

# Rudd and Wisdom, Inc.

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September 1, 2020

Ms. Rachel Butler  
Chief Actuary  
Health and Human Services Commission  
4900 North Lamar  
Austin, Texas 78751

Re: 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

Dear Ms. Butler:

This letter amends the report titled State of Texas Medicaid Managed Care STAR+PLUS Program Rate Setting State Fiscal Year 2020 and dated July 9, 2019 which was amended in the letter titled STAR+PLUS Rate Amendment and dated February 3, 2020. The amended FY2020 capitation rates were developed using identical methods and assumptions as the rates described in this report and the amendment letter. The amended rates are assumed to be payable for the period April 1, 2020 through August 31, 2020.

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

#### Nursing Facility Reimbursement Increase

As a result of the increased cost associated with care for nursing facility members resulting from COVID-19, HHSC increased the nursing facility fee schedules effective April 1, 2020. Managed care plan reimbursement to nursing facilities traditionally mirrors Medicaid Fee-For-Service fee schedule changes. The increase in FFS fee schedules will result in increased cost to the managed care plans as their payments to nursing facilities will increase. These changes do not impact the period September 1, 2019 through March 31, 2020.

There are no other changes to the STAR+PLUS program associated with this amendment.

### **B. Report Amendments**

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

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

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

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

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

The only difference between the rating methodology outlined in the original report and this amendment is the adjustment due to increased reimbursement for nursing facility services.

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

The following language has been added to this section:

#### **Provider Reimbursement Adjustment – Nursing Facility**

Effective April 1, 2020 HHSC implemented fee-for-service fee schedule changes for nursing facility services. STAR+PLUS MCOs traditionally follow fee schedule changes within the FFS program as their reimbursement contracts are tied to the FFS fee schedule. As a result, nursing facility costs within the STAR+PLUS program will increase due to these changes.

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

No other changes are applicable to this section.

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

No changes applicable to this section.

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

The tables in this section are replaced in their entirety with the following mid-year rates effective April 1, 2020 through August 31, 2020.

Health Plan	Medicaid Only OCC	Medicaid Only HCBS	Dual Eligible OCC	Dual Eligible HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,496.00	\$5,287.31	\$425.36	\$2,100.21
Molina - Bexar	1,571.96	4,616.09	428.54	2,054.87
Superior - Bexar	1,626.22	5,089.71	459.37	2,186.37
Molina - Dallas	1,585.68	4,199.81	434.83	1,917.28
Superior - Dallas	1,485.62	4,803.02	390.81	1,970.25
Amerigroup - El Paso	1,642.52	4,709.65	553.39	2,154.71
Molina - El Paso	1,818.14	5,156.51	639.71	2,256.24
Amerigroup - Harris	1,725.32	6,063.58	384.86	2,374.86
Molina - Harris	1,530.48	5,460.68	383.23	2,327.82
United - Harris	1,943.77	5,797.42	452.25	2,344.80
Health Spring - Hidalgo	1,898.09	5,346.55	1,027.72	2,638.34
Molina - Hidalgo	1,889.07	5,232.42	925.59	2,571.62
Superior - Hidalgo	2,148.26	5,508.91	1,161.04	2,621.76
Amerigroup - Jefferson	1,355.24	5,340.81	319.08	1,886.51
Molina - Jefferson	1,459.46	4,476.55	301.57	1,763.20
United - Jefferson	1,670.31	4,710.77	232.2	1,601.02
Amerigroup - Lubbock	1,508.03	4,214.77	185.11	1,539.45
Superior - Lubbock	1,475.10	4,478.22	188.02	1,671.85
Superior - Nueces	1,683.70	4,674.85	590.28	2,214.00
United - Nueces	1,910.25	4,852.82	495.37	2,171.77
Amerigroup - Tarrant	1,600.39	5,191.19	354.97	1,916.98
Health Spring - Tarrant	1,495.31	5,144.14	293.33	1,946.01
Amerigroup - Travis	1,490.79	5,698.49	391.25	2,059.89
United - Travis	1,539.82	5,707.35	212.68	2,032.47
Superior - MRSA Central	1,460.14	4,820.29	252.07	1,859.35
United - MRSA Central	1,425.93	5,174.17	262.4	1,979.29
Health Spring - MRSA Northeast	1,341.13	5,002.66	257.98	1,900.99
United - MRSA Northeast	1,520.78	5,086.32	284.55	1,680.28
Amerigroup - MRSA West	1,415.51	5,316.69	304.37	1,751.10
Superior - MRSA West	1,475.39	4,754.43	283.81	1,693.92

Health Plan	Medicaid Only NF	Dual Eligible NF	IDD Over 21	MBCCP
Monthly Premium Rates				
Amerigroup - Bexar	\$8,787.52	\$5,724.14	\$971.12	\$3,001.81
Molina - Bexar	8,807.25	5,724.14	828.18	2,727.19
Superior - Bexar	9,027.51	5,724.14	1,200.53	3,103.69
Molina - Dallas	9,327.10	5,842.99	840.5	3,514.27
Superior - Dallas	10,232.12	5,842.99	899.7	3,194.85
Amerigroup - El Paso	9,460.39	5,306.75	1,436.02	2,482.04
Molina - El Paso	9,526.43	5,306.75	1,562.67	1,948.57
Amerigroup - Harris	9,522.87	5,607.61	1,047.71	2,934.39
Molina - Harris	9,386.29	5,607.61	926.9	2,930.03
United - Harris	9,510.15	5,607.61	1,174.48	3,302.97
Health Spring - Hidalgo	10,050.73	6,113.86	991.4	2,683.08
Molina - Hidalgo	9,682.38	6,113.86	1,030.20	2,864.69
Superior - Hidalgo	10,676.05	6,113.86	1,346.08	3,086.95
Amerigroup - Jefferson	8,437.26	5,204.26	1,092.07	3,009.80
Molina - Jefferson	8,668.81	5,204.26	1,096.62	2,736.87
United - Jefferson	8,510.77	5,204.26	1,123.38	3,234.70
Amerigroup - Lubbock	8,744.46	5,774.08	971.79	2,850.73
Superior - Lubbock	8,462.69	5,774.08	1,052.04	3,194.38
Superior - Nueces	8,571.20	5,674.54	998.21	3,191.94
United - Nueces	8,305.19	5,674.54	1,104.38	2,911.07
Amerigroup - Tarrant	8,916.83	5,509.45	965.18	3,247.62
Health Spring - Tarrant	8,504.82	5,509.45	756.38	2,705.30
Amerigroup - Travis	9,028.49	5,795.40	1,012.02	2,666.49
United - Travis	8,896.27	5,795.40	1,146.90	3,179.70
Superior - MRSA Central	8,134.59	5,378.94	1,006.49	4,141.54
United - MRSA Central	8,146.41	5,378.94	977.15	3,875.68
Health Spring - MRSA Northeast	9,251.13	5,557.30	933.83	3,741.02
United - MRSA Northeast	8,931.94	5,557.30	1,020.03	3,207.66
Amerigroup - MRSA West	8,862.80	5,541.15	1,020.88	2,518.60
Superior - MRSA West	8,595.15	5,541.15	1,101.42	2,880.42

***Section VI. Actuarial Certification of FY2020 STAR+PLUS Premium Rate***

We, Evan L. Dial, Khiem D. Ngo and David G. Wilkes are principals with the firm of Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom). We are Fellows of the Society of Actuaries and members of the American Academy of Actuaries. We 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 April 1, 2020 through August 31, 2020 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the amended FY2020 premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

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

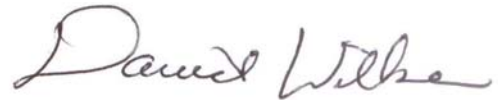
We have relied on historical experience data and program information provided to us by HHSC. We have reviewed the data for reasonableness but have not audited the data.

Please note that actual health plan contractor experience will differ from these projections. Rudd and Wisdom 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.



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



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



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

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

The following sections indicate any revisions applicable to each of the attachments in the original actuarial report dated July 9, 2019.

### ***Attachment 1 - Summary of FY2020 STAR+PLUS Rating Analysis***

Exhibit A Revised. This exhibit presents summary information regarding the FY2020 rates. Included on the exhibit are current (March 1, 2020 – March 31, 2020) premium rates split between medical (acute care and long-term care), prescription drug, NAIP, QIPP and UHRIP rates; April 1, 2020 through August 31, 2020 premium rates split between medical (acute care and long-term care), prescription drug, NAIP, QIPP and UHRIP rates and a comparison of March 1, 2020 and April 1, 2020 premium rates.

Exhibit B Revised. This exhibit presents a comparison of the projected expenditures under the current (March 1, 2020 through March 31, 2020) premium rates and the April 1, 2020 through August 31, 2020 premium rates. The projection is split by each component.

The reasons for the rate changes shown in Exhibit A Revised are due solely to the revisions in the nursing facility fee schedules as described above. There are no other changes to the premium rates effective April 1, 2020.

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

No changes applicable to this section.

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

Attachment 3 Revised includes the community rating exhibits for the two nursing facility risk groups in each SDA. The only change to these exhibits is the application of the revised Long Term Care adjustment factors as discussed in Attachment 5 – Exhibit P. Although nursing facility services are provided in some of the other STAR+PLUS risk groups, the volume of these services is very small and the impact of the reimbursement changes is immaterial and does not impact the calculated rates for the OCC, HCBS and MBCCP risk groups.

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

No changes applicable to this section.

### ***Attachment 5 - Provider Reimbursement and Benefit Revisions Effective During FY2018, FY2019 and FY2020***

The following language and exhibit have been added to this section.

Effective April 1, 2020 HHSC adjusted the reimbursement for nursing facility services resulting from increased cost of care associated with COVID-19. Exhibit P presents a summary of the derivation of the rating adjustment factors.

***Attachment 6 – Acuity Risk Adjustment – Acute Care***

There have been no changes to this section.

***Attachment 7 – Acuity Risk Adjustment – Long Term Care***

There have been no changes to this section.

***Attachment 8 – Network Access Improvement Program (NAIP)***

There have been no changes to this section.

***Attachment 9 – Quality Incentive Payment Program (QIPP)***

There have been no further changes to this section other than those outlined in the amendment letter dated February 3, 2020.

***Attachment 10 – Uniform Hospital Rate Increase Program***

There have been no changes to this section.

***Attachment 11– Community First Choice Initiative (CFC)***

There have been no changes to this section.

***Attachment 12– Pay for Quality Program***

There have been no changes to this section.

***Attachment 13– FY2020 STAR+PLUS Rate Certification Index***

**FY2020 STAR+PLUS Rate Certification Index**

The index below includes the pages of the original report and this amendment letter that correspond to the applicable sections of the 2019-2020 Medicaid Managed Care Rate Development Guide, dated March 2019.

**Section I. Medicaid Managed Care Rates**

**1. General Information**

**A. Rate Development Standards**

- i. Rates are for the period April 1, 2020 through August 31, 2020.
- ii. (a) The certification letter is on page 5 of the amendment letter.  
  
(b) The final capitation rates are shown on pages 3 and 4 of the amendment letter.  
  
(c) (i) See pages 1 and 4 through 6 of the original report.  
  
(ii) The rates included in this amendment are for the period April 1, 2020 through August 31, 2020.  
  
(iii) See page 1 of the original report.  
  
(iv) Not applicable. There have been no changes since the prior certification.  
  
(v) Pages 236-240 (NAIP), 241-252 (QIPP), 253-268 (UHRIP) and 276-278 (P4Q) of the original report. Changes to the QIPP program were detailed on page 1 of the amendment letter dated February 3, 2020.  
  
(vi) Not applicable.

- iii. Acknowledged.
- iv. Acknowledged.
- v. Acknowledged.
- vi. Acknowledged.
- vii. Acknowledged.
- viii. Acknowledged.
- ix. Acknowledged.

**B. Appropriate Documentation**

- i. Acknowledged.
- ii. Acknowledged.
- iii. See pages 269 through 275 of the original report.



- iv. (a) See pages 16 through 37 of the amendment letter.
- (b) Not applicable. All rating adjustment factors have been included in the report.

## **2. Data**

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

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

### **B. Appropriate Documentation**

- i. (a) See pages 1 through 3 of the original report.
- ii. (a) See pages 1 through 3 of the original report.
- (b) See pages 2 through 3 of the original report.
- (c) See pages 2 through 3 of the original report.
- (d) Not applicable.
- iii. (a) Base period data is fully credible.
- (b) See page 4 of the original report.
- (c) No errors found in the data.
- (d) See pages 178 through 212 of the original report.
- (e) Value added services and non-capitated services have been excluded from the analysis.

## **3. Projected benefit Costs and Trends**

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

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Acknowledged.
- v. See page 179 and pages 199 through 202 of the original report.

B. Appropriate Documentation

- i. See pages 3 and 4 and Attachment 1 Revised pages 16 through 37 of the amendment letter.
- ii. (a) See Attachment 3 pages 50 through 155 of the original report and Attachment 3 Revised pages 38 through 63 of the amendment letter.  
  
(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 adjust for in the submitted encounter data are excluded from the base period as a negative add-on payment.
- iii. (a) See Attachment 4 pages 156 through 177 of the original report.  
  
(b) See Attachment 4 pages 156 through 177 of the original report.  
  
(c) See Attachment 4 pages 156 through 177 of the original report.  
  
(d) See Attachment 4 pages 156 through 177 of the original report.  
  
(e) Not applicable.
- iv. Not applicable.
- v. The STAR+PLUS program stipulates the following provisions related to in lieu of services:

- The MCO may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting.
- The MCO may provide substance use disorder treatment services in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting.
- For individuals between the ages of 21 and 64, services are provided in IMDs only in lieu of an acute care hospital setting. IMD services for individuals under age 21 and age 65 and over are covered pursuant to the Texas state plan.

The cost for in lieu of services are not tracked from other services and are included in the rate development and are not treated differently than any other category of service. Historically these services have made up roughly 1.0% of total base period claims.

- 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 FY2020 premium rate.
- (c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2020 premium rate.
- (d) No adjustments are necessary to account for retroactive enrollment periods because the enrollment criteria has 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 178 through 212 of the original report.
- viii. See Attachment 5 pages 178 through 212 of the original report.

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

A. Incentive Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 12 pages 276 through 278 of the original report.

B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 12 pages 276 through 278 of the original report.

C. Risk-Sharing Arrangements

i. Rate Development Standards

Not applicable.

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. Delivery System and Provider Payment Initiatives

- i. Rate Development Standards  
Acknowledged.
- ii. Appropriate Documentation
  - (a) See Attachment 9 pages 241 through 252 and Attachment 10 pages 253 through 268 of the original report and the revisions included in the amendment letter dated February 3, 2020 for a description of the QIPP and UHRIP programs. See Attachment 1 Revised page 37 of the amendment letter for the estimated value of these programs.

E. Pass-Through Payments

- i. Rate Development Standards  
Acknowledged.
- ii. Appropriate Documentation
  - (a) See Attachment 8 pages 236 through 240 of the original report.
  - (b) See Attachment 8 pages 236 through 240 of the original report.

**5. Projected Non-Benefit Costs**

A. Rate Development Standards

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

B. Appropriate Documentation

- i. See page 15 of the original report.
- ii. See page 15 of the original report.
- iii. (a) See page 15 of the original report.  
(b) Not applicable.

(c) Not applicable.

(d) See page 15 of the original report.

(e) See Attachment 1 Revised pages 16 through 37 of the amendment letter.

(f) See page 15 of the original report.

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

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

i. Acknowledged.

ii. Acknowledged.

iii. Acknowledged.

### **B. Appropriate Documentation**

i. See Attachments 6 and 7 pages 213 through 235 of the original report.

ii. Not applicable, risk adjustment is only applied on a prospective basis.

iii. No material changes have been made to the risk adjustment model applied to acute care or long term care other than annual updates of the data since the last rating period. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).

iv. See Attachments 6 and 7 pages 213 through 235 of the original report.

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

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

A. Acknowledged.

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

### **C. Appropriate Documentation**

i. (a) Rates are set for the risk groups specified on page 5 of the original report. This is a “non-blended” approach.

- (b) Rate cells are specified on page 5 of the original report. Description of the rate setting methodology is included in Attachment 3 pages 50 through 155 of the original report. All trend analysis and other adjustment factors follow the same methodology as described throughout the report.
  - (c) Not applicable.
  - (d) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
  - (e) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- ii. The development of the administrative cost is described on page 15 of the original report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the original report.
  - iii. The rate setting is based on historical managed care data for all services, including long term care. The managed care data is fully credible and therefore no reliance is necessary on outside studies or research.

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
9/2019-3/2020 Acute Care Premium Rates pmpm								
Amerigroup - Bexar	608.02	1,640.40	0.00	0.00	1,430.80	0.00	433.82	2,038.30
Molina - Bexar	606.40	1,480.98	0.00	0.00	1,489.34	0.00	376.48	1,799.33
Superior - Bexar	625.66	1,520.65	0.00	0.00	1,580.14	0.00	528.57	2,044.52
Molina - Dallas	654.57	1,401.60	0.00	0.00	2,053.95	0.00	401.49	2,116.43
Superior - Dallas	627.11	1,622.11	0.00	0.00	2,496.69	0.00	430.76	2,083.73
Amerigroup - El Paso	650.67	1,555.52	0.00	0.00	2,077.15	0.00	600.14	1,262.83
Molina - El Paso	680.48	1,688.15	0.00	0.00	2,157.87	0.00	647.90	976.79
Amerigroup - Harris	701.62	1,945.83	0.00	0.00	1,822.75	0.00	399.38	1,675.78
Molina - Harris	618.39	1,805.30	0.00	0.00	1,735.85	0.00	363.64	1,676.72
United - Harris	780.13	1,993.98	0.00	0.00	1,888.66	0.00	458.36	2,123.96
Health Spring - Hidalgo	494.29	1,466.37	0.00	0.00	2,476.41	0.00	515.71	1,514.58
Molina - Hidalgo	514.80	1,448.86	0.00	0.00	2,168.09	0.00	532.49	1,668.05
Superior - Hidalgo	570.12	1,523.35	0.00	0.00	2,789.65	0.00	672.91	1,753.33
Amerigroup - Jefferson	574.02	2,140.74	0.00	0.00	1,457.12	0.00	433.14	1,772.01
Molina - Jefferson	597.12	1,722.20	0.00	0.00	1,537.34	0.00	460.52	1,564.77
United - Jefferson	708.22	1,900.68	0.00	0.00	1,544.07	0.00	457.19	2,018.33
Amerigroup - Lubbock	650.66	1,488.57	0.00	0.00	1,152.30	0.00	442.48	1,535.99
Superior - Lubbock	654.01	1,610.83	0.00	0.00	1,078.82	0.00	484.74	1,822.04
Superior - Nueces	552.97	1,202.41	0.00	0.00	1,286.75	0.00	430.43	1,975.98
United - Nueces	600.21	1,269.08	0.00	0.00	1,237.45	0.00	436.15	1,804.60
Amerigroup - Tarrant	694.49	1,738.15	0.00	0.00	1,711.31	0.00	394.54	2,148.59
Health Spring - Tarrant	624.93	1,684.48	0.00	0.00	1,484.92	0.00	312.35	1,794.60
Amerigroup - Travis	577.38	1,452.90	0.00	0.00	1,217.88	0.00	399.34	1,714.84
United - Travis	619.43	1,522.10	0.00	0.00	1,242.04	0.00	451.77	2,027.12
Superior - MRSA Central	625.88	1,359.89	0.00	0.00	1,138.89	0.00	440.23	2,408.30
United - MRSA Central	610.59	1,456.31	0.00	0.00	1,194.27	0.00	420.01	2,296.69
Health Spring - MRSA Northeast	550.02	1,526.21	0.00	0.00	1,566.53	0.00	427.48	2,503.06
United - MRSA Northeast	631.05	1,725.65	0.00	0.00	1,492.05	0.00	461.18	2,304.28
Amerigroup - MRSA West	573.70	1,681.41	0.00	0.00	1,552.03	0.00	410.53	1,628.78
Superior - MRSA West	592.25	1,483.38	0.00	0.00	1,409.81	0.00	442.14	1,773.42



## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
9/2019-3/2020 Long Term Care Premium Rates pmpm								
Amerigroup - Bexar	241.11	2,118.79	425.36	2,100.21	4,748.92	4,280.03	0.00	90.82
Molina - Bexar	285.96	1,709.47	428.54	2,054.87	4,748.92	4,280.03	0.00	90.82
Superior - Bexar	312.73	2,178.50	459.37	2,186.37	4,748.92	4,280.03	0.00	90.82
Molina - Dallas	311.88	1,653.17	434.83	1,917.28	4,643.14	4,251.88	0.00	83.79
Superior - Dallas	241.35	1,706.83	390.81	1,970.25	4,643.14	4,251.88	0.00	83.79
Amerigroup - El Paso	311.79	1,822.46	553.39	2,154.71	5,135.04	4,271.42	0.00	105.58
Molina - El Paso	396.62	1,872.95	639.71	2,256.24	5,135.04	4,271.42	0.00	105.58
Amerigroup - Harris	259.87	2,402.92	384.86	2,374.86	4,855.67	4,145.47	0.00	89.95
Molina - Harris	266.39	2,169.96	383.23	2,327.82	4,855.67	4,145.47	0.00	89.95
United - Harris	341.70	2,234.45	452.25	2,344.80	4,855.67	4,145.47	0.00	89.95
Health Spring - Hidalgo	779.50	2,541.38	1,027.72	2,638.34	4,811.14	4,714.86	0.00	339.62
Molina - Hidalgo	715.19	2,463.37	925.59	2,571.62	4,811.14	4,714.86	0.00	339.62
Superior - Hidalgo	839.56	2,570.16	1,161.04	2,621.76	4,811.14	4,714.86	0.00	339.62
Amerigroup - Jefferson	184.84	1,795.50	319.08	1,886.51	4,442.13	3,826.84	0.00	101.60
Molina - Jefferson	206.69	1,584.00	301.57	1,763.20	4,442.13	3,826.84	0.00	101.60
United - Jefferson	193.26	1,486.90	232.20	1,601.02	4,442.13	3,826.84	0.00	101.60
Amerigroup - Lubbock	113.70	1,344.51	185.11	1,539.45	4,703.88	4,101.26	0.00	85.40
Superior - Lubbock	131.61	1,487.30	188.02	1,671.85	4,703.88	4,101.26	0.00	85.40
Superior - Nueces	404.26	2,028.07	590.28	2,214.00	4,460.76	4,197.96	0.00	158.73
United - Nueces	434.71	2,064.70	495.37	2,171.77	4,460.76	4,197.96	0.00	158.73
Amerigroup - Tarrant	175.94	1,927.80	354.97	1,916.98	4,332.52	4,031.29	0.00	77.56
Health Spring - Tarrant	208.71	1,876.03	293.33	1,946.01	4,332.52	4,031.29	0.00	77.56
Amerigroup - Travis	273.44	2,525.83	391.25	2,059.89	4,635.63	4,135.76	0.00	92.63
United - Travis	180.93	2,373.69	212.68	2,032.47	4,635.63	4,135.76	0.00	92.63
Superior - MRSA Central	183.66	1,939.54	252.07	1,859.35	4,611.18	4,058.38	0.00	93.46
United - MRSA Central	163.53	2,177.65	262.40	1,979.29	4,611.18	4,058.38	0.00	93.46
Health Spring - MRSA Northeast	192.87	2,005.73	257.98	1,900.99	4,688.67	4,123.16	0.00	106.89
United - MRSA Northeast	212.20	1,815.93	284.55	1,680.28	4,688.67	4,123.16	0.00	106.89
Amerigroup - MRSA West	144.37	2,068.99	304.37	1,751.10	4,405.34	4,006.60	0.00	84.16
Superior - MRSA West	169.96	1,816.01	283.81	1,693.92	4,405.34	4,006.60	0.00	84.16

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
9/2019-3/2020 Prescription Drug Premium Rates pmpm								
Amerigroup - Bexar	545.27	1,233.05	0.00	0.00	776.79	0.00	483.69	646.97
Molina - Bexar	543.82	1,113.22	0.00	0.00	808.57	0.00	419.76	571.12
Superior - Bexar	561.08	1,143.03	0.00	0.00	857.87	0.00	589.32	648.95
Molina - Dallas	460.49	874.85	0.00	0.00	531.14	0.00	381.39	538.79
Superior - Dallas	441.16	1,012.49	0.00	0.00	645.63	0.00	409.19	530.47
Amerigroup - El Paso	569.39	1,142.22	0.00	0.00	551.91	0.00	775.17	893.97
Molina - El Paso	595.47	1,239.60	0.00	0.00	573.36	0.00	836.85	691.49
Amerigroup - Harris	554.05	1,150.71	0.00	0.00	756.40	0.00	555.89	644.63
Molina - Harris	488.32	1,067.60	0.00	0.00	720.34	0.00	506.14	644.99
United - Harris	616.05	1,179.18	0.00	0.00	783.75	0.00	637.98	817.03
Health Spring - Hidalgo	515.47	1,019.37	0.00	0.00	659.49	0.00	419.20	581.99
Molina - Hidalgo	536.85	1,007.20	0.00	0.00	577.38	0.00	432.84	640.96
Superior - Hidalgo	594.55	1,058.98	0.00	0.00	742.91	0.00	546.98	673.73
Amerigroup - Jefferson	468.41	1,007.51	0.00	0.00	684.19	0.00	551.18	802.68
Molina - Jefferson	487.26	810.54	0.00	0.00	721.86	0.00	586.02	708.80
United - Jefferson	577.93	894.53	0.00	0.00	725.02	0.00	581.79	914.26
Amerigroup - Lubbock	492.43	918.16	0.00	0.00	681.42	0.00	436.07	546.54
Superior - Lubbock	494.96	993.57	0.00	0.00	637.96	0.00	477.71	648.32
Superior - Nueces	522.41	1,032.43	0.00	0.00	730.12	0.00	461.63	645.59
United - Nueces	567.04	1,089.67	0.00	0.00	702.15	0.00	467.77	589.60
Amerigroup - Tarrant	539.95	1,155.07	0.00	0.00	808.59	0.00	510.58	752.73
Health Spring - Tarrant	485.87	1,119.39	0.00	0.00	701.62	0.00	404.22	628.72
Amerigroup - Travis	534.42	1,457.90	0.00	0.00	937.49	0.00	550.86	697.59
United - Travis	573.34	1,527.34	0.00	0.00	956.09	0.00	623.18	824.62
Superior - MRSA Central	482.28	1,155.33	0.00	0.00	598.70	0.00	496.47	1,004.46
United - MRSA Central	470.49	1,237.25	0.00	0.00	627.81	0.00	473.66	957.91
Health Spring - MRSA Northeast	455.21	1,063.83	0.00	0.00	892.37	0.00	441.19	622.73
United - MRSA Northeast	522.27	1,202.85	0.00	0.00	849.94	0.00	475.98	573.27
Amerigroup - MRSA West	509.63	1,189.20	0.00	0.00	768.68	0.00	532.68	569.22
Superior - MRSA West	526.11	1,049.14	0.00	0.00	698.24	0.00	573.70	619.77

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
9/2019-3/2020 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	8.00	8.00	0.00	0.00	0.00	0.00	8.00	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	33.63	33.63	0.00	0.00	0.00	0.00	33.63	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	28.12	28.12	0.00	0.00	0.00	0.00	28.12	0.00
Health Spring - Hidalgo	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	3.44	3.44	0.00	0.00	0.00	0.00	3.44	0.00
Amerigroup - Jefferson	5.61	5.61	0.00	0.00	0.00	0.00	5.61	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	26.23	26.23	0.00	0.00	0.00	0.00	26.23	0.00
Amerigroup - Lubbock	23.37	23.37	0.00	0.00	0.00	0.00	23.37	0.00
Superior - Lubbock	16.30	16.30	0.00	0.00	0.00	0.00	16.30	0.00
Superior - Nueces	37.71	37.71	0.00	0.00	0.00	0.00	37.71	0.00
United - Nueces	121.42	121.42	0.00	0.00	0.00	0.00	121.42	0.00
Amerigroup - Tarrant	5.03	5.03	0.00	0.00	0.00	0.00	5.03	0.00
Health Spring - 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	4.06	4.06	0.00	0.00	0.00	0.00	4.06	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - 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	31.62	31.62	0.00	0.00	0.00	0.00	31.62	0.00
Superior - MRSA West	19.74	19.74	0.00	0.00	0.00	0.00	19.74	0.00

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/2020 QIPP pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	994.93	994.93	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	994.93	994.93	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	441.20	441.20	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	441.20	441.20	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,132.98	1,132.98	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,132.98	1,132.98	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	934.91	934.91	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	934.91	934.91	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	952.88	952.88	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	952.88	952.88	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	1,127.35	1,127.35	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	1,127.35	1,127.35	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	785.58	785.58	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	785.58	785.58	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	895.10	895.10	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	895.10	895.10	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	1,000.94	1,000.94	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	1,000.94	1,000.94	0.00	0.00

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
9/2019-3/2020 UHRIP pmpm								
Amerigroup - Bexar	101.60	295.07	0.00	0.00	333.46	0.00	53.61	225.72
Molina - Bexar	135.78	312.42	0.00	0.00	262.89	0.00	31.94	265.92
Superior - Bexar	118.75	239.53	0.00	0.00	343.07	0.00	74.64	319.40
Molina - Dallas	158.74	270.19	0.00	0.00	490.93	0.00	57.62	775.26
Superior - Dallas	176.00	461.59	0.00	0.00	838.84	0.00	59.75	496.86
Amerigroup - El Paso	110.67	189.45	0.00	0.00	557.82	0.00	60.71	219.66
Molina - El Paso	145.57	355.81	0.00	0.00	521.71	0.00	77.92	174.71
Amerigroup - Harris	176.15	530.49	0.00	0.00	521.53	0.00	58.81	524.03
Molina - Harris	157.38	417.82	0.00	0.00	507.88	0.00	57.12	518.37
United - Harris	177.77	361.69	0.00	0.00	415.57	0.00	50.02	272.03
Health Spring - Hidalgo	108.83	319.43	0.00	0.00	691.57	0.00	56.49	246.89
Molina - Hidalgo	122.23	312.99	0.00	0.00	713.57	0.00	64.87	216.06
Superior - Hidalgo	140.59	352.98	0.00	0.00	920.30	0.00	122.75	320.27
Amerigroup - Jefferson	122.36	391.45	0.00	0.00	392.86	0.00	102.14	333.51
Molina - Jefferson	168.39	359.81	0.00	0.00	506.55	0.00	50.08	361.70
United - Jefferson	164.67	402.43	0.00	0.00	338.62	0.00	58.17	200.51
Amerigroup - Lubbock	227.87	440.16	0.00	0.00	423.55	0.00	69.87	682.80
Superior - Lubbock	178.22	370.22	0.00	0.00	258.70	0.00	73.29	638.62
Superior - Nueces	166.35	374.23	0.00	0.00	553.32	0.00	68.44	411.64
United - Nueces	186.87	307.95	0.00	0.00	364.56	0.00	79.04	358.14
Amerigroup - Tarrant	184.98	365.14	0.00	0.00	508.13	0.00	55.03	268.74
Health Spring - Tarrant	175.80	464.24	0.00	0.00	429.41	0.00	39.81	204.42
Amerigroup - Travis	105.55	261.86	0.00	0.00	463.69	0.00	61.82	161.43
United - Travis	166.12	284.22	0.00	0.00	288.71	0.00	71.95	235.33
Superior - MRSA Central	164.26	361.47	0.00	0.00	350.10	0.00	65.73	635.32
United - MRSA Central	181.32	302.96	0.00	0.00	277.45	0.00	83.48	527.62
Health Spring - MRSA Northeast	143.03	406.89	0.00	0.00	575.22	0.00	65.16	508.34
United - MRSA Northeast	155.26	341.89	0.00	0.00	372.92	0.00	82.87	223.22
Amerigroup - MRSA West	156.19	345.47	0.00	0.00	514.19	0.00	46.05	236.44
Superior - MRSA West	167.33	386.16	0.00	0.00	459.16	0.00	65.84	403.07

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/2020 Total Premium Rates pmpm								
Amerigroup - Bexar	1,496.00	5,287.31	425.36	2,100.21	8,155.72	5,145.78	971.12	3,001.81
Molina - Bexar	1,571.96	4,616.09	428.54	2,054.87	8,175.47	5,145.78	828.18	2,727.19
Superior - Bexar	1,626.22	5,089.71	459.37	2,186.37	8,395.75	5,145.78	1,200.53	3,103.69
Molina - Dallas	1,585.68	4,199.81	434.83	1,917.28	8,714.09	5,246.81	840.50	3,514.27
Superior - Dallas	1,485.62	4,803.02	390.81	1,970.25	9,619.23	5,246.81	899.70	3,194.85
Amerigroup - El Paso	1,642.52	4,709.65	553.39	2,154.71	8,763.12	4,712.62	1,436.02	2,482.04
Molina - El Paso	1,818.14	5,156.51	639.71	2,256.24	8,829.18	4,712.62	1,562.67	1,948.57
Amerigroup - Harris	1,725.32	6,063.58	384.86	2,374.86	8,869.63	5,058.75	1,047.71	2,934.39
Molina - Harris	1,530.48	5,460.68	383.23	2,327.82	8,733.02	5,058.75	926.90	2,930.03
United - Harris	1,943.77	5,797.42	452.25	2,344.80	8,856.93	5,058.75	1,174.48	3,302.97
Health Spring - Hidalgo	1,898.09	5,346.55	1,027.72	2,638.34	9,441.27	5,517.52	991.40	2,683.08
Molina - Hidalgo	1,889.07	5,232.42	925.59	2,571.62	9,072.84	5,517.52	1,030.20	2,864.69
Superior - Hidalgo	2,148.26	5,508.91	1,161.04	2,621.76	10,066.66	5,517.52	1,346.08	3,086.95
Amerigroup - Jefferson	1,355.24	5,340.81	319.08	1,886.51	7,802.28	4,652.82	1,092.07	3,009.80
Molina - Jefferson	1,459.46	4,476.55	301.57	1,763.20	8,033.86	4,652.82	1,096.62	2,736.87
United - Jefferson	1,670.31	4,710.77	232.20	1,601.02	7,875.82	4,652.82	1,123.38	3,234.70
Amerigroup - Lubbock	1,508.03	4,214.77	185.11	1,539.45	8,094.13	5,234.24	971.79	2,850.73
Superior - Lubbock	1,475.10	4,478.22	188.02	1,671.85	7,812.34	5,234.24	1,052.04	3,194.38
Superior - Nueces	1,683.70	4,674.85	590.28	2,214.00	7,965.86	5,132.87	998.21	3,191.94
United - Nueces	1,910.25	4,852.82	495.37	2,171.77	7,699.83	5,132.87	1,104.38	2,911.07
Amerigroup - Tarrant	1,600.39	5,191.19	354.97	1,916.98	8,313.43	4,984.17	965.18	3,247.62
Health Spring - Tarrant	1,495.31	5,144.14	293.33	1,946.01	7,901.35	4,984.17	756.38	2,705.30
Amerigroup - Travis	1,490.79	5,698.49	391.25	2,059.89	8,382.04	5,263.11	1,012.02	2,666.49
United - Travis	1,539.82	5,707.35	212.68	2,032.47	8,249.82	5,263.11	1,146.90	3,179.70
Superior - MRSA Central	1,460.14	4,820.29	252.07	1,859.35	7,484.45	4,843.96	1,006.49	4,141.54
United - MRSA Central	1,425.93	5,174.17	262.40	1,979.29	7,496.29	4,843.96	977.15	3,875.68
Health Spring - MRSA Northeast	1,341.13	5,002.66	257.98	1,900.99	8,617.89	5,018.26	933.83	3,741.02
United - MRSA Northeast	1,520.78	5,086.32	284.55	1,680.28	8,298.68	5,018.26	1,020.03	3,207.66
Amerigroup - MRSA West	1,415.51	5,316.69	304.37	1,751.10	8,241.18	5,007.54	1,020.88	2,518.60
Superior - MRSA West	1,475.39	4,754.43	283.81	1,693.92	7,973.49	5,007.54	1,101.42	2,880.42

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	608.02	1,640.40	0.00	0.00	1,430.35	0.00	433.82	2,038.30
Molina - Bexar	606.40	1,480.98	0.00	0.00	1,488.87	0.00	376.48	1,799.33
Superior - Bexar	625.66	1,520.65	0.00	0.00	1,579.65	0.00	528.57	2,044.52
Molina - Dallas	654.57	1,401.60	0.00	0.00	2,053.43	0.00	401.49	2,116.43
Superior - Dallas	627.11	1,622.11	0.00	0.00	2,496.05	0.00	430.76	2,083.73
Amerigroup - El Paso	650.67	1,555.52	0.00	0.00	2,076.62	0.00	600.14	1,262.83
Molina - El Paso	680.48	1,688.15	0.00	0.00	2,157.32	0.00	647.90	976.79
Amerigroup - Harris	701.62	1,945.83	0.00	0.00	1,822.23	0.00	399.38	1,675.78
Molina - Harris	618.39	1,805.30	0.00	0.00	1,735.36	0.00	363.64	1,676.72
United - Harris	780.13	1,993.98	0.00	0.00	1,888.12	0.00	458.36	2,123.96
Health Spring - Hidalgo	494.29	1,466.37	0.00	0.00	2,475.85	0.00	515.71	1,514.58
Molina - Hidalgo	514.80	1,448.86	0.00	0.00	2,167.61	0.00	532.49	1,668.05
Superior - Hidalgo	570.12	1,523.35	0.00	0.00	2,789.02	0.00	672.91	1,753.33
Amerigroup - Jefferson	574.02	2,140.74	0.00	0.00	1,456.61	0.00	433.14	1,772.01
Molina - Jefferson	597.12	1,722.20	0.00	0.00	1,536.80	0.00	460.52	1,564.77
United - Jefferson	708.22	1,900.68	0.00	0.00	1,543.53	0.00	457.19	2,018.33
Amerigroup - Lubbock	650.66	1,488.57	0.00	0.00	1,151.87	0.00	442.48	1,535.99
Superior - Lubbock	654.01	1,610.83	0.00	0.00	1,078.41	0.00	484.74	1,822.04
Superior - Nueces	552.97	1,202.41	0.00	0.00	1,286.29	0.00	430.43	1,975.98
United - Nueces	600.21	1,269.08	0.00	0.00	1,237.01	0.00	436.15	1,804.60
Amerigroup - Tarrant	694.49	1,738.15	0.00	0.00	1,710.75	0.00	394.54	2,148.59
Health Spring - Tarrant	624.93	1,684.48	0.00	0.00	1,484.43	0.00	312.35	1,794.60
Amerigroup - Travis	577.38	1,452.90	0.00	0.00	1,217.43	0.00	399.34	1,714.84
United - Travis	619.43	1,522.10	0.00	0.00	1,241.59	0.00	451.77	2,027.12
Superior - MRSA Central	625.88	1,359.89	0.00	0.00	1,138.46	0.00	440.23	2,408.30
United - MRSA Central	610.59	1,456.31	0.00	0.00	1,193.82	0.00	420.01	2,296.69
Health Spring - MRSA Northeast	550.02	1,526.21	0.00	0.00	1,566.03	0.00	427.48	2,503.06
United - MRSA Northeast	631.05	1,725.65	0.00	0.00	1,491.57	0.00	461.18	2,304.28
Amerigroup - MRSA West	573.70	1,681.41	0.00	0.00	1,551.50	0.00	410.53	1,628.78
Superior - MRSA West	592.25	1,483.38	0.00	0.00	1,409.32	0.00	442.14	1,773.42

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	241.11	2,118.79	425.36	2,100.21	5,381.17	4,858.39	0.00	90.82
Molina - Bexar	285.96	1,709.47	428.54	2,054.87	5,381.17	4,858.39	0.00	90.82
Superior - Bexar	312.73	2,178.50	459.37	2,186.37	5,381.17	4,858.39	0.00	90.82
Molina - Dallas	311.88	1,653.17	434.83	1,917.28	5,256.67	4,848.06	0.00	83.79
Superior - Dallas	241.35	1,706.83	390.81	1,970.25	5,256.67	4,848.06	0.00	83.79
Amerigroup - El Paso	311.79	1,822.46	553.39	2,154.71	5,832.84	4,865.55	0.00	105.58
Molina - El Paso	396.62	1,872.95	639.71	2,256.24	5,832.84	4,865.55	0.00	105.58
Amerigroup - Harris	259.87	2,402.92	384.86	2,374.86	5,509.43	4,694.33	0.00	89.95
Molina - Harris	266.39	2,169.96	383.23	2,327.82	5,509.43	4,694.33	0.00	89.95
United - Harris	341.70	2,234.45	452.25	2,344.80	5,509.43	4,694.33	0.00	89.95
Health Spring - Hidalgo	779.50	2,541.38	1,027.72	2,638.34	5,421.16	5,311.20	0.00	339.62
Molina - Hidalgo	715.19	2,463.37	925.59	2,571.62	5,421.16	5,311.20	0.00	339.62
Superior - Hidalgo	839.56	2,570.16	1,161.04	2,621.76	5,421.16	5,311.20	0.00	339.62
Amerigroup - Jefferson	184.84	1,795.50	319.08	1,886.51	5,077.62	4,378.28	0.00	101.60
Molina - Jefferson	206.69	1,584.00	301.57	1,763.20	5,077.62	4,378.28	0.00	101.60
United - Jefferson	193.26	1,486.90	232.20	1,601.02	5,077.62	4,378.28	0.00	101.60
Amerigroup - Lubbock	113.70	1,344.51	185.11	1,539.45	5,354.64	4,641.10	0.00	85.40
Superior - Lubbock	131.61	1,487.30	188.02	1,671.85	5,354.64	4,641.10	0.00	85.40
Superior - Nueces	404.26	2,028.07	590.28	2,214.00	5,066.56	4,739.63	0.00	158.73
United - Nueces	434.71	2,064.70	495.37	2,171.77	5,066.56	4,739.63	0.00	158.73
Amerigroup - Tarrant	175.94	1,927.80	354.97	1,916.98	4,936.48	4,556.57	0.00	77.56
Health Spring - Tarrant	208.71	1,876.03	293.33	1,946.01	4,936.48	4,556.57	0.00	77.56
Amerigroup - Travis	273.44	2,525.83	391.25	2,059.89	5,282.53	4,668.05	0.00	92.63
United - Travis	180.93	2,373.69	212.68	2,032.47	5,282.53	4,668.05	0.00	92.63
Superior - MRSA Central	183.66	1,939.54	252.07	1,859.35	5,261.75	4,593.36	0.00	93.46
United - MRSA Central	163.53	2,177.65	262.40	1,979.29	5,261.75	4,593.36	0.00	93.46
Health Spring - MRSA Northeast	192.87	2,005.73	257.98	1,900.99	5,322.41	4,662.20	0.00	106.89
United - MRSA Northeast	212.20	1,815.93	284.55	1,680.28	5,322.41	4,662.20	0.00	106.89
Amerigroup - MRSA West	144.37	2,068.99	304.37	1,751.10	5,027.49	4,540.21	0.00	84.16
Superior - MRSA West	169.96	1,816.01	283.81	1,693.92	5,027.49	4,540.21	0.00	84.16



## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	545.27	1,233.05	0.00	0.00	776.79	0.00	483.69	646.97
Molina - Bexar	543.82	1,113.22	0.00	0.00	808.57	0.00	419.76	571.12
Superior - Bexar	561.08	1,143.03	0.00	0.00	857.87	0.00	589.32	648.95
Molina - Dallas	460.49	874.85	0.00	0.00	531.14	0.00	381.39	538.79
Superior - Dallas	441.16	1,012.49	0.00	0.00	645.63	0.00	409.19	530.47
Amerigroup - El Paso	569.39	1,142.22	0.00	0.00	551.91	0.00	775.17	893.97
Molina - El Paso	595.47	1,239.60	0.00	0.00	573.36	0.00	836.85	691.49
Amerigroup - Harris	554.05	1,150.71	0.00	0.00	756.40	0.00	555.89	644.63
Molina - Harris	488.32	1,067.60	0.00	0.00	720.34	0.00	506.14	644.99
United - Harris	616.05	1,179.18	0.00	0.00	783.75	0.00	637.98	817.03
Health Spring - Hidalgo	515.47	1,019.37	0.00	0.00	659.49	0.00	419.20	581.99
Molina - Hidalgo	536.85	1,007.20	0.00	0.00	577.38	0.00	432.84	640.96
Superior - Hidalgo	594.55	1,058.98	0.00	0.00	742.91	0.00	546.98	673.73
Amerigroup - Jefferson	468.41	1,007.51	0.00	0.00	684.19	0.00	551.18	802.68
Molina - Jefferson	487.26	810.54	0.00	0.00	721.86	0.00	586.02	708.80
United - Jefferson	577.93	894.53	0.00	0.00	725.02	0.00	581.79	914.26
Amerigroup - Lubbock	492.43	918.16	0.00	0.00	681.42	0.00	436.07	546.54
Superior - Lubbock	494.96	993.57	0.00	0.00	637.96	0.00	477.71	648.32
Superior - Nueces	522.41	1,032.43	0.00	0.00	730.12	0.00	461.63	645.59
United - Nueces	567.04	1,089.67	0.00	0.00	702.15	0.00	467.77	589.60
Amerigroup - Tarrant	539.95	1,155.07	0.00	0.00	808.59	0.00	510.58	752.73
Health Spring - Tarrant	485.87	1,119.39	0.00	0.00	701.62	0.00	404.22	628.72
Amerigroup - Travis	534.42	1,457.90	0.00	0.00	937.49	0.00	550.86	697.59
United - Travis	573.34	1,527.34	0.00	0.00	956.09	0.00	623.18	824.62
Superior - MRSA Central	482.28	1,155.33	0.00	0.00	598.70	0.00	496.47	1,004.46
United - MRSA Central	470.49	1,237.25	0.00	0.00	627.81	0.00	473.66	957.91
Health Spring - MRSA Northeast	455.21	1,063.83	0.00	0.00	892.37	0.00	441.19	622.73
United - MRSA Northeast	522.27	1,202.85	0.00	0.00	849.94	0.00	475.98	573.27
Amerigroup - MRSA West	509.63	1,189.20	0.00	0.00	768.68	0.00	532.68	569.22
Superior - MRSA West	526.11	1,049.14	0.00	0.00	698.24	0.00	573.70	619.77

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 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	8.00	8.00	0.00	0.00	0.00	0.00	8.00	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	33.63	33.63	0.00	0.00	0.00	0.00	33.63	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	28.12	28.12	0.00	0.00	0.00	0.00	28.12	0.00
Health Spring - Hidalgo	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	3.44	3.44	0.00	0.00	0.00	0.00	3.44	0.00
Amerigroup - Jefferson	5.61	5.61	0.00	0.00	0.00	0.00	5.61	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	26.23	26.23	0.00	0.00	0.00	0.00	26.23	0.00
Amerigroup - Lubbock	23.37	23.37	0.00	0.00	0.00	0.00	23.37	0.00
Superior - Lubbock	16.30	16.30	0.00	0.00	0.00	0.00	16.30	0.00
Superior - Nueces	37.71	37.71	0.00	0.00	0.00	0.00	37.71	0.00
United - Nueces	121.42	121.42	0.00	0.00	0.00	0.00	121.42	0.00
Amerigroup - Tarrant	5.03	5.03	0.00	0.00	0.00	0.00	5.03	0.00
Health Spring - 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	4.06	4.06	0.00	0.00	0.00	0.00	4.06	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Spring - 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	31.62	31.62	0.00	0.00	0.00	0.00	31.62	0.00
Superior - MRSA West	19.74	19.74	0.00	0.00	0.00	0.00	19.74	0.00

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	865.75	865.75	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	994.93	994.93	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	994.93	994.93	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	441.20	441.20	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	441.20	441.20	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	913.28	913.28	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	802.66	802.66	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	825.98	825.98	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,132.98	1,132.98	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,132.98	1,132.98	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	934.91	934.91	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	934.91	934.91	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	952.88	952.88	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	952.88	952.88	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	1,127.35	1,127.35	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	1,127.35	1,127.35	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	785.58	785.58	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	785.58	785.58	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	895.10	895.10	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	895.10	895.10	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	1,000.94	1,000.94	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	1,000.94	1,000.94	0.00	0.00

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 UHRIP Rates pmpm								
Amerigroup - Bexar	101.60	295.07	0.00	0.00	333.46	0.00	53.61	225.72
Molina - Bexar	135.78	312.42	0.00	0.00	262.89	0.00	31.94	265.92
Superior - Bexar	118.75	239.53	0.00	0.00	343.07	0.00	74.64	319.40
Molina - Dallas	158.74	270.19	0.00	0.00	490.93	0.00	57.62	775.26
Superior - Dallas	176.00	461.59	0.00	0.00	838.84	0.00	59.75	496.86
Amerigroup - El Paso	110.67	189.45	0.00	0.00	557.82	0.00	60.71	219.66
Molina - El Paso	145.57	355.81	0.00	0.00	521.71	0.00	77.92	174.71
Amerigroup - Harris	176.15	530.49	0.00	0.00	521.53	0.00	58.81	524.03
Molina - Harris	157.38	417.82	0.00	0.00	507.88	0.00	57.12	518.37
United - Harris	177.77	361.69	0.00	0.00	415.57	0.00	50.02	272.03
Health Spring - Hidalgo	108.83	319.43	0.00	0.00	691.57	0.00	56.49	246.89
Molina - Hidalgo	122.23	312.99	0.00	0.00	713.57	0.00	64.87	216.06
Superior - Hidalgo	140.59	352.98	0.00	0.00	920.30	0.00	122.75	320.27
Amerigroup - Jefferson	122.36	391.45	0.00	0.00	392.86	0.00	102.14	333.51
Molina - Jefferson	168.39	359.81	0.00	0.00	506.55	0.00	50.08	361.70
United - Jefferson	164.67	402.43	0.00	0.00	338.62	0.00	58.17	200.51
Amerigroup - Lubbock	227.87	440.16	0.00	0.00	423.55	0.00	69.87	682.80
Superior - Lubbock	178.22	370.22	0.00	0.00	258.70	0.00	73.29	638.62
Superior - Nueces	166.35	374.23	0.00	0.00	553.32	0.00	68.44	411.64
United - Nueces	186.87	307.95	0.00	0.00	364.56	0.00	79.04	358.14
Amerigroup - Tarrant	184.98	365.14	0.00	0.00	508.13	0.00	55.03	268.74
Health Spring - Tarrant	175.80	464.24	0.00	0.00	429.41	0.00	39.81	204.42
Amerigroup - Travis	105.55	261.86	0.00	0.00	463.69	0.00	61.82	161.43
United - Travis	166.12	284.22	0.00	0.00	288.71	0.00	71.95	235.33
Superior - MRSA Central	164.26	361.47	0.00	0.00	350.10	0.00	65.73	635.32
United - MRSA Central	181.32	302.96	0.00	0.00	277.45	0.00	83.48	527.62
Health Spring - MRSA Northeast	143.03	406.89	0.00	0.00	575.22	0.00	65.16	508.34
United - MRSA Northeast	155.26	341.89	0.00	0.00	372.92	0.00	82.87	223.22
Amerigroup - MRSA West	156.19	345.47	0.00	0.00	514.19	0.00	46.05	236.44
Superior - MRSA West	167.33	386.16	0.00	0.00	459.16	0.00	65.84	403.07

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Total Premium Rates pmpm								
Amerigroup - Bexar	1,496.00	5,287.31	425.36	2,100.21	8,787.52	5,724.14	971.12	3,001.81
Molina - Bexar	1,571.96	4,616.09	428.54	2,054.87	8,807.25	5,724.14	828.18	2,727.19
Superior - Bexar	1,626.22	5,089.71	459.37	2,186.37	9,027.51	5,724.14	1,200.53	3,103.69
Molina - Dallas	1,585.68	4,199.81	434.83	1,917.28	9,327.10	5,842.99	840.50	3,514.27
Superior - Dallas	1,485.62	4,803.02	390.81	1,970.25	10,232.12	5,842.99	899.70	3,194.85
Amerigroup - El Paso	1,642.52	4,709.65	553.39	2,154.71	9,460.39	5,306.75	1,436.02	2,482.04
Molina - El Paso	1,818.14	5,156.51	639.71	2,256.24	9,526.43	5,306.75	1,562.67	1,948.57
Amerigroup - Harris	1,725.32	6,063.58	384.86	2,374.86	9,522.87	5,607.61	1,047.71	2,934.39
Molina - Harris	1,530.48	5,460.68	383.23	2,327.82	9,386.29	5,607.61	926.90	2,930.03
United - Harris	1,943.77	5,797.42	452.25	2,344.80	9,510.15	5,607.61	1,174.48	3,302.97
Health Spring - Hidalgo	1,898.09	5,346.55	1,027.72	2,638.34	10,050.73	6,113.86	991.40	2,683.08
Molina - Hidalgo	1,889.07	5,232.42	925.59	2,571.62	9,682.38	6,113.86	1,030.20	2,864.69
Superior - Hidalgo	2,148.26	5,508.91	1,161.04	2,621.76	10,676.05	6,113.86	1,346.08	3,086.95
Amerigroup - Jefferson	1,355.24	5,340.81	319.08	1,886.51	8,437.26	5,204.26	1,092.07	3,009.80
Molina - Jefferson	1,459.46	4,476.55	301.57	1,763.20	8,668.81	5,204.26	1,096.62	2,736.87
United - Jefferson	1,670.31	4,710.77	232.20	1,601.02	8,510.77	5,204.26	1,123.38	3,234.70
Amerigroup - Lubbock	1,508.03	4,214.77	185.11	1,539.45	8,744.46	5,774.08	971.79	2,850.73
Superior - Lubbock	1,475.10	4,478.22	188.02	1,671.85	8,462.69	5,774.08	1,052.04	3,194.38
Superior - Nueces	1,683.70	4,674.85	590.28	2,214.00	8,571.20	5,674.54	998.21	3,191.94
United - Nueces	1,910.25	4,852.82	495.37	2,171.77	8,305.19	5,674.54	1,104.38	2,911.07
Amerigroup - Tarrant	1,600.39	5,191.19	354.97	1,916.98	8,916.83	5,509.45	965.18	3,247.62
Health Spring - Tarrant	1,495.31	5,144.14	293.33	1,946.01	8,504.82	5,509.45	756.38	2,705.30
Amerigroup - Travis	1,490.79	5,698.49	391.25	2,059.89	9,028.49	5,795.40	1,012.02	2,666.49
United - Travis	1,539.82	5,707.35	212.68	2,032.47	8,896.27	5,795.40	1,146.90	3,179.70
Superior - MRSA Central	1,460.14	4,820.29	252.07	1,859.35	8,134.59	5,378.94	1,006.49	4,141.54
United - MRSA Central	1,425.93	5,174.17	262.40	1,979.29	8,146.41	5,378.94	977.15	3,875.68
Health Spring - MRSA Northeast	1,341.13	5,002.66	257.98	1,900.99	9,251.13	5,557.30	933.83	3,741.02
United - MRSA Northeast	1,520.78	5,086.32	284.55	1,680.28	8,931.94	5,557.30	1,020.03	3,207.66
Amerigroup - MRSA West	1,415.51	5,316.69	304.37	1,751.10	8,862.80	5,541.15	1,020.88	2,518.60
Superior - MRSA West	1,475.39	4,754.43	283.81	1,693.92	8,595.15	5,541.15	1,101.42	2,880.42

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Acute Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Long Term Care Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	13.3%	13.5%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	13.3%	13.5%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	13.3%	13.5%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	13.2%	14.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	13.2%	14.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	13.6%	13.9%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	13.6%	13.9%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	13.5%	13.2%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	13.5%	13.2%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	13.5%	13.2%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	12.7%	12.6%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	12.7%	12.6%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	12.7%	12.6%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	14.3%	14.4%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	14.3%	14.4%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	14.3%	14.4%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	13.8%	13.2%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	13.8%	13.2%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	13.6%	12.9%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	13.6%	12.9%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	13.9%	13.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	13.9%	13.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	14.0%	12.9%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	14.0%	12.9%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	14.1%	13.2%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	14.1%	13.2%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	13.5%	13.1%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	13.5%	13.1%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	14.1%	13.3%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	14.1%	13.3%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 NAIP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 UHRIP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
4/2020-8/2020 Total Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	7.7%	11.2%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	7.7%	11.2%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	7.5%	11.2%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	7.0%	11.4%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	6.4%	11.4%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	8.0%	12.6%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	7.9%	12.6%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	7.4%	10.8%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	7.5%	10.8%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	7.4%	10.8%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	6.5%	10.8%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	6.7%	10.8%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	6.1%	10.8%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	8.1%	11.9%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	7.9%	11.9%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	8.1%	11.9%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	8.0%	10.3%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	8.3%	10.3%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	7.6%	10.6%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	7.9%	10.6%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	7.3%	10.5%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	7.6%	10.5%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	7.7%	10.1%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	7.8%	10.1%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	8.7%	11.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	8.7%	11.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	7.3%	10.7%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	7.6%	10.7%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	7.5%	10.7%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	7.8%	10.7%	0.0%	0.0%

## 4/2020-8/2020 STAR+PLUS Rating Summary

	Projected PMPM		Projected 4/20-8/20 Premium		% Rate Change
	<u>9/19-3/20 Rates</u>	<u>4/20-8/20 Rates</u>	<u>9/19-3/20 Rates</u>	<u>4/20-8/20 Rates</u>	
Non-Nursing Facility					
Medical (1)	946.31	946.31	2,342,670,166	2,342,670,166	0.0%
Pharmacy	280.32	280.32	693,943,134	693,943,134	0.0%
NAIP	5.83	5.83	14,443,434	14,443,434	0.0%
UHRIP	83.21	83.21	205,995,318	205,995,318	0.0%
Total	1,315.67	1,315.67	3,257,052,051	3,257,052,051	0.0%
Nursing Facility					
Medical (1)	4,409.34	4,970.20	1,115,077,585	1,256,913,161	12.7%
Pharmacy	88.39	88.39	22,351,881	22,351,881	0.0%
QIPP (2)	924.29	924.29	233,743,506	233,743,506	0.0%
UHRIP	56.05	56.05	14,173,246	14,173,246	0.0%
Total	5,478.06	6,038.92	1,385,346,218	1,527,181,794	10.2%
Total					
Medical (1)	1,267.29	1,319.27	3,457,747,751	3,599,583,327	4.1%
Pharmacy	262.53	262.53	716,295,015	716,295,015	0.0%
NAIP & QIPP	90.96	90.96	248,186,940	248,186,940	0.0%
UHRIP	80.69	80.69	220,168,563	220,168,563	0.0%
Total	1,701.47	1,753.45	4,642,398,269	4,784,233,845	3.1%

## Notes:

(1) Includes LTSS.

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	6,948		38,063	
Estimated Incurred Claims - Acute Care				
Professional	2,052,298	295.36	0	0.00
Emergency Room	288,353	41.50	0	0.00
Outpatient Facility	570,726	82.14	0	0.00
Inpatient Facility	5,658,037	814.29	0	0.00
Other Acute Care	894,482	128.73	0	0.00
Acute Care Total	9,463,896	1,362.02	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	68,304	9.83	122,270	3.21
Nursing Facility	28,185,890	4,056.46	137,460,823	3,611.40
Other Long Term Care	19,563	2.82	574,753	15.10
Long Term Care Total	28,273,758	4,069.10	138,157,846	3,629.71
Total - All Claims	37,737,654	5,431.13	138,157,846	3,629.71
Projected FY2020 Member Months	7,278		39,877	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9966		1.0000	
Acute Care - Inpatient	0.9928		1.0000	
FQHC Wrap Removal	0.9996		1.0000	
Long Term Care - NF Increase	1.1349		1.1375	
Projected Incurred Claims				
Acute Care	10,008,479	1,375.18	0	0.00
LTC	35,104,438	4,823.41	173,143,946	4,342.00
Total	45,112,917	6,198.59	173,143,946	4,342.00
Capitation Expenses & Refunds	40,789	5.60	162,187	4.07
Service Coordination & Other Expenses	328,762	45.17	1,747,722	43.83
Net Reinsurance Cost	1,040	0.14	1,056	0.03
Administrative Expenses				
Fixed Amount	138,281	19.00	757,654	19.00
Percentage of Premium	2,890,664	5.75%	11,139,791	5.75%
Total	3,028,945	416.18	11,897,445	298.36

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
Risk Margin	879,767	1.75%	3,390,371	1.75%
Premium Tax	879,767	1.75%	3,390,371	1.75%
Maintenance Tax	437	0.06	2,393	0.06
Projected Total Cost				
Acute Care	11,108,631	1,526.35	179,883	4.51
LTC	39,163,793	5,381.17	193,555,608	4,853.87
Total	50,272,424	6,907.52	193,735,491	4,858.39

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Dallas SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	9,961		55,594	
Estimated Incurred Claims - Acute Care				
Professional	3,649,126	366.33	0	0.00
Emergency Room	670,302	67.29	0	0.00
Outpatient Facility	1,501,198	150.70	0	0.00
Inpatient Facility	11,382,222	1,142.64	0	0.00
Other Acute Care	2,921,856	293.32	0	0.00
Acute Care Total	20,124,705	2,020.28	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	140,446	14.10	194,558	3.50
Nursing Facility	39,527,869	3,968.12	198,801,164	3,575.96
Other Long Term Care	11,390	1.14	1,572,946	28.29
Long Term Care Total	39,679,704	3,983.36	200,568,668	3,607.75
Total - All Claims	59,804,409	6,003.63	200,568,668	3,607.75
Projected FY2020 Member Months	10,107		57,698	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9836		1.0000	
Acute Care - Inpatient	0.9939		1.0000	
FQHC Wrap Removal	0.9992		1.0000	
Long Term Care - NF Increase	1.1337		1.1426	
Projected Incurred Claims				
Acute Care	20,361,948	2,014.63	0	0.00
LTC	47,672,762	4,716.78	250,127,130	4,335.08
Total	68,034,710	6,731.41	250,127,130	4,335.08
Capitation Expenses & Refunds	88,359	8.74	345,886	5.99
Service Coordination & Other Expenses	407,192	40.29	2,277,152	39.47
Net Reinsurance Cost	3,133	0.31	869	0.02
Administrative Expenses				
Fixed Amount	192,034	19.00	1,096,270	19.00
Percentage of Premium	4,354,542	5.75%	16,084,209	5.75%
Total	4,546,576	449.84	17,180,479	297.76



FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Dallas SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	1,325,295	1.75%	4,895,194	1.75%
Premium Tax	1,325,295	1.75%	4,895,194	1.75%
Maintenance Tax	606	0.06	3,462	0.06
Projected Total Cost				
Acute Care	22,601,758	2,236.24	382,100	6.62
LTC	53,129,410	5,256.67	279,343,266	4,841.44
Total	75,731,168	7,492.90	279,725,366	4,848.06

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
El Paso SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	811		6,041	
Estimated Incurred Claims - Acute Care				
Professional	362,814	447.46	0	0.00
Emergency Room	37,019	45.66	0	0.00
Outpatient Facility	114,883	141.69	0	0.00
Inpatient Facility	922,453	1,137.66	0	0.00
Other Acute Care	80,258	98.98	0	0.00
Acute Care Total	1,517,428	1,871.44	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	13,629	16.81	77,885	12.89
Nursing Facility	3,564,022	4,395.51	21,794,041	3,607.73
Other Long Term Care	2,645	3.26	78,500	12.99
Long Term Care Total	3,580,296	4,415.58	21,950,426	3,633.62
Total - All Claims	5,097,724	6,287.02	21,950,426	3,633.62
Projected FY2020 Member Months	1,006		7,116	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	1.0014		1.0000	
Acute Care - Inpatient	1.0022		1.0000	
FQHC Wrap Removal	0.9990		1.0000	
Long Term Care - NF Increase	1.1372		1.1411	
Projected Incurred Claims				
Acute Care	1,927,999	1,915.57	0	0.00
LTC	5,278,742	5,244.72	31,028,121	4,360.43
Total	7,206,741	7,160.30	31,028,121	4,360.43
Capitation Expenses & Refunds	2,519	2.50	10,098	1.42
Service Coordination & Other Expenses	34,843	34.62	245,974	34.57
Net Reinsurance Cost	282	0.28	99	0.01
Administrative Expenses				
Fixed Amount	19,123	19.00	135,201	19.00
Percentage of Premium	460,226	5.75%	1,990,794	5.75%
Total	479,349	476.26	2,125,995	298.77

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 El Paso SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	140,069	1.75%	605,894	1.75%
Premium Tax	140,069	1.75%	605,894	1.75%
Maintenance Tax	60	0.06	427	0.06
Projected Total Cost				
Acute Care	2,133,259	2,119.51	11,236	1.58
LTC	5,870,674	5,832.84	34,611,265	4,863.97
Total	8,003,933	7,952.35	34,622,501	4,865.55

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	10,353		66,299	
Estimated Incurred Claims - Acute Care				
Professional	4,038,987	390.13	0	0.00
Emergency Room	684,071	66.07	0	0.00
Outpatient Facility	2,077,741	200.69	0	0.00
Inpatient Facility	9,060,155	875.13	0	0.00
Other Acute Care	1,021,270	98.65	0	0.00
Acute Care Total	16,882,223	1,630.66	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	160,641	15.52	430,570	6.49
Nursing Facility	42,859,299	4,139.81	231,208,944	3,487.39
Other Long Term Care	59,508	5.75	1,132,570	17.08
Long Term Care Total	43,079,448	4,161.07	232,772,084	3,510.96
Total - All Claims	59,961,671	5,791.73	232,772,084	3,510.96
Projected FY2020 Member Months	10,341		68,953	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9991		1.0000	
Acute Care - Inpatient	0.9971		1.0000	
FQHC Wrap Removal	0.9988		1.0000	
Long Term Care - NF Increase	1.1364		1.1349	
Projected Incurred Claims				
Acute Care	17,129,905	1,656.49	0	0.00
LTC	51,073,986	4,938.95	288,937,868	4,190.35
Total	68,203,891	6,595.44	288,937,868	4,190.35
Capitation Expenses & Refunds	102,685	9.93	307,283	4.46
Service Coordination & Other Expenses	481,744	46.59	3,187,394	46.23
Net Reinsurance Cost	907	0.09	655	0.01
Administrative Expenses				
Fixed Amount	196,480	19.00	1,310,110	19.00
Percentage of Premium	4,371,035	5.75%	18,612,097	5.75%
Total	4,567,515	441.69	19,922,208	288.92

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
Risk Margin	1,330,315	1.75%	5,664,551	1.75%
Premium Tax	1,330,315	1.75%	5,664,551	1.75%
Maintenance Tax	620	0.06	4,137	0.06
Projected Total Cost				
Acute Care	19,044,628	1,841.65	339,326	4.92
LTC	56,973,364	5,509.43	323,349,322	4,689.40
Total	76,017,991	7,351.08	323,688,648	4,694.33

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Hidalgo SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	2,779		28,040	
Estimated Incurred Claims - Acute Care				
Professional	1,430,567	514.69	0	0.00
Emergency Room	110,073	39.60	0	0.00
Outpatient Facility	555,623	199.90	0	0.00
Inpatient Facility	3,406,910	1,225.74	0	0.00
Other Acute Care	580,909	209.00	0	0.00
Acute Care Total	6,084,081	2,188.93	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	129,102	46.45	349,996	12.48
Nursing Facility	11,307,828	4,068.33	109,455,588	3,903.58
Other Long Term Care	25,836	9.30	2,398,917	85.55
Long Term Care Total	11,462,766	4,124.07	112,204,501	4,001.61
Total - All Claims	17,546,847	6,313.00	112,204,501	4,001.61
Projected FY2020 Member Months	2,983		29,533	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	1.0012		1.0000	
Acute Care - Inpatient	1.0149		1.0000	
FQHC Wrap Removal	0.9995		1.0000	
Long Term Care - NF Increase	1.1284		1.1286	
Projected Incurred Claims				
Acute Care	6,770,367	2,269.49	0	0.00
LTC	14,500,086	4,860.57	140,266,896	4,749.43
Total	21,270,453	7,130.06	140,266,896	4,749.43
Capitation Expenses & Refunds	16,128	5.41	149,343	5.06
Service Coordination & Other Expenses	137,638	46.14	1,368,940	46.35
Net Reinsurance Cost	526	0.18	488	0.02
Administrative Expenses				
Fixed Amount	56,681	19.00	561,135	19.00
Percentage of Premium	1,361,093	5.75%	9,019,331	5.75%
Total	1,417,774	475.25	9,580,466	324.39

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Hidalgo SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	414,246	1.75%	2,745,014	1.75%
Premium Tax	414,246	1.75%	2,745,014	1.75%
Maintenance Tax	179	0.06	1,772	0.06
Projected Total Cost				
Acute Care	7,498,754	2,513.65	165,103	5.59
LTC	16,172,436	5,421.16	156,692,829	5,305.61
Total	23,671,190	7,934.81	156,857,932	5,311.20

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Jefferson SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	2,653		21,095	
Estimated Incurred Claims - Acute Care				
Professional	709,448	267.38	0	0.00
Emergency Room	189,452	71.40	0	0.00
Outpatient Facility	549,660	207.16	0	0.00
Inpatient Facility	1,703,514	642.03	0	0.00
Other Acute Care	338,716	127.66	0	0.00
Acute Care Total	3,490,790	1,315.63	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	18,181	6.85	48,914	2.32
Nursing Facility	10,019,694	3,776.28	68,150,640	3,230.64
Other Long Term Care	57,415	21.64	181,893	8.62
Long Term Care Total	10,095,290	3,804.77	68,381,446	3,241.58
Total - All Claims	13,586,080	5,120.40	68,381,446	3,241.58
Projected FY2020 Member Months	2,556		20,558	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9983		1.0000	
Acute Care - Inpatient	1.0181		1.0000	
FQHC Wrap Removal	0.9979		1.0000	
Long Term Care - NF Increase	1.1450		1.1468	
Projected Incurred Claims				
Acute Care	3,481,347	1,362.24	0	0.00
LTC	11,628,533	4,550.21	80,370,353	3,909.40
Total	15,109,880	5,912.45	80,370,353	3,909.40
Capitation Expenses & Refunds	15,911	6.23	39,247	1.91
Service Coordination & Other Expenses	110,039	43.06	882,148	42.91
Net Reinsurance Cost	415	0.16	177	0.01
Administrative Expenses				
Fixed Amount	48,556	19.00	390,606	19.00
Percentage of Premium	968,468	5.75%	5,175,555	5.75%
Total	1,017,025	397.96	5,566,161	270.75



FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Jefferson SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	294,751	1.75%	1,575,169	1.75%
Premium Tax	294,751	1.75%	1,575,169	1.75%
Maintenance Tax	153	0.06	1,233	0.06
Projected Total Cost				
Acute Care	3,866,551	1,512.97	43,443	2.11
LTC	12,976,374	5,077.62	89,966,215	4,376.17
Total	16,842,924	6,590.59	90,009,658	4,378.28

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Lubbock SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	2,293		18,659	
Estimated Incurred Claims - Acute Care				
Professional	468,252	204.19	0	0.00
Emergency Room	113,431	49.46	0	0.00
Outpatient Facility	297,742	129.84	0	0.00
Inpatient Facility	1,172,843	511.45	0	0.00
Other Acute Care	213,120	92.94	0	0.00
Acute Care Total	2,265,389	987.89	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	3,101	1.35	15,856	0.85
Nursing Facility	9,229,790	4,024.91	64,799,501	3,472.80
Other Long Term Care	2,802	1.22	53,394	2.86
Long Term Care Total	9,235,693	4,027.48	64,868,751	3,476.51
Total - All Claims	11,501,082	5,015.37	64,868,751	3,476.51
Projected FY2020 Member Months	2,284		19,029	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9905		1.0000	
Acute Care - Inpatient	1.0052		1.0000	
FQHC Wrap Removal	0.9998		1.0000	
Long Term Care - NF Increase	1.1403		1.1340	
Projected Incurred Claims				
Acute Care	2,292,654	1,003.99	0	0.00
LTC	10,953,704	4,796.79	78,893,428	4,145.94
Total	13,246,358	5,800.78	78,893,428	4,145.94
Capitation Expenses & Refunds	4,365	1.91	26,736	1.41
Service Coordination & Other Expenses	106,827	46.78	863,200	45.36
Net Reinsurance Cost	81	0.04	656	0.03
Administrative Expenses				
Fixed Amount	43,387	19.00	361,553	19.00
Percentage of Premium	849,109	5.75%	5,078,166	5.75%
Total	892,496	390.84	5,439,719	285.86

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Lubbock SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	258,424	1.75%	1,545,529	1.75%
Premium Tax	258,424	1.75%	1,545,529	1.75%
Maintenance Tax	137	0.06	1,142	0.06
Projected Total Cost				
Acute Care	2,539,541	1,112.10	30,184	1.59
LTC	12,227,572	5,354.64	88,285,755	4,639.51
Total	14,767,113	6,466.74	88,315,938	4,641.10

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	2,216		22,760	
Estimated Incurred Claims - Acute Care				
Professional	588,268	265.50	0	0.00
Emergency Room	111,901	50.50	0	0.00
Outpatient Facility	124,939	56.39	0	0.00
Inpatient Facility	1,505,160	679.32	0	0.00
Other Acute Care	79,325	35.80	0	0.00
Acute Care Total	2,409,594	1,087.52	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	55,966	25.26	81,568	3.58
Nursing Facility	8,326,373	3,757.92	80,516,240	3,537.70
Other Long Term Care	56,236	25.38	180,609	7.94
Long Term Care Total	8,438,575	3,808.56	80,778,417	3,549.21
Total - All Claims	10,848,169	4,896.08	80,778,417	3,549.21
Projected FY2020 Member Months	2,298		22,323	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	1.0050		1.0000	
Acute Care - Inpatient	1.0143		1.0000	
FQHC Wrap Removal	0.9998		1.0000	
Long Term Care - NF Increase	1.1381		1.1317	
Projected Incurred Claims				
Acute Care	2,600,715	1,131.55	0	0.00
LTC	10,405,361	4,527.30	94,291,934	4,224.06
Total	13,006,076	5,658.86	94,291,934	4,224.06
Capitation Expenses & Refunds	17,699	7.70	61,764	2.77
Service Coordination & Other Expenses	127,220	55.35	1,234,738	55.31
Net Reinsurance Cost	42	0.02	428	0.02
Administrative Expenses				
Fixed Amount	43,669	19.00	424,129	19.00
Percentage of Premium	836,037	5.75%	6,083,553	5.75%
Total	879,706	382.75	6,507,682	291.53

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
Risk Margin	254,446	1.75%	1,851,516	1.75%
Premium Tax	254,446	1.75%	1,851,516	1.75%
Maintenance Tax	138	0.06	1,339	0.06
Projected Total Cost				
Acute Care	2,895,004	1,259.60	68,532	3.07
LTC	11,644,769	5,066.56	105,732,387	4,736.56
Total	14,539,772	6,326.16	105,800,919	4,739.63

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	8,348		52,456	
Estimated Incurred Claims - Acute Care				
Professional	2,911,582	348.78	0	0.00
Emergency Room	728,181	87.23	0	0.00
Outpatient Facility	2,015,071	241.38	0	0.00
Inpatient Facility	6,004,278	719.25	0	0.00
Other Acute Care	500,164	59.91	0	0.00
Acute Care Total	12,159,275	1,456.55	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	60,975	7.30	146,996	2.80
Nursing Facility	30,912,502	3,702.98	176,927,813	3,372.89
Other Long Term Care	1,511	0.18	2,240,801	42.72
Long Term Care Total	30,974,987	3,710.47	179,315,610	3,418.41
Total - All Claims	43,134,262	5,167.02	179,315,610	3,418.41
Projected FY2020 Member Months	8,513		54,095	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9996		1.0000	
Acute Care - Inpatient	1.0030		1.0000	
FQHC Wrap Removal	0.9998		1.0000	
Long Term Care - NF Increase	1.1413		1.1326	
Projected Incurred Claims				
Acute Care	12,689,434	1,490.56	0	0.00
LTC	37,654,775	4,423.10	220,253,545	4,071.62
Total	50,344,209	5,913.66	220,253,545	4,071.62
Capitation Expenses & Refunds	16,454	1.93	35,823	0.66
Service Coordination & Other Expenses	361,828	42.50	2,365,308	43.73
Net Reinsurance Cost	187	0.02	1,043	0.02
Administrative Expenses				
Fixed Amount	161,751	19.00	1,027,801	19.00
Percentage of Premium	3,224,115	5.75%	14,172,991	5.75%
Total	3,385,866	397.72	15,200,792	281.00

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
Risk Margin	981,252	1.75%	4,313,519	1.75%
Premium Tax	981,252	1.75%	4,313,519	1.75%
Maintenance Tax	511	0.06	3,246	0.06
Projected Total Cost				
Acute Care	14,046,252	1,649.94	40,624	0.75
LTC	42,025,307	4,936.48	246,446,171	4,555.82
Total	56,071,560	6,586.42	246,486,795	4,556.57

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
Travis SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	4,461		35,289	
Estimated Incurred Claims - Acute Care				
Professional	1,054,856	236.46	0	0.00
Emergency Room	183,723	41.18	0	0.00
Outpatient Facility	820,685	183.97	0	0.00
Inpatient Facility	2,466,926	552.99	0	0.00
Other Acute Care	256,199	57.43	0	0.00
Acute Care Total	4,782,388	1,072.04	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	42,673	9.57	106,280	3.01
Nursing Facility	17,340,716	3,887.16	123,244,139	3,492.42
Other Long Term Care	311,910	69.92	290,483	8.23
Long Term Care Total	17,695,299	3,966.64	123,640,903	3,503.66
Total - All Claims	22,477,688	5,038.68	123,640,903	3,503.66
Projected FY2020 Member Months	4,510		35,871	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	1.0007		1.0000	
Acute Care - Inpatient	1.0130		1.0000	
FQHC Wrap Removal	0.9982		1.0000	
Long Term Care - NF Increase	1.1416		1.1311	
Projected Incurred Claims				
Acute Care	4,994,528	1,107.44	0	0.00
LTC	21,330,961	4,729.71	149,496,641	4,167.64
Total	26,325,489	5,837.15	149,496,641	4,167.64
Capitation Expenses & Refunds	26,083	5.78	10,419	0.29
Service Coordination & Other Expenses	219,788	48.73	1,766,787	49.25
Net Reinsurance Cost	61	0.01	455	0.01
Administrative Expenses				
Fixed Amount	85,690	19.00	681,546	19.00
Percentage of Premium	1,689,035	5.75%	9,628,193	5.75%
Total	1,774,725	393.51	10,309,739	287.41



FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 Travis SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	514,054	1.75%	2,930,320	1.75%
Premium Tax	514,054	1.75%	2,930,320	1.75%
Maintenance Tax	271	0.06	2,152	0.06
Projected Total Cost				
Acute Care	5,550,392	1,230.69	11,982	0.33
LTC	23,824,133	5,282.53	167,434,850	4,667.71
Total	29,374,525	6,513.21	167,446,832	4,668.05

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA Central SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	5,786		50,890	
Estimated Incurred Claims - Acute Care				
Professional	1,446,968	250.10	0	0.00
Emergency Room	275,444	47.61	0	0.00
Outpatient Facility	669,726	115.76	0	0.00
Inpatient Facility	3,284,284	567.66	0	0.00
Other Acute Care	174,192	30.11	0	0.00
Acute Care Total	5,850,614	1,011.23	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	16,931	2.93	85,464	1.68
Nursing Facility	22,584,999	3,903.61	173,896,563	3,417.14
Other Long Term Care	188,662	32.61	561,285	11.03
Long Term Care Total	22,790,592	3,939.15	174,543,313	3,429.85
Total - All Claims	28,641,206	4,950.38	174,543,313	3,429.85
Projected FY2020 Member Months	5,964		51,144	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	1.0008		1.0000	
Acute Care - Inpatient	1.0149		1.0000	
FQHC Wrap Removal	0.9986		1.0000	
Long Term Care - NF Increase	1.1434		1.1346	
Projected Incurred Claims				
Acute Care	6,245,204	1,047.16	0	0.00
LTC	28,056,381	4,704.34	209,304,514	4,092.45
Total	34,301,585	5,751.50	209,304,514	4,092.45
Capitation Expenses & Refunds	32,283	5.41	79,967	1.56
Service Coordination & Other Expenses	328,648	55.11	2,832,259	55.38
Net Reinsurance Cost	130	0.02	939	0.02
Administrative Expenses				
Fixed Amount	113,315	19.00	971,737	19.00
Percentage of Premium	2,203,458	5.75%	13,508,064	5.75%
Total	2,316,773	388.46	14,479,800	283.12

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA Central SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	670,618	1.75%	4,111,150	1.75%
Premium Tax	670,618	1.75%	4,111,150	1.75%
Maintenance Tax	358	0.06	3,069	0.06
Projected Total Cost				
Acute Care	6,940,290	1,163.71	89,152	1.74
LTC	31,380,721	5,261.75	234,833,695	4,591.61
Total	38,321,011	6,425.46	234,922,847	4,593.36

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA Northeast SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	7,426		66,652	
Estimated Incurred Claims - Acute Care				
Professional	1,950,600	262.69	0	0.00
Emergency Room	402,282	54.17	0	0.00
Outpatient Facility	1,491,460	200.85	0	0.00
Inpatient Facility	5,576,153	750.94	0	0.00
Other Acute Care	182,011	24.51	0	0.00
Acute Care Total	9,602,505	1,293.16	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	116,347	15.67	175,118	2.63
Nursing Facility	29,548,968	3,979.34	226,246,610	3,394.43
Other Long Term Care	91,446	12.31	5,991,545	89.89
Long Term Care Total	29,756,761	4,007.32	232,413,273	3,486.95
Total - All Claims	39,359,266	5,300.48	232,413,273	3,486.95
Projected FY2020 Member Months	7,518		67,244	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9972		1.0000	
Acute Care - Inpatient	1.0427		1.0000	
FQHC Wrap Removal	0.9998		1.0000	
Long Term Care - NF Increase	1.1373		1.1334	
Projected Incurred Claims				
Acute Care	10,317,431	1,372.43	0	0.00
LTC	35,785,560	4,760.22	279,479,471	4,156.19
Total	46,102,991	6,132.65	279,479,471	4,156.19
Capitation Expenses & Refunds	44,549	5.93	35,085	0.52
Service Coordination & Other Expenses	414,008	55.07	3,710,099	55.17
Net Reinsurance Cost	0	0.00	0	0.00
Administrative Expenses				
Fixed Amount	142,835	19.00	1,277,638	19.00
Percentage of Premium	2,959,259	5.75%	18,026,572	5.75%
Total	3,102,094	412.64	19,304,210	287.08

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA Northeast SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	900,644	1.75%	5,486,348	1.75%
Premium Tax	900,644	1.75%	5,486,348	1.75%
Maintenance Tax	451	0.06	4,035	0.06
Projected Total Cost				
Acute Care	11,453,495	1,523.55	38,661	0.57
LTC	40,011,888	5,322.41	313,466,934	4,661.63
Total	51,465,382	6,845.96	313,505,596	4,662.20

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA West SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF	
	Amount	pmpm	Amount	pmpm
FY2018 Experience Period				
Member Months	5,536		55,475	
Estimated Incurred Claims - Acute Care				
Professional	1,625,067	293.54	0	0.00
Emergency Room	278,121	50.24	0	0.00
Outpatient Facility	678,133	122.49	0	0.00
Inpatient Facility	4,168,762	753.01	0	0.00
Other Acute Care	322,974	58.34	0	0.00
Acute Care Total	7,073,057	1,277.61	0	0.00
Estimated Incurred Claims - Long Term Care				
Attendant Care	17,818	3.22	95,172	1.72
Nursing Facility	20,846,880	3,765.59	187,943,242	3,387.91
Other Long Term Care	1,919	0.35	205,077	3.70
Long Term Care Total	20,866,617	3,769.15	188,243,491	3,393.32
Total - All Claims	27,939,675	5,046.77	188,243,491	3,393.32
Projected FY2020 Member Months	5,832		55,370	
Annual Cost Trend Assumptions				
Acute Care				
FY2019	-0.4 %		-0.4 %	
FY2020	2.5 %		2.5 %	
Long Term Care				
FY2019	2.5 %		2.9 %	
FY2020	1.9 %		2.2 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient	0.9955		1.0000	
Acute Care - Inpatient	1.0232		1.0000	
FQHC Wrap Removal	0.9991		1.0000	
Long Term Care - NF Increase	1.1433		1.1357	
Projected Incurred Claims				
Acute Care	7,741,565	1,327.41	0	0.00
LTC	26,249,890	4,500.93	224,404,895	4,052.80
Total	33,991,455	5,828.33	224,404,895	4,052.80
Capitation Expenses & Refunds	36,050	6.18	102,519	1.85
Service Coordination & Other Expenses	272,949	46.80	2,574,784	46.50
Net Reinsurance Cost	207	0.04	1,950	0.04
Administrative Expenses				
Fixed Amount	110,810	19.00	1,052,037	19.00
Percentage of Premium	2,180,363	5.75%	14,455,120	5.75%
Total	2,291,173	392.86	15,507,158	280.06

FY2020 STAR+PLUS Rating Summary - April 1, 2020 Mid Year Adjustment  
 MRSA West SDA Total - Medical

	<u>Medicaid Only - NF</u>		<u>Dual Eligible - NF</u>	
	<u>Amount</u>	<u>pmpm</u>	<u>Amount</u>	<u>pmpm</u>
Risk Margin	663,589	1.75%	4,399,384	1.75%
Premium Tax	663,589	1.75%	4,399,384	1.75%
Maintenance Tax	350	0.06	3,322	0.06
Projected Total Cost				
Acute Care	8,598,500	1,474.34	115,118	2.08
LTC	29,320,861	5,027.49	251,278,280	4,538.14
Total	37,919,361	6,501.83	251,393,398	4,540.21

FY2020 STAR+PLUS Rating  
 Provider Reimbursement Adjustments - Long Term Care  
 Nursing Facility Reimbursement Increase

	Nursing Facility		Grand Total
	Medicaid Only	Dual Eligible	
<b>Impact of Reimbursement Change (1)</b>			
Bexar	1,572,441	8,001,570	9,574,011
Dallas	2,160,650	11,899,852	14,060,501
El Paso	197,722	1,288,344	1,486,067
Harris	2,269,646	12,852,422	15,122,067
Hidalgo	627,234	5,982,964	6,610,199
Jefferson	591,309	4,129,429	4,720,738
Lubbock	519,923	3,626,695	4,146,618
Nueces	484,342	4,304,537	4,788,879
Tarrant	1,838,317	9,735,090	11,573,407
Travis	960,062	6,570,511	7,530,574
MRSA Central	1,277,662	9,784,579	11,062,240
MRSA Northeast	1,625,353	12,692,712	14,318,065
MRSA West	1,235,193	10,448,122	11,683,314
Total	15,359,853	101,316,827	116,676,680
<b>4/2018-8/2018 Total Long Term Care Incurred Claims (2)</b>			
Bexar	11,659,298	58,183,365	69,842,663
Dallas	16,155,393	83,440,170	99,595,562
El Paso	1,440,843	9,130,935	10,571,778
Harris	16,645,464	95,265,465	111,910,929
Hidalgo	4,885,404	46,523,616	51,409,021
Jefferson	4,077,093	28,137,095	32,214,188
Lubbock	3,704,741	27,069,390	30,774,131
Nueces	3,506,399	32,691,012	36,197,411
Tarrant	13,014,030	73,441,865	86,455,895
Travis	6,781,984	50,105,515	56,887,499
MRSA Central	8,912,795	72,708,477	81,621,272
MRSA Northeast	11,839,766	95,166,107	107,005,873
MRSA West	8,622,551	77,012,067	85,634,618
Total	111,245,761	748,875,078	860,120,840
<b>Rate Adjustment Factor (3)</b>			
Bexar	13.49%	13.75%	13.71%
Dallas	13.37%	14.26%	14.12%
El Paso	13.72%	14.11%	14.06%
Harris	13.64%	13.49%	13.51%
Hidalgo	12.84%	12.86%	12.86%
Jefferson	14.50%	14.68%	14.65%
Lubbock	14.03%	13.40%	13.47%
Nueces	13.81%	13.17%	13.23%
Tarrant	14.13%	13.26%	13.39%
Travis	14.16%	13.11%	13.24%
MRSA Central	14.34%	13.46%	13.55%
MRSA Northeast	13.73%	13.34%	13.38%
MRSA West	14.33%	13.57%	13.64%
Total	13.81%	13.53%	13.57%

## Footnotes

(1) Equals the cost impact from the nursing facility reimbursement changes effective 4/1/2020.

(2) Equals 4/2018-8/2018 health plan fee-for-service claims for all long term care services (from Encounter database).

(3) Equals Cost Impact divided by 4/2018-8/2018 Total Long Term Care Claims Paid.