

Reduction Factor
94.42%

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88.54%

	Fully-Funded SFY10 - SFY11	Reduced SFY10 - SFY11	Fully-Funded SFY12 - SFY13	Fully-Funded SFY14 - SFY15	Reduced SFY14 - SFY15	Percent Change
PACE Rate						
El Paso County - Medicaid Only	\$4,174.45	\$3,941.51	\$4,226.18	\$4,882.69	\$4,323.23	2.30%
El Paso County - Medicare/Medicaid	\$3,129.67	\$2,955.03	\$2,865.27	\$3,222.82	\$2,853.55	-0.41%
Potter & Randall Counties - Medicaid Only	\$3,394.34	\$3,204.94	\$4,188.61	\$4,039.62	\$3,576.76	-14.61%
Potter & Randall Counties - Medicare/Medicaid	\$2,558.58	\$2,415.81	\$2,294.66	\$2,597.67	\$2,300.03	0.23%
Lubbock County - Medicaid Only	\$3,425.65	\$3,234.50	\$3,183.79	\$5,277.92	\$4,673.18	46.78%
Lubbock County - Medicare/Medicaid	\$2,309.13	\$2,180.28	\$2,298.93	\$2,699.16	\$2,389.89	3.96%
Statewide QMB Rate	\$127.92	\$120.78	\$136.84	\$54.44	\$48.20	

Texas Health and Human Services Commission
Medicaid and CHIP Division - Rate Analysis

Program for All-inclusive Care for the Elderly (PACE): Upper Payment Limit Calculation
El Paso County

	Nursing Facility (NF) Recipients Cost for SFY2011						Community Based Alternatives (CBA) Recipients Cost for SFY2011					
	Medicaid-only Members			Medicare/Medicaid Members			Medicaid-only Members			Medicare/Medicaid Members		
	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo
El Paso County												
Acute Care: Total	455	299,090	657.34	9,441	2,147,485	227.46	473	811,890	1,716.47	6,688	1,781,017	266.30
Inpatient	455	119,266	262.12	9,441	139,556	14.78	473	338,470	715.58	6,688	78,240	11.70
Other	455	47,148	103.62	9,441	738,082	78.18	473	192,578	407.14	6,688	1,237,336	185.01
Outpatient	455	37,683	82.82	9,441	655,154	69.39	473	111,964	236.71	6,688	537	0.08
Professional	455	94,993	208.78	9,441	614,694	65.11	473	168,877	357.03	6,688	464,903	69.51
Long-term Care: Total	455	1,674,775	3,680.82	9,441	30,783,941	3,260.67	473	1,024,484	2,165.93	6,688	14,097,186	2,107.83
CBA	455	0	-	9,441	157	0.02	473	980,113	2,072.12	6,688	13,672,934	2,044.40
Hospice	455	12,742	28.00	9,441	140,834	14.92	473	32,645	69.02	6,688	49,760	7.44
LTCSS	455	0	-	9,441	0	-	473	0	-	6,688	0	-
NF	455	1,661,929	3,652.59	9,441	30,630,069	3,244.37	473	0	-	6,688	3,286	0.49
Other-Total	455	104	0.23	9,441	12,881	1.36	473	11,726	24.79	6,688	371,206	55.50
PHC	455	104	0.23	9,441	12,461	1.32	473	0	-	6,688	1,251	0.19
DAHS	455	0	-	9,441	420	0.04	473	11,726	24.79	6,688	369,955	55.32
Prescriptions	455	241,901	531.65	9,441	88,230	9.35	473	328,196	693.86	6,688	53,293	7.97
Medical Transportation	455	0	-	9,441	56,058	5.94	473	19,310	40.83	6,688	185,509	27.74
Subtotal	455	2,215,766	4,869.82	9,441	33,075,714	3,503.41	473	2,183,880	4,617.08	6,688	16,117,005	2,409.84
Claims Processing			6.00			6.00			6.00			6.00
CBA Case Management Fee									66.53			66.53
Plus Adjustment for PHC			0.01			0.03			-			0.00
Plus Adjustment for DAHS			-			0.00			0.18			0.40
Plus Trending for CBA			-			0.00			43.72			43.13
Plus Trending for NF			543.72			482.96			-			0.07
Plus 9.417% Provider Reduction on Inpatient/Outpatient			(32.48)			(7.93)			(89.68)			(1.11)
Plus 5.417% Provider Reduction on Other			(5.61)			(4.23)			(22.05)			(10.02)
Plus 0.417% Provider Reduction on Professional			(0.87)			(0.27)			(1.49)			(0.29)
Total before inflation trending			5,380.58			3,979.97			4,620.29			2,514.56
Final Trended Rate			5,478.07			3,997.95			4,814.15			2,537.69
	<u>Medicaid Only Members</u>			<u>Medicare/Medicaid Members</u>								
UPL - Combined NF and CBA	\$	5,139.67		\$	3,392.44							
Payment Rate - 95 Percent of UPL	\$	4,882.69		\$	3,222.82							

Texas Health and Human Services Commission
Medicaid and CHIP Division - Rate Analysis

Program for All-inclusive Care for the Elderly (PACE): Upper Payment Limit Calculation
Potter/Randall Counties

	Nursing Facility (NF) Recipients Cost for SFY2011						Community Based Alternatives (CBA) Recipients Cost for SFY2011					
	Medicaid-only Members			Medicare/Medicaid Members			Medicaid-only Members			Medicare/Medicaid Members		
	Member- months	Amount	Cost per M-mo	Member- months	Amount	Cost per M-mo	Member- months	Amount	Cost per M-mo	Member- months	Amount	Cost per M-mo
Potter/Randall Counties												
Acute Care: Total	349	244,988	701.97	4,891	712,525	145.68	169	128,343	759.43	1,958	456,668	233.23
Inpatient	349	97,175	278.44	4,891	7,330	1.50	169	29,337	173.59	1,958	26,197	13.38
Other	349	44,945	128.78	4,891	260,064	53.17	169	38,862	229.95	1,958	241,527	123.35
Outpatient	349	20,658	59.19	4,891	165,390	33.82	169	18,517	109.57	1,958	46,268	23.63
Professional	349	82,210	235.56	4,891	279,742	57.20	169	41,627	246.31	1,958	142,676	72.87
Long-term Care: Total	349	1,089,691	3,122.32	4,891	13,335,415	2,726.52	169	231,705	1,371.04	1,958	1,874,694	957.45
CBA	349		-	4,891	0	-	169	205,817	1,217.85	1,958	1,859,658	949.77
Hospice	349	4,484	12.85	4,891	20,120	4.11	169	24,041	142.25	1,958	6,005	3.07
LTCSS	349	0	-	4,891	0	-	169	0	-	1,958	0	-
NF	349	1,084,028	3,106.10	4,891	13,315,295	2,722.41	169	0	-	1,958	2,960	1.51
Other-Total	349	1,179	3.38	4,891	0	-	169	1,847	10.93	1,958	6,071	3.10
PHC	349	1,179	3.38	4,891	0	-	169	0	-	1,958	0	-
DAHS	349		-	4,891		-	169	1,847	10.93	1,958	6,071	3.10
Prescriptions	349	168,725	483.45	4,891	25,691	5.25	169	101,591	601.13	1,958	5,538	2.83
Medical Transportation	349	303	0.87	4,891	5,846	1.20	169	22,844	135.17	1,958	73,841	37.71
Subtotal	349	1,503,706	4,308.61	4,891	14,079,478	2,878.65	169	484,483	2,866.76	1,958	2,410,741	1,231.23
Claims Processing			6.00			6.00			6.00			6.00
CBA Case Management Fee									66.53			66.53
Plus Adjustment for PHC			0.08			-			-			-
Plus Adjustment for DAHS			-			-			0.08			0.02
Plus Trending for CBA			-			-			25.69			20.04
Plus Trending for NF			462.37			405.26			-			0.23
Plus 9.417% Provider Reduction on Inpatient/Outpatient			(31.79)			(3.33)			(26.67)			(3.49)
Plus 5.417% Provider Reduction on Other			(6.98)			(2.88)			(12.46)			(6.68)
Plus 0.417% Provider Reduction on Professional			(0.98)			(0.24)			(1.03)			(0.30)
Total before inflation trending			4,737.32			3,283.46			2,924.92			1,313.57
Final Trended Rate			4,833.59			3,294.61			3,051.68			1,334.96
	Medicaid Only Members			Medicare/Medicaid Members								
UPL - Combined NF and CBA		\$ 4,252.23			\$ 2,734.39							
Payment Rate - 95 Percent of UPL		\$ 4,039.62			\$ 2,597.67							

Texas Health and Human Services Commission
Medicaid and CHIP Division - Rate Analysis

Program for All-inclusive Care for the Elderly (PACE): Upper Payment Limit Calculation
Lubbock County

	Nursing Facility (NF) Recipients Cost for SFY2011						Community Based Alternatives (CBA) Recipients Cost for SFY2011					
	Medicaid-only Members			Medicare/Medicaid Members			Medicaid-only Members			Medicare/Medicaid Members		
	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo	Member-months	Amount	Cost per M-mo
Lubbock County												
Acute Care: Total	669	856,932	1,280.92	6,669	1,071,624	160.69	249	264,743	1,063.23	3,270	686,923	210.07
Inpatient	669	400,188	598.19	6,669	7,093	1.06	249	99,448	399.39	3,270	9,319	2.85
Other	669	63,398	94.76	6,669	219,987	32.99	249	103,520	415.74	3,270	370,779	113.39
Outpatient	669	100,119	149.65	6,669	422,503	63.35	249	18,042	72.46	3,270	134,506	41.13
Professional	669	293,228	438.31	6,669	422,042	63.28	249	43,733	175.64	3,270	172,318	52.70
Long-term Care: Total	669	2,432,387	3,635.86	6,669	18,881,229	2,831.19	249	324,332	1,302.54	3,270	4,230,048	1,293.59
CBA	669	157	0.23	6,669	0	-	249	274,852	1,103.82	3,270	4,140,355	1,266.16
Hospice	669	17,512	26.18	6,669	79,508	11.92	249	49,480	198.71	3,270	2,626	0.80
LTCSS	669	0	-	6,669	0	-	249	0	-	3,270	0	-
NF	669	2,414,156	3,608.60	6,669	18,798,513	2,818.79	249	-	-	3,270	5,435	1.66
Other-Total	669	562	0.84	6,669	3,208	0.48	249	0	-	3,270	81,632	24.96
PHC	669	562	0.84	6,669	3,208	0.48	249	0	-	3,270	0	-
DAHS	669	0	-	6,669	0	-	249	0	-	3,270	81,632	24.96
Prescriptions	669	559,058	835.66	6,669	81,914	12.28	249	188,355	756.44	3,270	21,064	6.44
Medical Transportation	669	0	-	6,669	2,145	0.32	249	3,928	15.77	3,270	45,955	14.05
Subtotal	669	3,848,377	5,752.43	6,669	20,036,912	3,004.49	249	781,358	3,137.98	3,270	4,983,990	1,524.16
Claims Processing			6.00			6.00			6.00			6.00
CBA Case Management Fee									66.53			66.53
Plus Adjustment for PHC			0.02			0.01			-			-
Plus Adjustment for DAHS			-			-			-			0.18
Plus Trending for CBA			0.00			-			23.29			26.71
Plus Trending for NF			537.18			419.61			-			0.25
Plus 9.417% Provider Reduction on Inpatient/Outpatient			(70.42)			(6.07)			(44.43)			(4.14)
Plus 5.417% Provider Reduction on Other			(5.13)			(1.79)			(22.52)			(6.14)
Plus 0.417% Provider Reduction on Professional			(1.83)			(0.26)			(0.73)			(0.22)
Total before inflation trending			6,218.25			3,421.99			3,166.12			1,613.33
Final Trended Rate			6,389.37			3,434.78			3,315.86			1,630.70
	<u>Medicaid Only Members</u>			<u>Medicare/Medicaid Members</u>								
UPL - Combined NF and CBA	\$	5,555.70		\$	2,841.22							
Payment Rate - 95 Percent of UPL	\$	5,277.92		\$	2,699.16							

Calculation of SFY14 - SFY15 statewide QMB Rate for Texas PACE Program

\$ 26,527,474.49 = Total Incurred Claims (201302 to 201305) Estimated

476,136 = Total Estimated Member Months (201302 to 201305)

\$ 55.71 = QMB Statewide rate

\$ 57.31 = QMB rate trended from 3/31/2013 to 8/31/2015 (17 months)

\$ 54.44 = Final QMB rate for SFY 14 and SFY 15 with 95% reduction