.86	0.00	0.00	3.58	0.00	10.81	15.38
Superior - Lubbock	7.16	11.54	0.00	0.00	2.43	0.00	7.07	13.18
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	4.05	4.59	0.00	0.00	2.01	0.00	2.49	7.74
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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 - Central	4.51	8.54	0.00	0.00	2.08	0.00	4.19	12.17
United - Central	6.82	10.20	0.00	0.00	2.41	0.00	4.92	24.97
Molina - Northeast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Northeast	3.40	6.07	0.00	0.00	1.15	0.00	2.98	7.15
Amerigroup - West	5.30	8.77	0.00	0.00	2.35	0.00	5.08	15.59
Superior - West	5.09	8.19	0.00	0.00	2.06	0.00	6.44	13.30

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 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total TIPPS Premium PMPM								
Amerigroup - Bexar	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 - Central	6.82	10.85	0.00	0.00	4.39	0.00	6.50	14.48
United - Central	9.13	12.51	0.00	0.00	4.72	0.00	7.23	27.28
Molina - Northeast	51.53	51.53	0.00	0.00	51.53	0.00	51.53	51.53
United - Northeast	20.79	23.46	0.00	0.00	18.54	0.00	20.37	24.54
Amerigroup - West	9.15	12.62	0.00	0.00	6.20	0.00	8.93	19.44
Superior - West	8.94	12.04	0.00	0.00	5.91	0.00	10.29	17.15

FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	160,412	19,688	0	0	1,497	0	6,466	7,683	195,747
Molina	103,463	28,199	0	0	2,166	0	3,075	4,625	141,529
Superior	530,386	104,175	0	0	6,219	0	27,841	48,157	716,778
Bexar Total	794,261	152,062	0	0	9,882	0	37,382	60,466	1,054,054
Dallas SDA									
Molina	396,922	114,434	0	0	8,798	0	13,814	12,801	546,769
Superior	222,170	34,706	0	0	5,896	0	12,132	28,418	303,323
Dallas Total	619,092	149,140	0	0	14,694	0	25,946	41,219	850,091
El Paso SDA									
Amerigroup	99,268	14,907	0	0	295	0	6,494	19,108	140,072
Molina	57,768	15,921	0	0	446	0	2,427	9,430	85,991
El Paso Total	157,036	30,828	0	0	741	0	8,921	28,538	226,063
Harris SDA									
Amerigroup	744,974	114,156	0	0	8,671	0	46,962	26,882	941,644
Molina	137,854	37,914	0	0	1,631	0	8,727	10,790	196,917
United	780,827	99,403	0	0	5,535	0	80,595	39,593	1,005,954
Harris Total	1,663,656	251,472	0	0	15,838	0	136,285	77,265	2,144,515
Hidalgo SDA									
Molina/Health Spring	19,279	4,173	0	0	207	0	877	3,084	27,620
Superior	53,678	16,166	0	0	717	0	3,008	10,053	83,621
Hidalgo Total	72,957	20,339	0	0	923	0	3,885	13,137	111,241
Jefferson SDA									
Amerigroup	42,986	6,866	0	0	1,105	0	2,553	1,518	55,028
Molina	27,624	16,461	0	0	463	0	556	1,488	46,592
United	25,420	3,109	0	0	161	0	1,525	575	30,789
Jefferson Total	96,029	26,436	0	0	1,729	0	4,634	3,581	132,409

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 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	171,627	19,627	0	0	2,911	0	22,018	5,142	221,325
Superior	197,702	20,289	0	0	2,700	0	22,137	9,027	251,857
Lubbock Total	369,329	39,917	0	0	5,611	0	44,155	14,169	473,182
Nueces SDA									
Superior	71,576	19,727	0	0	1,246	0	3,334	6,547	102,430
United	119,274	14,816	0	0	181	0	5,037	6,584	145,892
Nueces Total	190,851	34,543	0	0	1,427	0	8,371	13,132	248,323
Tarrant SDA									
Amerigroup	506,887	62,303	0	0	10,988	0	35,370	20,978	636,525
Molina/Health Spring	0	0	0	0	0	0	0	0	0
Tarrant Total	506,887	62,303	0	0	10,988	0	35,370	20,978	636,525
Travis SDA									
Amerigroup	5,575	626	0	0	40	0	539	268	7,047
United	63,416	7,310	0	0	319	0	7,264	7,110	85,418
Travis Total	68,991	7,935	0	0	358	0	7,803	7,378	92,466
MRSA Central SDA									
Superior	317,608	39,486	0	0	6,171	0	21,856	11,898	397,019
United	315,314	27,978	0	0	8,017	0	12,479	10,903	374,691
Central Total	632,922	67,464	0	0	14,188	0	34,335	22,800	771,710
MRSA Northeast SDA									
Molina/Health Spring	72	0	0	0	0	0	0	0	72
United	318,900	49,236	0	0	3,794	0	16,507	10,357	398,794
Northeast Total	318,972	49,236	0	0	3,794	0	16,507	10,357	398,866
MRSA West SDA									
Amerigroup	243,181	28,613	0	0	5,430	0	17,036	15,860	310,119
Superior	353,754	50,358	0	0	6,745	0	43,485	19,337	473,679
West Total	596,935	78,971	0	0	12,174	0	60,521	35,197	783,798

FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,109,186	5,028,973	0	0	1,980,803	0	922,129	886,400	29,927,492
Molina	14,479,149	5,353,291	0	0	2,442,428	0	469,545	1,466,610	24,211,023
Superior	84,379,577	27,795,258	0	0	6,208,086	0	6,337,263	6,133,291	130,853,474
Bexar Total	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas SDA									
Molina	100,762,283	31,745,860	0	0	11,163,009	0	3,838,433	2,839,445	150,349,030
Superior	77,402,402	18,648,621	0	0	8,573,133	0	4,714,039	10,035,076	119,373,272
Dallas Total	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso SDA									
Amerigroup	23,810,391	5,198,494	0	0	742,777	0	2,132,867	3,691,190	35,575,719
Molina	17,819,757	8,063,836	0	0	1,431,281	0	1,210,134	1,365,951	29,890,960
El Paso Total	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris SDA									
Amerigroup	118,759,779	25,035,316	0	0	7,291,547	0	5,667,886	7,246,899	164,001,426
Molina	32,114,759	11,420,443	0	0	2,596,360	0	1,354,453	2,680,757	50,166,771
United	154,721,603	31,883,387	0	0	8,227,055	0	7,895,843	11,708,574	214,436,463
Harris Total	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo SDA									
Molina/Health Spring	40,613,678	15,127,877	0	0	3,832,923	0	1,545,825	2,992,427	64,112,730
Superior	46,610,197	26,023,950	0	0	3,334,791	0	3,470,489	6,794,537	86,233,964
Hidalgo Total	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson SDA									
Amerigroup	14,923,422	3,535,417	0	0	1,214,448	0	403,666	670,979	20,747,932
Molina	12,046,504	6,389,902	0	0	1,318,762	0	166,582	622,182	20,543,933
United	22,303,330	3,019,861	0	0	973,565	0	614,547	2,298,544	29,209,847
Jefferson Total	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712

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 Impact of TIPPS Component 3 Rate Increase

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

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 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	0.76%	0.39%	0.00%	0.00%	0.08%	0.00%	0.70%	0.87%	0.65%
Molina	0.71%	0.53%	0.00%	0.00%	0.09%	0.00%	0.65%	0.32%	0.58%
Superior	0.63%	0.37%	0.00%	0.00%	0.10%	0.00%	0.44%	0.79%	0.55%
Bexar Total	0.66%	0.40%	0.00%	0.00%	0.09%	0.00%	0.48%	0.71%	0.57%
Dallas SDA									
Molina	0.39%	0.36%	0.00%	0.00%	0.08%	0.00%	0.36%	0.45%	0.36%
Superior	0.29%	0.19%	0.00%	0.00%	0.07%	0.00%	0.26%	0.28%	0.25%
Dallas Total	0.35%	0.30%	0.00%	0.00%	0.07%	0.00%	0.30%	0.32%	0.32%
El Paso SDA									
Amerigroup	0.42%	0.29%	0.00%	0.00%	0.04%	0.00%	0.30%	0.52%	0.39%
Molina	0.32%	0.20%	0.00%	0.00%	0.03%	0.00%	0.20%	0.69%	0.29%
El Paso Total	0.38%	0.23%	0.00%	0.00%	0.03%	0.00%	0.27%	0.56%	0.35%
Harris SDA									
Amerigroup	0.63%	0.46%	0.00%	0.00%	0.12%	0.00%	0.83%	0.37%	0.57%
Molina	0.43%	0.33%	0.00%	0.00%	0.06%	0.00%	0.64%	0.40%	0.39%
United	0.50%	0.31%	0.00%	0.00%	0.07%	0.00%	1.02%	0.34%	0.47%
Harris Total	0.54%	0.37%	0.00%	0.00%	0.09%	0.00%	0.91%	0.36%	0.50%
Hidalgo SDA									
Molina/Health Spring	0.05%	0.03%	0.00%	0.00%	0.01%	0.00%	0.06%	0.10%	0.04%
Superior	0.12%	0.06%	0.00%	0.00%	0.02%	0.00%	0.09%	0.15%	0.10%
Hidalgo Total	0.08%	0.05%	0.00%	0.00%	0.01%	0.00%	0.08%	0.13%	0.07%
Jefferson SDA									
Amerigroup	0.29%	0.19%	0.00%	0.00%	0.09%	0.00%	0.63%	0.23%	0.27%
Molina	0.23%	0.26%	0.00%	0.00%	0.04%	0.00%	0.33%	0.24%	0.23%
United	0.11%	0.10%	0.00%	0.00%	0.02%	0.00%	0.25%	0.03%	0.11%
Jefferson Total	0.19%	0.20%	0.00%	0.00%	0.05%	0.00%	0.39%	0.10%	0.19%



FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	1.24%	0.83%	0.00%	0.00%	0.26%	0.00%	2.64%	0.49%	1.15%
Superior	1.09%	0.68%	0.00%	0.00%	0.16%	0.00%	1.54%	0.60%	0.98%
Lubbock Total	1.16%	0.74%	0.00%	0.00%	0.20%	0.00%	1.95%	0.56%	1.05%
Nueces SDA									
Superior	0.35%	0.21%	0.00%	0.00%	0.09%	0.00%	0.29%	0.23%	0.29%
United	0.63%	0.33%	0.00%	0.00%	0.01%	0.00%	0.70%	0.44%	0.54%
Nueces Total	0.48%	0.25%	0.00%	0.00%	0.05%	0.00%	0.45%	0.30%	0.40%
Tarrant SDA									
Amerigroup	0.63%	0.29%	0.00%	0.00%	0.12%	0.00%	0.58%	0.30%	0.51%
Molina/Health Spring	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant Total	0.46%	0.23%	0.00%	0.00%	0.09%	0.00%	0.45%	0.24%	0.39%
Travis SDA									
Amerigroup	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.04%	0.02%	0.02%
United	0.20%	0.12%	0.00%	0.00%	0.01%	0.00%	0.27%	0.15%	0.18%
Travis Total	0.12%	0.06%	0.00%	0.00%	0.01%	0.00%	0.19%	0.13%	0.11%
MRSA Central SDA									
Superior	0.75%	0.54%	0.00%	0.00%	0.13%	0.00%	0.89%	0.45%	0.67%
United	1.06%	0.61%	0.00%	0.00%	0.19%	0.00%	1.06%	0.78%	0.91%
Central Total	0.88%	0.56%	0.00%	0.00%	0.16%	0.00%	0.94%	0.56%	0.76%
MRSA Northeast SDA									
Molina/Health Spring	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
United	0.58%	0.40%	0.00%	0.00%	0.07%	0.00%	0.72%	0.30%	0.51%
Northeast Total	0.31%	0.18%	0.00%	0.00%	0.04%	0.00%	0.37%	0.18%	0.26%

FY2023 STAR+PLUS Rating - Medical  
 TIPPS Adjustment  
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	0.88%	0.50%	0.00%	0.00%	0.14%	0.00%	1.11%	0.80%	0.76%
Superior	0.80%	0.51%	0.00%	0.00%	0.14%	0.00%	1.19%	0.47%	0.71%
West Total	0.83%	0.51%	0.00%	0.00%	0.14%	0.00%	1.17%	0.58%	0.73%

## Footnotes

- (1) Equals the cost impact from increased TIPPS Component 3 reimbursement effective 9/1/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

### *Attachment 13*

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

Effective September 1, 2021, HHSC implemented the Directed Payment Program for Behavioral Health Services (DPP BHS) which is designed to incentivize community mental health centers (CMHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients. Year two of the program will begin September 1, 2022.

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

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

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

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

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

The Component 2 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 11. Exhibit C provides a summary of the DPP BHS Component 2 adjustment factors. These adjustment factors are then applied to the projected FY2023 incurred claims.

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

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS and STAR Kids)
- Premium Tax – 1.75% of premium

The DPP BHS premiums have been accounted for in the FY2023 rate development in a manner that is consistent with the pre-print that is currently under CMS review.

**Texas Health and Human Services Commission  
State Fiscal Year 2023 Directed Payment Programs**

**Directed Payment Program for Behavioral Health Services**

**Overview**

**Program Description**

The Directed Payment Program for Behavioral Health Services (DPP BHS) is a directed payment program designed to promote and improve access to behavioral health services, care coordination, and successful care transitions for individuals enrolled in the STAR, STAR+PLUS, STAR Kids Medicaid managed care programs. It also incentivizes continuation of care for these individuals using the Certified Community Behavioral Health Clinic (CCBHC) model of care.

The DPP BHS program year two will begin on September 1, 2022. The DPP BHS program consists of two program components, and DPP BHS funds will be paid to Medicaid Managed Care Organizations (MCOs) through two components of the managed care per member per month (PMPM) capitation rates for distribution to DPP BHS enrolled providers who meet program requirements.

**Eligible Provider Classes**

There are two classes of providers eligible for the DPP BHS: (1) Community Mental Health Centers (CMHCs) and Local Behavioral Health Authority (LBHAs) that are certified CCBHCs; , and (2) CMHCs and LBHAs that are not certified CCBHC.

**Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

**Program Funding Estimated for SFY 2023**

\$252,208,541

The program is paid using joint state and federal funds. The non-federal share of all DPP BHS payments is funded through intergovernmental transfers (IGTs) from sponsoring governmental entities. No state general revenue that is not otherwise available to providers is available to support DPP BHS.

**History**

The DPP BHS program replaces some funding and programming from the Texas Delivery System Reform Incentive Payment (DSRIP) program, which ended September 30, 2022. The DPP BHS program is intended to incentivize CMHCs and LBHAs to continue providing services aligned with the CCBHC model of care and to continue successful DSRIP innovations by CMHCs

and LBHAs that promote and improve access to and care coordination of behavioral health services.

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

## **Program Design**

### **Delivery System**

The DPP BHS program uses the Medicaid MCO delivery system to provide increased Medicaid payments for DPP BHS-participating providers. DPP BHS funds will be distributed to participating providers that meet program requirements

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

DPP BHS is designed to help advance the following goals from the Texas Managed Care Quality Strategy: (1) promoting optimal health for Texans; and (2) promoting effective practices for people with chronic, complex, and serious conditions.

### **Directed Payment Arrangement**

DPP BHS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and objectives of their Managed Care Quality Strategy.

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

- Component 1 is a uniform dollar amount paid prospectively on a monthly basis (65 percent of the total program value).
- Component 2 is a uniform percentage increase and will be applied specifically to the top 20 CCBHC codes (35 percent of the total program value).

### **Capitation Rate Components**

Enrolled DPP BHS participating providers will be eligible for payments under two components.

- Component 1 provides a uniform dollar increase based on SFY19 (September 2018 – August 2019) units and will be paid prospectively on a monthly basis, (equal to 1/12 of the annual amount) based on the historic utilization of the 20 most utilized CMHC procedure codes from SFY19 increased by 7% to account for projected SFY19 to SFY22 enrollment growth among the three (3) Medicaid managed care programs (STAR, STAR+PLUS, and STAR Kids). The interim allocation of funds across qualifying providers will be reconciled to the actual Medicaid utilization across these providers during the

program period, as captured by Medicaid MCOs contracted with HHSC for managed care 120 days after the last day of the program period.

- Component 2 applies a uniform percentage increase to the 20 most utilized CCBHC procedure codes as claims are adjudicated by the MCOs for the STAR, STAR+PLUS and STAR Kids programs. Procedure codes include: 90791, 90792, 90834, 90837, 92507, 92523, 97110, 97530, 99213, 99214, H0034, H2011, H2014, H2017, T1017, 90839, 92526, 99215, H0020, Q3014. Component 2 is targeted to further incentivize uncertified CMHCs to obtain CCBHC certification, and, for those CMHCs that already received certification – to maintain it.

A breakdown of the DPP BHS Year Two anticipated funding is below:

<b>DPP BHS Year 2 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 252,208,541</b>
Federal Share Funds (59.95%)	\$ 151,199,020
Non-Federal Share Funds (40.05%)	\$ 101,009,521
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50 %	\$ 6,305,214
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$ 4,085,345
MCO Premium Tax = 1.75%	\$ 4,413,649
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 14,804,208</b>
IGT Funds Needed for Pool Size	\$ 101,009,521
<b>Available Funds for Program Components</b>	
Component 1	
61.10% of Total Funds	\$154,093,967
Component 2	
33.03% of Total Funds	\$83,310,366

### **Distribution of Payments**

HHSC will calculate the portion of each payment associated with each DPP BHS-participating provider broken down by DPP BHS capitation rate component and payment period as follows.

Component 1: Monthly payments to DPP BHS-participating providers will be directed through MCOs. The interim allocation of funds across qualifying DPP BHS-participating providers will be reconciled to the actual Medicaid utilization across participating providers during the program period, as captured by Medicaid MCOs contracted with HHSC for managed care 120 days after the last day of the program period.

Component 2: A uniform percentage rate increase on applicable services paid at the time of claim adjudication. To align with the incentive to achieve CCBHC certification, Component 2 rate increases will be applied to the following codes: 90791, 90792, 90834, 90837, 92507, 92523, 97110, 97530, 99213, 99214, H0034, H2011, H2014, H2017, T1017, 90839, 92526, 99215, H0020, Q3014.

As a condition of participation, all providers participating in DPP BHS must report certain quality data. Failure to report will result in removal of the provider from the program and recoument of all funds previously paid during the program period.

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

### Quality Metric Summary

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

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
Component 1: Uniform Dollar Increase	B1-145	Certified Community Behavioral Health Clinic (CCBHC) Certification Status	Structure	NA	NA
	B1-146	Provide patients with services by using remote technology including audio/video, client portals and apps for the provision of services such as telehealth, assessment collection and remote health monitoring/screening	Structure	NA	NA
	B1-147	Provide integrated physical and behavioral health care services to children and adults with serious mental illness	Structure	NA	NA
	B1-148	Participate in electronic exchange of clinical data with other healthcare providers/entities	Structure	NA	NA
Component 2: Uniform Rate Enhancement	B2-149	Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	2152	NCQA

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	B2-150	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	1365	Mathematics
	B2-151	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104	Mathematics
	B2-152	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-153	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-154	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	0421	CMS

### Reporting Requirements

A DPP BHS-participating provider must semi-annually report data for all measures as a condition of participation in the program and must have provided at least one Medicaid service to a Medicaid client in each reporting period. DPP BHS participating providers that fail to submit the required data by the deadlines communicated by HHSC will be determined to be out of compliance with program participation requirements, will be removed from the program, and will have all funds they received recouped.

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

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



FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 Premium PMPM								
Amerigroup - Bexar	17.01	17.01	0.00	0.00	17.01	0.00	17.01	17.01
Molina - Bexar	15.99	15.99	0.00	0.00	15.99	0.00	15.99	15.99
Superior - Bexar	17.01	17.01	0.00	0.00	17.01	0.00	17.01	17.01
Molina - Dallas	16.20	16.20	0.00	0.00	16.20	0.00	16.20	16.20
Superior - Dallas	19.96	19.96	0.00	0.00	19.96	0.00	19.96	19.96
Amerigroup - El Paso	18.53	18.53	0.00	0.00	18.53	0.00	18.53	18.53
Molina - El Paso	18.53	18.53	0.00	0.00	18.53	0.00	18.53	18.53
Amerigroup - Harris	7.72	7.72	0.00	0.00	7.72	0.00	7.72	7.72
Molina - Harris	4.14	4.14	0.00	0.00	4.14	0.00	4.14	4.14
United - Harris	6.26	6.26	0.00	0.00	6.26	0.00	6.26	6.26
Molina - Hidalgo	16.72	16.72	0.00	0.00	16.72	0.00	16.72	16.72
Superior - Hidalgo	16.78	16.78	0.00	0.00	16.78	0.00	16.78	16.78
Amerigroup - Jefferson	7.57	7.57	0.00	0.00	7.57	0.00	7.57	7.57
Molina - Jefferson	8.57	8.57	0.00	0.00	8.57	0.00	8.57	8.57
United - Jefferson	1.24	1.24	0.00	0.00	1.24	0.00	1.24	1.24
Amerigroup - Lubbock	14.96	14.96	0.00	0.00	14.96	0.00	14.96	14.96
Superior - Lubbock	14.96	14.96	0.00	0.00	14.96	0.00	14.96	14.96
Superior - Nueces	13.10	13.10	0.00	0.00	13.10	0.00	13.10	13.10
United - Nueces	1.63	1.63	0.00	0.00	1.63	0.00	1.63	1.63
Amerigroup - Tarrant	7.47	7.47	0.00	0.00	7.47	0.00	7.47	7.47
Molina - Tarrant	10.73	10.73	0.00	0.00	10.73	0.00	10.73	10.73
Amerigroup - Travis	34.67	34.67	0.00	0.00	34.67	0.00	34.67	34.67
United - Travis	21.23	21.23	0.00	0.00	21.23	0.00	21.23	21.23
Superior - Central	15.92	15.92	0.00	0.00	15.92	0.00	15.92	15.92
United - Central	6.77	6.77	0.00	0.00	6.77	0.00	6.77	6.77
Molina - Northeast	9.03	9.03	0.00	0.00	9.03	0.00	9.03	9.03
United - Northeast	9.47	9.47	0.00	0.00	9.47	0.00	9.47	9.47
Amerigroup - West	23.78	23.78	0.00	0.00	23.78	0.00	23.78	23.78
Superior - West	23.78	23.78	0.00	0.00	23.78	0.00	23.78	23.78

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 2 Premium PMPM								
Amerigroup - Bexar	6.21	11.62	0.00	0.00	0.92	0.00	1.00	0.67
Molina - Bexar	5.44	6.25	0.00	0.00	0.65	0.00	0.81	0.00
Superior - Bexar	7.28	6.79	0.00	0.00	1.53	0.00	1.17	1.25
Molina - Dallas	10.16	13.23	0.00	0.00	1.89	0.00	4.38	0.71
Superior - Dallas	9.21	13.11	0.00	0.00	1.23	0.00	3.31	1.07
Amerigroup - El Paso	12.13	10.43	0.00	0.00	1.95	0.00	0.93	1.76
Molina - El Paso	11.52	13.75	0.00	0.00	0.23	0.00	0.66	2.14
Amerigroup - Harris	3.88	2.76	0.00	0.00	0.22	0.00	1.50	0.99
Molina - Harris	1.80	2.12	0.00	0.00	0.36	0.00	0.17	0.60
United - Harris	4.53	3.34	0.00	0.00	0.35	0.00	1.28	0.52
Molina - Hidalgo	14.92	20.81	0.00	0.00	4.44	0.00	2.02	2.82
Superior - Hidalgo	13.64	9.40	0.00	0.00	5.43	0.00	0.90	2.38
Amerigroup - Jefferson	4.39	4.78	0.00	0.00	5.03	0.00	0.64	1.35
Molina - Jefferson	4.27	7.18	0.00	0.00	6.13	0.00	2.82	0.00
United - Jefferson	1.58	0.86	0.00	0.00	0.00	0.00	0.23	0.00
Amerigroup - Lubbock	8.74	10.85	0.00	0.00	1.38	0.00	1.11	0.00
Superior - Lubbock	9.66	6.11	0.00	0.00	0.30	0.00	0.23	0.66
Superior - Nueces	5.01	4.21	0.00	0.00	1.43	0.00	1.20	1.10
United - Nueces	1.04	0.74	0.00	0.00	0.12	0.00	0.43	0.64
Amerigroup - Tarrant	3.60	2.21	0.00	0.00	0.34	0.00	0.60	0.52
Molina - Tarrant	3.80	4.45	0.00	0.00	0.85	0.00	1.19	0.00
Amerigroup - Travis	15.64	13.09	0.00	0.00	8.52	0.00	3.65	0.63
United - Travis	13.41	8.50	0.00	0.00	4.60	0.00	3.96	0.54
Superior - Central	7.09	8.69	0.00	0.00	0.96	0.00	1.51	1.62
United - Central	5.28	3.85	0.00	0.00	1.27	0.00	1.95	0.96
Molina - Northeast	3.24	2.51	0.00	0.00	1.22	0.00	1.11	0.91
United - Northeast	5.46	6.38	0.00	0.00	1.81	0.00	1.03	1.19
Amerigroup - West	14.22	22.09	0.00	0.00	0.84	0.00	1.88	2.92
Superior - West	13.29	17.67	0.00	0.00	1.32	0.00	2.27	1.42

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total DPP BHS Premium PMPM								
Amerigroup - Bexar	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 - Central	23.01	24.61	0.00	0.00	16.88	0.00	17.43	17.54
United - Central	12.05	10.62	0.00	0.00	8.04	0.00	8.72	7.73
Molina - Northeast	12.27	11.54	0.00	0.00	10.25	0.00	10.14	9.94
United - Northeast	14.93	15.85	0.00	0.00	11.28	0.00	10.50	10.66
Amerigroup - West	38.00	45.87	0.00	0.00	24.62	0.00	25.66	26.70
Superior - West	37.07	41.45	0.00	0.00	25.10	0.00	26.05	25.20

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	240,533	43,984	0	0	1,209	0	2,491	241	288,457
Molina	129,484	22,667	0	0	1,276	0	1,003	0	154,430
Superior	928,441	113,986	0	0	6,351	0	15,267	3,332	1,067,378
Bexar Total	1,298,458	180,637	0	0	8,836	0	18,761	3,573	1,510,266
Dallas SDA									
Molina	1,466,079	288,779	0	0	9,754	0	43,600	1,066	1,809,278
Superior	1,118,444	154,319	0	0	5,429	0	39,816	3,095	1,321,103
Dallas Total	2,584,523	443,098	0	0	15,183	0	83,415	4,161	3,130,381
El Paso SDA									
Amerigroup	457,383	44,830	0	0	921	0	3,381	2,435	508,950
Molina	287,416	70,128	0	0	151	0	1,019	1,909	360,623
El Paso Total	744,798	114,958	0	0	1,072	0	4,400	4,344	869,572
Harris SDA									
Amerigroup	638,009	37,276	0	0	727	0	19,558	1,979	697,549
Molina	76,180	11,798	0	0	577	0	582	469	89,607
United	931,641	68,213	0	0	1,441	0	21,995	2,853	1,026,143
Harris Total	1,645,830	117,287	0	0	2,745	0	42,135	5,302	1,813,299
Hidalgo SDA									
Molina/Health Spring	970,948	244,337	0	0	6,846	0	8,711	4,798	1,235,640
Superior	1,048,376	161,416	0	0	7,164	0	4,504	7,087	1,228,546
Hidalgo Total	2,019,324	405,754	0	0	14,010	0	13,215	11,885	2,464,187
Jefferson SDA									
Amerigroup	111,209	10,306	0	0	3,475	0	464	318	125,772
Molina	75,866	24,983	0	0	3,755	0	1,470	0	106,074
United	53,488	1,697	0	0	0	0	516	72	55,773
Jefferson Total	240,563	36,986	0	0	7,231	0	2,450	390	287,619

FY2023 STAR+PLUS Rating - Medical  
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Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	173,034	16,396	0	0	1,085	0	2,236	0	192,751
Superior	265,268	10,911	0	0	404	0	744	493	277,819
Lubbock Total	438,302	27,307	0	0	1,489	0	2,980	493	470,571
Nueces SDA									
Superior	175,980	25,463	0	0	1,466	0	2,830	1,484	207,223
United	34,958	2,592	0	0	109	0	790	436	38,885
Nueces Total	210,939	28,055	0	0	1,575	0	3,619	1,920	246,108
Tarrant SDA									
Amerigroup	455,728	29,855	0	0	2,188	0	8,551	1,204	497,526
Molina/Health Spring	164,803	14,062	0	0	1,563	0	5,935	58	186,421
Tarrant Total	620,531	43,917	0	0	3,751	0	14,486	1,262	683,947
Travis SDA									
Amerigroup	724,964	52,868	0	0	14,204	0	11,388	368	803,792
United	710,673	39,161	0	0	12,061	0	31,487	919	794,301
Travis Total	1,435,638	92,029	0	0	26,265	0	42,876	1,287	1,598,094
MRSA Central SDA									
Superior	500,688	40,751	0	0	2,783	0	7,825	1,560	553,607
United	245,919	10,712	0	0	4,179	0	4,986	352	266,147
Central Total	746,607	51,463	0	0	6,962	0	12,811	1,912	819,753
MRSA Northeast SDA									
Molina/Health Spring	257,793	22,166	0	0	3,016	0	5,198	624	288,798
United	505,713	51,362	0	0	6,237	0	5,767	1,578	570,656
Northeast Total	763,506	73,528	0	0	9,253	0	10,965	2,202	859,454
MRSA West SDA									
Amerigroup	648,772	72,203	0	0	1,827	0	6,309	2,930	732,042
Superior	928,831	108,901	0	0	4,636	0	15,407	2,143	1,059,917
West Total	1,577,603	181,104	0	0	6,463	0	21,716	5,073	1,791,959

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,109,186	5,028,973	0	0	1,980,803	0	922,129	886,400	29,927,492
Molina	14,479,149	5,353,291	0	0	2,442,428	0	469,545	1,466,610	24,211,023
Superior	84,379,577	27,795,258	0	0	6,208,086	0	6,337,263	6,133,291	130,853,474
Bexar Total	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas SDA									
Molina	100,762,283	31,745,860	0	0	11,163,009	0	3,838,433	2,839,445	150,349,030
Superior	77,402,402	18,648,621	0	0	8,573,133	0	4,714,039	10,035,076	119,373,272
Dallas Total	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso SDA									
Amerigroup	23,810,391	5,198,494	0	0	742,777	0	2,132,867	3,691,190	35,575,719
Molina	17,819,757	8,063,836	0	0	1,431,281	0	1,210,134	1,365,951	29,890,960
El Paso Total	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris SDA									
Amerigroup	118,759,779	25,035,316	0	0	7,291,547	0	5,667,886	7,246,899	164,001,426
Molina	32,114,759	11,420,443	0	0	2,596,360	0	1,354,453	2,680,757	50,166,771
United	154,721,603	31,883,387	0	0	8,227,055	0	7,895,843	11,708,574	214,436,463
Harris Total	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo SDA									
Molina/Health Spring	40,613,678	15,127,877	0	0	3,832,923	0	1,545,825	2,992,427	64,112,730
Superior	46,610,197	26,023,950	0	0	3,334,791	0	3,470,489	6,794,537	86,233,964
Hidalgo Total	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson SDA									
Amerigroup	14,923,422	3,535,417	0	0	1,214,448	0	403,666	670,979	20,747,932
Molina	12,046,504	6,389,902	0	0	1,318,762	0	166,582	622,182	20,543,933
United	22,303,330	3,019,861	0	0	973,565	0	614,547	2,298,544	29,209,847
Jefferson Total	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

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

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	1.14%	0.87%	0.00%	0.00%	0.06%	0.00%	0.27%	0.03%	0.96%
Molina	0.89%	0.42%	0.00%	0.00%	0.05%	0.00%	0.21%	0.00%	0.64%
Superior	1.10%	0.41%	0.00%	0.00%	0.10%	0.00%	0.24%	0.05%	0.82%
Bexar Total	1.08%	0.47%	0.00%	0.00%	0.08%	0.00%	0.24%	0.04%	0.82%
Dallas SDA									
Molina	1.45%	0.91%	0.00%	0.00%	0.09%	0.00%	1.14%	0.04%	1.20%
Superior	1.44%	0.83%	0.00%	0.00%	0.06%	0.00%	0.84%	0.03%	1.11%
Dallas Total	1.45%	0.88%	0.00%	0.00%	0.08%	0.00%	0.98%	0.03%	1.16%
El Paso SDA									
Amerigroup	1.92%	0.86%	0.00%	0.00%	0.12%	0.00%	0.16%	0.07%	1.43%
Molina	1.61%	0.87%	0.00%	0.00%	0.01%	0.00%	0.08%	0.14%	1.21%
El Paso Total	1.79%	0.87%	0.00%	0.00%	0.05%	0.00%	0.13%	0.09%	1.33%
Harris SDA									
Amerigroup	0.54%	0.15%	0.00%	0.00%	0.01%	0.00%	0.35%	0.03%	0.43%
Molina	0.24%	0.10%	0.00%	0.00%	0.02%	0.00%	0.04%	0.02%	0.18%
United	0.60%	0.21%	0.00%	0.00%	0.02%	0.00%	0.28%	0.02%	0.48%
Harris Total	0.54%	0.17%	0.00%	0.00%	0.02%	0.00%	0.28%	0.02%	0.42%
Hidalgo SDA									
Molina/Health Spring	2.39%	1.62%	0.00%	0.00%	0.18%	0.00%	0.56%	0.16%	1.93%
Superior	2.25%	0.62%	0.00%	0.00%	0.21%	0.00%	0.13%	0.10%	1.42%
Hidalgo Total	2.32%	0.99%	0.00%	0.00%	0.20%	0.00%	0.26%	0.12%	1.64%
Jefferson SDA									
Amerigroup	0.75%	0.29%	0.00%	0.00%	0.29%	0.00%	0.12%	0.05%	0.61%
Molina	0.63%	0.39%	0.00%	0.00%	0.28%	0.00%	0.88%	0.00%	0.52%
United	0.24%	0.06%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.19%
Jefferson Total	0.49%	0.29%	0.00%	0.00%	0.21%	0.00%	0.21%	0.01%	0.41%



FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	1.25%	0.70%	0.00%	0.00%	0.10%	0.00%	0.27%	0.00%	1.00%
Superior	1.47%	0.36%	0.00%	0.00%	0.02%	0.00%	0.05%	0.03%	1.08%
Lubbock Total	1.37%	0.51%	0.00%	0.00%	0.05%	0.00%	0.13%	0.02%	1.05%
Nueces SDA									
Superior	0.85%	0.28%	0.00%	0.00%	0.10%	0.00%	0.25%	0.05%	0.59%
United	0.18%	0.06%	0.00%	0.00%	0.01%	0.00%	0.11%	0.03%	0.14%
Nueces Total	0.53%	0.21%	0.00%	0.00%	0.06%	0.00%	0.19%	0.04%	0.40%
Tarrant SDA									
Amerigroup	0.56%	0.14%	0.00%	0.00%	0.02%	0.00%	0.14%	0.02%	0.40%
Molina/Health Spring	0.58%	0.24%	0.00%	0.00%	0.05%	0.00%	0.33%	0.00%	0.45%
Tarrant Total	0.57%	0.16%	0.00%	0.00%	0.03%	0.00%	0.18%	0.01%	0.41%
Travis SDA									
Amerigroup	2.67%	0.80%	0.00%	0.00%	0.69%	0.00%	0.77%	0.03%	2.09%
United	2.21%	0.66%	0.00%	0.00%	0.44%	0.00%	1.16%	0.02%	1.65%
Travis Total	2.42%	0.73%	0.00%	0.00%	0.54%	0.00%	1.02%	0.02%	1.84%
MRSA Central SDA									
Superior	1.18%	0.55%	0.00%	0.00%	0.06%	0.00%	0.32%	0.06%	0.93%
United	0.82%	0.23%	0.00%	0.00%	0.10%	0.00%	0.42%	0.03%	0.64%
Central Total	1.03%	0.43%	0.00%	0.00%	0.08%	0.00%	0.35%	0.05%	0.81%
MRSA Northeast SDA									
Molina/Health Spring	0.52%	0.15%	0.00%	0.00%	0.06%	0.00%	0.25%	0.03%	0.39%
United	0.93%	0.42%	0.00%	0.00%	0.11%	0.00%	0.25%	0.05%	0.73%
Northeast Total	0.73%	0.27%	0.00%	0.00%	0.09%	0.00%	0.25%	0.04%	0.56%

FY2023 STAR+PLUS Rating - Medical  
DPP BHS Adjustment  
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	2.36%	1.26%	0.00%	0.00%	0.05%	0.00%	0.41%	0.15%	1.80%
Superior	2.09%	1.10%	0.00%	0.00%	0.09%	0.00%	0.42%	0.05%	1.58%
West Total	2.20%	1.16%	0.00%	0.00%	0.07%	0.00%	0.42%	0.08%	1.67%

## Footnotes

- (1) Equals the cost impact from increased DPP BHS Component 2 reimbursement effective 9/1/2022.  
(2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
(3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

## *Attachment 14*

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

Effective September 1, 2021, HHSC implemented The Rural Access to Primary and Preventive Services (RAPPS) program which is designed to incentivize rural health clinics (RHCs) to improve quality, access, and innovation in the provision of medical services to Medicaid recipients. Year two of the program will begin September 1, 2022.

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

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

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

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

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

The Component 2 add-on is calculated in a manner similar to the CHIRP add-on amount described in Attachment 11. Exhibit C provides a summary of the RAPPS Component 2 adjustment factors. These adjustment factors are then applied to the projected FY2023 incurred claims.

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

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS and STAR Kids)
- Premium Tax – 1.75% of premium

The RAPPS premiums have been accounted for in the FY2023 rate development in a manner that is consistent with the pre-print that is currently under CMS review.

**Texas Health and Human Services Commission  
State Fiscal Year 2023 Directed Payment Programs**

**Rural Access to Primary and Preventive Services**

**Overview**

**Program Description**

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

The RAPPS program is for rural health clinics (RHCs) providing primary and preventive services to adults and children enrolled in the STAR, STAR+PLUS, and STAR Kids Medicaid managed care programs. RAPPS program year two will begin on September 1, 2022. RAPPS funds will be paid through two components in the Medicaid Managed Care Organizations' (MCOs) capitation rates and distributed to enrolled RHCs who meet program requirements.

**Eligible Provider Classes**

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

**Participating Medicaid Programs**

STAR, STAR+PLUS, STAR Kids

**Program Funding Estimated for SFY 2023**

\$31,567,692

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

**History**

HHSC proposed the RAPPS program to succeed the Texas Delivery System Reform Incentive Payment (DSRIP) program, ending in state fiscal year 2022. The RAPPS program is intended to improve primary and preventive care access and chronic care management for Medicaid enrollees in rural areas and provide the right care, in the right place, at the right time for Medicaid enrollees in rural communities.

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

## **Program Design**

### **Delivery System**

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

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

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

### **Directed Payment Arrangement**

RAPPS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs.

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

- Component 1 is a uniform dollar increase paid prospectively on a monthly basis (75 percent of the total program value). Hospital-based RHCs and free-standing RHCs have different uniform dollar increases.
- Component 2 is a uniform percentage rate increase for certain services (25 percent of the total program value). The increase will be consistent across RHCs and RHC classes.

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

### **Capitation Rate Components**

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

- Component 1 provides a uniform dollar increase on All-Inclusive Clinic Visit, T1015, and office visit codes. Payments will be based on units using each provider's utilization during service period March 1, 2019 to February 29, 2020 with a trend factor for estimated enrollment growth among the three Medicaid managed care programs (STAR,

STAR+PLUS, and STAR Kids). Payments will be paid prospectively on a monthly basis (equal to 1/12 of the annual amount).

- Component 2 provides a uniform percentage increase on All-Inclusive Clinic Visit, T1015, and office visit MCO payments, for the STAR/STAR+PLUS/STAR Kids programs. Under Component 2, the uniform percent increase will be 10.77 percent for all RHCs.

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

<b>RAPPS Year 2 Anticipated Funding</b>	
<b>Estimated Funds</b>	<b>\$ 31,567,692</b>
Federal Share Funds (60.46%)	\$ 19,085,827
Non-Federal Share Funds (39.54%)	\$ 12,481,865
<b>Breakdown of Program Funding</b>	
MCO Admin Fee = 2.50%	\$ 789,192
MCO Risk Margin STAR = 1.50 %	\$ 416,284
MCO Risk Margin STAR+PLUS = 1.75%	\$ 52,003
MCO Risk Margin STAR Kids = 1.75%	\$ 14,767
MCO Premium Tax = 1.75%	\$ 552,435
<b>Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)</b>	<b>\$ 1,824,681</b>
IGT Funds Needed for Pool Size	\$ 12,481,865
<b>Available Funds for Program Components</b>	
Component 1	
69.81% of Total Funds	\$ 22,038,215
Component 2	
24.41% of Total Funds	\$ 7,704,796

### **Distribution of Payments**

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

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

Component 2: RAPPs-participating RHCs will receive a uniform percent rate increase for certain services. Payment is attributed as a rate increase for specific services. To align with program goals, Component 2 rate enhancements will be applied to the following codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99244, 99381, 99382, 99383, 99384, 99385, 99386, 99391, 99392, 99393, 99394, 99395, 99396, 99429, G0444, and T1015.

As a condition of participation, all RHCs participating in RAPPs must semi-annually report certain quality data. Failure to report will result in removal of the provider from the program and recoupment of all funds previously paid during the program period.

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

### Quality Metric Summary

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

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

### Reporting Requirements

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

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

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



FY2023 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 1 Premium PMPM								
Amerigroup - Bexar	0.20	0.20	0.00	0.00	0.20	0.00	0.20	0.20
Molina - Bexar	0.11	0.11	0.00	0.00	0.11	0.00	0.11	0.11
Superior - Bexar	0.21	0.21	0.00	0.00	0.21	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	0.08	0.08
Amerigroup - El Paso	0.17	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	0.00	0.00
Molina - Harris	0.07	0.07	0.00	0.00	0.07	0.00	0.07	0.07
United - Harris	0.11	0.11	0.00	0.00	0.11	0.00	0.11	0.11
Molina - Hidalgo	0.19	0.19	0.00	0.00	0.19	0.00	0.19	0.19
Superior - Hidalgo	0.28	0.28	0.00	0.00	0.28	0.00	0.28	0.28
Amerigroup - Jefferson	0.87	0.87	0.00	0.00	0.87	0.00	0.87	0.87
Molina - Jefferson	0.29	0.29	0.00	0.00	0.29	0.00	0.29	0.29
United - Jefferson	0.87	0.87	0.00	0.00	0.87	0.00	0.87	0.87
Amerigroup - Lubbock	1.60	1.60	0.00	0.00	1.60	0.00	1.60	1.60
Superior - Lubbock	1.83	1.83	0.00	0.00	1.83	0.00	1.83	1.83
Superior - Nueces	1.58	1.58	0.00	0.00	1.58	0.00	1.58	1.58
United - Nueces	0.77	0.77	0.00	0.00	0.77	0.00	0.77	0.77
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	0.92	0.92	0.00	0.00	0.92	0.00	0.92	0.92
United - Travis	1.01	1.01	0.00	0.00	1.01	0.00	1.01	1.01
Superior - Central	3.24	3.24	0.00	0.00	3.24	0.00	3.24	3.24
United - Central	2.82	2.82	0.00	0.00	2.82	0.00	2.82	2.82
Molina - Northeast	1.45	1.45	0.00	0.00	1.45	0.00	1.45	1.45
United - Northeast	1.72	1.72	0.00	0.00	1.72	0.00	1.72	1.72
Amerigroup - West	3.43	3.43	0.00	0.00	3.43	0.00	3.43	3.43
Superior - West	3.53	3.53	0.00	0.00	3.53	0.00	3.53	3.53

FY2023 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 2 Premium PMPM								
Amerigroup - Bexar	0.05	0.00	0.00	0.00	1.85	0.00	0.04	0.00
Molina - Bexar	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.07	0.17	0.00	0.00	0.61	0.00	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00
Amerigroup - El Paso	0.13	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	0.04	0.00
Molina - Harris	0.08	0.00	0.00	0.00	0.00	0.00	0.21	0.00
United - Harris	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00
Molina - Hidalgo	0.06	0.13	0.00	0.00	0.00	0.00	0.00	0.18
Superior - Hidalgo	0.12	0.15	0.00	0.00	0.00	0.00	0.07	0.24
Amerigroup - Jefferson	0.18	0.16	0.00	0.00	0.17	0.00	0.00	0.00
Molina - Jefferson	0.20	0.18	0.00	0.00	0.00	0.00	0.13	0.00
United - Jefferson	0.20	0.14	0.00	0.00	0.11	0.00	0.14	0.32
Amerigroup - Lubbock	0.63	1.08	0.00	0.00	0.28	0.00	0.20	0.63
Superior - Lubbock	0.72	1.02	0.00	0.00	0.76	0.00	0.60	0.66
Superior - Nueces	0.53	0.30	0.00	0.00	2.71	0.00	0.24	0.22
United - Nueces	0.29	0.12	0.00	0.00	1.67	0.00	0.08	0.00
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	0.18	0.49	0.00	0.00	6.92	0.00	0.00	0.42
United - Travis	0.30	0.51	0.00	0.00	8.56	0.00	0.34	0.27
Superior - Central	0.72	1.74	0.00	0.00	3.04	0.00	0.56	1.08
United - Central	0.51	0.84	0.00	0.00	3.18	0.00	0.51	0.64
Molina - Northeast	0.69	1.00	0.00	0.00	1.62	0.00	0.49	0.91
United - Northeast	0.59	0.76	0.00	0.00	1.15	0.00	0.25	0.48
Amerigroup - West	1.08	1.58	0.00	0.00	1.84	0.00	0.82	2.14
Superior - West	1.34	1.93	0.00	0.00	1.91	0.00	0.81	1.70

FY2023 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Components of RAPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total RAPPS Premium PMPM								
Amerigroup - Bexar	0.25	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 - Central	3.96	4.98	0.00	0.00	6.28	0.00	3.80	4.32
United - Central	3.33	3.66	0.00	0.00	6.00	0.00	3.33	3.46
Molina - Northeast	2.14	2.45	0.00	0.00	3.07	0.00	1.94	2.36
United - Northeast	2.31	2.48	0.00	0.00	2.87	0.00	1.97	2.20
Amerigroup - West	4.51	5.01	0.00	0.00	5.27	0.00	4.25	5.57
Superior - West	4.87	5.46	0.00	0.00	5.44	0.00	4.34	5.23

FY2023 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	1,743	161	0	0	2,359	0	133	26	4,422
Molina	658	288	0	0	73	0	0	60	1,079
Superior	7,537	2,282	0	0	2,619	0	303	153	12,894
Bexar Total	9,938	2,732	0	0	5,051	0	436	239	18,394
Dallas SDA									
Molina	1,674	139	0	0	4	0	102	0	1,918
Superior	2,566	154	0	0	27	0	401	21	3,169
Dallas Total	4,241	292	0	0	31	0	503	21	5,087
El Paso SDA									
Amerigroup	4,099	124	0	0	0	0	0	160	4,382
Molina	681	151	0	0	0	0	0	53	885
El Paso Total	4,780	275	0	0	0	0	0	213	5,267
Harris SDA									
Amerigroup	3,241	147	0	0	0	0	520	0	3,908
Molina	2,317	218	0	0	7	0	735	0	3,276
United	5,198	494	0	0	489	0	239	279	6,700
Harris Total	10,756	859	0	0	496	0	1,494	279	13,884
Hidalgo SDA									
Molina/Health Spring	4,570	1,589	0	0	44	0	38	255	6,496
Superior	8,681	2,376	0	0	0	0	190	467	11,713
Hidalgo Total	13,250	3,964	0	0	44	0	229	722	18,209
Jefferson SDA									
Amerigroup	3,949	416	0	0	148	0	19	7	4,539
Molina	3,127	669	0	0	0	0	66	0	3,862
United	7,041	375	0	0	128	0	292	180	8,016
Jefferson Total	14,117	1,459	0	0	276	0	377	187	16,417

FY2023 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	12,338	1,754	0	0	276	0	440	169	14,978
Superior	19,586	1,718	0	0	916	0	1,868	437	24,523
Lubbock Total	31,923	3,472	0	0	1,192	0	2,308	606	39,501
Nueces SDA									
Superior	17,843	1,558	0	0	2,717	0	578	191	22,887
United	9,451	436	0	0	1,828	0	148	73	11,935
Nueces Total	27,293	1,994	0	0	4,546	0	726	263	34,822
Tarrant SDA									
Amerigroup	1,842	79	0	0	553	0	187	55	2,715
Molina/Health Spring	821	145	0	0	304	0	0	0	1,269
Tarrant Total	2,662	223	0	0	857	0	187	55	3,985
Travis SDA									
Amerigroup	8,114	1,773	0	0	11,460	0	61	228	21,635
United	15,075	2,172	0	0	22,567	0	2,590	556	42,959
Travis Total	23,189	3,944	0	0	34,026	0	2,651	784	64,594
MRSA Central SDA									
Superior	52,879	7,998	0	0	8,852	0	2,927	983	73,639
United	24,842	2,264	0	0	10,818	0	1,264	217	39,406
Central Total	77,721	10,263	0	0	19,671	0	4,191	1,200	113,045
MRSA Northeast SDA									
Molina/Health Spring	53,988	9,008	0	0	3,852	0	2,241	706	69,795
United	54,679	6,236	0	0	3,819	0	1,404	814	66,953
Northeast Total	108,667	15,244	0	0	7,671	0	3,645	1,520	136,748
MRSA West SDA									
Amerigroup	48,120	5,412	0	0	4,163	0	2,713	2,235	62,643
Superior	92,934	11,569	0	0	6,295	0	5,473	2,531	118,802
West Total	141,054	16,980	0	0	10,459	0	8,187	4,766	181,445

FY2023 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
3/2019-2/2020 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,109,186	5,028,973	0	0	1,980,803	0	922,129	886,400	29,927,492
Molina	14,479,149	5,353,291	0	0	2,442,428	0	469,545	1,466,610	24,211,023
Superior	84,379,577	27,795,258	0	0	6,208,086	0	6,337,263	6,133,291	130,853,474
Bexar Total	119,967,912	38,177,522	0	0	10,631,317	0	7,728,936	8,486,301	184,991,988
Dallas SDA									
Molina	100,762,283	31,745,860	0	0	11,163,009	0	3,838,433	2,839,445	150,349,030
Superior	77,402,402	18,648,621	0	0	8,573,133	0	4,714,039	10,035,076	119,373,272
Dallas Total	178,164,685	50,394,481	0	0	19,736,142	0	8,552,472	12,874,521	269,722,301
El Paso SDA									
Amerigroup	23,810,391	5,198,494	0	0	742,777	0	2,132,867	3,691,190	35,575,719
Molina	17,819,757	8,063,836	0	0	1,431,281	0	1,210,134	1,365,951	29,890,960
El Paso Total	41,630,149	13,262,330	0	0	2,174,059	0	3,343,001	5,057,141	65,466,679
Harris SDA									
Amerigroup	118,759,779	25,035,316	0	0	7,291,547	0	5,667,886	7,246,899	164,001,426
Molina	32,114,759	11,420,443	0	0	2,596,360	0	1,354,453	2,680,757	50,166,771
United	154,721,603	31,883,387	0	0	8,227,055	0	7,895,843	11,708,574	214,436,463
Harris Total	305,596,141	68,339,146	0	0	18,114,962	0	14,918,182	21,636,230	428,604,660
Hidalgo SDA									
Molina/Health Spring	40,613,678	15,127,877	0	0	3,832,923	0	1,545,825	2,992,427	64,112,730
Superior	46,610,197	26,023,950	0	0	3,334,791	0	3,470,489	6,794,537	86,233,964
Hidalgo Total	87,223,876	41,151,826	0	0	7,167,714	0	5,016,315	9,786,964	150,346,694
Jefferson SDA									
Amerigroup	14,923,422	3,535,417	0	0	1,214,448	0	403,666	670,979	20,747,932
Molina	12,046,504	6,389,902	0	0	1,318,762	0	166,582	622,182	20,543,933
United	22,303,330	3,019,861	0	0	973,565	0	614,547	2,298,544	29,209,847
Jefferson Total	49,273,257	12,945,179	0	0	3,506,776	0	1,184,795	3,591,705	70,501,712

FY2023 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Impact of RAPPS Component 2 Rate Increase

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

FY2023 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Impact of RAPPS Component 2 Rate Increase

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.12%	0.00%	0.01%	0.00%	0.01%
Molina	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.01%	0.01%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.01%
Bexar Total	0.01%	0.01%	0.00%	0.00%	0.05%	0.00%	0.01%	0.00%	0.01%
Dallas SDA									
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Dallas Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
El Paso SDA									
Amerigroup	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso Total	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Harris SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Molina	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.01%
United	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%
Harris Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Hidalgo SDA									
Molina/Health Spring	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
Superior	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%	0.01%
Hidalgo Total	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
Jefferson SDA									
Amerigroup	0.03%	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
Molina	0.03%	0.01%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.02%
United	0.03%	0.01%	0.00%	0.00%	0.01%	0.00%	0.05%	0.01%	0.03%
Jefferson Total	0.03%	0.01%	0.00%	0.00%	0.01%	0.00%	0.03%	0.01%	0.02%



FY2023 STAR+PLUS Rating - Medical  
RAPPS Adjustment  
Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	0.09%	0.07%	0.00%	0.00%	0.02%	0.00%	0.05%	0.02%	0.08%
Superior	0.11%	0.06%	0.00%	0.00%	0.05%	0.00%	0.13%	0.03%	0.10%
Lubbock Total	0.10%	0.06%	0.00%	0.00%	0.04%	0.00%	0.10%	0.02%	0.09%
Nueces SDA									
Superior	0.09%	0.02%	0.00%	0.00%	0.19%	0.00%	0.05%	0.01%	0.06%
United	0.05%	0.01%	0.00%	0.00%	0.14%	0.00%	0.02%	0.00%	0.04%
Nueces Total	0.07%	0.01%	0.00%	0.00%	0.17%	0.00%	0.04%	0.01%	0.06%
Tarrant SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%
Molina/Health Spring	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%
Tarrant Total	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%
Travis SDA									
Amerigroup	0.03%	0.03%	0.00%	0.00%	0.56%	0.00%	0.00%	0.02%	0.06%
United	0.05%	0.04%	0.00%	0.00%	0.82%	0.00%	0.10%	0.01%	0.09%
Travis Total	0.04%	0.03%	0.00%	0.00%	0.71%	0.00%	0.06%	0.01%	0.07%
MRSA Central SDA									
Superior	0.12%	0.11%	0.00%	0.00%	0.19%	0.00%	0.12%	0.04%	0.12%
United	0.08%	0.05%	0.00%	0.00%	0.25%	0.00%	0.11%	0.02%	0.10%
Central Total	0.11%	0.09%	0.00%	0.00%	0.22%	0.00%	0.12%	0.03%	0.11%
MRSA Northeast SDA									
Molina/Health Spring	0.11%	0.06%	0.00%	0.00%	0.08%	0.00%	0.11%	0.03%	0.09%
United	0.10%	0.05%	0.00%	0.00%	0.07%	0.00%	0.06%	0.02%	0.09%
Northeast Total	0.10%	0.06%	0.00%	0.00%	0.07%	0.00%	0.08%	0.03%	0.09%

FY2023 STAR+PLUS Rating - Medical  
 RAPPS Adjustment  
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	0.18%	0.09%	0.00%	0.00%	0.11%	0.00%	0.18%	0.11%	0.15%
Superior	0.21%	0.12%	0.00%	0.00%	0.13%	0.00%	0.15%	0.06%	0.18%
West Total	0.20%	0.11%	0.00%	0.00%	0.12%	0.00%	0.16%	0.08%	0.17%

## Footnotes

- (1) Equals the cost impact from increased RAPPS Component 2 reimbursement effective 9/1/2022.  
 (2) Equals 3/2019-2/2020 health plan fee-for-service claims for all acute care services (from Encounter database).  
 (3) Equals Cost Impact divided by 3/2019-2/2020 Total Acute Care Incurred Claims.

## *Attachment 15*

### Community First Choice Initiative (CFC)

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

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

The CFC services include:

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

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

- a. Collect a list of CFC eligible members who were enrolled in STAR+PLUS during the base period (March 2019 through February 2020).
- b. Using the detail encounter data, summarize all Personal Attendant Services (PAS) utilized by the CFC eligible membership.
- c. Determine the PAS utilization by CFC members as a percentage of total long term care claims during the base period. This calculation is shown in Exhibit A.
- d. Apply the CFC-eligible PAS percentages calculated in Exhibit A to the long term care portion of the premium to estimate the CFC portion of the premium. This calculation is shown in Exhibit B.

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

FY2023 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services (1)					
Amerigroup - Bexar	636,324	4,063,009	825,537	4,608,079	10,132,949
Molina - Bexar	239,905	3,500,454	531,339	6,340,713	10,612,411
Superior - Bexar	2,308,081	22,021,447	1,673,125	21,093,513	47,096,167
Molina - Dallas	978,111	21,321,085	1,081,083	26,832,946	50,213,225
Superior - Dallas	1,405,006	13,253,230	1,165,780	13,586,688	29,410,704
Amerigroup - El Paso	841,854	5,230,476	1,912,718	6,003,119	13,988,167
Molina - El Paso	222,904	5,980,668	565,143	9,569,982	16,338,697
Amerigroup - Harris	1,688,840	17,075,028	2,141,790	23,119,630	44,025,288
Molina - Harris	322,165	6,990,735	539,879	11,822,604	19,675,383
United - Harris	2,590,288	19,061,843	3,475,801	34,905,090	60,033,023
Molina - Hidalgo	1,315,676	20,895,898	3,123,884	67,180,234	92,515,692
Superior - Hidalgo	2,735,127	28,953,956	6,156,610	83,120,009	120,965,703
Amerigroup - Jefferson	128,506	2,332,979	322,423	3,132,742	5,916,649
Molina - Jefferson	295,588	3,793,473	471,766	5,265,146	9,825,973
United - Jefferson	169,698	1,926,928	130,053	1,227,258	3,453,937
Amerigroup - Lubbock	161,013	1,003,530	389,109	1,534,161	3,087,813
Superior - Lubbock	223,790	1,535,637	321,380	2,013,947	4,094,753
Superior - Nueces	1,026,745	8,334,547	1,282,530	14,023,283	24,667,105
United - Nueces	583,930	4,941,814	718,700	8,203,174	14,447,617
Amerigroup - Tarrant	1,896,969	13,953,138	2,720,085	13,683,898	32,254,089
HealthSpring/Molina - Tarrant	513,841	3,675,692	486,055	3,296,036	7,971,624
Amerigroup - Travis	705,369	5,549,010	904,402	8,434,934	15,593,715
United - Travis	453,130	3,530,286	594,637	5,898,617	10,476,670
Superior - MRSA Central	696,432	4,926,911	553,036	3,797,375	9,973,753
United - MRSA Central	415,636	2,422,971	609,144	4,469,762	7,917,513
HealthSpring/Molina - MRSA Northeast	762,660	10,290,188	812,925	13,746,383	25,612,156
United - MRSA Northeast	1,081,709	7,061,026	1,106,274	8,928,862	18,177,872
Amerigroup - MRSA West	624,454	2,643,168	2,441,719	8,531,275	14,240,617
Superior - MRSA West	699,219	6,441,399	978,796	7,431,066	15,550,481
Total	25,722,970	252,710,526	38,035,725	421,800,527	738,269,748

FY2023 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
3/2019-2/2020 Total Long Term Care Claims Paid (2)					
Amerigroup - Bexar	7,997,358	6,180,915	15,575,185	12,380,433	42,133,892
Molina - Bexar	5,476,080	4,654,456	12,892,738	11,391,357	34,414,631
Superior - Bexar	30,461,148	31,348,564	37,095,800	36,035,672	134,941,184
Molina - Dallas	39,351,337	31,713,863	49,637,615	56,597,751	177,300,566
Superior - Dallas	21,612,136	19,633,357	27,900,360	29,275,257	98,421,110
Amerigroup - El Paso	10,424,099	6,858,667	34,480,562	12,388,064	64,151,391
Molina - El Paso	8,474,469	7,848,307	32,875,074	16,658,885	65,856,736
Amerigroup - Harris	34,322,977	23,857,128	59,663,085	38,042,476	155,885,667
Molina - Harris	9,297,068	10,827,749	15,977,461	19,553,436	55,655,714
United - Harris	57,483,504	41,654,707	83,817,435	67,166,505	250,122,151
Molina - Hidalgo	46,108,514	25,725,107	162,739,518	122,472,854	357,045,993
Superior - Hidalgo	55,538,036	38,629,119	167,580,662	148,832,989	410,580,805
Amerigroup - Jefferson	3,135,758	3,412,115	6,339,281	8,280,436	21,167,591
Molina - Jefferson	2,892,101	4,973,255	6,115,507	9,851,566	23,832,429
United - Jefferson	4,432,406	3,753,030	3,681,725	4,769,861	16,637,022
Amerigroup - Lubbock	1,217,772	1,562,279	2,968,801	4,608,417	10,357,269
Superior - Lubbock	1,697,501	3,077,668	2,754,809	4,520,990	12,050,968
Superior - Nueces	10,410,862	10,808,612	21,499,772	27,598,556	70,317,802
United - Nueces	12,758,424	6,533,731	18,234,489	21,702,965	59,229,608
Amerigroup - Tarrant	16,091,346	20,001,896	28,524,349	34,359,794	98,977,385
HealthSpring/Molina - Tarrant	5,873,011	5,162,228	8,989,081	9,794,846	29,819,165
Amerigroup - Travis	7,671,139	6,884,409	14,832,970	16,804,974	46,193,492
United - Travis	5,786,499	7,030,424	7,686,383	16,105,432	36,608,738
Superior - MRSA Central	7,428,075	6,812,600	9,385,508	9,811,630	33,437,813
United - MRSA Central	4,334,738	4,845,095	10,403,706	14,720,887	34,304,426
HealthSpring/Molina - MRSA Northeast	10,057,360	13,289,973	14,482,970	33,378,001	71,208,304
United - MRSA Northeast	13,098,932	14,006,186	17,344,508	35,985,255	80,434,881
Amerigroup - MRSA West	4,140,703	4,126,662	18,968,898	20,943,882	48,180,145
Superior - MRSA West	5,770,068	9,580,386	14,301,731	19,544,432	49,196,617
Total	443,343,419	374,792,487	906,749,984	863,577,605	2,588,463,495

FY2023 STAR+PLUS Rating  
 CFC Enhanced Match Rates  
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services Percentage of Total Long Term Care					
Amerigroup - Bexar	7.96%	65.73%	5.30%	37.22%	24.05%
Molina - Bexar	4.38%	75.21%	4.12%	55.66%	30.84%
Superior - Bexar	7.58%	70.25%	4.51%	58.54%	34.90%
Molina - Dallas	2.49%	67.23%	2.18%	47.41%	28.32%
Superior - Dallas	6.50%	67.50%	4.18%	46.41%	29.88%
Amerigroup - El Paso	8.08%	76.26%	5.55%	48.46%	21.80%
Molina - El Paso	2.63%	76.20%	1.72%	57.45%	24.81%
Amerigroup - Harris	4.92%	71.57%	3.59%	60.77%	28.24%
Molina - Harris	3.47%	64.56%	3.38%	60.46%	35.35%
United - Harris	4.51%	45.76%	4.15%	51.97%	24.00%
Molina - Hidalgo	2.85%	81.23%	1.92%	54.85%	25.91%
Superior - Hidalgo	4.92%	74.95%	3.67%	55.85%	29.46%
Amerigroup - Jefferson	4.10%	68.37%	5.09%	37.83%	27.95%
Molina - Jefferson	10.22%	76.28%	7.71%	53.44%	41.23%
United - Jefferson	3.83%	51.34%	3.53%	25.73%	20.76%
Amerigroup - Lubbock	13.22%	64.24%	13.11%	33.29%	29.81%
Superior - Lubbock	13.18%	49.90%	11.67%	44.55%	33.98%
Superior - Nueces	9.86%	77.11%	5.97%	50.81%	35.08%
United - Nueces	4.58%	75.64%	3.94%	37.80%	24.39%
Amerigroup - Tarrant	11.79%	69.76%	9.54%	39.83%	32.59%
HealthSpring/Molina - Tarrant	8.75%	71.20%	5.41%	33.65%	26.73%
Amerigroup - Travis	9.20%	80.60%	6.10%	50.19%	33.76%
United - Travis	7.83%	50.21%	7.74%	36.63%	28.62%
Superior - MRSA Central	9.38%	72.32%	5.89%	38.70%	29.83%
United - MRSA Central	9.59%	50.01%	5.86%	30.36%	23.08%
HealthSpring/Molina - MRSA Northeast	7.58%	77.43%	5.61%	41.18%	35.97%
United - MRSA Northeast	8.26%	50.41%	6.38%	24.81%	22.60%
Amerigroup - MRSA West	15.08%	64.05%	12.87%	40.73%	29.56%
Superior - MRSA West	12.12%	67.24%	6.84%	38.02%	31.61%
Total	5.80%	67.43%	4.19%	48.84%	28.52%

## Footnotes

(1) Equals 3/2019-2/2020 health plan fee-for-service claims for CFC eligible members (from Encounter database).

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

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	280.30	2,174.53	464.76	2,317.59
Molina - Bexar	321.19	1,976.97	468.91	2,170.28
Superior - Bexar	335.88	2,371.57	495.37	2,424.51
Molina - Dallas	370.72	1,970.45	483.74	2,099.38
Superior - Dallas	259.45	2,037.10	404.32	2,104.15
Amerigroup - El Paso	358.78	2,248.23	593.59	2,367.16
Molina - El Paso	443.34	2,111.32	673.32	2,375.25
Amerigroup - Harris	311.90	2,909.16	402.24	2,758.21
Molina - Harris	321.66	2,848.20	412.63	2,698.46
United - Harris	367.36	2,646.93	451.33	2,560.86
Molina - Hidalgo	804.99	2,911.43	1,007.35	2,810.64
Superior - Hidalgo	865.31	2,945.42	1,163.19	2,830.74
Amerigroup - Jefferson	204.71	2,248.22	335.19	2,027.81
Molina - Jefferson	241.62	1,972.82	309.87	1,963.11
United - Jefferson	211.27	1,960.13	238.82	1,883.83
Amerigroup - Lubbock	120.86	1,609.20	190.45	1,636.56
Superior - Lubbock	135.20	1,675.22	191.56	1,823.44
Superior - Nueces	415.59	2,324.38	612.11	2,368.55
United - Nueces	487.96	2,352.99	573.16	2,309.46
Amerigroup - Tarrant	206.38	2,084.27	375.44	2,031.81
Molina - Tarrant	208.64	2,139.57	294.51	2,225.34
Amerigroup - Travis	292.88	2,732.66	379.81	2,269.16
United - Travis	223.87	2,532.80	234.31	2,214.87
Superior - MRSA Central	196.06	2,143.51	256.15	1,986.93
United - MRSA Central	187.41	2,172.75	271.80	1,982.32
Molina - MRSA Northeast	235.08	2,357.26	277.78	2,008.89
United - MRSA Northeast	250.74	2,204.60	303.26	1,709.84
Amerigroup - MRSA West	157.40	1,966.45	323.26	1,839.92
Superior - MRSA West	160.07	1,854.87	269.80	1,867.00

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	22.30	1,429.42	24.63	862.62
Molina - Bexar	14.07	1,486.81	19.32	1,208.03
Superior - Bexar	25.45	1,665.96	22.34	1,419.19
Molina - Dallas	9.21	1,324.72	10.54	995.31
Superior - Dallas	16.87	1,375.12	16.89	976.54
Amerigroup - El Paso	28.98	1,714.52	32.93	1,147.10
Molina - El Paso	11.66	1,608.90	11.57	1,364.50
Amerigroup - Harris	15.35	2,082.14	14.44	1,676.25
Molina - Harris	11.15	1,838.89	13.94	1,631.57
United - Harris	16.55	1,211.28	18.72	1,330.83
Molina - Hidalgo	22.97	2,364.89	19.34	1,541.72
Superior - Hidalgo	42.61	2,207.70	42.73	1,580.91
Amerigroup - Jefferson	8.39	1,537.18	17.05	767.18
Molina - Jefferson	24.69	1,504.82	23.90	1,049.18
United - Jefferson	8.09	1,006.39	8.44	484.70
Amerigroup - Lubbock	15.98	1,033.67	24.96	544.82
Superior - Lubbock	17.82	835.87	22.35	812.28
Superior - Nueces	40.99	1,792.33	36.51	1,203.50
United - Nueces	22.33	1,779.69	22.59	872.92
Amerigroup - Tarrant	24.33	1,453.97	35.80	809.17
Molina - Tarrant	18.25	1,523.45	15.92	748.84
Amerigroup - Travis	26.93	2,202.59	23.16	1,138.96
United - Travis	17.53	1,271.83	18.13	811.20
Superior - MRSA Central	18.38	1,550.20	15.09	769.00
United - MRSA Central	17.97	1,086.56	15.91	601.90
Molina - MRSA Northeast	17.83	1,825.18	15.59	827.34
United - MRSA Northeast	20.71	1,111.42	19.34	424.26
Amerigroup - MRSA West	23.74	1,259.53	41.61	749.47
Superior - MRSA West	19.40	1,247.13	18.46	709.86

(2) LTC Premium multiplied by CFC eligible percentage.

**Attachment 16**

Pay for Quality Program

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

The table below provides a description of the at risk and bonus measures and the calendar year(s) to which each applies for each program. The medical P4Q program was suspended for 2020 and 2021; MCOs will not be subject to any recoupments or distributions based on calendar year 2020 or 2021 performance.

**At-Risk Measures**

<b>Measure</b>	<b>STAR+PLUS</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>CHIP</b>
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2022 2023	2018 2019 2022 2023	2022 2023	2018 2019 2022 2023
Potentially Preventable Admissions (PPAs)		2022 2023		
Potentially Preventable Readmissions (PPRs)	2022 2023			
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019		2018 2019 2022 2023
Prenatal and Postpartum Care (PPC)		2018 2022 2023		

Well Child Visits in the First 30 months of Life (W30), First 15 Months of Life <sup>i</sup>		2018 2019		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2022 2023			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	2018 2019			
Cervical Cancer Screening (CCS)	2018 2019 2022 2023			
Child and Adolescent Well-Care Visits (WCV), 12-21 years of age <sup>ii</sup>				2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) <sup>iii</sup>				2018 2019 2022 2023
Follow-up After Hospitalization for Mental Illness (FUH)	2022 2023		2022 2023	
Childhood Immunization Status (CIS) Combination 10		2022 2023		2022 2023
Follow-up Care for Children Prescribed ADHD Medication (ADD) <sup>iv</sup>		2022 2023		
Getting Specialized Services Composite			2022 2023	
Assistance with Care Coordination			2022 2023	

### Bonus Pool Measures

Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Readmissions (PPR)	2018 2019			
Potentially Preventable Admissions (PPA)		2018 2019		
Prevention Quality Indicator (PQI) Composite	2018 2019 2022 2023			
Potentially Preventable Complications (PPC)	2018 2019 2022 2023			
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation Submeasure			2022 2023	
Low Birth Weight		2018 2019 2022 2023		
Childhood Immunization Status (CIS) Combination 10				2018 2019
Immunizations for Adolescents (IMA) Combination 2				2022 2023
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Glucose and Cholesterol Combined, All Ages		2022 2023		
Chlamydia Screening in Women (CHL)		2022 2023		
Cesarean Sections, uncomplicated deliveries		2022 2023		
Risk of Continued Opioid Use, Total Members have $\geq 15$ Days coverage	2022 2023			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia, 80% Coverage	2022 2023			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			2022 2023	

Breast Cancer Screening, Non-Medicare Total	2022 2023			
Appropriate Treatment for Children with Upper Respiratory Infection (URI) – All Ages			2022 2023	
Pregnancy-Associated Outcomes - severe maternal morbidity among all deliveries excluding cases identified only by transfusion		2022 2023		
Good Access to Urgent Care	2018 2019	2018 2019		2018 2019
Rating Health Plan a 9 or 10	2018 2019	2018 2019		2018 2019
Rating Their Child's Personal Doctor a 9 or 10				2022 2023
Getting Care Quickly Composite				2022 2023
Transition to Care as an Adult			2022 2023	
Access to Routine Care, adult survey		2022 2023		
How well doctors communicate composite				2022 2023

The medical P4Q program assesses MCOs based on three categories:

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

The performance against self and performance against benchmarks measures are the at-risk components of the program: MCOs can lose money based on their performance on these measures. Utilizing both the performance against self and performance against benchmarks rewards high performing MCOs while still incentivizing improvement regardless of current level performance. The total percent capitation earned/lost for each at-risk measure in a program is added to determine the total capitation earned/lost for each MCO across all at-risk measures for that program.

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

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

Overall penalties are limited to 3% and bonuses are limited to 5%. However, historically the impact of the P4Q program on total premium has been immaterial. In 2018 the maximum loss any MCO experienced was less than 1.5% and the most earned by any MCO was less than 0.1%. In 2019, the maximum loss any MCO experienced was less than 0.7% and the most earned by any MCO was less than 0.5%. The program was paused for 2020; however, hypothetical results were calculated and the maximum loss any MCO experienced was 0.8% and the most earned by any MOC was 0.6%. As a result, we do not believe the P4Q program has a material impact on the premium rate development. As a result, it is confirmed that the total payment plus any bonus payments will not exceed 105 percent of the capitation payments.

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<sup>i</sup> For Measurement Years 2018 and 2019, this measure was Well Child Visits in the first 15 Months of Life (W15).

<sup>ii</sup> For Measurement Years 2018 and 2019, this measure was Adolescent Well Care (AWC).

<sup>iii</sup> For 2018 and 2019, the counseling for nutrition and counseling for physical activity submeasures are used. For 2022 and 2023, only the BMI percentile documentation submeasure is used.

<sup>iv</sup> For 2022 and 2023, only the initiation submeasure is used.

## ***Attachment 17***

### **FY2023 STAR+PLUS Rate Certification Index**

The index below includes the pages of this report 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 21 of the report.  
(b) The final capitation rates are shown on pages 19-20 of the report.  
(c) (i) See pages 1 and 4 through 6 of the report.  
(ii) See page 1 of the report.  
(iii) See page 1 of the report.  
(iv) Not applicable. There have been no changes since the prior certification.  
(v) Pages 332-340 (NAIP), 341-350 (QIPP), 351-375 (CHIRP), 376-392 (TIPPS), 393-408 (DPP BHS), 409-424 (RAPPS) and 432-436 (P4Q).  
(vi) Not applicable.
- iv. Acknowledged.
- v. Acknowledged.
- vi. Acknowledged.
- vii. Acknowledged.
- viii. Not applicable.

- ix. Not applicable.
- x. Acknowledged.
- xi. Acknowledged.
- xii. See pages 4, 8, 9, 14, 17 and 299-307 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 21 of the report.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 21 of the report.
- vii. See pages 425 through 431 of the report.
- viii. (a) See pages 24 through 57 of the report.  
  
(b) Not applicable. All rating adjustment factors have been included in the report.  
  
(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 through 307 of the report.  
  
(b) See pages 17 and 299 through 307 of the report.



(c) See page 6 and 17 of the 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 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 through 3 of the report.
- ii. (a) See pages 1 through 3 of the report.
- (b) See pages 2 through 3 of the report.
- (c) See pages 2 through 3 of the report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 4 of the report.
- (c) No errors found in the data.
- (d) See pages 238 through 298 of the report.
- (e) Value added services and non-capitated services have been excluded from the analysis.

### 3. Projected Benefit Costs and Trends

#### A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. See page 239 and pages 259 through 262 of the report

#### B. Appropriate Documentation

- i. See pages 19 through 20 and Attachment 1 pages 24 through 57 of the report.
- ii. (a) See Attachment 3 pages 65 through 211 of the report.  
  
(b) There have been no significant changes in the development of the benefit cost since the last certification.  
  
(c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjusted for in the submitted encounter data are excluded from the base period as a negative add-on payment.
- iii. (a) See Attachment 4 pages 212 through 237 of the report.  
  
(b) See Attachment 4 pages 212 through 237 of the report.  
  
(c) See Attachment 4 pages 212 through 237 of the report.  
  
(d) See Attachment 4 pages 212 through 237 of the report.  
  
(e) Not applicable.
- iv. Not applicable.
- v. The STAR+PLUS program stipulates the following provisions related to in lieu of services:

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

The cost for in lieu of services is not tracked 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 through 298 of the report.
- viii. See Attachment 5 pages 238 through 298 of the report.

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

##### **A. Incentive Arrangements**

- i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 16 pages 432 through 436 of the report.

B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 16 pages 432 through 436 of the report.

C. Risk-Sharing Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

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

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

D. State Directed Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) The tables below provide the requested information. Further information on each program can be found in Attachment 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 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 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 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 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 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 pages 332 through 340.

(b) See Attachment 8 pages 332 through 340.

(c) See Attachment 8 pages 332 through 340.

(d) Not applicable.

### 5. Projected Non-Benefit Costs

#### A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

#### B. Appropriate Documentation

i. See page 18 of the report.

ii. See page 18 of the report.

iii. See page 18 of the report.

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

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

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

### **B. Appropriate Documentation**

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

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

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

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

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

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

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



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

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

Not Applicable.