

**STATE OF TEXAS
MEDICAID MANAGED CARE
STAR+PLUS PROGRAM RATE SETTING
STATE FISCAL YEAR 2024**

Prepared for:

Texas Health and Human Services Commission

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Prepared by:

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

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

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

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

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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 2024 (FY2024, September 1, 2023 through August 31, 2024) 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 managed care organizations (MCOs) in each SDA. There are four MCOs 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 FY2024 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each MCO. This includes historical enrollment since September 2019 and a projection of future enrollment through August 2024. These projections were prepared by HHS Forecasting staff.
- Detailed MCO encounter data for FY2022. The encounter data is a dataset that includes detailed claim information for every claim incurred during FY2022 and paid through November 30, 2022. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, MCO; (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 MCO for the period September 2019 through February 2023. These reports were prepared by the MCOs and include monthly paid claims by month of service. These reports summarize the detail encounter data.
- Reports from the MCOs providing information on high-cost claimants during the experience period.
- Information from both HHSC and the MCOs regarding COVID-19 related claims paid on a non-risk basis during the period March 2020 through February 2023.
- Financial Statistical Reports (FSR) for each MCO participating in the STAR+PLUS program for FY2020, FY2021, FY2022 and the first six months of FY2023. The FSR contains

detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the MCO. These reports are prepared by the MCOs and are audited by an external audit organization. A MCO 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 its analysis of the MCOs' encounter claims data.
- Information from the MCOs regarding current and projected reinsurance premium rates.
- Current (FY2023) premium rates by risk group for each MCO.
- Information from both HHSC and the MCOs regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the MCOs regarding current and projected payment rates for certain capitated services, such as mental health and vision.
 - Subcapitated services make up approximately 0.4% of total medical plan cost and are most commonly vision and behavioral health arrangements. Information about these arrangements was provided by the MCOs and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various MCOs.
- Information from the MCOs regarding service coordination expenses.
 - Service Coordination expenses make up approximately 3.6% of total medical plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the MCOs and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various MCOs.
- FY2022 acuity risk adjustment analysis provided by the EQRO for each MCO.
- FY2022 long term care acuity risk adjustment provided by HHSC Actuarial Analysis staff.
- Information provided by HHSC regarding FY2022 MCO 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 FY2022, FY2023 and FY2024 Medicaid provider reimbursement rate changes.

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. Further discussion of the base data development and review is included in Section II.

II. Base Period Data

The actuarial model used to derive the FY2024 STAR+PLUS premium rates relies primarily on historical MCO experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. The base period for the medical and prescription drug components was defined as FY2022 (September 1, 2021 through August 31, 2022) while the base period for the NEMT component was defined as July 1, 2022 through December 31, 2022. The reason for NEMT's differing base period is that the NEMT service was recently carved into managed care (effective June 1, 2021) and we utilized the most recent, credible information available. During the initial transition to managed care, the NEMT experience was much lower than expected and not indicative of projected future expenditure patterns. Estimates of the base period include an estimate of incurred but unpaid claims (IBNR). Given that there are six months of runout beyond the base period, the IBNR estimates for medical and prescription drug are relatively small. The IBNR estimate is based on claims paid through February 2023 and represents the following percentage of claims by type of service:

- Medical - 0.31%
- Prescription Drug – 0.01%
- NEMT – 1.38%

Base period costs related to Directed Payment Programs (DPPs) payments have been removed from the base period where applicable. More information on DPPs is provided in Section IV and Attachments 11, 12, 13 and 14.

The rating analysis primarily relies on the three data sources: i) Financial Statistical Report (FSR), ii) MCO Supplemental Data and iii) Encounter Data.

- Financial Statistical Report – The FSR provides high-level, summary information of paid claims, subcapitated expenses, reinsurance expenses and administrative costs. The FSRs are used to determine the experience rebate for each MCO and the allowability (or not) of expenses which impact the calculation of the FSR-reported net income for experience rebate purposes. As a result, the MCOs are required to only report “allowable” expenses on the FSRs. The FSRs are subject to audit by an external auditor.
- MCO Supplemental Data – The MCO supplemental data provides HHSC-specified data such as subcapitated expenses by type of service, claim lag data by type of service, other medical expenses and large claimant information. All expense items such as claim lag, capitation, direct service expense, etc. are reconciled to the FSR by risk group for each MCO to ensure the accuracy and consistency of the data sources. MCOs are asked to explain any material difference between the two data sources and, if necessary, provide revised supplemental data. Once all issues have been resolved, Rudd and Wisdom aggregate the information from the MCO Supplemental Data into a “Data Book” and provides all information to the MCOs in order to confirm the accuracy. This data is used to determine the base year data used in the rating analysis.
- Encounter Data – The detailed encounter data provides claims data at the most granular level including information for individual claims such as provider, procedure code, diagnostic information, etc. The encounter data is primarily used to develop rating adjustment factors

for various provider reimbursement and benefit revisions. For each rating adjustment, the applicable base period encounter data is repriced using the FFS reimbursement in place during the base period, the FFS reimbursement that will be in place during the rating period and the applicable percentage change determined.

HHSC employs the Institute for Child Health Policy (ICHP) as an External Quality Review Organization. ICHP reviews the detailed encounter data and provides certification of the data quality. ICHP performs four types of analyses:

- Volume analysis based on service category
- Data validity and completeness analysis
- Pharmacy encounter analysis
- Consistency analysis between encounter data and FSRs provided by the MCO by service area

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.*

The ICHP encounter data to FSR reconciliation is done at an aggregate level by Medicaid program, service area and MCO. In addition to ICHP's encounter data to FSR comparison, Rudd and Wisdom performs a similar analysis by risk group to review for reasonableness. Risk group codes are added to the encounter data by mapping Medicaid ID from the encounter data to the eligibility files.

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. The comparison includes (i) the claim lag reports provided by the MCOs in the supplemental data request, (ii) the claim amounts reported in the FSRs and (iii) the claim amounts included in the encounter data files. The three data sources are compared to ensure consistent results such that the three are considered interchangeable in aggregate. The use of these multiple data sources allows for a dynamic, flexible rating model that is not constrained to the data limitations of a single source.

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 of high quality and we have no concerns over the availability or applicability to the FY2024 rate development. The accumulation of data sources noted above have 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.

III. 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. In addition, this report includes information on the DPP add-on components of the rates.

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
- COVID-19 related expenses for testing, treatments and vaccines

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
- Hemostatic drugs
- Hepatitis C drugs
- Applied Behavioral Analysis (ABA) services

All expenses related to these services, along with any other non-capitated services and any value-added services have been excluded from the FY2024 rating analysis. Claim payments associated with the American Rescue Plan Act (ARPA), which temporarily increased the reimbursement for certain services during the period March 2022 through August 2022, have been removed from the base period since the reimbursement increase did not continue beyond August 31, 2022.

We projected the FY2024 cost for each individual MCO by estimating their base period average claims cost and then applying trend along with various programmatic, reimbursement, benefit and policy-related adjustment factors. These adjustment factors are described in Section IV. We added capitation expenses for services capitated by the MCO (such as vision and behavioral health), service coordinator expenses for care coordination services, a reasonable provision for administrative expenses, reinsurance costs, taxes and a risk margin in order to project the total FY2024 cost under the plan. Attachment 2 presents a description and an example of the experience analysis for a sample MCO. These projected total cost rates were determined separately for each risk group for each MCO. The results of this analysis were then combined for all MCOs in a service area in order to develop a set of community rates for each service area.

The analysis of base period claims experience for each MCO 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 MCO in a service area. The community rates are developed by a weighted average of the projected FY2024 cost for each MCO in the service area. The weights used in this formula are the projected FY2024 number of clients enrolled in each MCO 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 MCO. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple MCOs in a service area by analyzing the health status of their respective memberships. Additional information regarding risk adjustment is included in Section IV below under Risk Adjustment and in Attachments 7 and 8.

The FY2024 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 FY2023 STAR+PLUS rate development. HHSC, the EQRO and the participating STAR+PLUS MCOs 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 FY2024 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 MBCCP risk groups is 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.

IV. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2024 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 MCOs. 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 MCO claims experience data through February 2023. Based on this information, estimates of monthly incurred claims were made through December 2022. STAR+PLUS trends during the period February 2020 through August 2021 were not considered due to the significant impact the COVID-19 pandemic and the declared Public Health Emergency (PHE) had on expenditures. During this period the STAR+PLUS program experienced abnormally low trends that are not indicative of future cost growth. The trends stabilized during FY2022 and into FY2023 and are more consistent with pre-PHE norms. The significant enrollment growth experienced in other managed care programs has not impacted the STAR+PLUS program to the same degree resulting in more reasonable trends during recent periods.

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 (i) the FY2017, FY2018, FY2019 and first six months of FY2020 trends prior to the PHE and (ii) the FY2022 and September 2022 through December 2022 trends during the PHE. The weighting of each time period was based on the number of months within each time period for each risk group. The pre-PHE period, (i), was assigned 80% weighting and the PHE period, (ii), was assigned 20% weighting.

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

Trend Assumption

Acute Care

Medicaid Only - OCC	1.1%
Medicaid Only - HCBS	1.0%
Medicaid Only - NF	2.7%
IDD	3.4%
MBCCP	6.7%

Long Term Care

Medicaid Only - OCC	4.2%
Medicaid Only - HCBS	4.8%
Dual Eligible - OCC	2.3%
Dual Eligible - HCBS	3.9%
Medicaid Only - NF	1.6%
Dual Eligible - NF	1.9%
MBCCP	3.3%

Trend Factors - Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period claims cost to the rating period (FY2024). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program. 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 2023. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group through February 2023. From this experience, the average annual utilization and cost per service were determined for each of the seven 12-month periods ending February 2023.

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 into 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-viral was removed due to the significant variation in the intensity of flu season from year to year. Progestational agent was removed due to its 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 carve-in drugs were included in the base period experience used in developing the pharmacy component of the rates.

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 assuming that the PDL changes had

not been implemented. The PDL trend adjustment factors were developed by comparing i) the actual cost after the PDL change and ii) the expected cost had the PDL change not been implemented.

The trend assumptions were developed by risk group using a combination of the i) pre-PHE period trends and ii) PHE period trends. The pre-PHE period trend assumption was developed using a weighted average of the three most recent 12-month periods ending February 2020 and the PHE period trend was developed for the 12-month period ending February 2023. The only exception was the MBCCP risk group. This risk group was carved into STAR+PLUS on September 1, 2017. As a result, the trend for the MBCCP risk group was determined for the 6-month period ending February instead of the 12-month period ending February for all other risk groups. The utilization and cost per service trend assumptions were then developed using 80% weighting to the pre-PHE period trend and 20% weighting to the PHE period trend. The final cost trend assumptions were then determined by combining the assumed utilization and cost per service trends into a single trend assumption.

Attachment 4 – Exhibit C presents the trend analysis for all risk groups except for the MBCCP risk group. Attachment 4 – Exhibit D presents the trend analysis for the MBCCP risk group. The chart below presents the assumed annual pharmacy trend rates for the STAR+PLUS program.

<u>Risk Group</u>	<u>Trend Assumption</u>
Medicaid Only - OCC	4.2 %
Medicaid Only - HCBS	4.2 %
IDD	4.7 %
Medicaid Only - NF	0.7 %
MBCCP	19.1 %

Trend Factors – NEMT

The rating methodology uses assumed trend factors to adjust the base period claims cost to the rating period. Due to the impact on NEMT utilization and cost from the COVID-19 pandemic and the PHE, experience after February 2020 was deemed unusable for purposes of developing trend projections. 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 E presents a summary of the NEMT trend analysis.

Provider Reimbursement Adjustments – Acute Care

Medicaid provider reimbursement changes were recognized for the inpatient hospital, potentially preventable readmissions (PPR), potentially preventable complications (PPC), outpatient behavioral health, vaccine administration, non-invasive perinatal screening, home delivered meals, ground ambulance, rural hospital outpatient services and birth and women’s health related surgeries.

The rating adjustments for these provider reimbursement changes were calculated by applying actual MCO 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.

Provider Reimbursement Adjustments – Long Term Care

Medicaid provider reimbursement changes were recognized for attendant care and nursing facilities.

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

Potentially Preventable Readmission Quality Improvement

Effective September 1, 2019, HHSC 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 FY2024. Exhibit D of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

Removal of Invalid Clinician Administered Drugs (CADs)

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

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. In addition, the unit cost of services delivered at an IMD has been repriced to the unit cost of service delivered by non-IMD providers. A summary of the derivation of the adjustment factors is presented in Attachment 5 Exhibits G.1 and G.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 N of Attachment 5 presents a summary of the derivation of these adjustment factors.

Nursing Facility Cost of Living Adjustment

Medicaid recipients receiving nursing facility care are responsible for a portion of the nursing facility expense which is referred to as patient liability or applied income. The amounts are updated annually with the Social Security cost-of-living adjustment (COLA). Historically these amounts have been gradual and consistent from year to year and captured in the annual trend assumptions for the nursing facility risk groups; however, recent increases have been much larger than the historical norms. Due to the larger than average increases, the impact on MCO payments to nursing facilities must be adjusted as the COLA increases reduce the MCO portion of the nursing facility payment. Exhibit O of Attachment 5 presents a summary of the derivation of these adjustment factors.

Leap Year Adjustment

The base period used in calculating the premium rates includes 365 days; however, the FY2024 rating period will include 366 days due to leap year. The impact of leap year has been studied and the primary impact is on services that are reimbursed on a per diem basis resulting in an additional day of reimbursement. As a result, this adjustment factor has been applied exclusively to nursing facility services as the impact on other services is immaterial. The leap year adjustment was determined as the ratio of the number of days during the rating period (366) divided by the number of days during the base period (365). This ratio equals 1.0027, and was used to gross up the base period nursing facility claims. Exhibit R of Attachment 5 presents a summary of the derivation of this adjustment factor.

Insulin Price Adjustment

The three pharmaceutical manufacturers Eli Lilly, Novo Nordisk and Sanofi have publicly announced that the list price for certain insulins will be reduced by about 70% no later than January 1, 2024. Exhibit S of Attachment 5 includes additional information regarding the application of the insulin price adjustment factors.

Makena Formulary Adjustment

Effective April 7, 2023, Makena and its generic equivalent, hydroxyprogesterone, were removed from the formulary. Exhibit T of Attachment 5 includes additional information regarding the application of the Makena formulary adjustment factors.

NEMT Adjustment

Effective January 1, 2023, reimbursement for Individual Transportation Participant (ITP) service increased to \$0.655 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit U of Attachment 5 includes additional information regarding the application of the ITP adjustment factors.

Public Health Emergency Related Cost Adjustment

Beginning in March 2020 and continuing into 2023, the PHE has had an impact on average STAR+PLUS expenditures. Enrollment has grown by 9%, varying by risk group, and average cost for all services initially decreased from pre-pandemic historical norms before slowly returning to a more normal pattern in recent months. The PHE officially ended May 11, 2023 and the PHE unwind process has begun, with disenrollments beginning in June 2023. The unwinding process will take many months and the disenrollments are expected to be staggered throughout FY2024 and will impact each program and risk group differently. Given the assumed disenrollment in the STAR+PLUS program, it is expected that the average cost during the FY2024 rating period will revert to pre-PHE levels for those risk groups that have had significant disruption. A rate adjustment was calculated in order to estimate the impact of the PHE unwinding process and the associated disenrollment on average cost in FY2024. Attachment 6 presents a summary of the derivation of this adjustment factor.

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 FY2024 STAR+PLUS rate development is \$50.44 per member per month.

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.

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 were adjusted to reflect the health status, or acuity, of the population enrolled in each MCO. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple MCOs 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 IHP'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 MCO. Prior to FY2018 no acuity model was readily available on which to measure the relative differences among the MCOs. HHSC, the EQRO and the MCOs 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 FY2024. The long term care acuity factors have been given 100% credibility for FY2024. Additional information regarding this acuity risk adjustment is included in Attachment 8.

Network Access Improvement Program (NAIP)

Effective March 1, 2015, several MCOs 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, 2023, 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 Seven,

effective September 1, 2023, 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, 2023 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, 2023 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 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, 2023 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 designed to advance 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, 2023 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 designed to advance the goals and objectives of the state's Managed Care Quality Strategy.

Attachment 14 presents the development of the RAPPS add-on amounts to be included in the capitation rates effective September 1, 2023 along with additional information concerning the RAPPS program.

COVID-19

COVID-19 and the associated PHE have had an unprecedented impact on the historical enrollment and claims data beginning March 2020 and continuing through the FY2022 base period. Significant enrollment growth has resulted in reductions in average cost which vary by program and risk group. During the FY2020 through FY2023 rating periods, HHSC addressed the additional risk associated with the PHE with multiple approaches including paying COVID-19 related expenditures on a non-risk basis, adjusting the base period used in rate development and revising the experience rebate structure.

With the expiration of the PHE on May 11, 2023 and the commencement of the PHE unwinding process, the Medicaid programs are expected to eventually return to enrollment and average cost patterns that are in line with historical pre-PHE norms. In our opinion, the pre-PHE base period, March 2019 through February 2020, which was used for the FY2022 and FY2023 rate developments is outdated for use in developing FY2024 rates. As a result, the base period has been updated to FY2022, which aligns with managed care regulations. Given that this data was during the middle of the PHE, it must be adjusted to reflect the expected impact of the PHE unwinding process. The PHE related cost adjustment described above and included in Attachment 6 has been developed based on an extensive review of program-specific data and information about the PHE unwinding process including disenrollment by the various member cohorts and their timing. The PHE-related cost adjustment is intended to adjust the base period for expected changes to the enrollment, acuity and average cost for each program.

Effective September 1, 2023, all COVID-19 related expenses for testing, treatments and vaccines will be covered under the capitation rate with no further non-risk payments. Given the historical information available regarding COVID-19 and the stabilization of the monthly cost patterns, we believe the FY2022 base period data is a reasonable basis for projecting future expenses. The FY2022 base period includes claims experience for all COVID-19 related expense and no further adjustment is needed to account for the carve-in of COVID-19 related expenses. While we cannot predict future COVID-19 outbreaks or variants just like we cannot predict higher

or lower than average flu seasons, we believe the FY2022 data demonstrates sufficient consistency to be an appropriate basis for rate development.

Given the adjustments to the base period, utilizing FY2022 data, and transitioning COVID-19 services into the capitation rate, HHSC will revert the experience rebate structure to its original structure.

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

V. Administrative Fees, Taxes and Risk Margin

The rating methodology includes an explicit provision for administrative services. The amount allocated for administrative expenses in the medical premium rate varies by risk group and is:

Risk Group	Fixed	Variable*
Non-Nursing Facility	\$7.00	5.250%
Nursing Facility	\$7.00	2.625%

*Percentage of gross medical premium

The administrative allowance 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 variable component varies by risk group due to the significant premium differences between risk groups. Applying differing variable administrative components to the nursing facility risk groups is intended to ensure a reasonable administrative cost is applied to each risk group such that the nursing facility risk group's administrative cost is not inflated due to their higher premiums.

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 QIPP, CHIRP, TIPPS, DPP BHS and RAPPS programs and are discussed in the applicable sections. These amounts are intended to provide for all administrative-related services performed by the MCO.

The administrative fee amounts were determined based on a review of the administrative expenses of the MCO as reported in their audited Financial Statistical Reports (FSRs). The table below summarizes the reported per-capita administrative expenses for the past five fiscal years for the STAR+PLUS program. The table includes actual reported expenses along with estimated inflation adjusted expenses. The figures below are inclusive of the service coordination expenses already accounted for as described in Section IV.

	Administrative Expense		
	Actual	Average Annual ECI	Inflation Adjusted
FY2019	120.17	3.8%	144.53
FY2020	116.02	4.1%	136.25
FY2021	111.56	4.1%	125.86
FY2022	114.32	3.6%	122.58
FY2023	123.82	2.3%	126.66
Average			
FY19-FY23	117.18		131.18
FY21-FY23	116.57		125.03

The actual administrative expenses reported by year were adjusted for inflation by applying the annual growth in the Employee Cost Index (ECI) as reported by the US Bureau of Labor and Statistics. Based on this analysis the expected range of administrative costs for FY2024 was deemed to be \$125-132.

Based on the administrative fee formula included in the rate development, the average administrative expense included in the capitation rate (medical, pharmacy, NEMT and DPP

components combined) is \$131.64 which is in line with the range of historical average cost adjusted for inflation.

The fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption along with service coordination assumption is intended to be a reasonable amount to cover all administrative and quality improvement costs. This formula is reviewed annually to ensure consistency with the reported administrative costs. For informational purposes, the \$7 fixed component of the administrative expense formula breaks down into two categories:

- Quality Improvement - \$2.00
- General Administration - \$5.00

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

VI. Summary

The chart below presents the results of the FY2024 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.

MCO	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,942.28	\$5,737.01	\$532.55	\$2,708.98
Molina - Bexar	1,994.87	5,740.99	546.67	2,554.33
Superior - Bexar	2,069.83	6,545.28	572.30	2,811.86
Molina - Dallas	2,366.43	5,847.13	575.45	2,470.31
Superior - Dallas	2,231.11	6,415.75	485.42	2,491.95
Amerigroup - El Paso	2,154.21	5,910.96	695.21	2,857.75
Molina - El Paso	2,339.59	5,684.38	829.07	2,797.97
Amerigroup - Harris	2,142.18	7,407.23	514.91	3,311.70
Molina - Harris	2,301.10	7,094.48	503.76	3,293.29
United - Harris	2,440.71	7,277.74	518.29	3,061.02
Molina - Hidalgo	2,412.57	6,444.56	1,156.95	3,269.71
Superior - Hidalgo	2,568.10	6,671.92	1,275.12	3,309.20
Amerigroup - Jefferson	1,653.18	5,952.97	360.43	2,428.63
Molina - Jefferson	1,850.03	5,185.03	391.29	2,286.89
United - Jefferson	1,978.50	5,822.56	284.84	2,184.69
Amerigroup - Lubbock	1,618.91	4,802.87	219.05	1,835.21
Superior - Lubbock	1,647.88	5,285.53	238.57	2,045.14
Superior - Nueces	1,989.30	5,747.27	647.22	2,726.90
United - Nueces	2,241.82	5,646.89	653.08	2,690.02
Amerigroup - Tarrant	2,075.52	6,498.49	443.71	2,468.63
Molina - Tarrant	1,980.16	6,769.69	361.03	2,676.03
Amerigroup - Travis	1,840.41	6,630.86	453.68	2,533.26
United - Travis	1,927.24	6,579.75	263.25	2,418.78
Superior - MRSA Central	1,759.00	6,164.59	263.84	2,176.99
United - MRSA Central	1,784.86	6,050.19	270.57	2,077.22
Molina - MRSA Northeast	1,898.22	6,515.17	336.53	2,098.40
United - MRSA Northeast	1,923.24	6,182.45	300.87	1,849.88
Amerigroup - MRSA West	1,819.33	5,621.61	382.40	2,087.91
Superior - MRSA West	1,809.37	5,878.10	322.57	2,220.73

MCO	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$10,885.25	\$6,831.15	\$1,343.04	\$3,926.81
Molina - Bexar	10,616.08	6,831.15	1,307.84	4,746.28
Superior - Bexar	11,392.16	6,831.15	1,525.57	4,237.34
Molina - Dallas	11,541.89	6,495.77	1,252.38	4,603.43
Superior - Dallas	11,084.93	6,495.77	1,190.53	5,954.82
Amerigroup - El Paso	10,527.72	6,375.65	1,847.76	4,065.22
Molina - El Paso	10,234.39	6,375.65	2,087.94	3,795.68
Amerigroup - Harris	11,745.42	6,585.44	1,484.73	4,828.82
Molina - Harris	12,798.96	6,585.44	1,506.36	6,340.17
United - Harris	12,297.00	6,585.44	1,624.43	4,770.62
Molina - Hidalgo	11,730.78	7,040.96	1,330.33	4,040.92
Superior - Hidalgo	12,655.97	7,040.96	1,701.98	3,885.48
Amerigroup - Jefferson	9,523.31	6,095.29	1,324.04	5,059.14
Molina - Jefferson	9,866.85	6,095.29	985.84	5,206.73
United - Jefferson	10,053.49	6,095.29	1,116.76	5,206.30
Amerigroup - Lubbock	9,684.97	6,424.89	1,167.68	4,486.94
Superior - Lubbock	9,796.87	6,424.89	1,268.57	4,858.89
Superior - Nueces	10,723.03	7,178.60	1,689.28	2,761.85
United - Nueces	10,992.61	7,178.60	1,354.86	3,248.90
Amerigroup - Tarrant	11,015.77	6,509.65	1,228.13	4,813.33
Molina - Tarrant	10,843.09	6,509.65	988.00	5,721.18
Amerigroup - Travis	10,132.21	6,865.93	1,117.91	3,565.38
United - Travis	10,339.78	6,865.93	1,394.12	5,523.71
Superior - MRSA Central	9,983.11	6,656.12	1,259.06	6,019.30
United - MRSA Central	9,960.40	6,656.12	1,286.49	5,463.35
Molina - MRSA Northeast	10,825.88	6,575.01	1,228.57	4,301.41
United - MRSA Northeast	10,859.86	6,575.01	1,220.50	4,653.88
Amerigroup - MRSA West	10,436.41	6,612.44	1,350.12	4,717.19
Superior - MRSA West	10,074.88	6,612.44	1,432.98	5,290.91

Attachment 1 presents additional information regarding the breakdown of the components of the FY2024 rates.

Attachment 18 presents the required rating index summarizing the applicable sections from the 2023-2024 Medicaid Managed Care Rate Development Guide.

VII. Actuarial Certification of FY2024 STAR+PLUS Health Plan Premium Rates

We, Evan L. Dial, Dustin J. Kim, Khiem D. Ngo and David G. Wilkes 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, 2023 through August 31, 2024 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the FY2024 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.

VIII. Attachments

Attachment 1

Summary of FY2024 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2024 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; FY2024 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 and FY2024 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current premium rates and the FY2024 premium rates. The projection is split by medical, pharmacy, NEMT, NAIP/QIPP, CHIRP, TIPPS, DPP BHS and RAPPS.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall premium rates increased by an average of 5.8% which is primarily attributed to increases in the long term care component of the premium. The long term care component is heavily impacted by the attendant wage reimbursement increase effective September 1, 2023. The STAR+PLUS program was not impacted by the PHE as much as other managed care programs and is not expected to experience significant disenrollment or other disruptions during FY2024.

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

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

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	668.16	1,456.48	0.00	0.00	1,490.05	0.00	448.20	2,030.49
Molina - Bexar	650.05	1,464.41	0.00	0.00	1,390.99	0.00	430.38	2,446.59
Superior - Bexar	673.49	1,656.82	0.00	0.00	1,539.17	0.00	477.18	2,240.48
Molina - Dallas	741.75	1,439.94	0.00	0.00	1,814.11	0.00	452.63	2,005.42
Superior - Dallas	724.08	1,596.52	0.00	0.00	1,775.00	0.00	434.16	2,476.94
Amerigroup - El Paso	677.62	1,343.31	0.00	0.00	1,728.94	0.00	582.95	1,920.23
Molina - El Paso	683.30	1,304.82	0.00	0.00	1,595.59	0.00	714.23	1,677.93
Amerigroup - Harris	723.02	1,726.27	0.00	0.00	1,889.82	0.00	508.67	2,644.10
Molina - Harris	749.36	1,513.51	0.00	0.00	2,117.04	0.00	484.86	2,634.64
United - Harris	823.76	1,985.02	0.00	0.00	2,030.71	0.00	575.17	2,633.22
Molina - Hidalgo	631.09	1,388.59	0.00	0.00	1,898.02	0.00	535.61	1,608.91
Superior - Hidalgo	694.93	1,517.72	0.00	0.00	2,167.38	0.00	642.55	1,681.11
Amerigroup - Jefferson	589.01	1,655.24	0.00	0.00	1,134.03	0.00	506.94	2,283.46
Molina - Jefferson	609.66	1,327.25	0.00	0.00	1,347.38	0.00	380.54	2,343.86
United - Jefferson	707.07	1,643.45	0.00	0.00	1,225.54	0.00	404.96	2,402.91
Amerigroup - Lubbock	636.13	1,639.04	0.00	0.00	1,133.04	0.00	479.92	1,599.05
Superior - Lubbock	651.83	1,826.57	0.00	0.00	1,276.52	0.00	549.01	1,600.29
Superior - Nueces	594.28	1,385.15	0.00	0.00	1,456.25	0.00	562.62	1,362.45
United - Nueces	688.44	1,463.82	0.00	0.00	1,376.36	0.00	483.40	1,724.21
Amerigroup - Tarrant	685.28	1,531.78	0.00	0.00	1,518.92	0.00	432.79	2,179.84
Molina - Tarrant	583.10	1,421.42	0.00	0.00	1,400.76	0.00	333.70	2,503.16
Amerigroup - Travis	545.64	1,245.79	0.00	0.00	953.68	0.00	355.27	1,698.21
United - Travis	599.10	1,550.27	0.00	0.00	991.45	0.00	422.78	2,537.43
Superior - MRSA Central	647.61	1,696.78	0.00	0.00	1,202.12	0.00	459.47	2,484.67
United - MRSA Central	655.85	1,827.08	0.00	0.00	1,254.21	0.00	444.79	2,506.92
Molina - MRSA Northeast	548.80	1,467.37	0.00	0.00	1,372.71	0.00	407.54	2,007.69
United - MRSA Northeast	652.96	1,699.38	0.00	0.00	1,454.87	0.00	451.63	2,285.64
Amerigroup - MRSA West	651.44	1,612.05	0.00	0.00	1,263.92	0.00	496.59	2,116.70
Superior - MRSA West	669.81	1,569.44	0.00	0.00	1,220.77	0.00	519.99	2,300.07

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	319.61	2,448.69	513.31	2,641.92	5,706.80	4,882.94	0.00	126.42
Molina - Bexar	356.41	2,275.70	527.43	2,487.27	5,706.80	4,882.94	0.00	126.42
Superior - Bexar	347.24	2,589.28	553.06	2,744.80	5,706.80	4,882.94	0.00	126.42
Molina - Dallas	404.99	2,224.70	557.72	2,411.60	5,610.96	4,703.74	0.00	146.85
Superior - Dallas	285.65	2,300.11	467.69	2,433.24	5,610.96	4,703.74	0.00	146.85
Amerigroup - El Paso	412.61	2,555.08	687.35	2,822.74	5,691.02	5,032.81	0.00	172.33
Molina - El Paso	527.25	2,510.15	821.21	2,762.96	5,691.02	5,032.81	0.00	172.33
Amerigroup - Harris	360.79	3,340.93	497.64	3,279.18	6,010.05	4,859.42	0.00	165.48
Molina - Harris	375.28	3,329.68	486.49	3,260.77	6,010.05	4,859.42	0.00	165.48
United - Harris	392.51	3,105.55	501.02	3,028.50	6,010.05	4,859.42	0.00	165.48
Molina - Hidalgo	887.62	3,301.33	1,143.20	3,228.47	6,126.82	5,341.41	0.00	647.30
Superior - Hidalgo	870.28	3,364.29	1,261.37	3,267.96	6,126.82	5,341.41	0.00	647.30
Amerigroup - Jefferson	215.75	2,267.42	339.24	2,335.54	5,381.50	4,543.75	0.00	113.12
Molina - Jefferson	290.08	2,079.44	370.10	2,193.80	5,381.50	4,543.75	0.00	113.12
United - Jefferson	231.72	2,142.20	263.65	2,091.60	5,381.50	4,543.75	0.00	113.12
Amerigroup - Lubbock	120.13	1,449.24	188.27	1,740.45	5,321.63	4,468.75	0.00	130.93
Superior - Lubbock	160.91	1,635.92	207.79	1,950.38	5,321.63	4,468.75	0.00	130.93
Superior - Nueces	416.15	2,441.07	623.54	2,675.61	5,926.01	5,143.08	0.00	187.16
United - Nueces	539.72	2,529.33	629.40	2,638.73	5,926.01	5,143.08	0.00	187.16
Amerigroup - Tarrant	240.96	2,444.19	426.52	2,410.70	5,239.05	4,525.25	0.00	90.77
Molina - Tarrant	259.67	2,624.96	343.84	2,618.10	5,239.05	4,525.25	0.00	90.77
Amerigroup - Travis	350.64	2,998.09	430.93	2,490.80	5,517.65	4,739.16	0.00	133.18
United - Travis	253.17	2,701.29	240.50	2,376.32	5,517.65	4,739.16	0.00	133.18
Superior - MRSA Central	190.84	2,200.58	230.29	2,101.81	5,502.56	4,652.31	0.00	85.64
United - MRSA Central	187.84	2,216.39	237.02	2,002.04	5,502.56	4,652.31	0.00	85.64
Molina - MRSA Northeast	272.95	2,484.10	315.20	2,061.74	5,602.91	4,690.65	0.00	129.68
United - MRSA Northeast	268.77	2,452.44	279.54	1,813.22	5,602.91	4,690.65	0.00	129.68
Amerigroup - MRSA West	166.79	1,926.52	347.84	1,985.74	5,335.42	4,515.31	0.00	103.64
Superior - MRSA West	172.45	2,012.73	288.01	2,118.56	5,335.42	4,515.31	0.00	103.64

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	546.22	1,159.90	0.00	0.00	715.21	0.00	723.43	1,088.14
Molina - Bexar	531.42	1,166.21	0.00	0.00	667.67	0.00	694.67	1,311.13
Superior - Bexar	550.58	1,319.45	0.00	0.00	738.79	0.00	770.21	1,200.68
Molina - Dallas	425.12	896.58	0.00	0.00	504.41	0.00	463.65	622.08
Superior - Dallas	414.99	994.06	0.00	0.00	493.54	0.00	444.73	768.35
Amerigroup - El Paso	586.33	1,134.73	0.00	0.00	494.01	0.00	823.25	976.92
Molina - El Paso	591.24	1,102.22	0.00	0.00	455.90	0.00	1,008.65	853.65
Amerigroup - Harris	499.28	1,059.26	0.00	0.00	537.18	0.00	613.15	1,183.12
Molina - Harris	517.47	928.71	0.00	0.00	601.77	0.00	584.45	1,178.89
United - Harris	568.85	1,218.04	0.00	0.00	577.23	0.00	693.30	1,178.26
Molina - Hidalgo	509.61	997.22	0.00	0.00	606.93	0.00	561.06	834.81
Superior - Hidalgo	561.17	1,089.96	0.00	0.00	693.06	0.00	673.08	872.27
Amerigroup - Jefferson	443.18	1,011.28	0.00	0.00	537.59	0.00	612.42	1,167.95
Molina - Jefferson	458.72	810.89	0.00	0.00	638.72	0.00	459.71	1,198.84
United - Jefferson	532.02	1,004.08	0.00	0.00	580.97	0.00	489.22	1,229.05
Amerigroup - Lubbock	454.30	984.87	0.00	0.00	711.18	0.00	443.22	617.86
Superior - Lubbock	465.52	1,097.55	0.00	0.00	801.23	0.00	507.03	618.35
Superior - Nueces	460.42	970.77	0.00	0.00	664.51	0.00	697.10	538.84
United - Nueces	533.37	1,025.90	0.00	0.00	628.06	0.00	598.95	681.92
Amerigroup - Tarrant	470.54	1,155.34	0.00	0.00	675.28	0.00	514.13	1,064.63
Molina - Tarrant	400.38	1,072.11	0.00	0.00	622.75	0.00	396.42	1,222.54
Amerigroup - Travis	478.23	1,297.70	0.00	0.00	760.77	0.00	557.18	875.55
United - Travis	525.08	1,614.87	0.00	0.00	790.90	0.00	663.04	1,308.23
Superior - MRSA Central	447.67	1,125.43	0.00	0.00	509.77	0.00	614.34	1,795.32
United - MRSA Central	453.36	1,211.85	0.00	0.00	531.86	0.00	594.72	1,811.40
Molina - MRSA Northeast	440.53	1,024.86	0.00	0.00	766.74	0.00	506.10	1,087.07
United - MRSA Northeast	524.14	1,186.92	0.00	0.00	812.63	0.00	560.86	1,237.57
Amerigroup - MRSA West	494.10	1,208.25	0.00	0.00	683.01	0.00	649.04	951.22
Superior - MRSA West	508.03	1,176.31	0.00	0.00	659.69	0.00	679.63	1,033.62

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 NEMT Premium Rates pmpm (Community Rates)								
Amerigroup - Bexar	22.67	67.94	19.24	67.06	14.59	9.76	8.97	17.82
Molina - Bexar	22.67	67.94	19.24	67.06	14.59	9.76	8.97	17.82
Superior - Bexar	22.67	67.94	19.24	67.06	14.59	9.76	8.97	17.82
Molina - Dallas	15.36	71.20	17.73	58.71	14.59	9.24	8.97	17.82
Superior - Dallas	15.36	71.20	17.73	58.71	14.59	9.24	8.97	17.82
Amerigroup - El Paso	10.64	29.84	7.86	35.01	14.59	17.09	8.97	17.82
Molina - El Paso	10.64	29.84	7.86	35.01	14.59	17.09	8.97	17.82
Amerigroup - Harris	19.02	43.57	17.27	32.52	14.59	14.65	8.97	17.82
Molina - Harris	19.02	43.57	17.27	32.52	14.59	14.65	8.97	17.82
United - Harris	19.02	43.57	17.27	32.52	14.59	14.65	8.97	17.82
Molina - Hidalgo	12.91	33.18	13.75	41.24	14.59	2.27	8.97	17.82
Superior - Hidalgo	12.91	33.18	13.75	41.24	14.59	2.27	8.97	17.82
Amerigroup - Jefferson	23.22	103.82	21.19	93.09	14.59	16.69	8.97	17.82
Molina - Jefferson	23.22	103.82	21.19	93.09	14.59	16.69	8.97	17.82
United - Jefferson	23.22	103.82	21.19	93.09	14.59	16.69	8.97	17.82
Amerigroup - Lubbock	16.49	102.15	30.78	94.76	14.59	28.28	8.97	17.82
Superior - Lubbock	16.49	102.15	30.78	94.76	14.59	28.28	8.97	17.82
Superior - Nueces	22.69	55.99	23.68	51.29	14.59	15.14	8.97	17.82
United - Nueces	22.69	55.99	23.68	51.29	14.59	15.14	8.97	17.82
Amerigroup - Tarrant	21.57	79.23	17.19	57.93	14.59	10.11	8.97	17.82
Molina - Tarrant	21.57	79.23	17.19	57.93	14.59	10.11	8.97	17.82
Amerigroup - Travis	20.81	80.41	22.75	42.46	14.59	25.71	8.97	17.82
United - Travis	20.81	80.41	22.75	42.46	14.59	25.71	8.97	17.82
Superior - MRSA Central	25.88	95.99	33.55	75.18	14.59	20.61	8.97	17.82
United - MRSA Central	25.88	95.99	33.55	75.18	14.59	20.61	8.97	17.82
Molina - MRSA Northeast	21.35	33.99	21.33	36.66	14.59	17.49	8.97	17.82
United - MRSA Northeast	21.35	33.99	21.33	36.66	14.59	17.49	8.97	17.82
Amerigroup - MRSA West	30.47	124.04	34.56	102.17	14.59	10.43	8.97	17.82
Superior - MRSA West	30.47	124.04	34.56	102.17	14.59	10.43	8.97	17.82

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 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	7.13	7.13	0.00	0.00	0.00	0.00	7.13	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	15.92	15.92	0.00	0.00	0.00	0.00	15.92	0.00
Superior - Lubbock	10.99	10.99	0.00	0.00	0.00	0.00	10.99	0.00
Superior - Nueces	35.35	35.35	0.00	0.00	0.00	0.00	35.35	0.00
United - Nueces	114.71	114.71	0.00	0.00	0.00	0.00	114.71	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	22.83	22.83	0.00	0.00	0.00	0.00	22.83	0.00
Superior - MRSA West	14.03	14.03	0.00	0.00	0.00	0.00	14.03	0.00

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,938.45	1,938.45	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,938.45	1,938.45	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,938.45	1,938.45	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	1,782.79	1,782.79	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	1,782.79	1,782.79	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,325.75	1,325.75	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,325.75	1,325.75	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,711.37	1,711.37	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,711.37	1,711.37	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,711.37	1,711.37	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,697.28	1,697.28	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,697.28	1,697.28	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,534.85	1,534.85	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,534.85	1,534.85	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,534.85	1,534.85	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,927.86	1,927.86	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,927.86	1,927.86	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	2,020.38	2,020.38	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	2,020.38	2,020.38	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	1,974.29	1,974.29	0.00	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	1,974.29	1,974.29	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,101.06	2,101.06	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,101.06	2,101.06	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,983.20	1,983.20	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,983.20	1,983.20	0.00	0.00
Molina - MRSA Northeast	0.00	0.00	0.00	0.00	1,866.87	1,866.87	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,866.87	1,866.87	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	2,086.70	2,086.70	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	2,086.70	2,086.70	0.00	0.00

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 CHIRP Rates pmpm								
Amerigroup - Bexar	320.74	533.03	0.00	0.00	961.40	0.00	103.96	582.09
Molina - Bexar	369.32	697.49	0.00	0.00	840.06	0.00	115.75	772.55
Superior - Bexar	404.44	839.06	0.00	0.00	1,396.27	0.00	203.98	582.94
Molina - Dallas	677.46	1,109.30	0.00	0.00	1,722.78	0.00	231.65	1,713.04
Superior - Dallas	688.16	1,346.41	0.00	0.00	1,314.21	0.00	205.79	2,438.66
Amerigroup - El Paso	383.68	760.84	0.00	0.00	1,200.65	0.00	359.37	896.53
Molina - El Paso	443.08	645.83	0.00	0.00	1,078.79	0.00	283.29	992.03
Amerigroup - Harris	478.17	1,172.00	0.00	0.00	1,525.10	0.00	294.71	752.59
Molina - Harris	566.22	1,204.00	0.00	0.00	2,274.24	0.00	357.02	2,266.25
United - Harris	576.75	864.87	0.00	0.00	1,899.31	0.00	288.31	716.86
Molina - Hidalgo	332.46	684.12	0.00	0.00	1,355.61	0.00	196.48	902.32
Superior - Hidalgo	387.84	626.45	0.00	0.00	1,924.44	0.00	343.39	636.48
Amerigroup - Jefferson	370.79	899.06	0.00	0.00	893.40	0.00	183.74	1,462.22
Molina - Jefferson	456.09	846.84	0.00	0.00	935.31	0.00	125.82	1,521.72
United - Jefferson	479.75	923.87	0.00	0.00	1,313.09	0.00	209.76	1,437.90
Amerigroup - Lubbock	281.71	510.97	0.00	0.00	492.26	0.00	130.71	2,027.26
Superior - Lubbock	251.12	511.40	0.00	0.00	373.35	0.00	107.22	2,396.49
Superior - Nueces	440.72	834.56	0.00	0.00	625.88	0.00	370.68	640.72
United - Nueces	335.17	449.51	0.00	0.00	1,020.17	0.00	142.88	628.32
Amerigroup - Tarrant	638.21	1,267.47	0.00	0.00	1,579.74	0.00	256.78	1,441.07
Molina - Tarrant	699.77	1,550.34	0.00	0.00	1,580.65	0.00	237.26	1,861.43
Amerigroup - Travis	411.54	971.61	0.00	0.00	750.48	0.00	171.20	808.98
United - Travis	515.95	621.08	0.00	0.00	905.79	0.00	289.16	1,513.09
Superior - MRSA Central	421.29	1,009.70	0.00	0.00	752.70	0.00	155.10	1,605.15
United - MRSA Central	442.02	679.23	0.00	0.00	655.45	0.00	220.12	1,013.60
Molina - MRSA Northeast	556.55	1,441.65	0.00	0.00	1,147.67	0.00	251.32	1,001.87
United - MRSA Northeast	398.03	747.47	0.00	0.00	1,053.61	0.00	146.49	927.11
Amerigroup - MRSA West	409.33	682.59	0.00	0.00	1,020.38	0.00	139.45	1,482.54
Superior - MRSA West	371.78	931.31	0.00	0.00	725.43	0.00	175.64	1,791.44

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 TIPPS Rates pmpm								
Amerigroup - Bexar	52.08	54.37	0.00	0.00	48.74	0.00	49.73	73.95
Molina - Bexar	52.25	56.08	0.00	0.00	49.09	0.00	50.10	63.98
Superior - Bexar	51.46	53.64	0.00	0.00	48.81	0.00	49.35	59.69
Molina - Dallas	74.34	75.82	0.00	0.00	73.91	0.00	73.60	78.56
Superior - Dallas	75.55	76.80	0.00	0.00	73.95	0.00	73.82	85.52
Amerigroup - El Paso	52.57	53.72	0.00	0.00	50.69	0.00	52.01	60.94
Molina - El Paso	52.53	52.88	0.00	0.00	50.97	0.00	51.99	59.00
Amerigroup - Harris	52.57	57.05	0.00	0.00	50.58	0.00	52.00	58.73
Molina - Harris	64.75	66.20	0.00	0.00	63.10	0.00	63.76	69.54
United - Harris	49.36	51.55	0.00	0.00	47.41	0.00	51.17	52.03
Molina - Hidalgo	4.21	4.45	0.00	0.00	3.88	0.00	3.97	6.46
Superior - Hidalgo	4.49	4.89	0.00	0.00	4.08	0.00	4.34	6.61
Amerigroup - Jefferson	1.18	3.16	0.00	0.00	0.42	0.00	2.45	7.24
Molina - Jefferson	1.14	2.98	0.00	0.00	0.29	0.00	0.59	4.71
United - Jefferson	1.63	2.38	0.00	0.00	1.09	0.00	1.44	3.26
Amerigroup - Lubbock	73.66	78.69	0.00	0.00	68.92	0.00	74.73	79.89
Superior - Lubbock	69.98	75.40	0.00	0.00	66.14	0.00	70.44	79.01
Superior - Nueces	2.46	3.43	0.00	0.00	0.35	0.00	1.01	3.36
United - Nueces	3.66	4.15	0.00	0.00	1.13	0.00	1.96	6.97
Amerigroup - Tarrant	8.48	10.83	0.00	0.00	6.83	0.00	7.05	11.60
Molina - Tarrant	8.16	11.43	0.00	0.00	6.06	0.00	5.87	20.14
Amerigroup - Travis	0.11	0.28	0.00	0.00	0.00	0.00	0.06	0.00
United - Travis	1.06	1.63	0.00	0.00	0.39	0.00	0.83	4.85
Superior - MRSA Central	6.72	12.27	0.00	0.00	3.78	0.00	6.06	16.85
United - MRSA Central	7.55	9.63	0.00	0.00	4.95	0.00	7.65	18.20
Molina - MRSA Northeast	43.90	47.27	0.00	0.00	42.48	0.00	43.10	46.58
United - MRSA Northeast	44.70	46.82	0.00	0.00	43.21	0.00	43.84	47.58
Amerigroup - MRSA West	9.41	14.71	0.00	0.00	5.62	0.00	8.56	19.09
Superior - MRSA West	9.10	13.24	0.00	0.00	5.59	0.00	9.13	18.92

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 DPP BHS Rates pmpm								
Amerigroup - Bexar	12.52	16.37	0.00	0.00	8.20	0.00	8.47	7.67
Molina - Bexar	12.63	13.04	0.00	0.00	8.31	0.00	7.85	7.67
Superior - Bexar	12.45	11.49	0.00	0.00	8.16	0.00	8.41	9.01
Molina - Dallas	27.30	29.48	0.00	0.00	18.23	0.00	21.73	19.55
Superior - Dallas	27.11	30.51	0.00	0.00	19.61	0.00	22.85	20.54
Amerigroup - El Paso	30.52	33.26	0.00	0.00	21.89	0.00	21.03	20.10
Molina - El Paso	31.37	38.46	0.00	0.00	21.60	0.00	20.63	22.55
Amerigroup - Harris	9.26	8.08	0.00	0.00	6.66	0.00	7.16	6.91
Molina - Harris	8.92	8.73	0.00	0.00	6.72	0.00	7.07	7.47
United - Harris	10.38	9.06	0.00	0.00	6.25	0.00	7.39	6.87
Molina - Hidalgo	34.48	35.40	0.00	0.00	27.53	0.00	24.12	23.18
Superior - Hidalgo	33.21	32.22	0.00	0.00	28.15	0.00	26.44	23.56
Amerigroup - Jefferson	9.32	12.13	0.00	0.00	26.36	0.00	8.86	6.76
Molina - Jefferson	10.74	13.41	0.00	0.00	13.95	0.00	9.73	6.10
United - Jefferson	2.32	2.02	0.00	0.00	1.17	0.00	1.75	1.42
Amerigroup - Lubbock	18.74	19.94	0.00	0.00	13.96	0.00	12.61	12.56
Superior - Lubbock	18.73	22.57	0.00	0.00	13.12	0.00	12.55	13.24
Superior - Nueces	16.29	20.18	0.00	0.00	12.11	0.00	12.77	10.76
United - Nueces	3.27	2.75	0.00	0.00	2.53	0.00	3.34	1.88
Amerigroup - Tarrant	10.46	9.63	0.00	0.00	6.75	0.00	8.36	7.58
Molina - Tarrant	7.51	10.20	0.00	0.00	4.94	0.00	5.78	5.32
Amerigroup - Travis	32.17	35.73	0.00	0.00	25.18	0.00	24.09	30.40
United - Travis	10.66	8.84	0.00	0.00	7.89	0.00	8.01	7.72
Superior - MRSA Central	11.70	15.75	0.00	0.00	7.64	0.00	8.09	9.21
United - MRSA Central	8.73	6.46	0.00	0.00	5.42	0.00	6.82	5.92
Molina - MRSA Northeast	12.65	13.89	0.00	0.00	10.21	0.00	10.21	9.12
United - MRSA Northeast	11.92	13.94	0.00	0.00	9.26	0.00	7.52	6.99
Amerigroup - MRSA West	30.90	26.13	0.00	0.00	21.32	0.00	20.98	21.66
Superior - MRSA West	29.36	32.28	0.00	0.00	21.61	0.00	21.62	20.79

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 RAPPS Rates pmpm								
Amerigroup - Bexar	0.28	0.23	0.00	0.00	1.81	0.00	0.28	0.23
Molina - Bexar	0.12	0.12	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Bexar	0.37	0.47	0.00	0.00	1.12	0.00	0.34	0.30
Molina - Dallas	0.11	0.11	0.00	0.00	0.11	0.00	0.15	0.11
Superior - Dallas	0.21	0.14	0.00	0.00	0.28	0.00	0.21	0.14
Amerigroup - El Paso	0.24	0.18	0.00	0.00	0.18	0.00	0.18	0.35
Molina - El Paso	0.18	0.18	0.00	0.00	0.18	0.00	0.18	0.37
Amerigroup - Harris	0.07	0.07	0.00	0.00	0.07	0.00	0.07	0.07
Molina - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.23	0.08
United - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.12	0.08
Molina - Hidalgo	0.19	0.27	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Hidalgo	0.23	0.17	0.00	0.00	0.17	0.00	0.17	0.33
Amerigroup - Jefferson	0.73	0.86	0.00	0.00	0.57	0.00	0.66	0.57
Molina - Jefferson	0.38	0.40	0.00	0.00	0.26	0.00	0.48	0.56
United - Jefferson	0.77	0.74	0.00	0.00	0.69	0.00	0.66	0.82
Amerigroup - Lubbock	1.83	2.05	0.00	0.00	1.53	0.00	1.60	1.57
Superior - Lubbock	2.31	2.98	0.00	0.00	2.43	0.00	2.36	2.76
Superior - Nueces	0.94	0.77	0.00	0.00	2.95	0.00	0.78	0.74
United - Nueces	0.79	0.73	0.00	0.00	3.38	0.00	0.65	0.62
Amerigroup - Tarrant	0.02	0.02	0.00	0.00	0.32	0.00	0.05	0.02
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	1.27	1.25	0.00	0.00	8.80	0.00	1.14	1.24
United - Travis	1.41	1.36	0.00	0.00	10.06	0.00	1.33	1.39
Superior - MRSA Central	4.25	5.05	0.00	0.00	6.75	0.00	3.99	4.64
United - MRSA Central	3.63	3.56	0.00	0.00	8.16	0.00	3.42	3.85
Molina - MRSA Northeast	1.49	2.04	0.00	0.00	1.70	0.00	1.33	1.58
United - MRSA Northeast	1.37	1.49	0.00	0.00	1.91	0.00	1.19	1.49
Amerigroup - MRSA West	4.06	4.49	0.00	0.00	5.45	0.00	3.70	4.52
Superior - MRSA West	4.34	4.72	0.00	0.00	5.08	0.00	3.97	4.61

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Total Premium Rates pmpm								
Amerigroup - Bexar	1,942.28	5,737.01	532.55	2,708.98	10,885.25	6,831.15	1,343.04	3,926.81
Molina - Bexar	1,994.87	5,740.99	546.67	2,554.33	10,616.08	6,831.15	1,307.84	4,746.28
Superior - Bexar	2,069.83	6,545.28	572.30	2,811.86	11,392.16	6,831.15	1,525.57	4,237.34
Molina - Dallas	2,366.43	5,847.13	575.45	2,470.31	11,541.89	6,495.77	1,252.38	4,603.43
Superior - Dallas	2,231.11	6,415.75	485.42	2,491.95	11,084.93	6,495.77	1,190.53	5,954.82
Amerigroup - El Paso	2,154.21	5,910.96	695.21	2,857.75	10,527.72	6,375.65	1,847.76	4,065.22
Molina - El Paso	2,339.59	5,684.38	829.07	2,797.97	10,234.39	6,375.65	2,087.94	3,795.68
Amerigroup - Harris	2,142.18	7,407.23	514.91	3,311.70	11,745.42	6,585.44	1,484.73	4,828.82
Molina - Harris	2,301.10	7,094.48	503.76	3,293.29	12,798.96	6,585.44	1,506.36	6,340.17
United - Harris	2,440.71	7,277.74	518.29	3,061.02	12,297.00	6,585.44	1,624.43	4,770.62
Molina - Hidalgo	2,412.57	6,444.56	1,156.95	3,269.71	11,730.78	7,040.96	1,330.33	4,040.92
Superior - Hidalgo	2,568.10	6,671.92	1,275.12	3,309.20	12,655.97	7,040.96	1,701.98	3,885.48
Amerigroup - Jefferson	1,653.18	5,952.97	360.43	2,428.63	9,523.31	6,095.29	1,324.04	5,059.14
Molina - Jefferson	1,850.03	5,185.03	391.29	2,286.89	9,866.85	6,095.29	985.84	5,206.73
United - Jefferson	1,978.50	5,822.56	284.84	2,184.69	10,053.49	6,095.29	1,116.76	5,206.30
Amerigroup - Lubbock	1,618.91	4,802.87	219.05	1,835.21	9,684.97	6,424.89	1,167.68	4,486.94
Superior - Lubbock	1,647.88	5,285.53	238.57	2,045.14	9,796.87	6,424.89	1,268.57	4,858.89
Superior - Nueces	1,989.30	5,747.27	647.22	2,726.90	10,723.03	7,178.60	1,689.28	2,761.85
United - Nueces	2,241.82	5,646.89	653.08	2,690.02	10,992.61	7,178.60	1,354.86	3,248.90
Amerigroup - Tarrant	2,075.52	6,498.49	443.71	2,468.63	11,015.77	6,509.65	1,228.13	4,813.33
Molina - Tarrant	1,980.16	6,769.69	361.03	2,676.03	10,843.09	6,509.65	988.00	5,721.18
Amerigroup - Travis	1,840.41	6,630.86	453.68	2,533.26	10,132.21	6,865.93	1,117.91	3,565.38
United - Travis	1,927.24	6,579.75	263.25	2,418.78	10,339.78	6,865.93	1,394.12	5,523.71
Superior - MRSA Central	1,759.00	6,164.59	263.84	2,176.99	9,983.11	6,656.12	1,259.06	6,019.30
United - MRSA Central	1,784.86	6,050.19	270.57	2,077.22	9,960.40	6,656.12	1,286.49	5,463.35
Molina - MRSA Northeast	1,898.22	6,515.17	336.53	2,098.40	10,825.88	6,575.01	1,228.57	4,301.41
United - MRSA Northeast	1,923.24	6,182.45	300.87	1,849.88	10,859.86	6,575.01	1,220.50	4,653.88
Amerigroup - MRSA West	1,819.33	5,621.61	382.40	2,087.91	10,436.41	6,612.44	1,350.12	4,717.19
Superior - MRSA West	1,809.37	5,878.10	322.57	2,220.73	10,074.88	6,612.44	1,432.98	5,290.91

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Acute Care Premium Rate Change								
Amerigroup - Bexar	4.7%	-7.3%	0.0%	0.0%	-4.9%	0.0%	-7.3%	-36.2%
Molina - Bexar	1.6%	-6.6%	0.0%	0.0%	-2.5%	0.0%	-12.8%	-18.3%
Superior - Bexar	-1.6%	-1.7%	0.0%	0.0%	-1.3%	0.0%	-16.3%	-15.8%
Molina - Dallas	4.2%	-3.9%	0.0%	0.0%	-12.9%	0.0%	0.6%	-17.1%
Superior - Dallas	2.5%	-4.3%	0.0%	0.0%	-21.4%	0.0%	-10.9%	-26.4%
Amerigroup - El Paso	-3.0%	-7.7%	0.0%	0.0%	-17.0%	0.0%	-17.8%	-15.3%
Molina - El Paso	-2.2%	-12.3%	0.0%	0.0%	-23.7%	0.0%	-3.9%	-19.9%
Amerigroup - Harris	-3.6%	-6.8%	0.0%	0.0%	-5.8%	0.0%	2.6%	-8.9%
Molina - Harris	11.4%	-5.9%	0.0%	0.0%	16.7%	0.0%	11.5%	-1.3%
United - Harris	0.0%	3.1%	0.0%	0.0%	-0.3%	0.0%	4.1%	-14.3%
Molina - Hidalgo	1.9%	-2.6%	0.0%	0.0%	-19.6%	0.0%	-4.9%	-26.3%
Superior - Hidalgo	2.9%	-1.7%	0.0%	0.0%	-24.8%	0.0%	-9.4%	-26.3%
Amerigroup - Jefferson	-5.0%	-15.3%	0.0%	0.0%	-29.8%	0.0%	17.2%	-25.7%
Molina - Jefferson	-1.3%	-16.3%	0.0%	0.0%	-18.4%	0.0%	2.1%	-10.2%
United - Jefferson	-3.4%	-7.7%	0.0%	0.0%	-32.1%	0.0%	-10.0%	-27.6%
Amerigroup - Lubbock	-14.1%	-3.1%	0.0%	0.0%	-22.1%	0.0%	-4.3%	-41.7%
Superior - Lubbock	-6.9%	5.9%	0.0%	0.0%	-18.1%	0.0%	2.3%	-36.8%
Superior - Nueces	2.3%	-5.4%	0.0%	0.0%	4.6%	0.0%	4.9%	-38.9%
United - Nueces	3.6%	-2.7%	0.0%	0.0%	-0.8%	0.0%	-8.2%	-24.0%
Amerigroup - Tarrant	-6.3%	-10.7%	0.0%	0.0%	-16.1%	0.0%	-17.4%	-22.4%
Molina - Tarrant	-8.7%	-16.0%	0.0%	0.0%	-14.2%	0.0%	-21.3%	-9.2%
Amerigroup - Travis	-10.6%	-17.7%	0.0%	0.0%	-13.6%	0.0%	-12.8%	-17.2%
United - Travis	-7.9%	-3.4%	0.0%	0.0%	-18.3%	0.0%	-10.3%	-10.8%
Superior - MRSA Central	-0.5%	3.8%	0.0%	0.0%	-22.1%	0.0%	-16.7%	-10.3%
United - MRSA Central	-2.8%	1.6%	0.0%	0.0%	-13.7%	0.0%	-24.0%	-23.1%
Molina - MRSA Northeast	-6.5%	-2.4%	0.0%	0.0%	-27.9%	0.0%	-14.0%	-33.1%
United - MRSA Northeast	-1.8%	-3.9%	0.0%	0.0%	-20.9%	0.0%	-16.0%	-11.0%
Amerigroup - MRSA West	-0.7%	-14.4%	0.0%	0.0%	-22.0%	0.0%	-14.4%	-8.9%
Superior - MRSA West	0.1%	-5.4%	0.0%	0.0%	-24.0%	0.0%	-15.3%	-15.5%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Long Term Care Premium Rate Change								
Amerigroup - Bexar	14.0%	12.6%	10.4%	14.0%	11.2%	2.5%	0.0%	17.4%
Molina - Bexar	11.0%	15.1%	12.5%	14.6%	11.2%	2.5%	0.0%	17.4%
Superior - Bexar	3.4%	9.2%	11.6%	13.2%	11.2%	2.5%	0.0%	17.4%
Molina - Dallas	9.2%	12.9%	15.3%	14.9%	14.3%	2.9%	0.0%	0.8%
Superior - Dallas	10.1%	12.9%	15.7%	15.6%	14.3%	2.9%	0.0%	0.8%
Amerigroup - El Paso	15.0%	13.6%	15.8%	19.2%	8.8%	1.6%	0.0%	32.1%
Molina - El Paso	18.9%	18.9%	22.0%	16.3%	8.8%	1.6%	0.0%	32.1%
Amerigroup - Harris	15.7%	14.8%	23.7%	18.9%	13.7%	3.9%	0.0%	30.9%
Molina - Harris	16.7%	16.9%	17.9%	20.8%	13.7%	3.9%	0.0%	30.9%
United - Harris	6.8%	17.3%	11.0%	18.3%	13.7%	3.9%	0.0%	30.9%
Molina - Hidalgo	10.3%	13.4%	13.5%	14.9%	18.3%	0.7%	0.0%	30.2%
Superior - Hidalgo	0.6%	14.2%	8.4%	15.4%	18.3%	0.7%	0.0%	30.2%
Amerigroup - Jefferson	5.4%	0.9%	1.2%	15.2%	10.6%	6.1%	0.0%	9.5%
Molina - Jefferson	20.1%	5.4%	19.4%	11.8%	10.6%	6.1%	0.0%	9.5%
United - Jefferson	9.7%	9.3%	10.4%	11.0%	10.6%	6.1%	0.0%	9.5%
Amerigroup - Lubbock	-0.6%	-9.9%	-1.1%	6.3%	7.7%	0.6%	0.0%	3.8%
Superior - Lubbock	19.0%	-2.3%	8.5%	7.0%	7.7%	0.6%	0.0%	3.8%
Superior - Nueces	0.1%	5.0%	1.9%	13.0%	17.8%	3.4%	0.0%	-8.6%
United - Nueces	10.6%	7.5%	9.8%	14.3%	17.8%	3.4%	0.0%	-8.6%
Amerigroup - Tarrant	16.8%	17.3%	13.6%	18.6%	12.9%	2.7%	0.0%	7.8%
Molina - Tarrant	24.5%	22.7%	16.7%	17.6%	12.9%	2.7%	0.0%	7.8%
Amerigroup - Travis	19.7%	9.7%	13.5%	9.8%	4.2%	1.6%	0.0%	6.9%
United - Travis	13.1%	6.7%	2.6%	7.3%	4.2%	1.6%	0.0%	6.9%
Superior - MRSA Central	-2.7%	2.7%	-10.1%	5.8%	13.8%	4.1%	0.0%	-26.1%
United - MRSA Central	0.2%	2.0%	-12.8%	1.0%	13.8%	4.1%	0.0%	-26.1%
Molina - MRSA Northeast	16.1%	5.4%	13.5%	2.6%	12.8%	3.7%	0.0%	0.0%
United - MRSA Northeast	7.2%	11.2%	-7.8%	6.0%	12.8%	3.7%	0.0%	0.0%
Amerigroup - MRSA West	6.0%	-2.0%	7.6%	7.9%	13.8%	3.1%	0.0%	18.2%
Superior - MRSA West	7.7%	8.5%	6.7%	13.5%	13.8%	3.1%	0.0%	18.2%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	1.6%	-3.4%	0.0%	0.0%	-11.0%	0.0%	23.7%	-28.4%
Molina - Bexar	-1.4%	-2.6%	0.0%	0.0%	-8.7%	0.0%	16.3%	-8.2%
Superior - Bexar	-4.5%	2.5%	0.0%	0.0%	-7.6%	0.0%	11.6%	-5.4%
Molina - Dallas	-3.7%	-2.1%	0.0%	0.0%	0.6%	0.0%	7.3%	-15.7%
Superior - Dallas	-5.3%	-2.6%	0.0%	0.0%	-9.2%	0.0%	-5.0%	-25.1%
Amerigroup - El Paso	-1.0%	-0.9%	0.0%	0.0%	2.0%	0.0%	-2.0%	-15.9%
Molina - El Paso	-0.1%	-5.9%	0.0%	0.0%	-6.2%	0.0%	14.6%	-20.5%
Amerigroup - Harris	-9.4%	-7.4%	0.0%	0.0%	-18.9%	0.0%	-2.4%	-11.7%
Molina - Harris	4.7%	-6.5%	0.0%	0.0%	0.4%	0.0%	6.0%	-4.4%
United - Harris	-6.0%	2.5%	0.0%	0.0%	-14.2%	0.0%	-1.0%	-16.9%
Molina - Hidalgo	-2.8%	-6.3%	0.0%	0.0%	-15.6%	0.0%	10.3%	-25.4%
Superior - Hidalgo	-1.8%	-5.4%	0.0%	0.0%	-21.0%	0.0%	5.1%	-25.5%
Amerigroup - Jefferson	-10.8%	-7.5%	0.0%	0.0%	-20.3%	0.0%	-9.5%	-11.9%
Molina - Jefferson	-7.4%	-8.6%	0.0%	0.0%	-7.4%	0.0%	-21.2%	6.5%
United - Jefferson	-9.3%	0.8%	0.0%	0.0%	-22.9%	0.0%	-30.5%	-14.1%
Amerigroup - Lubbock	-7.2%	-8.3%	0.0%	0.0%	-0.2%	0.0%	-10.7%	-42.0%
Superior - Lubbock	0.6%	0.3%	0.0%	0.0%	5.0%	0.0%	-4.5%	-37.1%
Superior - Nueces	-6.9%	-5.8%	0.0%	0.0%	-3.6%	0.0%	26.8%	-27.9%
United - Nueces	-5.7%	-3.1%	0.0%	0.0%	-8.5%	0.0%	10.9%	-10.3%
Amerigroup - Tarrant	-11.7%	2.3%	0.0%	0.0%	-14.2%	0.0%	-6.5%	-22.6%
Molina - Tarrant	-14.1%	-3.8%	0.0%	0.0%	-12.2%	0.0%	-10.9%	-9.4%
Amerigroup - Travis	-7.4%	-8.5%	0.0%	0.0%	-0.5%	0.0%	-10.2%	6.2%
United - Travis	-4.5%	7.4%	0.0%	0.0%	-5.9%	0.0%	-7.6%	14.5%
Superior - MRSA Central	-1.5%	-9.0%	0.0%	0.0%	-14.7%	0.0%	7.6%	21.3%
United - MRSA Central	-3.8%	-10.9%	0.0%	0.0%	-5.5%	0.0%	-1.9%	4.0%
Molina - MRSA Northeast	-6.3%	-8.3%	0.0%	0.0%	-17.3%	0.0%	4.8%	-6.2%
United - MRSA Northeast	-1.7%	-9.7%	0.0%	0.0%	-9.3%	0.0%	2.4%	25.0%
Amerigroup - MRSA West	-5.0%	-13.8%	0.0%	0.0%	-9.8%	0.0%	8.9%	17.2%
Superior - MRSA West	-4.3%	-4.8%	0.0%	0.0%	-12.2%	0.0%	7.7%	8.6%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 NEMT Premium Rate Change								
Amerigroup - Bexar	45.6%	79.3%	58.2%	61.4%	52.6%	90.6%	194.1%	19.0%
Molina - Bexar	45.6%	79.3%	58.2%	61.4%	52.6%	90.6%	194.1%	19.0%
Superior - Bexar	45.6%	79.3%	58.2%	61.4%	52.6%	90.6%	194.1%	19.0%
Molina - Dallas	3.3%	37.1%	22.1%	39.0%	52.6%	45.5%	194.1%	19.0%
Superior - Dallas	3.3%	37.1%	22.1%	39.0%	52.6%	45.5%	194.1%	19.0%
Amerigroup - El Paso	-13.6%	-5.6%	-11.4%	8.5%	52.6%	-14.2%	194.1%	19.0%
Molina - El Paso	-13.6%	-5.6%	-11.4%	8.5%	52.6%	-14.2%	194.1%	19.0%
Amerigroup - Harris	42.9%	18.1%	71.2%	17.0%	52.6%	255.6%	194.1%	19.0%
Molina - Harris	42.9%	18.1%	71.2%	17.0%	52.6%	255.6%	194.1%	19.0%
United - Harris	42.9%	18.1%	71.2%	17.0%	52.6%	255.6%	194.1%	19.0%
Molina - Hidalgo	80.1%	34.4%	42.5%	61.4%	52.6%	-43.5%	194.1%	19.0%
Superior - Hidalgo	80.1%	34.4%	42.5%	61.4%	52.6%	-43.5%	194.1%	19.0%
Amerigroup - Jefferson	-10.3%	24.2%	-3.0%	33.8%	52.6%	226.0%	194.1%	19.0%
Molina - Jefferson	-10.3%	24.2%	-3.0%	33.8%	52.6%	226.0%	194.1%	19.0%
United - Jefferson	-10.3%	24.2%	-3.0%	33.8%	52.6%	226.0%	194.1%	19.0%
Amerigroup - Lubbock	0.9%	30.7%	13.6%	16.6%	52.6%	12.9%	194.1%	19.0%
Superior - Lubbock	0.9%	30.7%	13.6%	16.6%	52.6%	12.9%	194.1%	19.0%
Superior - Nueces	-5.2%	-26.5%	35.7%	9.1%	52.6%	222.1%	194.1%	19.0%
United - Nueces	-5.2%	-26.5%	35.7%	9.1%	52.6%	222.1%	194.1%	19.0%
Amerigroup - Tarrant	7.7%	46.7%	8.9%	46.5%	52.6%	6.1%	194.1%	19.0%
Molina - Tarrant	7.7%	46.7%	8.9%	46.5%	52.6%	6.1%	194.1%	19.0%
Amerigroup - Travis	23.4%	30.3%	23.6%	-28.6%	52.6%	48.6%	194.1%	19.0%
United - Travis	23.4%	30.3%	23.6%	-28.6%	52.6%	48.6%	194.1%	19.0%
Superior - MRSA Central	14.3%	0.5%	-0.7%	2.5%	52.6%	92.8%	194.1%	19.0%
United - MRSA Central	14.3%	0.5%	-0.7%	2.5%	52.6%	92.8%	194.1%	19.0%
Molina - MRSA Northeast	-1.7%	-50.8%	9.7%	-25.2%	52.6%	179.4%	194.1%	19.0%
United - MRSA Northeast	-1.7%	-50.8%	9.7%	-25.2%	52.6%	179.4%	194.1%	19.0%
Amerigroup - MRSA West	70.8%	93.7%	51.6%	60.1%	52.6%	9.0%	194.1%	19.0%
Superior - MRSA West	70.8%	93.7%	51.6%	60.1%	52.6%	9.0%	194.1%	19.0%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 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	18.4%	18.4%	0.0%	0.0%	0.0%	0.0%	18.4%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	17.4%	17.4%	0.0%	0.0%	0.0%	0.0%	17.4%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	11.4%	11.4%	0.0%	0.0%	0.0%	0.0%	11.4%	0.0%
Superior - Lubbock	10.6%	10.6%	0.0%	0.0%	0.0%	0.0%	10.6%	0.0%
Superior - Nueces	17.8%	17.8%	0.0%	0.0%	0.0%	0.0%	17.8%	0.0%
United - Nueces	-0.3%	-0.3%	0.0%	0.0%	0.0%	0.0%	-0.3%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	17.4%	17.4%	0.0%	0.0%	0.0%	0.0%	17.4%	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	11.3%	11.3%	0.0%	0.0%	0.0%	0.0%	11.3%	0.0%
Superior - MRSA West	12.0%	12.0%	0.0%	0.0%	0.0%	0.0%	12.0%	0.0%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	-2.0%	-2.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	-2.0%	-2.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	-2.0%	-2.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	-5.8%	-5.8%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	-5.8%	-5.8%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	-11.8%	-11.8%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	-11.8%	-11.8%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	-3.0%	-3.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	-3.0%	-3.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	-3.0%	-3.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	-11.3%	-11.3%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	-11.3%	-11.3%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	-5.4%	-5.4%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	-5.4%	-5.4%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	-5.4%	-5.4%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	-14.2%	-14.2%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	-14.2%	-14.2%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	2.8%	2.8%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	2.8%	2.8%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	-4.1%	-4.1%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	-4.1%	-4.1%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	-12.5%	-12.5%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	-12.5%	-12.5%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	-2.9%	-2.9%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	-2.9%	-2.9%	0.0%	0.0%
Molina - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	-0.7%	-0.7%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	-0.7%	-0.7%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	-4.1%	-4.1%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	-4.1%	-4.1%	0.0%	0.0%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 CHIRP Premium Rate Change								
Amerigroup - Bexar	55.4%	14.2%	0.0%	0.0%	11.0%	0.0%	-14.6%	62.2%
Molina - Bexar	51.0%	43.4%	0.0%	0.0%	37.7%	0.0%	3.4%	-14.9%
Superior - Bexar	56.8%	45.1%	0.0%	0.0%	68.4%	0.0%	24.3%	43.8%
Molina - Dallas	73.7%	40.1%	0.0%	0.0%	29.6%	0.0%	53.1%	113.7%
Superior - Dallas	64.5%	57.5%	0.0%	0.0%	-24.3%	0.0%	11.2%	26.9%
Amerigroup - El Paso	38.4%	69.5%	0.0%	0.0%	-2.2%	0.0%	45.3%	31.6%
Molina - El Paso	31.9%	5.1%	0.0%	0.0%	-42.9%	0.0%	-9.3%	112.2%
Amerigroup - Harris	13.4%	4.4%	0.0%	0.0%	-13.1%	0.0%	32.7%	-26.1%
Molina - Harris	52.1%	2.3%	0.0%	0.0%	140.9%	0.0%	164.0%	184.0%
United - Harris	25.5%	13.9%	0.0%	0.0%	66.1%	0.0%	27.1%	7.6%
Molina - Hidalgo	37.5%	40.6%	0.0%	0.0%	-2.5%	0.0%	96.5%	55.0%
Superior - Hidalgo	40.3%	9.6%	0.0%	0.0%	8.4%	0.0%	53.2%	-33.0%
Amerigroup - Jefferson	-4.2%	-11.1%	0.0%	0.0%	-38.5%	0.0%	-1.2%	55.1%
Molina - Jefferson	33.0%	-5.1%	0.0%	0.0%	-19.0%	0.0%	70.8%	22.6%
United - Jefferson	8.5%	15.2%	0.0%	0.0%	46.2%	0.0%	67.2%	37.3%
Amerigroup - Lubbock	-8.1%	-14.8%	0.0%	0.0%	-6.2%	0.0%	28.4%	-35.5%
Superior - Lubbock	9.6%	51.6%	0.0%	0.0%	0.8%	0.0%	54.6%	39.7%
Superior - Nueces	82.0%	78.7%	0.0%	0.0%	-10.4%	0.0%	158.1%	-29.0%
United - Nueces	38.1%	4.3%	0.0%	0.0%	85.5%	0.0%	-5.7%	-13.2%
Amerigroup - Tarrant	27.0%	15.3%	0.0%	0.0%	0.6%	0.0%	-3.8%	99.8%
Molina - Tarrant	42.2%	18.8%	0.0%	0.0%	10.2%	0.0%	38.0%	157.1%
Amerigroup - Travis	32.2%	11.5%	0.0%	0.0%	-1.8%	0.0%	-44.5%	17.4%
United - Travis	18.0%	-9.0%	0.0%	0.0%	19.9%	0.0%	60.5%	85.0%
Superior - MRSA Central	43.9%	49.1%	0.0%	0.0%	-3.5%	0.0%	-15.7%	44.2%
United - MRSA Central	23.7%	-5.1%	0.0%	0.0%	9.8%	0.0%	1.8%	-36.7%
Molina - MRSA Northeast	158.3%	192.0%	0.0%	0.0%	37.8%	0.0%	159.5%	82.5%
United - MRSA Northeast	10.5%	-7.6%	0.0%	0.0%	13.7%	0.0%	-32.1%	33.0%
Amerigroup - MRSA West	45.3%	4.8%	0.0%	0.0%	-11.9%	0.0%	-4.5%	90.7%
Superior - MRSA West	46.3%	70.1%	0.0%	0.0%	-3.7%	0.0%	8.8%	81.9%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 TIPPS Premium Rate Change								
Amerigroup - Bexar	14.8%	17.1%	0.0%	0.0%	14.8%	0.0%	13.5%	21.8%
Molina - Bexar	14.6%	14.1%	0.0%	0.0%	15.7%	0.0%	14.4%	14.4%
Superior - Bexar	13.3%	13.2%	0.0%	0.0%	14.1%	0.0%	13.7%	-2.3%
Molina - Dallas	24.9%	22.3%	0.0%	0.0%	26.4%	0.0%	26.5%	21.2%
Superior - Dallas	28.9%	28.5%	0.0%	0.0%	27.0%	0.0%	27.7%	28.0%
Amerigroup - El Paso	-2.7%	-2.1%	0.0%	0.0%	-2.6%	0.0%	-2.1%	-5.4%
Molina - El Paso	-2.1%	-3.0%	0.0%	0.0%	-2.1%	0.0%	-2.0%	-4.7%
Amerigroup - Harris	-14.0%	-12.3%	0.0%	0.0%	-14.7%	0.0%	-13.6%	-14.7%
Molina - Harris	-13.8%	-16.0%	0.0%	0.0%	-13.5%	0.0%	-14.5%	-17.0%
United - Harris	-6.2%	-4.1%	0.0%	0.0%	-5.3%	0.0%	-4.4%	-9.9%
Molina - Hidalgo	37.6%	41.7%	0.0%	0.0%	29.3%	0.0%	33.7%	43.2%
Superior - Hidalgo	29.0%	33.6%	0.0%	0.0%	24.8%	0.0%	28.8%	4.6%
Amerigroup - Jefferson	-30.6%	1.0%	0.0%	0.0%	-73.1%	0.0%	-26.9%	16.8%
Molina - Jefferson	-26.9%	-37.7%	0.0%	0.0%	-67.0%	0.0%	-44.3%	-33.0%
United - Jefferson	126.4%	66.4%	0.0%	0.0%	395.5%	0.0%	100.0%	243.2%
Amerigroup - Lubbock	-20.3%	-18.5%	0.0%	0.0%	-21.1%	0.0%	-20.9%	-19.4%
Superior - Lubbock	-23.0%	-20.8%	0.0%	0.0%	-23.2%	0.0%	-22.4%	-18.5%
Superior - Nueces	19.4%	8.5%	0.0%	0.0%	-72.9%	0.0%	-27.3%	-33.7%
United - Nueces	0.3%	2.2%	0.0%	0.0%	841.7%	0.0%	-27.9%	-25.4%
Amerigroup - Tarrant	-29.9%	-14.3%	0.0%	0.0%	-32.0%	0.0%	-33.0%	-26.5%
Molina - Tarrant	1.5%	42.2%	0.0%	0.0%	-24.6%	0.0%	-27.0%	150.5%
Amerigroup - Travis	-8.3%	75.0%	0.0%	0.0%	0.0%	0.0%	-68.4%	-100.0%
United - Travis	-12.4%	5.8%	0.0%	0.0%	290.0%	0.0%	-9.8%	20.0%
Superior - MRSA Central	-1.5%	13.1%	0.0%	0.0%	-13.9%	0.0%	-6.8%	16.4%
United - MRSA Central	-17.3%	-23.0%	0.0%	0.0%	4.9%	0.0%	5.8%	-33.3%
Molina - MRSA Northeast	-14.8%	-8.3%	0.0%	0.0%	-17.6%	0.0%	-16.4%	-9.6%
United - MRSA Northeast	115.0%	99.6%	0.0%	0.0%	133.1%	0.0%	115.2%	93.9%
Amerigroup - MRSA West	2.8%	16.6%	0.0%	0.0%	-9.4%	0.0%	-4.1%	-1.8%
Superior - MRSA West	1.8%	10.0%	0.0%	0.0%	-5.4%	0.0%	-11.3%	10.3%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 DPP BHS Premium Rate Change								
Amerigroup - Bexar	-46.1%	-42.8%	0.0%	0.0%	-54.3%	0.0%	-53.0%	-56.6%
Molina - Bexar	-41.1%	-41.4%	0.0%	0.0%	-50.1%	0.0%	-53.3%	-52.0%
Superior - Bexar	-48.7%	-51.7%	0.0%	0.0%	-56.0%	0.0%	-53.7%	-50.7%
Molina - Dallas	3.6%	0.2%	0.0%	0.0%	0.8%	0.0%	5.6%	15.6%
Superior - Dallas	-7.1%	-7.7%	0.0%	0.0%	-7.5%	0.0%	-1.8%	-2.3%
Amerigroup - El Paso	-0.5%	14.8%	0.0%	0.0%	6.9%	0.0%	8.1%	-0.9%
Molina - El Paso	4.4%	19.1%	0.0%	0.0%	15.1%	0.0%	7.5%	9.1%
Amerigroup - Harris	-20.2%	-22.9%	0.0%	0.0%	-16.1%	0.0%	-22.3%	-20.7%
Molina - Harris	50.2%	39.5%	0.0%	0.0%	49.3%	0.0%	64.0%	57.6%
United - Harris	-3.8%	-5.6%	0.0%	0.0%	-5.4%	0.0%	-2.0%	1.3%
Molina - Hidalgo	9.0%	-5.7%	0.0%	0.0%	30.1%	0.0%	28.7%	18.6%
Superior - Hidalgo	9.2%	23.1%	0.0%	0.0%	26.7%	0.0%	49.5%	23.0%
Amerigroup - Jefferson	-22.1%	-1.8%	0.0%	0.0%	109.2%	0.0%	7.9%	-24.2%
Molina - Jefferson	-16.4%	-14.9%	0.0%	0.0%	-5.1%	0.0%	-14.6%	-28.8%
United - Jefferson	-17.7%	-3.8%	0.0%	0.0%	-5.6%	0.0%	19.0%	14.5%
Amerigroup - Lubbock	-20.9%	-22.7%	0.0%	0.0%	-14.6%	0.0%	-21.5%	-16.0%
Superior - Lubbock	-23.9%	7.1%	0.0%	0.0%	-14.0%	0.0%	-17.4%	-15.2%
Superior - Nueces	-10.0%	16.6%	0.0%	0.0%	-16.7%	0.0%	-10.7%	-24.2%
United - Nueces	22.5%	16.0%	0.0%	0.0%	44.6%	0.0%	62.1%	-17.2%
Amerigroup - Tarrant	-5.5%	-0.5%	0.0%	0.0%	-13.6%	0.0%	3.6%	-5.1%
Molina - Tarrant	-48.3%	-32.8%	0.0%	0.0%	-57.3%	0.0%	-51.5%	-50.4%
Amerigroup - Travis	-36.1%	-25.2%	0.0%	0.0%	-41.7%	0.0%	-37.1%	-13.9%
United - Travis	-69.2%	-70.3%	0.0%	0.0%	-69.5%	0.0%	-68.2%	-64.5%
Superior - MRSA Central	-49.2%	-36.0%	0.0%	0.0%	-54.7%	0.0%	-53.6%	-47.5%
United - MRSA Central	-27.6%	-39.2%	0.0%	0.0%	-32.6%	0.0%	-21.8%	-23.4%
Molina - MRSA Northeast	3.1%	20.4%	0.0%	0.0%	-0.4%	0.0%	0.7%	-8.2%
United - MRSA Northeast	-20.2%	-12.1%	0.0%	0.0%	-17.9%	0.0%	-28.4%	-34.4%
Amerigroup - MRSA West	-18.7%	-43.0%	0.0%	0.0%	-13.4%	0.0%	-18.2%	-18.9%
Superior - MRSA West	-20.8%	-22.1%	0.0%	0.0%	-13.9%	0.0%	-17.0%	-17.5%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 RAPPS Premium Rate Change								
Amerigroup - Bexar	12.0%	15.0%	0.0%	0.0%	-11.7%	0.0%	16.7%	15.0%
Molina - Bexar	9.1%	-53.8%	0.0%	0.0%	9.1%	0.0%	9.1%	9.1%
Superior - Bexar	32.1%	23.7%	0.0%	0.0%	36.6%	0.0%	61.9%	42.9%
Molina - Dallas	450.0%	450.0%	0.0%	0.0%	450.0%	0.0%	650.0%	450.0%
Superior - Dallas	162.5%	75.0%	0.0%	0.0%	250.0%	0.0%	75.0%	75.0%
Amerigroup - El Paso	-20.0%	5.9%	0.0%	0.0%	5.9%	0.0%	5.9%	105.9%
Molina - El Paso	5.9%	5.9%	0.0%	0.0%	5.9%	0.0%	5.9%	117.6%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	75.0%	0.0%
Molina - Harris	-46.7%	14.3%	0.0%	0.0%	14.3%	0.0%	-17.9%	14.3%
United - Harris	-27.3%	-27.3%	0.0%	0.0%	-71.4%	0.0%	9.1%	-27.3%
Molina - Hidalgo	-24.0%	-15.6%	0.0%	0.0%	-36.8%	0.0%	-36.8%	-67.6%
Superior - Hidalgo	-42.5%	-60.5%	0.0%	0.0%	-39.3%	0.0%	-51.4%	-36.5%
Amerigroup - Jefferson	-30.5%	-16.5%	0.0%	0.0%	-45.2%	0.0%	-24.1%	-34.5%
Molina - Jefferson	-22.4%	-14.9%	0.0%	0.0%	-10.3%	0.0%	14.3%	93.1%
United - Jefferson	-28.0%	-26.7%	0.0%	0.0%	-29.6%	0.0%	-34.7%	-31.1%
Amerigroup - Lubbock	-17.9%	-23.5%	0.0%	0.0%	-18.6%	0.0%	-11.1%	-29.6%
Superior - Lubbock	-9.4%	4.6%	0.0%	0.0%	-6.2%	0.0%	-2.9%	10.8%
Superior - Nueces	-55.5%	-59.0%	0.0%	0.0%	-31.2%	0.0%	-57.1%	-58.9%
United - Nueces	-25.5%	-18.0%	0.0%	0.0%	38.5%	0.0%	-23.5%	-19.5%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	88.2%	0.0%	0.0%	0.0%
Molina - Tarrant	0.0%	0.0%	0.0%	0.0%	-100.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	15.5%	-11.3%	0.0%	0.0%	12.2%	0.0%	23.9%	-7.5%
United - Travis	7.6%	-10.5%	0.0%	0.0%	5.1%	0.0%	-1.5%	8.6%
Superior - MRSA Central	7.3%	1.4%	0.0%	0.0%	7.5%	0.0%	5.0%	7.4%
United - MRSA Central	9.0%	-2.7%	0.0%	0.0%	36.0%	0.0%	2.7%	11.3%
Molina - MRSA Northeast	-30.4%	-16.7%	0.0%	0.0%	-44.6%	0.0%	-31.4%	-33.1%
United - MRSA Northeast	-40.7%	-39.9%	0.0%	0.0%	-33.4%	0.0%	-39.6%	-32.3%
Amerigroup - MRSA West	-10.0%	-10.4%	0.0%	0.0%	3.4%	0.0%	-12.9%	-18.9%
Superior - MRSA West	-10.9%	-13.6%	0.0%	0.0%	-6.6%	0.0%	-8.5%	-11.9%

FY2024 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Total Premium Rate Change								
Amerigroup - Bexar	11.2%	3.8%	11.7%	14.8%	4.5%	1.3%	7.0%	-25.4%
Molina - Bexar	9.2%	7.5%	13.6%	15.5%	6.7%	1.3%	3.3%	-14.1%
Superior - Bexar	6.4%	8.4%	12.8%	14.0%	9.9%	1.3%	2.0%	-6.6%
Molina - Dallas	17.5%	9.9%	15.5%	15.3%	6.9%	0.4%	12.3%	9.6%
Superior - Dallas	15.9%	12.1%	15.9%	16.1%	-3.0%	0.4%	-2.8%	-9.3%
Amerigroup - El Paso	6.4%	9.2%	15.4%	19.1%	-0.8%	-1.5%	-1.3%	-6.3%
Molina - El Paso	8.0%	3.3%	21.5%	16.2%	-9.3%	-1.5%	3.8%	-1.7%
Amerigroup - Harris	1.0%	3.7%	24.9%	18.9%	1.7%	2.2%	4.6%	-11.9%
Molina - Harris	17.7%	5.1%	19.2%	20.8%	22.0%	2.2%	25.1%	28.6%
United - Harris	4.6%	9.9%	12.3%	18.2%	12.1%	2.2%	5.2%	-11.0%
Molina - Hidalgo	8.1%	8.2%	13.8%	15.3%	1.2%	-2.5%	11.2%	-8.6%
Superior - Hidalgo	5.6%	6.4%	8.7%	15.9%	0.0%	-2.5%	6.3%	-21.4%
Amerigroup - Jefferson	-5.5%	-7.1%	1.0%	15.8%	-7.1%	3.2%	1.0%	-7.6%
Molina - Jefferson	6.4%	-4.7%	18.0%	12.5%	-1.4%	3.2%	-5.7%	1.9%
United - Jefferson	-1.2%	3.5%	9.3%	11.8%	1.0%	3.2%	-13.1%	-12.1%
Amerigroup - Lubbock	-10.4%	-7.5%	0.7%	6.8%	-3.1%	-4.3%	-5.0%	-37.8%
Superior - Lubbock	-1.4%	4.9%	9.1%	7.4%	-2.0%	-4.3%	0.8%	-11.4%
Superior - Nueces	10.0%	6.1%	2.8%	12.9%	9.4%	3.4%	31.9%	-33.0%
United - Nueces	6.4%	1.8%	10.6%	14.2%	14.1%	3.4%	1.0%	-18.5%
Amerigroup - Tarrant	2.9%	6.4%	13.4%	19.2%	1.1%	0.5%	-9.9%	-4.3%
Molina - Tarrant	7.1%	7.0%	16.3%	18.2%	3.2%	0.5%	-7.1%	15.6%
Amerigroup - Travis	2.3%	-0.2%	13.9%	8.8%	-2.4%	-3.1%	-18.9%	-4.7%
United - Travis	0.6%	2.5%	4.2%	6.4%	-2.0%	-3.1%	-0.4%	11.1%
Superior - MRSA Central	6.4%	5.7%	-9.0%	5.7%	1.5%	2.0%	-6.0%	8.8%
United - MRSA Central	2.7%	-1.9%	-11.5%	1.0%	4.6%	2.0%	-10.1%	-19.3%
Molina - MRSA Northeast	19.0%	16.2%	13.2%	2.0%	2.2%	2.6%	9.6%	-12.6%
United - MRSA Northeast	2.9%	-0.4%	-6.8%	5.2%	2.9%	2.6%	-8.8%	4.9%
Amerigroup - MRSA West	6.7%	-7.1%	10.5%	9.7%	-0.1%	0.7%	-2.5%	16.0%
Superior - MRSA West	6.7%	8.2%	10.2%	15.0%	0.5%	0.7%	-2.0%	10.0%

FY2024 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2024 Premium		% Rate Change
	Current Rates	Proposed Rates	Current Rates	Proposed Rates	
Non-Nursing Facility					
Medical (1)	993.56	1,053.87	6,252,153,737	6,631,685,115	6.1%
Pharmacy	276.90	264.00	1,742,409,703	1,661,291,800	-4.7%
NEMT	18.58	23.59	116,897,281	148,439,932	27.0%
NAIP	1.97	2.12	12,415,182	13,369,685	7.7%
CHIRP	181.60	244.71	1,142,769,118	1,539,874,072	34.7%
TIPPS	15.78	16.70	99,312,303	105,067,532	5.8%
DPP BHS	9.20	7.61	57,863,787	47,874,554	-17.3%
RAPPS	0.45	0.40	2,829,524	2,509,102	-11.3%
Total	1,498.04	1,613.01	9,426,650,635	10,150,111,792	7.7%
Nursing Facility					
Medical (1)	4,902.63	5,071.48	2,686,682,363	2,779,211,428	3.4%
Pharmacy	94.21	84.74	51,629,075	46,440,014	-10.1%
NEMT	8.57	14.34	4,697,194	7,859,995	67.3%
QIPP	1,974.77	1,876.92	1,082,188,696	1,028,565,659	-5.0%
CHIRP	148.73	169.41	81,507,798	92,837,387	13.9%
TIPPS	4.15	4.44	2,275,249	2,434,878	7.0%
DPP BHS	2.07	1.64	1,132,240	900,249	-20.5%
RAPPS	0.29	0.30	161,521	164,162	1.6%
Total	7,135.43	7,223.27	3,910,274,136	3,958,413,771	1.2%
Total					
Medical (1)	1,306.72	1,375.73	8,938,836,100	9,410,896,543	5.3%
Pharmacy	262.26	249.64	1,794,038,779	1,707,731,814	-4.8%
NEMT	17.78	22.85	121,594,475	156,299,926	28.5%
NAIP & QIPP	160.01	152.31	1,094,603,878	1,041,935,344	-4.8%
CHIRP	178.97	238.68	1,224,276,916	1,632,711,459	33.4%
TIPPS	14.85	15.72	101,587,552	107,502,410	5.8%
DPP BHS	8.62	7.13	58,996,027	48,774,804	-17.3%
RAPPS	0.44	0.39	2,991,044	2,673,264	-10.6%
Total	1,949.65	2,062.45	13,336,924,771	14,108,525,564	5.8%

Notes:

(1) Includes LTSS.

Attachment 2

Individual Health Plan Experience Analysis

The following exhibits present a summary of the experience analysis performed for each MCO for medical services. The exhibits in this section use hypothetical experience data from a sample MCO. The actual analysis is based on experience data provided by each MCO. This data was checked for reasonableness by comparing to other data sources provided by HHSC, the EQRO and the MCO. 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 2019 through February 2023. 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 2019 through February 2023. 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, 2023, (iii) estimated proportion of that month's incurred claims paid through February 28, 2023 (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 MCO.

Exhibit D. This exhibit is a summary of the sample MCO's projected FY2024 medical cost based on the MCO's actual experience. The top of the exhibit shows summary base period (FY2022) enrollment, premium and claims experience. Next are projected FY2024 enrollment and premium based on current rates. Trend assumptions are used to project the average base period claims cost to FY2024. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2024 incurred claims.

In addition to incurred claims, a provision is also made for services that are capitated by the MCO, 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 MCO 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 \$7.00 pmpm and 5.25% of gross premium for the non-nursing facility risk groups and \$7.00 pmpm and 2.625% of gross premium for the nursing facility risk groups. 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 FY2024 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-19	12,572	1,510	9,057	1,616
Oct-19	12,558	1,508	9,122	1,617
Nov-19	12,575	1,513	9,208	1,594
Dec-19	12,589	1,507	9,202	1,598
Jan-20	12,597	1,512	8,987	1,557
Feb-20	12,549	1,515	8,998	1,572
Mar-20	12,500	1,533	9,040	1,574
Apr-20	12,586	1,573	9,102	1,605
May-20	12,661	1,558	9,204	1,627
Jun-20	12,737	1,555	9,276	1,632
Jul-20	12,795	1,543	9,329	1,640
Aug-20	12,745	1,555	9,401	1,659
Sep-20	12,695	1,586	9,506	1,657
Oct-20	12,668	1,587	9,535	1,652
Nov-20	12,647	1,586	9,542	1,643
Dec-20	12,637	1,608	9,583	1,644
Jan-21	12,624	1,608	9,489	1,605
Feb-21	12,616	1,617	9,466	1,599
Mar-21	12,595	1,607	9,463	1,587
Apr-21	12,960	1,624	9,503	1,555
May-21	13,000	1,639	9,591	1,564
Jun-21	12,998	1,668	9,620	1,567
Jul-21	13,020	1,690	9,691	1,567
Aug-21	12,981	1,681	9,782	1,563
Sep-21	12,992	1,679	9,858	1,579
Oct-21	12,981	1,659	9,938	1,569
Nov-21	12,997	1,626	9,951	1,555
Dec-21	12,980	1,620	10,038	1,541
Jan-22	12,952	1,630	10,062	1,532
Feb-22	12,966	1,635	10,116	1,509
Mar-22	12,965	1,627	10,103	1,528
Apr-22	12,969	1,611	10,125	1,517
May-22	12,983	1,617	10,158	1,530
Jun-22	12,993	1,622	10,281	1,525
Jul-22	13,021	1,622	10,379	1,533
Aug-22	13,064	1,617	10,389	1,542
Sep-22	13,110	1,623	10,522	1,548
Oct-22	13,165	1,625	10,599	1,554
Nov-22	13,345	1,653	10,666	1,555
Dec-22	13,372	1,674	10,771	1,550
Jan-23	13,378	1,684	10,856	1,541
Feb-23	13,422	1,703	10,940	1,549
FY2020	151,464	18,382	109,926	19,291
FY2021	153,441	19,501	114,771	19,203
FY2022	155,863	19,565	121,398	18,460

Sample HMO
Claims Lag Report

Month Incurred	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Sep-20	(20,828)	35,409	9,168	50,933	17,819	(1,191)	(439)	(5,040)	5,364	(8,466)	7,578	14,864	(13)	3,364
Oct-20	(3,288)	16,794	17,693	49,044	21,143	17,098	(1,263)	(8,146)	5,452	(3,424)	43,100	2,059	(41)	734
Nov-20	(46,195)	(17,028)	41,974	105,849	89,809	(3,138)	(1,134)	(1,561)	12,015	(1,448)	52,811	(669)	0	(135)
Dec-20	64,861	49,051	(6,894)	(3,315)	57,604	(910)	7,227	(21,963)	6,992	(3,168)	1,715	(11,563)	(22,873)	(1,080)
Jan-21	(37,740)	49,990	25,723	2,127	65,572	(10,934)	21,175	(790)	29,284	(1,949)	(16,257)	(35,295)	161	587
Feb-21	(48,444)	2,910	(52,803)	12,644	176,806	(1,966)	(20,606)	(1,049)	(16,746)	1,275	15,044	142,452	11,833	(63)
Mar-21	17,564	37,834	(140,187)	(685)	29,741	(1,793)	2,329	(25,728)	(1,209)	32,506	(8,424)	(6,855)	568	(44,750)
Apr-21	18,344	60,060	(8,858)	2,287	64,182	17,329	454	23,867	39,534	2,896	(24,140)	(2,636)	223	(6,903)
May-21	140,335	(70,269)	7,823	(4,523)	33,092	5,180	(21,657)	6,378	(233)	1,260	(1,911)	(7,453)	2,749	(1,840)
Jun-21	211,479	189,776	(15,553)	268,124	62,512	21,928	(10,258)	(10,557)	18,941	4,707	127,227	(10,821)	3,418	(16,857)
Jul-21	1,020,766	298,728	7,318	37,797	(5,496)	55,628	368,401	17,486	2,672	(7,474)	(156,570)	38,999	(21,556)	(15,910)
Aug-21	5,227,809	1,188,088	366,926	121,567	58,161	85,081	165,687	(10,088)	51,454	(403)	401	318,705	1,478	(28,424)
Sep-21	2,319,598	4,299,559	1,113,059	223,895	254,042	402,458	71,768	83,575	1,385,964	1,468,565	162,739	(948)	140,150	768,616
Oct-21		1,497,721	4,736,878	858,902	233,442	370,174	38,176	72,398	1,065,260	1,048,833	861,491	(210,611)	166,037	83,583
Nov-21			2,210,794	3,723,789	996,253	660,275	69,006	71,110	540,364	1,911,532	698,019	(23,873)	149,983	472,936
Dec-21				2,275,496	3,896,662	1,417,130	271,131	120,520	144,157	2,240,693	856,148	(12,328)	92,154	22,768
Jan-22					1,812,607	4,303,148	746,536	345,717	198,921	1,965,076	584,366	125,589	160,731	262,349
Feb-22						1,593,292	4,397,630	627,524	300,315	1,322,483	948,459	122,889	706,711	219,760
Mar-22							2,824,004	4,388,021	586,004	1,841,418	1,014,213	160,669	118,921	23,958
Apr-22								2,055,402	4,015,679	2,131,666	1,282,124	127,560	203,801	220,139
May-22									2,171,275	5,534,713	1,690,374	336,462	346,791	(14,982)
Jun-22										3,158,929	4,809,658	640,265	463,884	137,831
Jul-22											2,838,602	4,958,946	830,429	305,915
Aug-22												3,740,846	5,212,608	1,188,415
Sep-22													2,595,739	4,973,109
Oct-22														2,372,771
Nov-22														
Dec-22														
Jan-23														
Feb-23														
	8,872,431	7,623,348	8,333,871	7,717,484	7,841,048	8,910,177	8,937,142	7,753,947	10,585,727	22,622,125	15,917,483	10,410,617	11,153,885	10,916,636

Sample HMO
Estimated Claims Experience

Month	Acute Care - Medicaid Only OCC (Excluding DPPs)					Trend
	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	
Sep-19	12,572	7,459,776	1.000	7,459,776	593.36	
Oct-19	12,558	7,389,708	1.000	7,389,708	588.45	
Nov-19	12,575	7,774,757	1.000	7,774,757	618.27	
Dec-19	12,589	6,577,321	1.000	6,577,321	522.47	
Jan-20	12,597	7,840,557	1.000	7,840,557	622.41	
Feb-20	12,549	6,572,994	1.000	6,572,994	523.79	
Mar-20	12,500	6,396,079	1.000	6,396,079	511.69	
Apr-20	12,586	5,512,449	1.000	5,512,449	437.98	
May-20	12,661	6,601,160	1.000	6,601,160	521.38	
Jun-20	12,737	7,393,773	1.000	7,393,773	580.50	
Jul-20	12,795	7,813,626	1.000	7,813,626	610.68	
Aug-20	12,745	7,058,276	1.000	7,058,276	553.81	
Sep-20	12,695	8,001,269	1.000	8,001,269	630.27	1.062
Oct-20	12,668	7,215,006	1.000	7,215,006	569.55	0.968
Nov-20	12,647	6,784,433	1.000	6,784,433	536.45	0.868
Dec-20	12,637	7,710,148	1.000	7,710,148	610.12	1.168
Jan-21	12,624	7,495,592	1.000	7,495,592	593.76	0.954
Feb-21	12,616	6,276,519	1.000	6,276,519	497.50	0.950
Mar-21	12,595	7,524,198	1.000	7,524,198	597.40	1.168
Apr-21	12,960	8,074,537	1.000	8,074,537	623.04	1.423
May-21	13,000	8,114,969	1.000	8,114,969	624.23	1.197
Jun-21	12,998	8,258,532	1.000	8,258,532	635.37	1.095
Jul-21	13,020	8,580,331	1.000	8,580,331	659.01	1.079
Aug-21	12,981	8,754,885	1.000	8,754,885	674.44	1.218
Sep-21	12,992	9,241,175	1.000	9,241,175	711.30	1.129
Oct-21	12,981	8,190,757	1.000	8,190,757	630.98	1.108
Nov-21	12,997	8,313,352	1.000	8,313,352	639.64	1.192
Dec-21	12,980	8,296,068	0.994	8,346,145	643.00	1.054
Jan-22	12,952	7,986,379	0.994	8,034,587	620.34	1.045
Feb-22	12,966	7,635,530	0.992	7,697,107	593.64	1.193
Mar-22	12,965	8,341,912	0.989	8,434,693	650.57	1.089
Apr-22	12,969	7,706,866	0.986	7,816,294	602.69	0.967
May-22	12,983	7,760,653	0.983	7,894,866	608.09	0.974
Jun-22	12,993	7,193,856	0.978	7,355,681	566.13	0.891
Jul-22	13,021	7,081,239	0.975	7,262,809	557.78	0.846
Aug-22	13,064	8,326,273	0.968	8,601,521	658.39	0.976
Sep-22	13,110	7,650,541	0.959	7,977,624	608.53	0.856
Oct-22	13,165	7,200,020	0.948	7,594,958	576.89	0.914
Nov-22	13,345	7,212,082	0.923	7,813,740	585.53	0.915
Dec-22	13,372	6,988,966	0.866	8,070,399	603.55	0.939
FY2020	151,464	84,390,478		84,390,478	557.17	
FY2021	153,441	92,790,420		92,790,420	604.73	1.085
FY2022	155,863	96,074,060		97,188,988	623.55	1.031

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	155,863		19,565	
Estimated Incurred Claims (Excluding DPPs)				
Acute Care	97,188,988	623.55	30,147,892	1,540.92
Long Term Care	28,191,103	180.87	36,822,958	1,882.10
Total	125,380,090	804.42	66,970,850	3,423.02
Projected FY2024 Member Months	157,684		20,235	
Projected FY2024 Premium				
At Current Rates	160,856,350	1,020.12	82,076,017	4,056.24
Annual Cost Trend Assumptions				
Acute Care	1.1 %		1.0 %	
Long Term Care	4.2 %		4.8 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		0.9863		1.0001
Acute Care - Inpatient		0.9938		0.9960
Wrap & Carve-Out Removal		0.9855		0.9934
Long Term Care		1.2157		1.1499
PHE Related Cost Adjustment				
Acute Care		1.0278		1.0041
Long Term Care		1.0278		1.0041
Projected FY2024 Incurred Claims				
Acute Care	99,778,093	632.77	31,602,397	1,561.81
LTC	38,692,349	245.38	48,294,171	2,386.72
Total	138,470,442	878.15	79,896,568	3,948.53
Capitation Expenses				
Vision	157,684	1.00	20,235	1.00
Behavioral Health	149,800	0.95	19,223	0.95
PCP	0	0.00	0	0.00
Other - Settlements	197,105	1.25	25,293	1.25
Total	504,588	3.20	64,750	3.20

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	5,518,931	35.00	708,208	35.00
Other	0	0.00	0	0.00
Total	5,518,931	35.00	708,208	35.00
Reinsurance Expenses				
Gross Premium	394,209	2.50	50,586	2.50
Projected Reinsurance Recoveries	315,368	2.00	40,469	2.00
Net Reinsurance Cost	78,842	0.50	10,117	0.50
Administrative Expenses				
Fixed Amount	1,103,786	7.00	141,642	7.00
Percentage of Premium	8,382,051	5.25%	4,650,076	5.25%
Total	9,485,837	60.16	4,791,718	30.39
Risk Margin	2,794,017	1.75%	1,550,025	1.75%
Premium Tax	2,794,017	1.75%	1,550,025	1.75%
Maintenance Tax	11,432	0.07	1,467	0.07
Projected FY2024 Total Cost				
Acute Care	110,865,885	703.09	34,776,843	1,718.69
LTC	48,792,221	309.43	53,796,035	2,658.63
Total	159,658,106	1,012.52	88,572,878	4,377.32

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 MCO in a service area. The community rates are developed by a weighted average of the projected FY2024 cost for each MCO in the service area. The weights used in this formula are the projected number of FY2024 clients enrolled in each MCO.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2024 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 FY2024 experience for each of the service areas. These amounts were derived by summing amounts from each individual MCO in the service area. The experience analysis for individual MCOs is described in Attachment 2. The top portion of the exhibit shows summary base period (FY2022) experience, projected FY2024 enrollment, and incurred claims experience. Claim payments associated with the American Rescue Plan Act (ARPA), which temporarily increased the reimbursement for certain services during the period March 2022 through August 2022, have been removed from the base period since the reimbursement increase did not continue beyond August 31, 2022.

In addition to incurred claims, provision is also made for services that are capitated by the MCOs, 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 MCO 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 \$7.00 pmpm and 5.25% of

gross premium for the non-nursing facility risk groups and \$7.00 pmpm and 2.625% of gross premium for the nursing facility risk groups. 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 FY2024 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. 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 MCO in a service area.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2024 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 FY2024 experience for each service area and risk group. These amounts were derived by summing amounts from each individual MCO in the service area. The experience analysis for individual MCOs is described in Attachment 2. The exhibits show (a) summary base period (FY2022) 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 MCO in a service area.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2024 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 FY2024 experience for each service area and risk group. These amounts were derived by summing amounts from each individual MCO in the service area. The exhibits show (a) summary base period (July 2022 through December 2022) 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 FY2024 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 MBCPP risk groups are 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.

FY2024 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>
FY2022 Experience Period								
Member Months	232,375		28,664		216,518		31,281	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	40,063,481	172.41	9,775,014	341.02	0	0.00	0	0.00
Emergency Room	9,471,123	40.76	1,728,983	60.32	0	0.00	0	0.00
Outpatient Facility	13,366,828	57.52	3,386,698	118.15	0	0.00	0	0.00
Inpatient Facility	51,345,514	220.96	13,735,243	479.18	0	0.00	0	0.00
Other Acute Care	22,251,734	95.76	12,153,349	423.99	0	0.00	0	0.00
Acute Care Total	136,498,681	587.41	40,779,287	1,422.67	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	44,160,951	190.04	50,272,695	1,753.86	67,580,291	312.12	56,412,879	1,803.44
Nursing Facility	1,142,331	4.92	368,453	12.85	5,455,643	25.20	646,142	20.66
Other Long Term Care	1,709,489	7.36	3,373,263	117.68	2,545,671	11.76	5,115,600	163.54
ARPA Claims Removal	3,390,044	14.59	3,637,586	126.90	4,236,475	19.57	3,406,654	108.91
Long Term Care Total	43,622,727	187.73	50,376,826	1,757.49	71,345,130	329.51	58,767,967	1,878.73
Total - All Claims	180,121,408	775.13	91,156,112	3,180.16	71,345,130	329.51	58,767,967	1,878.73
Projected FY2024 Member Months	230,944		29,743		232,991		31,924	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9863		1.0001		1.0000		1.0000	
Acute Care - Inpatient	0.9938		0.9960		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9886		0.9947		1.0000		1.0000	
Long Term Care	1.2157		1.1499		1.2003		1.1636	
PHE Related Cost Adjustment								
Acute Care	1.0278		1.0041		1.0285		1.0000	
Long Term Care	1.0278		1.0041		1.0285		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	138,101,117	597.99	42,943,209	1,443.83	0	0.00	0	0.00
LTC	58,816,542	254.68	66,287,421	2,228.71	99,187,291	425.71	75,339,005	2,359.93
Total	196,917,658	852.66	109,230,630	3,672.54	99,187,291	425.71	75,339,005	2,359.93
Capitation Expenses & Refunds	1,872,814	8.11	229,198	7.71	1,298,917	5.57	200,059	6.27
Service Coordination & Other Expenses	12,919,664	55.94	2,008,077	67.52	12,294,787	52.77	2,075,545	65.01
Net Reinsurance Cost	12,529	0.05	1,876	0.06	20,240	0.09	2,916	0.09
Administrative Expenses								
Fixed Amount	1,616,607	7.00	208,198	7.00	1,630,940	7.00	223,470	7.00
Percentage of Premium	12,275,278	5.25%	6,425,432	5.25%	6,584,741	5.25%	4,478,656	5.25%
Total	13,891,885	60.15	6,633,630	223.04	8,215,680	35.26	4,702,126	147.29
Risk Margin	4,091,759	1.75%	2,141,811	1.75%	2,194,914	1.75%	1,492,885	1.75%
Premium Tax	4,091,759	1.75%	2,141,811	1.75%	2,194,914	1.75%	1,492,885	1.75%
Maintenance Tax	16,743	0.07	2,156	0.07	16,892	0.07	2,315	0.07
Projected FY2024 Total Cost								
Acute Care	154,665,153	669.71	47,404,911	1,593.84	1,445,652	6.20	222,439	6.97
LTC	79,149,660	342.72	74,984,277	2,521.11	123,977,982	532.11	85,085,297	2,665.22
Total	233,814,813	1,012.43	122,389,188	4,114.96	125,423,634	538.32	85,307,737	2,672.19

FY2024 STAR+PLUS Rating Summary

Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	6,633		35,836		21,234		5,838	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	1,647,686	248.42	0	0.00	2,054,188	96.74	7,189,499	1,231.46
Emergency Room	308,306	46.48	0	0.00	363,478	17.12	263,527	45.14
Outpatient Facility	439,133	66.21	0	0.00	405,492	19.10	1,184,794	202.94
Inpatient Facility	5,454,656	822.39	0	0.00	2,252,442	106.08	1,131,754	193.85
Other Acute Care	932,051	140.52	0	0.00	2,150,484	101.28	267,729	45.86
Acute Care Total	8,781,833	1,324.02	0	0.00	7,226,084	340.32	10,037,303	1,719.25
Est Inc. Claims - Long Term Care								
Attendant Care	38,183	5.76	136,606	3.81	0	0.00	259,289	44.41
Nursing Facility	33,975,465	5,122.43	157,256,405	4,388.28	0	0.00	357	0.06
Other Long Term Care	5,881	0.89	454,114	12.67	0	0.00	2,245	0.38
ARPA Claims Removal	2,740	0.41	3,732	0.10	0	0.00	19,597	3.36
Long Term Care Total	34,016,790	5,128.66	157,843,393	4,404.66	0	0.00	242,294	41.50
Total - All Claims	42,798,623	6,452.69	157,843,393	4,404.66	7,226,084	340.32	10,279,596	1,760.76
Projected FY2024 Member Months	6,757		39,269		21,611		5,401	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0037		1.0000		0.9891		1.0004	
Acute Care - Inpatient	0.9894		1.0000		0.9969		0.9999	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9898		0.9932	
Long Term Care	1.0011		0.9877		1.0000		1.2138	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0466	
Long Term Care	1.0000		1.0000		1.0000		1.0466	

FY2024 STAR+PLUS Rating Summary
Bexar SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	9,365,315	1,385.99	0	0.00	7,673,997	355.09	10,992,795	2,035.28
LTC	35,812,292	5,299.92	177,392,227	4,517.38	0	0.00	303,863	56.26
Total	45,177,608	6,685.90	177,392,227	4,517.38	7,673,997	355.09	11,296,658	2,091.54
Capitation Expenses & Refunds	70,915	10.49	304,487	7.75	163,218	7.55	-2,911	-0.54
Service Coordination & Other Expenses	349,609	51.74	2,023,650	51.53	1,238,398	57.30	318,152	58.90
Net Reinsurance Cost	827	0.12	4,992	0.13	845	0.04	264	0.05
Administrative Expenses								
Fixed Amount	47,300	7.00	274,882	7.00	151,279	7.00	37,808	7.00
Percentage of Premium	1,276,407	2.63%	5,033,375	2.63%	531,001	5.25%	670,295	5.25%
Total	1,323,707	195.90	5,308,257	135.18	682,280	31.57	708,103	131.10
Risk Margin	850,938	1.75%	3,355,583	1.75%	177,000	1.75%	223,432	1.75%
Premium Tax	850,938	1.75%	3,355,583	1.75%	177,000	1.75%	223,432	1.75%
Maintenance Tax	490	0.07	2,847	0.07	1,567	0.07	392	0.07
Projected FY2024 Total Cost								
Acute Care	10,063,344	1,489.29	329,672	8.40	8,757,157	405.21	12,084,734	2,237.45
LTC	38,561,687	5,706.80	191,417,956	4,874.55	1,357,149	62.80	682,786	126.42
Total	48,625,032	7,196.09	191,747,628	4,882.94	10,114,306	468.01	12,767,521	2,363.86

FY2024 STAR+PLUS Rating Summary
Bexar SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	578,378	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	60,729,869	105.00
Emergency Room	12,135,417	20.98
Outpatient Facility	18,782,945	32.48
Inpatient Facility	73,919,610	127.81
Other Acute Care	37,755,346	65.28
Acute Care Total	203,323,187	351.54
Est Inc. Claims - Long Term Care		
Attendant Care	218,860,894	378.40
Nursing Facility	198,844,797	343.80
Other Long Term Care	13,206,264	22.83
ARPA Claims Removal	14,696,829	25.41
Long Term Care Total	416,215,126	719.62
Total - All Claims	619,538,313	1,071.17
Projected FY2024 Member Months	598,640	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Bexar SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	209,076,433	349.25
LTC	513,138,642	857.17
Total	722,215,074	1,206.43
Capitation Expenses & Refunds	4,136,697	6.91
Service Coordination & Other Expenses	33,227,881	55.51
Net Reinsurance Cost	44,491	0.07
Administrative Expenses		
Fixed Amount	4,190,483	7.00
Percentage of Premium	37,275,185	4.49%
Total	41,465,669	69.27
Risk Margin	14,528,323	1.75%
Premium Tax	14,528,323	1.75%
Maintenance Tax	43,401	0.07
Projected FY2024 Total Cost		
Acute Care	234,973,063	392.51
LTC	595,216,795	994.28
Total	830,189,858	1,386.79

FY2024 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
FY2022 Experience Period								
Member Months	232,375		28,664		6,633		21,234	
Experience Period Cost								
Estimated Incurred Claims	113,744,364	489.49	33,099,884	1,154.75	4,805,107	724.46	14,238,523	670.57
Other Costs/Refunds	-752,686	-3.24	-93,584	-3.26	-21,792	-3.29	-68,840	-3.24
Total Cost	112,991,678	486.25	33,006,301	1,151.49	4,783,315	721.17	14,169,683	667.33
Projected FY2024 Member Months	230,944		29,743		6,757		21,611	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0288		1.0118		1.0000		1.0000	
IMD Adjustment	0.9981		0.9996		1.0000		0.9991	
Insulin Reimbursement Adjustment	0.9719		0.9674		0.9411		0.9952	
Makena Formulary Adjustment	0.9997		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	121,645,036	526.73	36,383,126	1,223.27	4,650,478	688.23	15,719,258	727.36
Administrative Expenses	369,510	1.60	47,588	1.60	10,811	1.60	34,578	1.60
Risk Margin	2,212,699	1.75 %	660,661	1.75 %	84,531	1.75 %	285,691	1.75 %
Premium Tax	2,212,699	1.75 %	660,661	1.75 %	84,531	1.75 %	285,691	1.75 %
Projected FY2024 Total Cost	126,439,944	547.49	37,752,035	1,269.30	4,830,352	714.85	16,325,219	755.40

FY2024 STAR+PLUS Rating Summary

Bexar SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	5,838		294,744	
Experience Period Cost				
Estimated Incurred Claims	4,473,252	766.21	170,361,130	578.00
Other Costs/Refunds	-19,369	-3.32	-956,270	-3.24
Total Cost	4,453,883	762.89	169,404,860	574.75
Projected FY2024 Member Months	5,401		294,456	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0803			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9884			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	6,240,900	1,155.48	184,638,797	627.05
Administrative Expenses	8,642	1.60	471,130	1.60
Risk Margin	113,334	1.75 %	3,356,916	1.75 %
Premium Tax	113,334	1.75 %	3,356,916	1.75 %
Projected FY2024 Total Cost	6,476,209	1,199.05	191,823,758	651.45

FY2024 STAR+PLUS Rating Summary
Bexar 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>
7/2022-12/2022 Experience Period								
Member Months	117,229		14,581		113,218		15,690	
Estimated Incurred Claims	1,869,627	15.95	701,202	48.09	1,528,930	13.50	744,742	47.47
Projected FY2024 Member Months	230,944		29,743		232,991		31,924	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0007		1.0018		1.0011		1.0017
Projected FY2024 Incurred Claims	3,859,267	16.71	1,500,306	50.44	3,298,113	14.16	1,589,326	49.78
Administrative Expenses								
Fixed Amount	40,415	0.175	5,205	0.175	40,773	0.175	5,587	0.175
Percent of Premium	1,151,584	22.0%	444,581	22.0%	985,980	22.0%	470,981	22.0%
Total	1,191,999	5.16	449,785	15.12	1,026,753	4.41	476,568	14.93
Risk Margin	91,603	1.75 %	35,364	1.75 %	78,430	1.75 %	37,464	1.75 %
Premium Tax	91,603	1.75 %	35,364	1.75 %	78,430	1.75 %	37,464	1.75 %
Projected FY2024 Total Cost	5,234,473	22.67	2,020,821	67.94	4,481,727	19.24	2,140,822	67.06

FY2024 STAR+PLUS Rating Summary
Bexar SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	3,251		19,041		10,598		3,085	
Estimated Incurred Claims	17,150	5.27	129,070	6.78	19,469	1.84	23,253	7.54
Projected FY2024 Member Months	6,757		39,269		21,611		5,401	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0164		1.0032
Projected FY2024 Incurred Claims	37,320	5.52	278,719	7.10	42,252	1.96	42,758	7.92
Administrative Expenses								
Fixed Amount	1,183	0.175	6,872	0.175	3,782	0.175	945	0.175
Percent of Premium	11,370	22.0%	84,336	22.0%	13,594	22.0%	12,906	22.0%
Total	12,552	1.86	91,208	2.32	17,376	0.80	13,851	2.56
Risk Margin	904	1.75 %	6,709	1.75 %	1,081	1.75 %	1,027	1.75 %
Premium Tax	904	1.75 %	6,709	1.75 %	1,081	1.75 %	1,027	1.75 %
Projected FY2024 Total Cost	51,681	7.65	383,343	9.76	61,790	2.86	58,662	10.86

FY2024 STAR+PLUS Rating Summary
Bexar SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	296,694	
Estimated Incurred Claims	5,033,442	16.97
Projected FY2024 Member Months	598,640	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	10,648,061	17.79
Administrative Expenses		
Fixed Amount	104,762	0.175
Percent of Premium	3,175,330	22.00 %
Total	3,280,092	5.48
Risk Margin	252,583	1.75 %
Premium Tax	252,583	1.75 %
Projected FY2024 Total Cost	14,433,320	24.11

FY2024 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>
FY2022 Experience Period								
Member Months	313,195		44,292		278,014		57,267	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	41,948,984	133.94	11,771,635	265.77	0	0.00	0	0.00
Emergency Room	13,026,094	41.59	3,154,802	71.23	0	0.00	0	0.00
Outpatient Facility	22,977,359	73.36	5,398,737	121.89	0	0.00	0	0.00
Inpatient Facility	87,708,461	280.04	22,724,029	513.04	0	0.00	0	0.00
Other Acute Care	35,232,170	112.49	15,979,947	360.78	0	0.00	0	0.00
Acute Care Total	200,893,067	641.43	59,029,150	1,332.71	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	59,856,865	191.12	62,635,603	1,414.14	78,845,138	283.60	89,779,162	1,567.73
Nursing Facility	1,936,161	6.18	598,168	13.50	8,498,736	30.57	903,925	15.78
Other Long Term Care	1,351,277	4.31	7,533,162	170.08	5,571,601	20.04	8,876,821	155.01
ARPA Claims Removal	2,784,966	8.89	2,599,940	58.70	3,735,574	13.44	3,423,414	59.78
Long Term Care Total	60,359,337	192.72	68,166,994	1,539.02	89,179,900	320.78	96,136,494	1,678.75
Total - All Claims	261,252,405	834.15	127,196,144	2,871.73	89,179,900	320.78	96,136,494	1,678.75
Projected FY2024 Member Months	310,194		46,288		302,075		58,879	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9879		0.9946		1.0000		1.0000	
Acute Care - Inpatient	0.9955		0.9960		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9964		0.9976		1.0000		1.0000	
Long Term Care	1.2202		1.1591		1.1951		1.1742	
PHE Related Cost Adjustment								
Acute Care	1.0218		1.0052		1.0214		1.0000	
Long Term Care	1.0218		1.0052		1.0214		1.0000	

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	203,632,495	656.47	62,512,027	1,350.51	0	0.00	0	0.00
LTC	80,927,372	260.89	91,160,326	1,969.43	123,784,876	409.78	125,291,093	2,127.94
Total	284,559,867	917.36	153,672,353	3,319.94	123,784,876	409.78	125,291,093	2,127.94
Capitation Expenses & Refunds	2,226,926	7.18	444,422	9.60	880,374	2.91	240,962	4.09
Service Coordination & Other Expenses	16,539,470	53.32	3,711,372	80.18	15,799,733	52.30	3,979,016	67.58
Net Reinsurance Cost	74,393	0.24	14,241	0.31	78,747	0.26	18,685	0.32
Administrative Expenses								
Fixed Amount	2,171,356	7.00	324,014	7.00	2,114,527	7.00	412,154	7.00
Percentage of Premium	17,582,149	5.25%	9,100,178	5.25%	8,208,995	5.25%	7,476,355	5.25%
Total	19,753,505	63.68	9,424,192	203.60	10,323,522	34.18	7,888,510	133.98
Risk Margin	5,860,716	1.75%	3,033,393	1.75%	2,736,332	1.75%	2,492,118	1.75%
Premium Tax	5,860,716	1.75%	3,033,393	1.75%	2,736,332	1.75%	2,492,118	1.75%
Maintenance Tax	22,489	0.07	3,356	0.07	21,900	0.07	4,269	0.07
Projected FY2024 Total Cost								
Acute Care	227,401,359	733.09	69,154,916	1,494.02	1,051,092	3.48	284,545	4.83
LTC	107,496,724	346.55	104,181,806	2,250.74	155,310,726	514.15	142,122,226	2,413.79
Total	334,898,084	1,079.64	173,336,721	3,744.77	156,361,817	517.63	142,406,771	2,418.63

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	10,326		49,464		27,924		7,662	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	3,034,079	293.82	0	0.00	1,838,595	65.84	6,095,520	795.53
Emergency Room	559,086	54.14	0	0.00	485,824	17.40	268,639	35.06
Outpatient Facility	1,318,982	127.73	0	0.00	708,077	25.36	4,234,990	552.71
Inpatient Facility	8,362,927	809.87	0	0.00	2,508,388	89.83	2,553,955	333.32
Other Acute Care	3,182,227	308.17	0	0.00	3,357,368	120.23	349,136	45.57
Acute Care Total	16,457,302	1,593.72	0	0.00	8,898,251	318.66	13,502,240	1,762.19
Est Inc. Claims - Long Term Care								
Attendant Care	151,948	14.71	330,294	6.68	0	0.00	420,519	54.88
Nursing Facility	51,912,506	5,027.21	208,949,308	4,224.26	0	0.00	37,343	4.87
Other Long Term Care	58,476	5.66	1,014,031	20.50	0	0.00	2,927	0.38
ARPA Claims Removal	3,230	0.31	15,847	0.32	0	0.00	28,837	3.76
Long Term Care Total	52,119,700	5,047.27	210,277,786	4,251.12	0	0.00	431,952	56.37
Total - All Claims	68,577,002	6,641.00	210,277,786	4,251.12	8,898,251	318.66	13,934,192	1,818.57
Projected FY2024 Member Months	11,194		53,935		29,359		7,258	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0018		1.0000		0.9929		1.0004	
Acute Care - Inpatient	0.9945		1.0000		0.9987		0.9991	
Wrap & Carve-Out Removal	0.9981		1.0000		0.9965		0.9979	
Long Term Care	1.0001		0.9851		1.0000		1.2003	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0554	
Long Term Care	1.0000		1.0000		1.0000		1.0554	

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	18,712,393	1,671.61	0	0.00	9,884,242	336.67	15,328,028	2,111.92
LTC	58,328,664	5,210.60	234,530,707	4,348.42	0	0.00	553,095	76.21
Total	77,041,057	6,882.21	234,530,707	4,348.42	9,884,242	336.67	15,881,123	2,188.13
Capitation Expenses & Refunds	163,230	14.58	440,222	8.16	174,682	5.95	8,876	1.22
Service Coordination & Other Expenses	574,715	51.34	2,788,645	51.70	1,591,398	54.20	417,672	57.55
Net Reinsurance Cost	3,140	0.28	14,724	0.27	6,508	0.22	1,111	0.15
Administrative Expenses								
Fixed Amount	78,360	7.00	377,542	7.00	205,514	7.00	50,805	7.00
Percentage of Premium	2,177,214	2.63%	6,659,482	2.63%	682,613	5.25%	941,267	5.25%
Total	2,255,573	201.49	7,037,024	130.47	888,127	30.25	992,072	136.69
Risk Margin	1,451,476	1.75%	4,439,654	1.75%	227,538	1.75%	313,756	1.75%
Premium Tax	1,451,476	1.75%	4,439,654	1.75%	227,538	1.75%	313,756	1.75%
Maintenance Tax	812	0.07	3,910	0.07	2,129	0.07	526	0.07
Projected FY2024 Total Cost								
Acute Care	20,131,017	1,798.34	484,630	8.99	11,258,163	383.46	16,863,077	2,323.42
LTC	62,810,462	5,610.96	253,209,912	4,694.75	1,743,998	59.40	1,065,813	146.85
Total	82,941,479	7,409.30	253,694,542	4,703.74	13,002,161	442.87	17,928,891	2,470.27

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	788,144	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	64,688,813	82.08
Emergency Room	17,494,445	22.20
Outpatient Facility	34,638,144	43.95
Inpatient Facility	123,857,760	157.15
Other Acute Care	58,100,848	73.72
Acute Care Total	298,780,011	379.09
Est Inc. Claims - Long Term Care		
Attendant Care	292,019,530	370.52
Nursing Facility	272,836,146	346.18
Other Long Term Care	24,408,295	30.97
ARPA Claims Removal	12,591,807	15.98
Long Term Care Total	576,672,163	731.68
Total - All Claims	875,452,174	1,110.78
Projected FY2024 Member Months	819,182	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	310,069,185	378.51
LTC	714,576,133	872.30
Total	1,024,645,319	1,250.82
Capitation Expenses & Refunds	4,579,693	5.59
Service Coordination & Other Expenses	45,402,022	55.42
Net Reinsurance Cost	211,550	0.26
Administrative Expenses		
Fixed Amount	5,734,272	7.00
Percentage of Premium	52,828,254	4.50%
Total	58,562,526	71.49
Risk Margin	20,554,983	1.75%
Premium Tax	20,554,983	1.75%
Maintenance Tax	59,391	0.07
Projected FY2024 Total Cost		
Acute Care	346,628,800	423.14
LTC	827,941,666	1,010.69
Total	1,174,570,466	1,433.83

FY2024 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
FY2022 Experience Period								
Member Months	313,195		44,292		10,326		27,924	
Experience Period Cost								
Estimated Incurred Claims	117,500,197	375.17	37,656,080	850.17	5,294,258	512.70	11,372,808	407.28
Other Costs/Refunds	-987,003	-3.15	-137,346	-3.10	-32,230	-3.12	-88,378	-3.16
Total Cost	116,513,195	372.02	37,518,734	847.07	5,262,028	509.57	11,284,430	404.11
Projected FY2024 Member Months	310,194		46,288		11,194		29,359	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0303		1.0136		1.0000		1.0000	
IMD Adjustment	0.9987		0.9990		0.9999		0.9983	
Insulin Reimbursement Adjustment	0.9717		0.9622		0.9308		0.9863	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	125,273,762	403.86	41,477,907	896.09	5,383,619	480.93	12,805,783	436.18
Administrative Expenses	496,310	1.60	74,060	1.60	17,911	1.60	46,975	1.60
Risk Margin	2,280,804	1.75 %	753,533	1.75 %	97,955	1.75 %	233,081	1.75 %
Premium Tax	2,280,804	1.75 %	753,533	1.75 %	97,955	1.75 %	233,081	1.75 %
Projected FY2024 Total Cost	130,331,681	420.16	43,059,033	930.25	5,597,440	500.03	13,318,919	453.66

FY2024 STAR+PLUS Rating Summary
Dallas SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	7,662		403,400	
Experience Period Cost				
Estimated Incurred Claims	3,573,085	466.33	175,396,427	434.80
Other Costs/Refunds	-24,642	-3.22	-1,269,598	-3.15
Total Cost	3,548,443	463.11	174,126,829	431.65
Projected FY2024 Member Months	7,258		404,293	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0749			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9827			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	5,036,247	693.90	189,977,317	469.90
Administrative Expenses	11,613	1.60	646,868	1.60
Risk Margin	91,541	1.75 %	3,456,915	1.75 %
Premium Tax	91,541	1.75 %	3,456,915	1.75 %
Projected FY2024 Total Cost	5,230,942	720.73	197,538,016	488.60

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	157,961		22,859		146,268		29,003	
Estimated Incurred Claims	1,698,626	10.75	1,153,014	50.44	1,817,669	12.43	1,203,846	41.51
Projected FY2024 Member Months	310,194		46,288		302,075		58,879	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0009		1.0010		1.0018		1.0024
Projected FY2024 Incurred Claims	3,495,808	11.27	2,447,157	52.87	3,937,645	13.04	2,565,153	43.57
Administrative Expenses								
Fixed Amount	54,284	0.175	8,100	0.175	52,863	0.175	10,304	0.175
Percent of Premium	1,048,349	22.0%	725,042	22.0%	1,178,405	22.0%	760,538	22.0%
Total	1,102,633	3.55	733,143	15.84	1,231,268	4.08	770,841	13.09
Risk Margin	83,391	1.75 %	57,674	1.75 %	93,737	1.75 %	60,497	1.75 %
Premium Tax	83,391	1.75 %	57,674	1.75 %	93,737	1.75 %	60,497	1.75 %
Projected FY2024 Total Cost	4,765,224	15.36	3,295,647	71.20	5,356,387	17.73	3,456,989	58.71

FY2024 STAR+PLUS Rating Summary
Dallas SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	5,203		26,138		14,156		4,148	
Estimated Incurred Claims	21,635	4.16	167,422	6.41	42,951	3.03	60,470	14.58
Projected FY2024 Member Months	11,194		53,935		29,359		7,258	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0001		1.0000		1.0049		1.0053
Projected FY2024 Incurred Claims	48,739	4.35	361,727	6.71	93,730	3.19	111,377	15.35
Administrative Expenses								
Fixed Amount	1,959	0.175	9,439	0.175	5,138	0.175	1,270	0.175
Percent of Premium	14,971	22.0%	109,606	22.0%	29,196	22.0%	33,265	22.0%
Total	16,930	1.51	119,044	2.21	34,334	1.17	34,535	4.76
Risk Margin	1,191	1.75 %	8,719	1.75 %	2,322	1.75 %	2,646	1.75 %
Premium Tax	1,191	1.75 %	8,719	1.75 %	2,322	1.75 %	2,646	1.75 %
Projected FY2024 Total Cost	68,051	6.08	498,209	9.24	132,708	4.52	151,204	20.83

FY2024 STAR+PLUS Rating Summary
Dallas SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	405,735	
Estimated Incurred Claims	6,165,633	15.20
Projected FY2024 Member Months	819,182	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	13,061,335	15.94
Administrative Expenses		
Fixed Amount	143,357	0.175
Percent of Premium	3,899,372	22.00 %
Total	4,042,729	4.94
Risk Margin	310,177	1.75 %
Premium Tax	310,177	1.75 %
Projected FY2024 Total Cost	17,724,419	21.64

FY2024 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>
FY2022 Experience Period								
Member Months	72,046		9,770		149,179		14,652	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	11,205,169	155.53	3,007,840	307.87	0	0.00	0	0.00
Emergency Room	2,527,554	35.08	515,245	52.74	0	0.00	0	0.00
Outpatient Facility	5,242,677	72.77	791,562	81.02	0	0.00	0	0.00
Inpatient Facility	11,384,786	158.02	3,014,118	308.51	0	0.00	0	0.00
Other Acute Care	12,977,291	180.12	4,306,392	440.79	0	0.00	0	0.00
Acute Care Total	43,337,478	601.52	11,635,155	1,190.93	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	18,163,471	252.11	13,653,263	1,397.49	65,302,383	437.74	24,207,417	1,652.16
Nursing Facility	313,537	4.35	124,879	12.78	1,208,276	8.10	246,740	16.84
Other Long Term Care	1,796,132	24.93	2,829,359	289.60	7,860,461	52.69	3,724,157	254.17
ARPA Claims Removal	0	0.00	0	0.00	0	0.00	0	0.00
Long Term Care Total	20,273,140	281.39	16,607,502	1,699.88	74,371,120	498.54	28,178,313	1,923.17
Total - All Claims	63,610,618	882.91	28,242,657	2,890.81	74,371,120	498.54	28,178,313	1,923.17
Projected FY2024 Member Months	68,926		11,430		154,537		16,514	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9812		0.9899		1.0000		1.0000	
Acute Care - Inpatient	0.9957		0.9963		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9955		0.9978		1.0000		1.0000	
Long Term Care	1.2238		1.1943		1.2201		1.1906	
PHE Related Cost Adjustment								
Acute Care	1.0208		1.0018		1.0047		1.0000	
Long Term Care	1.0208		1.0018		1.0047		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	42,071,652	610.39	13,688,037	1,197.60	0	0.00	0	0.00
LTC	26,307,476	381.68	25,530,677	2,233.75	98,835,142	639.56	40,819,586	2,471.81
Total	68,379,128	992.07	39,218,714	3,431.36	98,835,142	639.56	40,819,586	2,471.81
Capitation Expenses & Refunds	386,769	5.61	89,645	7.84	248,297	1.61	49,281	2.98
Service Coordination & Other Expenses	2,552,473	37.03	829,745	72.60	5,793,674	37.49	1,048,715	63.50
Net Reinsurance Cost	13,912	0.20	2,694	0.24	34,933	0.23	4,286	0.26
Administrative Expenses								
Fixed Amount	482,481	7.00	80,007	7.00	1,081,759	7.00	115,598	7.00
Percentage of Premium	4,132,096	5.25%	2,314,121	5.25%	6,098,918	5.25%	2,418,663	5.25%
Total	4,614,577	66.95	2,394,128	209.47	7,180,678	46.47	2,534,261	153.46
Risk Margin	1,377,365	1.75%	771,374	1.75%	2,032,973	1.75%	806,221	1.75%
Premium Tax	1,377,365	1.75%	771,374	1.75%	2,032,973	1.75%	806,221	1.75%
Maintenance Tax	4,997	0.07	829	0.07	11,204	0.07	1,197	0.07
Projected FY2024 Total Cost								
Acute Care	46,873,714	680.06	15,132,700	1,324.00	310,389	2.01	58,704	3.55
LTC	31,832,873	461.84	28,945,802	2,532.55	115,859,484	749.72	46,011,065	2,786.18
Total	78,706,587	1,141.90	44,078,502	3,856.55	116,169,873	751.73	46,069,769	2,789.73

FY2024 STAR+PLUS Rating Summary
El Paso SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	1,170		7,088		6,274		3,921	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	497,045	424.82	0	0.00	715,579	114.06	2,952,021	752.87
Emergency Room	53,645	45.85	0	0.00	82,356	13.13	90,796	23.16
Outpatient Facility	142,319	121.64	0	0.00	101,777	16.22	1,560,680	398.03
Inpatient Facility	817,733	698.92	0	0.00	786,665	125.39	645,948	164.74
Other Acute Care	217,919	186.26	0	0.00	1,425,647	227.24	241,706	61.64
Acute Care Total	1,728,660	1,477.49	0	0.00	3,112,023	496.03	5,491,150	1,400.45
Est Inc. Claims - Long Term Care								
Attendant Care	12,322	10.53	128,074	18.07	0	0.00	335,318	85.52
Nursing Facility	5,974,974	5,106.82	31,842,612	4,492.51	0	0.00	3,610	0.92
Other Long Term Care	7,350	6.28	63,531	8.96	0	0.00	4,129	1.05
ARPA Claims Removal	0	0.00	0	0.00	0	0.00	0	0.00
Long Term Care Total	5,994,646	5,123.63	32,034,218	4,519.54	0	0.00	343,057	87.49
Total - All Claims	7,723,306	6,601.12	32,034,218	4,519.54	3,112,023	496.03	5,834,207	1,487.94
Projected FY2024 Member Months	1,131		8,643		6,611		3,512	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9944		1.0000		0.9778		1.0002	
Acute Care - Inpatient	0.9914		1.0000		0.9976		0.9988	
Wrap & Carve-Out Removal	0.9969		1.0000		0.9988		0.9975	
Long Term Care	1.0018		0.9959		1.0000		1.2369	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0392	
Long Term Care	1.0000		1.0000		1.0000		1.0392	

FY2024 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 FY2024 Incurred Claims								
Acute Care	1,731,910	1,531.51	0	0.00	3,415,916	516.68	5,798,540	1,651.05
LTC	5,991,715	5,298.42	40,396,282	4,673.67	0	0.00	421,467	120.01
Total	7,723,625	6,829.93	40,396,282	4,673.67	3,415,916	516.68	6,220,007	1,771.05
Capitation Expenses & Refunds	16,555	14.64	48,678	5.63	30,523	4.62	21,101	6.01
Service Coordination & Other Expenses	43,587	38.54	327,778	37.92	235,354	35.60	129,128	36.77
Net Reinsurance Cost	319	0.28	2,151	0.25	834	0.13	660	0.19
Administrative Expenses								
Fixed Amount	7,916	7.00	60,504	7.00	46,279	7.00	24,584	7.00
Percentage of Premium	217,888	2.63%	1,141,886	2.63%	214,567	5.25%	367,974	5.25%
Total	225,804	199.68	1,202,390	139.11	260,846	39.45	392,558	111.77
Risk Margin	145,259	1.75%	761,257	1.75%	71,522	1.75%	122,658	1.75%
Premium Tax	145,259	1.75%	761,257	1.75%	71,522	1.75%	122,658	1.75%
Maintenance Tax	82	0.07	627	0.07	479	0.07	255	0.07
Projected FY2024 Total Cost								
Acute Care	1,864,795	1,649.02	54,145	6.26	3,829,076	579.17	6,403,788	1,823.38
LTC	6,435,694	5,691.02	43,446,274	5,026.54	257,922	39.01	605,236	172.33
Total	8,300,489	7,340.04	43,500,420	5,032.81	4,086,998	618.19	7,009,024	1,995.71

FY2024 STAR+PLUS Rating Summary

El Paso SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	264,100	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	18,377,654	69.59
Emergency Room	3,269,596	12.38
Outpatient Facility	7,839,014	29.68
Inpatient Facility	16,649,249	63.04
Other Acute Care	19,168,955	72.58
Acute Care Total	65,304,467	247.27
Est Inc. Claims - Long Term Care		
Attendant Care	121,802,249	461.20
Nursing Facility	39,714,628	150.38
Other Long Term Care	16,285,118	61.66
ARPA Claims Removal	0	0.00
Long Term Care Total	177,801,996	673.24
Total - All Claims	243,106,462	920.51
Projected FY2024 Member Months	271,304	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
El Paso SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	66,706,055	245.87
LTC	238,302,346	878.36
Total	305,008,401	1,124.23
Capitation Expenses & Refunds	890,848	3.28
Service Coordination & Other Expenses	10,960,455	40.40
Net Reinsurance Cost	59,788	0.22
Administrative Expenses		
Fixed Amount	1,899,128	7.00
Percentage of Premium	16,906,113	4.86%
Total	18,805,242	69.31
Risk Margin	6,088,629	1.75%
Premium Tax	6,088,629	1.75%
Maintenance Tax	19,670	0.07
Projected FY2024 Total Cost		
Acute Care	74,527,311	274.70
LTC	273,394,351	1,007.70
Total	347,921,662	1,282.40

FY2024 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
FY2022 Experience Period								
Member Months	72,046		9,770		1,170		6,274	
Experience Period Cost								
Estimated Incurred Claims	38,132,733	529.28	10,004,663	1,024.04	567,299	484.87	4,900,878	781.16
Other Costs/Refunds	-208,704	-2.90	-29,181	-2.99	-3,638	-3.11	-16,911	-2.70
Total Cost	37,924,028	526.39	9,975,482	1,021.05	563,661	481.76	4,883,967	778.47
Projected FY2024 Member Months	68,926		11,430		1,131		6,611	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0229		1.0049		1.0000		1.0000	
IMD Adjustment	0.9975		0.9983		0.9995		0.9928	
Insulin Reimbursement Adjustment	0.9710		0.9690		0.9279		0.9925	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	39,028,946	566.24	12,317,371	1,077.68	512,366	453.08	5,559,176	840.86
Administrative Expenses	110,281	1.60	18,287	1.60	1,809	1.60	10,578	1.60
Risk Margin	709,779	1.75 %	223,704	1.75 %	9,324	1.75 %	101,006	1.75 %
Premium Tax	709,779	1.75 %	223,704	1.75 %	9,324	1.75 %	101,006	1.75 %
Projected FY2024 Total Cost	40,558,785	588.44	12,783,065	1,118.43	532,824	471.17	5,771,766	873.02

FY2024 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>
FY2022 Experience Period				
Member Months	3,921		93,181	
Experience Period Cost				
Estimated Incurred Claims	2,434,628	620.92	56,040,200	601.41
Other Costs/Refunds	-11,213	-2.86	-269,647	-2.89
Total Cost	2,423,415	618.06	55,770,553	598.52
Projected FY2024 Member Months	3,512		91,610	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0392			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9808			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	3,138,295	893.58	60,556,153	661.02
Administrative Expenses	5,619	1.60	146,575	1.60
Risk Margin	57,014	1.75 %	1,100,827	1.75 %
Premium Tax	57,014	1.75 %	1,100,827	1.75 %
Projected FY2024 Total Cost	3,257,942	927.65	62,904,382	686.66

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	35,441		5,424		75,870		7,805	
Estimated Incurred Claims	261,280	7.37	114,037	21.02	410,648	5.41	192,592	24.68
Projected FY2024 Member Months	68,926		11,430		154,537		16,514	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0043		1.0019		1.0020		1.0028
Projected FY2024 Incurred Claims	534,346	7.75	252,074	22.05	877,557	5.68	427,890	25.91
Administrative Expenses								
Fixed Amount	12,062	0.175	2,000	0.175	27,044	0.175	2,890	0.175
Percent of Premium	161,355	22.0%	75,029	22.0%	267,130	22.0%	127,210	22.0%
Total	173,417	2.52	77,029	6.74	294,174	1.90	130,100	7.88
Risk Margin	12,835	1.75 %	5,968	1.75 %	21,249	1.75 %	10,119	1.75 %
Premium Tax	12,835	1.75 %	5,968	1.75 %	21,249	1.75 %	10,119	1.75 %
Projected FY2024 Total Cost	733,433	10.64	341,039	29.84	1,214,229	7.86	578,229	35.01

FY2024 STAR+PLUS Rating Summary
El Paso SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	569		3,990		3,151		2,033	
Estimated Incurred Claims	12,730	22.39	47,848	11.99	938	0.30	8,629	4.24
Projected FY2024 Member Months	1,131		8,643		6,611		3,512	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0168		1.0030
Projected FY2024 Incurred Claims	26,508	23.44	108,529	12.56	2,094	0.32	15,657	4.46
Administrative Expenses								
Fixed Amount	198	0.175	1,513	0.175	1,157	0.175	615	0.175
Percent of Premium	7,886	22.0%	32,496	22.0%	960	22.0%	4,805	22.0%
Total	8,084	7.15	34,008	3.93	2,117	0.32	5,420	1.54
Risk Margin	627	1.75 %	2,585	1.75 %	76	1.75 %	382	1.75 %
Premium Tax	627	1.75 %	2,585	1.75 %	76	1.75 %	382	1.75 %
Projected FY2024 Total Cost	35,847	31.70	147,707	17.09	4,364	0.66	21,841	6.22

FY2024 STAR+PLUS Rating Summary
El Paso SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	134,282	
Estimated Incurred Claims	1,048,701	7.81
Projected FY2024 Member Months	271,304	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	2,244,655	8.27
Administrative Expenses		
Fixed Amount	47,478	0.175
Percent of Premium	676,872	22.00 %
Total	724,350	2.67
Risk Margin	53,842	1.75 %
Premium Tax	53,842	1.75 %
Projected FY2024 Total Cost	3,076,689	11.34

FY2024 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>
FY2022 Experience Period								
Member Months	527,940		40,317		600,727		57,967	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	88,764,510	168.13	16,141,033	400.35	0	0.00	0	0.00
Emergency Room	25,181,323	47.70	2,799,985	69.45	0	0.00	0	0.00
Outpatient Facility	34,569,457	65.48	5,867,480	145.53	0	0.00	0	0.00
Inpatient Facility	166,377,125	315.14	27,574,610	683.94	0	0.00	0	0.00
Other Acute Care	45,787,984	86.73	12,152,488	301.42	0	0.00	0	0.00
Acute Care Total	360,680,398	683.18	64,535,597	1,600.69	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	106,985,563	202.65	57,624,802	1,429.28	181,247,224	301.71	103,397,284	1,783.74
Nursing Facility	1,208,311	2.29	1,572,949	39.01	4,117,005	6.85	1,951,375	33.66
Other Long Term Care	15,395,608	29.16	37,074,697	919.57	14,011,086	23.32	29,356,746	506.44
ARPA Claims Removal	8,514,509	16.13	5,084,953	126.12	12,849,141	21.39	6,877,844	118.65
Long Term Care Total	115,074,974	217.97	91,187,495	2,261.74	186,526,174	310.50	127,827,561	2,205.19
Total - All Claims	475,755,371	901.15	155,723,092	3,862.42	186,526,174	310.50	127,827,561	2,205.19
Projected FY2024 Member Months	524,918		43,623		647,987		60,752	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9840		0.9985		1.0000		1.0000	
Acute Care - Inpatient	0.9960		0.9975		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9922		0.9958		1.0000		1.0000	
Long Term Care	1.2188		1.1625		1.2005		1.1801	
PHE Related Cost Adjustment								
Acute Care	1.0312		1.0016		1.0157		1.0000	
Long Term Care	1.0312		1.0016		1.0157		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	367,559,417	700.22	70,761,617	1,622.10	0	0.00	0	0.00
LTC	156,134,510	297.45	126,174,505	2,892.36	256,748,175	396.22	170,670,503	2,809.29
Total	523,693,927	997.67	196,936,123	4,514.46	256,748,175	396.22	170,670,503	2,809.29
Capitation Expenses & Refunds	5,989,876	11.41	414,764	9.51	2,857,891	4.41	242,089	3.98
Service Coordination & Other Expenses	25,267,989	48.14	2,898,140	66.44	30,408,373	46.93	4,232,852	69.67
Net Reinsurance Cost	24,266	0.05	3,467	0.08	32,367	0.05	5,446	0.09
Administrative Expenses								
Fixed Amount	3,674,427	7.00	305,364	7.00	4,535,908	7.00	425,265	7.00
Percentage of Premium	32,143,724	5.25%	11,539,127	5.25%	16,951,297	5.25%	10,101,895	5.25%
Total	35,818,152	68.24	11,844,491	271.52	21,487,205	33.16	10,527,161	173.28
Risk Margin	10,714,575	1.75%	3,846,376	1.75%	5,650,432	1.75%	3,367,298	1.75%
Premium Tax	10,714,575	1.75%	3,846,376	1.75%	5,650,432	1.75%	3,367,298	1.75%
Maintenance Tax	38,057	0.07	3,163	0.07	46,979	0.07	4,405	0.07
Projected FY2024 Total Cost								
Acute Care	412,251,178	785.36	78,126,800	1,790.94	3,167,406	4.89	271,272	4.47
LTC	200,010,238	381.03	141,666,098	3,247.48	319,714,450	493.40	192,145,781	3,162.78
Total	612,261,416	1,166.39	219,792,898	5,038.41	322,881,856	498.28	192,417,053	3,167.24

FY2024 STAR+PLUS Rating Summary
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	10,359		56,080		48,422		13,433	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	4,028,889	388.91	0	0.00	6,066,865	125.29	9,928,487	739.11
Emergency Room	716,460	69.16	0	0.00	1,049,767	21.68	741,270	55.18
Outpatient Facility	900,061	86.88	0	0.00	1,346,581	27.81	11,143,293	829.55
Inpatient Facility	10,899,118	1,052.10	0	0.00	7,838,055	161.87	4,477,289	333.31
Other Acute Care	1,739,021	167.87	0	0.00	3,933,429	81.23	382,318	28.46
Acute Care Total	18,283,549	1,764.92	0	0.00	20,234,697	417.88	26,672,656	1,985.61
Est Inc. Claims - Long Term Care								
Attendant Care	91,493	8.83	253,454	4.52	0	0.00	828,663	61.69
Nursing Facility	55,960,841	5,401.92	246,238,020	4,390.87	0	0.00	102,473	7.63
Other Long Term Care	81,368	7.85	464,257	8.28	0	0.00	114,202	8.50
ARPA Claims Removal	12,672	1.22	23,076	0.41	0	0.00	50,321	3.75
Long Term Care Total	56,121,030	5,417.39	246,932,655	4,403.25	0	0.00	995,017	74.07
Total - All Claims	74,404,579	7,182.30	246,932,655	4,403.25	20,234,697	417.88	27,667,673	2,059.68
Projected FY2024 Member Months	12,182		60,454		50,919		11,929	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0027		1.0000		0.9824		1.0000	
Acute Care - Inpatient	0.9990		1.0000		0.9965		0.9987	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9911		0.9978	
Long Term Care	0.9988		0.9836		1.0000		1.2183	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0596	
Long Term Care	1.0000		1.0000		1.0000		1.0596	

FY2024 STAR+PLUS Rating Summary
Harris SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	22,684,714	1,862.14	0	0.00	22,073,738	433.51	28,474,182	2,386.89
LTC	68,041,912	5,585.42	271,873,278	4,497.18	0	0.00	1,217,232	102.04
Total	90,726,626	7,447.56	271,873,278	4,497.18	22,073,738	433.51	29,691,413	2,488.93
Capitation Expenses & Refunds	139,555	11.46	316,655	5.24	571,017	11.21	141,058	11.82
Service Coordination & Other Expenses	623,813	51.21	3,156,570	52.21	2,458,926	48.29	580,635	48.67
Net Reinsurance Cost	837	0.07	4,482	0.07	1,481	0.03	783	0.07
Administrative Expenses								
Fixed Amount	85,274	7.00	423,179	7.00	356,431	7.00	83,506	7.00
Percentage of Premium	2,560,741	2.63%	7,711,517	2.63%	1,465,126	5.25%	1,754,694	5.25%
Total	2,646,016	217.21	8,134,696	134.56	1,821,557	35.77	1,838,200	154.09
Risk Margin	1,707,161	1.75%	5,141,012	1.75%	488,375	1.75%	584,898	1.75%
Premium Tax	1,707,161	1.75%	5,141,012	1.75%	488,375	1.75%	584,898	1.75%
Maintenance Tax	883	0.07	4,383	0.07	3,692	0.07	865	0.07
Projected FY2024 Total Cost								
Acute Care	24,337,309	1,997.80	342,090	5.66	25,212,447	495.15	31,448,695	2,636.23
LTC	73,214,743	6,010.05	293,429,997	4,853.76	2,694,713	52.92	1,974,056	165.48
Total	97,552,052	8,007.84	293,772,087	4,859.42	27,907,160	548.07	33,422,750	2,801.71

FY2024 STAR+PLUS Rating Summary
Harris SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	1,355,245	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	124,929,783	92.18
Emergency Room	30,488,805	22.50
Outpatient Facility	53,826,872	39.72
Inpatient Facility	217,166,197	160.24
Other Acute Care	63,995,240	47.22
Acute Care Total	490,406,896	361.86
Est Inc. Claims - Long Term Care		
Attendant Care	450,428,483	332.36
Nursing Facility	311,150,975	229.59
Other Long Term Care	96,497,965	71.20
ARPA Claims Removal	33,412,516	24.65
Long Term Care Total	824,664,907	608.50
Total - All Claims	1,315,071,803	970.36
Projected FY2024 Member Months	1,412,765	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Harris SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	511,553,667	362.09
LTC	1,050,860,116	743.83
Total	1,562,413,784	1,105.93
Capitation Expenses & Refunds	10,672,906	7.55
Service Coordination & Other Expenses	69,627,297	49.28
Net Reinsurance Cost	73,128	0.05
Administrative Expenses		
Fixed Amount	9,889,355	7.00
Percentage of Premium	84,228,123	4.68%
Total	94,117,478	66.62
Risk Margin	31,500,127	1.75%
Premium Tax	31,500,127	1.75%
Maintenance Tax	102,425	0.07
Projected FY2024 Total Cost		
Acute Care	575,157,197	407.11
LTC	1,224,850,076	866.99
Total	1,800,007,273	1,274.10

FY2024 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
FY2022 Experience Period								
Member Months	527,940		40,317		10,359		48,422	
Experience Period Cost								
Estimated Incurred Claims	253,861,519	480.85	40,378,042	1,001.50	5,943,118	573.69	28,424,631	587.02
Other Costs/Refunds	-1,087,529	-2.06	-83,414	-2.07	-21,865	-2.11	-97,128	-2.01
Total Cost	252,773,990	478.79	40,294,628	999.43	5,921,253	571.58	28,327,503	585.01
Projected FY2024 Member Months	524,918		43,623		12,182		50,919	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0311		1.0078		1.0000		1.0000	
IMD Adjustment	0.9971		0.9987		1.0000		0.9975	
Insulin Reimbursement Adjustment	0.9763		0.9695		0.9427		0.9941	
Makena Formulary Adjustment	0.9999		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	273,876,277	521.75	46,191,950	1,058.88	6,656,271	546.40	32,380,209	635.92
Administrative Expenses	839,869	1.60	69,797	1.60	19,491	1.60	81,470	1.60
Risk Margin	4,981,899	1.75 %	838,944	1.75 %	121,063	1.75 %	588,683	1.75 %
Premium Tax	4,981,899	1.75 %	838,944	1.75 %	121,063	1.75 %	588,683	1.75 %
Projected FY2024 Total Cost	284,679,944	542.33	47,939,634	1,098.94	6,917,889	567.88	33,639,046	660.64

FY2024 STAR+PLUS Rating Summary
Harris SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	13,433		640,472	
Experience Period Cost				
Estimated Incurred Claims	10,300,927	766.84	338,908,237	529.15
Other Costs/Refunds	-28,752	-2.14	-1,318,687	-2.06
Total Cost	10,272,176	764.70	337,589,550	527.10
Projected FY2024 Member Months	11,929		643,572	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0580			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9905			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	13,560,384	1,136.72	372,665,092	579.06
Administrative Expenses	19,087	1.60	1,029,715	1.60
Risk Margin	246,260	1.75 %	6,776,849	1.75 %
Premium Tax	246,260	1.75 %	6,776,849	1.75 %
Projected FY2024 Total Cost	14,071,991	1,179.61	387,248,504	601.72

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	265,721		21,104		315,214		29,353	
Estimated Incurred Claims	3,545,879	13.34	649,647	30.78	3,811,947	12.09	672,779	22.92
Projected FY2024 Member Months	524,918		43,623		647,987		60,752	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0017		1.0016		1.0025		1.0022
Projected FY2024 Incurred Claims	7,346,876	14.00	1,408,326	32.28	8,225,598	12.69	1,461,190	24.05
Administrative Expenses								
Fixed Amount	91,861	0.175	7,634	0.175	113,398	0.175	10,632	0.175
Percent of Premium	2,196,674	22.0%	418,136	22.0%	2,462,522	22.0%	434,632	22.0%
Total	2,288,535	4.36	425,770	9.76	2,575,920	3.98	445,263	7.33
Risk Margin	174,735	1.75 %	33,261	1.75 %	195,882	1.75 %	34,573	1.75 %
Premium Tax	174,735	1.75 %	33,261	1.75 %	195,882	1.75 %	34,573	1.75 %
Projected FY2024 Total Cost	9,984,882	19.02	1,900,617	43.57	11,193,282	17.27	1,975,599	32.52

FY2024 STAR+PLUS Rating Summary
Harris SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	5,562		28,880		24,580		6,956	
Estimated Incurred Claims	54,299	9.76	296,242	10.26	254,746	10.36	83,648	12.03
Projected FY2024 Member Months	12,182		60,454		50,919		11,929	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0123		1.0048
Projected FY2024 Incurred Claims	124,518	10.22	649,304	10.74	559,361	10.99	150,926	12.65
Administrative Expenses								
Fixed Amount	2,132	0.175	10,579	0.175	8,911	0.175	2,088	0.175
Percent of Premium	37,400	22.0%	194,865	22.0%	167,812	22.0%	45,185	22.0%
Total	39,532	3.25	205,444	3.40	176,723	3.47	47,273	3.96
Risk Margin	2,975	1.75 %	15,501	1.75 %	13,349	1.75 %	3,594	1.75 %
Premium Tax	2,975	1.75 %	15,501	1.75 %	13,349	1.75 %	3,594	1.75 %
Projected FY2024 Total Cost	170,000	13.95	885,749	14.65	762,781	14.98	205,387	17.22

FY2024 STAR+PLUS Rating Summary
Harris SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	697,371	
Estimated Incurred Claims	9,369,186	13.44
Projected FY2024 Member Months	1,412,765	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	19,926,099	14.10
Administrative Expenses		
Fixed Amount	247,234	0.175
Percent of Premium	5,957,226	22.00 %
Total	6,204,460	4.39
Risk Margin	473,870	1.75 %
Premium Tax	473,870	1.75 %
Projected FY2024 Total Cost	27,078,299	19.17

FY2024 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>
FY2022 Experience Period								
Member Months	175,529		31,719		380,628		115,352	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	27,379,786	155.98	9,339,879	294.45	0	0.00	0	0.00
Emergency Room	6,693,580	38.13	1,978,403	62.37	0	0.00	0	0.00
Outpatient Facility	11,577,191	65.96	4,088,109	128.88	0	0.00	0	0.00
Inpatient Facility	32,600,061	185.72	12,003,793	378.44	0	0.00	0	0.00
Other Acute Care	24,145,162	137.56	14,173,696	446.85	0	0.00	0	0.00
Acute Care Total	102,395,780	583.35	41,583,880	1,310.99	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	88,897,638	506.45	71,837,713	2,264.78	278,169,224	730.82	254,465,710	2,205.99
Nursing Facility	862,200	4.91	203,661	6.42	5,771,632	15.16	1,171,149	10.15
Other Long Term Care	14,519,117	82.72	5,869,816	185.05	44,311,881	116.42	21,316,457	184.79
ARPA Claims Removal	7,021,838	40.00	5,009,871	157.94	18,896,330	49.65	15,952,598	138.29
Long Term Care Total	97,257,118	554.08	72,901,319	2,298.31	309,356,406	812.75	261,000,718	2,262.65
Total - All Claims	199,652,898	1,137.43	114,485,200	3,609.30	309,356,406	812.75	261,000,718	2,262.65
Projected FY2024 Member Months	177,314		32,850		390,304		119,933	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9956		1.0009		1.0000		1.0000	
Acute Care - Inpatient	0.9964		0.9967		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9949		0.9976		1.0000		1.0000	
Long Term Care	1.2078		1.1760		1.2039		1.1821	
PHE Related Cost Adjustment								
Acute Care	1.0191		1.0016		1.0078		1.0000	
Long Term Care	1.0191		1.0016		1.0078		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	106,343,184	599.75	43,789,432	1,332.99	0	0.00	0	0.00
LTC	131,298,829	740.49	97,673,163	2,973.27	402,789,102	1,031.99	346,290,837	2,887.37
Total	237,642,014	1,340.24	141,462,595	4,306.26	402,789,102	1,031.99	346,290,837	2,887.37
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	1,428,493	8.06	289,209	8.80	1,816,192	4.65	723,574	6.03
Net Reinsurance Cost	9,924,683	55.97	2,361,476	71.89	20,946,221	53.67	7,969,225	66.45
	32,867	0.19	5,342	0.16	90,829	0.23	23,308	0.19
Administrative Expenses								
Fixed Amount	1,241,195	7.00	229,953	7.00	2,732,130	7.00	839,532	7.00
Percentage of Premium	14,399,792	5.25%	8,305,124	5.25%	24,647,831	5.25%	20,473,859	5.25%
Total	15,640,987	88.21	8,535,077	259.82	27,379,961	70.15	21,313,391	177.71
Risk Margin	4,799,931	1.75%	2,768,375	1.75%	8,215,944	1.75%	6,824,620	1.75%
Premium Tax	4,799,931	1.75%	2,768,375	1.75%	8,215,944	1.75%	6,824,620	1.75%
Maintenance Tax	12,855	0.07	2,382	0.07	28,297	0.07	8,695	0.07
Projected FY2024 Total Cost								
Acute Care	118,756,957	669.76	48,390,030	1,473.04	2,089,886	5.35	818,501	6.82
LTC	155,524,804	877.12	109,802,800	3,342.50	467,392,603	1,197.51	389,159,769	3,244.81
Total	274,281,761	1,546.87	158,192,830	4,815.54	469,482,489	1,202.86	389,978,269	3,251.63

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	2,709		26,230		12,122		7,532	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	836,038	308.59	0	0.00	1,250,147	103.13	4,905,477	651.31
Emergency Room	164,033	60.55	0	0.00	297,445	24.54	249,615	33.14
Outpatient Facility	263,457	97.25	0	0.00	400,025	33.00	3,134,234	416.14
Inpatient Facility	2,872,379	1,060.23	0	0.00	1,543,044	127.29	1,367,912	181.62
Other Acute Care	782,289	288.75	0	0.00	2,035,532	167.91	226,808	30.11
Acute Care Total	4,918,195	1,815.37	0	0.00	5,526,193	455.86	9,884,046	1,312.33
Est Inc. Claims - Long Term Care								
Attendant Care	78,621	29.02	524,765	20.01	0	0.00	3,224,832	428.17
Nursing Facility	14,657,256	5,410.18	123,652,990	4,714.25	0	0.00	0	0.00
Other Long Term Care	10,272	3.79	209,278	7.98	0	0.00	102,799	13.65
ARPA Claims Removal	4,396	1.62	40,683	1.55	0	0.00	282,984	37.57
Long Term Care Total	14,741,754	5,441.37	124,346,350	4,740.68	0	0.00	3,044,647	404.25
Total - All Claims	19,659,949	7,256.74	124,346,350	4,740.68	5,526,193	455.86	12,928,693	1,716.58
Projected FY2024 Member Months	3,277		30,333		12,801		6,209	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0039		1.0000		0.9951		0.9977	
Acute Care - Inpatient	0.9896		1.0000		0.9879		1.0000	
Wrap & Carve-Out Removal	0.9987		1.0000		0.9972		0.9936	
Long Term Care	1.0134		1.0045		1.0000		1.2109	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0164	
Long Term Care	1.0000		1.0000		1.0000		1.0164	

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	6,224,821	1,899.78	0	0.00	6,115,950	477.78	9,348,019	1,505.46
LTC	18,650,962	5,692.16	149,984,915	4,944.69	0	0.00	3,296,617	530.91
Total	24,875,783	7,591.93	149,984,915	4,944.69	6,115,950	477.78	12,644,635	2,036.37
Capitation Expenses & Refunds	40,416	12.33	248,066	8.18	89,154	6.96	17,140	2.76
Service Coordination & Other Expenses	177,230	54.09	1,640,677	54.09	717,028	56.01	359,564	57.91
Net Reinsurance Cost	734	0.22	6,795	0.22	2,362	0.18	904	0.15
Administrative Expenses								
Fixed Amount	22,936	7.00	212,328	7.00	89,605	7.00	43,466	7.00
Percentage of Premium	702,349	2.63%	4,252,989	2.63%	403,604	5.25%	751,752	5.25%
Total	725,285	221.35	4,465,317	147.21	493,210	38.53	795,217	128.07
Risk Margin	468,233	1.75%	2,835,326	1.75%	134,535	1.75%	250,584	1.75%
Premium Tax	468,233	1.75%	2,835,326	1.75%	134,535	1.75%	250,584	1.75%
Maintenance Tax	238	0.07	2,199	0.07	928	0.07	450	0.07
Projected FY2024 Total Cost								
Acute Care	6,680,980	2,038.99	271,490	8.95	6,901,917	539.18	10,299,758	1,658.74
LTC	20,075,172	6,126.82	161,747,131	5,332.46	785,784	61.39	4,019,321	647.30
Total	26,756,151	8,165.81	162,018,621	5,341.41	7,687,701	600.57	14,319,079	2,306.03

FY2024 STAR+PLUS Rating Summary

Hidalgo SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	751,822	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	43,711,327	58.14
Emergency Room	9,383,076	12.48
Outpatient Facility	19,463,016	25.89
Inpatient Facility	50,387,189	67.02
Other Acute Care	41,363,486	55.02
Acute Care Total	164,308,095	218.55
Est Inc. Claims - Long Term Care		
Attendant Care	697,198,501	927.35
Nursing Facility	146,318,888	194.62
Other Long Term Care	86,339,620	114.84
ARPA Claims Removal	47,208,699	62.79
Long Term Care Total	882,648,310	1,174.01
Total - All Claims	1,046,956,405	1,392.56
Projected FY2024 Member Months	773,021	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	171,821,407	222.27
LTC	1,149,984,426	1,487.65
Total	1,321,805,832	1,709.92
Capitation Expenses & Refunds	4,652,244	6.02
Service Coordination & Other Expenses	44,096,104	57.04
Net Reinsurance Cost	163,142	0.21
Administrative Expenses		
Fixed Amount	5,411,145	7.00
Percentage of Premium	73,937,300	4.92%
Total	79,348,445	102.65
Risk Margin	26,297,546	1.75%
Premium Tax	26,297,546	1.75%
Maintenance Tax	56,044	0.07
Projected FY2024 Total Cost		
Acute Care	194,209,519	251.23
LTC	1,308,507,383	1,692.72
Total	1,502,716,902	1,943.95

FY2024 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
FY2022 Experience Period								
Member Months	175,529		31,719		2,709		12,122	
Experience Period Cost								
Estimated Incurred Claims	85,344,310	486.21	30,930,706	975.13	1,788,222	660.06	6,811,801	561.91
Other Costs/Refunds	-611,065	-3.48	-111,761	-3.52	-9,602	-3.54	-42,199	-3.48
Total Cost	84,733,245	482.73	30,818,945	971.61	1,778,620	656.51	6,769,602	558.43
Projected FY2024 Member Months	177,314		32,850		3,277		12,801	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0291		1.0104		1.0000		1.0000	
IMD Adjustment	0.9997		0.9996		1.0000		0.9999	
Insulin Reimbursement Adjustment	0.9655		0.9567		0.9427		0.9892	
Makena Formulary Adjustment	0.9994		0.9999		1.0000		1.0000	
Projected FY2024 Incurred Claims	92,257,220	520.31	33,482,725	1,019.25	2,056,361	627.59	7,750,693	605.49
Administrative Expenses	283,702	1.60	52,561	1.60	5,243	1.60	20,481	1.60
Risk Margin	1,678,203	1.75 %	608,153	1.75 %	37,387	1.75 %	140,928	1.75 %
Premium Tax	1,678,203	1.75 %	608,153	1.75 %	37,387	1.75 %	140,928	1.75 %
Projected FY2024 Total Cost	95,897,328	540.83	34,751,591	1,057.87	2,136,377	652.01	8,053,030	629.11

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
FY2022 Experience Period				
Member Months	7,532		229,612	
Experience Period Cost				
Estimated Incurred Claims	4,394,017	583.41	129,269,055	562.99
Other Costs/Refunds	-26,581	-3.53	-801,208	-3.49
Total Cost	4,367,436	579.88	128,467,847	559.50
Projected FY2024 Member Months	6,209		232,451	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0252			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9830			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	5,147,189	828.94	140,694,187	605.26
Administrative Expenses	9,935	1.60	371,921	1.60
Risk Margin	93,523	1.75 %	2,558,194	1.75 %
Premium Tax	93,523	1.75 %	2,558,194	1.75 %
Projected FY2024 Total Cost	5,344,170	860.66	146,182,496	628.88

FY2024 STAR+PLUS Rating Summary
Hidalgo 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>
7/2022-12/2022 Experience Period								
Member Months	88,888		16,216		193,574		58,086	
Estimated Incurred Claims	794,074	8.93	376,000	23.19	1,845,747	9.54	1,684,112	28.99
Projected FY2024 Member Months	177,314		32,850		390,304		119,933	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0097		1.0109		1.0084		1.0063
Projected FY2024 Incurred Claims	1,674,667	9.44	806,230	24.54	3,929,497	10.07	3,663,897	30.55
Administrative Expenses								
Fixed Amount	31,030	0.175	5,749	0.175	68,303	0.175	20,988	0.175
Percent of Premium	503,696	22.0%	239,779	22.0%	1,180,558	22.0%	1,088,154	22.0%
Total	534,725	3.02	245,528	7.47	1,248,862	3.20	1,109,142	9.25
Risk Margin	40,067	1.75 %	19,073	1.75 %	93,908	1.75 %	86,558	1.75 %
Premium Tax	40,067	1.75 %	19,073	1.75 %	93,908	1.75 %	86,558	1.75 %
Projected FY2024 Total Cost	2,289,525	12.91	1,089,905	33.18	5,366,174	13.75	4,946,155	41.24

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	1,514		14,005		6,195		3,724	
Estimated Incurred Claims	3,764	2.49	20,251	1.45	13,906	2.24	63,522	17.06
Projected FY2024 Member Months	3,277		30,333		12,801		6,209	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0038		1.0000		1.0390		1.0248
Projected FY2024 Incurred Claims	8,563	2.61	45,924	1.51	31,258	2.44	113,650	18.30
Administrative Expenses								
Fixed Amount	573	0.175	5,308	0.175	2,240	0.175	1,087	0.175
Percent of Premium	2,698	22.0%	15,129	22.0%	9,892	22.0%	33,882	22.0%
Total	3,271	1.00	20,437	0.67	12,132	0.95	34,969	5.63
Risk Margin	215	1.75 %	1,203	1.75 %	787	1.75 %	2,695	1.75 %
Premium Tax	215	1.75 %	1,203	1.75 %	787	1.75 %	2,695	1.75 %
Projected FY2024 Total Cost	12,264	3.74	68,769	2.27	44,965	3.51	154,009	24.80

FY2024 STAR+PLUS Rating Summary
Hidalgo SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	382,203	
Estimated Incurred Claims	4,801,377	12.56
Projected FY2024 Member Months	773,021	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	10,273,687	13.29
Administrative Expenses		
Fixed Amount	135,279	0.175
Percent of Premium	3,073,788	22.00 %
Total	3,209,067	4.15
Risk Margin	244,506	1.75 %
Premium Tax	244,506	1.75 %
Projected FY2024 Total Cost	13,971,766	18.07

FY2024 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>
FY2022 Experience Period								
Member Months	96,064		7,631		93,201		13,308	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	16,234,344	169.00	2,523,759	330.72	0	0.00	0	0.00
Emergency Room	5,641,122	58.72	843,632	110.55	0	0.00	0	0.00
Outpatient Facility	6,832,396	71.12	1,638,892	214.77	0	0.00	0	0.00
Inpatient Facility	20,810,041	216.63	3,327,340	436.03	0	0.00	0	0.00
Other Acute Care	4,968,445	51.72	1,854,382	243.01	0	0.00	0	0.00
Acute Care Total	54,486,347	567.19	10,188,004	1,335.08	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	10,606,106	110.41	7,763,201	1,017.32	16,338,994	175.31	16,370,578	1,230.16
Nursing Facility	247,961	2.58	179,145	23.48	1,418,340	15.22	414,806	31.17
Other Long Term Care	1,745,338	18.17	3,954,019	518.15	453,959	4.87	4,388,004	329.74
ARPA Claims Removal	765,610	7.97	454,513	59.56	702,836	7.54	532,796	40.04
Long Term Care Total	11,833,795	123.19	11,441,851	1,499.39	17,508,456	187.86	20,640,591	1,551.03
Total - All Claims	66,320,142	690.37	21,629,856	2,834.47	17,508,456	187.86	20,640,591	1,551.03
Projected FY2024 Member Months	96,089		7,819		100,387		13,553	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0023		1.0133		1.0000		1.0000	
Acute Care - Inpatient	0.9970		0.9990		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9884		0.9946		1.0000		1.0000	
Long Term Care	1.2184		1.1523		1.1948		1.1675	
PHE Related Cost Adjustment								
Acute Care	1.0288		1.0020		1.0065		1.0000	
Long Term Care	1.0288		1.0020		1.0065		1.0000	

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	56,608,053	589.12	10,743,365	1,373.99	0	0.00	0	0.00
LTC	16,109,965	167.66	14,867,111	1,901.39	23,733,623	236.42	26,493,970	1,954.83
Total	72,718,018	756.78	25,610,476	3,275.38	23,733,623	236.42	26,493,970	1,954.83
Capitation Expenses & Refunds	561,065	5.84	54,850	7.01	11,667	0.12	18,689	1.38
Service Coordination & Other Expenses	4,603,380	47.91	518,239	66.28	4,563,037	45.45	833,332	61.49
Net Reinsurance Cost	8,111	0.08	1,520	0.19	13,397	0.13	2,975	0.22
Administrative Expenses								
Fixed Amount	672,625	7.00	54,734	7.00	702,708	7.00	94,872	7.00
Percentage of Premium	4,520,475	5.25%	1,509,721	5.25%	1,670,318	5.25%	1,579,017	5.25%
Total	5,193,100	54.04	1,564,454	200.08	2,373,026	23.64	1,673,889	123.51
Risk Margin	1,506,825	1.75%	503,240	1.75%	556,773	1.75%	526,339	1.75%
Premium Tax	1,506,825	1.75%	503,240	1.75%	556,773	1.75%	526,339	1.75%
Maintenance Tax	6,966	0.07	567	0.07	7,278	0.07	983	0.07
Projected FY2024 Total Cost								
Acute Care	63,239,740	658.14	11,860,748	1,516.90	27,468	0.27	23,741	1.75
LTC	22,864,550	237.95	16,895,838	2,160.85	31,788,106	316.66	30,052,774	2,217.41
Total	86,104,290	896.09	28,756,586	3,677.74	31,815,574	316.93	30,076,514	2,219.16

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	2,195		17,950		4,434		2,291	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	497,766	226.81	0	0.00	423,917	95.60	1,392,692	607.94
Emergency Room	195,337	89.01	0	0.00	139,078	31.37	156,579	68.35
Outpatient Facility	160,370	73.07	0	0.00	177,695	40.07	1,855,308	809.89
Inpatient Facility	1,177,546	536.55	0	0.00	370,698	83.60	610,904	266.67
Other Acute Care	321,003	146.27	0	0.00	252,278	56.89	68,926	30.09
Acute Care Total	2,352,021	1,071.70	0	0.00	1,363,665	307.54	4,084,409	1,782.94
Est Inc. Claims - Long Term Care								
Attendant Care	7,153	3.26	45,311	2.52	0	0.00	52,572	22.95
Nursing Facility	10,741,808	4,894.51	74,419,422	4,146.00	0	0.00	0	0.00
Other Long Term Care	8,694	3.96	100,100	5.58	0	0.00	40,120	17.51
ARPA Claims Removal	0	0.00	754	0.04	0	0.00	2,416	1.05
Long Term Care Total	10,757,655	4,901.73	74,564,079	4,154.06	0	0.00	90,276	39.41
Total - All Claims	13,109,675	5,973.43	74,564,079	4,154.06	1,363,665	307.54	4,174,685	1,822.35
Projected FY2024 Member Months	2,233		18,862		4,491		2,100	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0109		1.0000		1.0073		1.0040	
Acute Care - Inpatient	1.0056		1.0000		0.9971		0.9990	
Wrap & Carve-Out Removal	0.9964		1.0000		0.9945		0.9964	
Long Term Care	0.9876		0.9752		1.0000		1.2040	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0586	
Long Term Care	1.0000		1.0000		1.0000		1.0586	

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	2,557,040	1,144.92	0	0.00	1,474,963	328.43	4,509,397	2,147.41
LTC	11,160,450	4,997.10	79,342,991	4,206.44	0	0.00	112,549	53.60
Total	13,717,490	6,142.02	79,342,991	4,206.44	1,474,963	328.43	4,621,947	2,201.00
Capitation Expenses & Refunds	16,883	7.56	31,104	1.65	24,926	5.55	13,467	6.41
Service Coordination & Other Expenses	109,487	49.02	946,183	50.16	218,384	48.63	103,839	49.45
Net Reinsurance Cost	275	0.12	2,343	0.12	319	0.07	159	0.08
Administrative Expenses								
Fixed Amount	15,634	7.00	132,036	7.00	31,436	7.00	14,699	7.00
Percentage of Premium	387,561	2.63%	2,249,769	2.63%	100,705	5.25%	273,533	5.25%
Total	403,195	180.53	2,381,805	126.27	132,142	29.42	288,232	137.26
Risk Margin	258,374	1.75%	1,499,846	1.75%	33,568	1.75%	91,178	1.75%
Premium Tax	258,374	1.75%	1,499,846	1.75%	33,568	1.75%	91,178	1.75%
Maintenance Tax	162	0.07	1,368	0.07	326	0.07	152	0.07
Projected FY2024 Total Cost								
Acute Care	2,745,292	1,229.21	35,629	1.89	1,678,871	373.84	4,972,617	2,368.00
LTC	12,018,948	5,381.50	85,669,856	4,541.86	239,325	53.29	237,534	113.12
Total	14,764,240	6,610.70	85,705,486	4,543.75	1,918,196	427.13	5,210,151	2,481.11

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	237,073	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	21,072,478	88.89
Emergency Room	6,975,748	29.42
Outpatient Facility	10,664,660	44.98
Inpatient Facility	26,296,528	110.92
Other Acute Care	7,465,034	31.49
Acute Care Total	72,474,447	305.71
Est Inc. Claims - Long Term Care		
Attendant Care	51,183,914	215.90
Nursing Facility	87,421,481	368.75
Other Long Term Care	10,690,233	45.09
ARPA Claims Removal	2,458,925	10.37
Long Term Care Total	146,836,703	619.37
Total - All Claims	219,311,150	925.08
Projected FY2024 Member Months	245,535	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	75,892,818	309.09
LTC	171,820,658	699.78
Total	247,713,477	1,008.87
Capitation Expenses & Refunds	732,650	2.98
Service Coordination & Other Expenses	11,895,881	48.45
Net Reinsurance Cost	29,098	0.12
Administrative Expenses		
Fixed Amount	1,718,744	7.00
Percentage of Premium	12,291,099	4.32%
Total	14,009,843	57.06
Risk Margin	4,976,143	1.75%
Premium Tax	4,976,143	1.75%
Maintenance Tax	17,801	0.07
Projected FY2024 Total Cost		
Acute Care	84,584,106	344.49
LTC	199,766,932	813.60
Total	284,351,037	1,158.09

FY2024 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
FY2022 Experience Period								
Member Months	96,064		7,631		2,195		4,434	
Experience Period Cost								
Estimated Incurred Claims	42,531,541	442.74	6,547,170	857.97	1,295,636	590.36	2,033,382	458.57
Other Costs/Refunds	-219,898	-2.29	-18,133	-2.38	-5,072	-2.31	-10,109	-2.28
Total Cost	42,311,642	440.45	6,529,037	855.59	1,290,565	588.05	2,023,273	456.29
Projected FY2024 Member Months	96,089		7,819		2,233		4,491	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0325		1.0114		1.0000		1.0000	
IMD Adjustment	0.9988		0.9990		1.0000		1.0000	
Insulin Reimbursement Adjustment	0.9658		0.9511		0.9403		0.9923	
Makena Formulary Adjustment	0.9999		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	45,763,790	476.26	6,980,292	892.73	1,252,278	560.71	2,229,017	496.34
Administrative Expenses	153,743	1.60	12,511	1.60	3,573	1.60	7,185	1.60
Risk Margin	832,701	1.75 %	126,812	1.75 %	22,775	1.75 %	40,553	1.75 %
Premium Tax	832,701	1.75 %	126,812	1.75 %	22,775	1.75 %	40,553	1.75 %
Projected FY2024 Total Cost	47,582,935	495.19	7,246,428	926.76	1,301,400	582.70	2,317,308	516.00

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	2,291		112,615	
Experience Period Cost				
Estimated Incurred Claims	1,850,485	807.78	54,258,214	481.80
Other Costs/Refunds	-5,312	-2.32	-258,525	-2.30
Total Cost	1,845,173	805.46	53,999,689	479.51
Projected FY2024 Member Months	2,100		112,733	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0318			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9901			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	2,451,025	1,167.20	58,676,402	520.49
Administrative Expenses	3,360	1.60	180,372	1.60
Risk Margin	44,510	1.75 %	1,067,351	1.75 %
Premium Tax	44,510	1.75 %	1,067,351	1.75 %
Projected FY2024 Total Cost	2,543,404	1,211.19	60,991,476	541.03

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	48,716		3,902		48,687		6,646	
Estimated Incurred Claims	790,720	16.23	286,079	73.32	721,818	14.83	435,963	65.60
Projected FY2024 Member Months	96,089		7,819		100,387		13,553	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0077		1.0053		1.0057		1.0071
Projected FY2024 Incurred Claims	1,645,641	17.13	603,425	77.17	1,567,233	15.61	937,538	69.18
Administrative Expenses								
Fixed Amount	16,816	0.175	1,368	0.175	17,568	0.175	2,372	0.175
Percent of Premium	490,927	22.0%	178,597	22.0%	467,995	22.0%	277,557	22.0%
Total	507,742	5.28	179,965	23.02	485,562	4.84	279,929	20.65
Risk Margin	39,051	1.75 %	14,207	1.75 %	37,227	1.75 %	22,078	1.75 %
Premium Tax	39,051	1.75 %	14,207	1.75 %	37,227	1.75 %	22,078	1.75 %
Projected FY2024 Total Cost	2,231,486	23.22	811,804	103.82	2,127,249	21.19	1,261,624	93.09

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	1,087		9,254		2,188		1,205	
Estimated Incurred Claims	11,790	10.85	108,249	11.70	25,843	11.81	21,948	18.22
Projected FY2024 Member Months	2,233		18,862		4,491		2,100	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0003		1.0008		1.0297		1.0213
Projected FY2024 Incurred Claims	25,374	11.36	231,202	12.26	57,196	12.74	40,905	19.48
Administrative Expenses								
Fixed Amount	391	0.175	3,301	0.175	786	0.175	367	0.175
Percent of Premium	7,608	22.0%	69,249	22.0%	17,122	22.0%	12,188	22.0%
Total	7,999	3.58	72,550	3.85	17,908	3.99	12,555	5.98
Risk Margin	605	1.75 %	5,508	1.75 %	1,362	1.75 %	969	1.75 %
Premium Tax	605	1.75 %	5,508	1.75 %	1,362	1.75 %	969	1.75 %
Projected FY2024 Total Cost	34,584	15.48	314,769	16.69	77,828	17.33	55,399	26.38

FY2024 STAR+PLUS Rating Summary
Jefferson SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	121,685	
Estimated Incurred Claims	2,402,409	19.74
Projected FY2024 Member Months	245,535	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	5,108,514	20.81
Administrative Expenses		
Fixed Amount	42,969	0.175
Percent of Premium	1,521,243	22.00 %
Total	1,564,212	6.37
Risk Margin	121,008	1.75 %
Premium Tax	121,008	1.75 %
Projected FY2024 Total Cost	6,914,742	28.16

FY2024 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>
FY2022 Experience Period								
Member Months	57,516		4,297		68,183		7,031	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	7,796,318	135.55	1,354,653	315.23	0	0.00	0	0.00
Emergency Room	2,136,190	37.14	334,201	77.77	0	0.00	0	0.00
Outpatient Facility	7,129,058	123.95	1,227,526	285.65	0	0.00	0	0.00
Inpatient Facility	9,171,502	159.46	1,669,794	388.56	0	0.00	0	0.00
Other Acute Care	5,846,403	101.65	2,085,999	485.42	0	0.00	0	0.00
Acute Care Total	32,079,471	557.75	6,672,172	1,552.63	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	2,717,068	47.24	4,244,387	987.68	4,434,645	65.04	7,929,058	1,127.76
Nursing Facility	539,148	9.37	58,179	13.54	1,854,109	27.19	106,051	15.08
Other Long Term Care	363,048	6.31	621,594	144.65	523,744	7.68	1,669,364	237.43
ARPA Claims Removal	235,331	4.09	292,143	67.98	256,397	3.76	504,974	71.82
Long Term Care Total	3,383,933	58.83	4,632,018	1,077.88	6,556,102	96.15	9,199,498	1,308.45
Total - All Claims	35,463,404	616.58	11,304,191	2,630.51	6,556,102	96.15	9,199,498	1,308.45
Projected FY2024 Member Months	57,189		4,692		71,992		6,947	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9992		1.0061		1.0000		1.0000	
Acute Care - Inpatient	1.0034		1.0045		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9883		0.9926		1.0000		1.0000	
Long Term Care	1.2019		1.1473		1.1515		1.1460	
PHE Related Cost Adjustment								
Acute Care	1.0257		1.0034		1.0646		1.0000	
Long Term Care	1.0257		1.0034		1.0646		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	33,135,426	579.41	7,479,937	1,594.21	0	0.00	0	0.00
LTC	4,503,664	78.75	6,394,354	1,362.84	8,880,933	123.36	11,245,343	1,618.72
Total	37,639,090	658.16	13,874,291	2,957.05	8,880,933	123.36	11,245,343	1,618.72
Capitation Expenses & Refunds	186,206	3.26	10,153	2.16	114,046	1.58	11,282	1.62
Service Coordination & Other Expenses	2,967,607	51.89	283,477	60.42	3,465,919	48.14	411,603	59.25
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	400,321	7.00	32,844	7.00	503,946	7.00	48,629	7.00
Percentage of Premium	2,370,260	5.25%	817,050	5.25%	746,223	5.25%	674,149	5.25%
Total	2,770,580	48.45	849,893	181.14	1,250,169	17.37	722,779	104.04
Risk Margin	790,087	1.75%	272,350	1.75%	248,741	1.75%	224,716	1.75%
Premium Tax	790,087	1.75%	272,350	1.75%	248,741	1.75%	224,716	1.75%
Maintenance Tax	4,146	0.07	340	0.07	5,219	0.07	504	0.07
Projected FY2024 Total Cost								
Acute Care	36,907,072	645.36	8,227,924	1,753.63	124,982	1.74	12,363	1.78
LTC	8,240,732	144.10	7,334,931	1,563.30	14,088,787	195.70	12,828,579	1,846.63
Total	45,147,804	789.45	15,562,855	3,316.93	14,213,769	197.43	12,840,943	1,848.41

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	2,096		15,504		7,030		1,684	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	361,010	172.26	0	0.00	714,658	101.66	398,102	236.38
Emergency Room	129,847	61.96	0	0.00	157,653	22.43	34,060	20.22
Outpatient Facility	376,535	179.67	0	0.00	317,354	45.14	1,371,536	814.37
Inpatient Facility	1,049,314	500.70	0	0.00	750,607	106.77	156,473	92.91
Other Acute Care	282,510	134.81	0	0.00	806,069	114.66	64,733	38.44
Acute Care Total	2,199,215	1,049.41	0	0.00	2,746,341	390.67	2,024,904	1,202.32
Est Inc. Claims - Long Term Care								
Attendant Care	8,327	3.97	46,007	2.97	0	0.00	86,537	51.38
Nursing Facility	10,113,880	4,826.07	63,271,955	4,080.93	0	0.00	185	0.11
Other Long Term Care	1,869	0.89	63,738	4.11	0	0.00	925	0.55
ARPA Claims Removal	225	0.11	1,612	0.10	0	0.00	6,895	4.09
Long Term Care Total	10,123,851	4,830.83	63,380,087	4,087.90	0	0.00	80,753	47.95
Total - All Claims	12,323,067	5,880.23	63,380,087	4,087.90	2,746,341	390.67	2,105,657	1,250.27
Projected FY2024 Member Months	2,651		16,401		7,144		1,562	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0086		1.0000		1.0064		1.0021	
Acute Care - Inpatient	1.0102		1.0000		1.0044		1.0011	
Wrap & Carve-Out Removal	0.9997		1.0000		0.9805		0.9923	
Long Term Care	0.9908		0.9750		1.0000		1.2088	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0676	
Long Term Care	1.0000		1.0000		1.0000		1.0676	

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	2,988,894	1,127.36	0	0.00	2,957,344	413.98	2,272,433	1,454.77
LTC	13,099,170	4,940.77	67,875,712	4,138.60	0	0.00	103,142	66.03
Total	16,088,063	6,068.13	67,875,712	4,138.60	2,957,344	413.98	2,375,575	1,520.80
Capitation Expenses & Refunds	6,640	2.50	25,573	1.56	17,655	2.47	-2,634	-1.69
Service Coordination & Other Expenses	130,310	49.15	784,140	47.81	373,856	52.33	83,000	53.14
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	18,559	7.00	114,805	7.00	50,006	7.00	10,934	7.00
Percentage of Premium	454,220	2.63%	1,923,875	2.63%	195,581	5.25%	141,936	5.25%
Total	472,778	178.32	2,038,679	124.30	245,587	34.38	152,871	97.86
Risk Margin	302,813	1.75%	1,282,583	1.75%	65,194	1.75%	47,312	1.75%
Premium Tax	302,813	1.75%	1,282,583	1.75%	65,194	1.75%	47,312	1.75%
Maintenance Tax	192	0.07	1,189	0.07	518	0.07	113	0.07
Projected FY2024 Total Cost								
Acute Care	3,194,692	1,204.98	27,241	1.66	3,315,641	464.13	2,499,032	1,599.83
LTC	14,108,919	5,321.63	73,263,218	4,467.09	409,705	57.35	204,517	130.93
Total	17,303,611	6,526.61	73,290,460	4,468.75	3,725,347	521.49	2,703,550	1,730.76

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	163,341	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	10,624,741	65.05
Emergency Room	2,791,951	17.09
Outpatient Facility	10,422,008	63.81
Inpatient Facility	12,797,690	78.35
Other Acute Care	9,085,713	55.62
Acute Care Total	45,722,103	279.92
Est Inc. Claims - Long Term Care		
Attendant Care	19,466,030	119.17
Nursing Facility	75,943,507	464.94
Other Long Term Care	3,244,282	19.86
ARPA Claims Removal	1,297,577	7.94
Long Term Care Total	97,356,242	596.03
Total - All Claims	143,078,346	875.95
Projected FY2024 Member Months	168,578	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	48,834,034	289.68
LTC	112,102,318	664.99
Total	160,936,352	954.67
Capitation Expenses & Refunds	368,920	2.19
Service Coordination & Other Expenses	8,499,914	50.42
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	1,180,044	7.00
Percentage of Premium	7,323,293	3.96%
Total	8,503,337	50.44
Risk Margin	3,233,796	1.75%
Premium Tax	3,233,796	1.75%
Maintenance Tax	12,222	0.07
Projected FY2024 Total Cost		
Acute Care	54,308,948	322.16
LTC	130,479,388	774.00
Total	184,788,336	1,096.16

FY2024 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
FY2022 Experience Period								
Member Months	57,516		4,297		2,096		7,030	
Experience Period Cost								
Estimated Incurred Claims	23,876,579	415.13	4,199,246	977.17	1,615,340	770.80	3,010,318	428.22
Other Costs/Refunds	-99,866	-1.74	-7,589	-1.77	-3,409	-1.63	-12,330	-1.75
Total Cost	23,776,712	413.39	4,191,657	975.41	1,611,930	769.17	2,997,988	426.47
Projected FY2024 Member Months	57,189		4,692		2,651		7,144	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0259		1.0086		1.0000		1.0000	
IMD Adjustment	0.9996		0.9969		1.0000		1.0000	
Insulin Reimbursement Adjustment	0.9628		0.9534		0.9337		0.9907	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	25,343,975	443.16	4,763,428	1,015.24	1,930,800	728.26	3,308,610	463.15
Administrative Expenses	91,502	1.60	7,507	1.60	4,242	1.60	11,430	1.60
Risk Margin	461,265	1.75 %	86,520	1.75 %	35,091	1.75 %	60,208	1.75 %
Premium Tax	461,265	1.75 %	86,520	1.75 %	35,091	1.75 %	60,208	1.75 %
Projected FY2024 Total Cost	26,358,007	460.90	4,943,974	1,053.72	2,005,224	756.33	3,440,456	481.61

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
FY2022 Experience Period				
Member Months	1,684		72,623	
Experience Period Cost				
Estimated Incurred Claims	673,553	399.93	33,375,035	459.56
Other Costs/Refunds	-3,008	-1.79	-126,203	-1.74
Total Cost	670,545	398.15	33,248,832	457.83
Projected FY2024 Member Months	1,562		73,238	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0802			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9752			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	929,316	594.93	36,276,128	495.32
Administrative Expenses	2,499	1.60	117,180	1.60
Risk Margin	16,898	1.75 %	659,982	1.75 %
Premium Tax	16,898	1.75 %	659,982	1.75 %
Projected FY2024 Total Cost	965,611	618.17	37,713,273	514.94

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	28,810		2,287		35,315		3,448	
Estimated Incurred Claims	331,459	11.50	165,247	72.25	764,877	21.66	231,616	67.17
Projected FY2024 Member Months	57,189		4,692		71,992		6,947	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0052		1.0036		1.0035		1.0012
Projected FY2024 Incurred Claims	692,497	12.11	356,244	75.93	1,638,378	22.76	489,198	70.42
Administrative Expenses								
Fixed Amount	10,008	0.175	821	0.175	12,599	0.175	1,216	0.175
Percent of Premium	207,451	22.0%	105,442	22.0%	487,537	22.0%	144,820	22.0%
Total	217,459	3.80	106,263	22.65	500,135	6.95	146,036	21.02
Risk Margin	16,502	1.75 %	8,387	1.75 %	38,781	1.75 %	11,520	1.75 %
Premium Tax	16,502	1.75 %	8,387	1.75 %	38,781	1.75 %	11,520	1.75 %
Projected FY2024 Total Cost	942,960	16.49	479,282	102.15	2,216,076	30.78	658,273	94.76

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	1,105		7,787		3,530		876	
Estimated Incurred Claims	10,668	9.65	155,398	19.96	8,510	2.41	10,629	12.14
Projected FY2024 Member Months	2,651		16,401		7,144		1,562	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0110		1.0076
Projected FY2024 Incurred Claims	26,788	10.10	342,683	20.89	18,228	2.55	20,006	12.81
Administrative Expenses								
Fixed Amount	464	0.175	2,870	0.175	1,250	0.175	273	0.175
Percent of Premium	8,048	22.0%	102,043	22.0%	5,752	22.0%	5,988	22.0%
Total	8,511	3.21	104,913	6.40	7,002	0.98	6,262	4.01
Risk Margin	640	1.75 %	8,117	1.75 %	458	1.75 %	476	1.75 %
Premium Tax	640	1.75 %	8,117	1.75 %	458	1.75 %	476	1.75 %
Projected FY2024 Total Cost	36,580	13.80	463,830	28.28	26,146	3.66	27,220	17.43

FY2024 STAR+PLUS Rating Summary
Lubbock SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	83,159	
Estimated Incurred Claims	1,678,404	20.18
Projected FY2024 Member Months	168,578	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	3,584,022	21.26
Administrative Expenses		
Fixed Amount	29,501	0.175
Percent of Premium	1,067,081	22.00 %
Total	1,096,582	6.50
Risk Margin	84,881	1.75 %
Premium Tax	84,881	1.75 %
Projected FY2024 Total Cost	4,850,367	28.77

FY2024 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>
FY2022 Experience Period								
Member Months	86,631		10,301		98,474		25,785	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	14,083,164	162.57	3,470,392	336.89	0	0.00	0	0.00
Emergency Room	5,188,167	59.89	1,051,696	102.09	0	0.00	0	0.00
Outpatient Facility	5,369,221	61.98	1,155,992	112.22	0	0.00	0	0.00
Inpatient Facility	18,307,593	211.33	4,452,791	432.26	0	0.00	0	0.00
Other Acute Care	4,447,568	51.34	2,613,630	253.72	0	0.00	0	0.00
Acute Care Total	47,395,712	547.10	12,744,501	1,237.19	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	24,203,294	279.38	17,826,255	1,730.51	40,389,381	410.15	48,088,107	1,864.95
Nursing Facility	182,078	2.10	69,915	6.79	1,192,579	12.11	417,834	16.20
Other Long Term Care	2,682,488	30.96	1,721,710	167.14	2,351,911	23.88	4,611,924	178.86
ARPA Claims Removal	2,989,733	34.51	1,873,044	181.83	4,853,526	49.29	5,193,420	201.41
Long Term Care Total	24,078,127	277.94	17,744,837	1,722.60	39,080,345	396.86	47,924,445	1,858.61
Total - All Claims	71,473,838	825.04	30,489,338	2,959.79	39,080,345	396.86	47,924,445	1,858.61
Projected FY2024 Member Months	86,388		10,619		103,918		26,280	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0045		1.0114		1.0000		1.0000	
Acute Care - Inpatient	1.0107		1.0150		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9846		0.9874		1.0000		1.0000	
Long Term Care	1.2037		1.1537		1.1908		1.1676	
PHE Related Cost Adjustment								
Acute Care	1.0301		1.0000		1.0159		1.0000	
Long Term Care	1.0301		1.0000		1.0159		1.0000	

FY2024 STAR+PLUS Rating Summary
Nueces SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	49,741,205	575.79	13,585,052	1,279.28	0	0.00	0	0.00
LTC	32,324,872	374.18	23,179,109	2,182.73	52,211,958	502.43	61,566,272	2,342.68
Total	82,066,077	949.97	36,764,161	3,462.01	52,211,958	502.43	61,566,272	2,342.68
Capitation Expenses & Refunds	556,698	6.44	58,657	5.52	175,689	1.69	64,040	2.44
Service Coordination & Other Expenses	5,254,480	60.82	707,334	66.61	6,301,751	60.64	1,984,266	75.50
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	604,715	7.00	74,335	7.00	727,426	7.00	183,962	7.00
Percentage of Premium	5,091,104	5.25%	2,163,590	5.25%	3,418,936	5.25%	3,670,711	5.25%
Total	5,695,819	65.93	2,237,925	210.74	4,146,362	39.90	3,854,673	146.68
Risk Margin	1,697,035	1.75%	721,197	1.75%	1,139,645	1.75%	1,223,570	1.75%
Premium Tax	1,697,035	1.75%	721,197	1.75%	1,139,645	1.75%	1,223,570	1.75%
Maintenance Tax	6,263	0.07	770	0.07	7,534	0.07	1,905	0.07
Projected FY2024 Total Cost								
Acute Care	55,526,820	642.76	14,982,424	1,410.87	192,536	1.85	70,180	2.67
LTC	41,446,586	479.77	26,228,817	2,469.92	64,930,047	624.82	69,848,116	2,657.81
Total	96,973,406	1,122.54	41,211,240	3,880.79	65,122,583	626.67	69,918,296	2,660.48

FY2024 STAR+PLUS Rating Summary
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	2,053		18,209		5,423		4,194	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	525,141	255.77	0	0.00	576,988	106.39	2,164,045	515.99
Emergency Room	226,934	110.53	0	0.00	121,089	22.33	155,366	37.04
Outpatient Facility	167,047	81.36	0	0.00	162,837	30.03	1,206,131	287.58
Inpatient Facility	1,386,259	675.18	0	0.00	801,674	147.82	652,630	155.61
Other Acute Care	224,273	109.23	0	0.00	432,955	79.83	97,320	23.20
Acute Care Total	2,529,655	1,232.08	0	0.00	2,095,543	386.39	4,275,493	1,019.43
Est Inc. Claims - Long Term Care								
Attendant Care	31,081	15.14	99,041	5.44	0	0.00	302,849	72.21
Nursing Facility	10,883,976	5,301.08	84,163,467	4,622.09	0	0.00	186	0.04
Other Long Term Care	40,351	19.65	46,859	2.57	0	0.00	31,911	7.61
ARPA Claims Removal	3,382	1.65	7,444	0.41	0	0.00	34,298	8.18
Long Term Care Total	10,952,028	5,334.22	84,301,923	4,629.69	0	0.00	300,648	71.69
Total - All Claims	13,481,682	6,566.30	84,301,923	4,629.69	2,095,543	386.39	4,576,141	1,091.12
Projected FY2024 Member Months	2,015		18,535		5,573		3,719	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0073		1.0000		0.9891		1.0024	
Acute Care - Inpatient	1.0097		1.0000		1.0099		1.0031	
Wrap & Carve-Out Removal	0.9995		1.0000		0.9845		0.9889	
Long Term Care	0.9975		0.9890		1.0000		1.2087	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.1696	
Long Term Care	1.0000		1.0000		1.0000		1.1696	

FY2024 STAR+PLUS Rating Summary
Nueces SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	2,662,249	1,320.97	0	0.00	2,263,937	406.27	5,020,083	1,349.74
LTC	11,069,469	5,492.52	88,124,886	4,754.41	0	0.00	402,203	108.14
Total	13,731,718	6,813.49	88,124,886	4,754.41	2,263,937	406.27	5,422,286	1,457.88
Capitation Expenses & Refunds	10,857	5.39	32,577	1.76	32,809	5.89	13,868	3.73
Service Coordination & Other Expenses	130,640	64.82	1,201,505	64.82	341,563	61.29	231,030	62.12
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	14,108	7.00	129,748	7.00	39,008	7.00	26,035	7.00
Percentage of Premium	388,331	2.63%	2,502,385	2.63%	154,061	5.25%	327,571	5.25%
Total	402,439	199.68	2,632,133	142.01	193,069	34.65	353,606	95.07
Risk Margin	258,888	1.75%	1,668,257	1.75%	51,354	1.75%	109,190	1.75%
Premium Tax	258,888	1.75%	1,668,257	1.75%	51,354	1.75%	109,190	1.75%
Maintenance Tax	146	0.07	1,344	0.07	404	0.07	270	0.07
Projected FY2024 Total Cost								
Acute Care	2,850,460	1,414.36	34,703	1.87	2,560,173	459.43	5,543,348	1,490.43
LTC	11,943,115	5,926.01	95,294,256	5,141.21	374,316	67.17	696,092	187.16
Total	14,793,576	7,340.37	95,328,959	5,143.08	2,934,489	526.60	6,239,440	1,677.59

FY2024 STAR+PLUS Rating Summary
Nueces SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	251,070	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	20,819,730	82.92
Emergency Room	6,743,252	26.86
Outpatient Facility	8,061,228	32.11
Inpatient Facility	25,600,946	101.97
Other Acute Care	7,815,747	31.13
Acute Care Total	69,040,904	274.99
Est Inc. Claims - Long Term Care		
Attendant Care	130,940,009	521.53
Nursing Facility	96,910,035	385.99
Other Long Term Care	11,487,154	45.75
ARPA Claims Removal	14,954,847	59.56
Long Term Care Total	224,382,351	893.70
Total - All Claims	293,423,255	1,168.69
Projected FY2024 Member Months	257,048	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Nueces SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	73,272,525	285.05
LTC	268,878,770	1,046.03
Total	342,151,295	1,331.08
Capitation Expenses & Refunds	945,195	3.68
Service Coordination & Other Expenses	16,152,569	62.84
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	1,799,336	7.00
Percentage of Premium	17,716,688	4.51%
Total	19,516,024	75.92
Risk Margin	6,869,135	1.75%
Premium Tax	6,869,135	1.75%
Maintenance Tax	18,636	0.07
Projected FY2024 Total Cost		
Acute Care	81,760,644	318.08
LTC	310,761,345	1,208.96
Total	392,521,989	1,527.04

FY2024 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
FY2022 Experience Period								
Member Months	86,631		10,301		2,053		5,423	
Experience Period Cost								
Estimated Incurred Claims	38,666,999	446.34	9,517,129	923.89	1,366,462	665.54	3,141,805	579.31
Other Costs/Refunds	-169,570	-1.96	-16,600	-1.61	-4,055	-1.97	-10,015	-1.85
Total Cost	38,497,430	444.39	9,500,529	922.28	1,362,407	663.57	3,131,789	577.47
Projected FY2024 Member Months	86,388		10,619		2,015		5,573	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0386		1.0043		1.0000		1.0000	
IMD Adjustment	0.9990		1.0000		1.0000		0.9979	
Insulin Reimbursement Adjustment	0.9569		0.9472		0.9232		0.9942	
Makena Formulary Adjustment	0.9998		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	41,375,352	478.95	10,115,740	952.58	1,251,969	621.21	3,499,729	628.03
Administrative Expenses	138,221	1.60	16,991	1.60	3,225	1.60	8,916	1.60
Risk Margin	752,837	1.75 %	183,754	1.75 %	22,763	1.75 %	63,628	1.75 %
Premium Tax	752,837	1.75 %	183,754	1.75 %	22,763	1.75 %	63,628	1.75 %
Projected FY2024 Total Cost	43,019,247	497.98	10,500,239	988.79	1,300,719	645.40	3,635,902	652.47

FY2024 STAR+PLUS Rating Summary

Nueces SDA - Pharmacy

	<u>MBCCP</u>		<u>Total - excluding Duals</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
FY2022 Experience Period				
Member Months	4,194		108,602	
Experience Period Cost				
Estimated Incurred Claims	1,546,406	368.72	54,238,801	499.43
Other Costs/Refunds	-6,966	-1.66	-207,206	-1.91
Total Cost	1,539,440	367.06	54,031,595	497.52
Projected FY2024 Member Months	3,719		108,314	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.1244			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9689			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	2,109,682	567.23	58,352,472	538.73
Administrative Expenses	5,951	1.60	173,303	1.60
Risk Margin	38,366	1.75 %	1,061,348	1.75 %
Premium Tax	38,366	1.75 %	1,061,348	1.75 %
Projected FY2024 Total Cost	2,192,366	589.46	60,648,472	559.93

FY2024 STAR+PLUS Rating Summary
Nueces 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>
7/2022-12/2022 Experience Period								
Member Months	43,620		5,267		50,882		12,778	
Estimated Incurred Claims	694,310	15.92	208,199	39.53	846,029	16.63	462,321	36.18
Projected FY2024 Member Months	86,388		10,619		103,918		26,280	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0036		1.0035		1.0031		1.0040
Projected FY2024 Incurred Claims	1,444,977	16.73	441,084	41.54	1,814,807	17.46	999,572	38.04
Administrative Expenses								
Fixed Amount	15,118	0.175	1,858	0.175	18,186	0.175	4,599	0.175
Percent of Premium	431,169	22.0%	130,802	22.0%	541,286	22.0%	296,534	22.0%
Total	446,287	5.17	132,660	12.49	559,472	5.38	301,133	11.46
Risk Margin	34,298	1.75 %	10,405	1.75 %	43,057	1.75 %	23,588	1.75 %
Premium Tax	34,298	1.75 %	10,405	1.75 %	43,057	1.75 %	23,588	1.75 %
Projected FY2024 Total Cost	1,959,859	22.69	594,554	55.99	2,460,392	23.68	1,347,881	51.29

FY2024 STAR+PLUS Rating Summary
Nueces SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	1,049		9,132		2,711		2,154	
Estimated Incurred Claims	13,001	12.39	96,857	10.61	22,713	8.38	32,400	15.04
Projected FY2024 Member Months	2,015		18,535		5,573		3,719	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0188		1.0078
Projected FY2024 Incurred Claims	26,152	12.98	205,847	11.11	49,803	8.94	59,047	15.88
Administrative Expenses								
Fixed Amount	353	0.175	3,244	0.175	975	0.175	651	0.175
Percent of Premium	7,827	22.0%	61,745	22.0%	14,995	22.0%	17,629	22.0%
Total	8,179	4.06	64,989	3.51	15,970	2.87	18,280	4.91
Risk Margin	623	1.75 %	4,912	1.75 %	1,193	1.75 %	1,402	1.75 %
Premium Tax	623	1.75 %	4,912	1.75 %	1,193	1.75 %	1,402	1.75 %
Projected FY2024 Total Cost	35,576	17.65	280,659	15.14	68,159	12.23	80,132	21.55

FY2024 STAR+PLUS Rating Summary
Nueces SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	127,592	
Estimated Incurred Claims	2,375,830	18.62
Projected FY2024 Member Months	257,048	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	5,041,290	19.61
Administrative Expenses		
Fixed Amount	44,983	0.175
Percent of Premium	1,501,987	22.00 %
Total	1,546,970	6.02
Risk Margin	119,476	1.75 %
Premium Tax	119,476	1.75 %
Projected FY2024 Total Cost	6,827,213	26.56

FY2024 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>
FY2022 Experience Period								
Member Months	206,461		18,801		193,163		27,247	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	26,873,812	130.16	5,478,978	291.41	0	0.00	0	0.00
Emergency Room	8,188,536	39.66	1,247,559	66.35	0	0.00	0	0.00
Outpatient Facility	13,001,306	62.97	2,640,876	140.46	0	0.00	0	0.00
Inpatient Facility	40,950,450	198.34	8,681,665	461.76	0	0.00	0	0.00
Other Acute Care	23,062,667	111.70	6,672,666	354.90	0	0.00	0	0.00
Acute Care Total	112,076,772	542.85	24,721,745	1,314.89	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	23,287,270	112.79	21,996,764	1,169.96	41,759,578	216.19	35,635,063	1,307.88
Nursing Facility	1,435,313	6.95	541,504	28.80	5,649,051	29.24	705,914	25.91
Other Long Term Care	3,128,582	15.15	9,400,971	500.02	1,800,312	9.32	10,146,960	372.41
ARPA Claims Removal	0	0.00	0	0.00	0	0.00	0	0.00
Long Term Care Total	27,851,165	134.90	31,939,238	1,698.77	49,208,940	254.75	46,487,936	1,706.20
Total - All Claims	139,927,937	677.74	56,660,984	3,013.67	49,208,940	254.75	46,487,936	1,706.20
Projected FY2024 Member Months	206,884		22,596		212,302		30,217	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9929		1.0001		1.0000		1.0000	
Acute Care - Inpatient	0.9984		1.0004		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9985		0.9991		1.0000		1.0000	
Long Term Care	1.2423		1.1641		1.2018		1.1750	
PHE Related Cost Adjustment								
Acute Care	1.0277		1.0060		1.0111		1.0000	
Long Term Care	1.0277		1.0060		1.0111		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	116,775,186	564.45	30,479,085	1,348.85	0	0.00	0	0.00
LTC	38,686,505	187.00	49,372,323	2,184.97	68,778,337	323.96	65,396,645	2,164.20
Total	155,461,690	751.44	79,851,408	3,533.83	68,778,337	323.96	65,396,645	2,164.20
Capitation Expenses & Refunds	6,537,393	31.60	682,005	30.18	421,308	1.98	80,715	2.67
Service Coordination & Other Expenses	7,341,413	35.49	1,515,732	67.08	7,562,150	35.62	1,973,854	65.32
Net Reinsurance Cost	24,862	0.12	1,681	0.07	27,017	0.13	2,972	0.10
Administrative Expenses								
Fixed Amount	1,448,188	7.00	158,174	7.00	1,486,115	7.00	211,522	7.00
Percentage of Premium	9,828,492	5.25%	4,729,927	5.25%	4,504,374	5.25%	3,893,222	5.25%
Total	11,276,679	54.51	4,888,101	216.32	5,990,489	28.22	4,104,743	135.84
Risk Margin	3,276,164	1.75%	1,576,642	1.75%	1,501,458	1.75%	1,297,741	1.75%
Premium Tax	3,276,164	1.75%	1,576,642	1.75%	1,501,458	1.75%	1,297,741	1.75%
Maintenance Tax	14,999	0.07	1,638	0.07	15,392	0.07	2,191	0.07
Projected FY2024 Total Cost								
Acute Care	136,368,783	659.16	34,217,832	1,514.31	491,315	2.31	91,711	3.04
LTC	50,840,582	245.74	55,876,018	2,472.80	85,306,294	401.82	74,064,889	2,451.07
Total	187,209,365	904.90	90,093,850	3,987.11	85,797,609	404.13	74,156,600	2,454.10

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	7,539		42,639		26,250		5,992	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	2,506,166	332.44	0	0.00	1,697,583	64.67	6,643,605	1,108.74
Emergency Room	458,443	60.81	0	0.00	361,851	13.78	125,398	20.93
Outpatient Facility	692,092	91.81	0	0.00	560,538	21.35	1,754,644	292.83
Inpatient Facility	4,725,371	626.82	0	0.00	1,982,480	75.52	1,096,071	182.92
Other Acute Care	1,363,792	180.91	0	0.00	3,243,057	123.55	335,007	55.91
Acute Care Total	9,745,865	1,292.79	0	0.00	7,845,508	298.88	9,954,725	1,661.33
Est Inc. Claims - Long Term Care								
Attendant Care	50,458	6.69	132,538	3.11	0	0.00	198,646	33.15
Nursing Facility	35,777,230	4,745.85	175,678,513	4,120.15	0	0.00	5,105	0.85
Other Long Term Care	71,242	9.45	419,264	9.83	0	0.00	2,060	0.34
ARPA Claims Removal	0	0.00	0	0.00	0	0.00	0	0.00
Long Term Care Total	35,898,930	4,761.99	176,230,314	4,133.09	0	0.00	205,811	34.35
Total - All Claims	45,644,796	6,054.78	176,230,314	4,133.09	7,845,508	298.88	10,160,536	1,695.68
Projected FY2024 Member Months	7,691		45,725		26,677		5,620	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0002		1.0000		0.9784		0.9996	
Acute Care - Inpatient	0.9986		1.0000		0.9966		1.0000	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9987		0.9990	
Long Term Care	0.9921		0.9787		1.0000		1.2374	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0605	
Long Term Care	1.0000		1.0000		1.0000		1.0605	

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	10,467,598	1,361.09	0	0.00	8,301,409	311.18	11,256,588	2,003.12
LTC	37,505,173	4,876.76	192,054,668	4,200.23	0	0.00	270,282	48.10
Total	47,972,771	6,237.85	192,054,668	4,200.23	8,301,409	311.18	11,526,870	2,051.22
Capitation Expenses & Refunds	230,028	29.91	193,777	4.24	589,593	22.10	133,969	23.84
Service Coordination & Other Expenses	275,888	35.87	1,663,157	36.37	936,751	35.11	194,224	34.56
Net Reinsurance Cost	1,082	0.14	7,638	0.17	2,683	0.10	401	0.07
Administrative Expenses								
Fixed Amount	53,834	7.00	320,074	7.00	186,739	7.00	39,337	7.00
Percentage of Premium	1,357,147	2.63%	5,431,552	2.63%	576,442	5.25%	684,382	5.25%
Total	1,410,981	183.47	5,751,625	125.79	763,181	28.61	723,719	128.79
Risk Margin	904,765	1.75%	3,621,034	1.75%	192,147	1.75%	228,127	1.75%
Premium Tax	904,765	1.75%	3,621,034	1.75%	192,147	1.75%	228,127	1.75%
Maintenance Tax	558	0.07	3,315	0.07	1,934	0.07	407	0.07
Projected FY2024 Total Cost								
Acute Care	11,409,401	1,483.55	214,557	4.69	9,953,269	373.10	12,525,776	2,228.97
LTC	40,291,435	5,239.05	206,701,693	4,520.56	1,026,576	38.48	510,069	90.77
Total	51,700,836	6,722.61	206,916,250	4,525.25	10,979,846	411.58	13,035,845	2,319.74

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	528,092	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	43,200,144	81.80
Emergency Room	10,381,787	19.66
Outpatient Facility	18,649,457	35.31
Inpatient Facility	57,436,039	108.76
Other Acute Care	34,677,189	65.67
Acute Care Total	164,344,616	311.20
Est Inc. Claims - Long Term Care		
Attendant Care	123,060,317	233.03
Nursing Facility	219,792,628	416.20
Other Long Term Care	24,969,390	47.28
ARPA Claims Removal	0	0.00
Long Term Care Total	367,822,335	696.51
Total - All Claims	532,166,951	1,007.72
Projected FY2024 Member Months	557,712	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	177,279,867	317.87
LTC	452,063,932	810.57
Total	629,343,798	1,128.44
Capitation Expenses & Refunds	8,868,788	15.90
Service Coordination & Other Expenses	21,463,169	38.48
Net Reinsurance Cost	68,336	0.12
Administrative Expenses		
Fixed Amount	3,903,982	7.00
Percentage of Premium	31,005,537	4.31%
Total	34,909,519	62.59
Risk Margin	12,598,079	1.75%
Premium Tax	12,598,079	1.75%
Maintenance Tax	40,434	0.07
Projected FY2024 Total Cost		
Acute Care	205,272,646	368.06
LTC	514,617,556	922.73
Total	719,890,202	1,290.79

FY2024 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
FY2022 Experience Period								
Member Months	206,461		18,801		7,539		26,250	
Experience Period Cost								
Estimated Incurred Claims	82,768,512	400.89	19,682,794	1,046.88	5,105,349	677.22	11,473,679	437.09
Other Costs/Refunds	-440,924	-2.14	-40,579	-2.16	-16,104	-2.14	-56,084	-2.14
Total Cost	82,327,588	398.76	19,642,216	1,044.72	5,089,245	675.09	11,417,594	434.96
Projected FY2024 Member Months	206,884		22,596		7,691		26,677	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0383		1.0108		1.0000		1.0000	
IMD Adjustment	0.9994		1.0000		1.0000		0.9985	
Insulin Reimbursement Adjustment	0.9688		0.9599		0.9274		0.9877	
Makena Formulary Adjustment	0.9998		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	90,028,111	435.16	24,869,400	1,100.60	4,882,544	634.87	12,544,362	470.23
Administrative Expenses	331,014	1.60	36,154	1.60	12,305	1.60	42,683	1.60
Risk Margin	1,638,637	1.75 %	451,655	1.75 %	88,767	1.75 %	228,262	1.75 %
Premium Tax	1,638,637	1.75 %	451,655	1.75 %	88,767	1.75 %	228,262	1.75 %
Projected FY2024 Total Cost	93,636,399	452.60	25,808,864	1,142.17	5,072,382	659.56	13,043,570	488.94

FY2024 STAR+PLUS Rating Summary

Tarrant SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	5,992		265,043	
Experience Period Cost				
Estimated Incurred Claims	4,227,205	705.47	123,257,539	465.05
Other Costs/Refunds	-13,011	-2.17	-566,701	-2.14
Total Cost	4,214,194	703.30	122,690,837	462.91
Projected FY2024 Member Months	5,620		269,467	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0582			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9936			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	5,894,462	1,048.93	138,218,879	512.93
Administrative Expenses	8,991	1.60	431,148	1.60
Risk Margin	107,057	1.75 %	2,514,379	1.75 %
Premium Tax	107,057	1.75 %	2,514,379	1.75 %
Projected FY2024 Total Cost	6,117,569	1,088.63	143,678,785	533.20

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	104,570		10,474		102,498		14,378	
Estimated Incurred Claims	1,584,081	15.15	588,153	56.15	1,234,054	12.04	589,382	40.99
Projected FY2024 Member Months	206,884		22,596		212,302		30,217	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0020		1.0009		1.0018		1.0014
Projected FY2024 Incurred Claims	3,288,059	15.89	1,329,805	58.85	2,681,215	12.63	1,298,771	42.98
Administrative Expenses								
Fixed Amount	36,205	0.175	3,954	0.175	37,153	0.175	5,288	0.175
Percent of Premium	981,662	22.0%	393,862	22.0%	802,739	22.0%	385,091	22.0%
Total	1,017,866	4.92	397,816	17.61	839,892	3.96	390,379	12.92
Risk Margin	78,087	1.75 %	31,330	1.75 %	63,854	1.75 %	30,632	1.75 %
Premium Tax	78,087	1.75 %	31,330	1.75 %	63,854	1.75 %	30,632	1.75 %
Projected FY2024 Total Cost	4,462,099	21.57	1,790,281	79.23	3,648,815	17.19	1,750,414	57.93

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	3,741		22,261		13,234		3,215	
Estimated Incurred Claims	14,680	3.92	156,398	7.03	18,949	1.43	24,572	7.64
Projected FY2024 Member Months	7,691		45,725		26,677		5,620	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0136		1.0108
Projected FY2024 Incurred Claims	31,601	4.11	336,360	7.36	40,540	1.52	45,454	8.09
Administrative Expenses								
Fixed Amount	1,346	0.175	8,002	0.175	4,668	0.175	983	0.175
Percent of Premium	9,729	22.0%	101,691	22.0%	13,350	22.0%	13,713	22.0%
Total	11,075	1.44	109,693	2.40	18,019	0.68	14,696	2.62
Risk Margin	774	1.75 %	8,089	1.75 %	1,062	1.75 %	1,091	1.75 %
Premium Tax	774	1.75 %	8,089	1.75 %	1,062	1.75 %	1,091	1.75 %
Projected FY2024 Total Cost	44,223	5.75	462,231	10.11	60,682	2.27	62,332	11.09

FY2024 STAR+PLUS Rating Summary
Tarrant SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	274,371	
Estimated Incurred Claims	4,210,269	15.35
Projected FY2024 Member Months	557,712	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	9,051,804	16.23
Administrative Expenses		
Fixed Amount	97,600	0.175
Percent of Premium	2,701,837	22.00 %
Total	2,799,437	5.02
Risk Margin	214,919	1.75 %
Premium Tax	214,919	1.75 %
Projected FY2024 Total Cost	12,281,079	22.02

FY2024 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>
FY2022 Experience Period								
Member Months	117,654		7,618		126,436		17,146	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	16,944,860	144.02	2,712,639	356.07	0	0.00	0	0.00
Emergency Room	6,511,265	55.34	616,213	80.89	0	0.00	0	0.00
Outpatient Facility	6,506,234	55.30	739,516	97.07	0	0.00	0	0.00
Inpatient Facility	22,802,553	193.81	3,210,962	421.48	0	0.00	0	0.00
Other Acute Care	7,798,342	66.28	2,119,466	278.21	0	0.00	0	0.00
Acute Care Total	60,563,255	514.76	9,398,796	1,233.71	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	12,795,137	108.75	9,015,834	1,183.44	21,522,666	170.23	23,721,245	1,383.49
Nursing Facility	280,864	2.39	212,553	27.90	1,363,838	10.79	469,895	27.41
Other Long Term Care	5,699,824	48.45	6,855,817	899.91	1,133,443	8.96	6,351,459	370.43
ARPA Claims Removal	1,060,429	9.01	698,046	91.63	1,156,212	9.14	1,438,304	83.89
Long Term Care Total	17,715,396	150.57	15,386,158	2,019.63	22,863,735	180.83	29,104,295	1,697.44
Total - All Claims	78,278,650	665.33	24,784,954	3,253.34	22,863,735	180.83	29,104,295	1,697.44
Projected FY2024 Member Months	116,433		8,017		133,781		17,803	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9880		1.0005		1.0000		1.0000	
Acute Care - Inpatient	0.9967		0.9982		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9645		0.9737		1.0000		1.0000	
Long Term Care	1.2373		1.1540		1.1922		1.1726	
PHE Related Cost Adjustment								
Acute Care	1.0379		1.0061		1.0294		1.0000	
Long Term Care	1.0379		1.0061		1.0294		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	60,390,393	518.67	9,870,644	1,231.28	0	0.00	0	0.00
LTC	24,444,789	209.95	20,645,673	2,575.38	31,071,046	232.25	38,252,835	2,148.70
Total	84,835,182	728.62	30,516,317	3,806.66	31,071,046	232.25	38,252,835	2,148.70
Capitation Expenses & Refunds	766,677	6.58	50,788	6.34	175,425	1.31	33,821	1.90
Service Coordination & Other Expenses	5,695,353	48.92	441,539	55.08	6,355,354	47.51	1,155,511	64.91
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	815,033	7.00	56,116	7.00	936,467	7.00	124,620	7.00
Percentage of Premium	5,300,094	5.25%	1,787,321	5.25%	2,217,830	5.25%	2,276,520	5.25%
Total	6,115,128	52.52	1,843,437	229.95	3,154,297	23.58	2,401,139	134.87
Risk Margin	1,766,698	1.75%	595,774	1.75%	739,277	1.75%	758,840	1.75%
Premium Tax	1,766,698	1.75%	595,774	1.75%	739,277	1.75%	758,840	1.75%
Maintenance Tax	8,441	0.07	581	0.07	9,699	0.07	1,291	0.07
Projected FY2024 Total Cost								
Acute Care	67,663,853	581.14	10,892,900	1,358.80	192,246	1.44	37,064	2.08
LTC	33,290,326	285.92	23,151,309	2,887.93	42,052,127	314.34	43,325,212	2,433.62
Total	100,954,178	867.06	34,044,209	4,246.73	42,244,373	315.77	43,362,277	2,435.70

FY2024 STAR+PLUS Rating Summary
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	4,218		33,088		14,658		4,124	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	897,836	212.87	0	0.00	1,467,099	100.09	4,328,045	1,049.39
Emergency Room	250,254	59.33	0	0.00	301,832	20.59	237,740	57.64
Outpatient Facility	193,806	45.95	0	0.00	350,261	23.90	1,409,411	341.73
Inpatient Facility	1,891,969	448.57	0	0.00	1,268,493	86.54	1,298,219	314.77
Other Acute Care	416,297	98.70	0	0.00	1,007,580	68.74	113,644	27.55
Acute Care Total	3,650,162	865.42	0	0.00	4,395,265	299.86	7,387,059	1,791.09
Est Inc. Claims - Long Term Care								
Attendant Care	30,714	7.28	101,136	3.06	0	0.00	103,722	25.15
Nursing Facility	20,723,726	4,913.43	142,276,306	4,299.89	0	0.00	4,272	1.04
Other Long Term Care	300,467	71.24	182,096	5.50	0	0.00	109,129	26.46
ARPA Claims Removal	5,180	1.23	6,913	0.21	0	0.00	8,953	2.17
Long Term Care Total	21,049,728	4,990.72	142,552,625	4,308.24	0	0.00	208,170	50.47
Total - All Claims	24,699,889	5,856.15	142,552,625	4,308.24	4,395,265	299.86	7,595,229	1,841.56
Projected FY2024 Member Months	5,343		35,103		15,375		3,795	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9983		1.0000		0.9897		0.9936	
Acute Care - Inpatient	0.9997		1.0000		0.9969		0.9996	
Wrap & Carve-Out Removal	0.9978		1.0000		0.9676		0.9909	
Long Term Care	0.9942		0.9807		1.0000		1.2174	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0626	
Long Term Care	1.0000		1.0000		1.0000		1.0626	

FY2024 STAR+PLUS Rating Summary
Travis SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected FY2024 Incurred Claims								
Acute Care	4,857,051	908.99	0	0.00	4,705,953	306.07	8,092,994	2,132.57
LTC	27,367,646	5,121.82	154,002,947	4,387.17	0	0.00	264,407	69.67
Total	32,224,698	6,030.81	154,002,947	4,387.17	4,705,953	306.07	8,357,401	2,202.25
Capitation Expenses & Refunds								
Service Coordination & Other Expenses	33,362	6.24	39,479	1.12	103,483	6.73	25,873	6.82
Net Reinsurance Cost	277,148	51.87	1,878,797	53.52	787,352	51.21	195,924	51.63
	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	37,403	7.00	245,721	7.00	107,627	7.00	26,565	7.00
Percentage of Premium	910,829	2.63%	4,366,923	2.63%	328,263	5.25%	495,142	5.25%
Total	948,233	177.46	4,612,644	131.40	435,890	28.35	521,707	137.47
Risk Margin	607,220	1.75%	2,911,282	1.75%	109,421	1.75%	165,047	1.75%
Premium Tax	607,220	1.75%	2,911,282	1.75%	109,421	1.75%	165,047	1.75%
Maintenance Tax	387	0.07	2,545	0.07	1,115	0.07	275	0.07
Projected FY2024 Total Cost								
Acute Care	5,215,562	976.09	42,055	1.20	5,389,784	350.55	8,925,871	2,352.04
LTC	29,482,705	5,517.65	166,316,922	4,737.96	862,852	56.12	505,404	133.18
Total	34,698,267	6,493.74	166,358,976	4,739.16	6,252,635	406.67	9,431,275	2,485.22

FY2024 STAR+PLUS Rating Summary

Travis SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	324,943	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	26,350,478	81.09
Emergency Room	7,917,304	24.37
Outpatient Facility	9,199,229	28.31
Inpatient Facility	30,472,195	93.78
Other Acute Care	11,455,330	35.25
Acute Care Total	85,394,536	262.80
Est Inc. Claims - Long Term Care		
Attendant Care	67,290,454	207.08
Nursing Facility	165,331,454	508.80
Other Long Term Care	20,632,236	63.50
ARPA Claims Removal	4,374,037	13.46
Long Term Care Total	248,880,107	765.92
Total - All Claims	334,274,643	1,028.72
Projected FY2024 Member Months	335,650	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
Travis SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	87,917,035	261.93
LTC	296,049,344	882.02
Total	383,966,379	1,143.95
Capitation Expenses & Refunds	1,228,907	3.66
Service Coordination & Other Expenses	16,786,977	50.01
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	2,349,553	7.00
Percentage of Premium	17,682,922	4.04%
Total	20,032,475	59.68
Risk Margin	7,653,558	1.75%
Premium Tax	7,653,558	1.75%
Maintenance Tax	24,335	0.07
Projected FY2024 Total Cost		
Acute Care	98,359,334	293.04
LTC	338,986,856	1,009.94
Total	437,346,190	1,302.98

FY2024 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
FY2022 Experience Period								
Member Months	117,654		7,618		4,218		14,658	
Experience Period Cost								
Estimated Incurred Claims	53,351,192	453.46	9,806,321	1,287.20	3,296,267	781.52	8,332,228	568.46
Other Costs/Refunds	-243,682	-2.07	-16,783	-2.20	-8,870	-2.10	-29,717	-2.03
Total Cost	53,107,510	451.39	9,789,538	1,285.00	3,287,397	779.42	8,302,512	566.43
Projected FY2024 Member Months	116,433		8,017		5,343		15,375	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0369		1.0040		1.0000		1.0000	
IMD Adjustment	0.9985		0.9986		0.9986		0.9991	
Insulin Reimbursement Adjustment	0.9655		0.9753		0.9500		0.9895	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	57,042,438	489.91	10,936,805	1,364.28	4,006,416	749.80	9,438,197	613.85
Administrative Expenses	186,293	1.60	12,827	1.60	8,549	1.60	24,600	1.60
Risk Margin	1,037,827	1.75 %	198,568	1.75 %	72,810	1.75 %	171,605	1.75 %
Premium Tax	1,037,827	1.75 %	198,568	1.75 %	72,810	1.75 %	171,605	1.75 %
Projected FY2024 Total Cost	59,304,385	509.34	11,346,769	1,415.41	4,160,586	778.65	9,806,007	637.78

FY2024 STAR+PLUS Rating Summary

Travis SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	4,124		148,272	
Experience Period Cost				
Estimated Incurred Claims	3,246,974	787.27	78,032,983	526.28
Other Costs/Refunds	-8,329	-2.02	-307,381	-2.07
Total Cost	3,238,645	785.25	77,725,603	524.21
Projected FY2024 Member Months	3,795		148,964	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0606			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9892			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	4,434,799	1,168.61	85,858,655	576.37
Administrative Expenses	6,072	1.60	238,342	1.60
Risk Margin	80,534	1.75 %	1,561,345	1.75 %
Premium Tax	80,534	1.75 %	1,561,345	1.75 %
Projected FY2024 Total Cost	4,601,939	1,212.65	89,219,686	598.94

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	59,297		3,939		65,366		8,546	
Estimated Incurred Claims	865,699	14.60	224,369	56.96	1,045,201	15.99	256,067	29.96
Projected FY2024 Member Months	116,433		8,017		133,781		17,803	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0026		1.0015		1.0019		1.0027
Projected FY2024 Incurred Claims	1,784,498	15.33	478,854	59.73	2,244,103	16.77	560,028	31.46
Administrative Expenses								
Fixed Amount	20,376	0.175	1,403	0.175	23,412	0.175	3,115	0.175
Percent of Premium	532,983	22.0%	141,821	22.0%	669,602	22.0%	166,298	22.0%
Total	553,359	4.75	143,224	17.87	693,013	5.18	169,413	9.52
Risk Margin	42,396	1.75 %	11,281	1.75 %	53,264	1.75 %	13,228	1.75 %
Premium Tax	42,396	1.75 %	11,281	1.75 %	53,264	1.75 %	13,228	1.75 %
Projected FY2024 Total Cost	2,422,650	20.81	644,640	80.41	3,043,643	22.75	755,898	42.46

FY2024 STAR+PLUS Rating Summary
Travis SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	2,189		17,105		7,403		2,149	
Estimated Incurred Claims	26,971	12.32	310,082	18.13	97,614	13.19	28,620	13.32
Projected FY2024 Member Months	5,343		35,103		15,375		3,795	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0054		1.0122
Projected FY2024 Incurred Claims	68,923	12.90	666,301	18.98	213,418	13.88	53,578	14.12
Administrative Expenses								
Fixed Amount	935	0.175	6,143	0.175	2,691	0.175	664	0.175
Percent of Premium	20,629	22.0%	198,574	22.0%	63,817	22.0%	16,018	22.0%
Total	21,564	4.04	204,717	5.83	66,508	4.33	16,682	4.40
Risk Margin	1,641	1.75 %	15,796	1.75 %	5,076	1.75 %	1,274	1.75 %
Premium Tax	1,641	1.75 %	15,796	1.75 %	5,076	1.75 %	1,274	1.75 %
Projected FY2024 Total Cost	93,769	17.55	902,609	25.71	290,078	18.87	72,808	19.19

FY2024 STAR+PLUS Rating Summary
Travis SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	165,994	
Estimated Incurred Claims	2,854,623	17.20
Projected FY2024 Member Months	335,650	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	6,069,701	18.08
Administrative Expenses		
Fixed Amount	58,739	0.175
Percent of Premium	1,809,741	22.00 %
Total	1,868,480	5.57
Risk Margin	143,957	1.75 %
Premium Tax	143,957	1.75 %
Projected FY2024 Total Cost	8,226,094	24.51

FY2024 STAR+PLUS Rating Summary
MRSA Central SDA - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	147,896		8,344		147,515		14,323	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	22,042,344	149.04	2,884,723	345.72	0	0.00	0	0.00
Emergency Room	8,318,359	56.24	862,501	103.37	0	0.00	0	0.00
Outpatient Facility	16,439,112	111.15	1,897,027	227.35	0	0.00	0	0.00
Inpatient Facility	32,499,572	219.75	5,120,254	613.63	0	0.00	0	0.00
Other Acute Care	6,492,982	43.90	2,271,036	272.17	0	0.00	0	0.00
Acute Care Total	85,792,370	580.09	13,035,542	1,562.23	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	11,108,988	75.11	11,103,048	1,330.64	18,003,784	122.05	19,487,795	1,360.56
Nursing Facility	367,775	2.49	111,528	13.37	2,243,252	15.21	804,780	56.19
Other Long Term Care	2,019,153	13.65	3,087,972	370.08	463,437	3.14	2,741,792	191.42
ARPA Claims Removal	1,345,874	9.10	1,354,915	162.38	2,053,965	13.92	2,270,544	158.52
Long Term Care Total	12,150,042	82.15	12,947,633	1,551.70	18,656,509	126.47	20,763,824	1,449.65
Total - All Claims	97,942,412	662.24	25,983,175	3,113.93	18,656,509	126.47	20,763,824	1,449.65
Projected FY2024 Member Months	147,028		8,857		158,617		13,974	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0008		1.0053		1.0000		1.0000	
Acute Care - Inpatient	1.0021		1.0024		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9825		0.9898		1.0000		1.0000	
Long Term Care	1.2047		1.1369		1.1624		1.1567	
PHE Related Cost Adjustment								
Acute Care	1.0288		1.0028		1.0641		1.0000	
Long Term Care	1.0288		1.0028		1.0641		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	88,373,584	601.07	14,117,707	1,594.01	0	0.00	0	0.00
LTC	16,254,200	110.55	17,208,380	1,942.97	25,967,679	163.71	25,295,354	1,810.15
Total	104,627,784	711.62	31,326,087	3,536.98	25,967,679	163.71	25,295,354	1,810.15
Capitation Expenses & Refunds	-1,851,798	-12.59	-81,700	-9.22	-2,898,094	-18.27	-246,619	-17.65
Service Coordination & Other Expenses	9,000,318	61.22	584,433	65.99	9,642,995	60.79	1,016,676	72.75
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,029,195	7.00	61,997	7.00	1,110,322	7.00	97,819	7.00
Percentage of Premium	6,490,793	5.25%	1,834,851	5.25%	1,946,637	5.25%	1,505,340	5.25%
Total	7,519,987	51.15	1,896,848	214.17	3,056,958	19.27	1,603,159	114.72
Risk Margin	2,163,598	1.75%	611,617	1.75%	648,879	1.75%	501,780	1.75%
Premium Tax	2,163,598	1.75%	611,617	1.75%	648,879	1.75%	501,780	1.75%
Maintenance Tax	10,660	0.07	642	0.07	11,500	0.07	1,013	0.07
Projected FY2024 Total Cost								
Acute Care	95,780,928	651.45	15,412,861	1,740.24	-3,175,993	-20.02	-270,267	-19.34
LTC	27,853,218	189.44	19,536,682	2,205.86	40,254,789	253.79	28,943,411	2,071.21
Total	123,634,146	840.89	34,949,544	3,946.10	37,078,796	233.76	28,673,144	2,051.87

FY2024 STAR+PLUS Rating Summary
MRSA Central SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	5,285		41,975		10,111		3,170	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	1,036,035	196.02	0	0.00	1,000,446	98.95	2,958,231	933.20
Emergency Room	369,658	69.94	0	0.00	255,793	25.30	119,530	37.71
Outpatient Facility	911,885	172.53	0	0.00	354,647	35.08	2,077,669	655.42
Inpatient Facility	2,926,691	553.74	0	0.00	953,739	94.33	687,672	216.93
Other Acute Care	505,800	95.70	0	0.00	828,406	81.93	70,589	22.27
Acute Care Total	5,750,069	1,087.93	0	0.00	3,393,031	335.58	5,913,690	1,865.52
Est Inc. Claims - Long Term Care								
Attendant Care	28,153	5.33	82,692	1.97	0	0.00	14,189	4.48
Nursing Facility	26,195,288	4,956.23	178,192,172	4,245.15	0	0.00	0	0.00
Other Long Term Care	161,684	30.59	76,497	1.82	0	0.00	24,038	7.58
ARPA Claims Removal	2,644	0.50	7,833	0.19	0	0.00	1,970	0.62
Long Term Care Total	26,382,481	4,991.65	178,343,527	4,248.76	0	0.00	36,257	11.44
Total - All Claims	32,132,550	6,079.58	178,343,527	4,248.76	3,393,031	335.58	5,949,947	1,876.95
Projected FY2024 Member Months	5,842		43,644		9,950		2,777	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0101		1.0000		1.0092		1.0016	
Acute Care - Inpatient	1.0069		1.0000		0.9936		1.0007	
Wrap & Carve-Out Removal	0.9996		1.0000		0.9855		0.9950	
Long Term Care	0.9888		0.9778		1.0000		1.1993	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0805	
Long Term Care	1.0000		1.0000		1.0000		1.0805	

FY2024 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 FY2024 Incurred Claims								
Acute Care	6,815,144	1,166.54	0	0.00	3,527,764	354.56	6,356,648	2,288.63
LTC	29,765,688	5,094.95	188,272,648	4,313.81	0	0.00	43,928	15.82
Total	36,580,831	6,261.49	188,272,648	4,313.81	3,527,764	354.56	6,400,576	2,304.44
Capitation Expenses & Refunds	-84,205	-14.41	-800,750	-18.35	-92,223	-9.27	-60,079	-21.63
Service Coordination & Other Expenses	378,729	64.83	2,829,190	64.82	617,260	62.04	172,996	62.29
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	40,895	7.00	305,509	7.00	69,649	7.00	19,442	7.00
Percentage of Premium	1,032,290	2.63%	5,329,967	2.63%	237,224	5.25%	375,879	5.25%
Total	1,073,186	183.70	5,635,476	129.12	306,872	30.84	395,322	142.33
Risk Margin	688,194	1.75%	3,553,311	1.75%	79,075	1.75%	125,293	1.75%
Premium Tax	688,194	1.75%	3,553,311	1.75%	79,075	1.75%	125,293	1.75%
Maintenance Tax	424	0.07	3,164	0.07	721	0.07	201	0.07
Projected FY2024 Total Cost								
Acute Care	7,178,308	1,228.70	-852,996	-19.54	3,842,094	386.15	6,921,729	2,492.08
LTC	32,147,044	5,502.56	203,899,346	4,671.85	676,449	67.99	237,873	85.64
Total	39,325,352	6,731.26	203,046,350	4,652.31	4,518,543	454.13	7,159,602	2,577.72

FY2024 STAR+PLUS Rating Summary
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	378,621	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	29,921,780	79.03
Emergency Room	9,925,842	26.22
Outpatient Facility	21,680,340	57.26
Inpatient Facility	42,187,928	111.43
Other Acute Care	10,168,812	26.86
Acute Care Total	113,884,701	300.79
Est Inc. Claims - Long Term Care		
Attendant Care	59,828,651	158.02
Nursing Facility	207,914,795	549.14
Other Long Term Care	8,574,573	22.65
ARPA Claims Removal	7,037,745	18.59
Long Term Care Total	269,280,274	711.21
Total - All Claims	383,164,975	1,012.00
Projected FY2024 Member Months	390,690	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
 MRSA Central SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	119,190,846	305.08
LTC	302,807,876	775.06
Total	421,998,723	1,080.14
Capitation Expenses & Refunds	-6,115,468	-15.65
Service Coordination & Other Expenses	24,242,596	62.05
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	2,734,828	7.00
Percentage of Premium	18,752,980	3.92%
Total	21,487,809	55.00
Risk Margin	8,371,746	1.75%
Premium Tax	8,371,746	1.75%
Maintenance Tax	28,325	0.07
Projected FY2024 Total Cost		
Acute Care	124,836,664	319.53
LTC	353,548,813	904.93
Total	478,385,477	1,224.46

FY2024 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
FY2022 Experience Period								
Member Months	147,896		8,344		5,285		10,111	
Experience Period Cost								
Estimated Incurred Claims	59,886,592	404.92	8,844,848	1,060.00	2,856,234	540.41	5,447,416	538.76
Other Costs/Refunds	-251,215	-1.70	-12,658	-1.52	-9,298	-1.76	-15,753	-1.56
Total Cost	59,635,377	403.22	8,832,189	1,058.49	2,846,936	538.65	5,431,663	537.20
Projected FY2024 Member Months	147,028		8,857		5,842		9,950	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0300		1.0100		1.0000		1.0000	
IMD Adjustment	0.9993		0.9996		1.0000		0.9999	
Insulin Reimbursement Adjustment	0.9608		0.9586		0.9176		0.9924	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	63,657,270	432.96	9,850,977	1,112.26	2,928,158	501.21	5,814,217	584.35
Administrative Expenses	235,244	1.60	14,171	1.60	9,348	1.60	15,920	1.60
Risk Margin	1,158,673	1.75 %	178,902	1.75 %	53,271	1.75 %	105,728	1.75 %
Premium Tax	1,158,673	1.75 %	178,902	1.75 %	53,271	1.75 %	105,728	1.75 %
Projected FY2024 Total Cost	66,209,860	450.32	10,222,951	1,154.26	3,044,047	521.04	6,041,592	607.21

FY2024 STAR+PLUS Rating Summary
 MRSA Central SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	3,170		174,807	
Experience Period Cost				
Estimated Incurred Claims	3,634,697	1,146.59	80,669,786	461.48
Other Costs/Refunds	-4,807	-1.52	-293,731	-1.68
Total Cost	3,629,890	1,145.08	80,376,055	459.80
Projected FY2024 Member Months	2,777		174,454	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0743			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9949			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	4,821,875	1,736.05	87,072,496	499.11
Administrative Expenses	4,444	1.60	279,126	1.60
Risk Margin	87,524	1.75 %	1,584,097	1.75 %
Premium Tax	87,524	1.75 %	1,584,097	1.75 %
Projected FY2024 Total Cost	5,001,367	1,800.68	90,519,817	518.87

FY2024 STAR+PLUS Rating Summary
MRSA Central 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>
7/2022-12/2022 Experience Period								
Member Months	74,829		4,180		77,603		7,036	
Estimated Incurred Claims	1,360,446	18.18	283,703	67.86	1,835,475	23.65	374,250	53.19
Projected FY2024 Member Months	147,028		8,857		158,617		13,974	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0035		1.0039		1.0023		1.0025
Projected FY2024 Incurred Claims	2,808,699	19.10	631,804	71.34	3,937,240	24.82	780,220	55.83
Administrative Expenses								
Fixed Amount	25,730	0.175	1,550	0.175	27,758	0.175	2,445	0.175
Percent of Premium	837,012	22.0%	187,031	22.0%	1,170,872	22.0%	231,123	22.0%
Total	862,742	5.87	188,581	21.29	1,198,630	7.56	233,568	16.71
Risk Margin	66,581	1.75 %	14,877	1.75 %	93,138	1.75 %	18,385	1.75 %
Premium Tax	66,581	1.75 %	14,877	1.75 %	93,138	1.75 %	18,385	1.75 %
Projected FY2024 Total Cost	3,804,602	25.88	850,139	95.99	5,322,145	33.55	1,050,558	75.18

FY2024 STAR+PLUS Rating Summary
 MRSA Central SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	2,754		20,941		4,900		1,667	
Estimated Incurred Claims	81,534	29.60	303,630	14.50	55,387	11.30	26,157	15.69
Projected FY2024 Member Months	5,842		43,644		9,950		2,777	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0073		1.0058
Projected FY2024 Incurred Claims	181,086	31.00	662,588	15.18	118,620	11.92	45,897	16.52
Administrative Expenses								
Fixed Amount	1,022	0.175	7,638	0.175	1,741	0.175	486	0.175
Percent of Premium	53,777	22.0%	197,919	22.0%	35,543	22.0%	13,697	22.0%
Total	54,799	9.38	205,557	4.71	37,284	3.75	14,183	5.11
Risk Margin	4,278	1.75 %	15,744	1.75 %	2,827	1.75 %	1,090	1.75 %
Premium Tax	4,278	1.75 %	15,744	1.75 %	2,827	1.75 %	1,090	1.75 %
Projected FY2024 Total Cost	244,440	41.84	899,632	20.61	161,558	16.24	62,260	22.42

FY2024 STAR+PLUS Rating Summary
 MRSA Central SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	193,911	
Estimated Incurred Claims	4,320,582	22.28
Projected FY2024 Member Months	390,690	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	9,166,153	23.46
Administrative Expenses		
Fixed Amount	68,371	0.175
Percent of Premium	2,726,974	22.00 %
Total	2,795,344	7.15
Risk Margin	216,918	1.75 %
Premium Tax	216,918	1.75 %
Projected FY2024 Total Cost	12,395,335	31.73

FY2024 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>
FY2022 Experience Period								
Member Months	214,065		15,708		206,783		40,548	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	30,869,697	144.21	6,262,851	398.70	0	0.00	0	0.00
Emergency Room	14,656,799	68.47	2,494,708	158.82	0	0.00	0	0.00
Outpatient Facility	18,891,931	88.25	4,222,891	268.84	0	0.00	0	0.00
Inpatient Facility	39,390,507	184.01	7,480,494	476.22	0	0.00	0	0.00
Other Acute Care	9,157,457	42.78	1,927,021	122.68	0	0.00	0	0.00
Acute Care Total	112,966,390	527.72	22,387,964	1,425.26	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	25,933,321	121.15	17,286,610	1,100.50	32,598,457	157.65	41,025,752	1,011.79
Nursing Facility	494,695	2.31	1,218,245	77.56	2,860,648	13.83	6,438,535	158.79
Other Long Term Care	6,172,700	28.84	11,234,462	715.21	1,769,265	8.56	10,592,279	261.23
ARPA Claims Removal	2,385,321	11.14	2,376,931	151.32	2,467,750	11.93	3,827,448	94.39
Long Term Care Total	30,215,394	141.15	27,362,386	1,741.94	34,760,620	168.10	54,229,118	1,337.41
Total - All Claims	143,181,785	668.87	49,750,350	3,167.20	34,760,620	168.10	54,229,118	1,337.41
Projected FY2024 Member Months	213,556		14,351		223,015		37,441	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0050		1.0052		1.0000		1.0000	
Acute Care - Inpatient	0.9981		0.9973		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9897		0.9942		1.0000		1.0000	
Long Term Care	1.2174		1.1311		1.1722		1.1523	
PHE Related Cost Adjustment								
Acute Care	1.0317		1.0046		1.0096		1.0000	
Long Term Care	1.0317		1.0046		1.0096		1.0000	

FY2024 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 FY2024 Incurred Claims								
Acute Care	117,976,234	552.44	20,890,670	1,455.73	0	0.00	0	0.00
LTC	41,107,034	192.49	31,197,545	2,173.95	46,431,290	208.20	62,288,485	1,663.65
Total	159,083,269	744.93	52,088,216	3,629.69	46,431,290	208.20	62,288,485	1,663.65
Capitation Expenses & Refunds	1,613,195	7.55	120,856	8.42	169,112	0.76	61,064	1.63
Service Coordination & Other Expenses	11,138,161	52.16	1,019,715	71.06	11,428,459	51.25	2,759,547	73.70
Net Reinsurance Cost	32,151	0.15	2,660	0.19	39,856	0.18	7,114	0.19
Administrative Expenses								
Fixed Amount	1,494,891	7.00	100,454	7.00	1,561,107	7.00	262,086	7.00
Percentage of Premium	9,975,124	5.25%	3,068,471	5.25%	3,431,687	5.25%	3,761,647	5.25%
Total	11,470,015	53.71	3,168,925	220.82	4,992,795	22.39	4,023,733	107.47
Risk Margin	3,325,041	1.75%	1,022,824	1.75%	1,143,896	1.75%	1,253,882	1.75%
Premium Tax	3,325,041	1.75%	1,022,824	1.75%	1,143,896	1.75%	1,253,882	1.75%
Maintenance Tax	15,483	0.07	1,040	0.07	16,169	0.07	2,714	0.07
Projected FY2024 Total Cost								
Acute Care	132,319,643	619.60	23,073,855	1,607.87	229,006	1.03	74,717	2.00
LTC	57,682,712	270.11	35,373,205	2,464.93	65,136,466	292.07	71,575,707	1,911.70
Total	190,002,356	889.71	58,447,059	4,072.79	65,365,472	293.10	71,650,423	1,913.69

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	6,312		54,378		12,818		4,206	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	1,532,411	242.77	0	0.00	1,298,871	101.33	4,052,752	963.56
Emergency Room	706,563	111.94	0	0.00	461,668	36.02	226,475	53.85
Outpatient Facility	561,545	88.96	0	0.00	419,860	32.76	1,750,365	416.16
Inpatient Facility	4,538,481	719.01	0	0.00	1,049,810	81.90	954,220	226.87
Other Acute Care	625,976	99.17	0	0.00	748,017	58.36	66,927	15.91
Acute Care Total	7,964,976	1,261.85	0	0.00	3,978,226	310.36	7,050,738	1,676.35
Est Inc. Claims - Long Term Care								
Attendant Care	57,891	9.17	111,951	2.06	0	0.00	122,005	29.01
Nursing Facility	31,939,154	5,059.94	231,712,625	4,261.16	0	0.00	4,283	1.02
Other Long Term Care	93,750	14.85	612,971	11.27	0	0.00	82,690	19.66
ARPA Claims Removal	10,071	1.60	16,985	0.31	28	0.00	5,882	1.40
Long Term Care Total	32,080,723	5,082.37	232,420,562	4,274.18	-28	0.00	203,096	48.29
Total - All Claims	40,045,699	6,344.21	232,420,562	4,274.18	3,978,199	310.36	7,253,834	1,724.64
Projected FY2024 Member Months	6,864		56,741		13,418		3,862	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0024		1.0000		1.0085		1.0051	
Acute Care - Inpatient	0.9970		1.0000		1.0036		0.9991	
Wrap & Carve-Out Removal	0.9971		1.0000		0.9888		0.9961	
Long Term Care	0.9907		0.9770		1.0000		1.2243	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0434	
Long Term Care	1.0000		1.0000		1.0000		1.0434	

FY2024 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 FY2024 Incurred Claims								
Acute Care	9,103,897	1,326.24	0	0.00	4,456,128	332.09	7,693,242	1,991.90
LTC	35,677,945	5,197.51	246,033,482	4,336.06	-29	0.00	254,223	65.82
Total	44,781,842	6,523.76	246,033,482	4,336.06	4,456,099	332.09	7,947,465	2,057.72
Capitation Expenses & Refunds	70,661	10.29	168,130	2.96	101,516	7.57	31,725	8.21
Service Coordination & Other Expenses	388,427	56.59	3,239,408	57.09	697,807	52.00	201,940	52.29
Net Reinsurance Cost	1,155	0.17	8,951	0.16	2,074	0.15	562	0.15
Administrative Expenses								
Fixed Amount	48,051	7.00	397,189	7.00	93,929	7.00	27,036	7.00
Percentage of Premium	1,266,449	2.63%	6,986,520	2.63%	307,946	5.25%	472,299	5.25%
Total	1,314,500	191.49	7,383,709	130.13	401,875	29.95	499,335	129.29
Risk Margin	844,299	1.75%	4,657,680	1.75%	102,649	1.75%	157,433	1.75%
Premium Tax	844,299	1.75%	4,657,680	1.75%	102,649	1.75%	157,433	1.75%
Maintenance Tax	498	0.07	4,114	0.07	973	0.07	280	0.07
Projected FY2024 Total Cost								
Acute Care	9,784,910	1,425.45	188,635	3.32	5,100,953	380.15	8,495,311	2,199.56
LTC	38,460,774	5,602.91	265,964,519	4,687.32	764,687	56.99	500,862	129.68
Total	48,245,683	7,028.36	266,153,155	4,690.65	5,865,641	437.13	8,996,173	2,329.25

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	554,818	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	44,016,581	79.34
Emergency Room	18,546,213	33.43
Outpatient Facility	25,846,591	46.59
Inpatient Facility	53,413,511	96.27
Other Acute Care	12,525,398	22.58
Acute Care Total	154,348,294	278.20
Est Inc. Claims - Long Term Care		
Attendant Care	117,135,987	211.13
Nursing Facility	274,668,185	495.06
Other Long Term Care	30,558,115	55.08
ARPA Claims Removal	11,090,416	19.99
Long Term Care Total	411,271,871	741.27
Total - All Claims	565,620,165	1,019.47
Projected FY2024 Member Months	569,249	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	160,120,172	281.28
LTC	462,989,974	813.33
Total	623,110,147	1,094.62
Capitation Expenses & Refunds	2,336,260	4.10
Service Coordination & Other Expenses	30,873,464	54.24
Net Reinsurance Cost	94,524	0.17
Administrative Expenses		
Fixed Amount	3,984,743	7.00
Percentage of Premium	29,270,143	4.10%
Total	33,254,887	58.42
Risk Margin	12,507,704	1.75%
Premium Tax	12,507,704	1.75%
Maintenance Tax	41,271	0.07
Projected FY2024 Total Cost		
Acute Care	179,267,030	314.92
LTC	535,458,931	940.64
Total	714,725,961	1,255.56

FY2024 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
FY2022 Experience Period								
Member Months	214,065		15,708		6,312		12,818	
Experience Period Cost								
Estimated Incurred Claims	95,132,325	444.41	16,207,312	1,031.79	5,145,512	815.17	6,196,355	483.40
Other Costs/Refunds	-438,148	-2.05	-31,334	-1.99	-13,121	-2.08	-26,024	-2.03
Total Cost	94,694,177	442.36	16,175,978	1,029.79	5,132,391	813.10	6,170,330	481.37
Projected FY2024 Member Months	213,556		14,351		6,864		13,418	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0282		1.0100		1.0000		1.0000	
IMD Adjustment	0.9994		0.9999		0.9998		0.9998	
Insulin Reimbursement Adjustment	0.9695		0.9583		0.9301		0.9899	
Makena Formulary Adjustment	0.9997		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	102,154,823	478.35	15,528,701	1,082.09	5,263,172	766.73	7,007,796	522.25
Administrative Expenses	341,689	1.60	22,961	1.60	10,983	1.60	21,469	1.60
Risk Margin	1,858,745	1.75 %	282,025	1.75 %	95,645	1.75 %	127,474	1.75 %
Premium Tax	1,858,745	1.75 %	282,025	1.75 %	95,645	1.75 %	127,474	1.75 %
Projected FY2024 Total Cost	106,214,003	497.36	16,115,712	1,123.00	5,465,446	796.20	7,284,213	542.85

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	4,206		253,109	
Experience Period Cost				
Estimated Incurred Claims	3,283,709	780.72	125,965,212	497.67
Other Costs/Refunds	-8,648	-2.06	-517,275	-2.04
Total Cost	3,275,061	778.66	125,447,937	495.63
Projected FY2024 Member Months	3,862		252,052	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0564			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9836			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	4,432,646	1,147.68	134,387,138	533.17
Administrative Expenses	6,180	1.60	403,283	1.60
Risk Margin	80,497	1.75 %	2,444,386	1.75 %
Premium Tax	80,497	1.75 %	2,444,386	1.75 %
Projected FY2024 Total Cost	4,599,820	1,190.96	139,679,193	554.17

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	108,047		7,391		108,450		19,094	
Estimated Incurred Claims	1,614,905	14.95	176,717	23.91	1,620,643	14.94	493,119	25.83
Projected FY2024 Member Months	213,556		14,351		223,015		37,441	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0054		1.0044		1.0046		1.0035
Projected FY2024 Incurred Claims	3,360,174	15.73	360,865	25.15	3,505,577	15.72	1,016,001	27.14
Administrative Expenses								
Fixed Amount	37,372	0.175	2,511	0.175	39,028	0.175	6,552	0.175
Percent of Premium	1,003,302	22.0%	107,306	22.0%	1,046,729	22.0%	301,962	22.0%
Total	1,040,674	4.87	109,817	7.65	1,085,757	4.87	308,514	8.24
Risk Margin	79,808	1.75 %	8,536	1.75 %	83,263	1.75 %	24,020	1.75 %
Premium Tax	79,808	1.75 %	8,536	1.75 %	83,263	1.75 %	24,020	1.75 %
Projected FY2024 Total Cost	4,560,464	21.35	487,753	33.99	4,757,858	21.33	1,372,554	36.66

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	3,289		27,450		6,440		2,232	
Estimated Incurred Claims	37,956	11.54	336,917	12.27	71,481	11.10	29,267	13.11
Projected FY2024 Member Months	6,864		56,741		13,418		3,862	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0000		1.0048		1.0109
Projected FY2024 Incurred Claims	82,945	12.08	729,213	12.85	156,701	11.68	53,610	13.88
Administrative Expenses								
Fixed Amount	1,201	0.175	9,930	0.175	2,348	0.175	676	0.175
Percent of Premium	24,849	22.0%	218,270	22.0%	46,967	22.0%	16,031	22.0%
Total	26,050	3.79	228,200	4.02	49,316	3.68	16,707	4.33
Risk Margin	1,977	1.75 %	17,362	1.75 %	3,736	1.75 %	1,275	1.75 %
Premium Tax	1,977	1.75 %	17,362	1.75 %	3,736	1.75 %	1,275	1.75 %
Projected FY2024 Total Cost	112,948	16.45	992,138	17.49	213,489	15.91	72,867	18.87

FY2024 STAR+PLUS Rating Summary
 MRSA Northeast SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	282,392	
Estimated Incurred Claims	4,381,005	15.51
Projected FY2024 Member Months	569,249	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	9,265,085	16.28
Administrative Expenses		
Fixed Amount	99,619	0.175
Percent of Premium	2,765,416	22.00 %
Total	2,865,034	5.03
Risk Margin	219,976	1.75 %
Premium Tax	219,976	1.75 %
Projected FY2024 Total Cost	12,570,072	22.08

FY2024 STAR+PLUS Rating Summary
MRSA West SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
FY2022 Experience Period								
Member Months	138,462		11,313		187,958		26,288	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	20,898,249	150.93	3,516,273	310.82	0	0.00	0	0.00
Emergency Room	6,036,135	43.59	931,421	82.33	0	0.00	0	0.00
Outpatient Facility	10,933,988	78.97	1,840,299	162.67	0	0.00	0	0.00
Inpatient Facility	28,957,937	209.14	5,248,851	463.97	0	0.00	0	0.00
Other Acute Care	12,263,441	88.57	4,175,695	369.11	0	0.00	0	0.00
Acute Care Total	79,089,750	571.20	15,712,539	1,388.91	0	0.00	0	0.00
Est Inc. Claims - Long Term Care								
Attendant Care	9,497,994	68.60	14,810,015	1,309.14	28,155,508	149.80	34,760,186	1,322.27
Nursing Facility	921,790	6.66	175,389	15.50	5,692,503	30.29	594,500	22.61
Other Long Term Care	645,386	4.66	1,555,599	137.51	1,038,032	5.52	4,354,891	165.66
ARPA Claims Removal	655,896	4.74	886,553	78.37	1,382,600	7.36	1,860,681	70.78
Long Term Care Total	10,409,273	75.18	15,654,450	1,383.78	33,503,444	178.25	37,848,896	1,439.77
Total - All Claims	89,499,023	646.38	31,366,989	2,772.69	33,503,444	178.25	37,848,896	1,439.77
Projected FY2024 Member Months	135,954		12,101		195,556		27,530	
Annual Cost Trend Assumptions								
Acute Care	1.1 %		1.0 %		0.0 %		0.0 %	
Long Term Care	4.2 %		4.8 %		2.3 %		3.9 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0111		1.0194		1.0000		1.0000	
Acute Care - Inpatient	1.0067		1.0049		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9791		0.9858		1.0000		1.0000	
Long Term Care	1.2083		1.1385		1.1850		1.1601	
PHE Related Cost Adjustment								
Acute Care	1.0235		1.0068		1.0303		1.0000	
Long Term Care	1.0235		1.0068		1.0303		1.0000	

FY2024 STAR+PLUS Rating Summary
 MRSA West SDA - Medical

	<u>Medicaid Only - OCC</u>		<u>Medicaid Only - HCBS</u>		<u>Dual Eligible - OCC</u>		<u>Dual Eligible - HCBS</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Projected FY2024 Incurred Claims								
Acute Care	80,966,930	595.55	17,432,388	1,440.57	0	0.00	0	0.00
LTC	13,724,043	100.95	21,080,827	1,742.07	44,538,235	227.75	49,638,994	1,803.10
Total	94,690,973	696.49	38,513,214	3,182.64	44,538,235	227.75	49,638,994	1,803.10
Capitation Expenses & Refunds	483,444	3.56	31,901	2.64	431,713	2.21	57,771	2.10
Service Coordination & Other Expenses	7,276,660	53.52	747,178	61.75	9,888,691	50.57	1,665,509	60.50
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	951,679	7.00	84,707	7.00	1,368,892	7.00	192,709	7.00
Percentage of Premium	5,949,767	5.25%	2,265,577	5.25%	3,235,824	5.25%	2,966,292	5.25%
Total	6,901,446	50.76	2,350,284	194.22	4,604,716	23.55	3,159,001	114.75
Risk Margin	1,983,256	1.75%	755,192	1.75%	1,078,608	1.75%	988,764	1.75%
Premium Tax	1,983,256	1.75%	755,192	1.75%	1,078,608	1.75%	988,764	1.75%
Maintenance Tax	9,857	0.07	877	0.07	14,178	0.07	1,996	0.07
Projected FY2024 Total Cost								
Acute Care	90,161,699	663.18	19,181,399	1,585.11	473,110	2.42	63,310	2.30
LTC	23,167,192	170.40	23,972,439	1,981.03	61,161,638	312.76	56,437,488	2,050.05
Total	113,328,891	833.58	43,153,838	3,566.13	61,634,749	315.18	56,500,798	2,052.35

FY2024 STAR+PLUS Rating Summary
MRSA West SDA - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2022 Experience Period								
Member Months	5,718		45,823		12,498		4,385	
Est. Inc. Claims - Acute Care (Excl. DPPs)								
Professional	988,815	172.93	0	0.00	1,280,097	102.43	3,577,164	815.74
Emergency Room	277,722	48.57	0	0.00	327,711	26.22	123,743	28.22
Outpatient Facility	708,499	123.90	0	0.00	595,611	47.66	2,336,615	532.84
Inpatient Facility	3,234,932	565.73	0	0.00	1,154,189	92.35	1,102,938	251.51
Other Acute Care	976,490	170.77	0	0.00	1,488,449	119.10	197,233	44.98
Acute Care Total	6,186,458	1,081.90	0	0.00	4,846,056	387.76	7,337,692	1,673.29
Est Inc. Claims - Long Term Care								
Attendant Care	22,054	3.86	93,500	2.04	0	0.00	133,243	30.38
Nursing Facility	27,638,051	4,833.40	188,340,799	4,110.18	0	0.00	7,151	1.63
Other Long Term Care	2,720	0.48	125,315	2.73	0	0.00	1,278	0.29
ARPA Claims Removal	438	0.08	4,939	0.11	0	0.00	12,689	2.89
Long Term Care Total	27,662,388	4,837.65	188,554,675	4,114.85	0	0.00	128,984	29.41
Total - All Claims	33,848,846	5,919.55	188,554,675	4,114.85	4,846,056	387.76	7,466,676	1,702.71
Projected FY2024 Member Months	6,094		47,088		12,886		4,096	
Annual Cost Trend Assumptions								
Acute Care	2.7 %		0.0 %		3.4 %		6.7 %	
Long Term Care	1.6 %		1.9 %		0.0 %		3.3 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0166		1.0000		1.0156		1.0063	
Acute Care - Inpatient	0.9988		1.0000		1.0064		1.0052	
Wrap & Carve-Out Removal	0.9989		1.0000		0.9505		0.9917	
Long Term Care	0.9913		0.9780		1.0000		1.2003	
PHE Related Cost Adjustment								
Acute Care	1.0000		1.0000		1.0000		1.0676	
Long Term Care	1.0000		1.0000		1.0000		1.0676	

FY2024 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 FY2024 Incurred Claims								
Acute Care	7,052,906	1,157.35	0	0.00	5,189,594	402.74	8,357,527	2,040.25
LTC	30,166,785	4,950.25	196,765,846	4,178.70	0	0.00	164,756	40.22
Total	37,219,692	6,107.60	196,765,846	4,178.70	5,189,594	402.74	8,522,283	2,080.47
Capitation Expenses & Refunds	18,624	3.06	104,401	2.22	39,777	3.09	-21,003	-5.13
Service Coordination & Other Expenses	320,788	52.64	2,390,053	50.76	703,665	54.61	222,092	54.22
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	42,658	7.00	329,615	7.00	90,200	7.00	28,674	7.00
Percentage of Premium	1,051,460	2.63%	5,581,172	2.63%	346,596	5.25%	503,560	5.25%
Total	1,094,118	179.54	5,910,787	125.53	436,796	33.90	532,234	129.93
Risk Margin	700,973	1.75%	3,720,781	1.75%	115,532	1.75%	167,853	1.75%
Premium Tax	700,973	1.75%	3,720,781	1.75%	115,532	1.75%	167,853	1.75%
Maintenance Tax	442	0.07	3,414	0.07	934	0.07	297	0.07
Projected FY2024 Total Cost								
Acute Care	7,541,622	1,237.55	111,212	2.36	5,830,690	452.49	9,167,052	2,237.87
LTC	32,513,988	5,335.42	212,504,850	4,512.94	771,140	59.84	424,557	103.64
Total	40,055,610	6,572.97	212,616,062	4,515.31	6,601,831	512.34	9,591,610	2,341.52

FY2024 STAR+PLUS Rating Summary
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
FY2022 Experience Period		
Member Months	432,445	
Est. Inc. Claims - Acute Care (Excl. DPPs)		
Professional	30,260,597	69.98
Emergency Room	7,696,731	17.80
Outpatient Facility	16,415,012	37.96
Inpatient Facility	39,698,848	91.80
Other Acute Care	19,101,307	44.17
Acute Care Total	113,172,495	261.70
Est Inc. Claims - Long Term Care		
Attendant Care	87,472,502	202.27
Nursing Facility	223,370,185	516.53
Other Long Term Care	7,723,221	17.86
ARPA Claims Removal	4,803,797	11.11
Long Term Care Total	313,762,110	725.55
Total - All Claims	426,934,606	987.26
Projected FY2024 Member Months	441,305	
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		
PHE Related Cost Adjustment		
Acute Care		
Long Term Care		

FY2024 STAR+PLUS Rating Summary
 MRSA West SDA - Medical

	Total	
	Amount	pmpm
Projected FY2024 Incurred Claims		
Acute Care	118,999,345	269.65
LTC	356,079,486	806.88
Total	475,078,831	1,076.53
Capitation Expenses & Refunds	1,146,628	2.60
Service Coordination & Other Expenses	23,214,637	52.60
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	3,089,134	7.00
Percentage of Premium	21,900,247	4.03%
Total	24,989,381	56.63
Risk Margin	9,510,959	1.75%
Premium Tax	9,510,959	1.75%
Maintenance Tax	31,995	0.07
Projected FY2024 Total Cost		
Acute Care	132,530,096	300.31
LTC	410,953,294	931.22
Total	543,483,389	1,231.54

FY2024 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
FY2022 Experience Period								
Member Months	138,462		11,313		5,718		12,498	
Experience Period Cost								
Estimated Incurred Claims	62,662,808	452.56	12,404,731	1,096.52	3,880,237	678.58	7,468,269	597.57
Other Costs/Refunds	-387,894	-2.80	-31,890	-2.82	-16,429	-2.87	-33,911	-2.71
Total Cost	62,274,914	449.76	12,372,842	1,093.70	3,863,808	675.71	7,434,358	594.86
Projected FY2024 Member Months	135,954		12,101		6,094		12,886	
Annual Trend Assumption	4.2 %		4.2 %		0.7 %		4.7 %	
Rating Adjustments								
PHE Related Cost Adjustment	1.0283		1.0126		1.0000		1.0000	
IMD Adjustment	0.9989		0.9998		1.0000		1.0000	
Insulin Reimbursement Adjustment	0.9645		0.9523		0.9395		0.9885	
Makena Formulary Adjustment	1.0000		1.0000		1.0000		1.0000	
Projected FY2024 Incurred Claims	65,774,300	483.80	13,854,177	1,144.88	3,922,999	643.75	8,305,998	644.59
Administrative Expenses	217,527	1.60	19,362	1.60	9,750	1.60	20,617	1.60
Risk Margin	1,196,743	1.75 %	251,593	1.75 %	71,319	1.75 %	151,001	1.75 %
Premium Tax	1,196,743	1.75 %	251,593	1.75 %	71,319	1.75 %	151,001	1.75 %
Projected FY2024 Total Cost	68,385,313	503.00	14,376,724	1,188.06	4,075,387	668.75	8,628,617	669.63

FY2024 STAR+PLUS Rating Summary
 MRSA West SDA - Pharmacy

	MBCCP		Total - excluding Duals	
	Amount	pmpm	Amount	pmpm
FY2022 Experience Period				
Member Months	4,385		172,375	
Experience Period Cost				
Estimated Incurred Claims	2,888,108	658.61	89,304,153	518.08
Other Costs/Refunds	-12,038	-2.75	-482,161	-2.80
Total Cost	2,876,071	655.86	88,821,992	515.28
Projected FY2024 Member Months	4,096		171,131	
Annual Trend Assumption	19.1 %			
Rating Adjustments				
PHE Related Cost Adjustment	1.0544			
IMD Adjustment	1.0000			
Insulin Reimbursement Adjustment	0.9877			
Makena Formulary Adjustment	1.0000			
Projected FY2024 Incurred Claims	3,968,812	968.87	95,826,285	559.96
Administrative Expenses	6,554	1.60	273,810	1.60
Risk Margin	72,092	1.75 %	1,742,748	1.75 %
Premium Tax	72,092	1.75 %	1,742,748	1.75 %
Projected FY2024 Total Cost	4,119,550	1,005.67	99,585,591	581.93

FY2024 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>
7/2022-12/2022 Experience Period								
Member Months	69,469		5,869		96,255		13,176	
Estimated Incurred Claims	1,482,978	21.35	514,153	87.60	2,337,915	24.29	949,253	72.04
Projected FY2024 Member Months	135,954		12,101		195,556		27,530	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0077		1.0056		1.0056		1.0067
Projected FY2024 Incurred Claims	3,062,271	22.52	1,116,171	92.24	5,001,249	25.57	2,090,572	75.94
Administrative Expenses								
Fixed Amount	23,792	0.175	2,118	0.175	34,222	0.175	4,818	0.175
Percent of Premium	911,321	22.0%	330,233	22.0%	1,486,985	22.0%	618,773	22.0%
Total	935,113	6.88	332,351	27.46	1,521,207	7.78	623,591	22.65
Risk Margin	72,491	1.75 %	26,269	1.75 %	118,283	1.75 %	49,221	1.75 %
Premium Tax	72,491	1.75 %	26,269	1.75 %	118,283	1.75 %	49,221	1.75 %
Projected FY2024 Total Cost	4,142,367	30.47	1,501,059	124.04	6,759,022	34.56	2,812,604	102.17

FY2024 STAR+PLUS Rating Summary
MRSA West SDA - NEMT

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period								
Member Months	2,812		23,014		6,142		2,316	
Estimated Incurred Claims	41,938	14.92	166,978	7.26	12,183	1.98	30,479	13.16
Projected FY2024 Member Months	6,094		47,088		12,886		4,096	
Annual Trend Assumption		3.30%		3.30%		3.30%		3.30%
Rating Adjustment Factors								
Mileage Reimbursement Adjustment		1.0000		1.0001		1.0228		1.0125
Projected FY2024 Incurred Claims	95,176	15.62	357,766	7.60	27,375	2.12	57,163	13.95
Administrative Expenses								
Fixed Amount	1,066	0.175	8,240	0.175	2,255	0.175	717	0.175
Percent of Premium	28,420	22.0%	108,082	22.0%	8,750	22.0%	17,092	22.0%
Total	29,487	4.84	116,323	2.47	11,005	0.85	17,809	4.35
Risk Margin	2,261	1.75 %	8,597	1.75 %	696	1.75 %	1,360	1.75 %
Premium Tax	2,261	1.75 %	8,597	1.75 %	696	1.75 %	1,360	1.75 %
Projected FY2024 Total Cost	129,184	21.20	491,283	10.43	39,771	3.09	77,691	18.97

FY2024 STAR+PLUS Rating Summary
 MRSA West SDA - NEMT

	Total	
	Amount	pmpm
7/2022-12/2022 Experience Period		
Member Months	219,052	
Estimated Incurred Claims	5,535,878	25.27
Projected FY2024 Member Months	441,305	
Annual Trend Assumption		
Rating Adjustment Factors		
Mileage Reimbursement Adjustment		
Projected FY2024 Incurred Claims	11,807,743	26.76
Administrative Expenses		
Fixed Amount	77,228	0.175
Percent of Premium	3,509,656	22.00 %
Total	3,586,884	8.13
Risk Margin	279,177	1.75 %
Premium Tax	279,177	1.75 %
Projected FY2024 Total Cost	15,952,981	36.15

FY2024 STAR+PLUS Rating Summary
Statewide SDA - NEMT

	Medicaid Only - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm
7/2022-12/2022 Experience Period						
Member Months	34,126		105,228		35,758	
Estimated Incurred Claims	348,555	10.21	646,496	6.14	442,695	12.38
Projected FY2024 Member Months	73,275		216,815		61,842	
Annual Trend Assumption		3.30%		3.30%		3.30%
Rating Adjustment Factors						
Mileage Reimbursement Adjustment		1.0001		1.0113		1.0105
Projected FY2024 Incurred Claims	783,692	10.70	1,410,575	6.51	810,027	13.10
Administrative Expenses						
Fixed Amount	12,823	0.175	37,943	0.175	10,822	0.175
Percent of Premium	235,212	22.0%	427,750	22.0%	242,398	22.0%
Total	248,036	3.38	465,693	2.15	253,221	4.09
Risk Margin	18,710	1.75 %	34,026	1.75 %	19,282	1.75 %
Premium Tax	18,710	1.75 %	34,026	1.75 %	19,282	1.75 %
Projected FY2024 Total Cost	1,069,148	14.59	1,944,319	8.97	1,101,811	17.82

Attachment 4

Trend Analysis - Medical

The FY2024 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 MCOs. A single trend assumption is applied to all service areas but varies by risk group and year.

The trend analysis included a review of MCO claims experience data through February 2023. Based on this information, estimates of monthly incurred claims were made through December 2022. 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 during the initial comparison period as the weights. For example, FY2019 trend is defined as the change in average cost from FY2018 to FY2019. The statewide average FY2019 trend is calculated as the weighted average of the FY2019 SDA-specific trends using the FY2018 estimated incurred claims as the weights.

Beginning March 2020 and continuing into FY2021, the trends have been distorted by the COVID-19 pandemic, resulting in abnormally large reductions in cost which are not expected to continue into future periods. Beginning FY2022 and into FY2023, the trends have stabilized and appear to be returning to pre-PHE norms. As a result, STAR+PLUS specific managed care trends were studied for FY2017, FY2018, FY2019, the first six months of FY2020, FY2022 and the first four months of FY2023 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.

The final trend assumptions combine two periods: (i) pre-PHE – average trend during FY2017, FY2018, FY2019 and the first six months of FY2020 and (ii) PHE – average trend during FY2022 and first four months of FY2023. The pre-PHE trends (i) were assigned 80% weighting and the PHE trends (ii) assigned the remaining 20%. The PHE period trend was limited to no less than 0.0%. This methodology was used in order to assign some credibility to the most recent trends while acknowledging that this period is relatively limited and still developing. The continuous eligibility requirements and enrollment growth have not impacted the STAR+PLUS program to the same degree as other managed care programs, allowing the use of more recent trend information.

Exhibit A provides a summary of the FY2017, FY2018, FY2019, FY2020, FY2022 and FY2023 trends by service area, type of service and risk group. The FY2020 trend represents the trend during the period September 2019 through February 2020. The FY2023 trend represents the trend during the period September 2022 through December 2022. 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 during the initial comparison period as the weights. For example, FY2019 SDA trends are weighted by FY2018 incurred claims to develop the statewide average.

Exhibit B presents a summary of the historical medical trends by risk group and type of service for:

- (i) Pre-PHE period - FY2017, FY2018, FY2019 and the first six months of FY2020 STAR+PLUS trends.
- (ii) PHE period – FY2022 and the first four months of FY2023 STAR+PLUS trends.

The average trend during each period has been calculated as the weighted average trend by risk group during each period with the weights being the number of months within each measurement period.

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 average acute care trend for each period 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 Pre-PHE long term care trends have been too volatile for this risk group and were deemed to have no credibility. As a result, the average long term care trend for the Pre-PHE period was set equal to the weighted average of the OCC and HCBS risk groups.

The final trend assumption is then calculated as the weighted average of (i) and (ii) using 80/20 weighting, respectively.

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 MCOs are 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.

Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period claims cost to the rating period (FY2024). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program. 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 2023. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group through February 2023. From this experience, the average annual utilization and cost per service were determined for each of the seven 12-month periods ending February 2023.

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 into 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-viral was removed due to the significant variation in the intensity of flu season from year to year. Progestational agent was removed due to its 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 carve-in drugs were included in the base period experience used in developing the pharmacy component of the rates.

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 assuming that the PDL changes had not been implemented. The PDL trend adjustment factors were developed by comparing i) the actual cost after the PDL change and ii) the expected cost had the PDL change not been implemented.

The trend assumptions were developed by risk group using a combination of the 1) pre-PHE period trends and 2) PHE period trends. The MBCCP risk group was carved into STAR+PLUS

on September 1, 2017. As a result, the trending period differs between the MBCCP risk group and all other risk groups.

The trend assumption for all risk groups except for the MBCCP risk group was determined using the following formula:

- (i) Pre-PHE period - 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.
- (ii) PHE period – The utilization and cost per service trend assumptions were developed for the 12-month period ending February 2023.

The trend assumption for the MBCCP risk group was determined using the following formula:

- (i) Pre-PHE period - The utilization and cost per service trend assumptions were set equal to one-thirds of the experience trend rate for the 6-month period ending February 2019 plus two-third of the experience trend rate for the 6-month period ending February 2020.
- (ii) PHE period – The utilization and cost per service trend assumptions were developed for the 6-month period ending February 2023.

The utilization and cost per service trend assumptions were then developed using 80% weighting to the pre-PHE period trend and 20% weighting to the PHE period trend. The final cost trend assumptions were then determined by combining the assumed utilization and cost per service trends into a single trend assumption.

Attachment 4 – Exhibit C presents the trend analysis for all risk groups except for the MBCCP risk group. Attachment 4 – Exhibit D presents the trend analysis for the MBCCP risk group. The primary driver in the high trend for these clients is utilization in the specialty drug category, specifically, the drug Ibrance. Ibrance is a treatment for breast cancer and represents about one-third of the total pharmacy cost for the MBCCP risk group. Specialty drug spend represents about 75% of total spend for the MBCCP risk group. The utilization and unit cost trend of these specialty drugs is higher than the average rate.

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.

Effective June 1, 2021, NEMT services were provided by the Medicaid MCOs. Prior to this, NEMT services were provided by the managed transportation organizations (MTOs) under a risk-based contract. Due to the impact on NEMT 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 NEMT experience provided by the MTOs for the three most recent 12-month period trends ending February 2020 in our trend analysis in order to exclude pandemic-related experience.

Statewide NEMT trend experience for all Medicaid managed care programs was used due to small sample size. The NEMT trend analysis only includes demand response service. Mileage reimbursement service was excluded since reimbursement is equal to the state's mileage reimbursement rate. All other NEMT services such as airfare, meals and lodging are excluded from the trend analysis due to low volume and variation from year to year. In addition, MTO Region 1 and MTO Region 10 changed MTO provider 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 ending February 2020.

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. Attachment 4 – Exhibit E presents a summary of the NEMT trend analysis.

FY2024 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										
-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										
-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										
-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 (9/19-2/20)										
-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
FY2022										
-Total Acute Care	0.988	1.014	0.955	0.983	1.038	0.960	0.912	0.999	0.976	0.960
-Long Term Care	0.957	0.954	1.020	0.961	0.979	0.991	1.022	0.953	1.016	0.941
FY2023 (9/22-12/22)										
-Total Acute Care	0.928	0.950	0.978	0.944	0.923	1.062	0.865	0.988	1.036	0.888
-Long Term Care	0.991	1.027	1.043	0.985	1.004	1.051	0.976	0.994	1.030	0.951
Medicaid Only HCBS										
FY2017										
-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										
-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										
-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 (9/19-2/20)										
-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

FY2024 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				
-Acute Care	1.052	1.013	1.022	1.019
-Long Term Care	1.166	1.211	1.135	1.089
FY2018				
-Acute Care	1.019	0.976	0.984	0.983
-Long Term Care	1.055	1.144	0.945	1.033
FY2019				
-Acute Care	1.028	0.986	1.053	1.024
-Long Term Care	1.049	1.097	0.934	1.045
FY2020 (9/19-2/20)				
-Total Acute Care	0.986	1.108	1.043	1.043
-Long Term Care	1.018	1.121	0.965	1.033
FY2022				
-Total Acute Care	1.019	0.965	0.990	0.988
-Long Term Care	0.901	1.001	0.968	0.970
FY2023 (9/22-12/22)				
-Total Acute Care	1.017	1.063	0.894	0.962
-Long Term Care	0.967	1.021	1.039	1.004
Medicaid Only HCBS				
FY2017				
-Acute Care	1.086	1.055	1.196	1.006
-Long Term Care	0.975	1.089	1.083	1.067
FY2018				
-Acute Care	0.921	0.998	0.977	0.992
-Long Term Care	0.949	1.060	0.982	1.038
FY2019				
-Acute Care	1.132	0.989	1.042	1.016
-Long Term Care	1.015	1.010	0.963	1.059
FY2020 (9/19-2/20)				
-Total Acute Care	1.110	1.112	1.118	1.051
-Long Term Care	1.010	1.033	1.005	1.030

FY2024 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>
FY2022										
-Total Acute Care	0.971	1.001	0.992	1.018	1.031	0.878	1.010	0.992	1.015	0.951
-Long Term Care	1.036	1.050	1.022	1.042	1.044	0.993	0.993	0.979	1.090	0.992
FY2023 (9/22-12/22)										
-Total Acute Care	1.018	1.039	0.930	0.952	1.019	0.959	1.012	1.123	0.974	1.157
-Long Term Care	1.037	1.070	0.973	0.992	1.052	1.005	0.986	1.035	0.980	0.953
Medicaid Only Nursing Facility										
FY2017										
-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										
-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										
-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 (9/19-2/20)										
-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
FY2022										
-Total Acute Care	1.288	1.027	0.956	1.023	1.027	0.874	0.976	0.959	1.011	0.838
-Long Term Care	0.983	1.010	0.965	1.037	1.000	0.982	0.982	1.010	0.990	0.957
FY2023 (9/22-12/22)										
-Total Acute Care	0.940	0.813	1.535	0.777	0.865	1.151	0.916	0.900	0.770	0.986
-Long Term Care	0.974	0.992	0.970	0.973	0.918	1.028	0.984	0.997	0.947	1.012
IDD										
FY2017										
-Acute Care	1.116	1.157	1.137	0.979	1.033	1.138	1.024	0.908	0.939	1.048
FY2018										
-Acute Care	1.019	0.942	0.940	0.958	1.086	1.056	1.100	0.756	0.912	1.028
FY2019										
-Acute Care	1.059	1.056	1.207	1.228	1.005	0.905	1.046	0.958	1.262	0.991

FY2024 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
FY2022				
-Total Acute Care	1.138	1.002	1.040	1.005
-Long Term Care	1.021	1.041	1.049	1.038
FY2023 (9/22-12/22)				
-Total Acute Care	0.920	1.104	0.945	1.006
-Long Term Care	1.030	1.077	1.028	1.026
Medicaid Only Nursing Facility				
FY2017				
-Acute Care	0.968	1.037	1.035	1.042
-Long Term Care	1.022	1.018	1.025	1.011
FY2018				
-Acute Care	1.017	1.011	1.024	1.040
-Long Term Care	1.059	1.036	1.003	1.017
FY2019				
-Acute Care	1.185	1.040	1.033	1.032
-Long Term Care	1.050	1.024	1.033	1.032
FY2020 (9/19-2/20)				
-Total Acute Care	1.011	1.181	1.145	1.006
-Long Term Care	1.000	1.002	1.024	1.016
FY2022				
-Total Acute Care	0.926	0.838	0.925	0.991
-Long Term Care	1.020	1.009	1.030	1.005
FY2023 (9/22-12/22)				
-Total Acute Care	1.153	1.040	1.161	0.908
-Long Term Care	0.991	0.954	0.992	0.977
IDD				
FY2017				
-Acute Care	1.089	1.131	1.096	1.047
FY2018				
-Acute Care	0.862	1.010	0.961	0.969
FY2019				
-Acute Care	1.012	0.987	1.154	1.103

FY2024 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>
FY2020 (9/19-2/20)										
-Acute Care	0.994	1.020	0.959	0.973	0.981	0.831	0.963	1.738	1.055	1.117
FY2022										
-Total Acute Care	0.959	1.007	0.963	1.093	1.037	0.919	1.040	1.114	0.916	0.977
FY2023 (9/22-12/22)										
-Total Acute Care	0.963	0.962	1.237	0.976	1.065	0.953	0.751	0.746	1.136	0.696
MBCCP										
FY2019										
-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 (9/19-2/20)										
-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
FY2022										
-Total Acute Care	0.979	0.984	1.001	1.014	0.912	0.931	0.713	0.918	0.832	1.010
-Long Term Care	0.953	0.881	1.130	1.042	1.004	0.601	0.625	0.735	0.790	0.885
FY2023 (9/22-12/22)										
-Total Acute Care	1.161	1.194	1.029	1.166	1.075	1.050	1.308	1.012	1.197	0.818
-Long Term Care	1.060	1.045	1.447	0.794	0.994	0.946	0.644	1.154	0.836	0.839
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 (9/19-2/20)										
-Long Term Care	1.045	0.982	1.030	0.988	1.005	1.006	0.992	1.027	1.036	1.001
FY2022										
-Long Term Care	0.946	0.982	1.010	0.987	1.007	0.962	0.839	0.968	0.963	0.927
FY2023 (9/22-12/22)										
-Long Term Care	1.010	1.081	1.030	1.008	1.042	0.992	1.026	0.980	1.036	0.931

FY2024 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
FY2020 (9/19-2/20)				
-Acute Care	1.426	1.165	1.328	1.063
FY2022				
-Total Acute Care	0.819	0.757	0.941	0.981
FY2023 (9/22-12/22)				
-Total Acute Care	0.905	0.950	0.813	0.953
MBCCP				
FY2019				
-Acute Care	0.920	0.856	1.110	1.082
-Long Term Care	1.191	1.303	1.007	1.385
FY2020 (9/19-2/20)				
-Total Acute Care	1.001	1.125	1.123	1.086
-Long Term Care	2.299	1.161	1.163	1.182
FY2022				
-Total Acute Care	0.866	1.026	1.055	0.960
-Long Term Care	0.556	0.862	1.139	0.953
FY2023 (9/22-12/22)				
-Total Acute Care	1.031	1.298	1.066	1.121
-Long Term Care	0.994	0.759	1.074	0.975
Dual Eligible OCC				
FY2017				
-Long Term Care	1.086	1.168	1.104	1.055
FY2018				
-Long Term Care	0.997	1.072	0.975	1.023
FY2019				
-Long Term Care	0.998	1.024	0.956	1.019
FY2020 (9/19-2/20)				
-Long Term Care	0.971	1.006	1.013	1.006
FY2022				
-Long Term Care	0.882	0.959	0.911	0.980
FY2023 (9/22-12/22)				
-Long Term Care	0.957	1.065	1.007	1.027

FY2024 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 (9/19-2/20)										
-Long Term Care	1.032	1.041	1.042	1.024	1.010	1.012	1.071	0.996	1.050	1.019
FY2022										
-Long Term Care	1.010	1.032	1.024	1.031	1.034	1.024	1.028	1.028	1.043	0.995
FY2023 (9/22-12/22)										
-Long Term Care	1.003	1.059	0.977	1.002	1.040	1.038	1.059	1.008	0.945	1.000
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 (9/19-2/20)										
-Long Term Care	1.043	1.017	1.044	1.014	1.030	1.006	1.016	1.052	1.023	1.024
FY2022										
-Long Term Care	0.998	0.994	0.961	1.000	0.963	1.017	0.997	1.001	1.003	0.989
FY2023 (9/22-12/22)										
-Long Term Care	0.988	0.973	0.969	1.007	0.929	1.019	0.976	0.988	0.988	1.031

FY2024 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	1.040
FY2020 (9/19-2/20)				
-Long Term Care	0.984	0.982	1.024	1.017
FY2022				
-Long Term Care	0.987	0.980	1.039	1.025
FY2023 (9/22-12/22)				
-Long Term Care	1.037	1.002	1.037	1.021
Dual Eligible Nursing Facility				
FY2017				
-Long Term Care	1.012	1.016	1.022	1.018
FY2018				
-Long Term Care	1.034	1.024	1.016	1.023
FY2019				
-Long Term Care	1.045	1.024	1.019	1.032
FY2020 (9/19-2/20)				
-Long Term Care	1.017	1.009	1.023	1.022
FY2022				
-Long Term Care	1.001	1.002	1.003	0.997
FY2023 (9/22-12/22)				
-Long Term Care	1.016	1.004	1.018	0.996

FY2024 STAR+PLUS Rating
Trend Assumptions - Medical

	Pre-PHE					PHE			Trend Assumption (3)
	FY2017	FY2018	FY2019	9/19-2/20	Average (1)	FY2022	9/22-12/22	Average (2)	
Acute Care									
Medicaid Only OCC	1.9 %	-1.7 %	2.4 %	4.3 %	1.4 %	-1.2 %	-3.8 %	0.0%	1.1 %
Medicaid Only HCBS	0.6 %	-0.8 %	1.6 %	5.1 %	1.2 %	0.5 %	0.6 %	0.5%	1.0 %
Medicaid Only NF	4.2 %	4.0 %	3.2 %	0.6 %	3.3 %	-0.9 %	-9.2 %	0.0%	2.7 %
IDD	4.7 %	-3.1 %	10.3 %	6.3 %	4.3 %	-1.9 %	-4.7 %	0.0%	3.4 %
MBCCP			8.2 %	8.6 %	8.3 %	-4.0 %	12.1 %	0.0%	6.7 %
Long Term Care									
Medicaid Only OCC	8.9 %	3.3 %	4.5 %	3.3 %	5.3 %	-3.0 %	0.4 %	0.0%	4.2 %
Medicaid Only HCBS	6.7 %	3.8 %	5.9 %	3.0 %	5.1 %	3.8 %	2.6 %	3.5%	4.8 %
Medicaid Only NF	1.1 %	1.7 %	3.2 %	1.6 %	2.0 %	0.5 %	-2.3 %	0.0%	1.6 %
Dual Eligible OCC	5.5 %	2.3 %	1.9 %	0.6 %	2.9 %	-2.0 %	2.7 %	0.0%	2.3 %
Dual Eligible HCBS	6.4 %	3.9 %	4.0 %	1.7 %	4.3 %	2.5 %	2.1 %	2.4%	3.9 %
Dual Eligible NF	1.8 %	2.3 %	3.2 %	2.2 %	2.4 %	-0.3 %	-0.4 %	0.0%	1.9 %
MBCCP (4)			38.5 %	18.2 %	4.1 %	-4.7 %	-2.5 %	0.0%	3.3 %

Footnotes

(1) Average trend during FY17, FY18, FY19 and 9/19-2/20.

(2) Average trend during FY2022 and 9/22-12/22, minimum trend of 0%.

(3) Trend assumption selected using 80% weight for Pre-PHE trend and 20% weight for PHE trend for all risk groups.

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

FY2024 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>
Days Supply per Member per Month				
3/2015-2/2016	95.242	199.384	112.003	233.692
3/2016-2/2017	98.134	202.090	113.377	226.940
3/2017-2/2018	103.191	207.986	118.155	222.537
3/2018-2/2019	102.968	208.913	120.405	216.185
3/2019-2/2020	100.832	206.470	123.279	209.251
3/2020-2/2021	100.953	208.518	127.729	207.116
3/2021-2/2022	93.260	199.359	125.655	206.057
3/2022-2/2023	88.954	198.056	126.349	199.822

Incurred Claims per Day Supply

3/2015-2/2016	3.853	4.115	4.047	3.118
3/2016-2/2017	3.989	4.261	4.053	3.139
3/2017-2/2018	4.036	4.406	3.956	3.228
3/2018-2/2019	4.184	4.498	4.025	3.346
3/2019-2/2020	4.368	4.683	3.985	3.389
3/2020-2/2021	4.414	4.639	4.015	3.197
3/2021-2/2022	4.663	4.839	4.241	3.221
3/2022-2/2023	5.026	5.066	4.392	3.380

PDL Adjustment Factors

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

Adjusted Incurred Claims per Days Supply

3/2015-2/2016	3.853	4.115	4.047	3.118
3/2016-2/2017	3.989	4.261	4.053	3.139
3/2017-2/2018	4.041	4.411	3.963	3.228
3/2018-2/2019	4.255	4.556	4.195	3.397
3/2019-2/2020	4.500	4.789	4.255	3.473
3/2020-2/2021	4.414	4.639	4.015	3.197
3/2021-2/2022	4.663	4.839	4.241	3.221
3/2022-2/2023	5.026	5.066	4.392	3.380

Adjusted Incurred Claims per Member per Month

3/2015-2/2016	366.983	820.505	453.310	728.630
3/2016-2/2017	391.472	861.037	459.469	712.272
3/2017-2/2018	416.969	917.354	468.281	718.448
3/2018-2/2019	438.103	951.883	505.089	734.322
3/2019-2/2020	453.752	988.797	524.530	726.655
3/2020-2/2021	445.626	967.245	512.848	662.141
3/2021-2/2022	434.876	964.599	532.940	663.708
3/2022-2/2023	447.122	1,003.320	554.885	675.421

FY2024 Prescription Drug Rating Analysis
 STAR+PLUS Pharmacy Trends

	OCC	HCBS	IDD	NF
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Annual Trend in Days Supply per Member per Month

3/2016-2/2017	3.0 %	1.4 %	1.2 %	-2.9 %
3/2017-2/2018	5.2 %	2.9 %	4.2 %	-1.9 %
3/2018-2/2019	-0.2 %	0.4 %	1.9 %	-2.9 %
3/2019-2/2020	-2.1 %	-1.2 %	2.4 %	-3.2 %
3/2020-2/2021	0.1 %	1.0 %	3.6 %	-1.0 %
3/2021-2/2022	-7.6 %	-4.4 %	-1.6 %	-0.5 %
3/2022-2/2023	-4.6 %	-0.7 %	0.6 %	-3.0 %
Selected (1)	-1.1 %	-0.1 %	2.1 %	-2.9 %

Annual Trend in Adjusted Incurred Claims per Days Supply

3/2016-2/2017	3.5 %	3.5 %	0.1 %	0.7 %
3/2017-2/2018	1.3 %	3.5 %	-2.2 %	2.9 %
3/2018-2/2019	5.3 %	3.3 %	5.8 %	5.2 %
3/2019-2/2020	5.8 %	5.1 %	1.4 %	2.2 %
3/2020-2/2021	-1.9 %	-3.1 %	-5.6 %	-7.9 %
3/2021-2/2022	5.6 %	4.3 %	5.6 %	0.8 %
3/2022-2/2023	7.8 %	4.7 %	3.5 %	4.9 %
Selected (1)	5.4 %	4.3 %	2.5 %	3.7 %

Annual Trend in Adjusted Incurred Claims per Member per Month

3/2016-2/2017	6.7 %	4.9 %	1.4 %	-2.2 %
3/2017-2/2018	6.5 %	6.5 %	1.9 %	0.9 %
3/2018-2/2019	5.1 %	3.8 %	7.9 %	2.2 %
3/2019-2/2020	3.6 %	3.9 %	3.8 %	-1.0 %
3/2020-2/2021	-1.8 %	-2.2 %	-2.2 %	-8.9 %
3/2021-2/2022	-2.4 %	-0.3 %	3.9 %	0.2 %
3/2022-2/2023	2.8 %	4.0 %	4.1 %	1.8 %
Selected (1)	4.2 %	4.2 %	4.7 %	0.7 %

(1) Weighted average using 20% for 3/22-2/23 trend, 40% for 3/19-2/20 trend, 26.67% for 3/18-2/19 trend and 13.33% for 3/17-2/18 trend.

FY2024 Prescription Drug Rating Analysis
 MBCCP Pharmacy Trends

MBCCP

Days Supply per Member per Month

9/2017-2/2018	73.528
9/2018-2/2019	90.756
9/2019-2/2020	94.912
9/2020-2/2021	92.437
9/2021-2/2022	86.758
9/2022-2/2023	86.866

Incurred Claims per Day Supply

9/2017-2/2018	5.425
9/2018-2/2019	5.891
9/2019-2/2020	6.412
9/2020-2/2021	6.853
9/2021-2/2022	7.390
9/2022-2/2023	8.161

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 Days Supply

9/2017-2/2018	5.425
9/2018-2/2019	5.922
9/2019-2/2020	6.486
9/2020-2/2021	6.853
9/2021-2/2022	7.390
9/2022-2/2023	8.161

Adjusted Incurred Claims per Member per Month

9/2017-2/2018	398.891
9/2018-2/2019	537.476
9/2019-2/2020	615.622
9/2020-2/2021	633.491
9/2021-2/2022	641.102
9/2022-2/2023	708.937

FY2024 Prescription Drug Rating Analysis
 MBCCP Pharmacy Trends

MBCCP

Annual Trend in Days Supply per Member per Month

9/2018-2/2019	23.4 %
9/2019-2/2020	4.6 %
9/2020-2/2021	-2.6 %
9/2021-2/2022	-6.1 %
9/2022-2/2023	0.1 %
Selected	8.7 %

Annual Trend in Adjusted Incurred Claims per Days Supply

9/2018-2/2019	9.2 %
9/2019-2/2020	9.5 %
9/2020-2/2021	5.7 %
9/2021-2/2022	7.8 %
9/2022-2/2023	10.4 %
Selected	9.6 %

Annual Trend in Adjusted Incurred Claims per Member per Month

9/2018-2/2019	34.7 %
9/2019-2/2020	14.5 %
9/2020-2/2021	2.9 %
9/2021-2/2022	1.2 %
9/2022-2/2023	10.6 %
Selected	19.1 %

(1) Weighted average using 20% for 9/22-2/23 trend, 53.33% for 9/19-2/20 trend and 26.67% for 9/18-2/19 trend.

FY2024 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) **3.30%**

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 beginning of the base period used in rate setting and before the end of FY2024.

All adjustments have been calculated through an analysis of MCO 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 FY2022 encounter data was repriced using the FFS reimbursement in place during this base period, the FFS reimbursement that will be in place during FY2024 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 FY2024. In addition, increases will be applied to the SDA applicable to rural hospital deliveries effective September 1, 2023. 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, 2023. 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 FY2024.

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, 2023. 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 FY2024.

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 FY2024. The 10% PPR adjustment is intended to be an incremental step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods. Exhibit D presents a summary of the derivation of the rating adjustment factors.

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

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

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 G.1 and G.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 G.1.

Exhibits G.1 and G.2 present a summary of the derivation of the rating adjustment factors applicable to the medical and pharmacy rate development, respectively. Exhibit G.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, 2022, HHSC made revisions to the reimbursement for vaccine administration. Exhibit H presents a summary of the derivation of the rating adjustment factors.

Effective July 1, 2023, HHSC expanded the non-invasive perinatal screening benefit. Exhibit I presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2022, HHSC made revisions to the reimbursement for home delivered meals. Exhibit J presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2023, HHSC will make revisions to the reimbursement for ground ambulance services. Exhibit K presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2023, HHSC will make revisions to the reimbursement for rural hospital outpatient services. Exhibit L presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2023, HHSC will make revisions to the reimbursement for birth and women's health related surgery services. Exhibit M presents a summary of the derivation of the rating adjustment factors.

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 N presents a summary of the derivation of the rating adjustment factors.

Recent Social Security Cost-of-Living Adjustments (COLA) have been higher than historical, base period norms requiring an additional adjustment to reflect the impact on MCO reimbursement to nursing facilities. As COLA increases an individual's social security income, their patient liability increases, which partially offsets the MCO payment to nursing facilities. The rating adjustment factor has been calculated by adjusting the base period patient liability based on the applicable COLA changes and determining the impact on nursing facility cost net of patient liability. Exhibit O presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2023, HHSC will make revisions to the reimbursement for attendant care services. Exhibit P presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2023, HHSC will make revisions to the reimbursement for nursing facility services. Exhibit Q presents a summary of the derivation of the rating adjustment factors.

FY2024 will include an additional calendar day due to leap year. Based on a review of historical data the additional data has an immaterial impact on most services with the exception being nursing facility claims which are paid on a per diem basis. The additional day will increase reimbursement paid to nursing facilities by approximately 0.27% (366/365-1). Exhibit R presents a summary of the derivation of the rating adjustment factors.

The three pharmaceutical manufacturers Eli Lilly, Novo Nordisk and Sanofi have publicly announced that the list price for certain insulins will be reduced by approximately 70% no later than January 1, 2024. Exhibit S presents a summary of the derivation of the rating adjustment factors.

Effective April 7, 2023 Makena and its generic equivalent hydroxyprogesterone were removed from the formulary. Exhibit T presents a summary of the derivation of the rating adjustment factors.

Effective January 1, 2023, reimbursement for Individual Transportation Participant (ITP) service increased to \$0.655 per mile. The base period claims cost for ITP service has been adjusted to reflect this change. Exhibit U presents a summary of the derivation of the rating adjustment factors.

For ease of reporting purposes, the numerous provider reimbursement adjustments described above have been consolidated in the community rating exhibits included in Attachment 3. The

key below includes a description of where each adjustment has been included in Attachments 3.

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

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 FY2022 detail encounter data which only includes claims paid through November 2022. 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 2023, (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 1-5 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.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Hospital Reimbursement Changes - Standard Dollar Amount

	<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	-114,473	-7,653	0	0	-23,922	0	4,253	-176	-141,970
Dallas	381,062	129,712	0	0	41,025	0	15,820	2,426	570,046
El Paso	-9,693	-3,086	0	0	-2,560	0	351	-1,125	-16,112
Harris	393,994	51,752	0	0	48,219	0	7,788	1,016	502,770
Hidalgo	188,819	56,493	0	0	7,428	0	-1,247	17,475	268,968
Jefferson	105,823	23,131	0	0	28,307	0	-619	661	157,303
Lubbock	143,318	38,883	0	0	18,502	0	20,112	1,569	222,384
Nueces	666,221	242,541	0	0	35,026	0	43,547	19,076	1,006,411
Tarrant	170,769	68,487	0	0	20,153	0	-653	-792	257,964
Travis	-253,012	-35,059	0	0	-10,759	0	-13,611	-11,403	-323,844
MRSA Central	132,016	34,370	0	0	45,597	0	-17,140	2,375	197,219
MRSA Northeast	218,445	47,386	0	0	12,572	0	25,097	-3,545	299,955
MRSA West	710,197	122,433	0	0	59,816	0	27,081	30,980	950,506
Total	2,733,485	769,392	0	0	279,405	0	110,780	58,537	3,951,598
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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	-0.09%	-0.02%	0.00%	0.00%	-0.24%	0.00%	0.06%	0.00%	-0.07%
Dallas	0.19%	0.21%	0.00%	0.00%	0.22%	0.00%	0.18%	0.02%	0.19%
El Paso	-0.02%	-0.02%	0.00%	0.00%	-0.14%	0.00%	0.01%	-0.02%	-0.02%
Harris	0.12%	0.07%	0.00%	0.00%	0.25%	0.00%	0.04%	0.00%	0.11%
Hidalgo	0.19%	0.12%	0.00%	0.00%	0.14%	0.00%	-0.02%	0.18%	0.16%
Jefferson	0.21%	0.20%	0.00%	0.00%	1.20%	0.00%	-0.05%	0.02%	0.22%
Lubbock	0.45%	0.57%	0.00%	0.00%	0.75%	0.00%	0.74%	0.08%	0.49%
Nueces	1.55%	1.85%	0.00%	0.00%	1.65%	0.00%	2.18%	0.46%	1.56%
Tarrant	0.15%	0.26%	0.00%	0.00%	0.21%	0.00%	-0.01%	-0.01%	0.16%
Travis	-0.42%	-0.29%	0.00%	0.00%	-0.27%	0.00%	-0.32%	-0.16%	-0.37%
MRSA Central	0.16%	0.23%	0.00%	0.00%	0.77%	0.00%	-0.51%	0.04%	0.18%
MRSA Northeast	0.20%	0.19%	0.00%	0.00%	0.16%	0.00%	0.63%	-0.05%	0.19%
MRSA West	0.92%	0.76%	0.00%	0.00%	0.88%	0.00%	0.59%	0.43%	0.85%
Total	0.20%	0.21%	0.00%	0.00%	0.29%	0.00%	0.15%	0.05%	0.20%

Footnotes

- (1) Equals the cost impact from reimbursement changes for inpatient SDA changes effective 9/1/2022 and 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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	-136,335	-24,526	0	0	-13,367	0	-5,061	-691	-179,979
Dallas	-306,445	-101,149	0	0	-33,014	0	-2,991	-4,233	-447,831
El Paso	-52,550	-16,049	0	0	-5,608	0	-2,661	-2,702	-79,569
Harris	244,437	14,919	0	0	3,200	0	12,691	9,062	284,310
Hidalgo	-42,396	-20,835	0	0	1,800	0	-3,108	-3,112	-67,651
Jefferson	63,860	6,766	0	0	1,441	0	2,463	2,938	77,467
Lubbock	-16,383	-2,373	0	0	463	0	-723	412	-18,605
Nueces	-36,292	-6,220	0	0	-1,647	0	-3,946	-1,395	-49,499
Tarrant	-41,618	-14,969	0	0	-10,252	0	-3,560	-2,187	-72,585
Travis	149,757	26,298	0	0	10,976	0	6,983	9,139	203,153
MRSA Central	127,499	27,087	0	0	8,866	0	3,125	3,300	169,877
MRSA Northeast	19,540	-1,022	0	0	6,162	0	592	1,556	26,828
MRSA West	15,932	6,336	0	0	-1,477	0	3,814	1,110	25,716
Total	-10,993	-105,735	0	0	-32,455	0	7,618	13,195	-128,369
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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	-0.10%	-0.06%	0.00%	0.00%	-0.14%	0.00%	-0.07%	-0.01%	-0.09%
Dallas	-0.16%	-0.16%	0.00%	0.00%	-0.18%	0.00%	-0.03%	-0.03%	-0.15%
El Paso	-0.12%	-0.13%	0.00%	0.00%	-0.30%	0.00%	-0.09%	-0.05%	-0.12%
Harris	0.07%	0.02%	0.00%	0.00%	0.02%	0.00%	0.07%	0.04%	0.06%
Hidalgo	-0.04%	-0.04%	0.00%	0.00%	0.03%	0.00%	-0.06%	-0.03%	-0.04%
Jefferson	0.12%	0.06%	0.00%	0.00%	0.06%	0.00%	0.19%	0.07%	0.11%
Lubbock	-0.05%	-0.03%	0.00%	0.00%	0.02%	0.00%	-0.03%	0.02%	-0.04%
Nueces	-0.08%	-0.05%	0.00%	0.00%	-0.08%	0.00%	-0.20%	-0.03%	-0.08%
Tarrant	-0.04%	-0.06%	0.00%	0.00%	-0.10%	0.00%	-0.05%	-0.02%	-0.04%
Travis	0.25%	0.22%	0.00%	0.00%	0.27%	0.00%	0.17%	0.13%	0.23%
MRSA Central	0.15%	0.18%	0.00%	0.00%	0.15%	0.00%	0.09%	0.06%	0.15%
MRSA Northeast	0.02%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%	0.02%	0.02%
MRSA West	0.02%	0.04%	0.00%	0.00%	-0.02%	0.00%	0.08%	0.02%	0.02%
Total	0.00%	-0.03%	0.00%	0.00%	-0.03%	0.00%	0.01%	0.01%	-0.01%

Footnotes

(1) Equals the net cost/savings resulting from PPR reimbursement reductions that will become effective 9/1/2023 versus those effective during FY2022.

(2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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	-12,518	-533	0	0	-20,448	0	1,568	482	-31,450
Dallas	-81,825	-39,702	0	0	-7,008	0	-123	-7,365	-136,024
El Paso	22,969	10,352	0	0	2,652	0	1,441	2,728	40,140
Harris	-333,465	-9,494	0	0	46,730	0	-3,640	-39,471	-339,340
Hidalgo	-221,883	-68,848	0	0	-20,762	0	-8,851	-11,157	-331,500
Jefferson	-148,356	-19,614	0	0	-4,671	0	-4,233	-7,867	-184,742
Lubbock	69,651	10,803	0	0	13,346	0	2,263	1,149	97,212
Nueces	17,820	8,021	0	0	2,125	0	267	-3,628	24,605
Tarrant	120,495	37,604	0	0	10,813	0	-556	6,855	175,211
Travis	119,681	21,448	0	0	7,813	0	5,543	2,292	156,776
MRSA Central	212,835	27,613	0	0	26,052	0	4,259	1,789	272,549
MRSA Northeast	-94,624	-27,407	0	0	2,474	0	4,381	-216	-115,392
MRSA West	1,778	-1,125	0	0	-17,699	0	1,992	8,426	-6,629
Total	-327,443	-50,882	0	0	41,416	0	4,311	-45,986	-378,584
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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	-0.01%	0.00%	0.00%	0.00%	-0.21%	0.00%	0.02%	0.00%	-0.02%
Dallas	-0.04%	-0.06%	0.00%	0.00%	-0.04%	0.00%	0.00%	-0.06%	-0.05%
El Paso	0.05%	0.08%	0.00%	0.00%	0.14%	0.00%	0.05%	0.05%	0.06%
Harris	-0.10%	-0.01%	0.00%	0.00%	0.24%	0.00%	-0.02%	-0.15%	-0.07%
Hidalgo	-0.22%	-0.15%	0.00%	0.00%	-0.38%	0.00%	-0.16%	-0.12%	-0.20%
Jefferson	-0.29%	-0.17%	0.00%	0.00%	-0.20%	0.00%	-0.32%	-0.19%	-0.26%
Lubbock	0.22%	0.16%	0.00%	0.00%	0.54%	0.00%	0.08%	0.06%	0.21%
Nueces	0.04%	0.06%	0.00%	0.00%	0.10%	0.00%	0.01%	-0.09%	0.04%
Tarrant	0.11%	0.14%	0.00%	0.00%	0.11%	0.00%	-0.01%	0.07%	0.11%
Travis	0.20%	0.18%	0.00%	0.00%	0.19%	0.00%	0.13%	0.03%	0.18%
MRSA Central	0.26%	0.19%	0.00%	0.00%	0.44%	0.00%	0.13%	0.03%	0.24%
MRSA Northeast	-0.09%	-0.11%	0.00%	0.00%	0.03%	0.00%	0.11%	0.00%	-0.07%
MRSA West	0.00%	-0.01%	0.00%	0.00%	-0.26%	0.00%	0.04%	0.12%	-0.01%
Total	-0.02%	-0.01%	0.00%	0.00%	0.04%	0.00%	0.01%	-0.04%	-0.02%

Footnotes

(1) Equals the net cost/savings resulting from PPC reimbursement reductions that will become effective 9/1/2023 versus those effective during FY2022.

(2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Inpatient Acute Care

Potentially Preventable Readmission (PPR) Quality Improvement

	<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 Quality Improvement (1)									
Bexar	-549,827	-136,430	0	0	-45,921	0	-22,412	-175	-754,764
Dallas	-864,960	-246,258	0	0	-102,415	0	-24,973	-3,011	-1,241,616
El Paso	-143,992	-37,724	0	0	-10,454	0	-6,496	-5,581	-204,246
Harris	-1,605,582	-248,160	0	0	-117,562	0	-81,140	-4,562	-2,057,006
Hidalgo	-288,423	-120,870	0	0	-45,038	0	-53,099	-2,948	-510,378
Jefferson	-171,951	-21,303	0	0	-11,495	0	-1,488	0	-206,237
Lubbock	-89,559	-17,089	0	0	-7,102	0	-9,406	-905	-124,060
Nueces	-185,470	-46,260	0	0	-14,694	0	-19,608	-1,312	-267,343
Tarrant	-413,651	-80,047	0	0	-34,970	0	-21,033	-3,538	-553,239
Travis	-219,676	-35,554	0	0	-8,853	0	-12,179	-3,218	-279,480
MRSA Central	-294,188	-52,848	0	0	-39,516	0	-11,732	-3,355	-401,640
MRSA Northeast	-358,574	-87,693	0	0	-44,629	0	-15,466	-3,866	-510,227
MRSA West	-209,044	-48,247	0	0	-47,950	0	-3,351	-3,395	-311,987
Total	-5,394,896	-1,178,482	0	0	-530,598	0	-282,381	-35,867	-7,422,225
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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%	-0.32%	0.00%	0.00%	-0.47%	0.00%	-0.32%	0.00%	-0.38%
Dallas	-0.44%	-0.39%	0.00%	0.00%	-0.55%	0.00%	-0.28%	-0.02%	-0.41%
El Paso	-0.34%	-0.30%	0.00%	0.00%	-0.56%	0.00%	-0.21%	-0.10%	-0.31%
Harris	-0.49%	-0.33%	0.00%	0.00%	-0.61%	0.00%	-0.44%	-0.02%	-0.44%
Hidalgo	-0.29%	-0.26%	0.00%	0.00%	-0.83%	0.00%	-0.97%	-0.03%	-0.31%
Jefferson	-0.34%	-0.19%	0.00%	0.00%	-0.49%	0.00%	-0.11%	0.00%	-0.29%
Lubbock	-0.28%	-0.25%	0.00%	0.00%	-0.29%	0.00%	-0.35%	-0.05%	-0.27%
Nueces	-0.43%	-0.35%	0.00%	0.00%	-0.69%	0.00%	-0.98%	-0.03%	-0.42%
Tarrant	-0.38%	-0.30%	0.00%	0.00%	-0.36%	0.00%	-0.27%	-0.04%	-0.34%
Travis	-0.36%	-0.29%	0.00%	0.00%	-0.22%	0.00%	-0.29%	-0.04%	-0.32%
MRSA Central	-0.36%	-0.36%	0.00%	0.00%	-0.67%	0.00%	-0.35%	-0.06%	-0.36%
MRSA Northeast	-0.32%	-0.35%	0.00%	0.00%	-0.57%	0.00%	-0.39%	-0.06%	-0.33%
MRSA West	-0.27%	-0.30%	0.00%	0.00%	-0.71%	0.00%	-0.07%	-0.05%	-0.28%
Total	-0.40%	-0.32%	0.00%	0.00%	-0.55%	0.00%	-0.39%	-0.03%	-0.37%

Footnotes

- (1) Equals the cost impact from a 10% reduction in PPR events.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Outpatient Behavioral Health Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	103,254	24,652	0	0	24,272	0	10,299	1,790	164,267
Dallas	62,749	18,226	0	0	34,931	0	4,306	964	121,175
El Paso	31,218	5,685	0	0	3,850	0	1,386	452	42,592
Harris	214,196	23,686	0	0	31,165	0	17,658	2,037	288,742
Hidalgo	54,747	11,591	0	0	3,968	0	2,686	1,035	74,026
Jefferson	21,266	1,715	0	0	4,288	0	948	461	28,678
Lubbock	13,696	3,076	0	0	3,306	0	5,860	139	26,077
Nueces	20,598	2,588	0	0	4,863	0	1,694	944	30,687
Tarrant	51,974	17,716	0	0	29,782	0	6,805	789	107,066
Travis	48,952	10,079	0	0	10,877	0	10,160	1,438	81,506
MRSA Central	45,297	4,439	0	0	11,556	0	4,563	457	66,312
MRSA Northeast	41,269	5,234	0	0	17,192	0	5,478	1,140	70,312
MRSA West	41,891	4,505	0	0	7,554	0	9,528	1,037	64,514
Total	751,108	133,191	0	0	187,604	0	81,368	12,682	1,165,954
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Outpatient Behavioral Health Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.08%	0.06%	0.00%	0.00%	0.25%	0.00%	0.14%	0.02%	0.08%
Dallas	0.03%	0.03%	0.00%	0.00%	0.19%	0.00%	0.05%	0.01%	0.04%
El Paso	0.07%	0.05%	0.00%	0.00%	0.21%	0.00%	0.05%	0.01%	0.07%
Harris	0.06%	0.03%	0.00%	0.00%	0.16%	0.00%	0.10%	0.01%	0.06%
Hidalgo	0.05%	0.02%	0.00%	0.00%	0.07%	0.00%	0.05%	0.01%	0.04%
Jefferson	0.04%	0.02%	0.00%	0.00%	0.18%	0.00%	0.07%	0.01%	0.04%
Lubbock	0.04%	0.04%	0.00%	0.00%	0.13%	0.00%	0.22%	0.01%	0.06%
Nueces	0.05%	0.02%	0.00%	0.00%	0.23%	0.00%	0.08%	0.02%	0.05%
Tarrant	0.05%	0.07%	0.00%	0.00%	0.30%	0.00%	0.09%	0.01%	0.07%
Travis	0.08%	0.08%	0.00%	0.00%	0.27%	0.00%	0.24%	0.02%	0.09%
MRSA Central	0.05%	0.03%	0.00%	0.00%	0.19%	0.00%	0.14%	0.01%	0.06%
MRSA Northeast	0.04%	0.02%	0.00%	0.00%	0.22%	0.00%	0.14%	0.02%	0.05%
MRSA West	0.05%	0.03%	0.00%	0.00%	0.11%	0.00%	0.21%	0.01%	0.06%
Total	0.06%	0.04%	0.00%	0.00%	0.19%	0.00%	0.11%	0.01%	0.06%

Footnotes

- (1) Equals the cost impact resulting from the outpatient behavioral health reimbursement changes effective 3/1/2022.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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	-62,086	-16,564	0	0	-48	0	-718	-4,255	-83,670
Dallas	-16,525	-125,245	0	0	-124	0	-22	-1,916	-143,833
El Paso	-13,861	-856	0	0	-28	0	-52	-422	-15,219
Harris	-151,568	-47,242	0	0	-1,213	0	-830	-15,839	-216,692
Hidalgo	-59,326	-67,291	0	0	-87	0	-45	-30,748	-157,497
Jefferson	-33,847	-1,510	0	0	-229	0	-3	-2,929	-38,517
Lubbock	-59,350	-16	0	0	-1	0	0	-46	-59,413
Nueces	-15,388	-694	0	0	-58	0	-27	-1,932	-18,100
Tarrant	-228,094	-477	0	0	-9,083	0	-94,287	-6,578	-338,519
Travis	-88,419	-793	0	0	-556	0	-2,606	-9,889	-102,264
MRSA Central	-80,396	-468	0	0	-3,173	0	-35	-5,368	-89,440
MRSA Northeast	-63,392	-210,161	0	0	-642	0	-11,939	-4,933	-291,067
MRSA West	-26,720	-1,832	0	0	-529	0	-361	-1,654	-31,097
Total	-898,973	-473,150	0	0	-15,772	0	-110,925	-86,509	-1,585,328
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.05%	-0.04%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.04%	-0.04%
Dallas	-0.01%	-0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.05%
El Paso	-0.03%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.02%
Harris	-0.05%	-0.06%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.06%	-0.05%
Hidalgo	-0.06%	-0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.32%	-0.09%
Jefferson	-0.07%	-0.01%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.07%	-0.05%
Lubbock	-0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%
Nueces	-0.04%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.05%	-0.03%
Tarrant	-0.21%	0.00%	0.00%	0.00%	-0.09%	0.00%	-1.22%	-0.07%	-0.21%
Travis	-0.15%	-0.01%	0.00%	0.00%	-0.01%	0.00%	-0.06%	-0.14%	-0.12%
MRSA Central	-0.10%	0.00%	0.00%	0.00%	-0.05%	0.00%	0.00%	-0.09%	-0.08%
MRSA Northeast	-0.06%	-0.84%	0.00%	0.00%	-0.01%	0.00%	-0.30%	-0.07%	-0.19%
MRSA West	-0.03%	-0.01%	0.00%	0.00%	-0.01%	0.00%	-0.01%	-0.02%	-0.03%
Total	-0.07%	-0.13%	0.00%	0.00%	-0.02%	0.00%	-0.15%	-0.08%	-0.08%

Footnotes

- (1) Equals the cost impact from removing invalid CADs.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-2,020,547	-127,305	0	0	-1,636	0	-96,743	-157	-2,246,388
Dallas	-2,739,392	-396,114	0	0	-31,858	0	-89,233	-219	-3,256,815
El Paso	-842,103	-149,148	0	0	-15,587	0	-71,016	-638	-1,078,491
Harris	-5,755,728	-330,378	0	0	-18,352	0	-366,013	-344	-6,470,815
Hidalgo	-637,383	-53,474	0	0	-244	0	-42,098	0	-733,201
Jefferson	-459,336	-5,883	0	0	0	0	-558	0	-465,777
Lubbock	-227,934	-17,165	0	0	-362	0	-1,726	0	-247,187
Nueces	-307,034	-1,569	0	0	-422	0	-36,246	0	-345,272
Tarrant	-694,587	-85,753	0	0	-32,704	0	-96,698	0	-909,743
Travis	-748,582	-40,834	0	0	-24,079	0	-54,262	-409	-868,166
MRSA Central	-627,662	-40,122	0	0	-328	0	-12,104	0	-680,217
MRSA Northeast	-911,034	-45,387	0	0	-70,584	0	-15,920	0	-1,042,924
MRSA West	-699,329	-52,336	0	0	-15,185	0	-14,878	-149	-781,877
Total	-16,670,652	-1,345,467	0	0	-211,341	0	-897,496	-1,916	-19,126,872
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-1.55%	-0.30%	0.00%	0.00%	-0.02%	0.00%	-1.36%	0.00%	-1.12%
Dallas	-1.40%	-0.63%	0.00%	0.00%	-0.17%	0.00%	-1.01%	0.00%	-1.09%
El Paso	-2.00%	-1.19%	0.00%	0.00%	-0.83%	0.00%	-2.31%	-0.01%	-1.66%
Harris	-1.75%	-0.44%	0.00%	0.00%	-0.10%	0.00%	-1.99%	0.00%	-1.38%
Hidalgo	-0.64%	-0.11%	0.00%	0.00%	0.00%	0.00%	-0.77%	0.00%	-0.44%
Jefferson	-0.90%	-0.05%	0.00%	0.00%	0.00%	0.00%	-0.04%	0.00%	-0.66%
Lubbock	-0.72%	-0.25%	0.00%	0.00%	-0.01%	0.00%	-0.06%	0.00%	-0.54%
Nueces	-0.71%	-0.01%	0.00%	0.00%	-0.02%	0.00%	-1.82%	0.00%	-0.54%
Tarrant	-0.63%	-0.32%	0.00%	0.00%	-0.33%	0.00%	-1.25%	0.00%	-0.56%
Travis	-1.24%	-0.34%	0.00%	0.00%	-0.60%	0.00%	-1.29%	-0.01%	-0.99%
MRSA Central	-0.76%	-0.27%	0.00%	0.00%	-0.01%	0.00%	-0.36%	0.00%	-0.60%
MRSA Northeast	-0.82%	-0.18%	0.00%	0.00%	-0.90%	0.00%	-0.40%	0.00%	-0.68%
MRSA West	-0.90%	-0.32%	0.00%	0.00%	-0.22%	0.00%	-0.32%	0.00%	-0.70%
Total	-1.22%	-0.37%	0.00%	0.00%	-0.22%	0.00%	-1.23%	0.00%	-0.95%

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 FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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	-215,998	-13,260	0	0	0	0	-12,830	0	-242,087
Dallas	-152,563	-37,617	0	0	-530	0	-19,337	0	-210,047
El Paso	-95,339	-16,863	0	0	-286	0	-35,290	0	-147,778
Harris	-732,322	-52,953	0	0	0	0	-70,745	0	-856,020
Hidalgo	-25,538	-12,348	0	0	0	0	-677	0	-38,564
Jefferson	-50,698	-6,632	0	0	0	0	0	0	-57,329
Lubbock	-9,552	-13,014	0	0	0	0	0	0	-22,566
Nueces	-38,669	0	0	0	0	0	-6,585	0	-45,254
Tarrant	-49,621	0	0	0	0	0	-17,249	0	-66,870
Travis	-79,677	-13,989	0	0	-4,609	0	-7,488	0	-105,764
Central	-41,877	-3,543	0	0	0	0	-547	0	-45,968
Northeast	-56,543	-1,575	0	0	-1,020	0	-1,230	0	-60,368
West	-69,104	-2,473	0	0	0	0	0	0	-71,577
Total	-1,617,501	-174,267	0	0	-6,445	0	-171,977	0	-1,970,191
FY2022 Pharmacy Incurred Claims (2)									
Bexar	113,683,175	33,148,940	0	0	4,826,803	0	14,255,370	4,486,226	170,400,514
Dallas	117,356,211	37,616,547	0	0	5,301,234	0	11,374,747	3,570,118	175,218,857
El Paso	38,135,467	9,919,394	0	0	571,938	0	4,901,426	2,435,560	55,963,784
Harris	252,524,750	40,733,213	0	0	5,941,527	0	28,297,860	10,239,222	337,736,572
Hidalgo	85,126,281	30,870,897	0	0	1,805,325	0	6,773,006	4,390,511	128,966,021
Jefferson	42,248,062	6,631,541	0	0	1,295,939	0	2,021,227	1,852,548	54,049,316
Lubbock	23,879,785	4,198,120	0	0	1,623,274	0	3,017,381	674,002	33,392,561
Nueces	38,669,143	9,492,660	0	0	1,343,136	0	3,135,675	1,545,486	54,186,100
Tarrant	82,701,340	19,678,911	0	0	5,137,951	0	11,499,531	4,230,967	123,248,700
Travis	53,118,135	9,992,476	0	0	3,292,199	0	8,319,786	3,219,512	77,942,108
Central	59,824,987	8,858,630	0	0	2,854,011	0	5,465,896	3,640,367	80,643,891
Northeast	94,238,926	15,753,379	0	0	5,099,172	0	6,148,611	3,272,343	124,512,431
West	62,822,093	12,364,222	0	0	3,887,321	0	7,468,212	2,882,144	89,423,993
Total	1,064,328,355	239,258,929	0	0	42,979,831	0	112,678,727	46,439,007	1,505,684,849

FY2024 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	-0.19%	-0.04%	0.00%	0.00%	0.00%	0.00%	-0.09%	0.00%	-0.14%
Dallas	-0.13%	-0.10%	0.00%	0.00%	-0.01%	0.00%	-0.17%	0.00%	-0.12%
El Paso	-0.25%	-0.17%	0.00%	0.00%	-0.05%	0.00%	-0.72%	0.00%	-0.26%
Harris	-0.29%	-0.13%	0.00%	0.00%	0.00%	0.00%	-0.25%	0.00%	-0.25%
Hidalgo	-0.03%	-0.04%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	-0.03%
Jefferson	-0.12%	-0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.11%
Lubbock	-0.04%	-0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.07%
Nueces	-0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.21%	0.00%	-0.08%
Tarrant	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	-0.05%
Travis	-0.15%	-0.14%	0.00%	0.00%	-0.14%	0.00%	-0.09%	0.00%	-0.14%
MRSA Central	-0.07%	-0.04%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	-0.06%
MRSA Northeast	-0.06%	-0.01%	0.00%	0.00%	-0.02%	0.00%	-0.02%	0.00%	-0.05%
MRSA West	-0.11%	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.08%
Total	-0.15%	-0.07%	0.00%	0.00%	-0.01%	0.00%	-0.15%	0.00%	-0.13%

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 FY2022 managed care pharmacy incurred claims.

(3) Equals Cost Impact divided by FY2022 Pharmacy Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Vaccine Administration 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	18,865	4,013	0	0	88	0	1,011	477	24,453
Dallas	47,245	12,837	0	0	353	0	2,772	1,285	64,493
El Paso	6,457	949	0	0	0	0	554	725	8,686
Harris	41,031	4,387	0	0	320	0	4,401	1,159	51,299
Hidalgo	15,040	3,855	0	0	31	0	1,160	682	20,769
Jefferson	5,828	736	0	0	29	0	418	52	7,064
Lubbock	4,912	343	0	0	0	0	368	151	5,774
Nueces	7,525	1,023	0	0	197	0	440	227	9,412
Tarrant	52,702	5,544	0	0	329	0	4,580	1,126	64,281
Travis	6,696	422	0	0	11	0	719	724	8,573
MRSA Central	9,771	726	0	0	512	0	988	200	12,198
MRSA Northeast	42,044	4,569	0	0	335	0	2,301	1,221	50,470
MRSA West	5,137	666	0	0	11	0	767	180	6,761
Total	263,253	40,072	0	0	2,215	0	20,480	8,211	334,231
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
Dallas	0.02%	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	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.01%
Hidalgo	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.02%	0.01%	0.01%
Jefferson	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.01%
Lubbock	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%	0.01%
Nueces	0.02%	0.01%	0.00%	0.00%	0.01%	0.00%	0.02%	0.01%	0.01%
Tarrant	0.05%	0.02%	0.00%	0.00%	0.00%	0.00%	0.06%	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	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.03%	0.00%	0.01%
MRSA Northeast	0.04%	0.02%	0.00%	0.00%	0.00%	0.00%	0.06%	0.02%	0.03%
MRSA West	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	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 FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Non-Invasive Perinatal Screening Reimbursement Adjustment

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	13,780	0	0	0	0	0	682	0	14,462
Dallas	13,616	0	0	0	0	0	682	0	14,298
El Paso	2,142	0	0	0	0	0	0	0	2,142
Harris	13,577	0	0	0	0	0	0	0	13,577
Hidalgo	12,892	0	0	0	0	0	0	0	12,892
Jefferson	3,318	0	0	0	0	0	0	0	3,318
Lubbock	0	0	0	0	0	0	0	0	0
Nueces	2,698	0	0	0	0	0	0	0	2,698
Tarrant	4,193	0	0	0	0	0	682	0	4,875
Travis	6,070	0	0	0	0	0	0	0	6,070
MRSA Central	4,646	0	0	0	0	0	0	0	4,646
MRSA Northeast	4,126	0	0	0	0	0	0	0	4,126
MRSA West	2,022	0	0	0	0	0	0	0	2,022
Total	83,079	0	0	0	0	0	2,045	0	85,124

FY2022 Total Acute Care Incurred Claims (2)

Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Non-Invasive Perinatal Screening 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	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
Dallas	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
El Paso	0.01%	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	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Jefferson	0.01%	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	0.01%	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%	0.01%	0.00%	0.00%
Travis	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
MRSA Central	0.01%	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	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Footnotes
 (1) Equals the cost impact from expansion of the noninvasive perinatal screening benefit effective July 1, 2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Home Delivered Meals Reimbursement Adjustment

	<u>Medicaid Only</u>		<u>Dual Eligible</u>		<u>Nursing Facility</u>		<u>IDD</u>	<u>MBCCP</u>	<u>Grand Total</u>
	<u>OCC</u>	<u>HCBS</u>	<u>OCC</u>	<u>HCBS</u>	<u>Medicaid Only</u>	<u>Dual Eligible</u>			
Impact of Reimbursement Change (1)									
Bexar	468	79,796	0	0	90	0	0	0	231
Dallas	808	87,817	0	0	281	0	0	126	146
El Paso	142	9,719	0	0	0	0	0	0	0
Harris	2,022	126,511	0	0	334	0	72	62	181
Hidalgo	57	14,333	0	0	0	0	0	0	0
Jefferson	490	39,927	0	0	14	0	3	0	0
Lubbock	67	23,977	0	0	43	0	45	0	0
Nueces	404	40,893	0	0	32	0	0	0	0
Tarrant	530	35,204	0	0	79	0	52	0	15
Travis	271	30,199	0	0	145	0	0	3	166
MRSA Central	138	32,993	0	0	118	0	0	0	0
MRSA Northeast	821	71,304	0	0	328	0	6	51	0
MRSA West	58	52,730	0	0	66	0	0	0	0
Total	6,276	645,403	0	0	1,529	0	178	242	653,629

FY2022 Total Acute Care Incurred Claims (2)

Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Home Delivered Meals 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	0.00%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	0.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	0.00%	0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hidalgo	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.00%	0.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	0.00%	0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Central	0.00%	0.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	0.00%	0.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%

Footnotes
 (1) Equals the cost impact from reimbursement changes for home delivered meal services effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Ground Ambulance Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	68,184	21,571	0	0	8,636	0	3,447	997	102,835
Dallas	105,193	34,781	0	0	28,130	0	5,967	730	174,802
El Paso	14,618	6,354	0	0	1,070	0	599	343	22,983
Harris	235,899	93,076	0	0	35,466	0	17,829	2,026	384,295
Hidalgo	61,766	88,725	0	0	14,633	0	5,875	803	171,802
Jefferson	78,961	27,009	0	0	6,126	0	2,007	1,771	115,875
Lubbock	31,072	6,626	0	0	2,524	0	2,983	494	43,699
Nueces	52,223	18,160	0	0	3,471	0	2,157	555	76,566
Tarrant	87,653	20,969	0	0	9,370	0	8,329	658	126,978
Travis	48,086	10,180	0	0	6,205	0	3,905	1,143	69,518
MRSA Central	91,115	15,556	0	0	9,744	0	3,360	1,051	120,826
MRSA Northeast	125,374	31,061	0	0	18,968	0	4,156	3,505	183,064
MRSA West	74,302	18,650	0	0	18,928	0	7,128	1,341	120,350
Total	1,074,445	392,718	0	0	163,271	0	67,742	15,417	1,713,593
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Ground Ambulance 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	0.05%	0.05%	0.00%	0.00%	0.09%	0.00%	0.05%	0.01%	0.05%
Dallas	0.05%	0.06%	0.00%	0.00%	0.15%	0.00%	0.07%	0.01%	0.06%
El Paso	0.03%	0.05%	0.00%	0.00%	0.06%	0.00%	0.02%	0.01%	0.04%
Harris	0.07%	0.12%	0.00%	0.00%	0.19%	0.00%	0.10%	0.01%	0.08%
Hidalgo	0.06%	0.19%	0.00%	0.00%	0.27%	0.00%	0.11%	0.01%	0.10%
Jefferson	0.15%	0.24%	0.00%	0.00%	0.26%	0.00%	0.15%	0.04%	0.16%
Lubbock	0.10%	0.10%	0.00%	0.00%	0.10%	0.00%	0.11%	0.02%	0.10%
Nueces	0.12%	0.14%	0.00%	0.00%	0.16%	0.00%	0.11%	0.01%	0.12%
Tarrant	0.08%	0.08%	0.00%	0.00%	0.10%	0.00%	0.11%	0.01%	0.08%
Travis	0.08%	0.08%	0.00%	0.00%	0.15%	0.00%	0.09%	0.02%	0.08%
MRSA Central	0.11%	0.10%	0.00%	0.00%	0.16%	0.00%	0.10%	0.02%	0.11%
MRSA Northeast	0.11%	0.12%	0.00%	0.00%	0.24%	0.00%	0.10%	0.05%	0.12%
MRSA West	0.10%	0.12%	0.00%	0.00%	0.28%	0.00%	0.16%	0.02%	0.11%
Total	0.08%	0.11%	0.00%	0.00%	0.17%	0.00%	0.09%	0.01%	0.09%

Footnotes

- (1) Equals the cost impact from reimbursement increase for ground ambulances effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Rural Hospital Outpatient Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	92,148	16,950	0	0	5,053	0	5,173	3,505	231
Dallas	148,109	24,793	0	0	941	0	12,642	1,072	146
El Paso	2,610	273	0	0	0	0	0	-3	0
Harris	159,005	11,688	0	0	5,353	0	2,050	7,641	181
Hidalgo	110,563	42,305	0	0	2,440	0	5,271	4,111	0
Jefferson	506,402	87,442	0	0	15,512	0	6,921	17,218	0
Lubbock	213,609	24,340	0	0	15,956	0	9,893	2,852	0
Nueces	430,901	89,357	0	0	7,436	0	10,487	9,384	0
Tarrant	-64,955	9,221	0	0	3,442	0	1,971	-1,107	15
Travis	2,707	-1,319	0	0	748	0	-1,282	-39,916	166
MRSA Central	627,717	66,163	0	0	42,244	0	33,691	12,086	0
MRSA Northeast	1,323,200	274,019	0	0	54,395	0	50,032	32,905	0
MRSA West	1,459,503	289,361	0	0	101,859	0	68,882	44,358	0
Total	5,011,519	934,593	0	0	255,380	0	205,730	94,105	6,501,327
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Rural Hospital Outpatient 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	0.07%	0.04%	0.00%	0.00%	0.05%	0.00%	0.07%	0.04%	0.00%
Dallas	0.08%	0.04%	0.00%	0.00%	0.01%	0.00%	0.14%	0.01%	0.00%
El Paso	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	0.05%	0.02%	0.00%	0.00%	0.03%	0.00%	0.01%	0.03%	0.00%
Hidalgo	0.11%	0.09%	0.00%	0.00%	0.05%	0.00%	0.10%	0.04%	0.00%
Jefferson	0.99%	0.77%	0.00%	0.00%	0.66%	0.00%	0.52%	0.41%	0.00%
Lubbock	0.67%	0.36%	0.00%	0.00%	0.64%	0.00%	0.36%	0.14%	0.00%
Nueces	1.00%	0.68%	0.00%	0.00%	0.35%	0.00%	0.53%	0.22%	0.00%
Tarrant	-0.06%	0.03%	0.00%	0.00%	0.04%	0.00%	0.03%	-0.01%	0.00%
Travis	0.00%	-0.01%	0.00%	0.00%	0.02%	0.00%	-0.03%	-0.55%	0.00%
MRSA Central	0.76%	0.45%	0.00%	0.00%	0.71%	0.00%	1.00%	0.21%	0.00%
MRSA Northeast	1.19%	1.10%	0.00%	0.00%	0.70%	0.00%	1.26%	0.47%	0.00%
MRSA West	1.89%	1.79%	0.00%	0.00%	1.50%	0.00%	1.50%	0.61%	0.00%
Total	0.37%	0.25%	0.00%	0.00%	0.27%	0.00%	0.28%	0.09%	0.32%

Footnotes

- (1) Equals the cost impact from changes to outpatient rural hospital reimbursement effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Birth and Women's Related Health Surgery Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	8,906	836	0	0	138	0	146	1,365	11,390
Dallas	10,471	1,067	0	0	38	0	141	1,395	13,111
El Paso	2,236	125	0	0	0	0	50	508	2,919
Harris	16,562	449	0	0	119	0	452	2,508	20,090
Hidalgo	9,963	511	0	0	10	0	190	1,482	12,156
Jefferson	3,486	74	0	0	0	0	65	359	3,984
Lubbock	1,595	64	0	0	0	0	97	518	2,274
Nueces	3,954	199	0	0	78	0	70	1,356	5,657
Tarrant	6,839	430	0	0	10	0	199	1,326	8,804
Travis	3,109	57	0	0	12	0	162	537	3,878
MRSA Central	5,290	113	0	0	12	0	209	838	6,462
MRSA Northeast	6,879	254	0	0	0	0	185	1,127	8,445
MRSA West	5,061	135	0	0	40	0	60	944	6,241
Total	84,350	4,317	0	0	456	0	2,027	14,263	105,413

FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

Birth and Women's Related Health Surgery Reimbursement Increase

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

Footnotes

(1) Equals the cost impact from changes to birth and women's health related surgery reimbursement effective 9/1/2023.

(2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).

(3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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			
Impact of Reimbursement Change (1)									
Bexar	-1,486,655	-226,903	0	0	-5,739	0	-72,893	-66,483	-1,858,673
Dallas	-703,417	-150,092	0	0	-34,728	0	-30,462	-26,823	-945,522
El Paso	-190,768	-28,082	0	0	-5,836	0	-3,781	-13,695	-242,163
Harris	-2,572,225	-317,848	0	0	-25,986	0	-162,505	-57,327	-3,135,891
Hidalgo	-503,911	-115,515	0	0	-6,880	0	-15,464	-60,334	-702,103
Jefferson	-593,024	-60,751	0	0	-8,525	0	-7,275	-15,136	-684,711
Lubbock	-370,092	-50,793	0	0	-850	0	-53,012	-15,267	-490,015
Nueces	-663,322	-165,011	0	0	-1,153	0	-30,914	-46,443	-906,843
Tarrant	-160,257	-23,304	0	0	-5,858	0	-9,885	-9,111	-208,415
Travis	-2,140,445	-318,321	0	0	-8,687	0	-136,662	-65,959	-2,670,073
MRSA Central	-1,443,364	-151,199	0	0	-2,651	0	-48,665	-28,783	-1,674,662
MRSA Northeast	-1,146,079	-144,290	0	0	-22,654	0	-44,575	-27,212	-1,384,811
MRSA West	-1,613,375	-229,025	0	0	-7,673	0	-227,091	-59,982	-2,137,147
Total	-13,586,934	-1,981,135	0	0	-137,219	0	-843,186	-492,555	-17,041,029
FY2022 Total Acute Care Incurred Claims (2)									
Bexar	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574
Lubbock	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824
Total	1,365,560,974	366,615,907	0	0	96,341,601	0	72,748,247	110,517,508	2,011,784,238

FY2024 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	-1.14%	-0.53%	0.00%	0.00%	-0.06%	0.00%	-1.02%	-0.68%	-0.93%
Dallas	-0.36%	-0.24%	0.00%	0.00%	-0.19%	0.00%	-0.35%	-0.21%	-0.32%
El Paso	-0.45%	-0.22%	0.00%	0.00%	-0.31%	0.00%	-0.12%	-0.25%	-0.37%
Harris	-0.78%	-0.42%	0.00%	0.00%	-0.14%	0.00%	-0.89%	-0.22%	-0.67%
Hidalgo	-0.51%	-0.24%	0.00%	0.00%	-0.13%	0.00%	-0.28%	-0.64%	-0.42%
Jefferson	-1.16%	-0.54%	0.00%	0.00%	-0.36%	0.00%	-0.55%	-0.36%	-0.97%
Lubbock	-1.17%	-0.74%	0.00%	0.00%	-0.03%	0.00%	-1.95%	-0.77%	-1.07%
Nueces	-1.54%	-1.26%	0.00%	0.00%	-0.05%	0.00%	-1.55%	-1.11%	-1.41%
Tarrant	-0.15%	-0.09%	0.00%	0.00%	-0.06%	0.00%	-0.13%	-0.10%	-0.13%
Travis	-3.55%	-2.63%	0.00%	0.00%	-0.22%	0.00%	-3.24%	-0.91%	-3.04%
MRSA Central	-1.75%	-1.02%	0.00%	0.00%	-0.04%	0.00%	-1.45%	-0.50%	-1.49%
MRSA Northeast	-1.03%	-0.58%	0.00%	0.00%	-0.29%	0.00%	-1.12%	-0.39%	-0.90%
MRSA West	-2.09%	-1.42%	0.00%	0.00%	-0.11%	0.00%	-4.95%	-0.83%	-1.91%
Total	-0.99%	-0.54%	0.00%	0.00%	-0.14%	0.00%	-1.16%	-0.45%	-0.85%

Footnotes

- (1) Equals the cost impact from removing FQHC wrap payments from the capitation rate.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Nursing Facility Patient Liability 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	0	0	0	0	-177,226	-3,018,085	0	0	-3,195,311
Dallas	0	0	0	0	-270,863	-4,590,883	0	0	-4,861,745
El Paso	0	0	0	0	-28,896	-427,847	0	0	-456,743
Harris	0	0	0	0	-213,782	-5,010,183	0	0	-5,223,965
Hidalgo	0	0	0	0	-47,667	-1,571,223	0	0	-1,618,890
Jefferson	0	0	0	0	-46,609	-1,794,532	0	0	-1,841,141
Lubbock	0	0	0	0	-52,502	-1,448,678	0	0	-1,501,179
Nueces	0	0	0	0	-52,306	-1,591,956	0	0	-1,644,263
Tarrant	0	0	0	0	-213,541	-4,213,917	0	0	-4,427,458
Travis	0	0	0	0	-132,371	-3,245,456	0	0	-3,377,827
MRSA Central	0	0	0	0	-153,530	-4,018,036	0	0	-4,171,566
MRSA Northeast	0	0	0	0	-174,852	-5,367,451	0	0	-5,542,303
MRSA West	0	0	0	0	-147,290	-4,144,443	0	0	-4,291,733
Total	0	0	0	0	-1,711,436	-40,442,688	0	0	-42,154,124
FY2022 Total Long Term Care Incurred Claims (2)									
Bexar	45,624,884	49,483,607	75,014,564	61,746,129	31,913,848	155,060,431	0	248,200	419,091,664
Dallas	62,414,854	66,641,295	93,371,229	98,939,051	49,225,027	208,659,354	0	452,177	579,702,986
El Paso	20,101,715	15,117,705	74,289,919	28,050,524	5,749,749	31,512,581	0	335,318	175,157,512
Harris	112,115,198	82,196,704	208,353,319	136,426,960	50,369,333	236,156,407	0	831,511	826,449,432
Hidalgo	103,297,778	70,426,819	326,842,531	275,874,105	13,973,993	124,183,290	0	3,302,455	917,900,972
Jefferson	10,961,550	10,539,382	19,510,202	21,016,263	10,249,824	72,312,508	0	52,462	144,642,191
Lubbock	3,210,844	4,608,861	6,850,838	9,602,457	9,569,170	61,718,318	0	85,694	95,646,182
Nueces	25,584,114	18,319,469	45,303,743	53,313,471	9,771,909	79,474,599	0	300,980	232,068,285
Tarrant	24,603,425	29,074,952	49,600,480	46,210,315	35,002,007	173,514,942	0	186,491	358,192,611
Travis	13,374,047	13,113,330	26,601,199	30,564,401	19,464,029	137,117,719	0	105,291	240,340,017
MRSA Central	11,523,322	12,403,199	23,237,728	23,035,936	24,511,389	170,586,864	0	14,037	265,312,475
MRSA Northeast	27,041,423	25,729,315	42,573,527	58,322,397	29,168,439	222,190,849	0	125,689	405,151,639
MRSA West	10,217,641	15,694,063	34,803,365	39,599,123	26,487,383	184,292,608	0	138,281	311,232,463
Total	470,070,793	413,348,701	1,026,352,645	882,701,131	315,456,100	1,856,780,470	0	6,178,587	4,970,888,428

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Nursing Facility Patient Liability 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%	0.00%	0.00%	0.00%	-0.56%	-1.95%	0.00%	0.00%	-0.76%
Dallas	0.00%	0.00%	0.00%	0.00%	-0.55%	-2.20%	0.00%	0.00%	-0.84%
El Paso	0.00%	0.00%	0.00%	0.00%	-0.50%	-1.36%	0.00%	0.00%	-0.26%
Harris	0.00%	0.00%	0.00%	0.00%	-0.42%	-2.12%	0.00%	0.00%	-0.63%
Hidalgo	0.00%	0.00%	0.00%	0.00%	-0.34%	-1.27%	0.00%	0.00%	-0.18%
Jefferson	0.00%	0.00%	0.00%	0.00%	-0.45%	-2.48%	0.00%	0.00%	-1.27%
Lubbock	0.00%	0.00%	0.00%	0.00%	-0.55%	-2.35%	0.00%	0.00%	-1.57%
Nueces	0.00%	0.00%	0.00%	0.00%	-0.54%	-2.00%	0.00%	0.00%	-0.71%
Tarrant	0.00%	0.00%	0.00%	0.00%	-0.61%	-2.43%	0.00%	0.00%	-1.24%
Travis	0.00%	0.00%	0.00%	0.00%	-0.68%	-2.37%	0.00%	0.00%	-1.41%
MRSA Central	0.00%	0.00%	0.00%	0.00%	-0.63%	-2.36%	0.00%	0.00%	-1.57%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	-0.60%	-2.42%	0.00%	0.00%	-1.37%
MRSA West	0.00%	0.00%	0.00%	0.00%	-0.56%	-2.25%	0.00%	0.00%	-1.38%
Total	0.00%	0.00%	0.00%	0.00%	-0.54%	-2.18%	0.00%	0.00%	-0.85%

Footnotes

- (1) Equals the cost impact from patient liability changes due to annual COLA increases.
 (2) Equals FY2022 health plan fee-for-service claims for all long term care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Long Term Care Claims Paid.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Long Term Care
Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	9,819,620	7,419,574	14,962,768	10,106,091	5,331	25,127	2,454	53,066	42,394,029
Dallas	13,718,283	10,600,624	18,118,968	17,232,250	29,365	61,570	6,945	90,280	59,858,286
El Paso	4,497,619	2,935,577	16,343,301	5,347,714	3,905	29,367	2,458	79,433	29,239,374
Harris	24,509,038	13,353,138	41,654,257	24,576,546	12,937	45,887	17,987	181,178	104,350,968
Hidalgo	21,459,673	12,391,416	66,589,630	50,227,569	12,158	103,896	12,097	696,398	151,492,835
Jefferson	2,391,863	1,605,301	3,790,428	3,520,370	1,403	6,027	2,404	10,705	11,328,500
Lubbock	642,197	679,485	1,013,488	1,402,001	906	3,296	5,906	17,890	3,765,169
Nueces	5,205,107	2,814,485	8,597,374	8,933,514	4,192	11,372	575	62,822	25,629,440
Tarrant	5,939,233	4,771,726	9,958,267	8,091,734	10,626	31,497	8,379	44,268	28,855,729
Travis	3,168,458	2,018,467	5,076,405	5,275,741	3,068	21,453	1,784	23,121	15,588,497
MRSA Central	2,350,143	1,698,496	3,737,703	3,608,598	2,388	9,368	374	2,798	11,409,868
MRSA Northeast	5,865,661	3,370,301	7,305,740	8,889,288	8,471	19,554	6,696	28,190	25,493,902
MRSA West	2,115,716	2,172,691	6,389,021	6,343,490	1,995	10,911	1,046	27,695	17,062,564
Total	101,682,611	65,831,281	203,537,350	153,554,907	96,743	379,323	69,104	1,317,842	526,469,160
FY2022 Total Long Term Care Incurred Claims (2)									
Bexar	45,624,884	49,483,607	75,014,564	61,746,129	31,913,848	155,060,431	0	248,200	419,091,664
Dallas	62,414,854	66,641,295	93,371,229	98,939,051	49,225,027	208,659,354	0	452,177	579,702,986
El Paso	20,101,715	15,117,705	74,289,919	28,050,524	5,749,749	31,512,581	0	335,318	175,157,512
Harris	112,115,198	82,196,704	208,353,319	136,426,960	50,369,333	236,156,407	0	831,511	826,449,432
Hidalgo	103,297,778	70,426,819	326,842,531	275,874,105	13,973,993	124,183,290	0	3,302,455	917,900,972
Jefferson	10,961,550	10,539,382	19,510,202	21,016,263	10,249,824	72,312,508	0	52,462	144,642,191
Lubbock	3,210,844	4,608,861	6,850,838	9,602,457	9,569,170	61,718,318	0	85,694	95,646,182
Nueces	25,584,114	18,319,469	45,303,743	53,313,471	9,771,909	79,474,599	0	300,980	232,068,285
Tarrant	24,603,425	29,074,952	49,600,480	46,210,315	35,002,007	173,514,942	0	186,491	358,192,611
Travis	13,374,047	13,113,330	26,601,199	30,564,401	19,464,029	137,117,719	0	105,291	240,340,017
MRSA Central	11,523,322	12,403,199	23,237,728	23,035,936	24,511,389	170,586,864	0	14,037	265,312,475
MRSA Northeast	27,041,423	25,729,315	42,573,527	58,322,397	29,168,439	222,190,849	0	125,689	405,151,639
MRSA West	10,217,641	15,694,063	34,803,365	39,599,123	26,487,383	184,292,608	0	138,281	311,232,463
Total	470,070,793	413,348,701	1,026,352,645	882,701,131	315,456,100	1,856,780,470	0	6,178,587	4,970,888,428

FY2024 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	21.52%	14.99%	19.95%	16.37%	0.02%	0.02%	0.00%	21.38%	10.12%
Dallas	21.98%	15.91%	19.41%	17.42%	0.06%	0.03%	0.00%	19.97%	10.33%
El Paso	22.37%	19.42%	22.00%	19.06%	0.07%	0.09%	0.00%	23.69%	16.69%
Harris	21.86%	16.25%	19.99%	18.01%	0.03%	0.02%	0.00%	21.79%	12.63%
Hidalgo	20.77%	17.59%	20.37%	18.21%	0.09%	0.08%	0.00%	21.09%	16.50%
Jefferson	21.82%	15.23%	19.43%	16.75%	0.01%	0.01%	0.00%	20.40%	7.83%
Lubbock	20.00%	14.74%	14.79%	14.60%	0.01%	0.01%	0.00%	20.88%	3.94%
Nueces	20.35%	15.36%	18.98%	16.76%	0.04%	0.01%	0.00%	20.87%	11.04%
Tarrant	24.14%	16.41%	20.08%	17.51%	0.03%	0.02%	0.00%	23.74%	8.06%
Travis	23.69%	15.39%	19.08%	17.26%	0.02%	0.02%	0.00%	21.96%	6.49%
MRSA Central	20.39%	13.69%	16.08%	15.67%	0.01%	0.01%	0.00%	19.93%	4.30%
MRSA Northeast	21.69%	13.10%	17.16%	15.24%	0.03%	0.01%	0.00%	22.43%	6.29%
MRSA West	20.71%	13.84%	18.36%	16.02%	0.01%	0.01%	0.00%	20.03%	5.48%
Total	21.63%	15.93%	19.83%	17.40%	0.03%	0.02%	0.00%	21.33%	10.59%

Footnotes

- (1) Equals the cost impact from reimbursement changes for the attendant care effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all long term care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Long Term Care Claims Paid.

FY2024 STAR+PLUS Rating

Provider Reimbursement Adjustments - Long Term Care

Nursing Facility Reimbursement Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	12,466	-746	37,222	-4,493	120,747	688,955	3,447	0	857,599
Dallas	10,291	1,471	54,064	4,040	111,478	883,225	1,371	114	1,066,055
El Paso	2,483	906	10,948	582	19,383	189,197	-272	0	223,228
Harris	26,498	2,174	77,594	2,453	391	473,903	13,357	232	596,601
Hidalgo	12,594	3,754	60,302	9,341	184,074	1,731,953	2,221	0	2,004,239
Jefferson	975	293	1,552	-9	-109,495	-200,464	-294	0	-307,444
Lubbock	4,098	-280	16,639	87	-62,127	-265,582	570	0	-306,593
Nueces	5,066	1,642	32,096	756	-2,376	509,008	1,801	0	547,993
Tarrant	14,185	792	26,175	-3,210	-169,025	41,617	-25	0	-89,490
Travis	2,670	1,394	24,774	354	-36,165	223,519	3,684	-194	220,036
MRSA Central	7,477	541	20,701	-652	-187,993	-234,316	7,377	0	-386,865
MRSA Northeast	7,891	1,695	3,839	-7,649	-184,366	-344,786	1,739	0	-521,637
MRSA West	8,593	1,463	27,172	-2,337	-157,403	-429,436	487	-12	-551,472
Total	115,289	15,098	393,077	-737	-472,875	3,266,793	35,463	141	3,352,248
FY2022 Total Long Term Care Incurred Claims (2)									
Bexar	45,624,884	49,483,607	75,014,564	61,746,129	31,913,848	155,060,431	0	248,200	419,091,664
Dallas	62,414,854	66,641,295	93,371,229	98,939,051	49,225,027	208,659,354	0	452,177	579,702,986
El Paso	20,101,715	15,117,705	74,289,919	28,050,524	5,749,749	31,512,581	0	335,318	175,157,512
Harris	112,115,198	82,196,704	208,353,319	136,426,960	50,369,333	236,156,407	0	831,511	826,449,432
Hidalgo	103,297,778	70,426,819	326,842,531	275,874,105	13,973,993	124,183,290	0	3,302,455	917,900,972
Jefferson	10,961,550	10,539,382	19,510,202	21,016,263	10,249,824	72,312,508	0	52,462	144,642,191
Lubbock	3,210,844	4,608,861	6,850,838	9,602,457	9,569,170	61,718,318	0	85,694	95,646,182
Nueces	25,584,114	18,319,469	45,303,743	53,313,471	9,771,909	79,474,599	0	300,980	232,068,285
Tarrant	24,603,425	29,074,952	49,600,480	46,210,315	35,002,007	173,514,942	0	186,491	358,192,611
Travis	13,374,047	13,113,330	26,601,199	30,564,401	19,464,029	137,117,719	0	105,291	240,340,017
MRSA Central	11,523,322	12,403,199	23,237,728	23,035,936	24,511,389	170,586,864	0	14,037	265,312,475
MRSA Northeast	27,041,423	25,729,315	42,573,527	58,322,397	29,168,439	222,190,849	0	125,689	405,151,639
MRSA West	10,217,641	15,694,063	34,803,365	39,599,123	26,487,383	184,292,608	0	138,281	311,232,463
Total	470,070,793	413,348,701	1,026,352,645	882,701,131	315,456,100	1,856,780,470	0	6,178,587	4,970,888,428

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Nursing Facility 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	0.03%	0.00%	0.05%	-0.01%	0.38%	0.44%	0.00%	0.00%	0.20%
Dallas	0.02%	0.00%	0.06%	0.00%	0.23%	0.42%	0.00%	0.03%	0.18%
El Paso	0.01%	0.01%	0.01%	0.00%	0.34%	0.60%	0.00%	0.00%	0.13%
Harris	0.02%	0.00%	0.04%	0.00%	0.00%	0.20%	0.00%	0.03%	0.07%
Hidalgo	0.01%	0.01%	0.02%	0.00%	1.32%	1.39%	0.00%	0.00%	0.22%
Jefferson	0.01%	0.00%	0.01%	0.00%	-1.07%	-0.28%	0.00%	0.00%	-0.21%
Lubbock	0.13%	-0.01%	0.24%	0.00%	-0.65%	-0.43%	0.00%	0.00%	-0.32%
Nueces	0.02%	0.01%	0.07%	0.00%	-0.02%	0.64%	0.00%	0.00%	0.24%
Tarrant	0.06%	0.00%	0.05%	-0.01%	-0.48%	0.02%	0.00%	0.00%	-0.02%
Travis	0.02%	0.01%	0.09%	0.00%	-0.19%	0.16%	0.00%	-0.18%	0.09%
MRSA Central	0.06%	0.00%	0.09%	0.00%	-0.77%	-0.14%	0.00%	0.00%	-0.15%
MRSA Northeast	0.03%	0.01%	0.01%	-0.01%	-0.63%	-0.16%	0.00%	0.00%	-0.13%
MRSA West	0.08%	0.01%	0.08%	-0.01%	-0.59%	-0.23%	0.00%	-0.01%	-0.18%
Total	0.02%	0.00%	0.04%	0.00%	-0.15%	0.18%	0.00%	0.00%	0.07%

Footnotes

- (1) Equals the cost impact from changes to nursing facility reimbursement effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all long term care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Long Term Care Claims Paid.

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Leap Year Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Change (1)									
Bexar	2,540	484	13,572	972	87,343	420,676	498	0	526,084
Dallas	4,385	1,069	21,232	1,740	134,369	566,322	407	89	729,612
El Paso	671	154	2,633	388	15,701	85,378	231	0	105,157
Harris	4,828	575	22,636	1,546	137,722	640,453	1,106	17	808,884
Hidalgo	1,613	436	12,151	2,299	38,069	336,782	203	0	391,553
Jefferson	781	136	6,476	370	28,066	197,232	90	0	233,152
Lubbock	963	84	4,902	181	26,196	168,146	139	0	200,610
Nueces	803	258	6,625	590	26,710	217,333	115	0	252,433
Tarrant	3,100	471	13,947	871	95,673	473,167	543	0	587,773
Travis	1,390	167	8,805	508	53,262	374,281	385	4	438,802
MRSA Central	1,542	284	11,801	487	67,104	465,304	612	0	547,133
MRSA Northeast	2,942	539	18,894	1,544	79,754	604,931	468	0	709,071
MRSA West	2,046	300	14,850	914	72,535	503,206	199	14	594,063
Total	27,604	4,955	158,523	12,410	862,505	5,053,212	4,995	124	6,124,327
FY2022 Total Long Term Care Incurred Claims (2)									
Bexar	45,624,884	49,483,607	75,014,564	61,746,129	31,913,848	155,060,431	0	248,200	419,091,664
Dallas	62,414,854	66,641,295	93,371,229	98,939,051	49,225,027	208,659,354	0	452,177	579,702,986
El Paso	20,101,715	15,117,705	74,289,919	28,050,524	5,749,749	31,512,581	0	335,318	175,157,512
Harris	112,115,198	82,196,704	208,353,319	136,426,960	50,369,333	236,156,407	0	831,511	826,449,432
Hidalgo	103,297,778	70,426,819	326,842,531	275,874,105	13,973,993	124,183,290	0	3,302,455	917,900,972
Jefferson	10,961,550	10,539,382	19,510,202	21,016,263	10,249,824	72,312,508	0	52,462	144,642,191
Lubbock	3,210,844	4,608,861	6,850,838	9,602,457	9,569,170	61,718,318	0	85,694	95,646,182
Nueces	25,584,114	18,319,469	45,303,743	53,313,471	9,771,909	79,474,599	0	300,980	232,068,285
Tarrant	24,603,425	29,074,952	49,600,480	46,210,315	35,002,007	173,514,942	0	186,491	358,192,611
Travis	13,374,047	13,113,330	26,601,199	30,564,401	19,464,029	137,117,719	0	105,291	240,340,017
MRSA Central	11,523,322	12,403,199	23,237,728	23,035,936	24,511,389	170,586,864	0	14,037	265,312,475
MRSA Northeast	27,041,423	25,729,315	42,573,527	58,322,397	29,168,439	222,190,849	0	125,689	405,151,639
MRSA West	10,217,641	15,694,063	34,803,365	39,599,123	26,487,383	184,292,608	0	138,281	311,232,463
Total	470,070,793	413,348,701	1,026,352,645	882,701,131	315,456,100	1,856,780,470	0	6,178,587	4,970,888,428

FY2024 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Leap Year Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.01%	0.00%	0.02%	0.00%	0.27%	0.27%	0.00%	0.00%	0.13%
Dallas	0.01%	0.00%	0.02%	0.00%	0.27%	0.27%	0.00%	0.02%	0.13%
El Paso	0.00%	0.00%	0.00%	0.00%	0.27%	0.27%	0.00%	0.00%	0.06%
Harris	0.00%	0.00%	0.01%	0.00%	0.27%	0.27%	0.00%	0.00%	0.10%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.27%	0.27%	0.00%	0.00%	0.04%
Jefferson	0.01%	0.00%	0.03%	0.00%	0.27%	0.27%	0.00%	0.00%	0.16%
Lubbock	0.03%	0.00%	0.07%	0.00%	0.27%	0.27%	0.00%	0.00%	0.21%
Nueces	0.00%	0.00%	0.01%	0.00%	0.27%	0.27%	0.00%	0.00%	0.11%
Tarrant	0.01%	0.00%	0.03%	0.00%	0.27%	0.27%	0.00%	0.00%	0.16%
Travis	0.01%	0.00%	0.03%	0.00%	0.27%	0.27%	0.00%	0.00%	0.18%
MRSA Central	0.01%	0.00%	0.05%	0.00%	0.27%	0.27%	0.00%	0.00%	0.21%
MRSA Northeast	0.01%	0.00%	0.04%	0.00%	0.27%	0.27%	0.00%	0.00%	0.18%
MRSA West	0.02%	0.00%	0.04%	0.00%	0.27%	0.27%	0.00%	0.01%	0.19%
Total	0.01%	0.00%	0.02%	0.00%	0.27%	0.27%	0.00%	0.00%	0.12%

Footnotes

- (1) Equals the cost impact for additional calendar day due to leap year.
 (2) Equals FY2022 health plan fee-for-service claims for all long term care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 Total Long Term Care Claims Paid.

FY2024 STAR+PLUS Rating
Pharmacy Adjustments
Insulin Reimbursement Change

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-3,191,948	-1,081,420	0	0	-284,317	0	-68,541	-51,822	-4,678,049
Dallas	-3,319,652	-1,420,689	0	0	-367,071	0	-155,697	-61,678	-5,324,786
El Paso	-1,104,722	-307,889	0	0	-41,209	0	-36,861	-46,703	-1,537,383
Harris	-5,996,146	-1,241,286	0	0	-340,386	0	-168,260	-97,066	-7,843,144
Hidalgo	-2,938,956	-1,337,783	0	0	-103,436	0	-73,429	-74,534	-4,528,138
Jefferson	-1,445,253	-324,040	0	0	-77,413	0	-15,599	-18,276	-1,880,581
Lubbock	-889,320	-195,560	0	0	-107,626	0	-28,160	-16,741	-1,237,407
Nueces	-1,665,616	-501,047	0	0	-103,176	0	-18,186	-47,998	-2,336,023
Tarrant	-2,581,176	-790,067	0	0	-373,123	0	-141,457	-27,239	-3,913,061
Travis	-1,830,992	-246,935	0	0	-164,501	0	-87,000	-34,760	-2,364,189
MRSA Central	-2,343,578	-366,993	0	0	-235,280	0	-41,697	-18,469	-3,006,018
MRSA Northeast	-2,873,755	-656,886	0	0	-356,528	0	-61,868	-53,575	-4,002,613
MRSA West	-2,232,568	-590,221	0	0	-235,115	0	-85,538	-35,484	-3,178,925
Total	-32,413,682	-9,060,815	0	0	-2,789,180	0	-982,294	-584,345	-45,830,317
FY2022 Pharmacy Incurred Claims (2)									
Bexar	113,683,175	33,148,940	0	0	4,826,803	0	14,255,370	4,486,226	170,400,514
Dallas	117,356,211	37,616,547	0	0	5,301,234	0	11,374,747	3,570,118	175,218,857
El Paso	38,135,467	9,919,394	0	0	571,938	0	4,901,426	2,435,560	55,963,784
Harris	252,524,750	40,733,213	0	0	5,941,527	0	28,297,860	10,239,222	337,736,572
Hidalgo	85,126,281	30,870,897	0	0	1,805,325	0	6,773,006	4,390,511	128,966,021
Jefferson	42,248,062	6,631,541	0	0	1,295,939	0	2,021,227	1,852,548	54,049,316
Lubbock	23,879,785	4,198,120	0	0	1,623,274	0	3,017,381	674,002	33,392,561
Nueces	38,669,143	9,492,660	0	0	1,343,136	0	3,135,675	1,545,486	54,186,100
Tarrant	82,701,340	19,678,911	0	0	5,137,951	0	11,499,531	4,230,967	123,248,700
Travis	53,118,135	9,992,476	0	0	3,292,199	0	8,319,786	3,219,512	77,942,108
Central	59,824,987	8,858,630	0	0	2,854,011	0	5,465,896	3,640,367	80,643,891
Northeast	94,238,926	15,753,379	0	0	5,099,172	0	6,148,611	3,272,343	124,512,431
West	62,822,093	12,364,222	0	0	3,887,321	0	7,468,212	2,882,144	89,423,993
Total	1,064,328,355	239,258,929	0	0	42,979,831	0	112,678,727	46,439,007	1,505,684,849

FY2024 STAR+PLUS Rating
Pharmacy Adjustments
Insulin Reimbursement Change

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-2.81%	-3.26%	0.00%	0.00%	-5.89%	0.00%	-0.48%	-1.16%	-2.75%
Dallas	-2.83%	-3.78%	0.00%	0.00%	-6.92%	0.00%	-1.37%	-1.73%	-3.04%
El Paso	-2.90%	-3.10%	0.00%	0.00%	-7.21%	0.00%	-0.75%	-1.92%	-2.75%
Harris	-2.37%	-3.05%	0.00%	0.00%	-5.73%	0.00%	-0.59%	-0.95%	-2.32%
Hidalgo	-3.45%	-4.33%	0.00%	0.00%	-5.73%	0.00%	-1.08%	-1.70%	-3.51%
Jefferson	-3.42%	-4.89%	0.00%	0.00%	-5.97%	0.00%	-0.77%	-0.99%	-3.48%
Lubbock	-3.72%	-4.66%	0.00%	0.00%	-6.63%	0.00%	-0.93%	-2.48%	-3.71%
Nueces	-4.31%	-5.28%	0.00%	0.00%	-7.68%	0.00%	-0.58%	-3.11%	-4.31%
Tarrant	-3.12%	-4.01%	0.00%	0.00%	-7.26%	0.00%	-1.23%	-0.64%	-3.17%
Travis	-3.45%	-2.47%	0.00%	0.00%	-5.00%	0.00%	-1.05%	-1.08%	-3.03%
MRSA Central	-3.92%	-4.14%	0.00%	0.00%	-8.24%	0.00%	-0.76%	-0.51%	-3.73%
MRSA Northeast	-3.05%	-4.17%	0.00%	0.00%	-6.99%	0.00%	-1.01%	-1.64%	-3.21%
MRSA West	-3.55%	-4.77%	0.00%	0.00%	-6.05%	0.00%	-1.15%	-1.23%	-3.55%
Total	-3.05%	-3.79%	0.00%	0.00%	-6.49%	0.00%	-0.87%	-1.26%	-3.04%

Footnotes

- (1) Equals the cost impact from price reduction for insulins.
(2) Equals FY2022 managed care pharmacy incurred claims.
(3) Equals Cost Impact divided by FY2022 Pharmacy Incurred Claims.

FY2024 STAR+PLUS Rating
Pharmacy Adjustments
Makena Formulary Change

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-36,731	0	0	0	0	0	0	0	-36,731
Dallas	-5,234	0	0	0	0	0	0	0	-5,234
El Paso	0	0	0	0	0	0	0	0	0
Harris	-32,086	0	0	0	0	0	0	0	-32,086
Hidalgo	-53,738	-2,958	0	0	0	0	0	0	-56,695
Jefferson	-2,967	0	0	0	0	0	0	0	-2,967
Lubbock	0	0	0	0	0	0	0	0	0
Nueces	-7,491	0	0	0	0	0	0	0	-7,491
Tarrant	-20,615	0	0	0	0	0	0	0	-20,615
Travis	0	0	0	0	0	0	0	0	0
MRSA Central	0	0	0	0	0	0	0	0	0
MRSA Northeast	-29,214	0	0	0	0	0	0	0	-29,214
MRSA West	-2,659	0	0	0	0	0	0	0	-2,659
Total	-190,733	-2,958	0	0	0	0	0	0	-193,691
FY2022 Pharmacy Incurred Claims (2)									
Bexar	113,683,175	33,148,940	0	0	4,826,803	0	14,255,370	4,486,226	170,400,514
Dallas	117,356,211	37,616,547	0	0	5,301,234	0	11,374,747	3,570,118	175,218,857
El Paso	38,135,467	9,919,394	0	0	571,938	0	4,901,426	2,435,560	55,963,784
Harris	252,524,750	40,733,213	0	0	5,941,527	0	28,297,860	10,239,222	337,736,572
Hidalgo	85,126,281	30,870,897	0	0	1,805,325	0	6,773,006	4,390,511	128,966,021
Jefferson	42,248,062	6,631,541	0	0	1,295,939	0	2,021,227	1,852,548	54,049,316
Lubbock	23,879,785	4,198,120	0	0	1,623,274	0	3,017,381	674,002	33,392,561
Nueces	38,669,143	9,492,660	0	0	1,343,136	0	3,135,675	1,545,486	54,186,100
Tarrant	82,701,340	19,678,911	0	0	5,137,951	0	11,499,531	4,230,967	123,248,700
Travis	53,118,135	9,992,476	0	0	3,292,199	0	8,319,786	3,219,512	77,942,108
Central	59,824,987	8,858,630	0	0	2,854,011	0	5,465,896	3,640,367	80,643,891
Northeast	94,238,926	15,753,379	0	0	5,099,172	0	6,148,611	3,272,343	124,512,431
West	62,822,093	12,364,222	0	0	3,887,321	0	7,468,212	2,882,144	89,423,993
Total	1,064,328,355	239,258,929	0	0	42,979,831	0	112,678,727	46,439,007	1,505,684,849

FY2024 STAR+PLUS Rating
 Pharmacy Adjustments
 Makena Formulary Change

	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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	0.00%	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%	-0.01%
Hidalgo	-0.06%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.04%
Jefferson	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Tarrant	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
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	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%

Footnotes

- (1) Equals the cost impact from removing Makena from the formulary.
 (2) Equals FY2022 managed care pharmacy incurred claims.
 (3) Equals Cost Impact divided by FY2022 Pharmacy Incurred Claims.

FY2024 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			
Impact of Cost Adjustment (1)									
Bexar	1,309	1,262	1,682	1,266	0	0	319	74	5,912
Dallas	1,529	1,153	3,272	2,889	2	0	210	320	9,376
El Paso	1,124	217	821	539	0	0	16	26	2,742
Harris	6,028	1,039	9,530	1,480	0	0	3,133	402	21,612
Hidalgo	7,703	4,098	15,504	10,610	14	0	542	1,575	40,047
Jefferson	6,089	1,516	4,114	3,095	4	87	768	467	16,140
Lubbock	1,724	595	2,677	278	0	0	94	81	5,448
Nueces	2,500	729	2,623	1,849	0	0	427	253	8,380
Tarrant	3,168	529	2,221	825	0	0	258	265	7,267
Travis	2,251	337	1,986	691	0	0	527	349	6,141
MRSA Central	4,762	1,106	4,222	936	0	0	404	152	11,581
MRSA Northeast	8,720	778	7,455	1,726	0	0	343	319	19,341
MRSA West	11,419	2,879	13,092	6,360	0	17	278	381	34,426
Total	58,323	16,239	69,199	32,545	20	103	7,319	4,665	188,414
NEMT Incurred Claims (2)									
Bexar	1,869,627	701,202	1,528,930	744,742	17,150	129,070	19,469	23,253	5,033,442
Dallas	1,698,626	1,153,014	1,817,669	1,203,846	21,635	167,422	42,951	60,470	6,165,633
El Paso	261,280	114,037	410,648	192,592	12,730	47,848	938	8,629	1,048,701
Harris	3,545,879	649,647	3,811,947	672,779	54,299	296,242	254,746	83,648	9,369,186
Hidalgo	794,074	376,000	1,845,747	1,684,112	3,764	20,251	13,906	63,522	4,801,377
Jefferson	790,720	286,079	721,818	435,963	11,790	108,249	25,843	21,948	2,402,409
Lubbock	331,459	165,247	764,877	231,616	10,668	155,398	8,510	10,629	1,678,404
Nueces	694,310	208,199	846,029	462,321	13,001	96,857	22,713	32,400	2,375,830
Tarrant	1,584,081	588,153	1,234,054	589,382	14,680	156,398	18,949	24,572	4,210,269
Travis	865,699	224,369	1,045,201	256,067	26,971	310,082	97,614	28,620	2,854,623
MRSA Central	1,360,446	283,703	1,835,475	374,250	81,534	303,630	55,387	26,157	4,320,582
MRSA Northeast	1,614,905	176,717	1,620,643	493,119	37,956	336,917	71,481	29,267	4,381,005
MRSA West	1,482,978	514,153	2,337,915	949,253	41,938	166,978	12,183	30,479	5,535,878
Total	16,894,085	5,440,520	19,820,953	8,290,042	348,114	2,295,342	644,690	443,595	54,177,341

FY2024 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	0.07%	0.18%	0.11%	0.17%	0.00%	0.00%	1.64%	0.32%	0.12%
Dallas	0.09%	0.10%	0.18%	0.24%	0.01%	0.00%	0.49%	0.53%	0.15%
El Paso	0.43%	0.19%	0.20%	0.28%	0.00%	0.00%	1.68%	0.30%	0.26%
Harris	0.17%	0.16%	0.25%	0.22%	0.00%	0.00%	1.23%	0.48%	0.23%
Hidalgo	0.97%	1.09%	0.84%	0.63%	0.38%	0.00%	3.90%	2.48%	0.83%
Jefferson	0.77%	0.53%	0.57%	0.71%	0.03%	0.08%	2.97%	2.13%	0.67%
Lubbock	0.52%	0.36%	0.35%	0.12%	0.00%	0.00%	1.10%	0.76%	0.32%
Nueces	0.36%	0.35%	0.31%	0.40%	0.00%	0.00%	1.88%	0.78%	0.35%
Tarrant	0.20%	0.09%	0.18%	0.14%	0.00%	0.00%	1.36%	1.08%	0.17%
Travis	0.26%	0.15%	0.19%	0.27%	0.00%	0.00%	0.54%	1.22%	0.22%
MRSA Central	0.35%	0.39%	0.23%	0.25%	0.00%	0.00%	0.73%	0.58%	0.27%
MRSA Northeast	0.54%	0.44%	0.46%	0.35%	0.00%	0.00%	0.48%	1.09%	0.44%
MRSA West	0.77%	0.56%	0.56%	0.67%	0.00%	0.01%	2.28%	1.25%	0.62%
Total	0.35%	0.30%	0.35%	0.39%	0.01%	0.00%	1.14%	1.05%	0.35%

Footnotes:

- (1) Cost impact from Individual Transportation Participants (ITP) Service mileage reimbursement change.
- (2) Equals total incurred NEMT claims during the July 1, 2022 through December 31, 2022 experience period.
- (3) Cost impact divided by Incurred Claims.

Attachment 6

PHE Related Cost Adjustment

The COVID-19 pandemic and the resulting PHE had a significant impact on the STAR+PLUS program. Beginning March 2020, aggregate enrollment has grown by 9%, with varying growth by risk group, while the average cost for all services initially declined before returning to levels consistent with pre-PHE norms for most risk groups. The enrollment growth is due to the continuous enrollment provision during the PHE included in the Families First Coronavirus Response Act (FFCRA), while the varying cost patterns are due to many factors including mandatory shutdowns, mask mandates, social distancing, other environmental factors as well as inherent differences in cost between historically eligible members and the continuously enrolled members eligible under the PHE.

With the expiration of the PHE on May 11, 2023, HHSC has begun the PHE unwind process, which is expected to span a twelve-month period. HHSC will begin disenrollments on June 1, 2023 and has prioritized members into three cohorts:

- Cohort 1 - Individuals likely to be ineligible
- Cohort 2 - Individuals likely to transfer to another HHSC program
- Cohort 3 - Individuals likely to remain eligible

Current Medicaid members are spread throughout these cohorts based on known eligibility information and type program/type of assistance but are not specific to Medicaid program. Each cohort contains members from any Medicaid program and the disenrollments and renewals are staggered throughout the twelve-month period with the majority occurring in the first six months. Based on the planned PHE unwinding process and detailed information regarding the specific Medicaid members within each cohort and their expected redetermination dates, HHS Forecasting has developed projected caseload forecasts for each Medicaid program by month, service delivery area, MCO and risk group through the end of FY2024.

Given that the FY2022 base period was impacted by the PHE and the expected disenrollments that will occur during FY2024, it is necessary to calculate an adjustment factor to properly estimate the impact of the PHE unwind process. The PHE impact was not uniform across all Medicaid programs and the adjustment factors calculated are specific to the populations being rated based on historical program-specific experience.

Medical and Pharmacy Adjustment

In order to estimate the impact of the PHE unwind on the FY2024 medical and prescription drug average costs, we have analyzed the base period claims using two methods: (1) Cohort Methodology and (2) Non-Utilizer Distribution Methodology. Each method is a reasonable approach to measuring the PHE impact, which is inherently complicated since the task is to compare a period of known overstated enrollment and understated average cost with a rating period in which a theoretical disenrollment process will occur. Given the unknown factors associated with the PHE unwind process, we have averaged the results of the two reasonable methodologies, each assigned equal weighting, in order to minimize the reliance on a single data point in analyzing the expected PHE-related cost impact. Items A and B below further describe

the details of the two methodologies.

A. Cohort Methodology

HHSC provided a list of Medicaid IDs for members in Cohorts 1, 2 and 3. The cohorts are grouped based on various circumstances including how likely they are to be ineligible for coverage. Cohort 1 includes individuals most likely to be ineligible for coverage such as members who age out of the program. Cohort 2 includes individuals likely to transfer to another HHSC program such as pregnant women transitioning to the Healthy Texas Women Program. Cohort 3 includes the remaining population that could potentially be ineligible for coverage, but also includes individuals who could remain eligible based on redetermination. Everyone who is not included in Cohorts 1, 2 and 3 is assumed to remain eligible under the program.

The base period average cost per member per month was determined for members within each cohort. The PHE adjustment was determined by comparing (1) the projected FY2022 average cost excluding members who are continuously enrolled due to the PHE to (2) the actual FY2022 average cost. Members who are expected to be ineligible (i.e., continuously enrolled due to PHE) and disenrolled from the program were identified starting with Cohort 1, then Cohort 2, etc. such that the number of members expected to remain in the program by risk group is less than or equal to the number of members enrolled prior to the PHE for the period March 2019 through February 2020. The adjustment factor was defined as the adjusted FY2022 average cost excluding members expected to be disenrolled divided by the actual FY2022 average cost including all members.

The derivation of the Cohort Method adjustment factors is included in Exhibits A and D for medical and pharmacy, respectively.

B. Non-Utilizer Distribution Methodology

An analysis of the distribution of average monthly claims cost by member and by size during the PHE demonstrates material changes since being relatively stable prior to the PHE. Most notably, the percentage of members with \$0 claims during a given month has increased significantly. In our opinion; this change is most closely tied to the large enrollment growth associated with the continuous eligibility requirements. We have further observed that the distribution of claimants utilizing services, i.e., claimants with greater than \$0 in a given month, has not changed significantly during the PHE. Based on this analysis, we conclude that the distribution of non-utilizers is one of the primary causes of average cost differences during the PHE and the FY2022 base period.

The increase in the percentage of non-utilizers is largest in those programs and risk groups with the most enrollment growth. Consequently, those programs and risk groups are likely to be those most heavily impacted by the PHE unwind process.

The base period average cost was adjusted by applying the distribution of non-utilizers during the twelve-month period immediately preceding the PHE to the average cost per utilizer observed during the FY2022 base period. For example,

- FY2022 actual average cost = \$100
- FY2022 percentage of non-utilizers – 55%
- FY2022 average cost per utilizer – \$100 divided by (1-.55) = \$222.22
- 3/2019-2/2020 percentage of non-utilizers – 30%
- FY2022 adjusted average cost - \$222.22 multiplied by (1-.30) = \$155.56
- PHE adjustment factor = \$155.56 divided by \$100 = 1.5556

The derivation of the Non-Utilizer Distribution Method adjustment factors is included in Exhibits B and E for medical and pharmacy, respectively.

The two methodologies are then evenly weighted in order to estimate the full impact of the PHE-related cost impact on the FY2022 base period. The PHE adjustment factors calculated for each methodology are limited to no less than 1.0 since it is not expected that the PHE unwind would have a negative impact on average cost.

The methodologies described above assume that all impacted members will unwind and be disenrolled prior to the rating period. In other words, the calculated adjustment factors represent the full impact of the PHE. Given that the PHE unwind process will occur throughout FY2024, a weighting factor must be applied to the calculated adjustments in order to properly account for the partial impact expected during FY2024. The weighting factor has been calculated by analyzing the percentage of cumulative disenrollments expected each month during the rating period and developing a weighted average based on monthly enrollment. Risk groups that are not expected to have a reduction in enrollment are assigned a weight of 0% since the PHE unwind is not expected to impact these groups. Exhibit G provides an example of the derivation of the weighting factors. Exhibits C (medical) and F (pharmacy) demonstrate the application of the weighting factors to the full adjustment factors calculated in Exhibits A, B, D and E.

NEMT Adjustment

The impact of the PHE unwind process on NEMT was considered; however, an adjustment has not been applied due to the following reasons.

- Some of the MCOs capitate NEMT services and the subcapitated rate will not change after the end of the PHE.
- The basis for PHE adjustment is that the base period cost is understated compared to pre-PHE periods. That is not the case for NEMT services due to the NEMT carve-in to the MCOs effective June 1, 2021. Prior to this, NEMT services were provided by the Medical Transportation Organizations (MTOs). The average cost for NEMT services during the base period is higher than it was for the period March 2019 through February 2020.
- The PHE adjustment is developed by comparing non-utilizers between the base period and the pre-PHE period March 2019 through February 2020. Due to the NEMT carve-in effective June 1, 2021, utilization patterns have changed significantly. It would be inappropriate to assume non-utilizers will be similar to pre-PHE periods when NEMT services were provided by the MTOs.

In order to capture more recent NEMT experience and the changing utilization patterns, the base period for NEMT service has been defined as July 1, 2022 through December 31, 2022.

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment
Cohort Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 PMPM Actual (1)								
Bexar	769.45	3,240.87	346.46	1,965.25	6,299.07	4,321.15	334.60	1,733.74
Dallas	839.20	2,939.14	335.85	1,728.97	6,600.52	4,209.67	317.97	1,751.45
El Paso	875.63	2,852.32	497.81	1,911.50	6,537.03	4,440.43	488.84	1,472.61
Harris	846.43	3,933.79	344.30	2,351.40	6,693.83	4,203.00	383.61	1,991.78
Hidalgo	1,165.06	3,731.51	857.95	2,391.23	7,187.18	4,726.56	452.09	1,704.13
Jefferson	651.11	2,876.65	211.11	1,579.14	5,741.18	4,022.22	300.21	1,854.14
Lubbock	619.70	2,688.06	100.36	1,365.98	5,731.48	3,986.74	392.91	1,262.38
Nueces	796.15	3,058.24	459.15	2,066.68	5,788.22	4,366.17	368.78	1,076.28
Tarrant	664.59	2,970.83	256.59	1,694.63	5,947.62	4,062.73	296.57	1,639.43
Travis	634.81	3,333.93	210.54	1,780.81	5,543.10	4,139.47	286.94	1,812.53
MRSA Central	643.76	3,281.04	157.98	1,610.96	5,767.86	4,060.20	333.67	1,838.45
MRSA Northeast	653.82	3,233.96	207.16	1,439.60	5,875.83	4,076.24	316.31	1,703.49
MRSA West	646.13	2,844.33	185.59	1,504.53	5,814.43	4,017.35	371.21	1,717.29
FY2022 PMPM Projected - Excluding Continuous Enrolled PHE Members (2)								
Bexar	778.28	3,280.69	356.40	1,965.25	6,299.07	4,321.15	337.32	1,864.34
Dallas	843.21	2,986.84	346.05	1,743.99	6,629.84	4,209.67	320.92	1,849.00
El Paso	880.30	2,852.92	504.38	1,911.50	6,669.90	4,440.43	504.32	1,545.84
Harris	861.05	3,935.51	359.15	2,351.40	6,693.83	4,203.00	384.80	2,097.39
Hidalgo	1,177.19	3,747.92	857.95	2,391.23	7,187.18	4,726.56	448.58	1,735.31
Jefferson	659.58	2,876.65	214.75	1,579.14	5,741.18	4,022.22	300.21	1,971.93
Lubbock	619.52	2,718.73	100.74	1,371.33	5,731.48	3,986.74	397.75	1,335.84
Nueces	811.55	3,058.24	462.91	2,066.68	5,788.22	4,366.17	368.78	1,318.97
Tarrant	674.77	3,022.78	270.84	1,694.63	5,947.62	4,062.73	298.12	1,759.12
Travis	646.95	3,333.93	217.52	1,780.81	5,543.10	4,139.47	290.39	1,894.32
MRSA Central	656.44	3,301.43	161.40	1,610.96	5,767.86	4,060.20	334.54	2,069.25
MRSA Northeast	662.39	3,233.96	209.22	1,439.60	5,875.83	4,076.24	316.31	1,726.16
MRSA West	649.86	2,872.98	186.07	1,504.53	5,814.43	4,017.35	371.50	1,873.78

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment
Cohort Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Rating Adjustment Factor (3)								
Bexar	1.0115	1.0123	1.0287	1.0000	1.0000	1.0000	1.0081	1.0753
Dallas	1.0048	1.0162	1.0304	1.0087	1.0044	1.0000	1.0093	1.0557
El Paso	1.0053	1.0002	1.0132	1.0000	1.0203	1.0000	1.0317	1.0497
Harris	1.0173	1.0004	1.0431	1.0000	1.0000	1.0000	1.0031	1.0530
Hidalgo	1.0104	1.0044	1.0000	1.0000	1.0000	1.0000	1.0000	1.0183
Jefferson	1.0130	1.0000	1.0172	1.0000	1.0000	1.0000	1.0000	1.0635
Lubbock	1.0000	1.0114	1.0038	1.0039	1.0000	1.0000	1.0123	1.0582
Nueces	1.0193	1.0000	1.0082	1.0000	1.0000	1.0000	1.0000	1.2255
Tarrant	1.0153	1.0175	1.0555	1.0000	1.0000	1.0000	1.0052	1.0730
Travis	1.0191	1.0000	1.0332	1.0000	1.0000	1.0000	1.0120	1.0451
MRSA Central	1.0197	1.0062	1.0216	1.0000	1.0000	1.0000	1.0026	1.1255
MRSA Northeast	1.0131	1.0000	1.0099	1.0000	1.0000	1.0000	1.0000	1.0133
MRSA West	1.0058	1.0101	1.0026	1.0000	1.0000	1.0000	1.0008	1.0911

Notes:

- (1) Equals FY2022 health plan fee-for-service claims PMPM for all services (from Encounter database).
- (2) Projected FY2022 PMPM excluding continuous enrolled PHE members.
- (3) Projected FY2022 PMPM divided by Actual FY2022 PMPM. Minimum value 1.0.

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Percent of Members With No Claims - Pre COVID 3/19-2/20								
Bexar	41.7%	2.4%	70.8%	5.5%	1.0%	3.4%	42.3%	24.4%
Dallas	46.2%	5.0%	72.1%	8.5%	1.4%	2.4%	50.1%	26.9%
El Paso	34.3%	2.4%	57.9%	5.8%	0.5%	3.4%	32.1%	25.5%
Harris	46.8%	2.4%	73.0%	5.4%	1.3%	3.5%	53.1%	26.3%
Hidalgo	25.1%	0.7%	34.5%	1.7%	1.7%	2.3%	31.5%	20.2%
Jefferson	48.1%	2.9%	81.4%	4.7%	0.8%	3.9%	44.9%	24.8%
Lubbock	48.3%	3.0%	87.9%	5.8%	2.2%	2.4%	39.9%	25.7%
Nueces	40.4%	1.4%	62.0%	2.0%	0.7%	1.6%	48.9%	23.7%
Tarrant	48.0%	3.6%	81.8%	8.7%	1.6%	4.0%	50.3%	27.9%
Travis	52.6%	1.8%	83.1%	3.8%	1.4%	4.9%	59.0%	29.3%
MRSA Central	50.6%	2.6%	83.6%	4.4%	1.6%	2.4%	48.0%	24.0%
MRSA Northeast	48.0%	1.4%	82.8%	3.4%	1.2%	3.1%	47.5%	25.7%
MRSA West	46.6%	1.7%	81.3%	3.7%	0.5%	3.3%	37.1%	24.0%
Percent of Members With No Claims - FY2022								
Bexar	46.5%	2.7%	73.8%	5.9%	0.4%	2.7%	45.7%	29.1%
Dallas	49.9%	5.2%	74.2%	9.3%	0.3%	2.3%	51.9%	34.4%
El Paso	38.6%	3.0%	58.4%	6.5%	0.2%	3.7%	34.0%	30.4%
Harris	51.5%	2.9%	74.0%	5.1%	0.6%	2.6%	54.7%	34.7%
Hidalgo	29.3%	0.9%	37.0%	1.7%	0.4%	1.9%	32.5%	22.7%
Jefferson	52.5%	3.6%	81.7%	5.1%	0.3%	1.8%	50.3%	32.5%
Lubbock	52.8%	3.1%	90.9%	5.7%	0.7%	3.4%	43.1%	35.3%
Nueces	45.4%	1.1%	64.6%	1.7%	0.8%	1.5%	46.9%	40.9%
Tarrant	52.1%	4.0%	81.8%	8.2%	0.6%	2.5%	54.2%	35.1%
Travis	57.6%	4.0%	84.9%	5.3%	1.1%	2.6%	63.1%	38.3%
MRSA Central	54.5%	2.9%	87.4%	6.5%	0.6%	2.6%	48.5%	32.2%
MRSA Northeast	52.9%	3.1%	83.4%	4.8%	0.6%	2.1%	53.9%	33.6%
MRSA West	50.6%	3.1%	83.8%	4.3%	0.5%	3.0%	40.6%	31.8%

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
PMPM - FY2022 Excluding Members With No Claims								
Bexar	1,437.94	3,330.58	1,324.23	2,088.86	6,326.72	4,442.00	616.11	2,446.00
Dallas	1,676.08	3,101.81	1,300.12	1,906.01	6,622.97	4,307.29	660.45	2,668.45
El Paso	1,427.14	2,940.51	1,195.71	2,044.92	6,548.22	4,610.92	740.69	2,115.05
Harris	1,744.40	4,051.67	1,321.78	2,478.06	6,736.08	4,317.31	846.76	3,051.15
Hidalgo	1,647.43	3,764.26	1,362.39	2,433.07	7,216.47	4,818.05	669.78	2,204.19
Jefferson	1,370.31	2,982.99	1,156.39	1,663.79	5,759.56	4,095.24	603.82	2,747.63
Lubbock	1,312.30	2,773.95	1,097.54	1,448.80	5,772.79	4,125.39	690.23	1,950.31
Nueces	1,457.05	3,092.16	1,296.12	2,103.30	5,833.66	4,433.61	694.13	1,821.60
Tarrant	1,386.68	3,094.10	1,411.52	1,846.22	5,981.73	4,166.99	646.83	2,525.97
Travis	1,497.08	3,471.53	1,392.58	1,881.21	5,602.89	4,250.05	778.46	2,935.93
MRSA Central	1,413.87	3,380.31	1,255.41	1,722.68	5,802.99	4,167.63	648.41	2,710.64
MRSA Northeast	1,386.97	3,336.57	1,248.49	1,512.79	5,914.24	4,163.69	685.68	2,566.21
MRSA West	1,307.37	2,935.40	1,142.92	1,571.67	5,846.13	4,143.38	624.68	2,519.35
PMPM - FY2022 (Actual)								
Bexar	769.45	3,240.87	346.46	1,965.25	6,299.07	4,321.15	334.60	1,733.74
Dallas	839.20	2,939.14	335.85	1,728.97	6,600.52	4,209.67	317.97	1,751.45
El Paso	875.63	2,852.32	497.81	1,911.50	6,537.03	4,440.43	488.84	1,472.61
Harris	846.43	3,933.79	344.30	2,351.40	6,693.83	4,203.00	383.61	1,991.78
Hidalgo	1,165.06	3,731.51	857.95	2,391.23	7,187.18	4,726.56	452.09	1,704.13
Jefferson	651.11	2,876.65	211.11	1,579.14	5,741.18	4,022.22	300.21	1,854.14
Lubbock	619.70	2,688.06	100.36	1,365.98	5,731.48	3,986.74	392.91	1,262.38
Nueces	796.15	3,058.24	459.15	2,066.68	5,788.22	4,366.17	368.78	1,076.28
Tarrant	664.59	2,970.83	256.59	1,694.63	5,947.62	4,062.73	296.57	1,639.43
Travis	634.81	3,333.93	210.54	1,780.81	5,543.10	4,139.47	286.94	1,812.53
MRSA Central	643.76	3,281.04	157.98	1,610.96	5,767.86	4,060.20	333.67	1,838.45
MRSA Northeast	653.82	3,233.96	207.16	1,439.60	5,875.83	4,076.24	316.31	1,703.49
MRSA West	646.13	2,844.33	185.59	1,504.53	5,814.43	4,017.35	371.21	1,717.29

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
PMPM - FY2022 (Projected based on 3/19-2/20 Distribution) (1)								
Bexar	838.80	3,249.47	386.77	1,973.92	6,264.61	4,289.14	355.29	1,849.57
Dallas	901.94	2,946.73	362.31	1,744.49	6,527.06	4,204.92	329.37	1,949.90
El Paso	937.57	2,870.10	503.05	1,926.61	6,516.12	4,451.92	503.17	1,575.16
Harris	928.28	3,954.47	357.03	2,343.60	6,647.74	4,167.51	397.05	2,247.76
Hidalgo	1,233.92	3,736.47	892.30	2,392.80	7,092.86	4,706.60	458.80	1,757.98
Jefferson	711.15	2,897.34	214.52	1,585.07	5,714.86	3,934.37	332.88	2,067.31
Lubbock	677.82	2,690.56	133.07	1,365.32	5,647.30	4,025.07	414.68	1,448.97
Nueces	868.22	3,047.56	492.55	2,060.98	5,792.60	4,361.42	354.75	1,389.91
Tarrant	721.61	2,982.81	256.79	1,685.86	5,888.57	4,001.76	321.33	1,822.20
Travis	710.36	3,407.78	235.10	1,809.35	5,523.49	4,039.81	319.02	2,077.04
MRSA Central	698.67	3,294.02	206.18	1,647.56	5,709.32	4,069.16	337.13	2,058.93
MRSA Northeast	720.85	3,288.37	215.25	1,461.17	5,841.35	4,034.09	359.87	1,906.15
MRSA West	697.78	2,885.95	213.76	1,514.08	5,814.57	4,006.42	393.09	1,914.88
Rating Adjustment Factor (2)								
Bexar	1.0901	1.0027	1.1164	1.0044	1.0000	1.0000	1.0618	1.0668
Dallas	1.0748	1.0026	1.0788	1.0090	1.0000	1.0000	1.0359	1.1133
El Paso	1.0707	1.0062	1.0105	1.0079	1.0000	1.0026	1.0293	1.0696
Harris	1.0967	1.0053	1.0370	1.0000	1.0000	1.0000	1.0350	1.1285
Hidalgo	1.0591	1.0013	1.0400	1.0007	1.0000	1.0000	1.0148	1.0316
Jefferson	1.0922	1.0072	1.0161	1.0038	1.0000	1.0000	1.1088	1.1150
Lubbock	1.0938	1.0009	1.3259	1.0000	1.0000	1.0096	1.0554	1.1478
Nueces	1.0905	1.0000	1.0727	1.0000	1.0008	1.0000	1.0000	1.2914
Tarrant	1.0858	1.0040	1.0008	1.0000	1.0000	1.0000	1.0835	1.1115
Travis	1.1190	1.0222	1.1166	1.0160	1.0000	1.0000	1.1118	1.1459
MRSA Central	1.0853	1.0040	1.3051	1.0227	1.0000	1.0022	1.0104	1.1199
MRSA Northeast	1.1025	1.0168	1.0390	1.0150	1.0000	1.0000	1.1377	1.1190
MRSA West	1.0799	1.0146	1.1518	1.0063	1.0000	1.0000	1.0589	1.1151

Notes:

(1) FY2022 PMPM excluding members with no claims * 3/19-2/20 percent of members with no claims.

(2) Projected FY2022 PMPM based on pre-COVID distribution divided by Actual FY2022 PMPM. Minimum value of 1.0.

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Cohort Method - From Exhibit A								
Bexar	1.0115	1.0123	1.0287	1.0000	1.0000	1.0000	1.0081	1.0753
Dallas	1.0048	1.0162	1.0304	1.0087	1.0044	1.0000	1.0093	1.0557
El Paso	1.0053	1.0002	1.0132	1.0000	1.0203	1.0000	1.0317	1.0497
Harris	1.0173	1.0004	1.0431	1.0000	1.0000	1.0000	1.0031	1.0530
Hidalgo	1.0104	1.0044	1.0000	1.0000	1.0000	1.0000	1.0000	1.0183
Jefferson	1.0130	1.0000	1.0172	1.0000	1.0000	1.0000	1.0000	1.0635
Lubbock	1.0000	1.0114	1.0038	1.0039	1.0000	1.0000	1.0123	1.0582
Nueces	1.0193	1.0000	1.0082	1.0000	1.0000	1.0000	1.0000	1.2255
Tarrant	1.0153	1.0175	1.0555	1.0000	1.0000	1.0000	1.0052	1.0730
Travis	1.0191	1.0000	1.0332	1.0000	1.0000	1.0000	1.0120	1.0451
MRSA Central	1.0197	1.0062	1.0216	1.0000	1.0000	1.0000	1.0026	1.1255
MRSA Northeast	1.0131	1.0000	1.0099	1.0000	1.0000	1.0000	1.0000	1.0133
MRSA West	1.0058	1.0101	1.0026	1.0000	1.0000	1.0000	1.0008	1.0911
Claim Distribution Method - From Exhibit B								
Bexar	1.0901	1.0027	1.1164	1.0044	1.0000	1.0000	1.0618	1.0668
Dallas	1.0748	1.0026	1.0788	1.0090	1.0000	1.0000	1.0359	1.1133
El Paso	1.0707	1.0062	1.0105	1.0079	1.0000	1.0026	1.0293	1.0696
Harris	1.0967	1.0053	1.0370	1.0000	1.0000	1.0000	1.0350	1.1285
Hidalgo	1.0591	1.0013	1.0400	1.0007	1.0000	1.0000	1.0148	1.0316
Jefferson	1.0922	1.0072	1.0161	1.0038	1.0000	1.0000	1.1088	1.1150
Lubbock	1.0938	1.0009	1.3259	1.0000	1.0000	1.0096	1.0554	1.1478
Nueces	1.0905	1.0000	1.0727	1.0000	1.0008	1.0000	1.0000	1.2914
Tarrant	1.0858	1.0040	1.0008	1.0000	1.0000	1.0000	1.0835	1.1115
Travis	1.1190	1.0222	1.1166	1.0160	1.0000	1.0000	1.1118	1.1459
MRSA Central	1.0853	1.0040	1.3051	1.0227	1.0000	1.0022	1.0104	1.1199
MRSA Northeast	1.1025	1.0168	1.0390	1.0150	1.0000	1.0000	1.1377	1.1190
MRSA West	1.0799	1.0146	1.1518	1.0063	1.0000	1.0000	1.0589	1.1151

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Average of Cohort Method and Claims Distribution Method								
Bexar	1.0508	1.0075	1.0726	1.0022	1.0000	1.0000	1.0350	1.0711
Dallas	1.0398	1.0094	1.0546	1.0089	1.0022	1.0000	1.0226	1.0845
El Paso	1.0380	1.0032	1.0119	1.0040	1.0102	1.0013	1.0305	1.0597
Harris	1.0570	1.0029	1.0401	1.0000	1.0000	1.0000	1.0191	1.0908
Hidalgo	1.0348	1.0029	1.0200	1.0004	1.0000	1.0000	1.0074	1.0250
Jefferson	1.0526	1.0036	1.0167	1.0019	1.0000	1.0000	1.0544	1.0893
Lubbock	1.0469	1.0062	1.1649	1.0020	1.0000	1.0048	1.0339	1.1030
Nueces	1.0549	1.0000	1.0405	1.0000	1.0004	1.0000	1.0000	1.2585
Tarrant	1.0506	1.0108	1.0282	1.0000	1.0000	1.0000	1.0444	1.0923
Travis	1.0691	1.0111	1.0749	1.0080	1.0000	1.0000	1.0619	1.0955
MRSA Central	1.0525	1.0051	1.1634	1.0114	1.0000	1.0011	1.0065	1.1227
MRSA Northeast	1.0578	1.0084	1.0245	1.0075	1.0000	1.0000	1.0689	1.0662
MRSA West	1.0429	1.0124	1.0772	1.0032	1.0000	1.0000	1.0299	1.1031
Weighting Factors								
Bexar	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Dallas	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
El Paso	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Harris	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Hidalgo	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Jefferson	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Lubbock	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Nueces	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Tarrant	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Travis	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA Central	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA Northeast	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA West	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%

FY2024 STAR+PLUS Rating - Acute and Long Term Care
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Rate Adjustment Factors (1)								
Bexar	1.0278	1.0041	1.0285	1.0000	1.0000	1.0000	1.0000	1.0466
Dallas	1.0218	1.0052	1.0214	1.0000	1.0000	1.0000	1.0000	1.0554
El Paso	1.0208	1.0018	1.0047	1.0000	1.0000	1.0000	1.0000	1.0392
Harris	1.0312	1.0016	1.0157	1.0000	1.0000	1.0000	1.0000	1.0596
Hidalgo	1.0191	1.0016	1.0078	1.0000	1.0000	1.0000	1.0000	1.0164
Jefferson	1.0288	1.0020	1.0065	1.0000	1.0000	1.0000	1.0000	1.0586
Lubbock	1.0257	1.0034	1.0646	1.0000	1.0000	1.0000	1.0000	1.0676
Nueces	1.0301	1.0000	1.0159	1.0000	1.0000	1.0000	1.0000	1.1696
Tarrant	1.0277	1.0060	1.0111	1.0000	1.0000	1.0000	1.0000	1.0605
Travis	1.0379	1.0061	1.0294	1.0000	1.0000	1.0000	1.0000	1.0626
MRSA Central	1.0288	1.0028	1.0641	1.0000	1.0000	1.0000	1.0000	1.0805
MRSA Northeast	1.0317	1.0046	1.0096	1.0000	1.0000	1.0000	1.0000	1.0434
MRSA West	1.0235	1.0068	1.0303	1.0000	1.0000	1.0000	1.0000	1.0676

(1) Average PHE Adjustment Factor multiplied by Weighting Factor + 1.0 * (1-Weighting Factor).

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment
Cohort Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2022 PMPM Actual (1)								
Bexar	485.39	1,148.10	0.00	0.00	732.56	0.00	670.76	752.18
Dallas	369.78	844.84	0.00	0.00	571.32	0.00	414.27	461.33
El Paso	525.22	1,009.29	0.00	0.00	502.27	0.00	787.04	616.28
Harris	473.06	1,007.83	0.00	0.00	588.66	0.00	598.96	772.98
Hidalgo	481.28	968.61	0.00	0.00	688.90	0.00	560.61	580.14
Jefferson	436.75	870.67	0.00	0.00	622.61	0.00	466.31	801.67
Lubbock	414.87	957.08	0.00	0.00	743.42	0.00	435.14	398.66
Nueces	442.87	917.89	0.00	0.00	673.84	0.00	581.35	364.92
Tarrant	401.65	1,028.50	0.00	0.00	658.48	0.00	444.37	709.36
Travis	448.29	1,295.42	0.00	0.00	778.08	0.00	587.17	779.20
MRSA Central	402.54	1,061.58	0.00	0.00	542.02	0.00	544.73	1,146.91
MRSA Northeast	434.37	1,002.19	0.00	0.00	854.86	0.00	493.26	777.19
MRSA West	453.01	1,087.88	0.00	0.00	665.37	0.00	596.70	652.56
FY2022 PMPM Projected - Excluding Continuous Enrolled PHE Members (2)								
Bexar	492.59	1,174.31	0.00	0.00	732.56	0.00	679.49	839.90
Dallas	372.67	865.45	0.00	0.00	578.06	0.00	413.84	505.27
El Paso	525.01	1,018.48	0.00	0.00	538.09	0.00	789.58	612.79
Harris	479.95	1,016.15	0.00	0.00	588.66	0.00	606.14	801.91
Hidalgo	485.85	975.55	0.00	0.00	688.90	0.00	541.10	592.37
Jefferson	444.06	870.67	0.00	0.00	622.61	0.00	466.31	767.19
Lubbock	417.89	972.44	0.00	0.00	743.42	0.00	439.76	437.59
Nueces	452.05	917.89	0.00	0.00	673.84	0.00	581.35	412.69
Tarrant	411.40	1,061.28	0.00	0.00	658.48	0.00	452.26	701.80
Travis	459.38	1,295.42	0.00	0.00	778.08	0.00	592.46	816.87
MRSA Central	410.79	1,088.49	0.00	0.00	542.02	0.00	546.41	1,303.65
MRSA Northeast	439.35	1,002.19	0.00	0.00	854.86	0.00	493.26	828.08
MRSA West	457.12	1,107.43	0.00	0.00	665.37	0.00	596.04	693.44

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment
Cohort Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Rating Adjustment Factor (3)								
Bexar	1.0148	1.0228	1.0000	1.0000	1.0000	1.0000	1.0130	1.1166
Dallas	1.0078	1.0244	1.0000	1.0000	1.0118	1.0000	1.0000	1.0952
El Paso	1.0000	1.0091	1.0000	1.0000	1.0713	1.0000	1.0032	1.0000
Harris	1.0146	1.0083	1.0000	1.0000	1.0000	1.0000	1.0120	1.0374
Hidalgo	1.0095	1.0072	1.0000	1.0000	1.0000	1.0000	1.0000	1.0211
Jefferson	1.0168	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Lubbock	1.0073	1.0161	1.0000	1.0000	1.0000	1.0000	1.0106	1.0976
Nueces	1.0207	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1309
Tarrant	1.0243	1.0319	1.0000	1.0000	1.0000	1.0000	1.0178	1.0000
Travis	1.0247	1.0000	1.0000	1.0000	1.0000	1.0000	1.0090	1.0483
MRSA Central	1.0205	1.0253	1.0000	1.0000	1.0000	1.0000	1.0031	1.1367
MRSA Northeast	1.0115	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0655
MRSA West	1.0091	1.0180	1.0000	1.0000	1.0000	1.0000	1.0000	1.0627

Notes:

- (1) Equals FY2022 health plan fee-for-service claims PMPM for all services (from Encounter database).
- (2) Projected FY2022 PMPM excluding continuous enrolled PHE members.
- (3) Projected FY2022 PMPM divided by Actual FY2022 PMPM. Minimum value 1.0.

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Percent of Members With No Claims - Pre COVID 3/19-2/20								
Bexar	39.6%	12.3%	0.0%	0.0%	14.3%	0.0%	25.1%	20.4%
Dallas	43.1%	13.4%	0.0%	0.0%	13.0%	0.0%	31.7%	22.7%
El Paso	35.3%	12.0%	0.0%	0.0%	13.8%	0.0%	21.8%	20.8%
Harris	40.8%	14.8%	0.0%	0.0%	13.8%	0.0%	29.9%	22.4%
Hidalgo	33.4%	10.4%	0.0%	0.0%	11.1%	0.0%	23.2%	21.9%
Jefferson	37.1%	11.6%	0.0%	0.0%	10.4%	0.0%	20.6%	22.0%
Lubbock	37.7%	10.9%	0.0%	0.0%	11.3%	0.0%	19.2%	17.5%
Nueces	34.8%	11.1%	0.0%	0.0%	9.5%	0.0%	25.2%	24.5%
Tarrant	40.1%	13.1%	0.0%	0.0%	14.9%	0.0%	27.4%	18.8%
Travis	43.0%	16.8%	0.0%	0.0%	16.2%	0.0%	29.6%	26.6%
MRSA Central	40.6%	11.8%	0.0%	0.0%	13.8%	0.0%	24.7%	20.4%
MRSA Northeast	36.7%	9.8%	0.0%	0.0%	12.2%	0.0%	21.2%	20.4%
MRSA West	36.1%	9.4%	0.0%	0.0%	10.1%	0.0%	19.2%	19.2%
Percent of Members With No Claims - FY2022								
Bexar	44.6%	14.0%	0.0%	0.0%	14.1%	0.0%	25.4%	29.5%
Dallas	48.4%	15.5%	0.0%	0.0%	14.0%	0.0%	32.3%	31.7%
El Paso	40.3%	12.7%	0.0%	0.0%	18.9%	0.0%	22.2%	29.3%
Harris	46.1%	16.5%	0.0%	0.0%	13.2%	0.0%	30.3%	31.9%
Hidalgo	39.3%	13.1%	0.0%	0.0%	11.5%	0.0%	24.9%	26.1%
Jefferson	42.9%	15.1%	0.0%	0.0%	8.4%	0.0%	20.3%	28.9%
Lubbock	42.7%	12.2%	0.0%	0.0%	14.1%	0.0%	19.5%	28.0%
Nueces	41.8%	12.5%	0.0%	0.0%	10.9%	0.0%	26.1%	39.6%
Tarrant	46.3%	13.7%	0.0%	0.0%	15.8%	0.0%	28.3%	31.0%
Travis	48.7%	18.0%	0.0%	0.0%	13.8%	0.0%	29.6%	35.4%
MRSA Central	45.5%	12.8%	0.0%	0.0%	14.5%	0.0%	23.0%	27.0%
MRSA Northeast	42.0%	12.9%	0.0%	0.0%	13.7%	0.0%	23.5%	28.1%
MRSA West	41.6%	11.8%	0.0%	0.0%	13.6%	0.0%	20.2%	26.8%

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
PMPM - FY2022 Excluding Members With No Claims								
Bexar	875.53	1,335.50	0.00	0.00	852.42	0.00	898.74	1,066.61
Dallas	717.06	999.29	0.00	0.00	664.44	0.00	611.62	675.86
El Paso	879.15	1,156.41	0.00	0.00	619.24	0.00	1,011.91	871.41
Harris	877.77	1,206.94	0.00	0.00	678.56	0.00	858.77	1,135.67
Hidalgo	792.48	1,114.16	0.00	0.00	778.21	0.00	746.70	784.60
Jefferson	764.48	1,025.03	0.00	0.00	679.95	0.00	585.20	1,127.45
Lubbock	724.40	1,090.07	0.00	0.00	865.67	0.00	540.64	553.92
Nueces	760.72	1,048.85	0.00	0.00	755.91	0.00	786.42	603.74
Tarrant	748.22	1,192.23	0.00	0.00	781.65	0.00	619.75	1,028.67
Travis	873.47	1,580.18	0.00	0.00	903.16	0.00	834.32	1,206.69
MRSA Central	738.20	1,217.26	0.00	0.00	633.88	0.00	707.80	1,570.49
MRSA Northeast	748.91	1,151.10	0.00	0.00	990.77	0.00	644.70	1,080.25
MRSA West	775.22	1,233.67	0.00	0.00	769.72	0.00	747.67	891.15
PMPM - FY2022 (Actual)								
Bexar	485.39	1,148.10	0.00	0.00	732.56	0.00	670.76	752.18
Dallas	369.78	844.84	0.00	0.00	571.32	0.00	414.27	461.33
El Paso	525.22	1,009.29	0.00	0.00	502.27	0.00	787.04	616.28
Harris	473.06	1,007.83	0.00	0.00	588.66	0.00	598.96	772.98
Hidalgo	481.28	968.61	0.00	0.00	688.90	0.00	560.61	580.14
Jefferson	436.75	870.67	0.00	0.00	622.61	0.00	466.31	801.67
Lubbock	414.87	957.08	0.00	0.00	743.42	0.00	435.14	398.66
Nueces	442.87	917.89	0.00	0.00	673.84	0.00	581.35	364.92
Tarrant	401.65	1,028.50	0.00	0.00	658.48	0.00	444.37	709.36
Travis	448.29	1,295.42	0.00	0.00	778.08	0.00	587.17	779.20
MRSA Central	402.54	1,061.58	0.00	0.00	542.02	0.00	544.73	1,146.91
MRSA Northeast	434.37	1,002.19	0.00	0.00	854.86	0.00	493.26	777.19
MRSA West	453.01	1,087.88	0.00	0.00	665.37	0.00	596.70	652.56

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment
Non-Utilizer Distribution Method

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
PMPM - FY2022 (Projected based on 3/19-2/20 Distribution) (1)								
Bexar	529.25	1,171.03	0.00	0.00	730.54	0.00	673.57	848.52
Dallas	407.80	865.87	0.00	0.00	578.23	0.00	417.77	522.75
El Paso	569.05	1,017.97	0.00	0.00	533.64	0.00	791.16	689.84
Harris	519.78	1,027.82	0.00	0.00	585.09	0.00	601.93	880.75
Hidalgo	527.81	998.20	0.00	0.00	691.83	0.00	573.15	612.45
Jefferson	481.18	906.56	0.00	0.00	609.40	0.00	464.90	879.45
Lubbock	451.10	971.20	0.00	0.00	767.66	0.00	436.75	457.25
Nueces	496.04	931.96	0.00	0.00	683.75	0.00	588.04	455.58
Tarrant	448.03	1,035.88	0.00	0.00	665.08	0.00	449.97	835.14
Travis	497.66	1,314.09	0.00	0.00	757.26	0.00	587.11	885.60
MRSA Central	438.39	1,073.14	0.00	0.00	546.13	0.00	533.21	1,250.00
MRSA Northeast	474.01	1,038.47	0.00	0.00	870.35	0.00	508.06	859.71
MRSA West	495.63	1,117.77	0.00	0.00	692.20	0.00	603.83	719.78
Rating Adjustment Factor (2)								
Bexar	1.0904	1.0200	1.0000	1.0000	1.0000	1.0000	1.0042	1.1281
Dallas	1.1028	1.0249	1.0000	1.0000	1.0121	1.0000	1.0085	1.1331
El Paso	1.0835	1.0086	1.0000	1.0000	1.0624	1.0000	1.0052	1.1194
Harris	1.0988	1.0198	1.0000	1.0000	1.0000	1.0000	1.0050	1.1394
Hidalgo	1.0967	1.0306	1.0000	1.0000	1.0043	1.0000	1.0224	1.0557
Jefferson	1.1017	1.0412	1.0000	1.0000	1.0000	1.0000	1.0000	1.0970
Lubbock	1.0873	1.0148	1.0000	1.0000	1.0326	1.0000	1.0037	1.1470
Nueces	1.1200	1.0153	1.0000	1.0000	1.0147	1.0000	1.0115	1.2484
Tarrant	1.1155	1.0072	1.0000	1.0000	1.0100	1.0000	1.0126	1.1773
Travis	1.1101	1.0144	1.0000	1.0000	1.0000	1.0000	1.0000	1.1365
MRSA Central	1.0891	1.0109	1.0000	1.0000	1.0076	1.0000	1.0000	1.0899
MRSA Northeast	1.0913	1.0362	1.0000	1.0000	1.0181	1.0000	1.0300	1.1062
MRSA West	1.0941	1.0275	1.0000	1.0000	1.0403	1.0000	1.0119	1.1030

Notes:

(1) FY2022 PMPM excluding members with no claims * 3/19-2/20 percent of members with no claims.

(2) Projected FY2022 PMPM based on pre-COVID distribution divided by Actual FY2022 PMPM. Minimum value of 1.0.

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Cohort Method - From Exhibit D								
Bexar	1.0148	1.0228	1.0000	1.0000	1.0000	1.0000	1.0130	1.1166
Dallas	1.0078	1.0244	1.0000	1.0000	1.0118	1.0000	1.0000	1.0952
El Paso	1.0000	1.0091	1.0000	1.0000	1.0713	1.0000	1.0032	1.0000
Harris	1.0146	1.0083	1.0000	1.0000	1.0000	1.0000	1.0120	1.0374
Hidalgo	1.0095	1.0072	1.0000	1.0000	1.0000	1.0000	1.0000	1.0211
Jefferson	1.0168	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Lubbock	1.0073	1.0161	1.0000	1.0000	1.0000	1.0000	1.0106	1.0976
Nueces	1.0207	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1309
Tarrant	1.0243	1.0319	1.0000	1.0000	1.0000	1.0000	1.0178	1.0000
Travis	1.0247	1.0000	1.0000	1.0000	1.0000	1.0000	1.0090	1.0483
MRSA Central	1.0205	1.0253	1.0000	1.0000	1.0000	1.0000	1.0031	1.1367
MRSA Northeast	1.0115	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0655
MRSA West	1.0091	1.0180	1.0000	1.0000	1.0000	1.0000	1.0000	1.0627
Claim Distribution Method - From Exhibit E								
Bexar	1.0904	1.0200	1.0000	1.0000	1.0000	1.0000	1.0042	1.1281
Dallas	1.1028	1.0249	1.0000	1.0000	1.0121	1.0000	1.0085	1.1331
El Paso	1.0835	1.0086	1.0000	1.0000	1.0624	1.0000	1.0052	1.1194
Harris	1.0988	1.0198	1.0000	1.0000	1.0000	1.0000	1.0050	1.1394
Hidalgo	1.0967	1.0306	1.0000	1.0000	1.0043	1.0000	1.0224	1.0557
Jefferson	1.1017	1.0412	1.0000	1.0000	1.0000	1.0000	1.0000	1.0970
Lubbock	1.0873	1.0148	1.0000	1.0000	1.0326	1.0000	1.0037	1.1470
Nueces	1.1200	1.0153	1.0000	1.0000	1.0147	1.0000	1.0115	1.2484
Tarrant	1.1155	1.0072	1.0000	1.0000	1.0100	1.0000	1.0126	1.1773
Travis	1.1101	1.0144	1.0000	1.0000	1.0000	1.0000	1.0000	1.1365
MRSA Central	1.0891	1.0109	1.0000	1.0000	1.0076	1.0000	1.0000	1.0899
MRSA Northeast	1.0913	1.0362	1.0000	1.0000	1.0181	1.0000	1.0300	1.1062
MRSA West	1.0941	1.0275	1.0000	1.0000	1.0403	1.0000	1.0119	1.1030

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Average of Cohort Method and Claims Distribution Method								
Bexar	1.0526	1.0214	1.0000	1.0000	1.0000	1.0000	1.0086	1.1224
Dallas	1.0553	1.0247	1.0000	1.0000	1.0120	1.0000	1.0043	1.1142
El Paso	1.0418	1.0089	1.0000	1.0000	1.0669	1.0000	1.0042	1.0597
Harris	1.0567	1.0141	1.0000	1.0000	1.0000	1.0000	1.0085	1.0884
Hidalgo	1.0531	1.0189	1.0000	1.0000	1.0022	1.0000	1.0112	1.0384
Jefferson	1.0593	1.0206	1.0000	1.0000	1.0000	1.0000	1.0000	1.0485
Lubbock	1.0473	1.0155	1.0000	1.0000	1.0163	1.0000	1.0072	1.1223
Nueces	1.0704	1.0077	1.0000	1.0000	1.0074	1.0000	1.0058	1.1897
Tarrant	1.0699	1.0196	1.0000	1.0000	1.0050	1.0000	1.0152	1.0887
Travis	1.0674	1.0072	1.0000	1.0000	1.0000	1.0000	1.0045	1.0924
MRSA Central	1.0548	1.0181	1.0000	1.0000	1.0038	1.0000	1.0016	1.1133
MRSA Northeast	1.0514	1.0181	1.0000	1.0000	1.0091	1.0000	1.0150	1.0859
MRSA West	1.0516	1.0228	1.0000	1.0000	1.0202	1.0000	1.0060	1.0829
Weighting Factors								
Bexar	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Dallas	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
El Paso	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Harris	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Hidalgo	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Jefferson	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Lubbock	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Nueces	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Tarrant	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
Travis	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA Central	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA Northeast	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%
MRSA West	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%

FY2024 STAR+PLUS Rating - Pharmacy
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2024 Rate Adjustment Factors (1)								
Bexar	1.0288	1.0118	1.0000	1.0000	1.0000	1.0000	1.0000	1.0803
Dallas	1.0303	1.0136	1.0000	1.0000	1.0000	1.0000	1.0000	1.0749
El Paso	1.0229	1.0049	1.0000	1.0000	1.0000	1.0000	1.0000	1.0392
Harris	1.0311	1.0078	1.0000	1.0000	1.0000	1.0000	1.0000	1.0580
Hidalgo	1.0291	1.0104	1.0000	1.0000	1.0000	1.0000	1.0000	1.0252
Jefferson	1.0325	1.0114	1.0000	1.0000	1.0000	1.0000	1.0000	1.0318
Lubbock	1.0259	1.0086	1.0000	1.0000	1.0000	1.0000	1.0000	1.0802
Nueces	1.0386	1.0043	1.0000	1.0000	1.0000	1.0000	1.0000	1.1244
Tarrant	1.0383	1.0108	1.0000	1.0000	1.0000	1.0000	1.0000	1.0582
Travis	1.0369	1.0040	1.0000	1.0000	1.0000	1.0000	1.0000	1.0606
MRSA Central	1.0300	1.0100	1.0000	1.0000	1.0000	1.0000	1.0000	1.0743
MRSA Northeast	1.0282	1.0100	1.0000	1.0000	1.0000	1.0000	1.0000	1.0564
MRSA West	1.0283	1.0126	1.0000	1.0000	1.0000	1.0000	1.0000	1.0544

(1) Average PHE Adjustment Factor multiplied by Weighting Factor + 1.0 * (1-Weighting Factor).

FY2024 STAR+PLUS Rating - Weighting Impact
PHE Related Cost Adjustment

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total Disenrollment (1)	(886)	(62)	(485)	5	2	5	4	(130)
% of Total Disenrollment (2)								
Sep-23	9.7%	10.5%	0.0%	95.4%	73.8%	100.0%	0.0%	0.0%
Oct-23	18.0%	18.8%	0.0%	100.0%	76.1%	100.0%	0.0%	31.7%
Nov-23	26.4%	27.0%	0.0%	0.0%	78.5%	0.0%	3.3%	32.7%
Dec-23	34.7%	35.1%	5.2%	0.0%	80.9%	0.0%	14.0%	33.7%
Jan-24	43.0%	43.3%	17.2%	0.0%	83.3%	0.0%	24.8%	56.0%
Feb-24	51.2%	51.5%	29.1%	0.0%	85.7%	0.0%	35.5%	78.2%
Mar-24	59.4%	59.6%	41.0%	0.0%	88.1%	0.0%	46.3%	100.0%
Apr-24	67.6%	67.7%	52.9%	0.0%	90.5%	0.0%	57.0%	100.0%
May-24	75.7%	75.8%	64.7%	0.0%	92.8%	0.0%	67.7%	100.0%
Jun-24	83.9%	83.9%	76.5%	0.0%	95.2%	0.0%	78.5%	100.0%
Jul-24	91.9%	92.0%	88.3%	0.0%	97.6%	0.0%	89.2%	100.0%
Aug-24	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Weighted Impact (3)	54.8%	55.2%	39.2%	0.0%	0.0%	0.0%	0.0%	65.6%

(1) Change in enrollment from May 2023 to August 2024.

(2) Cumulative percentage of disenrollments occurring by month.

(3) Annual weighted impact based on enrollment by month.

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 MCO. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple MCOs 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 MCO'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 MCO 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 MCO 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: State Fiscal Year 2022

The Institute for Child Health Policy
University of Florida

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

Issue Date: March 31th, 2023

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.

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.

CDPS Version: Fall of CY2022, the CDPS authors released CDPS 7.0, a major update since CY2000 release with revisions on six major CDPS categories: Psychiatric, Pulmonary, Renal, Cancer, Infectious Disease, and Hematological. Several MRX categories were modified as well with one new MRX category added to the model. The SFY2022 risk analyses are based on CDPS+Rx Version 7.0. More information on the methods used to update CDPS and the resulting changes are available on the CDPS website: <https://hwsph.ucsd.edu/research/programs-groups/cdps.html>

Data Source Time Period Covered:

Program	Data Source
STAR	
	Member level enrollment data (SFY2019- SFY2022)
	MCO medical and pharmacy encounters (SFY2019-SFY2022)
CHIP	
	Member level enrollment data (SFY2019- SFY2022)
	MCO medical and pharmacy encounters (SFY2019- SFY2022)
STAR+PLUS	
	Member level enrollment data (SFY2019- SFY2022)
	MCO medical and pharmacy encounters (SFY2019- SFY2022)
STAR Kids	
	Member level enrollment data (SFY2019- SFY2022)
	MCO medical and pharmacy encounters (SFY2019- SFY2022)
CHIP Perinatal	
	Member level enrollment data (SFY2022)
	MCO medical and pharmacy encounters (SFY2022)

ICHP uses encounters with header service date in medical encounters and drug fill date in pharmacy data from September 01, 2018 to August 31, 2022 in its analyses, including medical and pharmacy encounters submitted by MCOs through November 30th, 2022 for all programs. These cut-off dates align with the FSR reports.

Data Exclusions: Starting from SFY2022, ABA costs associated with autism are considered as non-risk and will be excluded from CDPS analyses.

Hep C and Hemostatic drugs will be carved out, cost on these two drugs in addition to the COVID vaccines will be removed from the CDPS analysis.

COVID related costs are included in the weight building and final actual to predicted expenditure analyses.

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.

Plan Merge: Effective January 1, 2022, Molina has taken over for Health Spring in STAR+PLUS program. All Health Spring plan codes have retired. Our analyses will attribute Health Spring members to Molina in SFY2022.

Enrollment Criteria: ICHP's analyses exclude all enrollees ages ≥ 1 that were not enrolled in the program continuously for at least four months in a state fiscal year; a one-month gap in enrollment within the four-month period was permitted, and the gap is only allowed in between the active period but not at the beginning or the end. However, all infants less than one year old are included 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 ≥ 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
STAR	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 * member could be up to 23 due to the no-disenrollment policy
	TANF Adults (risk group code 003)
	Pregnant Women (risk group code 005, 020)
	AA/PCA (risk group code 070)
CHIP	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
STAR+PLUS	
	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)
STAR Kids	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 * member could be up to 23 due to the no-disenrollment policy
	MDCP Waiver (risk group code 604)
	YES Waiver (risk group code 605)
	IDD Waiver (risk group code 606)
CHIP Perinatal	
	Perinatal Mother <= 198% FPL (risk group code 309)

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

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

CDPS+Rx Weights: ICHP uses the prospective model where prior 3 years of data is used to predict expenditures of the analysis year. The expenditures per month for each eligible member (expenditure PMPM) are calculated from the medical and pharmacy encounter data between SFY2019 and SFY2021 is used to predict expenditures of SFY2022 (September 1, 2021 – August 31, 2022)

The “true” expenditures are used where the DPP (Directed Payment Program) and 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 SFY2019, SFY2020 and SFY2021. Starting from SFY2022, DPP programs became effective in STAR, STARPLUS and STAR Kids program. Texas-specific weights are developed using linear regression models with CDPS diagnostic, pharmacy combined categories and demographic information as the independent variables and standardized cost as the dependent variable, using prior 3 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.

CPT code range 70000 to 79999, Radiology procedures

CPT code range 80000 to 89999, Pathology and laboratory procedures

ICHP calculates Program-specific weights for STAR Adult, STAR Children, CHIP, STAR+PLUS and STAR Kids programs. CHIP Perinatal program is not big enough to build weights on, so ICHP applies STAR Adult weights to CHIP Perinatal population. The new CDPS 7.0 software defines adult as age greater or equal to 19, which is one year difference from prior versions (age greater or equal to 18). This change has mild impact on STAR Adult and Children population counts. CDPS includes both empirical and clinical input with many diagnostic subcategories ordered by expected clinical severity such that the diagnoses in the higher severity subcategories were expected to exhibit higher costs and hence positive weights. When reverse or negative weights occur, we combine subcategories together to ensure that the weights make intuitive sense.

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

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

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

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

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2021 to Aug 31, 2022

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only OCC	207,352	100.00	1,236.67	1,236.67	1.00	1.00
Bexar	20,120	100.00	1,253.56	1,190.15	1.00	1.05
Amerigroup	4,173	20.74	1,166.61	1,187.86	1.00	0.98
Molina	2,516	12.50	1,180.88	1,155.66	0.97	1.02
Superior	13,431	66.75	1,294.23	1,197.35	1.01	1.08
Dallas	27,113	100.00	1,195.59	1,194.05	1.00	1.00
Molina	14,159	52.22	1,238.53	1,207.73	1.01	1.03
Superior	12,954	47.78	1,148.19	1,178.95	0.99	0.97
El Paso	6,276	100.00	1,393.85	1,331.87	1.00	1.05
Amerigroup	3,587	57.15	1,382.82	1,327.12	1.00	1.04
Molina	2,689	42.85	1,408.67	1,338.25	1.00	1.05
Harris	45,759	100.00	1,364.96	1,337.39	1.00	1.02
Amerigroup	14,765	32.27	1,247.97	1,233.69	0.92	1.01
Molina	4,504	9.84	1,334.04	1,278.63	0.96	1.04
United Health Care (United)	26,490	57.89	1,435.90	1,405.58	1.05	1.02
Hidalgo	15,227	100.00	1,657.65	1,237.16	1.00	1.34
Molina	6,372	41.85	1,615.28	1,168.79	0.94	1.38
Superior	8,855	58.15	1,688.55	1,287.02	1.04	1.31
Jefferson	8,435	100.00	1,103.01	1,254.30	1.00	0.88
Amerigroup	2,330	27.62	940.39	1,126.87	0.90	0.83
Molina	1,584	18.78	1,040.76	1,166.39	0.93	0.89
United Health Care (United)	4,521	53.60	1,210.69	1,352.75	1.08	0.89
Lubbock	5,069	100.00	1,024.15	1,241.61	1.00	0.82
Amerigroup	2,109	41.61	1,010.08	1,223.88	0.99	0.83
Superior	2,960	58.39	1,034.06	1,254.10	1.01	0.82
MRSA Central	12,850	100.00	1,061.42	1,175.72	1.00	0.90
Superior	6,994	54.43	1,036.20	1,168.97	0.99	0.89
United Health Care (United)	5,856	45.57	1,091.82	1,183.85	1.01	0.92
MRSA Northeast	18,623	100.00	1,112.01	1,197.56	1.00	0.93
Molina	6,521	35.02	1,059.89	1,066.46	0.89	0.99
United Health Care (United)	12,102	64.98	1,140.37	1,268.89	1.06	0.90
MRSA West	12,097	100.00	1,078.59	1,160.84	1.00	0.93
Amerigroup	4,492	37.13	1,131.70	1,140.68	0.98	0.99
Superior	7,605	62.87	1,046.95	1,172.85	1.01	0.89
Nueces	7,551	100.00	1,259.01	1,245.82	1.00	1.01
Superior	3,678	48.71	1,182.84	1,151.95	0.92	1.03
United Health Care (United)	3,873	51.29	1,330.93	1,334.46	1.07	1.00
Tarrant	18,037	100.00	1,070.10	1,251.53	1.00	0.86
Amerigroup	13,452	74.58	1,096.00	1,300.30	1.04	0.84
Molina	4,585	25.42	992.99	1,106.40	0.88	0.90
Travis	10,195	100.00	1,137.11	1,118.75	1.00	1.02
Amerigroup	3,669	35.99	1,087.99	1,053.10	0.94	1.03
United Health Care (United)	6,526	64.01	1,165.19	1,156.27	1.03	1.01

Notes:

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2021 to Aug 31, 2022

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only SPW	20,621	100.00	4,314.39	4,314.39	1.00	1.00
Bexar	2,479	100.00	4,391.48	4,127.85	1.00	1.06
Amerigroup	421	16.98	4,004.90	3,771.10	0.91	1.06
Molina	366	14.76	3,807.52	3,791.62	0.92	1.00
Superior	1,692	68.25	4,614.37	4,289.83	1.04	1.08
Dallas	3,845	100.00	3,762.76	3,902.69	1.00	0.96
Molina	2,527	65.72	3,443.39	3,762.98	0.96	0.92
Superior	1,318	34.28	4,378.63	4,172.13	1.07	1.05
El Paso	821	100.00	3,852.07	4,090.64	1.00	0.94
Amerigroup	365	44.46	3,974.16	4,156.90	1.02	0.96
Molina	456	55.54	3,754.71	4,037.79	0.99	0.93
Harris	3,462	100.00	5,007.56	4,798.68	1.00	1.04
Amerigroup	1,391	40.18	4,579.53	4,598.55	0.96	1.00
Molina	582	16.81	4,143.37	4,031.80	0.84	1.03
United Health Care (United)	1,489	43.01	5,749.14	5,287.83	1.10	1.09
Hidalgo	2,719	100.00	4,719.19	3,998.07	1.00	1.18
Molina	972	35.75	4,354.88	3,772.78	0.94	1.15
Superior	1,747	64.25	4,922.25	4,123.64	1.03	1.19
Jefferson	663	100.00	3,768.70	4,423.35	1.00	0.85
Amerigroup	195	29.41	3,648.56	4,872.66	1.10	0.75
Molina	299	45.10	3,264.35	3,907.12	0.88	0.84
United Health Care (United)	169	25.49	4,833.13	4,837.96	1.09	1.00
Lubbock	373	100.00	3,636.83	4,183.49	1.00	0.87
Amerigroup	142	38.07	3,329.06	3,908.57	0.93	0.85
Superior	231	61.93	3,829.66	4,355.75	1.04	0.88
MRSA Central	724	100.00	4,417.66	4,659.57	1.00	0.95
Superior	478	66.02	4,188.40	4,539.27	0.97	0.92
United Health Care (United)	246	33.98	4,852.72	4,887.85	1.05	0.99
MRSA Northeast	1,381	100.00	4,281.93	4,550.40	1.00	0.94
Molina	564	40.84	3,879.94	4,158.97	0.91	0.93
United Health Care (United)	817	59.16	4,555.32	4,816.60	1.06	0.95
MRSA West	992	100.00	3,922.64	4,178.17	1.00	0.94
Amerigroup	324	32.66	3,629.45	4,253.81	1.02	0.85
Superior	668	67.34	4,065.29	4,141.36	0.99	0.98
Nueces	886	100.00	4,086.00	4,344.79	1.00	0.94
Superior	578	65.24	4,226.59	4,259.37	0.98	0.99
United Health Care (United)	308	34.76	3,828.43	4,501.27	1.04	0.85
Tarrant	1,617	100.00	4,156.61	4,773.42	1.00	0.87
Amerigroup	1,359	84.04	4,115.83	4,828.78	1.01	0.85
Molina	258	15.96	4,372.11	4,480.89	0.94	0.98
Travis	659	100.00	4,670.72	4,614.48	1.00	1.01
Amerigroup	392	59.48	4,240.22	4,198.47	0.91	1.01
United Health Care (United)	267	40.52	5,302.11	5,224.61	1.13	1.01

Notes:

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2021 to Aug 31, 2022

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only NF	5,968	100.00	6,876.76	6,876.76	1.00	1.00
Bexar	603	100.00	7,111.36	7,212.51	1.00	0.99
Amerigroup	132	21.89	6,779.86	7,201.67	1.00	0.94
Molina	148	24.54	6,645.23	6,722.88	0.93	0.99
Superior	323	53.57	7,453.69	7,439.08	1.03	1.00
Dallas	919	100.00	7,206.21	7,363.23	1.00	0.98
Molina	554	60.28	7,250.50	7,427.18	1.01	0.98
Superior	365	39.72	7,139.58	7,267.02	0.99	0.98
El Paso	108	100.00	7,194.88	7,799.91	1.00	0.92
Amerigroup	45	41.67	7,452.55	8,172.27	1.05	0.91
Molina	63	58.33	7,016.37	7,541.95	0.97	0.93
Harris	933	100.00	7,402.99	8,192.67	1.00	0.90
Amerigroup	315	33.76	7,017.53	7,761.21	0.95	0.90
Molina	129	13.83	7,934.65	8,694.35	1.06	0.91
United Health Care (United)	489	52.41	7,512.29	8,339.82	1.02	0.90
Hidalgo	238	100.00	7,809.62	7,793.09	1.00	1.00
Molina	117	49.16	7,637.06	7,276.36	0.93	1.05
Superior	121	50.84	7,981.91	8,309.00	1.07	0.96
Jefferson	187	100.00	6,402.70	6,620.48	1.00	0.97
Amerigroup	62	33.16	6,091.69	6,112.28	0.92	1.00
Molina	52	27.81	6,705.35	7,262.22	1.10	0.92
United Health Care (United)	73	39.04	6,457.64	6,605.54	1.00	0.98
Lubbock	185	100.00	6,323.70	6,080.39	1.00	1.04
Amerigroup	86	46.49	5,889.89	5,688.11	0.94	1.04
Superior	99	53.51	6,686.44	6,408.41	1.05	1.04
MRSA Central	478	100.00	6,292.23	5,895.43	1.00	1.07
Superior	240	50.21	6,128.58	5,768.64	0.98	1.06
United Health Care (United)	238	49.79	6,451.20	6,018.60	1.02	1.07
MRSA Northeast	565	100.00	6,750.57	6,609.19	1.00	1.02
Molina	211	37.35	6,925.15	6,370.24	0.96	1.09
United Health Care (United)	354	62.65	6,646.57	6,751.54	1.02	0.98
MRSA West	520	100.00	6,601.51	5,655.34	1.00	1.17
Amerigroup	220	42.31	6,709.22	5,769.62	1.02	1.16
Superior	300	57.69	6,523.58	5,572.66	0.99	1.17
Nueces	175	100.00	6,428.61	6,326.19	1.00	1.02
Superior	92	52.57	6,527.95	6,496.51	1.03	1.00
United Health Care (United)	83	47.43	6,320.10	6,140.15	0.97	1.03
Tarrant	681	100.00	6,539.09	6,661.85	1.00	0.98
Amerigroup	481	70.63	6,575.33	6,812.88	1.02	0.97
Molina	200	29.37	6,448.16	6,282.92	0.94	1.03
Travis	376	100.00	6,356.87	5,490.86	1.00	1.16
Amerigroup	151	40.16	6,351.71	5,364.57	0.98	1.18
United Health Care (United)	225	59.84	6,360.39	5,577.03	1.02	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: Sep 1, 2021 to Aug 31, 2022

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--IDD	17,844	100.00	915.30	915.30	1.00	1.00
Bexar	1,814	100.00	996.24	905.39	1.00	1.10
Amerigroup	323	17.81	920.09	866.56	0.96	1.06
Molina	143	7.88	866.75	832.11	0.92	1.04
Superior	1,348	74.31	1,028.47	922.59	1.02	1.11
Dallas	2,373	100.00	744.02	812.19	1.00	0.92
Molina	1,109	46.73	746.40	830.18	1.02	0.90
Superior	1,264	53.27	741.92	796.31	0.98	0.93
El Paso	533	100.00	1,283.44	1,301.79	1.00	0.99
Amerigroup	389	72.98	1,380.07	1,227.08	0.94	1.12
Molina	144	27.02	1,022.72	1,503.42	1.15	0.68
Harris	4,139	100.00	1,022.71	960.76	1.00	1.06
Amerigroup	1,396	33.73	1,007.83	894.04	0.93	1.13
Molina	273	6.60	832.68	852.18	0.89	0.98
United Health Care (United)	2,470	59.68	1,052.41	1,010.90	1.05	1.04
Hidalgo	1,025	100.00	1,020.21	987.33	1.00	1.03
Molina	417	40.68	778.90	883.09	0.89	0.88
Superior	608	59.32	1,187.12	1,059.42	1.07	1.12
Jefferson	381	100.00	779.48	1,009.28	1.00	0.77
Amerigroup	101	26.51	967.15	1,195.19	1.18	0.81
Molina	61	16.01	521.99	897.17	0.89	0.58
United Health Care (United)	219	57.48	765.65	954.75	0.95	0.80
Lubbock	603	100.00	808.65	945.69	1.00	0.86
Amerigroup	238	39.47	794.73	869.99	0.92	0.91
Superior	365	60.53	817.75	995.23	1.05	0.82
MRSA Central	850	100.00	872.90	889.86	1.00	0.98
Superior	550	64.71	916.28	899.87	1.01	1.02
United Health Care (United)	300	35.29	791.67	871.13	0.98	0.91
MRSA Northeast	1,102	100.00	809.96	882.75	1.00	0.92
Molina	388	35.21	776.33	825.17	0.93	0.94
United Health Care (United)	714	64.79	828.48	914.45	1.04	0.91
MRSA West	1,065	100.00	1,028.86	879.15	1.00	1.17
Amerigroup	345	32.39	919.30	851.93	0.97	1.08
Superior	720	67.61	1,080.84	892.07	1.01	1.21
Nueces	464	100.00	948.15	968.02	1.00	0.98
Superior	249	53.66	1,042.80	1,035.75	1.07	1.01
United Health Care (United)	215	46.34	838.99	889.91	0.92	0.94
Tarrant	2,239	100.00	760.93	879.97	1.00	0.86
Amerigroup	1,766	78.87	761.57	924.66	1.05	0.82
Molina	473	21.13	758.51	712.96	0.81	1.06
Travis	1,256	100.00	905.61	827.08	1.00	1.09
Amerigroup	308	24.52	796.33	723.68	0.87	1.10
United Health Care (United)	948	75.48	941.64	861.17	1.04	1.09

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: Sep 1, 2021 to Aug 31, 2022

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--MBCC	5,998	100.00	2,365.83	2,365.83	1.00	1.00
Bexar	513	100.00	2,449.07	2,432.43	1.00	1.01
Amerigroup	59	11.50	2,222.33	2,206.81	0.91	1.01
Molina	51	9.94	3,224.81	2,659.04	1.09	1.21
Superior	403	78.56	2,379.81	2,435.03	1.00	0.98
Dallas	668	100.00	2,102.42	2,194.19	1.00	0.96
Molina	215	32.19	1,506.10	1,895.01	0.86	0.79
Superior	453	67.81	2,394.17	2,340.57	1.07	1.02
El Paso	342	100.00	2,059.78	2,172.40	1.00	0.95
Amerigroup	205	59.94	2,168.83	2,287.21	1.05	0.95
Molina	137	40.06	1,894.71	1,998.61	0.92	0.95
Harris	1,175	100.00	2,722.94	2,487.77	1.00	1.09
Amerigroup	279	23.74	2,735.51	2,495.45	1.00	1.10
Molina	176	14.98	2,835.01	2,486.52	1.00	1.14
United Health Care (United)	720	61.28	2,690.57	2,485.18	1.00	1.08
Hidalgo	650	100.00	2,301.09	2,307.97	1.00	1.00
Molina	195	30.00	2,068.78	2,238.15	0.97	0.92
Superior	455	70.00	2,402.98	2,338.59	1.01	1.03
Jefferson	200	100.00	2,604.14	2,854.53	1.00	0.91
Amerigroup	41	20.50	1,984.51	2,752.04	0.96	0.72
Molina	31	15.50	2,449.99	2,824.83	0.99	0.87
United Health Care (United)	128	64.00	2,848.36	2,896.00	1.01	0.98
Lubbock	150	100.00	1,583.75	2,334.40	1.00	0.68
Amerigroup	57	38.00	1,263.26	2,333.25	1.00	0.54
Superior	93	62.00	1,769.58	2,335.07	1.00	0.76
MRSA Central	281	100.00	3,018.69	2,785.41	1.00	1.08
Superior	191	67.97	3,115.28	2,777.50	1.00	1.12
United Health Care (United)	90	32.03	2,811.28	2,802.38	1.01	1.00
MRSA Northeast	376	100.00	2,458.34	2,567.66	1.00	0.96
Molina	110	29.26	2,507.47	2,340.51	0.91	1.07
United Health Care (United)	266	70.74	2,437.38	2,664.55	1.04	0.91
MRSA West	387	100.00	2,260.16	2,448.84	1.00	0.92
Amerigroup	137	35.40	1,785.91	2,318.90	0.95	0.77
Superior	250	64.60	2,519.11	2,519.78	1.03	1.00
Nueces	369	100.00	1,450.75	1,851.98	1.00	0.78
Superior	235	63.69	1,320.25	1,695.40	0.92	0.78
United Health Care (United)	134	36.31	1,695.44	2,145.56	1.16	0.79
Tarrant	523	100.00	2,339.70	2,261.51	1.00	1.03
Amerigroup	444	84.89	2,263.87	2,213.27	0.98	1.02
Molina	79	15.11	2,779.89	2,541.55	1.12	1.09
Travis	364	100.00	2,645.33	2,277.95	1.00	1.16
Amerigroup	81	22.25	1,405.17	1,647.82	0.72	0.85
United Health Care (United)	283	77.75	3,007.83	2,462.13	1.08	1.22

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).

FY2024 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	0.9981	0.9136	0.9985	0.9571	0.9072
Molina - Bexar	0.9710	0.9185	0.9321	0.9191	1.0932
Superior - Bexar	1.0060	1.0392	1.0314	1.0190	1.0011
Molina - Dallas	1.0115	0.9642	1.0087	1.0222	0.8636
Superior - Dallas	0.9874	1.0690	0.9869	0.9804	1.0667
Amerigroup - El Paso	0.9964	1.0162	1.0477	0.9426	1.0529
Molina - El Paso	1.0048	0.9871	0.9669	1.1549	0.9200
Amerigroup - Harris	0.9225	0.9583	0.9473	0.9306	1.0031
Molina - Harris	0.9561	0.8402	1.0612	0.8870	0.9995
United - Harris	1.0510	1.1019	1.0180	1.0522	0.9990
Molina - Hidalgo	0.9447	0.9437	0.9337	0.8944	0.9697
Superior - Hidalgo	1.0403	1.0314	1.0662	1.0730	1.0133
Amerigroup - Jefferson	0.8984	1.1016	0.9232	1.1842	0.9641
Molina - Jefferson	0.9299	0.8833	1.0969	0.8889	0.9896
United - Jefferson	1.0785	1.0937	0.9977	0.9460	1.0145
Amerigroup - Lubbock	0.9857	0.9343	0.9355	0.9199	0.9995
Superior - Lubbock	1.0101	1.0412	1.0539	1.0524	1.0003
Superior - Nueces	0.9247	0.9803	1.0269	1.0700	0.9155
United - Nueces	1.0712	1.0360	0.9706	0.9193	1.1585
Amerigroup - Tarrant	1.0390	1.0116	1.0227	1.0508	0.9787
Molina - Tarrant	0.8840	0.9387	0.9431	0.8102	1.1238
Amerigroup - Travis	0.9413	0.9098	0.9770	0.8750	0.7234
United - Travis	1.0335	1.1322	1.0157	1.0412	1.0809
Superior - MRSA Central	0.9943	0.9742	0.9785	1.0112	0.9972
United - MRSA Central	1.0069	1.0490	1.0209	0.9790	1.0061
Molina - MRSA Northeast	0.8905	0.9140	0.9638	0.9348	0.9115
United - MRSA Northeast	1.0596	1.0585	1.0215	1.0359	1.0377
Amerigroup - MRSA West	0.9826	1.0181	1.0202	0.9690	0.9469
Superior - MRSA West	1.0103	0.9912	0.9854	1.0147	1.0290

FY2024 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	0.9996	1.0003	1.0020	1.0006	1.0003
Molina - Bexar	0.9996	1.0003	1.0020	1.0006	1.0003
Superior - Bexar	0.9996	1.0003	1.0020	1.0006	1.0003
Molina - Dallas	1.0003	0.9996	1.0001	0.9999	0.9994
Superior - Dallas	1.0003	0.9996	1.0001	0.9999	0.9994
Amerigroup - El Paso	1.0000	0.9984	1.0007	1.0004	1.0002
Molina - El Paso	1.0000	0.9984	1.0007	1.0004	1.0002
Amerigroup - Harris	0.9980	1.0058	0.9985	0.9974	0.9999
Molina - Harris	0.9980	1.0058	0.9985	0.9974	0.9999
United - Harris	0.9980	1.0058	0.9985	0.9974	0.9999
Molina - Hidalgo	0.9974	0.9990	0.9970	0.9971	1.0002
Superior - Hidalgo	0.9974	0.9990	0.9970	0.9971	1.0002
Amerigroup - Jefferson	0.9962	0.9906	0.9993	1.0022	1.0002
Molina - Jefferson	0.9962	0.9906	0.9993	1.0022	1.0002
United - Jefferson	0.9962	0.9906	0.9993	1.0022	1.0002
Amerigroup - Lubbock	1.0000	1.0004	1.0051	1.0004	1.0000
Superior - Lubbock	1.0000	1.0004	1.0051	1.0004	1.0000
Superior - Nueces	0.9999	1.0015	1.0026	0.9985	0.9986
United - Nueces	0.9999	1.0015	1.0026	0.9985	0.9986
Amerigroup - Tarrant	1.0007	0.9999	1.0011	1.0007	0.9993
Molina - Tarrant	1.0007	0.9999	1.0011	1.0007	0.9993
Amerigroup - Travis	0.9974	1.0077	1.0000	0.9985	0.9981
United - Travis	0.9974	1.0077	1.0000	0.9985	0.9981
Superior - MRSA Central	0.9998	1.0009	0.9999	1.0005	0.9999
United - MRSA Central	0.9998	1.0009	0.9999	1.0005	0.9999
Molina - MRSA Northeast	0.9946	0.9985	0.9991	0.9973	1.0013
United - MRSA Northeast	0.9946	0.9985	0.9991	0.9973	1.0013
Amerigroup - MRSA West	0.9997	0.9989	1.0011	1.0002	0.9989
Superior - MRSA West	0.9997	0.9989	1.0011	1.0002	0.9989

FY2024 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	0.9977	0.9138	1.0005	0.9577	0.9075
Molina - Bexar	0.9706	0.9188	0.9340	0.9196	1.0935
Superior - Bexar	1.0056	1.0395	1.0335	1.0196	1.0014
Molina - Dallas	1.0118	0.9638	1.0088	1.0220	0.8631
Superior - Dallas	0.9877	1.0686	0.9870	0.9803	1.0661
Amerigroup - El Paso	0.9964	1.0146	1.0485	0.9430	1.0531
Molina - El Paso	1.0048	0.9855	0.9676	1.1554	0.9202
Amerigroup - Harris	0.9206	0.9639	0.9460	0.9281	1.0030
Molina - Harris	0.9542	0.8451	1.0597	0.8847	0.9994
United - Harris	1.0489	1.1084	1.0165	1.0494	0.9989
Molina - Hidalgo	0.9423	0.9427	0.9309	0.8918	0.9700
Superior - Hidalgo	1.0376	1.0303	1.0630	1.0699	1.0135
Amerigroup - Jefferson	0.8950	1.0912	0.9226	1.1869	0.9643
Molina - Jefferson	0.9263	0.8750	1.0961	0.8909	0.9898
United - Jefferson	1.0744	1.0834	0.9970	0.9481	1.0147
Amerigroup - Lubbock	0.9857	0.9347	0.9403	0.9203	0.9995
Superior - Lubbock	1.0100	1.0416	1.0594	1.0528	1.0003
Superior - Nueces	0.9246	0.9818	1.0296	1.0684	0.9141
United - Nueces	1.0711	1.0375	0.9731	0.9180	1.1569
Amerigroup - Tarrant	1.0396	1.0115	1.0238	1.0515	0.9780
Molina - Tarrant	0.8846	0.9387	0.9442	0.8108	1.1230
Amerigroup - Travis	0.9389	0.9168	0.9770	0.8736	0.7220
United - Travis	1.0309	1.1409	1.0157	1.0396	1.0788
Superior - MRSA Central	0.9941	0.9750	0.9784	1.0117	0.9970
United - MRSA Central	1.0068	1.0499	1.0208	0.9794	1.0060
Molina - MRSA Northeast	0.8857	0.9126	0.9630	0.9323	0.9128
United - MRSA Northeast	1.0539	1.0569	1.0206	1.0332	1.0391
Amerigroup - MRSA West	0.9823	1.0170	1.0213	0.9693	0.9459
Superior - MRSA West	1.0100	0.9901	0.9864	1.0149	1.0278

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 FY2024 Acute Care Community Rates.

Attachment 8

Acuity Risk Adjustment – Long Term Care

HHSC, in conjunction with the participating MCOs, has developed a long term care acuity model that measures the relative acuity among the MCOs within a service area by analyzing the relative percentage of unique members who utilize Personal Attendant Services (PAS). PAS accounts for 90% 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 (FY2022) 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, IDD or MBCCP risk groups since attendant care is not a significant cost for these populations.

Technical Specifications for LTSS Risk Adjustment, STAR+PLUS, State Fiscal Year 2022

Background

The functional conditions of elders and individuals with disabilities receiving Long-Term Support and Services (LTSS) from Managed Care Organizations (MCOs) are very different. This brought up the need to find a method of adjusting the capitation rates paid, to improve the accuracy and to provide more equitable payments to MCOs that provide the services in STAR+PLUS program.

In SFY2015 and SFY2016, HHSC reviewed several methods of adjusting functional status in STAR+PLUS population. Both regression and non-regression methods were explored using the available data. The data included Minimum Data Set (MDS), Medical Necessity and Level of Care (MN/LOC), Encounters and Enrollment datasets, and MCOs Personal Assistance Services (PAS) utilization reports. However, the data were not sufficient and invalid to build regression models. In some cases, the data were not consistently collected across the MCOs.

Data Source

Due to lack of reliable data for regression analyses, HHSC decided to calculate relative risk scores for "Attendant Care Services" using STAR+PLUS and Medicare-Medicaid Plan (MMP) programs' Enrollment and Encounter datasets of the analysis year. Enrollment data was used to collect members eligible to receive PAS in STAR+PLUS and MMP programs, while Encounter data was used to collect information on the actual number of members who utilized the services in the year.

All Health Spring plan codes were moved to Molina as of January 1, 2022. In addition, Molina has two plan codes for Dual Demo meant to track the former HealthSpring members. Since Health Spring left four months after the beginning of SFY2022, Molina scores in Hidalgo, MRSA Northeast and Tarrant SDAs were calculated using data from January 2022 to August 2022.

Analysis

In SFY22, percent utilization was calculated by dividing the MCO number of utilizers by the MCO number of eligible enrollees, while risk scores were calculated by dividing the percent of MCO utilizers by the percent of the Service Area (SDA) utilizers.

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

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

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

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

FY2024 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	4,843	780	16.1%	0.9330
Molina - Bexar	2,912	523	18.0%	1.0404
Superior - Bexar	15,219	2,663	17.5%	1.0136
Bexar SDA Total	22,974	3,966	17.3%	1.0000
Molina - Dallas	16,206	3,253	20.1%	1.1648
Superior - Dallas	14,974	2,120	14.2%	0.8216
Dallas SDA Total	31,180	5,373	17.2%	1.0000
Amerigroup - El Paso	3,984	867	21.8%	0.8924
Molina - El Paso	3,053	849	27.8%	1.1404
El Paso SDA Total	7,037	1,716	24.4%	1.0000
Amerigroup - Harris	17,524	2,886	16.5%	0.9489
Molina - Harris	5,353	917	17.1%	0.9870
United - Harris	29,815	5,342	17.9%	1.0324
Harris SDA Total	52,692	9,145	17.4%	1.0000
Molina - Hidalgo	6,832	3,168	46.4%	1.0115
Superior - Hidalgo	9,601	4,365	45.5%	0.9918
Hidalgo SDA Total	16,433	7,533	45.8%	1.0000
Amerigroup - Jefferson	2,684	288	10.7%	0.9055
Molina - Jefferson	1,823	263	14.4%	1.2174
United - Jefferson	5,189	598	11.5%	0.9725
Jefferson SDA Total	9,696	1,149	11.9%	1.0000
Amerigroup - Lubbock	2,417	116	4.8%	0.8357
Superior - Lubbock	3,329	214	6.4%	1.1193
Lubbock SDA Total	5,746	330	5.7%	1.0000
Superior - Nueces	4,242	927	21.9%	0.8685
United - Nueces	4,414	1,251	28.3%	1.1264
Nueces SDA Total	8,656	2,178	25.2%	1.0000
Amerigroup - Tarrant	14,624	1,354	9.3%	0.9795
Molina - Tarrant	5,382	537	10.0%	1.0556
Tarrant SDA Total	20,006	1,891	9.5%	1.0000
Amerigroup - Travis	4,161	496	11.9%	1.2169
United - Travis	7,436	640	8.6%	0.8786
Travis SDA Total	11,597	1,136	9.8%	1.0000
Superior - MRSA Central	8,004	642	8.0%	1.0072
United - MRSA Central	6,726	531	7.9%	0.9914
MRSA Central SDA Total	14,730	1,173	8.0%	1.0000
Molina - MRSA Northeast	7,651	935	12.2%	1.0098
United - MRSA Northeast	13,122	1,579	12.0%	0.9943
MRSA Northeast SDA Total	20,773	2,514	12.1%	1.0000
Amerigroup - MRSA West	5,160	423	8.2%	0.9791
Superior - MRSA West	8,731	740	8.5%	1.0123
MRSA West SDA Total	13,891	1,163	8.4%	1.0000

FY2024 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	556	402	72.3%	0.9724
Molina - Bexar	442	297	67.2%	0.9037
Superior - Bexar	2,047	1,565	76.5%	1.0283
Bexar SDA Total	3,045	2,264	74.4%	1.0000
Molina - Dallas	2,965	2,078	70.1%	0.9881
Superior - Dallas	1,634	1,184	72.5%	1.0216
Dallas SDA Total	4,599	3,262	70.9%	1.0000
Amerigroup - El Paso	499	384	77.0%	1.0092
Molina - El Paso	541	409	75.6%	0.9915
El Paso SDA Total	1,040	793	76.3%	1.0000
Amerigroup - Harris	1,827	1,399	76.6%	1.0304
Molina - Harris	722	551	76.3%	1.0269
United - Harris	1,773	1,262	71.2%	0.9578
Harris SDA Total	4,322	3,212	74.3%	1.0000
Molina - Hidalgo	1,069	996	93.2%	0.9879
Superior - Hidalgo	1,920	1,823	94.9%	1.0067
Hidalgo SDA Total	2,989	2,819	94.3%	1.0000
Amerigroup - Jefferson	252	190	75.4%	1.0533
Molina - Jefferson	363	251	69.1%	0.9660
United - Jefferson	219	156	71.2%	0.9951
Jefferson SDA Total	834	597	71.6%	1.0000
Amerigroup - Lubbock	181	106	58.6%	0.9258
Superior - Lubbock	298	197	66.1%	1.0451
Lubbock SDA Total	479	303	63.3%	1.0000
Superior - Nueces	738	643	87.1%	0.9883
United - Nueces	360	325	90.3%	1.0240
Nueces SDA Total	1,098	968	88.2%	1.0000
Amerigroup - Tarrant	1,656	1,082	65.3%	0.9872
Molina - Tarrant	352	247	70.2%	1.0602
Tarrant SDA Total	2,008	1,329	66.2%	1.0000
Amerigroup - Travis	492	344	69.9%	1.0412
United - Travis	327	206	63.0%	0.9381
Travis SDA Total	819	550	67.2%	1.0000
Superior - MRSA Central	641	405	63.2%	0.9977
United - MRSA Central	297	189	63.6%	1.0049
MRSA Central SDA Total	938	594	63.3%	1.0000
Molina - MRSA Northeast	778	556	71.5%	1.0068
United - MRSA Northeast	866	611	70.6%	0.9939
MRSA Northeast SDA Total	1,644	1,167	71.0%	1.0000
Amerigroup - MRSA West	419	290	69.2%	0.9712
Superior - MRSA West	827	598	72.3%	1.0146
MRSA West SDA Total	1,246	888	71.3%	1.0000

FY2024 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	5,653	1,335	23.6%	0.9539
Molina - Bexar	4,492	1,090	24.3%	0.9801
Superior - Bexar	12,604	3,207	25.4%	1.0278
Bexar SDA Total	22,749	5,632	24.8%	1.0000
Molina - Dallas	16,949	4,109	24.2%	1.0752
Superior - Dallas	12,966	2,636	20.3%	0.9017
Dallas SDA Total	29,915	6,745	22.5%	1.0000
Amerigroup - El Paso	7,455	2,704	36.3%	0.9145
Molina - El Paso	6,879	2,981	43.3%	1.0926
El Paso SDA Total	14,334	5,685	39.7%	1.0000
Amerigroup - Harris	21,569	5,248	24.3%	0.9989
Molina - Harris	6,672	1,587	23.8%	0.9765
United - Harris	31,882	7,810	24.5%	1.0057
Harris SDA Total	60,123	14,645	24.4%	1.0000
Molina - Hidalgo	17,743	10,181	57.4%	0.9509
Superior - Hidalgo	17,706	11,210	63.3%	1.0492
Hidalgo SDA Total	35,449	21,391	60.3%	1.0000
Amerigroup - Jefferson	3,054	548	17.9%	1.0652
Molina - Jefferson	2,830	554	19.6%	1.1621
United - Jefferson	3,822	533	13.9%	0.8279
Jefferson SDA Total	9,706	1,635	16.8%	1.0000
Amerigroup - Lubbock	3,756	283	7.5%	0.9535
Superior - Lubbock	3,331	277	8.3%	1.0524
Lubbock SDA Total	7,087	560	7.9%	1.0000
Superior - Nueces	4,885	1,631	33.4%	0.9952
United - Nueces	5,246	1,768	33.7%	1.0045
Nueces SDA Total	10,131	3,399	33.6%	1.0000
Amerigroup - Tarrant	14,229	2,399	16.9%	1.0563
Molina - Tarrant	5,393	733	13.6%	0.8515
Tarrant SDA Total	19,622	3,132	16.0%	1.0000
Amerigroup - Travis	5,397	1,033	19.1%	1.3514
United - Travis	7,714	824	10.7%	0.7542
Travis SDA Total	13,111	1,857	14.2%	1.0000
Superior - MRSA Central	7,624	891	11.7%	0.9852
United - MRSA Central	8,131	978	12.0%	1.0139
MRSA Central SDA Total	15,755	1,869	11.9%	1.0000
Molina - MRSA Northeast	8,329	1,320	15.8%	1.0732
United - MRSA Northeast	12,629	1,775	14.1%	0.9517
MRSA Northeast SDA Total	20,958	3,095	14.8%	1.0000
Amerigroup - MRSA West	9,178	1,557	17.0%	1.1008
Superior - MRSA West	10,451	1,468	14.0%	0.9115
MRSA West SDA Total	19,629	3,025	15.4%	1.0000

FY2024 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	713	579	81.2%	0.9887
Molina - Bexar	654	500	76.5%	0.9308
Superior - Bexar	1,964	1,657	84.4%	1.0272
Bexar SDA Total	3,331	2,736	82.1%	1.0000
Molina - Dallas	4,027	3,119	77.5%	0.9971
Superior - Dallas	1,954	1,527	78.1%	1.0060
Dallas SDA Total	5,981	4,646	77.7%	1.0000
Amerigroup - El Paso	657	563	85.7%	1.0125
Molina - El Paso	918	770	83.9%	0.9911
El Paso SDA Total	1,575	1,333	84.6%	1.0000
Amerigroup - Harris	2,143	1,867	87.1%	1.0375
Molina - Harris	1,137	985	86.6%	1.0316
United - Harris	2,779	2,236	80.5%	0.9582
Harris SDA Total	6,059	5,088	84.0%	1.0000
Molina - Hidalgo	4,543	4,387	96.6%	0.9930
Superior - Hidalgo	6,170	6,031	97.7%	1.0052
Hidalgo SDA Total	10,713	10,418	97.2%	1.0000
Amerigroup - Jefferson	427	368	86.2%	1.0539
Molina - Jefferson	630	510	81.0%	0.9900
United - Jefferson	298	230	77.2%	0.9439
Jefferson SDA Total	1,355	1,108	81.8%	1.0000
Amerigroup - Lubbock	361	248	68.7%	0.9419
Superior - Lubbock	378	291	77.0%	1.0555
Lubbock SDA Total	739	539	72.9%	1.0000
Superior - Nueces	1,513	1,412	93.3%	1.0057
United - Nueces	1,055	971	92.0%	0.9918
Nueces SDA Total	2,568	2,383	92.8%	1.0000
Amerigroup - Tarrant	2,170	1,508	69.5%	0.9821
Molina - Tarrant	583	440	75.5%	1.0666
Tarrant SDA Total	2,753	1,948	70.8%	1.0000
Amerigroup - Travis	881	736	83.5%	1.0234
United - Travis	872	695	79.7%	0.9764
Travis SDA Total	1,753	1,431	81.6%	1.0000
Superior - MRSA Central	736	581	78.9%	1.0250
United - MRSA Central	778	585	75.2%	0.9763
MRSA Central SDA Total	1,514	1,166	77.0%	1.0000
Molina - MRSA Northeast	1,646	1,295	78.7%	1.0739
United - MRSA Northeast	2,191	1,516	69.2%	0.9445
MRSA Northeast SDA Total	3,837	2,811	73.3%	1.0000
Amerigroup - MRSA West	1,357	1,081	79.7%	0.9674
Superior - MRSA West	1,379	1,172	85.0%	1.0321
MRSA West SDA Total	2,736	2,253	82.3%	1.0000

FY2024 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	0.9330	0.9724	0.9539	0.9887
Molina - Bexar	1.0404	0.9037	0.9801	0.9308
Superior - Bexar	1.0136	1.0283	1.0278	1.0272
Molina - Dallas	1.1648	0.9881	1.0752	0.9971
Superior - Dallas	0.8216	1.0216	0.9017	1.0060
Amerigroup - El Paso	0.8924	1.0092	0.9145	1.0125
Molina - El Paso	1.1404	0.9915	1.0926	0.9911
Amerigroup - Harris	0.9489	1.0304	0.9989	1.0375
Molina - Harris	0.9870	1.0269	0.9765	1.0316
United - Harris	1.0324	0.9578	1.0057	0.9582
Molina - Hidalgo	1.0115	0.9879	0.9509	0.9930
Superior - Hidalgo	0.9918	1.0067	1.0492	1.0052
Amerigroup - Jefferson	0.9055	1.0533	1.0652	1.0539
Molina - Jefferson	1.2174	0.9660	1.1621	0.9900
United - Jefferson	0.9725	0.9951	0.8279	0.9439
Amerigroup - Lubbock	0.8357	0.9258	0.9535	0.9419
Superior - Lubbock	1.1193	1.0451	1.0524	1.0555
Superior - Nueces	0.8685	0.9883	0.9952	1.0057
United - Nueces	1.1264	1.0240	1.0045	0.9918
Amerigroup - Tarrant	0.9795	0.9872	1.0563	0.9821
Molina - Tarrant	1.0556	1.0602	0.8515	1.0666
Amerigroup - Travis	1.2169	1.0412	1.3514	1.0234
United - Travis	0.8786	0.9381	0.7542	0.9764
Superior - MRSA Central	1.0072	0.9977	0.9852	1.0250
United - MRSA Central	0.9914	1.0049	1.0139	0.9763
Molina - MRSA Northeast	1.0098	1.0068	1.0732	1.0739
United - MRSA Northeast	0.9943	0.9939	0.9517	0.9445
Amerigroup - MRSA West	0.9791	0.9712	1.1008	0.9674
Superior - MRSA West	1.0123	1.0146	0.9115	1.0321

FY2024 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutrality Adjustment (2)				
Amerigroup - Bexar	0.9996	0.9988	0.9996	1.0000
Molina - Bexar	0.9996	0.9988	0.9996	1.0000
Superior - Bexar	0.9996	0.9988	0.9996	1.0000
Molina - Dallas	1.0033	1.0003	1.0021	1.0000
Superior - Dallas	1.0033	1.0003	1.0021	1.0000
Amerigroup - El Paso	1.0011	0.9997	0.9998	0.9993
Molina - El Paso	1.0011	0.9997	0.9998	0.9993
Amerigroup - Harris	0.9978	0.9985	0.9998	0.9979
Molina - Harris	0.9978	0.9985	0.9998	0.9979
United - Harris	0.9978	0.9985	0.9998	0.9979
Molina - Hidalgo	1.0004	0.9998	0.9995	0.9999
Superior - Hidalgo	1.0004	0.9998	0.9995	0.9999
Amerigroup - Jefferson	1.0014	0.9962	1.0049	0.9986
Molina - Jefferson	1.0014	0.9962	1.0049	0.9986
United - Jefferson	1.0014	0.9962	1.0049	0.9986
Amerigroup - Lubbock	0.9977	1.0013	1.0000	0.9997
Superior - Lubbock	0.9977	1.0013	1.0000	0.9997
Superior - Nueces	0.9987	1.0000	0.9998	1.0000
United - Nueces	0.9987	1.0000	0.9998	1.0000
Amerigroup - Tarrant	1.0010	1.0012	0.9992	1.0002
Molina - Tarrant	1.0010	1.0012	0.9992	1.0002
Amerigroup - Travis	1.0078	0.9971	1.0099	0.9992
United - Travis	1.0078	0.9971	1.0099	0.9992
Superior - MRSA Central	1.0002	0.9999	1.0000	0.9994
United - MRSA Central	1.0002	0.9999	1.0000	0.9994
Molina - MRSA Northeast	1.0007	1.0010	1.0021	1.0032
United - MRSA Northeast	1.0007	1.0010	1.0021	1.0032
Amerigroup - MRSA West	0.9997	1.0014	1.0026	1.0002
Superior - MRSA West	0.9997	1.0014	1.0026	1.0002

FY2024 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	0.9326	0.9713	0.9535	0.9887
Molina - Bexar	1.0399	0.9027	0.9798	0.9308
Superior - Bexar	1.0132	1.0270	1.0274	1.0272
Molina - Dallas	1.1686	0.9884	1.0775	0.9971
Superior - Dallas	0.8243	1.0219	0.9035	1.0060
Amerigroup - El Paso	0.8934	1.0089	0.9144	1.0118
Molina - El Paso	1.1416	0.9912	1.0924	0.9904
Amerigroup - Harris	0.9469	1.0288	0.9987	1.0353
Molina - Harris	0.9849	1.0253	0.9763	1.0295
United - Harris	1.0301	0.9563	1.0055	0.9562
Molina - Hidalgo	1.0120	0.9877	0.9504	0.9929
Superior - Hidalgo	0.9922	1.0065	1.0486	1.0050
Amerigroup - Jefferson	0.9067	1.0493	1.0704	1.0524
Molina - Jefferson	1.2191	0.9623	1.1678	0.9886
United - Jefferson	0.9738	0.9914	0.8319	0.9425
Amerigroup - Lubbock	0.8337	0.9270	0.9536	0.9416
Superior - Lubbock	1.1167	1.0464	1.0524	1.0552
Superior - Nueces	0.8674	0.9883	0.9950	1.0057
United - Nueces	1.1249	1.0241	1.0044	0.9918
Amerigroup - Tarrant	0.9805	0.9884	1.0554	0.9823
Molina - Tarrant	1.0567	1.0615	0.8508	1.0668
Amerigroup - Travis	1.2264	1.0381	1.3647	1.0226
United - Travis	0.8855	0.9354	0.7616	0.9756
Superior - MRSA Central	1.0074	0.9976	0.9852	1.0243
United - MRSA Central	0.9915	1.0048	1.0139	0.9757
Molina - MRSA Northeast	1.0105	1.0078	1.0754	1.0774
United - MRSA Northeast	0.9950	0.9949	0.9537	0.9475
Amerigroup - MRSA West	0.9788	0.9725	1.1036	0.9675
Superior - MRSA West	1.0120	1.0160	0.9138	1.0323

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 FY2024 Long Term Care Community Rates.

Attachment 9

Network Access Improvement Program (NAIP)

Effective March 1, 2015, several MCOs 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 only applies to hospitals as the physician practice groups have been phased out per CMS regulations. Exhibit A summarizes each of the NAIPs by MCO, 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 2023-2024 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 \$272,788,367 of which \$259,418,682 is attributed to the STAR program and \$13,369,685 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 \$117,896,405 of which \$112,118,160

is attributed to the STAR program and \$5,778,244 is attributed to the STAR+PLUS program.

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

Name of Entity Transferring Funds	Operational nature of the entity (state, county, city, other):	Total amounts transferred by each entity	General taxing authority (Y/N)	Transferring entity received apportion (Y/N)
Childress County Hospital District	Other	1,527,736	Yes	No
Nueces County Hospital District	Other	7,564,020	Yes	No
Harris County Hospital District	Other	19,943,862	Yes	No
Lubbock County Hospital District	Other	24,917,569	Yes	No
Midland County Hospital District	Other	4,580,292	Yes	No
Palo Pinto General Hospital	Other	1,909,394	Yes	No
Dallas County Hospital District / Parkland	Other	21,052,849	Yes	No
University Health System	Other	24,224,486	Yes	No
El Paso County Hospital District	Other	12,176,196	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 CHIRP 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 FY2022 base period. There has been no trend adjustment 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.

FY2024 STAR+PLUS Rating
Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
HOSPITAL					
Amerigroup	STAR	Dallas	14,965,888	2,963,542	5.05
Amerigroup	STAR	Lubbock, MRSA West	1,580,222	578,836	2.73
Amerigroup	STAR	MRSA West, Tarrant	4,417,951	2,113,852	2.09
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	10,584,177	664,835	15.92
Amerigroup	STAR, STAR+Plus	MRSA West	3,534,872	511,559	6.91
CFHP	STAR	Bexar	20,382,607	1,492,138	13.66
CHC	STAR	Harris	46,146,052	3,222,490	14.32
El Paso Health	STAR	El Paso	17,671,835	873,546	20.23
FirstCare	STAR	Lubbock, MRSA West	21,743,833	1,048,907	20.73
FirstCare	STAR	MRSA West	10,597,866	573,167	18.49
Molina	STAR	Dallas	1,509,192	439,998	3.43
PCHP	STAR	Dallas	32,236,942	2,089,238	15.43
Superior	STAR	Bexar	6,571,789	1,564,712	4.20
Superior	STAR	El Paso	10,501,412	583,736	17.99
Superior	STAR	Lubbock, MRSA West	4,160,828	1,638,121	2.54
Superior	STAR, STAR+Plus	Bexar	7,192,287	1,758,505	4.09
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,920,706	6,167,403	0.96
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	15,983,158	7,684,211	2.08
Superior	STAR, STAR+Plus	Lubbock, MRSA West	19,585,140	1,782,087	10.99
Superior	STAR, STAR+Plus	Nueces	10,300,399	309,600	33.27
United	STAR	Nueces	1,410,064	39,911	35.33
United	STAR+Plus	Nueces	5,791,145	50,485	114.71
Total			272,788,367		

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.

FY2024 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	301,669,174	261,511,846	40,157,328	1,239,048,214	442,505,226	796,542,987	1,540,717,388	704,017,072	836,700,315
Private	1,785,152,200	1,519,686,113	265,466,087	5,456,379,615	5,330,880,500	125,499,115	7,241,531,815	6,850,566,613	390,965,202
State Owned	121,606,021	90,772,069	30,833,952	176,953,770	193,333,661	-16,379,891	298,559,791	284,105,730	14,454,061
Grand Total	2,208,427,395	1,871,970,028	336,457,367	6,872,381,599	5,966,719,388	905,662,211	9,080,808,994	7,838,689,416	1,242,119,578

Aggregate Maximum Pass Through Lesser of:

- (i) 40% of Base Amount 496,847,831
- (ii) Total NAIP in FY2016 329,935,051
- Lesser of (i) and (ii) 329,935,051

FY2023 NAIP Hospital 272,788,367

*Calculated based on FY2022 managed care experience.

FY2024 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>		
FY2024 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	7.13	7.13	0.00	0.00	0.00	0.00	7.13	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	15.92	15.92	0.00	0.00	0.00	0.00	15.92	0.00
Superior - Lubbock	10.99	10.99	0.00	0.00	0.00	0.00	10.99	0.00
Superior - Nueces	35.35	35.35	0.00	0.00	0.00	0.00	35.35	0.00
United - Nueces	114.71	114.71	0.00	0.00	0.00	0.00	114.71	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	22.83	22.83	0.00	0.00	0.00	0.00	22.83	0.00
Superior - MRSA West	14.03	14.03	0.00	0.00	0.00	0.00	14.03	0.00

FY2024 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>		
FY2024 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

FY2024 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>		
FY2024 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	7.13	7.13	0.00	0.00	0.00	0.00	7.13	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	15.92	15.92	0.00	0.00	0.00	0.00	15.92	0.00
Superior - Lubbock	10.99	10.99	0.00	0.00	0.00	0.00	10.99	0.00
Superior - Nueces	35.35	35.35	0.00	0.00	0.00	0.00	35.35	0.00
United - Nueces	114.71	114.71	0.00	0.00	0.00	0.00	114.71	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	3.04	3.04	0.00	0.00	0.00	0.00	3.04	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	22.83	22.83	0.00	0.00	0.00	0.00	22.83	0.00
Superior - MRSA West	14.03	14.03	0.00	0.00	0.00	0.00	14.03	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 FY2024 STAR+PLUS rate development in a manner that is consistent with the pre-print (control name *TX_VBP.Fee_NF_Renewal_20230901-20240831*) that is currently under CMS review. The pre-print has been received and reviewed for consistency by the certifying actuaries

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 Seven, effective September 1, 2023, 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 2024

\$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 2024 begins QIPP Year Seven. Funds are paid through components of the STAR+PLUS NF managed care based on per-member-per-month (PMPM) capitation rates. The chart below provides a broad overview of changes in QIPP history:

State Fiscal Year	Approved Funding	Actual Funding	Components
SFY 2018	\$400,000,000	\$399,333,542	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2019	\$446,000,000	\$427,649,611	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
SFY 2020	\$600,000,000	\$592,534,983	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2021	\$1,100,000,000	\$1,092,613,934	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2022	\$1,100,000,000	\$1,100,000,000	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2023	\$1,100,000,000	\$1,100,000,000	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
SFY 2024	\$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 to develop a directed payment arrangement for eligible NFs.

Eligibility Requirements

In QIPP Year Seven, 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 Seven 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 Seven 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 Seven, 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 Seven anticipated funding is below:

QIPP Year Seven Anticipated Funding	
Estimated Total Funds	\$ 1,100,000,000
Federal Share Funds (60.71%)	\$ 667,810,000
Non-Federal Share Funds (39.29%)	\$ 432,190,000
Breakdown of Program Funding	
MCO Admin Fee = 0.125 %	\$ 1,375,000
MCO Risk Margin = 1.750 %	\$ 19,250,000
MCO Provider Tax = 1.750 %	\$ 19,250,000
Total MCO Fees = 3.625 %	\$ 39,875,000
IGT Funds Needed for Pool Size	\$ 432,190,000
Available Funds for Program Components	
Component 1 Total Funds: NFS plus 10%	\$ 475,409,000
Component 2 Total Funds: 40% of pool after C1/C4/MCO Fees	\$ 163,486,400
Component 3 Total Funds: 60% of pool after C1/C4/MCO Fees	\$ 245,229,600
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 Associated 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

Component	Measure Type/ Steward	Measure ID	Metric-specific associated performance requirements
	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
	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
Four (One metric with staged quarterly performance targets)	State Benchmark	N/A	<p>Quarters 1 & 3 Performance Targets:</p> <p>The NF must submit evidence-based infection control policies and supporting documentation that include seven stipulated antibiotic stewardship elements.</p> <ul style="list-style-type: none"> 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 PPE use vii. Current list of reportable diseases

Component	Measure Type/ Steward	Measure ID	Metric-specific associated performance requirements
<p>Four - continued (One metric with staged quarterly performance targets)</p>		N/A	<p>Quarter 2 Performance Target: The NF must submit supporting documentation for the following training element:</p> <ul style="list-style-type: none"> • 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.
	Minimum Data Set	<p>(CMS N020.02)</p> <p>(CMS N016.03)</p>	<p>Quarter 4 Performance Targets: To meet the metric, both percentages must reach facility-specific or program-wide performance targets:</p> <ul style="list-style-type: none"> • Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine • Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine

FY2024 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	\$ 99,055,309	51,100	\$ 1,938.45
Molina, Superior	STAR+PLUS, Dual Demo	Dallas	132,212,506	74,160	1,782.79
Amerigroup, Molina	STAR+PLUS, Dual Demo	El Paso	17,108,021	12,904	1,325.75
Amerigroup, Molina, United	STAR+PLUS, Dual Demo	Harris	148,774,575	86,933	1,711.37
Molina, Superior	STAR+PLUS, Dual Demo	Hidalgo	61,515,120	36,243	1,697.28
Amerigroup, Molina, United	STAR+PLUS	Jefferson	32,378,673	21,096	1,534.85
Amerigroup, Superior	STAR+PLUS	Lubbock	36,729,363	19,052	1,927.86
Superior, United	STAR+PLUS	Nueces	41,520,333	20,551	2,020.38
Amerigroup, Molina	STAR+PLUS, Dual Demo	Tarrant	117,861,379	59,698	1,974.29
Amerigroup, United	STAR+PLUS	Travis	84,980,290	40,446	2,101.06
Superior, United	STAR+PLUS	MRSA Central	98,141,448	49,486	1,983.20
Molina, United	STAR+PLUS	MRSA Northeast	118,743,486	63,606	1,866.87
Amerigroup, Superior	STAR+PLUS	MRSA West	110,974,552	53,182	2,086.70

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. 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 FY2022 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 FY2024 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 FY2024 rate development in a manner that is consistent with the pre-print (control name *TX_Fee_IPH.OPH.BHI_Renewal_20230901-20240831*) that is currently under CMS review. The pre-print has been received and reviewed for consistency by the certifying actuaries. Furthermore, HHSC has confirmed that the pre-print will be updated to reflect the final CHIRP percentages provided to the actuaries for rate setting.

**Texas Health and Human Services Commission
State Fiscal Year 2024 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. It is designed to advance certain goals and objectives of the state’s Managed Care Quality Strategy.

CHIRP is the successor to the Uniform Hospital Rate Increase Program. Beginning on September 1, 2023, CHIRP, formerly known as UHRIP, will be in its seventh 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.

Participating hospitals are required to report on quality metrics as a condition of participation in the program. This data will be used to monitor hospital-level progress towards the state’s Managed Care Quality Strategy goals and objectives and to evaluate 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 2024

\$6,497,457,774

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 Managed Care 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 quality measures as a condition of participation in 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 five goals from the Texas Managed Care Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; (3) promoting effective practices for people with chronic, complex and serious conditions; (4) attracting and retaining high-performing Medicaid providers to participate in team based, collaborative, and coordinated care; and (5) 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 objectives of their Managed Care Quality Strategy.

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. 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 quality 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 Seven anticipated funding is below:

CHIRP Year 7 Anticipated Funding	
Estimated Funds	\$6,497,457,774
Federal Share Funds (60.71%)	\$3,944,606,615
Non-Federal Share Funds (39.29%)	\$2,552,851,159
Breakdown of Program Funding	
MCO Admin Fee = 2.50 %	\$162,436,444
MCO Risk Margin STAR = 1.50 %	\$72,971,195
MCO Risk Margin STAR+PLUS = 1.75%	\$28,572,451
MCO Premium Tax = 1.75 %	\$113,705,511
Total MCO Fees (STAR = 5.75% and STAR+PLUS = 6.00%)	\$377,685,601
IGT Funds Needed for Pool Size	\$2,552,851,159
Available Funds for Program Components	
UHRIP Component	
62.85% of Total Funds	\$4,083,870,969
ACIA Component	
31.33% of Total Funds	\$2,035,901,205

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.

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 and measures 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. 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.

The table below identifies the quality measures by program component.

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
C1 - UHRIP	C1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	C1-127	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	Outcome	2456	Brigham and Women's Hospital
	C1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	Structure	NA	Texas HHSC
C2 - 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
	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
	C2-164	Postoperative Sepsis Rate	Outcome	NA	CMS
C2 - ACIA Pediatric	C2-115	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Process	NA	Texas HHSC
	C2-158	Pediatric CLABSI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	C2-159	Pediatric CAUTI	Outcome	NA	Children's Hospitals' Solutions for Patient Safety National Children's Network
	C2-165	Trauma Informed Care Training	Structure	NA	Texas HHSC
C2 - 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
C2 - 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
C2 - ACIA Rural Hospital Best Practices	C2-104	Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention	Process	0028e	NCQA
	C2-115	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Process	NA	Texas HHSC

Reporting Requirements

Hospitals must report data for all modules and measures for which they are eligible as a condition of participation in the program. Hospitals that fail to submit the required data by the deadlines communicated by HHSC will be removed from CHIRP and will have all funds they were previously paid during the program period recouped.

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.

For structure measures, hospitals must submit responses to qualitative reporting questions that summarize the hospital's progress towards implementing the structure measure. Hospitals are not required to implement structure measures as a condition of reporting or program participation.

For outcome and process measures, hospitals must submit numerator and denominator rates as specified by HHSC and respond to associated qualitative reporting questions. Reported qualitative and numeric data will be used to monitor hospital-level progress toward state quality goals and objectives. 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 data reported by hospitals will be used to monitor provider-level progress towards the state's Managed Care Quality Strategy goals and objectives

FY2024 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	13,861,978	2,600,318	0	0	1,259,462	0	349,496	303,147	18,374,401
Molina	9,095,596	2,699,000	0	0	1,360,205	0	157,478	361,630	13,673,909
Superior	55,870,696	15,992,656	0	0	5,128,216	0	2,861,763	2,064,547	81,917,877
Bexar Total	78,828,270	21,291,974	0	0	7,747,882	0	3,368,737	2,729,324	113,966,187
Dallas SDA									
Molina	103,351,018	32,569,589	0	0	10,064,599	0	2,765,985	3,327,024	152,078,216
Superior	88,340,812	19,398,331	0	0	6,408,351	0	2,600,865	9,330,418	126,078,778
Dallas Total	191,691,830	51,967,920	0	0	16,472,951	0	5,366,851	12,657,442	278,156,994
El Paso SDA									
Amerigroup	14,524,816	3,323,053	0	0	548,721	0	1,483,622	1,686,326	21,566,537
Molina	11,944,761	3,521,136	0	0	749,360	0	415,274	1,192,114	17,822,645
El Paso Total	26,469,577	6,844,189	0	0	1,298,081	0	1,898,897	2,878,440	39,389,183
Harris SDA									
Amerigroup	78,037,258	19,926,663	0	0	5,178,366	0	4,225,905	2,118,729	109,486,920
Molina	25,110,412	8,158,563	0	0	3,274,411	0	948,927	2,873,428	40,365,740
United	137,405,758	17,546,672	0	0	9,203,261	0	6,530,603	4,368,574	175,054,869
Harris Total	240,553,427	45,631,898	0	0	17,656,038	0	11,705,435	9,360,730	324,907,529
Hidalgo SDA									
Molina	22,143,359	7,744,983	0	0	1,622,416	0	886,181	1,659,005	34,055,943
Superior	34,619,115	13,787,874	0	0	2,839,052	0	2,193,040	2,605,405	56,044,486
Hidalgo Total	56,762,475	21,532,856	0	0	4,461,468	0	3,079,221	4,264,409	90,100,430
Jefferson SDA									
Amerigroup	9,076,204	1,955,904	0	0	594,291	0	186,917	517,574	12,330,890
Molina	7,299,640	2,819,007	0	0	469,576	0	76,896	448,845	11,113,965
United	20,184,445	2,009,475	0	0	1,021,532	0	448,505	1,680,178	25,344,136
Jefferson Total	36,560,289	6,784,386	0	0	2,085,400	0	712,317	2,646,597	48,788,990

FY2024 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	6,075,942	841,639	0	0	460,433	0	315,373	983,521	8,676,908
Superior	7,497,623	1,238,524	0	0	419,280	0	403,478	1,912,406	11,471,311
Lubbock Total	13,573,565	2,080,163	0	0	879,713	0	718,851	2,895,927	20,148,219
Nueces SDA									
Superior	15,965,238	5,174,929	0	0	639,821	0	893,929	1,242,152	23,916,068
United	11,281,381	1,588,012	0	0	581,340	0	325,960	620,479	14,397,172
Nueces Total	27,246,619	6,762,940	0	0	1,221,161	0	1,219,889	1,862,631	38,313,240
Tarrant SDA									
Amerigroup	86,795,614	19,437,461	0	0	7,425,958	0	4,473,819	5,560,946	123,693,798
Molina	33,304,329	4,734,643	0	0	3,289,487	0	1,428,644	1,170,687	43,927,789
Tarrant Total	120,099,943	24,172,104	0	0	10,715,444	0	5,902,462	6,731,633	167,621,587
Travis SDA									
Amerigroup	17,168,509	4,857,406	0	0	1,193,561	0	583,454	624,478	24,427,408
United	34,953,005	2,732,156	0	0	2,318,370	0	2,770,045	3,738,741	46,512,317
Travis Total	52,121,514	7,589,562	0	0	3,511,931	0	3,353,499	4,363,220	70,939,726
MRSA Central SDA									
Superior	30,994,569	5,387,410	0	0	1,927,917	0	932,385	2,531,851	41,774,132
United	24,600,475	2,389,553	0	0	1,467,641	0	639,882	798,589	29,896,140
Central Total	55,595,044	7,776,962	0	0	3,395,559	0	1,572,268	3,330,440	71,670,273
MRSA Northeast SDA									
Molina	40,053,229	9,822,059	0	0	2,632,953	0	1,185,663	1,058,927	54,752,832
United	45,770,654	6,782,646	0	0	3,395,870	0	957,098	2,068,004	58,974,272
Northeast Total	85,823,883	16,604,706	0	0	6,028,823	0	2,142,761	3,126,931	113,727,104
MRSA West SDA									
Amerigroup	18,949,733	2,348,534	0	0	2,328,423	0	499,086	1,746,668	25,872,443
Superior	28,193,492	6,547,819	0	0	2,333,791	0	1,253,209	3,888,517	42,216,829
West Total	47,143,224	8,896,353	0	0	4,662,214	0	1,752,296	5,635,185	68,089,272

FY2024 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			
FY2022 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	23,021,357	5,812,400	0	0	1,730,147	0	892,776	1,296,168	32,752,848
Molina	14,730,268	5,324,885	0	0	2,057,710	0	418,850	1,719,851	24,251,565
Superior	92,995,398	31,666,241	0	0	6,051,726	0	5,801,492	6,783,433	143,298,290
Bexar Total	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas SDA									
Molina	107,499,179	38,864,264	0	0	11,724,832	0	4,210,895	2,937,196	165,236,366
Superior	88,811,999	23,783,029	0	0	7,021,060	0	4,589,030	9,952,107	134,157,224
Dallas Total	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso SDA									
Amerigroup	23,907,752	5,634,339	0	0	876,438	0	2,119,087	3,183,201	35,720,817
Molina	18,143,347	6,859,362	0	0	997,783	0	951,001	2,226,655	29,178,148
El Paso Total	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris SDA									
Amerigroup	110,678,480	30,131,695	0	0	6,267,074	0	6,949,461	6,074,289	160,100,999
Molina	34,943,158	11,731,033	0	0	3,397,327	0	1,298,332	3,126,471	54,496,320
United	184,044,976	33,889,042	0	0	9,493,132	0	10,105,060	16,581,561	254,113,771
Harris Total	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo SDA									
Molina	43,924,711	17,515,338	0	0	2,426,502	0	1,662,255	2,842,126	68,370,932
Superior	55,698,257	29,711,301	0	0	2,972,698	0	3,822,423	6,659,149	98,863,828
Hidalgo Total	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson SDA									
Amerigroup	13,128,100	3,122,755	0	0	698,142	0	445,306	776,956	18,171,259
Molina	9,634,847	4,503,496	0	0	716,379	0	226,599	448,226	15,529,545
United	28,534,250	3,692,678	0	0	942,677	0	654,922	2,934,242	36,758,769
Jefferson Total	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574

FY2024 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	12,519,560	2,078,763	0	0	1,073,721	0	1,085,476	703,544	17,461,065
Superior	19,156,829	4,776,197	0	0	1,404,280	0	1,633,504	1,281,327	28,252,136
Lubbock Total	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces SDA									
Superior	23,427,745	9,251,164	0	0	1,193,003	0	1,284,999	2,410,459	37,567,369
United	19,534,219	3,855,162	0	0	924,000	0	710,833	1,765,046	26,789,260
Nueces Total	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant SDA									
Amerigroup	80,436,110	21,431,300	0	0	7,143,778	0	5,851,655	7,940,571	122,803,413
Molina	29,830,979	4,991,595	0	0	2,663,873	0	1,886,499	1,597,214	40,970,159
Tarrant Total	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis SDA									
Amerigroup	22,606,750	6,972,472	0	0	1,528,904	0	1,040,733	974,064	33,122,924
United	37,716,582	5,131,220	0	0	2,485,085	0	3,179,854	6,310,704	54,823,444
Travis Total	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central SDA									
Superior	46,456,650	9,615,905	0	0	3,033,983	0	2,227,076	3,808,364	65,141,978
United	36,097,355	5,218,665	0	0	2,900,005	0	1,130,935	1,950,008	47,296,969
Central Total	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast SDA									
Molina	45,959,474	12,633,882	0	0	3,392,202	0	1,699,584	2,495,325	66,180,467
United	64,823,397	12,244,532	0	0	4,425,525	0	2,285,953	4,485,143	88,264,550
Northeast Total	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West SDA									
Amerigroup	28,238,778	4,608,642	0	0	3,092,836	0	1,314,827	2,300,831	39,555,915
Superior	49,060,466	11,564,552	0	0	3,706,781	0	3,268,830	4,953,280	72,553,910
West Total	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824

FY2024 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	60.21%	44.74%	0.00%	0.00%	72.80%	0.00%	39.15%	23.39%	56.10%
Molina	61.75%	50.69%	0.00%	0.00%	66.10%	0.00%	37.60%	21.03%	56.38%
Superior	60.08%	50.50%	0.00%	0.00%	84.74%	0.00%	49.33%	30.44%	57.17%
Bexar Total	60.29%	49.74%	0.00%	0.00%	78.74%	0.00%	47.36%	27.85%	56.90%
Dallas SDA									
Molina	96.14%	83.80%	0.00%	0.00%	85.84%	0.00%	65.69%	113.27%	92.04%
Superior	99.47%	81.56%	0.00%	0.00%	91.27%	0.00%	56.68%	93.75%	93.98%
Dallas Total	97.65%	82.95%	0.00%	0.00%	87.87%	0.00%	60.99%	98.20%	92.91%
El Paso SDA									
Amerigroup	60.75%	58.98%	0.00%	0.00%	62.61%	0.00%	70.01%	52.98%	60.38%
Molina	65.84%	51.33%	0.00%	0.00%	75.10%	0.00%	43.67%	53.54%	61.08%
El Paso Total	62.95%	54.78%	0.00%	0.00%	69.26%	0.00%	61.85%	53.21%	60.69%
Harris SDA									
Amerigroup	70.51%	66.13%	0.00%	0.00%	82.63%	0.00%	60.81%	34.88%	68.39%
Molina	71.86%	69.55%	0.00%	0.00%	96.38%	0.00%	73.09%	91.91%	74.07%
United	74.66%	51.78%	0.00%	0.00%	96.95%	0.00%	64.63%	26.35%	68.89%
Harris Total	72.97%	60.24%	0.00%	0.00%	92.16%	0.00%	63.78%	36.31%	69.32%
Hidalgo SDA									
Molina	50.41%	44.22%	0.00%	0.00%	66.86%	0.00%	53.31%	58.37%	49.81%
Superior	62.15%	46.41%	0.00%	0.00%	95.50%	0.00%	57.37%	39.13%	56.69%
Hidalgo Total	56.98%	45.59%	0.00%	0.00%	82.63%	0.00%	56.14%	44.88%	53.88%
Jefferson SDA									
Amerigroup	69.14%	62.63%	0.00%	0.00%	85.12%	0.00%	41.97%	66.62%	67.86%
Molina	75.76%	62.60%	0.00%	0.00%	65.55%	0.00%	33.93%	100.14%	71.57%
United	70.74%	54.42%	0.00%	0.00%	108.37%	0.00%	68.48%	57.26%	68.95%
Jefferson Total	71.27%	59.94%	0.00%	0.00%	88.47%	0.00%	53.69%	63.63%	69.24%

FY2024 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	48.53%	40.49%	0.00%	0.00%	42.88%	0.00%	29.05%	139.80%	49.69%
Superior	39.14%	25.93%	0.00%	0.00%	29.86%	0.00%	24.70%	149.25%	40.60%
Lubbock Total	42.85%	30.35%	0.00%	0.00%	35.50%	0.00%	26.44%	145.90%	44.08%
Nueces SDA									
Superior	68.15%	55.94%	0.00%	0.00%	53.63%	0.00%	69.57%	51.53%	63.66%
United	57.75%	41.19%	0.00%	0.00%	62.92%	0.00%	45.86%	35.15%	53.74%
Nueces Total	63.42%	51.60%	0.00%	0.00%	57.68%	0.00%	61.12%	44.61%	59.53%
Tarrant SDA									
Amerigroup	107.91%	90.70%	0.00%	0.00%	103.95%	0.00%	76.45%	70.03%	100.73%
Molina	111.64%	94.85%	0.00%	0.00%	123.49%	0.00%	75.73%	73.30%	107.22%
Tarrant Total	108.92%	91.48%	0.00%	0.00%	109.26%	0.00%	76.28%	70.58%	102.35%
Travis SDA									
Amerigroup	75.94%	69.67%	0.00%	0.00%	78.07%	0.00%	56.06%	64.11%	73.75%
United	92.67%	53.25%	0.00%	0.00%	93.29%	0.00%	87.11%	59.24%	84.84%
Travis Total	86.40%	62.70%	0.00%	0.00%	87.49%	0.00%	79.46%	59.90%	80.66%
MRSA Central SDA									
Superior	66.72%	56.03%	0.00%	0.00%	63.54%	0.00%	41.87%	66.48%	64.13%
United	68.15%	45.79%	0.00%	0.00%	50.61%	0.00%	56.58%	40.95%	63.21%
Central Total	67.34%	52.42%	0.00%	0.00%	57.22%	0.00%	46.82%	57.84%	63.74%
MRSA Northeast SDA									
Molina	87.15%	77.74%	0.00%	0.00%	77.62%	0.00%	69.76%	42.44%	82.73%
United	70.61%	55.39%	0.00%	0.00%	76.73%	0.00%	41.87%	46.11%	66.82%
Northeast Total	77.47%	66.74%	0.00%	0.00%	77.12%	0.00%	53.76%	44.80%	73.64%

FY2024 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	67.11%	50.96%	0.00%	0.00%	75.28%	0.00%	37.96%	75.91%	65.41%
Superior	57.47%	56.62%	0.00%	0.00%	62.96%	0.00%	38.34%	78.50%	58.19%
West Total	60.99%	55.01%	0.00%	0.00%	68.57%	0.00%	38.23%	77.68%	60.73%

Footnotes

- (1) Equals the cost impact from increased CHIRP reimbursement effective 9/1/2023.
- (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2022 Total Acute Care Incurred Claims.

FY2024 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		
FY2024 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	500.75	1,119.91	0.00	0.00	1,241.37	0.00	249.60	2,339.31
Molina	562.20	1,293.43	0.00	0.00	1,194.64	0.00	289.37	3,453.16
Superior	632.77	1,561.81	0.00	0.00	1,548.85	0.00	388.70	1,800.14
Dallas SDA								
Molina	662.38	1,244.32	0.00	0.00	1,886.55	0.00	331.49	1,421.61
Superior	650.31	1,551.77	0.00	0.00	1,353.52	0.00	341.29	2,445.17
El Paso SDA								
Amerigroup	593.68	1,212.59	0.00	0.00	1,802.60	0.00	482.52	1,590.68
Molina	632.59	1,182.71	0.00	0.00	1,350.28	0.00	609.79	1,741.71
Harris SDA								
Amerigroup	637.47	1,665.93	0.00	0.00	1,734.96	0.00	455.56	2,028.19
Molina	740.67	1,627.26	0.00	0.00	2,218.08	0.00	459.16	2,317.78
United	726.15	1,570.06	0.00	0.00	1,841.52	0.00	419.32	2,557.30
Hidalgo SDA								
Molina	619.95	1,454.26	0.00	0.00	1,905.89	0.00	346.46	1,453.11
Superior	586.59	1,268.83	0.00	0.00	1,894.21	0.00	562.65	1,528.97
Jefferson SDA								
Amerigroup	504.11	1,349.38	0.00	0.00	986.61	0.00	411.52	2,063.18
Molina	565.90	1,271.61	0.00	0.00	1,341.26	0.00	348.56	1,428.41
United	637.50	1,595.81	0.00	0.00	1,138.97	0.00	287.93	2,360.51
Lubbock SDA								
Amerigroup	545.65	1,186.25	0.00	0.00	1,079.11	0.00	422.95	1,363.10
Superior	603.09	1,853.91	0.00	0.00	1,175.33	0.00	408.04	1,509.35
Nueces SDA								
Superior	607.88	1,402.36	0.00	0.00	1,097.00	0.00	500.85	1,168.79
United	545.55	1,025.84	0.00	0.00	1,524.10	0.00	292.86	1,680.28

FY2024 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	555.95	1,313.59	0.00	0.00	1,428.53	0.00	315.72	1,934.32
Molina	589.20	1,536.45	0.00	0.00	1,203.18	0.00	294.50	2,387.10
Travis SDA								
Amerigroup	509.42	1,310.91	0.00	0.00	903.61	0.00	287.07	1,186.16
United	523.35	1,096.37	0.00	0.00	912.68	0.00	312.03	2,400.93
MRSA Central SDA								
Superior	593.55	1,693.95	0.00	0.00	1,113.53	0.00	348.20	2,269.61
United	609.68	1,394.35	0.00	0.00	1,217.39	0.00	365.69	2,326.69
MRSA Northeast SDA								
Molina	600.30	1,743.19	0.00	0.00	1,389.87	0.00	338.65	2,219.03
United	529.88	1,268.50	0.00	0.00	1,290.75	0.00	328.88	1,890.01
MRSA West SDA								
Amerigroup	573.34	1,259.10	0.00	0.00	1,274.11	0.00	345.31	1,835.84
Superior	608.09	1,546.15	0.00	0.00	1,083.08	0.00	430.63	2,145.17
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.6021	0.4474	0.0000	0.0000	0.7280	0.0000	0.3915	0.2339
Molina	0.6175	0.5069	0.0000	0.0000	0.6610	0.0000	0.3760	0.2103
Superior	0.6008	0.5050	0.0000	0.0000	0.8474	0.0000	0.4933	0.3044
Dallas SDA								
Molina	0.9614	0.8380	0.0000	0.0000	0.8584	0.0000	0.6569	1.1327
Superior	0.9947	0.8156	0.0000	0.0000	0.9127	0.0000	0.5668	0.9375
El Paso SDA								
Amerigroup	0.6075	0.5898	0.0000	0.0000	0.6261	0.0000	0.7001	0.5298
Molina	0.6584	0.5133	0.0000	0.0000	0.7510	0.0000	0.4367	0.5354

FY2024 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	0.7051	0.6613	0.0000	0.0000	0.8263	0.0000	0.6081	0.3488
Molina	0.7186	0.6955	0.0000	0.0000	0.9638	0.0000	0.7309	0.9191
United	0.7466	0.5178	0.0000	0.0000	0.9695	0.0000	0.6463	0.2635
Hidalgo SDA								
Molina	0.5041	0.4422	0.0000	0.0000	0.6686	0.0000	0.5331	0.5837
Superior	0.6215	0.4641	0.0000	0.0000	0.9550	0.0000	0.5737	0.3913
Jefferson SDA								
Amerigroup	0.6914	0.6263	0.0000	0.0000	0.8512	0.0000	0.4197	0.6662
Molina	0.7576	0.6260	0.0000	0.0000	0.6555	0.0000	0.3393	1.0014
United	0.7074	0.5442	0.0000	0.0000	1.0837	0.0000	0.6848	0.5726
Lubbock SDA								
Amerigroup	0.4853	0.4049	0.0000	0.0000	0.4288	0.0000	0.2905	1.3980
Superior	0.3914	0.2593	0.0000	0.0000	0.2986	0.0000	0.2470	1.4925
Nueces SDA								
Superior	0.6815	0.5594	0.0000	0.0000	0.5363	0.0000	0.6957	0.5153
United	0.5775	0.4119	0.0000	0.0000	0.6292	0.0000	0.4586	0.3515
Tarrant SDA								
Amerigroup	1.0791	0.9070	0.0000	0.0000	1.0395	0.0000	0.7645	0.7003
Molina	1.1164	0.9485	0.0000	0.0000	1.2349	0.0000	0.7573	0.7330
Travis SDA								
Amerigroup	0.7594	0.6967	0.0000	0.0000	0.7807	0.0000	0.5606	0.6411
United	0.9267	0.5325	0.0000	0.0000	0.9329	0.0000	0.8711	0.5924
MRSA Central SDA								
Superior	0.6672	0.5603	0.0000	0.0000	0.6354	0.0000	0.4187	0.6648
United	0.6815	0.4579	0.0000	0.0000	0.5061	0.0000	0.5658	0.4095

FY2024 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	0.8715	0.7774	0.0000	0.0000	0.7762	0.0000	0.6976	0.4244
United	0.7061	0.5539	0.0000	0.0000	0.7673	0.0000	0.4187	0.4611
MRSA West SDA								
Amerigroup	0.6711	0.5096	0.0000	0.0000	0.7528	0.0000	0.3796	0.7591
Superior	0.5747	0.5662	0.0000	0.0000	0.6296	0.0000	0.3834	0.7850
Non Benefit Component								
Risk Margin	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Admin. Fee	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %
Premium Tax	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Health Insurer Fee								
Non-Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
CHIRP Premium PMPM (3)								
Bexar SDA								
Amerigroup	320.74	533.03	0.00	0.00	961.40	0.00	103.96	582.09
Molina	369.32	697.49	0.00	0.00	840.06	0.00	115.75	772.55
Superior	404.44	839.06	0.00	0.00	1,396.27	0.00	203.98	582.94
Dallas SDA								
Molina	677.46	1,109.30	0.00	0.00	1,722.78	0.00	231.65	1,713.04
Superior	688.16	1,346.41	0.00	0.00	1,314.21	0.00	205.79	2,438.66
El Paso SDA								
Amerigroup	383.68	760.84	0.00	0.00	1,200.65	0.00	359.37	896.53
Molina	443.08	645.83	0.00	0.00	1,078.79	0.00	283.29	992.03
Harris SDA								
Amerigroup	478.17	1,172.00	0.00	0.00	1,525.10	0.00	294.71	752.59
Molina	566.22	1,204.00	0.00	0.00	2,274.24	0.00	357.02	2,266.25
United	576.75	864.87	0.00	0.00	1,899.31	0.00	288.31	716.86

FY2024 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	332.46	684.12	0.00	0.00	1,355.61	0.00	196.48	902.32
Superior	387.84	626.45	0.00	0.00	1,924.44	0.00	343.39	636.48
Jefferson SDA								
Amerigroup	370.79	899.06	0.00	0.00	893.40	0.00	183.74	1,462.22
Molina	456.09	846.84	0.00	0.00	935.31	0.00	125.82	1,521.72
United	479.75	923.87	0.00	0.00	1,313.09	0.00	209.76	1,437.90
Lubbock SDA								
Amerigroup	281.71	510.97	0.00	0.00	492.26	0.00	130.71	2,027.26
Superior	251.12	511.40	0.00	0.00	373.35	0.00	107.22	2,396.49
Nueces SDA								
Superior	440.72	834.56	0.00	0.00	625.88	0.00	370.68	640.72
United	335.17	449.51	0.00	0.00	1,020.17	0.00	142.88	628.32
Tarrant SDA								
Amerigroup	638.21	1,267.47	0.00	0.00	1,579.74	0.00	256.78	1,441.07
Molina	699.77	1,550.34	0.00	0.00	1,580.65	0.00	237.26	1,861.43
Travis SDA								
Amerigroup	411.54	971.61	0.00	0.00	750.48	0.00	171.20	808.98
United	515.95	621.08	0.00	0.00	905.79	0.00	289.16	1,513.09
MRSA Central SDA								
Superior	421.29	1,009.70	0.00	0.00	752.70	0.00	155.10	1,605.15
United	442.02	679.23	0.00	0.00	655.45	0.00	220.12	1,013.60

FY2024 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	556.55	1,441.65	0.00	0.00	1,147.67	0.00	251.32	1,001.87
United	398.03	747.47	0.00	0.00	1,053.61	0.00	146.49	927.11
MRSA West SDA								
Amerigroup	409.33	682.59	0.00	0.00	1,020.38	0.00	139.45	1,482.54
Superior	371.78	931.31	0.00	0.00	725.43	0.00	175.64	1,791.44

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).

FY2024 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	320.74	533.03	0.00	0.00	961.40	0.00	103.96	582.09
Molina - Bexar	369.32	697.49	0.00	0.00	840.06	0.00	115.75	772.55
Superior - Bexar	404.44	839.06	0.00	0.00	1,396.27	0.00	203.98	582.94
Molina - Dallas	677.46	1,109.30	0.00	0.00	1,722.78	0.00	231.65	1,713.04
Superior - Dallas	688.16	1,346.41	0.00	0.00	1,314.21	0.00	205.79	2,438.66
Amerigroup - El Paso	383.68	760.84	0.00	0.00	1,200.65	0.00	359.37	896.53
Molina - El Paso	443.08	645.83	0.00	0.00	1,078.79	0.00	283.29	992.03
Amerigroup - Harris	478.17	1,172.00	0.00	0.00	1,525.10	0.00	294.71	752.59
Molina - Harris	566.22	1,204.00	0.00	0.00	2,274.24	0.00	357.02	2,266.25
United - Harris	576.75	864.87	0.00	0.00	1,899.31	0.00	288.31	716.86
Molina - Hidalgo	332.46	684.12	0.00	0.00	1,355.61	0.00	196.48	902.32
Superior - Hidalgo	387.84	626.45	0.00	0.00	1,924.44	0.00	343.39	636.48
Amerigroup - Jefferson	370.79	899.06	0.00	0.00	893.40	0.00	183.74	1,462.22
Molina - Jefferson	456.09	846.84	0.00	0.00	935.31	0.00	125.82	1,521.72
United - Jefferson	479.75	923.87	0.00	0.00	1,313.09	0.00	209.76	1,437.90
Amerigroup - Lubbock	281.71	510.97	0.00	0.00	492.26	0.00	130.71	2,027.26
Superior - Lubbock	251.12	511.40	0.00	0.00	373.35	0.00	107.22	2,396.49
Superior - Nueces	440.72	834.56	0.00	0.00	625.88	0.00	370.68	640.72
United - Nueces	335.17	449.51	0.00	0.00	1,020.17	0.00	142.88	628.32
Amerigroup - Tarrant	638.21	1,267.47	0.00	0.00	1,579.74	0.00	256.78	1,441.07
Molina - Tarrant	699.77	1,550.34	0.00	0.00	1,580.65	0.00	237.26	1,861.43
Amerigroup - Travis	411.54	971.61	0.00	0.00	750.48	0.00	171.20	808.98
United - Travis	515.95	621.08	0.00	0.00	905.79	0.00	289.16	1,513.09
Superior - Central	421.29	1,009.70	0.00	0.00	752.70	0.00	155.10	1,605.15
United - Central	442.02	679.23	0.00	0.00	655.45	0.00	220.12	1,013.60
Molina - Northeast	556.55	1,441.65	0.00	0.00	1,147.67	0.00	251.32	1,001.87
United - Northeast	398.03	747.47	0.00	0.00	1,053.61	0.00	146.49	927.11
Amerigroup - West	409.33	682.59	0.00	0.00	1,020.38	0.00	139.45	1,482.54
Superior - West	371.78	931.31	0.00	0.00	725.43	0.00	175.64	1,791.44

(1) From Exhibit C

FY2024 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	213.24	347.65	0.00	0.00	536.04	0.00	63.33	475.83
Molina - Bexar	250.72	448.16	0.00	0.00	475.31	0.00	91.58	618.63
Superior - Bexar	269.06	545.80	0.00	0.00	805.73	0.00	129.06	431.08
Molina - Dallas	393.27	649.43	0.00	0.00	1,058.07	0.00	134.82	967.90
Superior - Dallas	367.43	727.19	0.00	0.00	711.90	0.00	113.82	1,335.22
Amerigroup - El Paso	156.25	238.52	0.00	0.00	406.93	0.00	82.64	643.55
Molina - El Paso	184.53	237.42	0.00	0.00	292.61	0.00	101.91	556.61
Amerigroup - Harris	452.61	1,112.10	0.00	0.00	1,467.70	0.00	276.15	657.43
Molina - Harris	535.18	1,181.84	0.00	0.00	2,254.42	0.00	348.23	1,523.08
United - Harris	550.17	836.14	0.00	0.00	1,874.63	0.00	277.29	654.83
Molina - Hidalgo	218.57	435.19	0.00	0.00	816.69	0.00	126.53	724.24
Superior - Hidalgo	247.74	399.55	0.00	0.00	1,008.16	0.00	211.77	467.31
Amerigroup - Jefferson	316.57	763.98	0.00	0.00	754.02	0.00	164.30	1,269.73
Molina - Jefferson	385.29	681.94	0.00	0.00	819.31	0.00	105.53	1,138.32
United - Jefferson	408.34	815.73	0.00	0.00	1,201.86	0.00	179.04	1,176.74
Amerigroup - Lubbock	131.88	226.02	0.00	0.00	175.41	0.00	47.83	955.19
Superior - Lubbock	104.96	192.29	0.00	0.00	123.03	0.00	40.50	1,105.04
Superior - Nueces	250.72	481.88	0.00	0.00	362.13	0.00	190.59	429.84
United - Nueces	207.02	245.55	0.00	0.00	597.48	0.00	83.81	450.46
Amerigroup - Tarrant	404.01	755.17	0.00	0.00	899.67	0.00	154.44	677.83
Molina - Tarrant	426.60	867.93	0.00	0.00	944.24	0.00	129.20	1,387.57
Amerigroup - Travis	219.64	448.64	0.00	0.00	332.51	0.00	85.02	449.10
United - Travis	292.74	332.41	0.00	0.00	407.60	0.00	149.97	1,032.91
Superior - Central	286.29	660.64	0.00	0.00	446.95	0.00	110.35	1,337.62
United - Central	323.58	461.47	0.00	0.00	417.93	0.00	156.35	871.77
Molina - Northeast	293.06	767.74	0.00	0.00	573.54	0.00	124.15	604.33
United - Northeast	220.18	391.48	0.00	0.00	531.41	0.00	83.06	573.03
Amerigroup - West	215.19	345.05	0.00	0.00	399.31	0.00	79.31	839.02
Superior - West	170.91	446.90	0.00	0.00	303.49	0.00	95.61	1,012.34

(2) UHRIP component of total CHIRP premium rate.

FY2024 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	107.50	185.38	0.00	0.00	425.36	0.00	40.63	106.26
Molina - Bexar	118.60	249.33	0.00	0.00	364.75	0.00	24.17	153.92
Superior - Bexar	135.38	293.26	0.00	0.00	590.54	0.00	74.92	151.86
Molina - Dallas	284.19	459.87	0.00	0.00	664.71	0.00	96.83	745.14
Superior - Dallas	320.73	619.22	0.00	0.00	602.31	0.00	91.97	1,103.44
Amerigroup - El Paso	227.43	522.32	0.00	0.00	793.72	0.00	276.73	252.98
Molina - El Paso	258.55	408.41	0.00	0.00	786.18	0.00	181.38	435.42
Amerigroup - Harris	25.56	59.90	0.00	0.00	57.40	0.00	18.56	95.16
Molina - Harris	31.04	22.16	0.00	0.00	19.82	0.00	8.79	743.17
United - Harris	26.58	28.73	0.00	0.00	24.68	0.00	11.02	62.03
Molina - Hidalgo	113.89	248.93	0.00	0.00	538.92	0.00	69.95	178.08
Superior - Hidalgo	140.10	226.90	0.00	0.00	916.28	0.00	131.62	169.17
Amerigroup - Jefferson	54.22	135.08	0.00	0.00	139.38	0.00	19.44	192.49
Molina - Jefferson	70.80	164.90	0.00	0.00	116.00	0.00	20.29	383.40
United - Jefferson	71.41	108.14	0.00	0.00	111.23	0.00	30.72	261.16
Amerigroup - Lubbock	149.83	284.95	0.00	0.00	316.85	0.00	82.88	1,072.07
Superior - Lubbock	146.16	319.11	0.00	0.00	250.32	0.00	66.72	1,291.45
Superior - Nueces	190.00	352.68	0.00	0.00	263.75	0.00	180.09	210.88
United - Nueces	128.15	203.96	0.00	0.00	422.69	0.00	59.07	177.86
Amerigroup - Tarrant	234.20	512.30	0.00	0.00	680.07	0.00	102.34	763.24
Molina - Tarrant	273.17	682.41	0.00	0.00	636.41	0.00	108.06	473.86
Amerigroup - Travis	191.90	522.97	0.00	0.00	417.97	0.00	86.18	359.88
United - Travis	223.21	288.67	0.00	0.00	498.19	0.00	139.19	480.18
Superior - Central	135.00	349.06	0.00	0.00	305.75	0.00	44.75	267.53
United - Central	118.44	217.76	0.00	0.00	237.52	0.00	63.77	141.83
Molina - Northeast	263.49	673.91	0.00	0.00	574.13	0.00	127.17	397.54
United - Northeast	177.85	355.99	0.00	0.00	522.20	0.00	63.43	354.08
Amerigroup - West	194.14	337.54	0.00	0.00	621.07	0.00	60.14	643.52
Superior - West	200.87	484.41	0.00	0.00	421.94	0.00	80.03	779.10

(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 three of the program will begin September 1, 2023.

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 FY2024 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% (STAR) or 1.75% (STAR+PLUS and STAR Kids) of premium
- Premium Tax – 1.75% of premium

The TIPPS premiums have been accounted for in the FY2024 rate development in a manner that is consistent with the pre-print (control name *Tx_Fee_AMC.PC.SP_Renewal_20230901-20240831*) that is currently under CMS review. The pre-print has been received and reviewed for consistency by the certifying actuaries. Furthermore, HHSC has confirmed that the pre-print will be updated to reflect the final TIPPS increases provided to the actuaries for rate setting.

**Texas Health and Human Services Commission
State Fiscal Year 2024 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 three will begin on September 1, 2023. 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 the state's Managed Care Quality Strategy goals and 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 2024

\$759,070,066

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 ended 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, and behavioral health.

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) provide the right care in the right place at the right time; (3) promote effective practices for people with chronic, complex, and serious conditions; and (4) attract and retain high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.

Directed Payment Arrangement

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

- Component 1 is a uniform dollar increase paid monthly that includes preventive screening process measures (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, behavioral health, and non-medical drivers 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.

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 Three anticipated funding is below:

TIPPS Year 3 Anticipated Funding	
Estimated Funds	\$ 759,070,066
Federal Share Funds (60.71%)	\$ 460,831,437
Non-Federal Share Funds (39.29%)	\$ 298,238,629
Breakdown of Program Funding	
MCO Admin Fee = 2.50%	\$ 18,976,752
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$ 11,787,721
MCO Premium Tax = 1.75%	\$ 13,283,726
Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)	\$ 44,048,199
IGT Funds Needed for Pool Size	\$ 298,238,629
Available Funds for Program Components	
Component 1	
61.12% of Total Funds	\$ 463,915,390
Component 2	
23.51% of Total Funds	\$ 178,428,996
Component 3	
9.57% of Total Funds	\$ 72,677,481

Distribution of Payments

HHSC will calculate a 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. 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 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

The table below identifies the quality measures by program component.

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
T1 - Uniform Dollar Increase	T1-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	T1-104	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	00283	NCQA
	T1-117	Tobacco Use and Help with Quitting Among Adolescents	Process	2803	NCQA

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
T2 - Uniform Rate Enhancement	T2-102	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA
	T2-113	Childhood Immunization Status	Process	0038	NCQA
	T2-114	Immunization for Adolescents	Process	0407	NCQA
	T2-119	Controlling High Blood Pressure	Outcome	0018	NCQA
T3 - Uniform Rate Enhancement	T3-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	T3-115	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process	0418	CMS
	T3-124	Depression Response at Twelve Months	Outcome	1885	MN Community Measurement
	T3-161	Food Insecurity Screening and Follow-up Plan	Process	NA	Texas HHSC
	T3-162	Prenatal Depression Screening and Follow-up on Positive Screen	Outcome (Intermediate)	NA	NCQA

Reporting Requirements

TIPPS-participating providers must report all required quality measures and must have provided at least one Medicaid service to a Medicaid managed care client in each reporting period. As a condition of participation in the program, an enrolled provider must report data for all measures in the components for which it is eligible. Providers that fail to submit the required data by the deadlines communicated by HHSC will be removed from TIPPS and will have all funds they were previously paid during the program period recouped.

For structure measures, TIPPS-participating providers must submit responses to qualitative reporting questions that summarize progress towards implementing the structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.

For outcome and process measures, providers must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. Providers 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 goals and objectives.

FY2024 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	47.82	47.82	0.00	0.00	47.82	0.00	47.82	47.82
Molina - Bexar	47.82	47.82	0.00	0.00	47.82	0.00	47.82	47.82
Superior - Bexar	47.82	47.82	0.00	0.00	47.82	0.00	47.82	47.82
Molina - Dallas	72.51	72.51	0.00	0.00	72.51	0.00	72.51	72.51
Superior - Dallas	72.51	72.51	0.00	0.00	72.51	0.00	72.51	72.51
Amerigroup - El Paso	50.11	50.11	0.00	0.00	50.11	0.00	50.11	50.11
Molina - El Paso	50.11	50.11	0.00	0.00	50.11	0.00	50.11	50.11
Amerigroup - Harris	48.37	48.37	0.00	0.00	48.37	0.00	48.37	48.37
Molina - Harris	62.39	62.39	0.00	0.00	62.39	0.00	62.39	62.39
United - Harris	46.04	46.04	0.00	0.00	46.04	0.00	46.04	46.04
Molina - Hidalgo	3.68	3.68	0.00	0.00	3.68	0.00	3.68	3.68
Superior - Hidalgo	3.68	3.68	0.00	0.00	3.68	0.00	3.68	3.68
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	65.82	65.82	0.00	0.00	65.82	0.00	65.82	65.82
Superior - Lubbock	63.76	63.76	0.00	0.00	63.76	0.00	63.76	63.76
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	4.40	4.40	0.00	0.00	4.40	0.00	4.40	4.40
Molina - Tarrant	4.40	4.40	0.00	0.00	4.40	0.00	4.40	4.40
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	2.36	2.36	0.00	0.00	2.36	0.00	2.36	2.36
United - Central	2.36	2.36	0.00	0.00	2.36	0.00	2.36	2.36
Molina - Northeast	41.15	41.15	0.00	0.00	41.15	0.00	41.15	41.15
United - Northeast	41.15	41.15	0.00	0.00	41.15	0.00	41.15	41.15
Amerigroup - West	3.86	3.86	0.00	0.00	3.86	0.00	3.86	3.86
Superior - West	3.86	3.86	0.00	0.00	3.86	0.00	3.86	3.86

FY2024 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	4.26	6.55	0.00	0.00	0.92	0.00	1.91	26.13
Molina - Bexar	4.43	8.26	0.00	0.00	1.27	0.00	2.28	16.16
Superior - Bexar	3.64	5.82	0.00	0.00	0.99	0.00	1.53	11.87
Molina - Dallas	1.83	3.31	0.00	0.00	1.40	0.00	1.09	6.05
Superior - Dallas	3.04	4.29	0.00	0.00	1.44	0.00	1.31	13.01
Amerigroup - El Paso	2.46	3.61	0.00	0.00	0.58	0.00	1.90	10.83
Molina - El Paso	2.42	2.77	0.00	0.00	0.86	0.00	1.88	8.89
Amerigroup - Harris	4.20	8.68	0.00	0.00	2.21	0.00	3.63	10.36
Molina - Harris	2.36	3.81	0.00	0.00	0.71	0.00	1.37	7.15
United - Harris	3.32	5.51	0.00	0.00	1.37	0.00	5.13	5.99
Molina - Hidalgo	0.53	0.77	0.00	0.00	0.20	0.00	0.29	2.78
Superior - Hidalgo	0.81	1.21	0.00	0.00	0.40	0.00	0.66	2.93
Amerigroup - Jefferson	1.18	3.16	0.00	0.00	0.42	0.00	2.45	7.24
Molina - Jefferson	1.14	2.98	0.00	0.00	0.29	0.00	0.59	4.71
United - Jefferson	1.63	2.38	0.00	0.00	1.09	0.00	1.44	3.26
Amerigroup - Lubbock	7.84	12.87	0.00	0.00	3.10	0.00	8.91	14.07
Superior - Lubbock	6.22	11.64	0.00	0.00	2.38	0.00	6.68	15.25
Superior - Nueces	2.46	3.43	0.00	0.00	0.35	0.00	1.01	3.36
United - Nueces	3.66	4.15	0.00	0.00	1.13	0.00	1.96	6.97
Amerigroup - Tarrant	4.08	6.43	0.00	0.00	2.43	0.00	2.65	7.20
Molina - Tarrant	3.76	7.03	0.00	0.00	1.66	0.00	1.47	15.74
Amerigroup - Travis	0.11	0.28	0.00	0.00	0.00	0.00	0.06	0.00
United - Travis	1.06	1.63	0.00	0.00	0.39	0.00	0.83	4.85
Superior - Central	4.36	9.91	0.00	0.00	1.42	0.00	3.70	14.49
United - Central	5.19	7.27	0.00	0.00	2.59	0.00	5.29	15.84
Molina - Northeast	2.75	6.12	0.00	0.00	1.33	0.00	1.95	5.43
United - Northeast	3.55	5.67	0.00	0.00	2.06	0.00	2.69	6.43
Amerigroup - West	5.55	10.85	0.00	0.00	1.76	0.00	4.70	15.23
Superior - West	5.24	9.38	0.00	0.00	1.73	0.00	5.27	15.06

FY2024 STAR+PLUS Rating - Medical
 TIPPS Adjustment
 Components of TIPPS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Total TIPPS Premium PMPM								
Amerigroup - Bexar	52.08	54.37	0.00	0.00	48.74	0.00	49.73	73.95
Molina - Bexar	52.25	56.08	0.00	0.00	49.09	0.00	50.10	63.98
Superior - Bexar	51.46	53.64	0.00	0.00	48.81	0.00	49.35	59.69
Molina - Dallas	74.34	75.82	0.00	0.00	73.91	0.00	73.60	78.56
Superior - Dallas	75.55	76.80	0.00	0.00	73.95	0.00	73.82	85.52
Amerigroup - El Paso	52.57	53.72	0.00	0.00	50.69	0.00	52.01	60.94
Molina - El Paso	52.53	52.88	0.00	0.00	50.97	0.00	51.99	59.00
Amerigroup - Harris	52.57	57.05	0.00	0.00	50.58	0.00	52.00	58.73
Molina - Harris	64.75	66.20	0.00	0.00	63.10	0.00	63.76	69.54
United - Harris	49.36	51.55	0.00	0.00	47.41	0.00	51.17	52.03
Molina - Hidalgo	4.21	4.45	0.00	0.00	3.88	0.00	3.97	6.46
Superior - Hidalgo	4.49	4.89	0.00	0.00	4.08	0.00	4.34	6.61
Amerigroup - Jefferson	1.18	3.16	0.00	0.00	0.42	0.00	2.45	7.24
Molina - Jefferson	1.14	2.98	0.00	0.00	0.29	0.00	0.59	4.71
United - Jefferson	1.63	2.38	0.00	0.00	1.09	0.00	1.44	3.26
Amerigroup - Lubbock	73.66	78.69	0.00	0.00	68.92	0.00	74.73	79.89
Superior - Lubbock	69.98	75.40	0.00	0.00	66.14	0.00	70.44	79.01
Superior - Nueces	2.46	3.43	0.00	0.00	0.35	0.00	1.01	3.36
United - Nueces	3.66	4.15	0.00	0.00	1.13	0.00	1.96	6.97
Amerigroup - Tarrant	8.48	10.83	0.00	0.00	6.83	0.00	7.05	11.60
Molina - Tarrant	8.16	11.43	0.00	0.00	6.06	0.00	5.87	20.14
Amerigroup - Travis	0.11	0.28	0.00	0.00	0.00	0.00	0.06	0.00
United - Travis	1.06	1.63	0.00	0.00	0.39	0.00	0.83	4.85
Superior - Central	6.72	12.27	0.00	0.00	3.78	0.00	6.06	16.85
United - Central	7.55	9.63	0.00	0.00	4.95	0.00	7.65	18.20
Molina - Northeast	43.90	47.27	0.00	0.00	42.48	0.00	43.10	46.58
United - Northeast	44.70	46.82	0.00	0.00	43.21	0.00	43.84	47.58
Amerigroup - West	9.41	14.71	0.00	0.00	5.62	0.00	8.56	19.09
Superior - West	9.10	13.24	0.00	0.00	5.59	0.00	9.13	18.92

FY2024 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	184,462	31,686	0	0	1,272	0	6,437	13,561	237,418
Molina	108,286	32,200	0	0	2,103	0	3,092	7,486	153,167
Superior	500,342	110,949	0	0	3,410	0	21,550	42,210	678,461
Bexar Total	793,090	174,835	0	0	6,784	0	31,078	63,257	1,069,045
Dallas SDA									
Molina	282,945	95,978	0	0	7,905	0	12,891	11,680	411,400
Superior	394,539	62,858	0	0	6,741	0	16,332	49,904	530,373
Dallas Total	677,484	158,836	0	0	14,647	0	29,224	61,583	941,773
El Paso SDA									
Amerigroup	94,346	16,043	0	0	231	0	7,857	20,504	138,982
Molina	65,256	15,294	0	0	618	0	2,744	10,637	94,549
El Paso Total	159,602	31,337	0	0	849	0	10,602	31,142	233,532
Harris SDA									
Amerigroup	689,579	146,469	0	0	7,454	0	52,028	29,235	924,765
Molina	104,620	26,027	0	0	913	0	3,590	8,917	144,066
United	794,802	113,298	0	0	6,943	0	116,627	36,506	1,068,177
Harris Total	1,589,001	285,795	0	0	15,311	0	172,245	74,657	2,137,009
Hidalgo SDA									
Molina	33,982	8,559	0	0	317	0	1,314	5,139	49,310
Superior	73,096	25,703	0	0	465	0	4,097	12,087	115,448
Hidalgo Total	107,078	34,262	0	0	782	0	5,411	17,226	164,758
Jefferson SDA									
Amerigroup	28,771	6,819	0	0	301	0	2,509	2,602	41,002
Molina	18,278	9,758	0	0	168	0	357	1,407	29,969
United	67,561	5,247	0	0	883	0	3,095	3,912	80,697
Jefferson Total	114,611	21,824	0	0	1,351	0	5,960	7,921	151,668

FY2024 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	169,063	21,152	0	0	2,852	0	21,459	6,842	221,367
Superior	185,838	28,332	0	0	2,717	0	25,075	12,129	254,091
Lubbock Total	354,901	49,483	0	0	5,568	0	46,534	18,971	475,458
Nueces SDA									
Superior	88,950	21,529	0	0	356	0	2,411	6,484	119,730
United	122,560	14,752	0	0	609	0	4,488	6,855	149,265
Nueces Total	211,510	36,281	0	0	966	0	6,899	13,339	268,995
Tarrant SDA									
Amerigroup	552,367	98,300	0	0	11,549	0	46,144	27,824	736,183
Molina	178,486	21,608	0	0	3,412	0	8,793	9,929	222,228
Tarrant Total	730,853	119,908	0	0	14,960	0	54,937	37,754	958,411
Travis SDA									
Amerigroup	5,062	1,056	0	0	0	0	249	0	6,367
United	72,038	7,027	0	0	884	0	7,814	12,157	99,920
Travis Total	77,100	8,083	0	0	884	0	8,064	12,157	106,287
MRSA Central SDA									
Superior	319,058	52,741	0	0	3,495	0	22,310	22,793	420,398
United	289,388	25,563	0	0	5,927	0	15,397	12,555	348,831
Central Total	608,447	78,304	0	0	9,422	0	37,707	35,349	769,229
MRSA Northeast SDA									
Molina	197,730	41,722	0	0	2,988	0	9,189	5,726	257,355
United	410,643	51,329	0	0	6,479	0	17,527	14,153	500,131
Northeast Total	608,373	93,051	0	0	9,468	0	26,716	19,879	757,487
MRSA West SDA									
Amerigroup	255,562	37,538	0	0	4,008	0	16,868	17,871	331,847
Superior	395,340	66,195	0	0	5,377	0	37,694	32,548	537,155
West Total	650,902	103,733	0	0	9,385	0	54,562	50,419	869,002

FY2024 STAR+PLUS Rating - Medical
 TIPPS Adjustment
 Impact of TIPPS Component 3 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>			
FY2022 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	23,021,357	5,812,400	0	0	1,730,147	0	892,776	1,296,168	32,752,848
Molina	14,730,268	5,324,885	0	0	2,057,710	0	418,850	1,719,851	24,251,565
Superior	92,995,398	31,666,241	0	0	6,051,726	0	5,801,492	6,783,433	143,298,290
Bexar Total	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas SDA									
Molina	107,499,179	38,864,264	0	0	11,724,832	0	4,210,895	2,937,196	165,236,366
Superior	88,811,999	23,783,029	0	0	7,021,060	0	4,589,030	9,952,107	134,157,224
Dallas Total	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso SDA									
Amerigroup	23,907,752	5,634,339	0	0	876,438	0	2,119,087	3,183,201	35,720,817
Molina	18,143,347	6,859,362	0	0	997,783	0	951,001	2,226,655	29,178,148
El Paso Total	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris SDA									
Amerigroup	110,678,480	30,131,695	0	0	6,267,074	0	6,949,461	6,074,289	160,100,999
Molina	34,943,158	11,731,033	0	0	3,397,327	0	1,298,332	3,126,471	54,496,320
United	184,044,976	33,889,042	0	0	9,493,132	0	10,105,060	16,581,561	254,113,771
Harris Total	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo SDA									
Molina	43,924,711	17,515,338	0	0	2,426,502	0	1,662,255	2,842,126	68,370,932
Superior	55,698,257	29,711,301	0	0	2,972,698	0	3,822,423	6,659,149	98,863,828
Hidalgo Total	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson SDA									
Amerigroup	13,128,100	3,122,755	0	0	698,142	0	445,306	776,956	18,171,259
Molina	9,634,847	4,503,496	0	0	716,379	0	226,599	448,226	15,529,545
United	28,534,250	3,692,678	0	0	942,677	0	654,922	2,934,242	36,758,769
Jefferson Total	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574

FY2024 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	12,519,560	2,078,763	0	0	1,073,721	0	1,085,476	703,544	17,461,065
Superior	19,156,829	4,776,197	0	0	1,404,280	0	1,633,504	1,281,327	28,252,136
Lubbock Total	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces SDA									
Superior	23,427,745	9,251,164	0	0	1,193,003	0	1,284,999	2,410,459	37,567,369
United	19,534,219	3,855,162	0	0	924,000	0	710,833	1,765,046	26,789,260
Nueces Total	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant SDA									
Amerigroup	80,436,110	21,431,300	0	0	7,143,778	0	5,851,655	7,940,571	122,803,413
Molina	29,830,979	4,991,595	0	0	2,663,873	0	1,886,499	1,597,214	40,970,159
Tarrant Total	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis SDA									
Amerigroup	22,606,750	6,972,472	0	0	1,528,904	0	1,040,733	974,064	33,122,924
United	37,716,582	5,131,220	0	0	2,485,085	0	3,179,854	6,310,704	54,823,444
Travis Total	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central SDA									
Superior	46,456,650	9,615,905	0	0	3,033,983	0	2,227,076	3,808,364	65,141,978
United	36,097,355	5,218,665	0	0	2,900,005	0	1,130,935	1,950,008	47,296,969
Central Total	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast SDA									
Molina	45,959,474	12,633,882	0	0	3,392,202	0	1,699,584	2,495,325	66,180,467
United	64,823,397	12,244,532	0	0	4,425,525	0	2,285,953	4,485,143	88,264,550
Northeast Total	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West SDA									
Amerigroup	28,238,778	4,608,642	0	0	3,092,836	0	1,314,827	2,300,831	39,555,915
Superior	49,060,466	11,564,552	0	0	3,706,781	0	3,268,830	4,953,280	72,553,910
West Total	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824

FY2024 STAR+PLUS Rating - Medical
 TIPPS Adjustment
 Impact of TIPPS Component 3 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	0.80%	0.55%	0.00%	0.00%	0.07%	0.00%	0.72%	1.05%	0.72%
Molina	0.74%	0.60%	0.00%	0.00%	0.10%	0.00%	0.74%	0.44%	0.63%
Superior	0.54%	0.35%	0.00%	0.00%	0.06%	0.00%	0.37%	0.62%	0.47%
Bexar Total	0.61%	0.41%	0.00%	0.00%	0.07%	0.00%	0.44%	0.65%	0.53%
Dallas SDA									
Molina	0.26%	0.25%	0.00%	0.00%	0.07%	0.00%	0.31%	0.40%	0.25%
Superior	0.44%	0.26%	0.00%	0.00%	0.10%	0.00%	0.36%	0.50%	0.40%
Dallas Total	0.35%	0.25%	0.00%	0.00%	0.08%	0.00%	0.33%	0.48%	0.31%
El Paso SDA									
Amerigroup	0.39%	0.28%	0.00%	0.00%	0.03%	0.00%	0.37%	0.64%	0.39%
Molina	0.36%	0.22%	0.00%	0.00%	0.06%	0.00%	0.29%	0.48%	0.32%
El Paso Total	0.38%	0.25%	0.00%	0.00%	0.05%	0.00%	0.35%	0.58%	0.36%
Harris SDA									
Amerigroup	0.62%	0.49%	0.00%	0.00%	0.12%	0.00%	0.75%	0.48%	0.58%
Molina	0.30%	0.22%	0.00%	0.00%	0.03%	0.00%	0.28%	0.29%	0.26%
United	0.43%	0.33%	0.00%	0.00%	0.07%	0.00%	1.15%	0.22%	0.42%
Harris Total	0.48%	0.38%	0.00%	0.00%	0.08%	0.00%	0.94%	0.29%	0.46%
Hidalgo SDA									
Molina	0.08%	0.05%	0.00%	0.00%	0.01%	0.00%	0.08%	0.18%	0.07%
Superior	0.13%	0.09%	0.00%	0.00%	0.02%	0.00%	0.11%	0.18%	0.12%
Hidalgo Total	0.11%	0.07%	0.00%	0.00%	0.01%	0.00%	0.10%	0.18%	0.10%
Jefferson SDA									
Amerigroup	0.22%	0.22%	0.00%	0.00%	0.04%	0.00%	0.56%	0.33%	0.23%
Molina	0.19%	0.22%	0.00%	0.00%	0.02%	0.00%	0.16%	0.31%	0.19%
United	0.24%	0.14%	0.00%	0.00%	0.09%	0.00%	0.47%	0.13%	0.22%
Jefferson Total	0.22%	0.19%	0.00%	0.00%	0.06%	0.00%	0.45%	0.19%	0.22%

FY2024 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	1.35%	1.02%	0.00%	0.00%	0.27%	0.00%	1.98%	0.97%	1.27%
Superior	0.97%	0.59%	0.00%	0.00%	0.19%	0.00%	1.54%	0.95%	0.90%
Lubbock Total	1.12%	0.72%	0.00%	0.00%	0.22%	0.00%	1.71%	0.96%	1.04%
Nueces SDA									
Superior	0.38%	0.23%	0.00%	0.00%	0.03%	0.00%	0.19%	0.27%	0.32%
United	0.63%	0.38%	0.00%	0.00%	0.07%	0.00%	0.63%	0.39%	0.56%
Nueces Total	0.49%	0.28%	0.00%	0.00%	0.05%	0.00%	0.35%	0.32%	0.42%
Tarrant SDA									
Amerigroup	0.69%	0.46%	0.00%	0.00%	0.16%	0.00%	0.79%	0.35%	0.60%
Molina	0.60%	0.43%	0.00%	0.00%	0.13%	0.00%	0.47%	0.62%	0.54%
Tarrant Total	0.66%	0.45%	0.00%	0.00%	0.15%	0.00%	0.71%	0.40%	0.59%
Travis SDA									
Amerigroup	0.02%	0.02%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.02%
United	0.19%	0.14%	0.00%	0.00%	0.04%	0.00%	0.25%	0.19%	0.18%
Travis Total	0.13%	0.07%	0.00%	0.00%	0.02%	0.00%	0.19%	0.17%	0.12%
MRSA Central SDA									
Superior	0.69%	0.55%	0.00%	0.00%	0.12%	0.00%	1.00%	0.60%	0.65%
United	0.80%	0.49%	0.00%	0.00%	0.20%	0.00%	1.36%	0.64%	0.74%
Central Total	0.74%	0.53%	0.00%	0.00%	0.16%	0.00%	1.12%	0.61%	0.68%
MRSA Northeast SDA									
Molina	0.43%	0.33%	0.00%	0.00%	0.09%	0.00%	0.54%	0.23%	0.39%
United	0.63%	0.42%	0.00%	0.00%	0.15%	0.00%	0.77%	0.32%	0.57%
Northeast Total	0.55%	0.37%	0.00%	0.00%	0.12%	0.00%	0.67%	0.28%	0.49%

FY2024 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	0.91%	0.81%	0.00%	0.00%	0.13%	0.00%	1.28%	0.78%	0.84%
Superior	0.81%	0.57%	0.00%	0.00%	0.15%	0.00%	1.15%	0.66%	0.74%
West Total	0.84%	0.64%	0.00%	0.00%	0.14%	0.00%	1.19%	0.70%	0.78%

Footnotes

- (1) Equals the cost impact from increased TIPPS Component 3 reimbursement effective 9/1/2023.
- (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2022 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 three of the program will begin September 1, 2023.

DPP BHS is comprised of two components. Payments from managed care organizations to participating CMHCs and LBHAs 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 and LBHAs 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 FY2024 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% (STAR) or 1.75% (STAR+PLUS and STAR Kids) of premium
- Premium Tax – 1.75% of premium

The DPP BHS premiums have been accounted for in the FY2024 rate development in a manner that is consistent with the pre-print (control name *Tx_Fee_Oth_Renewal_20230901-20240831*) that is currently under CMS review. The pre-print has been received and reviewed for consistency by the certifying actuaries.

**Texas Health and Human Services Commission
State Fiscal Year 2024 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 program is designed to advance certain goals and objectives of the state’s Managed Care Quality Strategy.

The DPP BHS program year three will begin on September 1, 2023. 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.

Participating providers are required to report on quality metrics as a condition of participation in the program. This data will be used to monitor provider-level progress towards the state’s Managed Care Quality Strategy goals and objectives and to evaluate the program.

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 2024

\$167,480,397

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) providing the right care in the right place at the right time; (3) promoting effective practices for people with chronic, complex, and serious conditions; and (4) attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.

Directed Payment Arrangement

DPP BHS is a Medicaid managed care directed payment program authorized under federal regulation 42 CFR 438.6(c). Directed payment arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and 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 SFY22 (September 2021 – August 2022) 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 SFY22 and trended forward with anticipated membership to SFY24 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, 90832, 90834, 90837, 90847, 96372, 99212, 99213, 99214, 99215, H0004, H0005, H0020, H0034, H2011, H2014, H2017, H2035, and T1017. 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 Three anticipated funding is below:

DPP BHS Year 3 Anticipated Funding	
Estimated Funds	\$167,480,397
Federal Share Funds (60.71%)	\$101,677,349
Non-Federal Share Funds (39.29%)	\$65,803,048
Breakdown of Program Funding	
MCO Admin Fee = 2.50%	\$4,187,010
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$2,741,127
MCO Premium Tax = 1.75%	\$2,930,907
Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)	\$9,859,044
IGT Funds Needed for Pool Size	\$65,803,048
Available Funds for Program Components	
Component 1	
60.08% of Total Funds	\$100,619,300
Component 2	
34.04% Program Funds less Gross Up	\$57,002,053

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, 90832, 90834, 90837, 90847, 96372, 99212, 99213, 99214, 99215, H0004, H0005, H0020, H0034, H2011, H2014, H2017, H2035, and T1017.

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 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

The table below identifies the quality measures by program component.

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
B1 - Uniform Dollar Increase	B1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	B1-145	Certified Community Behavioral Health Clinic (CCBHC) Certification Status	Structure	NA	NA
	B1-147	Provide integrated physical and behavioral health care services to children and adults with serious mental illness	Structure	NA	NA
	B1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	Structure	NA	NA
B2 - 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	Mathematica
	B2-151	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104	Mathematica
	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
	B2-167	Depression Remission at Six Months (DEPREM-6)	Outcome	0711	MN Community Measurement

Reporting Requirements

DPP BHS-participating providers must 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. Providers that fail to submit the required data by the deadlines communicated by HHSC will be removed from the program and will have all funds they were previously paid during the program period recouped.

For structure measures, DPP BHS-participating providers must submit responses to qualitative reporting questions that summarize the provider's progress towards implementation. Providers are not required to implement the structure measure as a condition of reporting or program participation.

For process and outcome measures, providers 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 provider-level progress toward state quality goals and objectives.

FY2024 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	7.67	7.67	0.00	0.00	7.67	0.00	7.67	7.67
Molina - Bexar	7.67	7.67	0.00	0.00	7.67	0.00	7.67	7.67
Superior - Bexar	7.67	7.67	0.00	0.00	7.67	0.00	7.67	7.67
Molina - Dallas	17.43	17.43	0.00	0.00	17.43	0.00	17.43	17.43
Superior - Dallas	18.46	18.46	0.00	0.00	18.46	0.00	18.46	18.46
Amerigroup - El Paso	19.59	19.59	0.00	0.00	19.59	0.00	19.59	19.59
Molina - El Paso	19.59	19.59	0.00	0.00	19.59	0.00	19.59	19.59
Amerigroup - Harris	6.48	6.48	0.00	0.00	6.48	0.00	6.48	6.48
Molina - Harris	6.48	6.48	0.00	0.00	6.48	0.00	6.48	6.48
United - Harris	6.05	6.05	0.00	0.00	6.05	0.00	6.05	6.05
Molina - Hidalgo	22.87	22.87	0.00	0.00	22.87	0.00	22.87	22.87
Superior - Hidalgo	22.91	22.91	0.00	0.00	22.91	0.00	22.91	22.91
Amerigroup - Jefferson	6.10	6.10	0.00	0.00	6.10	0.00	6.10	6.10
Molina - Jefferson	6.10	6.10	0.00	0.00	6.10	0.00	6.10	6.10
United - Jefferson	1.17	1.17	0.00	0.00	1.17	0.00	1.17	1.17
Amerigroup - Lubbock	12.12	12.12	0.00	0.00	12.12	0.00	12.12	12.12
Superior - Lubbock	12.12	12.12	0.00	0.00	12.12	0.00	12.12	12.12
Superior - Nueces	9.89	9.89	0.00	0.00	9.89	0.00	9.89	9.89
United - Nueces	1.88	1.88	0.00	0.00	1.88	0.00	1.88	1.88
Amerigroup - Tarrant	6.14	6.14	0.00	0.00	6.14	0.00	6.14	6.14
Molina - Tarrant	4.81	4.81	0.00	0.00	4.81	0.00	4.81	4.81
Amerigroup - Travis	22.20	22.20	0.00	0.00	22.20	0.00	22.20	22.20
United - Travis	7.21	7.21	0.00	0.00	7.21	0.00	7.21	7.21
Superior - Central	7.28	7.28	0.00	0.00	7.28	0.00	7.28	7.28
United - Central	5.42	5.42	0.00	0.00	5.42	0.00	5.42	5.42
Molina - Northeast	8.88	8.88	0.00	0.00	8.88	0.00	8.88	8.88
United - Northeast	6.79	6.79	0.00	0.00	6.79	0.00	6.79	6.79
Amerigroup - West	20.10	20.10	0.00	0.00	20.10	0.00	20.10	20.10
Superior - West	20.11	20.11	0.00	0.00	20.11	0.00	20.11	20.11

FY2024 STAR+PLUS Rating - Medical
DPP BHS Adjustment
Components of DPP BHS Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Component 2 Premium PMPM								
Amerigroup - Bexar	4.85	8.70	0.00	0.00	0.53	0.00	0.80	0.00
Molina - Bexar	4.96	5.37	0.00	0.00	0.64	0.00	0.18	0.00
Superior - Bexar	4.78	3.82	0.00	0.00	0.49	0.00	0.74	1.34
Molina - Dallas	9.87	12.05	0.00	0.00	0.80	0.00	4.30	2.12
Superior - Dallas	8.65	12.05	0.00	0.00	1.15	0.00	4.39	2.08
Amerigroup - El Paso	10.93	13.67	0.00	0.00	2.30	0.00	1.44	0.51
Molina - El Paso	11.78	18.87	0.00	0.00	2.01	0.00	1.04	2.96
Amerigroup - Harris	2.78	1.60	0.00	0.00	0.18	0.00	0.68	0.43
Molina - Harris	2.44	2.25	0.00	0.00	0.24	0.00	0.59	0.99
United - Harris	4.33	3.01	0.00	0.00	0.20	0.00	1.34	0.82
Molina - Hidalgo	11.61	12.53	0.00	0.00	4.66	0.00	1.25	0.31
Superior - Hidalgo	10.30	9.31	0.00	0.00	5.24	0.00	3.53	0.65
Amerigroup - Jefferson	3.22	6.03	0.00	0.00	20.26	0.00	2.76	0.66
Molina - Jefferson	4.64	7.31	0.00	0.00	7.85	0.00	3.63	0.00
United - Jefferson	1.15	0.85	0.00	0.00	0.00	0.00	0.58	0.25
Amerigroup - Lubbock	6.62	7.82	0.00	0.00	1.84	0.00	0.49	0.44
Superior - Lubbock	6.61	10.45	0.00	0.00	1.00	0.00	0.43	1.12
Superior - Nueces	6.40	10.29	0.00	0.00	2.22	0.00	2.88	0.87
United - Nueces	1.39	0.87	0.00	0.00	0.65	0.00	1.46	0.00
Amerigroup - Tarrant	4.32	3.49	0.00	0.00	0.61	0.00	2.22	1.44
Molina - Tarrant	2.70	5.39	0.00	0.00	0.13	0.00	0.97	0.51
Amerigroup - Travis	9.97	13.53	0.00	0.00	2.98	0.00	1.89	8.20
United - Travis	3.45	1.63	0.00	0.00	0.68	0.00	0.80	0.51
Superior - Central	4.42	8.47	0.00	0.00	0.36	0.00	0.81	1.93
United - Central	3.31	1.04	0.00	0.00	0.00	0.00	1.40	0.50
Molina - Northeast	3.77	5.01	0.00	0.00	1.33	0.00	1.33	0.24
United - Northeast	5.13	7.15	0.00	0.00	2.47	0.00	0.73	0.20
Amerigroup - West	10.80	6.03	0.00	0.00	1.22	0.00	0.88	1.56
Superior - West	9.25	12.17	0.00	0.00	1.50	0.00	1.51	0.68

FY2024 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	12.52	16.37	0.00	0.00	8.20	0.00	8.47	7.67
Molina - Bexar	12.63	13.04	0.00	0.00	8.31	0.00	7.85	7.67
Superior - Bexar	12.45	11.49	0.00	0.00	8.16	0.00	8.41	9.01
Molina - Dallas	27.30	29.48	0.00	0.00	18.23	0.00	21.73	19.55
Superior - Dallas	27.11	30.51	0.00	0.00	19.61	0.00	22.85	20.54
Amerigroup - El Paso	30.52	33.26	0.00	0.00	21.89	0.00	21.03	20.10
Molina - El Paso	31.37	38.46	0.00	0.00	21.60	0.00	20.63	22.55
Amerigroup - Harris	9.26	8.08	0.00	0.00	6.66	0.00	7.16	6.91
Molina - Harris	8.92	8.73	0.00	0.00	6.72	0.00	7.07	7.47
United - Harris	10.38	9.06	0.00	0.00	6.25	0.00	7.39	6.87
Molina - Hidalgo	34.48	35.40	0.00	0.00	27.53	0.00	24.12	23.18
Superior - Hidalgo	33.21	32.22	0.00	0.00	28.15	0.00	26.44	23.56
Amerigroup - Jefferson	9.32	12.13	0.00	0.00	26.36	0.00	8.86	6.76
Molina - Jefferson	10.74	13.41	0.00	0.00	13.95	0.00	9.73	6.10
United - Jefferson	2.32	2.02	0.00	0.00	1.17	0.00	1.75	1.42
Amerigroup - Lubbock	18.74	19.94	0.00	0.00	13.96	0.00	12.61	12.56
Superior - Lubbock	18.73	22.57	0.00	0.00	13.12	0.00	12.55	13.24
Superior - Nueces	16.29	20.18	0.00	0.00	12.11	0.00	12.77	10.76
United - Nueces	3.27	2.75	0.00	0.00	2.53	0.00	3.34	1.88
Amerigroup - Tarrant	10.46	9.63	0.00	0.00	6.75	0.00	8.36	7.58
Molina - Tarrant	7.51	10.20	0.00	0.00	4.94	0.00	5.78	5.32
Amerigroup - Travis	32.17	35.73	0.00	0.00	25.18	0.00	24.09	30.40
United - Travis	10.66	8.84	0.00	0.00	7.89	0.00	8.01	7.72
Superior - Central	11.70	15.75	0.00	0.00	7.64	0.00	8.09	9.21
United - Central	8.73	6.46	0.00	0.00	5.42	0.00	6.82	5.92
Molina - Northeast	12.65	13.89	0.00	0.00	10.21	0.00	10.21	9.12
United - Northeast	11.92	13.94	0.00	0.00	9.26	0.00	7.52	6.99
Amerigroup - West	30.90	26.13	0.00	0.00	21.32	0.00	20.98	21.66
Superior - West	29.36	32.28	0.00	0.00	21.61	0.00	21.62	20.79

FY2024 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	209,418	42,166	0	0	698	0	2,649	0	254,930
Molina	122,712	20,653	0	0	1,015	0	272	0	144,652
Superior	663,592	73,237	0	0	1,836	0	10,686	4,735	754,087
Bexar Total	995,722	136,055	0	0	3,549	0	13,607	4,735	1,153,668
Dallas SDA									
Molina	1,507,741	353,351	0	0	4,491	0	51,547	4,249	1,921,377
Superior	1,109,624	174,516	0	0	5,958	0	55,743	7,742	1,353,584
Dallas Total	2,617,365	527,867	0	0	10,449	0	107,289	11,991	3,274,961
El Paso SDA									
Amerigroup	414,760	59,495	0	0	1,035	0	5,932	921	482,142
Molina	316,788	102,937	0	0	1,379	0	1,529	3,524	426,158
El Paso Total	731,548	162,432	0	0	2,414	0	7,462	4,445	908,300
Harris SDA									
Amerigroup	456,132	27,943	0	0	639	0	10,011	1,140	495,865
Molina	108,936	15,746	0	0	310	0	1,588	1,231	127,811
United	1,028,393	61,999	0	0	1,260	0	30,504	5,496	1,127,652
Harris Total	1,593,461	105,688	0	0	2,209	0	42,102	7,867	1,751,328
Hidalgo SDA									
Molina	773,924	141,887	0	0	5,628	0	5,604	641	927,684
Superior	919,466	204,548	0	0	7,597	0	22,410	2,732	1,156,753
Hidalgo Total	1,693,390	346,434	0	0	13,225	0	28,014	3,373	2,084,436
Jefferson SDA									
Amerigroup	78,230	12,989	0	0	13,501	0	2,811	264	107,795
Molina	74,375	24,380	0	0	3,919	0	2,225	0	104,898
United	49,028	1,665	0	0	0	0	1,243	251	52,188
Jefferson Total	201,633	39,034	0	0	17,420	0	6,278	515	264,881

FY2024 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	143,276	12,901	0	0	1,665	0	1,188	243	159,275
Superior	197,129	25,241	0	0	1,091	0	1,634	885	225,980
Lubbock Total	340,406	38,142	0	0	2,756	0	2,823	1,128	385,255
Nueces SDA									
Superior	232,134	63,716	0	0	2,304	0	6,959	1,743	306,856
United	47,292	3,029	0	0	327	0	3,336	0	53,984
Nueces Total	279,426	66,745	0	0	2,631	0	10,295	1,743	360,839
Tarrant SDA									
Amerigroup	590,027	54,365	0	0	2,776	0	38,643	5,450	691,261
Molina	126,832	16,642	0	0	237	0	5,875	309	149,895
Tarrant Total	716,859	71,007	0	0	3,013	0	44,518	5,759	841,156
Travis SDA									
Amerigroup	415,590	67,956	0	0	4,761	0	6,498	6,303	501,108
United	235,298	7,242	0	0	1,672	0	7,699	1,263	253,173
Travis Total	650,887	75,197	0	0	6,433	0	14,197	7,566	754,281
MRSA Central SDA									
Superior	326,442	45,508	0	0	988	0	4,804	2,867	380,610
United	185,335	3,733	0	0	135	0	4,124	360	193,686
Central Total	511,777	49,241	0	0	1,123	0	8,927	3,227	574,296
MRSA Northeast SDA									
Molina	273,136	34,204	0	0	3,037	0	6,354	254	316,985
United	586,928	65,330	0	0	7,824	0	4,903	544	665,529
Northeast Total	860,064	99,533	0	0	10,861	0	11,257	799	982,514
MRSA West SDA									
Amerigroup	498,567	20,625	0	0	2,779	0	3,214	1,765	526,951
Superior	703,960	85,093	0	0	4,974	0	10,887	1,333	806,247
West Total	1,202,527	105,719	0	0	7,753	0	14,101	3,098	1,333,197

FY2024 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			
FY2022 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	23,021,357	5,812,400	0	0	1,730,147	0	892,776	1,296,168	32,752,848
Molina	14,730,268	5,324,885	0	0	2,057,710	0	418,850	1,719,851	24,251,565
Superior	92,995,398	31,666,241	0	0	6,051,726	0	5,801,492	6,783,433	143,298,290
Bexar Total	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas SDA									
Molina	107,499,179	38,864,264	0	0	11,724,832	0	4,210,895	2,937,196	165,236,366
Superior	88,811,999	23,783,029	0	0	7,021,060	0	4,589,030	9,952,107	134,157,224
Dallas Total	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso SDA									
Amerigroup	23,907,752	5,634,339	0	0	876,438	0	2,119,087	3,183,201	35,720,817
Molina	18,143,347	6,859,362	0	0	997,783	0	951,001	2,226,655	29,178,148
El Paso Total	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris SDA									
Amerigroup	110,678,480	30,131,695	0	0	6,267,074	0	6,949,461	6,074,289	160,100,999
Molina	34,943,158	11,731,033	0	0	3,397,327	0	1,298,332	3,126,471	54,496,320
United	184,044,976	33,889,042	0	0	9,493,132	0	10,105,060	16,581,561	254,113,771
Harris Total	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo SDA									
Molina	43,924,711	17,515,338	0	0	2,426,502	0	1,662,255	2,842,126	68,370,932
Superior	55,698,257	29,711,301	0	0	2,972,698	0	3,822,423	6,659,149	98,863,828
Hidalgo Total	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson SDA									
Amerigroup	13,128,100	3,122,755	0	0	698,142	0	445,306	776,956	18,171,259
Molina	9,634,847	4,503,496	0	0	716,379	0	226,599	448,226	15,529,545
United	28,534,250	3,692,678	0	0	942,677	0	654,922	2,934,242	36,758,769
Jefferson Total	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574

FY2024 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	12,519,560	2,078,763	0	0	1,073,721	0	1,085,476	703,544	17,461,065
Superior	19,156,829	4,776,197	0	0	1,404,280	0	1,633,504	1,281,327	28,252,136
Lubbock Total	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces SDA									
Superior	23,427,745	9,251,164	0	0	1,193,003	0	1,284,999	2,410,459	37,567,369
United	19,534,219	3,855,162	0	0	924,000	0	710,833	1,765,046	26,789,260
Nueces Total	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant SDA									
Amerigroup	80,436,110	21,431,300	0	0	7,143,778	0	5,851,655	7,940,571	122,803,413
Molina	29,830,979	4,991,595	0	0	2,663,873	0	1,886,499	1,597,214	40,970,159
Tarrant Total	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis SDA									
Amerigroup	22,606,750	6,972,472	0	0	1,528,904	0	1,040,733	974,064	33,122,924
United	37,716,582	5,131,220	0	0	2,485,085	0	3,179,854	6,310,704	54,823,444
Travis Total	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central SDA									
Superior	46,456,650	9,615,905	0	0	3,033,983	0	2,227,076	3,808,364	65,141,978
United	36,097,355	5,218,665	0	0	2,900,005	0	1,130,935	1,950,008	47,296,969
Central Total	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast SDA									
Molina	45,959,474	12,633,882	0	0	3,392,202	0	1,699,584	2,495,325	66,180,467
United	64,823,397	12,244,532	0	0	4,425,525	0	2,285,953	4,485,143	88,264,550
Northeast Total	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West SDA									
Amerigroup	28,238,778	4,608,642	0	0	3,092,836	0	1,314,827	2,300,831	39,555,915
Superior	49,060,466	11,564,552	0	0	3,706,781	0	3,268,830	4,953,280	72,553,910
West Total	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824

FY2024 STAR+PLUS Rating - Medical
DPP BHS Adjustment
Impact of DPP BHS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	0.91%	0.73%	0.00%	0.00%	0.04%	0.00%	0.30%	0.00%	0.78%
Molina	0.83%	0.39%	0.00%	0.00%	0.05%	0.00%	0.06%	0.00%	0.60%
Superior	0.71%	0.23%	0.00%	0.00%	0.03%	0.00%	0.18%	0.07%	0.53%
Bexar Total	0.76%	0.32%	0.00%	0.00%	0.04%	0.00%	0.19%	0.05%	0.58%
Dallas SDA									
Molina	1.40%	0.91%	0.00%	0.00%	0.04%	0.00%	1.22%	0.14%	1.16%
Superior	1.25%	0.73%	0.00%	0.00%	0.08%	0.00%	1.21%	0.08%	1.01%
Dallas Total	1.33%	0.84%	0.00%	0.00%	0.06%	0.00%	1.22%	0.09%	1.09%
El Paso SDA									
Amerigroup	1.73%	1.06%	0.00%	0.00%	0.12%	0.00%	0.28%	0.03%	1.35%
Molina	1.75%	1.50%	0.00%	0.00%	0.14%	0.00%	0.16%	0.16%	1.46%
El Paso Total	1.74%	1.30%	0.00%	0.00%	0.13%	0.00%	0.24%	0.08%	1.40%
Harris SDA									
Amerigroup	0.41%	0.09%	0.00%	0.00%	0.01%	0.00%	0.14%	0.02%	0.31%
Molina	0.31%	0.13%	0.00%	0.00%	0.01%	0.00%	0.12%	0.04%	0.23%
United	0.56%	0.18%	0.00%	0.00%	0.01%	0.00%	0.30%	0.03%	0.44%
Harris Total	0.48%	0.14%	0.00%	0.00%	0.01%	0.00%	0.23%	0.03%	0.37%
Hidalgo SDA									
Molina	1.76%	0.81%	0.00%	0.00%	0.23%	0.00%	0.34%	0.02%	1.36%
Superior	1.65%	0.69%	0.00%	0.00%	0.26%	0.00%	0.59%	0.04%	1.17%
Hidalgo Total	1.70%	0.73%	0.00%	0.00%	0.24%	0.00%	0.51%	0.04%	1.25%
Jefferson SDA									
Amerigroup	0.60%	0.42%	0.00%	0.00%	1.93%	0.00%	0.63%	0.03%	0.59%
Molina	0.77%	0.54%	0.00%	0.00%	0.55%	0.00%	0.98%	0.00%	0.68%
United	0.17%	0.05%	0.00%	0.00%	0.00%	0.00%	0.19%	0.01%	0.14%
Jefferson Total	0.39%	0.34%	0.00%	0.00%	0.74%	0.00%	0.47%	0.01%	0.38%

FY2024 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	1.14%	0.62%	0.00%	0.00%	0.16%	0.00%	0.11%	0.03%	0.91%
Superior	1.03%	0.53%	0.00%	0.00%	0.08%	0.00%	0.10%	0.07%	0.80%
Lubbock Total	1.07%	0.56%	0.00%	0.00%	0.11%	0.00%	0.10%	0.06%	0.84%
Nueces SDA									
Superior	0.99%	0.69%	0.00%	0.00%	0.19%	0.00%	0.54%	0.07%	0.82%
United	0.24%	0.08%	0.00%	0.00%	0.04%	0.00%	0.47%	0.00%	0.20%
Nueces Total	0.65%	0.51%	0.00%	0.00%	0.12%	0.00%	0.52%	0.04%	0.56%
Tarrant SDA									
Amerigroup	0.73%	0.25%	0.00%	0.00%	0.04%	0.00%	0.66%	0.07%	0.56%
Molina	0.43%	0.33%	0.00%	0.00%	0.01%	0.00%	0.31%	0.02%	0.37%
Tarrant Total	0.65%	0.27%	0.00%	0.00%	0.03%	0.00%	0.58%	0.06%	0.51%
Travis SDA									
Amerigroup	1.84%	0.97%	0.00%	0.00%	0.31%	0.00%	0.62%	0.65%	1.51%
United	0.62%	0.14%	0.00%	0.00%	0.07%	0.00%	0.24%	0.02%	0.46%
Travis Total	1.08%	0.62%	0.00%	0.00%	0.16%	0.00%	0.34%	0.10%	0.86%
MRSA Central SDA									
Superior	0.70%	0.47%	0.00%	0.00%	0.03%	0.00%	0.22%	0.08%	0.58%
United	0.51%	0.07%	0.00%	0.00%	0.00%	0.00%	0.36%	0.02%	0.41%
Central Total	0.62%	0.33%	0.00%	0.00%	0.02%	0.00%	0.27%	0.06%	0.51%
MRSA Northeast SDA									
Molina	0.59%	0.27%	0.00%	0.00%	0.09%	0.00%	0.37%	0.01%	0.48%
United	0.91%	0.53%	0.00%	0.00%	0.18%	0.00%	0.21%	0.01%	0.75%
Northeast Total	0.78%	0.40%	0.00%	0.00%	0.14%	0.00%	0.28%	0.01%	0.64%

FY2024 STAR+PLUS Rating - Medical
DPP BHS Adjustment
Impact of DPP BHS 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>			
MRSA West SDA									
Amerigroup	1.77%	0.45%	0.00%	0.00%	0.09%	0.00%	0.24%	0.08%	1.33%
Superior	1.43%	0.74%	0.00%	0.00%	0.13%	0.00%	0.33%	0.03%	1.11%
West Total	1.56%	0.65%	0.00%	0.00%	0.11%	0.00%	0.31%	0.04%	1.19%

Footnotes

- (1) Equals the cost impact from increased DPP BHS Component 2 reimbursement effective 9/1/2023.
- (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2022 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 three of the program will begin September 1, 2023.

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 FY2024 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% (STAR) or 1.75% (STAR+PLUS and STAR Kids) of premium
- Premium Tax – 1.75% of premium

The RAPPS premiums have been accounted for in the FY2024 rate development in a manner that is consistent with the pre-print (control name *Tx_Fee_Oth1_Renewal_20230901-20240831*) that is currently under CMS review. The pre-print has been received and reviewed for consistency by the certifying actuaries. Furthermore, HHSC has confirmed that the pre-print will be updated to reflect the final RAPPS increases provided to the actuaries for rate setting.

**Texas Health and Human Services Commission
State Fiscal Year 2024 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. It also focuses on the management of chronic conditions. It is designed to advance certain goals and objectives of the state's Managed Care Quality Strategy.

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 three will begin on September 1, 2023. 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. RHCs are required to report on quality metrics as a condition of participation in the program. This data will be used to monitor provider-level progress towards the state's Managed Care Quality Strategy goals and objectives and to evaluate the program.

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 2024

\$27,902,213

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

The RAPPS program succeeds the Texas Delivery System Reform Incentive Payment (DSRIP) program, which ended in state fiscal year 2022. It is intended to improve primary and preventive care access and chronic care management for Medicaid enrollees in rural areas.

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) provide the right care in the right place at the right time; (3) promote effective practices for people with chronic, complex and serious conditions; and (4) attract and retain high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.

Directed Payment Arrangement

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

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 State Fiscal Year 2022 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 Three anticipated funding is below:

RAPPS Year 3 Anticipated Funding	
Estimated Funds	\$ 27,902,213
Federal Share Funds (60.71%)	\$ 16,939,434
Non-Federal Share Funds (39.29%)	\$ 10,962,780
Breakdown of Program Funding	
MCO Admin Fee = 2.50%	\$ 697,555
MCO Risk Margin = STAR – 1.5% STAR+PLUS and STAR Kids – 1.75%	\$ 427,053
MCO Premium Tax = 1.75%	\$ 488,289
Total MCO Fees (STAR = 5.75%; STAR+PLUS and STAR Kids = 6.00%)	\$ 1,612,897
IGT Funds Needed for Pool Size	\$ 10,962,780
Available Funds for Program Components	
Component 1	
70.92% of Total Funds	\$ 19,786,872
Component 2	
23.30% of Total Funds	\$ 6,502,444

Distribution of Payments

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

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

Component 2: RAPPs-participating RHCs will receive a uniform percent rate increase for certain services. Payment is attributed as a rate increase for specific services. To align with program goals, Component 2 rate enhancements will be applied to the following codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99244, 99381, 99382, 99383, 99384, 99385, 99386, 99391, 99392, 99393, 99394, 99395, 99396, 99429, G0444, and T1015.

As a condition of participation, all RHCs participating in RAPPs must report certain quality data by the deadlines communicated by HHSC. 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

The table below identifies the quality measures by program component.

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
R1 – Dollar Increase	R1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	R1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-Up Plan Best Practices	Structure	NA	NA
	R1-166	Depression Screening and Follow-up Best Practices	Structure	NA	NA
R2 – Percent Increase	R2-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	R2-119	Controlling High Blood Pressure	Outcome	0018	NCQA

Reporting Requirements

RAPPs-participating RHCs must report 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 removed from the program and will have all funds they were previously paid during the program period recouped.

For structure measures, RAPPs-participating RHCs must submit responses to qualitative reporting questions that summarize the RHC's progress towards implementing the structure measure. RHCs are not required to implement structure measures as a condition of reporting or program participation.

For process and outcome measures, RAPPs-participating RHCs 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 goals and objectives.

FY2024 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	0.23	0.23	0.00	0.00	0.23	0.00	0.23	0.23
Molina - Bexar	0.12	0.12	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Bexar	0.30	0.30	0.00	0.00	0.30	0.00	0.30	0.30
Molina - Dallas	0.11	0.11	0.00	0.00	0.11	0.00	0.11	0.11
Superior - Dallas	0.14	0.14	0.00	0.00	0.14	0.00	0.14	0.14
Amerigroup - El Paso	0.18	0.18	0.00	0.00	0.18	0.00	0.18	0.18
Molina - El Paso	0.18	0.18	0.00	0.00	0.18	0.00	0.18	0.18
Amerigroup - Harris	0.07	0.07	0.00	0.00	0.07	0.00	0.07	0.07
Molina - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
United - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.08	0.08
Molina - Hidalgo	0.12	0.12	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Hidalgo	0.17	0.17	0.00	0.00	0.17	0.00	0.17	0.17
Amerigroup - Jefferson	0.57	0.57	0.00	0.00	0.57	0.00	0.57	0.57
Molina - Jefferson	0.26	0.26	0.00	0.00	0.26	0.00	0.26	0.26
United - Jefferson	0.57	0.57	0.00	0.00	0.57	0.00	0.57	0.57
Amerigroup - Lubbock	1.42	1.42	0.00	0.00	1.42	0.00	1.42	1.42
Superior - Lubbock	1.80	1.80	0.00	0.00	1.80	0.00	1.80	1.80
Superior - Nueces	0.62	0.62	0.00	0.00	0.62	0.00	0.62	0.62
United - Nueces	0.62	0.62	0.00	0.00	0.62	0.00	0.62	0.62
Amerigroup - Tarrant	0.02	0.02	0.00	0.00	0.02	0.00	0.02	0.02
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	1.11	1.11	0.00	0.00	1.11	0.00	1.11	1.11
United - Travis	1.13	1.13	0.00	0.00	1.13	0.00	1.13	1.13
Superior - Central	3.43	3.43	0.00	0.00	3.43	0.00	3.43	3.43
United - Central	3.11	3.11	0.00	0.00	3.11	0.00	3.11	3.11
Molina - Northeast	1.11	1.11	0.00	0.00	1.11	0.00	1.11	1.11
United - Northeast	1.09	1.09	0.00	0.00	1.09	0.00	1.09	1.09
Amerigroup - West	3.15	3.15	0.00	0.00	3.15	0.00	3.15	3.15
Superior - West	3.24	3.24	0.00	0.00	3.24	0.00	3.24	3.24

FY2024 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	1.58	0.00	0.05	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	0.07	0.17	0.00	0.00	0.82	0.00	0.04	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00
Superior - Dallas	0.07	0.00	0.00	0.00	0.14	0.00	0.07	0.00
Amerigroup - El Paso	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.17
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19
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	0.15	0.00
United - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00
Molina - Hidalgo	0.07	0.15	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Hidalgo	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.16
Amerigroup - Jefferson	0.16	0.29	0.00	0.00	0.00	0.00	0.09	0.00
Molina - Jefferson	0.12	0.14	0.00	0.00	0.00	0.00	0.22	0.30
United - Jefferson	0.20	0.17	0.00	0.00	0.12	0.00	0.09	0.25
Amerigroup - Lubbock	0.41	0.63	0.00	0.00	0.11	0.00	0.18	0.15
Superior - Lubbock	0.51	1.18	0.00	0.00	0.63	0.00	0.56	0.96
Superior - Nueces	0.32	0.15	0.00	0.00	2.33	0.00	0.16	0.12
United - Nueces	0.17	0.11	0.00	0.00	2.76	0.00	0.03	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	0.30	0.00	0.03	0.00
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	0.16	0.14	0.00	0.00	7.69	0.00	0.03	0.13
United - Travis	0.28	0.23	0.00	0.00	8.93	0.00	0.20	0.26
Superior - Central	0.82	1.62	0.00	0.00	3.32	0.00	0.56	1.21
United - Central	0.52	0.45	0.00	0.00	5.05	0.00	0.31	0.74
Molina - Northeast	0.38	0.93	0.00	0.00	0.59	0.00	0.22	0.47
United - Northeast	0.28	0.40	0.00	0.00	0.82	0.00	0.10	0.40
Amerigroup - West	0.91	1.34	0.00	0.00	2.30	0.00	0.55	1.37
Superior - West	1.10	1.48	0.00	0.00	1.84	0.00	0.73	1.37

FY2024 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	0.28	0.23	0.00	0.00	1.81	0.00	0.28	0.23
Molina - Bexar	0.12	0.12	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Bexar	0.37	0.47	0.00	0.00	1.12	0.00	0.34	0.30
Molina - Dallas	0.11	0.11	0.00	0.00	0.11	0.00	0.15	0.11
Superior - Dallas	0.21	0.14	0.00	0.00	0.28	0.00	0.21	0.14
Amerigroup - El Paso	0.24	0.18	0.00	0.00	0.18	0.00	0.18	0.35
Molina - El Paso	0.18	0.18	0.00	0.00	0.18	0.00	0.18	0.37
Amerigroup - Harris	0.07	0.07	0.00	0.00	0.07	0.00	0.07	0.07
Molina - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.23	0.08
United - Harris	0.08	0.08	0.00	0.00	0.08	0.00	0.12	0.08
Molina - Hidalgo	0.19	0.27	0.00	0.00	0.12	0.00	0.12	0.12
Superior - Hidalgo	0.23	0.17	0.00	0.00	0.17	0.00	0.17	0.33
Amerigroup - Jefferson	0.73	0.86	0.00	0.00	0.57	0.00	0.66	0.57
Molina - Jefferson	0.38	0.40	0.00	0.00	0.26	0.00	0.48	0.56
United - Jefferson	0.77	0.74	0.00	0.00	0.69	0.00	0.66	0.82
Amerigroup - Lubbock	1.83	2.05	0.00	0.00	1.53	0.00	1.60	1.57
Superior - Lubbock	2.31	2.98	0.00	0.00	2.43	0.00	2.36	2.76
Superior - Nueces	0.94	0.77	0.00	0.00	2.95	0.00	0.78	0.74
United - Nueces	0.79	0.73	0.00	0.00	3.38	0.00	0.65	0.62
Amerigroup - Tarrant	0.02	0.02	0.00	0.00	0.32	0.00	0.05	0.02
Molina - Tarrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Travis	1.27	1.25	0.00	0.00	8.80	0.00	1.14	1.24
United - Travis	1.41	1.36	0.00	0.00	10.06	0.00	1.33	1.39
Superior - Central	4.25	5.05	0.00	0.00	6.75	0.00	3.99	4.64
United - Central	3.63	3.56	0.00	0.00	8.16	0.00	3.42	3.85
Molina - Northeast	1.49	2.04	0.00	0.00	1.70	0.00	1.33	1.58
United - Northeast	1.37	1.49	0.00	0.00	1.91	0.00	1.19	1.49
Amerigroup - West	4.06	4.49	0.00	0.00	5.45	0.00	3.70	4.52
Superior - West	4.34	4.72	0.00	0.00	5.08	0.00	3.97	4.61

FY2024 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	2,236	145	0	0	1,995	0	195	0	4,571
Molina	207	51	0	0	21	0	0	21	300
Superior	12,611	2,786	0	0	2,781	0	788	264	19,231
Bexar Total	15,054	2,983	0	0	4,796	0	983	286	24,102
Dallas SDA									
Molina	4,704	1,354	0	0	0	0	273	65	6,396
Superior	8,575	875	0	0	489	0	732	269	10,940
Dallas Total	13,278	2,229	0	0	489	0	1,005	334	17,336
El Paso SDA									
Amerigroup	2,453	189	0	0	0	0	16	193	2,850
Molina	713	113	0	0	0	0	0	169	994
El Paso Total	3,166	301	0	0	0	0	16	362	3,844
Harris SDA									
Amerigroup	2,112	18	0	0	56	0	57	0	2,244
Molina	1,364	276	0	0	0	0	411	0	2,050
United	6,283	146	0	0	289	0	576	145	7,439
Harris Total	9,758	440	0	0	346	0	1,043	145	11,733
Hidalgo SDA									
Molina	3,291	1,198	0	0	0	0	40	61	4,588
Superior	5,097	1,037	0	0	80	0	158	355	6,728
Hidalgo Total	8,388	2,235	0	0	80	0	198	416	11,317
Jefferson SDA									
Amerigroup	4,022	579	0	0	26	0	88	0	4,715
Molina	1,906	383	0	0	0	0	141	94	2,524
United	9,536	270	0	0	141	0	172	311	10,429
Jefferson Total	15,464	1,232	0	0	167	0	401	405	17,668

FY2024 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	9,332	976	0	0	74	0	440	61	10,883
Superior	16,013	2,739	0	0	757	0	2,062	744	22,315
Lubbock Total	25,345	3,716	0	0	830	0	2,503	805	33,198
Nueces SDA									
Superior	11,277	1,111	0	0	2,382	0	344	225	15,340
United	6,405	441	0	0	1,596	0	51	18	8,510
Nueces Total	17,682	1,552	0	0	3,978	0	394	243	23,850
Tarrant SDA									
Amerigroup	3,053	167	0	0	1,523	0	313	25	5,081
Molina	112	0	0	0	8	0	0	0	120
Tarrant Total	3,165	167	0	0	1,532	0	313	25	5,201
Travis SDA									
Amerigroup	6,104	1,021	0	0	12,278	0	97	101	19,601
United	17,403	903	0	0	22,904	0	1,908	389	43,506
Travis Total	23,507	1,923	0	0	35,182	0	2,005	490	63,108
MRSA Central SDA									
Superior	58,275	8,292	0	0	8,541	0	3,330	1,801	80,239
United	28,078	1,792	0	0	11,452	0	886	584	42,792
Central Total	86,353	10,084	0	0	19,993	0	4,217	2,384	123,031
MRSA Northeast SDA									
Molina	26,307	5,959	0	0	1,229	0	1,056	545	35,096
United	35,213	3,158	0	0	2,599	0	697	802	42,469
Northeast Total	61,520	9,117	0	0	3,829	0	1,753	1,347	77,565
MRSA West SDA									
Amerigroup	43,208	4,610	0	0	5,181	0	1,940	1,519	56,457
Superior	85,121	10,648	0	0	5,761	0	5,110	2,830	109,471
West Total	128,329	15,258	0	0	10,942	0	7,050	4,349	165,928

FY2024 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			
FY2022 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	23,021,357	5,812,400	0	0	1,730,147	0	892,776	1,296,168	32,752,848
Molina	14,730,268	5,324,885	0	0	2,057,710	0	418,850	1,719,851	24,251,565
Superior	92,995,398	31,666,241	0	0	6,051,726	0	5,801,492	6,783,433	143,298,290
Bexar Total	130,747,023	42,803,525	0	0	9,839,584	0	7,113,119	9,799,451	200,302,703
Dallas SDA									
Molina	107,499,179	38,864,264	0	0	11,724,832	0	4,210,895	2,937,196	165,236,366
Superior	88,811,999	23,783,029	0	0	7,021,060	0	4,589,030	9,952,107	134,157,224
Dallas Total	196,311,178	62,647,292	0	0	18,745,892	0	8,799,925	12,889,303	299,393,589
El Paso SDA									
Amerigroup	23,907,752	5,634,339	0	0	876,438	0	2,119,087	3,183,201	35,720,817
Molina	18,143,347	6,859,362	0	0	997,783	0	951,001	2,226,655	29,178,148
El Paso Total	42,051,099	12,493,701	0	0	1,874,221	0	3,070,088	5,409,856	64,898,965
Harris SDA									
Amerigroup	110,678,480	30,131,695	0	0	6,267,074	0	6,949,461	6,074,289	160,100,999
Molina	34,943,158	11,731,033	0	0	3,397,327	0	1,298,332	3,126,471	54,496,320
United	184,044,976	33,889,042	0	0	9,493,132	0	10,105,060	16,581,561	254,113,771
Harris Total	329,666,613	75,751,771	0	0	19,157,533	0	18,352,852	25,782,320	468,711,089
Hidalgo SDA									
Molina	43,924,711	17,515,338	0	0	2,426,502	0	1,662,255	2,842,126	68,370,932
Superior	55,698,257	29,711,301	0	0	2,972,698	0	3,822,423	6,659,149	98,863,828
Hidalgo Total	99,622,968	47,226,638	0	0	5,399,200	0	5,484,678	9,501,275	167,234,760
Jefferson SDA									
Amerigroup	13,128,100	3,122,755	0	0	698,142	0	445,306	776,956	18,171,259
Molina	9,634,847	4,503,496	0	0	716,379	0	226,599	448,226	15,529,545
United	28,534,250	3,692,678	0	0	942,677	0	654,922	2,934,242	36,758,769
Jefferson Total	51,297,198	11,318,929	0	0	2,357,198	0	1,326,827	4,159,423	70,459,574

FY2024 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	12,519,560	2,078,763	0	0	1,073,721	0	1,085,476	703,544	17,461,065
Superior	19,156,829	4,776,197	0	0	1,404,280	0	1,633,504	1,281,327	28,252,136
Lubbock Total	31,676,389	6,854,960	0	0	2,478,001	0	2,718,980	1,984,871	45,713,201
Nueces SDA									
Superior	23,427,745	9,251,164	0	0	1,193,003	0	1,284,999	2,410,459	37,567,369
United	19,534,219	3,855,162	0	0	924,000	0	710,833	1,765,046	26,789,260
Nueces Total	42,961,964	13,106,326	0	0	2,117,003	0	1,995,832	4,175,505	64,356,629
Tarrant SDA									
Amerigroup	80,436,110	21,431,300	0	0	7,143,778	0	5,851,655	7,940,571	122,803,413
Molina	29,830,979	4,991,595	0	0	2,663,873	0	1,886,499	1,597,214	40,970,159
Tarrant Total	110,267,088	26,422,894	0	0	9,807,650	0	7,738,154	9,537,786	163,773,572
Travis SDA									
Amerigroup	22,606,750	6,972,472	0	0	1,528,904	0	1,040,733	974,064	33,122,924
United	37,716,582	5,131,220	0	0	2,485,085	0	3,179,854	6,310,704	54,823,444
Travis Total	60,323,332	12,103,692	0	0	4,013,989	0	4,220,588	7,284,768	87,946,368
MRSA Central SDA									
Superior	46,456,650	9,615,905	0	0	3,033,983	0	2,227,076	3,808,364	65,141,978
United	36,097,355	5,218,665	0	0	2,900,005	0	1,130,935	1,950,008	47,296,969
Central Total	82,554,005	14,834,570	0	0	5,933,988	0	3,358,011	5,758,372	112,438,946
MRSA Northeast SDA									
Molina	45,959,474	12,633,882	0	0	3,392,202	0	1,699,584	2,495,325	66,180,467
United	64,823,397	12,244,532	0	0	4,425,525	0	2,285,953	4,485,143	88,264,550
Northeast Total	110,782,871	24,878,414	0	0	7,817,727	0	3,985,536	6,980,468	154,445,016
MRSA West SDA									
Amerigroup	28,238,778	4,608,642	0	0	3,092,836	0	1,314,827	2,300,831	39,555,915
Superior	49,060,466	11,564,552	0	0	3,706,781	0	3,268,830	4,953,280	72,553,910
West Total	77,299,245	16,173,194	0	0	6,799,617	0	4,583,657	7,254,112	112,109,824

FY2024 STAR+PLUS Rating - Medical
 RAPPS Adjustment
 Impact of RAPPS Component 2 Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.12%	0.00%	0.02%	0.00%	0.01%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Superior	0.01%	0.01%	0.00%	0.00%	0.05%	0.00%	0.01%	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%	0.01%	0.00%	0.00%
Superior	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.02%	0.00%	0.01%
Dallas Total	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%
El Paso SDA									
Amerigroup	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%
El Paso Total	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
Harris SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%
United	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	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	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Superior	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
Hidalgo Total	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Jefferson SDA									
Amerigroup	0.03%	0.02%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.03%
Molina	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.06%	0.02%	0.02%
United	0.03%	0.01%	0.00%	0.00%	0.01%	0.00%	0.03%	0.01%	0.03%
Jefferson Total	0.03%	0.01%	0.00%	0.00%	0.01%	0.00%	0.03%	0.01%	0.03%

FY2024 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	0.07%	0.05%	0.00%	0.00%	0.01%	0.00%	0.04%	0.01%	0.06%
Superior	0.08%	0.06%	0.00%	0.00%	0.05%	0.00%	0.13%	0.06%	0.08%
Lubbock Total	0.08%	0.05%	0.00%	0.00%	0.03%	0.00%	0.09%	0.04%	0.07%
Nueces SDA									
Superior	0.05%	0.01%	0.00%	0.00%	0.20%	0.00%	0.03%	0.01%	0.04%
United	0.03%	0.01%	0.00%	0.00%	0.17%	0.00%	0.01%	0.00%	0.03%
Nueces Total	0.04%	0.01%	0.00%	0.00%	0.19%	0.00%	0.02%	0.01%	0.04%
Tarrant SDA									
Amerigroup	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.01%	0.00%	0.00%
Molina	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant Total	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
Travis SDA									
Amerigroup	0.03%	0.01%	0.00%	0.00%	0.80%	0.00%	0.01%	0.01%	0.06%
United	0.05%	0.02%	0.00%	0.00%	0.92%	0.00%	0.06%	0.01%	0.08%
Travis Total	0.04%	0.02%	0.00%	0.00%	0.88%	0.00%	0.05%	0.01%	0.07%
MRSA Central SDA									
Superior	0.13%	0.09%	0.00%	0.00%	0.28%	0.00%	0.15%	0.05%	0.12%
United	0.08%	0.03%	0.00%	0.00%	0.39%	0.00%	0.08%	0.03%	0.09%
Central Total	0.10%	0.07%	0.00%	0.00%	0.34%	0.00%	0.13%	0.04%	0.11%
MRSA Northeast SDA									
Molina	0.06%	0.05%	0.00%	0.00%	0.04%	0.00%	0.06%	0.02%	0.05%
United	0.05%	0.03%	0.00%	0.00%	0.06%	0.00%	0.03%	0.02%	0.05%
Northeast Total	0.06%	0.04%	0.00%	0.00%	0.05%	0.00%	0.04%	0.02%	0.05%

FY2024 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	0.15%	0.10%	0.00%	0.00%	0.17%	0.00%	0.15%	0.07%	0.14%
Superior	0.17%	0.09%	0.00%	0.00%	0.16%	0.00%	0.16%	0.06%	0.15%
West Total	0.17%	0.09%	0.00%	0.00%	0.16%	0.00%	0.15%	0.06%	0.15%

Footnotes

- (1) Equals the cost impact from increased RAPPS Component 2 reimbursement effective 9/1/2023.
 (2) Equals FY2022 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2022 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 (FY2022).
- 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.

FY2024 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	213,435	4,482,728	576,622	4,763,860	10,036,644
Molina - Bexar	419,487	3,939,846	457,752	5,558,020	10,375,104
Superior - Bexar	798,361	26,937,222	908,393	23,580,745	52,224,721
Molina - Dallas	1,858,147	29,847,957	2,298,307	34,297,526	68,301,937
Superior - Dallas	483,536	18,682,595	529,196	17,658,824	37,354,150
Amerigroup - El Paso	156,797	5,066,518	1,009,748	5,425,992	11,659,055
Molina - El Paso	200,360	6,602,246	426,031	10,786,632	18,015,269
Amerigroup - Harris	1,152,263	21,777,076	1,569,378	27,298,775	51,797,493
Molina - Harris	322,036	8,876,662	243,686	15,400,215	24,842,599
United - Harris	1,408,346	19,679,328	1,573,842	31,701,507	54,363,023
Molina - Hidalgo	747,647	17,740,178	1,385,544	55,291,471	75,164,840
Superior - Hidalgo	1,021,845	38,109,458	2,547,642	95,652,039	137,330,985
Amerigroup - Jefferson	102,905	2,174,615	222,124	3,065,972	5,565,617
Molina - Jefferson	138,547	3,017,287	221,756	5,227,822	8,605,412
United - Jefferson	105,529	1,541,637	96,703	1,078,071	2,821,939
Amerigroup - Lubbock	45,722	940,589	206,017	1,380,176	2,572,503
Superior - Lubbock	141,515	2,173,063	145,540	2,608,245	5,068,363
Superior - Nueces	466,725	9,483,552	1,005,908	16,494,289	27,450,474
United - Nueces	334,999	1,968,619	327,116	3,147,367	5,778,101
Amerigroup - Tarrant	1,020,853	16,310,061	1,799,028	15,292,143	34,422,086
Molina - Tarrant	121,332	3,528,215	97,574	3,835,803	7,582,925
Amerigroup - Travis	355,595	5,122,776	456,061	8,434,257	14,368,688
United - Travis	256,752	2,930,606	435,038	4,487,008	8,109,404
Superior - MRSA Central	326,940	5,330,903	449,881	5,167,638	11,275,363
United - MRSA Central	314,680	2,400,724	378,344	3,286,066	6,379,814
Molina - MRSA Northeast	341,034	7,422,977	324,439	9,868,902	17,957,352
United - MRSA Northeast	533,919	6,721,302	579,441	7,107,330	14,941,990
Amerigroup - MRSA West	175,858	2,905,613	856,625	6,858,288	10,796,384
Superior - MRSA West	215,961	7,642,116	502,632	9,810,776	18,171,485
Total	13,781,126	283,356,468	21,630,369	434,565,757	753,333,719

FY2024 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	
FY2022 Total Long Term Care Claims Paid (2)					
Amerigroup - Bexar	9,380,635	7,627,297	18,318,587	13,050,420	48,376,938
Molina - Bexar	5,689,595	4,704,538	14,155,679	9,653,597	34,203,409
Superior - Bexar	30,554,654	37,151,772	42,540,298	39,042,112	149,288,837
Molina - Dallas	37,777,756	39,481,301	56,726,893	62,984,568	196,970,518
Superior - Dallas	24,637,098	27,159,994	36,644,337	35,954,483	124,395,912
Amerigroup - El Paso	10,442,243	6,913,661	37,131,377	10,781,206	65,268,488
Molina - El Paso	9,659,472	8,204,044	37,158,542	17,269,318	72,291,376
Amerigroup - Harris	36,215,549	28,892,877	76,398,934	43,713,446	185,220,806
Molina - Harris	9,809,643	11,385,462	21,507,645	23,069,759	65,772,509
United - Harris	66,090,006	41,918,364	110,446,740	69,643,754	288,098,865
Molina - Hidalgo	43,568,600	21,824,069	154,412,676	106,461,739	326,267,084
Superior - Hidalgo	59,729,179	48,602,749	172,429,855	169,412,366	450,174,149
Amerigroup - Jefferson	2,737,860	3,039,758	6,631,427	7,303,775	19,712,819
Molina - Jefferson	2,405,162	3,764,670	6,574,809	8,899,199	21,643,840
United - Jefferson	5,818,529	3,734,955	6,303,966	4,813,289	20,670,739
Amerigroup - Lubbock	1,196,317	1,542,425	3,480,453	3,947,717	10,166,912
Superior - Lubbock	2,014,527	3,066,436	3,370,385	5,654,740	14,106,088
Superior - Nueces	9,532,952	11,691,631	21,016,071	30,985,807	73,226,461
United - Nueces	16,051,162	6,627,838	24,287,672	22,327,664	69,294,336
Amerigroup - Tarrant	17,996,613	24,160,173	37,308,998	36,049,652	115,515,436
Molina - Tarrant	6,606,812	4,914,779	12,291,482	10,160,663	33,973,736
Amerigroup - Travis	6,664,801	7,284,146	15,421,993	15,945,575	45,316,516
United - Travis	6,709,246	5,829,183	11,179,206	14,618,826	38,336,461
Superior - MRSA Central	6,316,418	7,362,790	11,395,698	10,449,969	35,524,875
United - MRSA Central	5,206,904	5,040,410	11,842,030	12,585,968	34,675,310
Molina - MRSA Northeast	10,281,879	9,815,747	18,890,183	24,831,177	63,818,986
United - MRSA Northeast	16,759,544	15,913,568	23,683,344	33,491,220	89,847,675
Amerigroup - MRSA West	4,165,113	4,701,607	19,314,026	17,381,894	45,562,640
Superior - MRSA West	6,052,528	10,992,455	15,489,339	22,217,229	54,751,551
Total	470,070,793	413,348,701	1,026,352,645	882,701,131	2,792,473,271

FY2024 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	2.28%	58.77%	3.15%	36.50%	20.75%
Molina - Bexar	7.37%	83.75%	3.23%	57.57%	30.33%
Superior - Bexar	2.61%	72.51%	2.14%	60.40%	34.98%
Molina - Dallas	4.92%	75.60%	4.05%	54.45%	34.68%
Superior - Dallas	1.96%	68.79%	1.44%	49.11%	30.03%
Amerigroup - El Paso	1.50%	73.28%	2.72%	50.33%	17.86%
Molina - El Paso	2.07%	80.48%	1.15%	62.46%	24.92%
Amerigroup - Harris	3.18%	75.37%	2.05%	62.45%	27.97%
Molina - Harris	3.28%	77.96%	1.13%	66.75%	37.77%
United - Harris	2.13%	46.95%	1.42%	45.52%	18.87%
Molina - Hidalgo	1.72%	81.29%	0.90%	51.94%	23.04%
Superior - Hidalgo	1.71%	78.41%	1.48%	56.46%	30.51%
Amerigroup - Jefferson	3.76%	71.54%	3.35%	41.98%	28.23%
Molina - Jefferson	5.76%	80.15%	3.37%	58.74%	39.76%
United - Jefferson	1.81%	41.28%	1.53%	22.40%	13.65%
Amerigroup - Lubbock	3.82%	60.98%	5.92%	34.96%	25.30%
Superior - Lubbock	7.02%	70.87%	4.32%	46.12%	35.93%
Superior - Nueces	4.90%	81.11%	4.79%	53.23%	37.49%
United - Nueces	2.09%	29.70%	1.35%	14.10%	8.34%
Amerigroup - Tarrant	5.67%	67.51%	4.82%	42.42%	29.80%
Molina - Tarrant	1.84%	71.79%	0.79%	37.75%	22.32%
Amerigroup - Travis	5.34%	70.33%	2.96%	52.89%	31.71%
United - Travis	3.83%	50.27%	3.89%	30.69%	21.15%
Superior - MRSA Central	5.18%	72.40%	3.95%	49.45%	31.74%
United - MRSA Central	6.04%	47.63%	3.19%	26.11%	18.40%
Molina - MRSA Northeast	3.32%	75.62%	1.72%	39.74%	28.14%
United - MRSA Northeast	3.19%	42.24%	2.45%	21.22%	16.63%
Amerigroup - MRSA West	4.22%	61.80%	4.44%	39.46%	23.70%
Superior - MRSA West	3.57%	69.52%	3.25%	44.16%	33.19%
Total	2.93%	68.55%	2.11%	49.23%	26.98%

Footnotes

(1) Equals FY2022 health plan fee-for-service claims for CFC eligible members (from Encounter database).

(2) Equals FY2022 health plan fee-for-service claims for all long term care services (from Encounter database).

FY2024 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2023 (LTC Only)				
Amerigroup - Bexar	319.61	2,448.69	513.31	2,641.92
Molina - Bexar	356.41	2,275.70	527.43	2,487.27
Superior - Bexar	347.24	2,589.28	553.06	2,744.80
Molina - Dallas	404.99	2,224.70	557.72	2,411.60
Superior - Dallas	285.65	2,300.11	467.69	2,433.24
Amerigroup - El Paso	412.61	2,555.08	687.35	2,822.74
Molina - El Paso	527.25	2,510.15	821.21	2,762.96
Amerigroup - Harris	360.79	3,340.93	497.64	3,279.18
Molina - Harris	375.28	3,329.68	486.49	3,260.77
United - Harris	392.51	3,105.55	501.02	3,028.50
Molina - Hidalgo	887.62	3,301.33	1,143.20	3,228.47
Superior - Hidalgo	870.28	3,364.29	1,261.37	3,267.96
Amerigroup - Jefferson	215.75	2,267.42	339.24	2,335.54
Molina - Jefferson	290.08	2,079.44	370.10	2,193.80
United - Jefferson	231.72	2,142.20	263.65	2,091.60
Amerigroup - Lubbock	120.13	1,449.24	188.27	1,740.45
Superior - Lubbock	160.91	1,635.92	207.79	1,950.38
Superior - Nueces	416.15	2,441.07	623.54	2,675.61
United - Nueces	539.72	2,529.33	629.40	2,638.73
Amerigroup - Tarrant	240.96	2,444.19	426.52	2,410.70
Molina - Tarrant	259.67	2,624.96	343.84	2,618.10
Amerigroup - Travis	350.64	2,998.09	430.93	2,490.80
United - Travis	253.17	2,701.29	240.50	2,376.32
Superior - MRSA Central	190.84	2,200.58	230.29	2,101.81
United - MRSA Central	187.84	2,216.39	237.02	2,002.04
Molina - MRSA Northeast	272.95	2,484.10	315.20	2,061.74
United - MRSA Northeast	268.77	2,452.44	279.54	1,813.22
Amerigroup - MRSA West	166.79	1,926.52	347.84	1,985.74
Superior - MRSA West	172.45	2,012.73	288.01	2,118.56

FY2024 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services as a Percentage of FY2022 Base Period (1)				
Amerigroup - Bexar	2.3%	58.8%	3.1%	36.5%
Molina - Bexar	7.4%	83.7%	3.2%	57.6%
Superior - Bexar	2.6%	72.5%	2.1%	60.4%
Molina - Dallas	4.9%	75.6%	4.1%	54.5%
Superior - Dallas	2.0%	68.8%	1.4%	49.1%
Amerigroup - El Paso	1.5%	73.3%	2.7%	50.3%
Molina - El Paso	2.1%	80.5%	1.1%	62.5%
Amerigroup - Harris	3.2%	75.4%	2.1%	62.4%
Molina - Harris	3.3%	78.0%	1.1%	66.8%
United - Harris	2.1%	46.9%	1.4%	45.5%
Molina - Hidalgo	1.7%	81.3%	0.9%	51.9%
Superior - Hidalgo	1.7%	78.4%	1.5%	56.5%
Amerigroup - Jefferson	3.8%	71.5%	3.3%	42.0%
Molina - Jefferson	5.8%	80.1%	3.4%	58.7%
United - Jefferson	1.8%	41.3%	1.5%	22.4%
Amerigroup - Lubbock	3.8%	61.0%	5.9%	35.0%
Superior - Lubbock	7.0%	70.9%	4.3%	46.1%
Superior - Nueces	4.9%	81.1%	4.8%	53.2%
United - Nueces	2.1%	29.7%	1.3%	14.1%
Amerigroup - Tarrant	5.7%	67.5%	4.8%	42.4%
Molina - Tarrant	1.8%	71.8%	0.8%	37.8%
Amerigroup - Travis	5.3%	70.3%	3.0%	52.9%
United - Travis	3.8%	50.3%	3.9%	30.7%
Superior - MRSA Central	5.2%	72.4%	3.9%	49.5%
United - MRSA Central	6.0%	47.6%	3.2%	26.1%
Molina - MRSA Northeast	3.3%	75.6%	1.7%	39.7%
United - MRSA Northeast	3.2%	42.2%	2.4%	21.2%
Amerigroup - MRSA West	4.2%	61.8%	4.4%	39.5%
Superior - MRSA West	3.6%	69.5%	3.2%	44.2%

(1) From Exhibit A.

FY2024 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	7.27	1,439.15	16.16	964.39
Molina - Bexar	26.28	1,905.80	17.06	1,432.04
Superior - Bexar	9.07	1,877.38	11.81	1,657.81
Molina - Dallas	19.92	1,681.88	22.60	1,313.21
Superior - Dallas	5.61	1,582.18	6.75	1,195.07
Amerigroup - El Paso	6.20	1,872.43	18.69	1,420.64
Molina - El Paso	10.94	2,020.06	9.42	1,725.78
Amerigroup - Harris	11.48	2,518.12	10.22	2,047.83
Molina - Harris	12.32	2,595.98	5.51	2,176.73
United - Harris	8.36	1,457.96	7.14	1,378.56
Molina - Hidalgo	15.23	2,683.56	10.26	1,676.72
Superior - Hidalgo	14.89	2,637.94	18.64	1,845.13
Amerigroup - Jefferson	8.11	1,622.09	11.36	980.41
Molina - Jefferson	16.71	1,666.62	12.48	1,288.74
United - Jefferson	4.20	884.21	4.04	468.47
Amerigroup - Lubbock	4.59	883.76	11.14	608.48
Superior - Lubbock	11.30	1,159.31	8.97	899.61
Superior - Nueces	20.37	1,980.05	29.84	1,424.27
United - Nueces	11.26	751.27	8.48	371.96
Amerigroup - Tarrant	13.67	1,650.02	20.57	1,022.61
Molina - Tarrant	4.77	1,884.40	2.73	988.37
Amerigroup - Travis	18.71	2,108.49	12.74	1,317.48
United - Travis	9.69	1,358.07	9.36	729.37
Superior - MRSA Central	9.88	1,593.29	9.09	1,039.37
United - MRSA Central	11.35	1,055.66	7.57	522.71
Molina - MRSA Northeast	9.05	1,878.55	5.41	819.42
United - MRSA Northeast	8.56	1,035.82	6.84	384.79
Amerigroup - MRSA West	7.04	1,190.60	15.43	783.50
Superior - MRSA West	6.15	1,399.28	9.35	935.52

(2) LTC Premium multiplied by CFC eligible percentage.

Attachment 16

In Lieu of Services

The Texas Medicaid program stipulates the following provisions related to in lieu of services:

- a) 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.
- b) The MCO may provide residential substance use disorder (SUD) treatment services delivered in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting.
- c) Coordinated Specialty Care (CSC) in lieu of inpatient hospital services.
- d) Partial Hospitalization Services in lieu of inpatient hospital services.
- e) Intensive Outpatient Program (IOP) Services in lieu of inpatient hospital services.

The ILOS Cost Percentage has been estimated as follows:

1. Collect information on ILOS paid claims for items (b)-(e) above during the FY2022 base period. ILOS claims = \$14,408,165
2. Divide #1 by total medical claims during the FY2022 base period. ILOS % of medical claims equals 0.21%.
3. Divide FY2024 projected medical claims by FY2024 total projected capitation equals 58.3%.
4. Multiply #3 by #2 = $.583 * .0021 = 0.11\%$

Based on this analysis the ILOS cost percentage is 0.11% which is immaterial. The ILOSs were considered in the rate development in the same manner as all other services. No special consideration or different approaches were applied to the ILOSs in comparison to any other category of service.

Attachment 17

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. MCOs that excel on meeting the measures are eligible for a bonus while MCOs 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

Measure	STAR+PLUS	STAR	STAR Kids	CHIP
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 ⁱ		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 ⁱⁱ				2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) ⁱⁱⁱ				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) ^{iv}		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 ≥ 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.

Beginning in calendar year 2024, HHSC PPR results will change to an unweighted calculation. This will allow for a more accurate risk assessment.

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 MCO 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.

ⁱ For Measurement Years 2018 and 2019, this measure was Well Child Visits in the first 15 Months of Life (W15).

ⁱⁱ For Measurement Years 2018 and 2019, this measure was Adolescent Well Care (AWC).

ⁱⁱⁱ 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.

^{iv} For 2022 and 2023, only the initiation submeasure is used.

Attachment 13

FY2024 STAR+PLUS Rate Certification Index

The index below includes the pages of this report that correspond to the applicable sections of the 2023-2024 Medicaid Managed Care Rate Development Guide, dated May 2023.

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, 2023 through August 31, 2024 (FY2024).
- iii. (a) The certification letter is on page 23 of the report.
(b) The final capitation rates are shown on pages 21-22 of the report.
(c) (i) See pages 1 and 6 through 7 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 326-334 (NAIP), 335-344 (QIPP), 345-369 (CHIRP), 370-385 (TIPPS), 386-401 (DPP BHS), 402-418 (RAPPS) and 426-430 (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 7, 9-10, 17-18 and 281-300 for discussion on how COVID-19 and the PHE unwind process have been accounted for in the FY2024 rate development.
- xiii. Acknowledged.

B. Appropriate Documentation

- i. The actuary is certifying capitation rates. See pages 21-23 of the report.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Not applicable.
- v. Acknowledged.
- vi. Acknowledged. See page 23 of the report.
- vii. See pages 419-429 of the report.
- viii. (a) See pages 25-59 of the report.

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

(c) FY2023 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 2022 to study the impact of COVID and the PHE. See pages 281-300 of the report.

(b) See pages 17-18 and 281-300 of the report.

(c) Effective September 1, 2023 all COVID-19 expenses for testing, treatment and vaccines will be covered in the capitation rates.

(d) See pages 17-18 and 281-300 of the report. Similar to the prior rating period we are making a prospective adjustment to the FY2024 capitation rates. In addition, the revised experience rebate provisions utilized during FY2022 and FY2023 have been returned to their pre-PHE provisions.

2. Data

A. Rate Development Standards

- i. (a) Acknowledged.
- (b) Acknowledged.
- (c) Acknowledged.
- (d) Not applicable. Data from the three most recent, completed years has been utilized.

B. Appropriate Documentation

- i. (a) See pages 1-5 of the report.
- ii. (a) See pages 1-5 of the report.
- (b) See pages 3-5 of the report.
- (c) See pages 3-5 of the report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 3 of the report.
- (c) No errors found in the data.
- (d) See pages 233-280 of the report.
- (e) Value added services and non-capitated services have been excluded from the analysis.

3. Projected Benefit Costs and Trends

A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Acknowledged. See page 425 of the report.
- v. See pages 234 and 249-252 of the report.

B. Appropriate Documentation

- i. See pages 21-22 and Attachment 1 pages 25-59 of the report.
- ii. (a) See Attachment 3 pages 67-213 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 214-232 of the report.

(b) See Attachment 4 pages 214-232 of the report.

(c) See Attachment 4 pages 214-232 of the report.

(d) See Attachment 4 pages 214-232 of the report.

(e) Not applicable.
- iv. Not applicable.

- v. See page 425 of the report.
- 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 FY2024 premium rate.

(c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2024 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 233-280 of the report.
- viii. See Attachment 5 pages 233-280 of the report.

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

- i. Rate Development Standards

Acknowledged.
- ii. Appropriate Documentation

See Attachment 17 pages 426-430 of the report.

B. Withhold Arrangements

- i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 17 pages 426-430 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%	60%	40%
> 7% and ≤ 9%	40%	60%
> 9% and ≤ 12%	20%	80%
> 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

Control name of the state directed payment	Type of payment	Brief description	Is the payment included as a rate adjustment or a separate payment term
Quality Incentive Payment Program (QIPP) TX_VBP.Fee_NF_Renewal_20230901-20240831	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) TX_Fee_IPH.OPH.BHI_Renewal_20230901-20240831	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) TX_Fee_AMC_PC.SP_Renewal_20230901-20240831	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) TX_Fee_Oth_Renewal_20230901-20240831	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) TX_Fee_Oth1_Renewal_20230901-20240831	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

Control name of the state directed payment	Rate cells affected	Impact	Description of the adjustment	Confirmation the rates are consistent with the preprint	For maximum fee schedules, provide the information requested in (E) below
Quality Incentive Payment Program (QIPP) TX_VBP.Fee_NF_Renewal_20230901-20240831	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) TX_Fee_IPH.OPH.BHI_Renewal_20230901-20240831	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) TX_Fee_AMC_PC.SP_Renewal_20230901-20240831	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) TX_Fee_Oth_Renewal_20230901-20240831	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) TX_Fee_Oth1_Renewal_20230901-20240831	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 FY2024 rate development.

(c) Confirmed.

E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 9 pages 326 through 334.

(b) See Attachment 9 pages 326 through 334.

(c) See Attachment 9 pages 326 through 334.

(d) See Attachment 9 pages 326 through 334.

5. Projected Non-Benefit Costs

A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

B. Appropriate Documentation

i. See pages 19-20 of the report.

ii. See pages 19-20 of the report.

iii. See pages 19-20 of the report.

6. Risk Adjustment

A. Rate Development Standards

i. Acknowledged.

ii. Acknowledged.

B. Appropriate Documentation

- i. See Attachments 7 and 8 pages 301-325 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 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).

7. Acuity Adjustments

A. Rate Development Standards

- i. Acknowledged.

B. Appropriate Documentation

- i. (a) See page 14 and Attachment 6 pages 281-300 of the report.

(e) The analysis is based on historical STAR+PLUS program experience.

(f) See Attachment 6 pages 281-300 of the report.

(g) See Attachment 6 pages 281-300 of the report.

(h) The calculation is a one-time calculation performed due to the significant nature of the PHE unwind process.

(i) See Attachment 6 pages 281-300 of the report.

(j) As detailed in Attachment 6 pages 281-300 of the report the adjustment has been calculated in accordance with generally accepted actuarial principles and practices.

Section II. Medicaid Managed Care Rates with 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 6 of the report. This is a

“non-blended” approach.

- (b) Rate cells are specified on pages 6 of the report. Description of the rate setting methodology is included in Attachment 3 pages 67-213 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 pages 19-20 of the report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on pages 2 and 14 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