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September 1, 2020

Ms. Rachel Butler
Chief Actuary
Health and Human Services Commission
1100 W. 49th Street
Austin, TX 78756

Re: Dual Eligibles Integrated Care Demonstration Project -
UMCC 529-15-0057-00001 – Amendment 3, 529-15-
0058-00001 – Amendment 3, 529-15-0059-00001 –
Amendment 3, HHS000008700001 – Amendment 3,
529-15-0061-00001 – Amendment 3

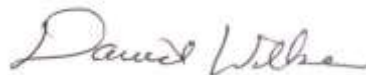
Dear Ms. Butler:

This letter amends the report titled State of Texas Medicaid Managed Care Rate Setting Dual Eligibles Integrated Care Demonstration Program State Fiscal Year 2020 and dated July 9, 2019. The amended FY2020 capitation rates were developed using identical methods and assumptions as the rates described in the previous report noted above. The amended rates are assumed to be payable for the period April 1, 2020 through August 31, 2020.

Effective April 1, 2020, HHSC made changes to the provider reimbursement rates for nursing facility services. These changes impact all STAR+PLUS and Dual Eligibles Integrated Care Demonstration Program (Dual Demonstration) clients. Details of the nursing facility provider reimbursement rate changes are presented in the report titled STAR+PLUS Rate Amendment UMCC 529-12-0002 V2.32, STAR+PLUS Expansion 529-10-0020 V1.36, STAR+PLUS MRSA 529-13-0042 V1.21 and dated September 1, 2020.

Because the STAR+PLUS capitation rates for long-term services and supports are a component of the Dual Demonstration program rate calculations, this STAR+PLUS rate change directly impacts the Dual Demonstration rates. Attachment 1 presents the Dual Demonstration program capitation rates effective April 1, 2020 through August 31, 2020. Please note that the only change is to the LTSS portion of the rates for all risk groups. Attachment 2 compares the revised Dual Demonstration program capitation rates to the current rates.

Sincerely,



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

Actuarial Certification of Capitation Rates for the Medicaid Component of the Texas Dual Eligibles Integrated Care Demonstration Project

I, David G. Wilkes, am a principal with the firm of Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom, Inc.). I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion.

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of their rate-setting methodology, assumptions and resulting capitation rates and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.6(c). The capitation rates for the Medicaid component of the Texas Dual Eligibles Integrated Care Demonstration Project are effective for the period April 1, 2020 through August 31, 2020.

I certify that the capitation rates developed by HHSC and Rudd and Wisdom, Inc. and described in this report satisfy the following:

- (a) The capitation rates have been developed in accordance with generally accepted actuarial principles and practices;
- (b) The capitation rates are appropriate for the populations and services covered under the managed care contract; and
- (c) The capitation rates are 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.

Please note that actual health plan contractor experience will differ from these projections. Rudd and Wisdom, Inc. 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 capitation needs before deciding whether to contract with the State.



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

Dual Eligible Demonstration Project
 DD Rating Analysis Summary
 Monthly Medicaid Capitation Rates
 Effective for the Period: 4/1/2020 - 8/31/2020

SDA	MMP	OCC	HCBS	NF	OCC	HCBS	NF
		Base Rates LTSS Services			Base Rates Acute Care Services		
Bexar	Amerigroup	\$ 360.66	\$ 2,219.06	\$ 4,858.39	\$ 88.82	\$ 213.46	\$ 127.66
	Molina	359.73	1,927.95	4,858.39	88.82	213.46	127.66
	Superior	381.83	2,176.79	4,858.39	88.82	213.46	127.66
Dallas	Molina	324.33	1,935.21	4,848.06	60.62	149.19	127.11
	Superior	247.83	1,929.33	4,848.06	60.62	149.19	127.11
El Paso	Amerigroup	443.54	2,167.25	4,865.55	98.80	276.90	117.41
	Molina	561.31	2,243.10	4,865.55	98.80	276.90	117.41
Harris	Amerigroup	278.34	2,398.27	4,694.33	81.98	186.48	130.15
	Molina	328.10	2,321.22	4,694.33	81.98	186.48	130.15
	United	284.37	2,318.72	4,694.33	81.98	186.48	130.15
Hidalgo	Health Spring	633.17	2,503.85	5,311.20	119.41	282.24	191.04
	Molina	881.78	2,614.84	5,311.20	119.41	282.24	191.04
	Superior	1,019.03	2,666.85	5,311.20	119.41	282.24	191.04
Tarrant	Amerigroup	241.12	1,922.68	4,556.57	83.40	188.19	109.76
		Base Rates Pharmacy Services			Base Rates All Services		
Bexar	Amerigroup	\$ 2.26	\$ 5.58	\$ 0.90	\$ 451.74	\$ 2,438.09	\$ 4,986.95
	Molina	2.26	5.58	0.90	450.81	2,146.98	4,986.95
	Superior	2.26	5.58	0.90	472.91	2,395.83	4,986.95
Dallas	Molina	3.08	5.24	1.07	388.03	2,089.64	4,976.24
	Superior	3.08	5.24	1.07	311.53	2,083.77	4,976.24
El Paso	Amerigroup	1.35	5.85	0.93	543.70	2,450.00	4,983.89
	Molina	1.35	5.85	0.93	661.47	2,525.86	4,983.89
Harris	Amerigroup	1.90	3.45	0.71	362.22	2,588.19	4,825.19
	Molina	1.90	3.45	0.71	411.99	2,511.15	4,825.19
	United	1.90	3.45	0.71	368.26	2,508.65	4,825.19
Hidalgo	Health Spring	3.87	7.50	1.96	756.46	2,793.58	5,504.20
	Molina	3.87	7.50	1.96	1,005.06	2,904.57	5,504.20
	Superior	3.87	7.50	1.96	1,142.32	2,956.58	5,504.20
Tarrant	Amerigroup	4.49	3.51	1.10	329.01	2,114.37	4,667.42
Dual Demonstration Savings Assumption:					5.50 %	5.50 %	5.50 %

Dual Eligible Demonstration Project
 DD Rating Analysis Summary
 Monthly Medicaid Capitation Rates
 Effective for the Period: 4/1/2020 - 8/31/2020

SDA	MMP	Quality Incentive Payment Program Nursing Facilities Add-On*			Final Rates All Services		
		OCC	HCBS	NF	OCC	HCBS	NF
Bexar	Amerigroup			\$ 865.75	\$ 426.89	\$ 2,304.00	\$ 5,578.42
	Molina			865.75	426.02	2,028.90	5,578.42
	Superior			865.75	446.90	2,264.06	5,578.42
Dallas	Molina			994.93	366.69	1,974.71	5,697.47
	Superior			994.93	294.40	1,969.16	5,697.47
El Paso	Amerigroup			441.20	513.79	2,315.25	5,150.98
	Molina			441.20	625.09	2,386.94	5,150.98
Harris	Amerigroup			913.28	342.30	2,445.84	5,473.09
	Molina			913.28	389.33	2,373.03	5,473.09
	United			913.28	348.00	2,370.68	5,473.09
Hidalgo	Health Spring			802.66	714.85	2,639.94	6,004.13
	Molina			802.66	949.78	2,744.82	6,004.13
	Superior			802.66	1,079.49	2,793.97	6,004.13
Tarrant	Amerigroup			952.88	310.91	1,998.08	5,363.59

* The Quality Incentive Payment Program for Qualified Nursing Facilities Add-On is not subject to the Dual Demonstration savings factor.

Dual Eligible Demonstration Project
 DD Rating Analysis Summary
 Monthly Medicaid Capitation Rates
 Effective for the Period: 4/1/2020 - 8/31/2020

SDA	MMP	Current Rates*			Revised Rates			Rate Change pmpm		
		OCC	HCBS	NF	OCC	HCBS	NF	OCC	HCBS	NF
Bexar	Amerigroup	\$ 426.89	\$ 2,304.00	\$ 5,031.87	\$ 426.89	\$ 2,304.00	\$ 5,578.42	\$ 0.00	\$ 0.00	\$ 546.55
	Molina	426.02	2,028.90	5,031.87	426.02	2,028.90	5,578.42	0.00	0.00	546.55
	Superior	446.90	2,264.06	5,031.87	446.90	2,264.06	5,578.42	0.00	0.00	546.55
Dallas	Molina	366.69	1,974.71	5,134.09	366.69	1,974.71	5,697.47	0.00	0.00	563.38
	Superior	294.40	1,969.16	5,134.09	294.40	1,969.16	5,697.47	0.00	0.00	563.38
	Amerigroup	513.79	2,315.25	4,589.52	513.79	2,315.25	5,150.98	0.00	0.00	561.46
El Paso	Molina	625.09	2,386.94	4,589.52	625.09	2,386.94	5,150.98	0.00	0.00	561.46
	Amerigroup	342.30	2,445.84	4,954.42	342.30	2,445.84	5,473.09	0.00	0.00	518.67
	Molina	389.33	2,373.03	4,954.42	389.33	2,373.03	5,473.09	0.00	0.00	518.67
Hidalgo	United	348.00	2,370.68	4,954.42	348.00	2,370.68	5,473.09	0.00	0.00	518.67
	Health Spring	714.85	2,639.94	5,440.59	714.85	2,639.94	6,004.13	0.00	0.00	563.54
	Molina	949.78	2,744.82	5,440.59	949.78	2,744.82	6,004.13	0.00	0.00	563.54
Tarrant	Superior	1,079.49	2,793.97	5,440.59	1,079.49	2,793.97	6,004.13	0.00	0.00	563.54
	Amerigroup	310.91	1,998.08	4,867.21	310.91	1,998.08	5,363.59	0.00	0.00	496.38

* Rates effective 9/1/2019 through 3/31/2020 for OCC and HCBS risk groups and 3/1/2020 through 3/31/2020 for NF risk group.