

**STATE OF TEXAS
MEDICAID MANAGED CARE
STAR+PLUS PROGRAM RATE SETTING
STATE FISCAL YEAR 2021**

Prepared for:

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Prepared by:

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

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

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

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

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I. Introduction

Rudd and Wisdom, Inc. has been retained by the Texas Health and Human Services Commission (HHSC) to develop the state fiscal year 2021 (FY2021, September 1, 2020 through August 31, 2021) premium rates for health plans participating in the Texas Medicaid STAR+PLUS program. This report presents the rating methodology and assumptions used in developing the premium rates.

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

Rudd and Wisdom has provided actuarial services to the Texas Medicaid program for over 30 years. We have participated in the state's managed care rating process since its inception in 1993. This year, as in previous years, we have worked closely with HHSC in developing the FY2021 STAR+PLUS premium rates.

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

- Monthly enrollment by risk group for each health plan. This includes historical enrollment since September 2016 and a projection of future enrollment through August 2021. These projections were prepared by HHS System Forecasting staff.
- Detailed MCO encounter data for FY2019. The encounter data is a dataset that includes detail claim information for every claim incurred during FY2019 and paid through November 30, 2019. The dataset includes but is not limited to (1) individual member information – date of birth, risk group, health plan; (2) provider information – type of provider, NPI, bill type, taxonomy code; (3) procedure information – diagnosis, procedure code, claim modifier; and (4) payment information – paid amount, billed amount. This information is used to identify the providers and services which will receive or have received reimbursement changes in order to determine the cost impact of such changes.
- Claim lag reports by SDA and risk group for each health plan for the period September 2016 through February 2020. These reports were prepared by the health plans and include monthly paid claims by month of service. These reports summarize the detail encounter data.
- Financial Statistical Reports (FSR) for each participating health plan for FY2017, FY2018, FY2019 and the first six months of FY2020. The FSR contains detailed information regarding monthly enrollment, revenue, incurred claims and administrative expenses, as reported by the health plan. These reports are prepared by the health plans

and are audited by an external audit organization. A health plan that participates in multiple programs and/or service areas submits a separate FSR for each individual area and program combination.

- Reports from the EQRO summarizing their analysis of the health plan's encounter claims data.
- Reports from the health plans providing information on high volume claimants during the experience period.
- Current (FY2020) premium rates by risk group for each health plan.
- Information from both HHSC and the health plans regarding recent changes in covered services and provider reimbursement under the Medicaid program.
- Information from the health plans regarding current and projected payment rates for certain capitated services, such as mental health and vision.
 - Subcapitated services make up approximately 0.4% of total medical plan cost and are most commonly vision and behavioral health arrangements. Information about these arrangements was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those of other health plans.
- Information from the health plans regarding service coordination expenses.
 - Service Coordination expenses make up approximately 3.4% of total plan cost and are separate from the included administrative allowance. Information about service coordination expenses was provided by the health plans and verified with the FSRs. These items were reviewed for reasonableness by comparing the reported expense amounts from the various health plans to those arrangements of other health plans.
- FY2019 acuity risk adjustment analysis provided by the EQRO for each health plan.
- FY2019 long term care acuity risk adjustment provided by HHSC actuarial analysis staff.
- Information from the health plans regarding current and projected reinsurance premium rates.
- Information provided by HHSC regarding FY2019 health plan claims cost by type of service for certain services. This information was obtained from the encounter database.
- Information provided by HHSC regarding proposed FY2021 Medicaid provider reimbursement rates.
- Information on the nursing facility eligibility changes effective September 1, 2020 provided by the Program Enrollment and Support Division (PES).

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

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

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

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

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

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

Based on the review of the data by the EQRO, HHSC and Rudd and Wisdom, we have concluded that all data sources are consistent, complete and accurate. It is our opinion that the data collected for the rate development is high quality and we have no concerns over the availability or applicability to the FY2021 rate development. The accumulation of data sources noted above has been assigned full credibility.

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

II. Overview of the Rate Setting Methodology

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

The actuarial model used to derive the FY2021 STAR+PLUS premium rates relies primarily on historical health plan experience. The historical claims experience for the program was analyzed and estimates for the base period were developed. Due to the significant differences between claim run-out patterns, different base periods were selected for medical and prescription drug. The base period for the medical component was defined as FY2019 (September 1, 2018 through August 31, 2019) while the base period for the prescription drug component was defined as CY2019 (January 1, 2019 through December 31, 2019). The primary reason for varying the base periods between medical and prescription drugs is that prescription drug claims complete much faster and therefore require minimal estimation of incurred but unpaid claims. Estimates of the base period include an estimate of incurred but unpaid claims (IBNR). The IBNR estimate is based on claims paid through February 2020 and represents the following percentage of claims by type of service:

- Medical - 0.20%
- Prescription Drug - 0.0%

Costs related to Uniform Hospital Rate Increase Program (UHRIP) payments were removed from the base experience. More information on UHRIP is provided in Section III and Attachment 10. These estimates were then projected to FY2021 using assumed trend rates. Other plan expenditures such as capitated amounts, service coordination, reinsurance costs and administrative expenses were added to the claims component in order to project the total FY2021 cost under the health plan. These projected total cost rates were determined separately for each risk group for each health plan. The results of this analysis were then combined for all health plans in a service area in order to develop a set of community rates for each service area.

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

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

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

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

The services used in the analysis include the following:

Acute Care Services

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

Long Term Care Services

- Adult Foster Care
- Adaptive Aids and Medical Equipment
- Assisted Living
- Emergency Response Services
- Home Delivered Meals
- Medical Supplies
- Minor Home Modifications
- Nursing Services (in home)
- Personal Attendant Services
- Therapies – physical, occupational and speech
- Transition Services

- Nursing Facilities

Services specifically excluded from the analysis include:

- Dental and Orthodontia Services with the exception of a small number of dental services provided to STAR+PLUS HCBS waiver members
- Early Childhood Intervention (ECI) case management/service coordination
- Texas School Health and Related Services (SHARS)
- Health and Human Services Commission's Non-Emergency Medical Transportation
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- Certain high cost carve-out prescription drugs

All expenses related to these services, along with any other non-capitated services and any value-added services have been excluded from the FY2021 rating analysis.

We projected the FY2021 cost for each individual health plan by estimating their base period average claims cost and then applying trend and other adjustment factors. These adjustment factors are described in Section III. We added capitation expenses for services capitated by the health plan (such as vision and behavioral health), service coordinator expenses for care coordination services, a reasonable provision for administrative expenses and a risk margin. Attachment 2 presents a description and an example of the experience analysis for a sample health plan. This type of analysis was conducted for each health plan.

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

HHSC utilizes a community rating methodology in setting the STAR+PLUS base premium rates. The base rates vary by service area and risk group but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2021 cost for each health plan in the service area. The weights used in this formula are the projected FY2021 number of clients enrolled in each health plan by risk group. Attachment 3 presents the summary community rating exhibit for each service area along with a description of the analysis.

The base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships. Additional information regarding risk adjustment is included in Section III below under Risk Adjustment and in Attachments 6 and 7.

The final FY2021 premium rates were defined as the community rates with acuity risk adjustment for acute care services, pharmacy services and long term care services. This is the same methodology that was used during the FY2020 STAR+PLUS rate development. HHSC, the EQRO and the participating STAR+PLUS health plans have worked closely in developing a risk adjustment model to be applied to the long term care component of the

premium. The methodology applied in the FY2021 rate development is a continuation of the process and will continue to be refined for future rate developments.

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

III. Adjustment Factors

This section contains a description of the adjustment factors used in the FY2021 STAR+PLUS rate setting process.

Trend Factors - Medical

The rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption applies to all service areas but varies by risk group, type of service and projection year (FY2020 and FY2021).

The trend analysis included a review of health plan claims experience data through February 2020. Based on this information, estimates of monthly incurred claims were made through December 2019. The claims cost and trend experience was reviewed separately by service area and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights. All historical trends have been calculated as the average cost per member per month during a specified time period (monthly, quarterly or annually) compared to the same time period from the prior year. For example, the FY2018 trend has been calculated as the change in average cost per member per month during the period September 1, 2017 through August 31, 2018 (FY2018) compared to the average cost per member per month during the period September 1, 2016 through August 31, 2017 (FY2017). The experience trends for all time periods were adjusted to remove the impact of provider reimbursement changes and other revisions that have impacted the cost of the program.

The FY2020 trend assumptions were developed from two components: (i) the actual trend for the period September 2019 through December 2019 and (ii) the projected trend for the period January 2020 through August 2020. The trends for the final eight months of FY2020 were projected using experience data from FY2017, FY2018, FY2019 and the first four months of FY2020. The weighting of each time period was based on the number of months within each time period for each risk group. For example, risk groups such as OCC and HCBS which have been in STAR+PLUS the entire time during the observed fiscal years were blended using the following formula: 3/10 weighting for FY2017, FY2018 and FY2019 and 1/10 weighting to the first four months of FY2020.

The FY2021 trend assumptions were then developed from a simple average of the FY2017-FY2020 trends.

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

Attachment 4 is a summary of the trend analysis. The chart below presents the assumed annual trend rates for FY2020 and FY2021.

	<u>FY2020</u>	<u>FY2021</u>
<u>Acute Care</u>		
Medicaid Only - OCC	2.2%	1.5%
Medicaid Only - HCBS	2.0%	1.2%
Medicaid Only - NF	-5.4%	2.0%
IDD	4.9%	4.9%
MBCCP	10.6%	9.9%
 <u>Long Term Care</u>		
Medicaid Only - OCC	5.6%	5.8%
Medicaid Only - HCBS	4.7%	5.4%
Dual Eligible - OCC	3.5%	3.5%
Dual Eligible - HCBS	4.0%	4.6%
Medicaid Only - NF	0.5%	1.6%
Dual Eligible - NF	1.5%	2.1%
MBCCP	4.2%	4.5%

Trend Factors - Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (CY2019) claims cost to the rating period (FY2021). The trend assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary’s professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2020. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2020. From this experience, the average annual utilization and cost per service were determined for each of the four 12-month periods ending February 2020.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Anti-viral agents used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. In addition, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2020 and all of FY2021 were developed using the following formula. For each risk group/drug type

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

The preferred drug list (PDL) changes implemented in FY2018 and FY2019 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the three most recent 12-month periods assuming that the PDL changes had not been implemented. Attachment 4 – Exhibit D presents these adjustment factors and the resulting pharmacy trends assumptions used for the STAR+PLUS program.

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

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

<u>Risk Group</u>	<u>Trend</u>
Medicaid Only - OCC	4.6 %
Medicaid Only - HCBS	4.2 %
IDD	5.0 %
Medicaid Only - NF	0.4 %
MBCCP	21.3 %

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

Provider Reimbursement Adjustments – Acute Care

Medicaid provider reimbursement changes were recognized for the following services: hospital inpatient reimbursement revisions, potentially preventable readmission reimbursement reductions, potentially preventable complications reimbursement reductions, therapy reimbursement revisions, anesthesiology reimbursement revisions, private duty nursing reimbursement revisions and attendant care reimbursement revisions.

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

Potentially Preventable Readmission Quality Improvement

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2021. Exhibit D of Attachment 5 presents a summary of the derivation of these adjustment factors.

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

Removal of Invalid Clinician Administered Drugs (CADs)

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

Institution for Mental Disease (IMD) Cost Removal

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

Federally Qualified Health Center (FQHC) Wrap Payment Removal

Effective September 1, 2017, MCOs were no longer required to reimburse FQHC's the full encounter rate. The MCO are expected to reimburse FQHCs at a rate that is comparable to the reimbursement of all other non-FQHC providers providing similar services. Subsequently, the FQHC will be reimbursed up to their full encounter rate outside of the capitation rate. The rating adjustment was calculated by collecting the FQHC wrap

payments paid by the MCOs during the FY2019 base period. Exhibit H of Attachment 5 presents a summary of the derivation of these adjustment factors.

Nursing Facility Eligibility Changes

Effective September 1, 2020, HHSC will be making changes to the Service Authorization System (SAS) that will impact the classification of members in the nursing facility risk groups. This change will not impact total enrollment but will impact the distribution of members amongst the OCC, HCBS and nursing facility risk groups. The rating adjustment for this change was calculated by running the FY2019 base period through the revised SAS system and comparing the average cost amongst the risk groups pre and post change. Exhibits J.1 and J.2 of Attachment 5 presents a summary of the derivation of these adjustment factors.

Drug Carve In

HHSC has carved-in several low-utilization, high-cost drugs to the managed care capitated arrangement. These drugs were previously covered services under the plan but their cost was reimbursed to the MCOs using a non-risk arrangement. Anti-viral medications for the treatment of Hepatitis C (Epclusa, Harvoni, Viekira Pak, etc.) and Orkambi (a treatment for Cystic Fibrosis) have been added to capitated services effective September 1, 2018. The cost of these drugs is included in the base period and no cost adjustment is required.

Preferred Drug List Changes

HHSC has recently implemented numerous changes to the Preferred Drug List (PDL). These changes include some of the program's highest expenditure drugs and will have a significant impact on managed care pharmacy cost. Some of the PDL changes were implemented during the experience period used to develop the rates and some were implemented after the experience period. We developed adjustment factors to reflect the anticipated cost impact of the PDL changes. Exhibit K of Attachment 5 includes additional information regarding the application of the PDL changes adjustment factors.

Hemostatic Drug Carve-Out

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

Community First Choice Initiative (CFC)

Effective June 1, 2015, Texas implemented a CFC initiative within the STAR+PLUS

program that expanded access to certain habilitation and attendant care services. As a result of CFC, Texas receives an enhanced federal medical assistance percentage (FMAP) on CFC eligible clients and services. The impact of CFC on program cost is included in the FY2019 base period and no further adjustments are necessary. Attachment 11 details the development of the CFC portion of the premium eligible for an enhanced FMAP.

Service Coordination

STAR+PLUS members and their families receive help with coordinating care. Each MCO provides service coordination which requires the MCO to work with the member, the member's family and the member's doctors and other providers to help the member get the medical and long-term services and support they need. The service coordinators partner with health care providers and the members' families to ensure care is holistically integrated and coordinated and find ways to avoid preventable hospital admissions, readmissions, and emergency room visits, resulting in shared savings to benefit both the providers and MCOs, and most importantly the members themselves. Service coordination expenses were included in the rate development based on the amounts reported by the MCO in their audited FSRs. The average service coordination expenses included in the FY2021 STAR+PLUS rate development is approximately \$43 per member per month.

Risk Adjustment

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

The acute care and pharmacy portions of the base community rate in each service area was adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. The purpose of acuity risk adjustment is to recognize the anticipated cost differential between multiple health plans in a service area by analyzing the health status of their respective memberships. The risk analysis was performed by the University of Florida's Institute for Child Health Policy (ICHP). The methodology used to incorporate the acuity risk adjustment is the Chronic Illness and Disability Payment System (CDPS). Additional information regarding this acuity risk adjustment is included in Attachment 6.

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

The long term care portion of the base community rate in each service area was also adjusted to reflect the health status, or acuity, of the population enrolled in each health plan. Prior to FY2018 no acuity model was readily available on which to measure the relative differences among the health plans. HHSC, the EQRO and the health plans formed a workgroup tasked with developing a long term care acuity model. The workgroup analyzed available long term care data and publicly available models and developed a model which was first applied in FY2018 and has been updated for FY2021. The long term care acuity factors have been given 100% credibility for FY2021. Additional information regarding this acuity risk adjustment is included in Attachment 7.

Network Access Improvement Program (NAIP)

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

Attachment 8 presents the development of the NAIP add-on amounts to be included in the capitation rates effective September 1, 2020, along with additional information concerning the NAIP program.

Quality Incentive Payment Program for Nursing Facilities (QIPP)

Effective September 1, 2017, HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities to improve the quality and innovation of their services. Pending CMS approval of QIPP Year Four, effective September 1, 2020, the program will encompass one uniform rate increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets.

Attachment 9 presents the development of the QIPP add-on amounts to be included in the capitation rates effective September 1, 2020 along with additional information concerning the QIPP program.

Uniform Hospital Reimbursement Program (UHRIP)

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. The program expanded statewide effective March 1, 2018. UHRIP is a Medicaid managed care hospital directed payment program authorized under federal regulations at 42 CFR 438.6(c). CMS approved HHSC's statewide implementation of the program on August 18, 2017. The UHRIP program increases the reimbursement to contracted hospitals by a level percentage that varies by hospital class. HHSC has identified the following classes of hospitals within each SDA and the rate increase for each:

<u>SDA</u>	<u>Children's</u>	<u>IMD</u>	<u>Non- Urban Public</u>	<u>Other</u>	<u>Rural Private</u>	<u>Rural Public</u>	<u>State- Owned</u>	<u>Urban Public</u>
Bexar	26%	0%	56%	63%	40%	40%	0%	40%
Dallas	43%	0%	63%	66%	63%	0%	149%	63%
El Paso	57%	0%	0%	59%	0%	0%	0%	52%
Harris	11%	0%	73%	172%	73%	29%	0%	70%
Hidalgo	0%	0%	0%	69%	64%	64%	0%	0%
Jefferson	0%	0%	0%	129%	65%	65%	0%	0%
Lubbock	18%	0%	0%	60%	48%	79%	0%	60%
Nueces	0%	0%	69%	62%	62%	62%	0%	62%
Tarrant	53%	33%	0%	60%	53%	53%	0%	113%
Travis	13%	0%	0%	58%	58%	0%	0%	120%
MRSA Central	0%	0%	0%	69%	51%	51%	0%	0%
MRSA Northeast	0%	0%	0%	84%	59%	24%	0%	0%
MRSA West	0%	0%	81%	75%	47%	60%	0%	81%

All MCOs are required to increase their reimbursement rates to contracted hospitals by the established percentage rate increase. Attachment 10 presents the development of the UHRIP add-on amounts to be included in the capitation rates effective September 1, 2020 along with additional information concerning the UHRIP program.

COVID-19

No adjustments to the rate development assumptions have been made as a result of the COVID-19 pandemic and its potential impact on program utilization and cost. At the time the FY2021 rates were calculated, there was little credible information on the impact of the pandemic specific to the Texas Medicaid population. Based on the available information, it is our opinion that utilization has been depressed for certain services and populations beginning March, 2020 and is expected to continue at least partly for the remainder of FY2020. We expect that there will be a rebound in utilization as (a) pent-up demand shifts services that were forgone during FY2020 into FY2021 and (b) potential increased hospitalizations if and when the pandemic spreads throughout the state. At this time the impact cannot be estimated with any degree of certainty and has been excluded from these calculations. Given the geographic size of Texas and the varying demographics (children, disabled children, disabled adults, dual eligible, etc.) the potential impact (or lack thereof) of COVID-19 will likely vary significantly by geographic region and population.

In order to mitigate the risk to both HHSC and the MCOs resulting from COVID-19 the following actions will be taken:

- COVID-19 related expenditures such as testing will be excluded from the capitation rates and paid via non-risk arrangements.
- HHSC and its actuaries will collect additional information from the participating MCOs during the summer and fall of 2020 to determine if a retroactive adjustment is necessary to properly account for COVID-19 related impacts to program expenditures.

IV. Administrative Fees, Taxes and Risk Margin

The rating methodology includes an explicit provision for administrative expenses. The amount allocated for administrative expenses is \$18.00 pmpm plus 5.25% of gross premium for medical services and \$1.80 pmpm for pharmacy services. This amount is intended to provide for all administrative-related services performed by the health plan. The administrative allowance for medical services is split between a fixed and variable component in order to allocate a larger percentage of the administrative dollars to the higher cost risk groups.

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

	Avg. Admin. Expense
FY17	87.47
FY18	88.86
FY19	84.46
FY20	86.82
4 Year Average	86.90

Based on the administrative formula included in the rate development, the average administrative expense provision included in the capitation rates is approximately \$88 which is in line with the historical average cost. In general, the fixed and variable components of the administrative cost assumption are not intended to account for different administrative cost categories. The combined administrative assumption is intended to be a reasonable amount to cover all administrative costs. This formula is reviewed annually to ensure consistency with the reported administrative costs. For informational purposes the \$18 fixed component of the administrative expense formula breaks down into two categories:

- Quality Improvement - \$2.00
- General Administration - \$16.00

The quality improvement amount is in addition to the service coordination expenses noted on page 13 and include services such as disease management, health information technology and wellness service among other items.

The premium rates also include an amount for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and a risk margin (1.75% of premium). The premium tax and maintenance tax are based on Texas Department of Insurance requirements.

The capitation rates included in this document do not include provision for the Affordable Care Act (ACA) Health Insurance Providers Fee. HHSC has developed a CMS-approved procedure for reimbursing the MCOs for (i) the ACA Health Insurance Providers Fee, (ii) any applicable federal income tax impact resulting from payment of the ACA Health Insurance Providers Fee and (iii) any applicable state premium tax impact resulting from payment of the ACA Health Insurance Providers Fee. Such

reimbursement will be provided retrospectively once the exact fee amounts are available. HHSC has included the Health Insurance Providers Fee in the managed care capitation rates for each of 2014, 2015, 2016 and 2018 through amendments to the initially certified rates for these time periods. 2020 will follow a similar methodology.

V. Summary

The chart below presents the results of the FY2021 STAR+PLUS rating analysis and includes all components of the premium – acute care, long term care, prescription drugs NAIP, UHRIP and QIPP. Texas is eligible for an enhanced FMAP rate for CFC services. Attachment 11 details the development of the CFC component of the total premium rate.

Health Plan	Medicaid Only	Medicaid Only	Dual Eligible	Dual Eligible
	OCC	HCBS	OCC	HCBS
Monthly Premium Rates				
Amerigroup - Bexar	\$1,572.10	\$5,136.50	\$449.39	\$2,167.88
Molina - Bexar	1,661.70	4,811.13	455.10	2,047.68
Superior - Bexar	1,726.33	5,368.51	489.32	2,263.96
Molina - Dallas	1,681.01	4,619.44	485.39	1,972.99
Superior - Dallas	1,567.14	5,057.25	403.58	2,025.00
Amerigroup - El Paso	1,720.90	4,740.77	575.16	2,236.51
Molina - El Paso	1,863.18	5,047.02	662.62	2,217.34
Amerigroup - Harris	2,122.27	7,215.09	392.67	2,567.94
Molina - Harris	1,888.38	6,158.59	404.44	2,490.27
United - Harris	2,154.88	6,089.93	454.73	2,404.76
Health Spring - Hidalgo	2,029.27	5,518.96	1,045.76	2,688.49
Molina - Hidalgo	1,944.76	5,402.40	958.09	2,628.16
Superior - Hidalgo	2,175.42	5,747.01	1,167.96	2,690.02
Amerigroup - Jefferson	1,702.66	5,890.89	334.18	1,982.63
Molina - Jefferson	1,677.94	5,110.32	311.87	1,845.53
United - Jefferson	1,939.25	4,983.99	237.26	1,763.59
Amerigroup - Lubbock	1,561.86	4,666.67	196.66	1,559.44
Superior - Lubbock	1,434.11	5,065.06	202.98	1,659.36
Superior - Nueces	1,690.08	5,101.70	616.35	2,267.86
United - Nueces	2,014.63	5,059.80	565.18	2,205.85
Amerigroup - Tarrant	1,717.69	5,347.76	373.17	1,861.05
Health Spring - Tarrant	1,483.14	5,225.27	306.24	2,011.76
Amerigroup - Travis	1,574.65	5,792.89	395.12	2,095.91
United - Travis	1,651.46	5,649.52	242.72	2,073.89
Superior - MRSA Central	1,512.74	5,357.60	259.65	1,914.50
United - MRSA Central	1,578.70	5,512.06	279.59	1,984.37
Health Spring - MRSA Northeast	1,389.92	5,092.69	274.16	1,919.07
United - MRSA Northeast	1,587.87	5,341.51	302.67	1,639.24
Amerigroup - MRSA West	1,526.49	5,553.70	322.63	1,750.31
Superior - MRSA West	1,527.48	4,938.01	280.61	1,745.94

Health Plan	Medicaid Only	Dual Eligible	IDD	MBCCP
	NF	NF	Over 21	
Monthly Premium Rates				
Amerigroup - Bexar	\$8,916.90	\$6,163.38	\$1,066.73	\$3,866.39
Molina - Bexar	8,791.92	6,163.38	1,017.29	4,501.41
Superior - Bexar	9,097.97	6,163.38	1,318.70	3,878.40
Molina - Dallas	9,459.91	6,311.99	879.22	3,585.52
Superior - Dallas	10,114.83	6,311.99	1,000.25	4,941.40
Amerigroup - El Paso	9,708.95	5,654.22	1,621.94	3,335.09
Molina - El Paso	9,694.22	5,654.22	1,823.36	2,883.45
Amerigroup - Harris	10,490.53	6,038.38	1,345.61	5,482.33
Molina - Harris	10,112.56	6,038.38	1,153.52	5,917.03
United - Harris	9,892.18	6,038.38	1,399.66	4,484.75
Health Spring - Hidalgo	9,772.96	6,422.18	1,076.28	3,287.53
Molina - Hidalgo	9,750.10	6,422.18	1,138.44	4,229.55
Superior - Hidalgo	10,190.08	6,422.18	1,325.67	3,696.06
Amerigroup - Jefferson	9,444.08	5,542.31	1,195.69	4,565.09
Molina - Jefferson	9,225.10	5,542.31	1,171.40	4,572.18
United - Jefferson	8,830.64	5,542.31	1,287.62	4,687.70
Amerigroup - Lubbock	8,848.51	6,130.85	992.20	4,233.08
Superior - Lubbock	8,958.64	6,130.85	1,104.78	4,383.66
Superior - Nueces	8,695.05	6,158.02	1,050.18	3,680.34
United - Nueces	8,640.35	6,158.02	1,090.71	3,770.29
Amerigroup - Tarrant	8,956.92	5,910.34	1,126.47	4,261.52
Health Spring - Tarrant	8,595.47	5,910.34	879.36	4,232.63
Amerigroup - Travis	8,967.23	6,574.76	1,054.73	3,454.31
United - Travis	9,218.21	6,574.76	1,181.19	3,914.04
Superior - MRSA Central	8,593.26	5,824.39	1,051.81	4,332.94
United - MRSA Central	8,482.75	5,824.39	1,198.31	5,587.57
Health Spring - MRSA Northeast	9,066.03	5,848.88	971.93	4,094.74
United - MRSA Northeast	9,048.40	5,848.88	1,075.64	3,387.68
Amerigroup - MRSA West	9,013.94	6,060.37	1,211.51	3,268.66
Superior - MRSA West	8,880.66	6,060.37	1,232.69	3,663.04

Attachment 1 presents additional information regarding the breakdown of the components of the FY2021 rates.

Attachment 13 presents the required rating index summarizing the applicable sections from the 2020-2021 Medicaid Managed Care Rate Development Guide.

VI. Actuarial Certification of FY2021 STAR+PLUS Health Plan Premium Rates

We, Evan L. Dial, Khiem D. Ngo, David G. Wilkes and Dustin J. Kim are with the firm Rudd and Wisdom, Inc., Consulting Actuaries (Rudd and Wisdom). Three are Fellows of the Society of Actuaries (FSAs) and one is an Associate of the Society of Actuaries (ASA). We are all members of the American Academy of Actuaries and meet the Academy's qualification standards for rendering this opinion.

Rudd and Wisdom has been retained by the Texas Health and Human Services Commission (HHSC) to assist in the development of the STAR+PLUS premium rates for the period September 1, 2020 through August 31, 2021 and to provide the actuarial certification required under Centers for Medicare and Medicaid Services (CMS) requirements 42 CFR 438.4.

We certify that the FY2021 premium rates developed by HHSC and Rudd and Wisdom satisfy the following:

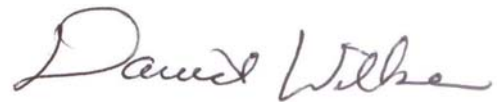
- (a) The premium rates have been developed in accordance with generally accepted actuarial principles and practices;
- (b) The premium rates are appropriate for the populations and services covered under the managed care contract; and
- (c) The premium rates are actuarially sound as defined in the regulations.

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.

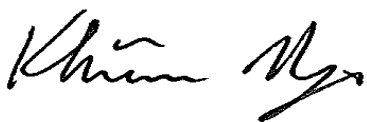
Please note that actual health plan contractor experience will differ from these projections. Rudd and Wisdom has developed these rates on behalf of the State to demonstrate compliance with the CMS requirements under 42 CFR 438.3(c), 438.3(e), 438.4, 438.5, 438.6 and 438.7. Any health plan contracting with the State should analyze its own projected premium needs before deciding whether to contract with the State.



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



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



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



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

VII. Attachments

Attachment 1

Summary of FY2021 STAR+PLUS Rating Analysis

Exhibit A. This exhibit presents summary information regarding the FY2021 rates. Included on the exhibit are current premium rates split between medical (acute care and long term care), prescription drug, NAIP, QIPP and UHRIP rates; FY2021 premium rates split between medical (acute care and long term care), prescription drug, NAIP, QIPP and UHRIP rates; and a comparison of FY2020 and FY2021 premium rates.

Exhibit B. This exhibit presents a comparison of the projected expenditures under the current premium rates and the FY2021 premium rates. The projection is split by medical, pharmacy, NAIP/QIPP and UHRIP.

The reasons for the rate changes shown in Exhibit A are numerous and vary from SDA to SDA and risk group to risk group. The overall premium rates increased by an average of 8.8% which is primarily attributed to increases in the QIPP and UHRIP programs. The average acute care, long term care and pharmacy rate changes are modest increases which are slightly lower than annual trends. The pharmacy rates have been impacted by the hemostatic drug carve-out which impacts each SDA and MCO differently based on the historical distribution of these clients. The MBCCP risk group continues to experience much higher than average trends resulting in some large rate increases for certain services and SDAs. Acuity changes impact each MCO within an SDA differently resulting in variations in the rate changes for individual MCOs.

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2020-8/31/2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
3/1/2020-8/31/2020 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

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Acute Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	634.59	1,518.94	0.00	0.00	1,343.84	0.00	465.59	2,565.08
Molina - Bexar	642.73	1,478.18	0.00	0.00	1,308.38	0.00	444.98	2,804.12
Superior - Bexar	660.66	1,544.71	0.00	0.00	1,391.28	0.00	564.02	2,439.79
Molina - Dallas	709.65	1,523.39	0.00	0.00	1,881.38	0.00	429.66	2,390.91
Superior - Dallas	680.45	1,681.17	0.00	0.00	2,206.60	0.00	479.36	3,101.05
Amerigroup - El Paso	683.54	1,417.59	0.00	0.00	2,658.87	0.00	716.38	1,842.74
Molina - El Paso	701.70	1,568.91	0.00	0.00	2,461.93	0.00	806.91	1,591.25
Amerigroup - Harris	741.11	1,871.74	0.00	0.00	1,745.87	0.00	476.33	2,533.95
Molina - Harris	666.70	1,631.96	0.00	0.00	1,684.14	0.00	406.14	2,434.72
United - Harris	815.94	1,895.52	0.00	0.00	1,855.85	0.00	540.42	2,735.24
Health Spring - Hidalgo	559.21	1,457.25	0.00	0.00	2,387.12	0.00	546.42	1,787.27
Molina - Hidalgo	543.86	1,382.26	0.00	0.00	2,187.49	0.00	571.14	2,252.22
Superior - Hidalgo	600.92	1,516.09	0.00	0.00	2,536.06	0.00	647.39	1,940.28
Amerigroup - Jefferson	654.02	1,911.71	0.00	0.00	1,678.05	0.00	421.59	2,417.80
Molina - Jefferson	640.89	1,595.70	0.00	0.00	1,497.33	0.00	386.84	2,384.28
United - Jefferson	763.92	1,726.47	0.00	0.00	1,524.27	0.00	467.06	2,778.71
Amerigroup - Lubbock	696.54	1,548.48	0.00	0.00	1,166.55	0.00	433.27	2,203.73
Superior - Lubbock	653.05	1,741.20	0.00	0.00	1,282.55	0.00	500.13	2,460.98
Superior - Nueces	583.86	1,427.44	0.00	0.00	1,258.38	0.00	442.88	2,222.55
United - Nueces	670.12	1,365.74	0.00	0.00	1,321.10	0.00	418.45	2,426.76
Amerigroup - Tarrant	727.39	1,778.34	0.00	0.00	1,590.52	0.00	476.01	2,630.82
Health Spring - Tarrant	620.86	1,709.61	0.00	0.00	1,428.54	0.00	382.89	2,595.72
Amerigroup - Travis	629.47	1,415.07	0.00	0.00	936.22	0.00	382.58	2,269.14
United - Travis	673.27	1,480.33	0.00	0.00	1,120.59	0.00	434.00	2,757.40
Superior - MRSA Central	659.00	1,566.73	0.00	0.00	1,330.69	0.00	435.51	2,493.90
United - MRSA Central	669.93	1,609.44	0.00	0.00	1,292.55	0.00	484.93	3,071.31
Health Spring - MRSA Northeast	561.67	1,478.23	0.00	0.00	1,441.68	0.00	430.31	2,618.20
United - MRSA Northeast	638.69	1,716.08	0.00	0.00	1,493.51	0.00	471.67	2,228.08
Amerigroup - MRSA West	634.38	1,818.70	0.00	0.00	1,404.17	0.00	490.74	2,147.45
Superior - MRSA West	633.65	1,528.63	0.00	0.00	1,369.22	0.00	510.61	2,381.88

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Long Term Care Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	261.27	2,146.84	449.39	2,167.88	4,715.61	4,407.19	0.00	103.38
Molina - Bexar	307.35	1,856.49	455.10	2,047.68	4,715.61	4,407.19	0.00	103.38
Superior - Bexar	325.88	2,255.65	489.32	2,263.96	4,715.61	4,407.19	0.00	103.38
Molina - Dallas	349.28	1,855.59	485.39	1,972.99	4,622.95	4,301.39	0.00	125.43
Superior - Dallas	248.42	1,902.89	403.58	2,025.00	4,622.95	4,301.39	0.00	125.43
Amerigroup - El Paso	332.69	2,037.37	575.16	2,236.51	4,653.01	4,521.89	0.00	121.59
Molina - El Paso	426.74	1,938.47	662.62	2,217.34	4,653.01	4,521.89	0.00	121.59
Amerigroup - Harris	279.77	2,753.41	392.67	2,567.94	4,837.14	4,315.81	0.00	109.55
Molina - Harris	287.71	2,580.53	404.44	2,490.27	4,837.14	4,315.81	0.00	109.55
United - Harris	353.05	2,491.65	454.73	2,404.76	4,837.14	4,315.81	0.00	109.55
Health Spring - Hidalgo	828.37	2,727.15	1,045.76	2,688.49	4,547.60	4,936.00	0.00	419.62
Molina - Hidalgo	749.07	2,652.97	958.09	2,628.16	4,547.60	4,936.00	0.00	419.62
Superior - Hidalgo	857.88	2,750.68	1,167.96	2,690.02	4,547.60	4,936.00	0.00	419.62
Amerigroup - Jefferson	195.85	2,181.93	334.18	1,982.63	4,374.13	3,948.85	0.00	93.10
Molina - Jefferson	216.82	1,819.53	311.87	1,845.53	4,374.13	3,948.85	0.00	93.10
United - Jefferson	199.76	1,781.76	237.26	1,763.59	4,374.13	3,948.85	0.00	93.10
Amerigroup - Lubbock	108.36	1,679.60	196.66	1,559.44	4,576.60	4,132.89	0.00	121.64
Superior - Lubbock	137.86	1,798.79	202.98	1,659.36	4,576.60	4,132.89	0.00	121.64
Superior - Nueces	405.64	2,177.04	616.35	2,267.86	4,458.05	4,444.01	0.00	203.84
United - Nueces	471.34	2,226.80	565.18	2,205.85	4,458.05	4,444.01	0.00	203.84
Amerigroup - Tarrant	184.17	1,924.34	373.17	1,861.05	4,146.70	4,085.51	0.00	84.18
Health Spring - Tarrant	190.66	1,975.94	306.24	2,011.76	4,146.70	4,085.51	0.00	84.18
Amerigroup - Travis	271.55	2,600.16	395.12	2,095.91	4,532.42	4,278.38	0.00	107.06
United - Travis	203.48	2,410.91	242.72	2,073.89	4,532.42	4,278.38	0.00	107.06
Superior - MRSA Central	187.32	2,053.45	259.65	1,914.50	4,634.78	4,284.53	0.00	101.58
United - MRSA Central	186.15	2,152.15	279.59	1,984.37	4,634.78	4,284.53	0.00	101.58
Health Spring - MRSA Northeast	207.09	2,091.93	274.16	1,919.07	4,530.17	4,215.41	0.00	118.38
United - MRSA Northeast	228.48	1,897.42	302.67	1,639.24	4,530.17	4,215.41	0.00	118.38
Amerigroup - MRSA West	144.89	1,890.97	322.63	1,750.31	4,318.30	4,074.57	0.00	79.90
Superior - MRSA West	160.87	1,799.74	280.61	1,745.94	4,318.30	4,074.57	0.00	79.90

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Prescription Drug Premium Rates pmpm (Community Rates with Risk Adjustment)								
Amerigroup - Bexar	540.06	1,195.68	0.00	0.00	744.62	0.00	532.59	1,022.85
Molina - Bexar	546.99	1,163.60	0.00	0.00	724.97	0.00	509.01	1,118.17
Superior - Bexar	562.25	1,215.97	0.00	0.00	770.90	0.00	645.19	972.88
Molina - Dallas	446.87	905.18	0.00	0.00	462.79	0.00	379.87	543.31
Superior - Dallas	428.47	998.94	0.00	0.00	542.79	0.00	423.80	704.68
Amerigroup - El Paso	566.79	1,085.78	0.00	0.00	509.87	0.00	780.52	959.34
Molina - El Paso	581.85	1,201.68	0.00	0.00	472.10	0.00	879.16	828.41
Amerigroup - Harris	535.31	1,105.60	0.00	0.00	706.20	0.00	577.83	991.99
Molina - Harris	481.57	963.96	0.00	0.00	681.23	0.00	492.69	953.14
United - Harris	589.38	1,119.64	0.00	0.00	750.69	0.00	655.58	1,070.79
Health Spring - Hidalgo	512.59	1,070.76	0.00	0.00	711.01	0.00	473.20	716.18
Molina - Hidalgo	498.52	1,015.66	0.00	0.00	651.55	0.00	494.60	902.49
Superior - Hidalgo	550.82	1,113.99	0.00	0.00	755.37	0.00	560.64	777.49
Amerigroup - Jefferson	490.01	1,051.62	0.00	0.00	771.88	0.00	594.55	954.32
Molina - Jefferson	480.16	877.78	0.00	0.00	688.76	0.00	545.55	941.09
United - Jefferson	572.35	949.72	0.00	0.00	701.15	0.00	658.67	1,096.77
Amerigroup - Lubbock	487.08	980.67	0.00	0.00	683.62	0.00	450.21	786.35
Superior - Lubbock	456.67	1,102.73	0.00	0.00	751.60	0.00	519.69	878.14
Superior - Nueces	476.01	1,051.65	0.00	0.00	688.46	0.00	503.34	583.59
United - Nueces	546.34	1,006.19	0.00	0.00	722.77	0.00	475.58	637.21
Amerigroup - Tarrant	543.12	1,114.34	0.00	0.00	812.15	0.00	532.78	1,146.01
Health Spring - Tarrant	463.57	1,071.27	0.00	0.00	729.44	0.00	428.56	1,130.72
Amerigroup - Travis	500.55	1,373.37	0.00	0.00	768.79	0.00	596.58	545.72
United - Travis	535.37	1,436.71	0.00	0.00	920.19	0.00	676.77	663.15
Superior - MRSA Central	445.95	1,253.18	0.00	0.00	590.26	0.00	518.23	1,035.22
United - MRSA Central	453.34	1,287.34	0.00	0.00	573.35	0.00	577.03	1,274.90
Health Spring - MRSA Northeast	451.22	1,065.56	0.00	0.00	872.42	0.00	457.70	860.04
United - MRSA Northeast	513.08	1,237.01	0.00	0.00	903.78	0.00	501.70	731.89
Amerigroup - MRSA West	511.00	1,363.67	0.00	0.00	714.63	0.00	580.71	547.20
Superior - MRSA West	510.41	1,146.18	0.00	0.00	696.84	0.00	604.22	606.93

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 NAIP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Bexar	7.97	7.97	0.00	0.00	0.00	0.00	7.97	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amerigroup - Harris	35.75	35.75	0.00	0.00	0.00	0.00	35.75	0.00
Molina - Harris	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Harris	26.90	26.90	0.00	0.00	0.00	0.00	26.90	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	3.45	3.45	0.00	0.00	0.00	0.00	3.45	0.00
Amerigroup - Jefferson	5.94	5.94	0.00	0.00	0.00	0.00	5.94	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United - Jefferson	25.02	25.02	0.00	0.00	0.00	0.00	25.02	0.00
Amerigroup - Lubbock	23.38	23.38	0.00	0.00	0.00	0.00	23.38	0.00
Superior - Lubbock	16.17	16.17	0.00	0.00	0.00	0.00	16.17	0.00
Superior - Nueces	38.44	38.44	0.00	0.00	0.00	0.00	38.44	0.00
United - Nueces	119.93	119.93	0.00	0.00	0.00	0.00	119.93	0.00
Amerigroup - Tarrant	5.00	5.00	0.00	0.00	0.00	0.00	5.00	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	4.05	4.05	0.00	0.00	0.00	0.00	4.05	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	31.74	31.74	0.00	0.00	0.00	0.00	31.74	0.00
Superior - MRSA West	19.62	19.62	0.00	0.00	0.00	0.00	19.62	0.00

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 QIPP Rates pmpm								
Amerigroup - Bexar	0.00	0.00	0.00	0.00	1,756.19	1,756.19	0.00	0.00
Molina - Bexar	0.00	0.00	0.00	0.00	1,756.19	1,756.19	0.00	0.00
Superior - Bexar	0.00	0.00	0.00	0.00	1,756.19	1,756.19	0.00	0.00
Molina - Dallas	0.00	0.00	0.00	0.00	2,010.60	2,010.60	0.00	0.00
Superior - Dallas	0.00	0.00	0.00	0.00	2,010.60	2,010.60	0.00	0.00
Amerigroup - El Paso	0.00	0.00	0.00	0.00	1,132.33	1,132.33	0.00	0.00
Molina - El Paso	0.00	0.00	0.00	0.00	1,132.33	1,132.33	0.00	0.00
Amerigroup - Harris	0.00	0.00	0.00	0.00	1,722.57	1,722.57	0.00	0.00
Molina - Harris	0.00	0.00	0.00	0.00	1,722.57	1,722.57	0.00	0.00
United - Harris	0.00	0.00	0.00	0.00	1,722.57	1,722.57	0.00	0.00
Health Spring - Hidalgo	0.00	0.00	0.00	0.00	1,486.18	1,486.18	0.00	0.00
Molina - Hidalgo	0.00	0.00	0.00	0.00	1,486.18	1,486.18	0.00	0.00
Superior - Hidalgo	0.00	0.00	0.00	0.00	1,486.18	1,486.18	0.00	0.00
Amerigroup - Jefferson	0.00	0.00	0.00	0.00	1,593.46	1,593.46	0.00	0.00
Molina - Jefferson	0.00	0.00	0.00	0.00	1,593.46	1,593.46	0.00	0.00
United - Jefferson	0.00	0.00	0.00	0.00	1,593.46	1,593.46	0.00	0.00
Amerigroup - Lubbock	0.00	0.00	0.00	0.00	1,997.96	1,997.96	0.00	0.00
Superior - Lubbock	0.00	0.00	0.00	0.00	1,997.96	1,997.96	0.00	0.00
Superior - Nueces	0.00	0.00	0.00	0.00	1,714.01	1,714.01	0.00	0.00
United - Nueces	0.00	0.00	0.00	0.00	1,714.01	1,714.01	0.00	0.00
Amerigroup - Tarrant	0.00	0.00	0.00	0.00	1,824.83	1,824.83	0.00	0.00
Health Spring - Tarrant	0.00	0.00	0.00	0.00	1,824.83	1,824.83	0.00	0.00
Amerigroup - Travis	0.00	0.00	0.00	0.00	2,296.38	2,296.38	0.00	0.00
United - Travis	0.00	0.00	0.00	0.00	2,296.38	2,296.38	0.00	0.00
Superior - MRSA Central	0.00	0.00	0.00	0.00	1,539.86	1,539.86	0.00	0.00
United - MRSA Central	0.00	0.00	0.00	0.00	1,539.86	1,539.86	0.00	0.00
Health Spring - MRSA Northeast	0.00	0.00	0.00	0.00	1,633.47	1,633.47	0.00	0.00
United - MRSA Northeast	0.00	0.00	0.00	0.00	1,633.47	1,633.47	0.00	0.00
Amerigroup - MRSA West	0.00	0.00	0.00	0.00	1,985.80	1,985.80	0.00	0.00
Superior - MRSA West	0.00	0.00	0.00	0.00	1,985.80	1,985.80	0.00	0.00

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 UHRIP Rates pmpm								
Amerigroup - Bexar	136.18	275.04	0.00	0.00	356.64	0.00	68.55	175.08
Molina - Bexar	164.63	312.86	0.00	0.00	286.77	0.00	63.30	475.74
Superior - Bexar	169.57	344.21	0.00	0.00	463.99	0.00	101.52	362.35
Molina - Dallas	175.21	335.28	0.00	0.00	482.19	0.00	69.69	525.87
Superior - Dallas	209.80	474.25	0.00	0.00	731.89	0.00	97.09	1,010.24
Amerigroup - El Paso	137.88	200.03	0.00	0.00	754.87	0.00	125.04	411.42
Molina - El Paso	152.89	337.96	0.00	0.00	974.85	0.00	137.29	342.20
Amerigroup - Harris	530.33	1,448.59	0.00	0.00	1,478.75	0.00	255.70	1,846.84
Molina - Harris	452.40	982.14	0.00	0.00	1,187.48	0.00	254.69	2,419.62
United - Harris	369.61	556.22	0.00	0.00	725.93	0.00	176.76	569.17
Health Spring - Hidalgo	129.10	263.80	0.00	0.00	641.05	0.00	56.66	364.46
Molina - Hidalgo	153.31	351.51	0.00	0.00	877.28	0.00	72.70	655.22
Superior - Hidalgo	162.35	362.80	0.00	0.00	864.87	0.00	114.19	558.67
Amerigroup - Jefferson	356.84	739.69	0.00	0.00	1,026.56	0.00	173.61	1,099.87
Molina - Jefferson	340.07	817.31	0.00	0.00	1,071.42	0.00	239.01	1,153.71
United - Jefferson	378.20	501.02	0.00	0.00	637.63	0.00	136.87	719.12
Amerigroup - Lubbock	246.50	434.54	0.00	0.00	423.78	0.00	85.34	1,121.36
Superior - Lubbock	170.36	406.17	0.00	0.00	349.93	0.00	68.79	922.90
Superior - Nueces	186.13	407.13	0.00	0.00	576.15	0.00	65.52	670.36
United - Nueces	206.90	341.14	0.00	0.00	424.42	0.00	76.75	502.48
Amerigroup - Tarrant	258.01	525.74	0.00	0.00	582.72	0.00	112.68	400.51
Health Spring - Tarrant	208.05	468.45	0.00	0.00	465.96	0.00	67.91	422.01
Amerigroup - Travis	173.08	404.29	0.00	0.00	433.42	0.00	75.57	532.39
United - Travis	239.34	321.57	0.00	0.00	348.63	0.00	70.42	386.43
Superior - MRSA Central	216.42	480.19	0.00	0.00	497.67	0.00	94.02	702.24
United - MRSA Central	269.28	463.13	0.00	0.00	442.21	0.00	136.35	1,139.78
Health Spring - MRSA Northeast	169.94	456.97	0.00	0.00	588.29	0.00	83.92	498.12
United - MRSA Northeast	207.62	491.00	0.00	0.00	487.47	0.00	102.27	309.33
Amerigroup - MRSA West	204.48	448.62	0.00	0.00	591.04	0.00	108.32	494.11
Superior - MRSA West	202.93	443.84	0.00	0.00	510.50	0.00	98.24	594.33

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Total Premium Rates pmpm								
Amerigroup - Bexar	1,572.10	5,136.50	449.39	2,167.88	8,916.90	6,163.38	1,066.73	3,866.39
Molina - Bexar	1,661.70	4,811.13	455.10	2,047.68	8,791.92	6,163.38	1,017.29	4,501.41
Superior - Bexar	1,726.33	5,368.51	489.32	2,263.96	9,097.97	6,163.38	1,318.70	3,878.40
Molina - Dallas	1,681.01	4,619.44	485.39	1,972.99	9,459.91	6,311.99	879.22	3,585.52
Superior - Dallas	1,567.14	5,057.25	403.58	2,025.00	10,114.83	6,311.99	1,000.25	4,941.40
Amerigroup - El Paso	1,720.90	4,740.77	575.16	2,236.51	9,708.95	5,654.22	1,621.94	3,335.09
Molina - El Paso	1,863.18	5,047.02	662.62	2,217.34	9,694.22	5,654.22	1,823.36	2,883.45
Amerigroup - Harris	2,122.27	7,215.09	392.67	2,567.94	10,490.53	6,038.38	1,345.61	5,482.33
Molina - Harris	1,888.38	6,158.59	404.44	2,490.27	10,112.56	6,038.38	1,153.52	5,917.03
United - Harris	2,154.88	6,089.93	454.73	2,404.76	9,892.18	6,038.38	1,399.66	4,484.75
Health Spring - Hidalgo	2,029.27	5,518.96	1,045.76	2,688.49	9,772.96	6,422.18	1,076.28	3,287.53
Molina - Hidalgo	1,944.76	5,402.40	958.09	2,628.16	9,750.10	6,422.18	1,138.44	4,229.55
Superior - Hidalgo	2,175.42	5,747.01	1,167.96	2,690.02	10,190.08	6,422.18	1,325.67	3,696.06
Amerigroup - Jefferson	1,702.66	5,890.89	334.18	1,982.63	9,444.08	5,542.31	1,195.69	4,565.09
Molina - Jefferson	1,677.94	5,110.32	311.87	1,845.53	9,225.10	5,542.31	1,171.40	4,572.18
United - Jefferson	1,939.25	4,983.99	237.26	1,763.59	8,830.64	5,542.31	1,287.62	4,687.70
Amerigroup - Lubbock	1,561.86	4,666.67	196.66	1,559.44	8,848.51	6,130.85	992.20	4,233.08
Superior - Lubbock	1,434.11	5,065.06	202.98	1,659.36	8,958.64	6,130.85	1,104.78	4,383.66
Superior - Nueces	1,690.08	5,101.70	616.35	2,267.86	8,695.05	6,158.02	1,050.18	3,680.34
United - Nueces	2,014.63	5,059.80	565.18	2,205.85	8,640.35	6,158.02	1,090.71	3,770.29
Amerigroup - Tarrant	1,717.69	5,347.76	373.17	1,861.05	8,956.92	5,910.34	1,126.47	4,261.52
Health Spring - Tarrant	1,483.14	5,225.27	306.24	2,011.76	8,595.47	5,910.34	879.36	4,232.63
Amerigroup - Travis	1,574.65	5,792.89	395.12	2,095.91	8,967.23	6,574.76	1,054.73	3,454.31
United - Travis	1,651.46	5,649.52	242.72	2,073.89	9,218.21	6,574.76	1,181.19	3,914.04
Superior - MRSA Central	1,512.74	5,357.60	259.65	1,914.50	8,593.26	5,824.39	1,051.81	4,332.94
United - MRSA Central	1,578.70	5,512.06	279.59	1,984.37	8,482.75	5,824.39	1,198.31	5,587.57
Health Spring - MRSA Northeast	1,389.92	5,092.69	274.16	1,919.07	9,066.03	5,848.88	971.93	4,094.74
United - MRSA Northeast	1,587.87	5,341.51	302.67	1,639.24	9,048.40	5,848.88	1,075.64	3,387.68
Amerigroup - MRSA West	1,526.49	5,553.70	322.63	1,750.31	9,013.94	6,060.37	1,211.51	3,268.66
Superior - MRSA West	1,527.48	4,938.01	280.61	1,745.94	8,880.66	6,060.37	1,232.69	3,663.04

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Acute Care Premium Rate Change								
Amerigroup - Bexar	4.4%	-7.4%	0.0%	0.0%	-6.1%	0.0%	7.3%	25.8%
Molina - Bexar	6.0%	-0.2%	0.0%	0.0%	-12.2%	0.0%	18.2%	55.8%
Superior - Bexar	5.6%	1.6%	0.0%	0.0%	-12.0%	0.0%	6.7%	19.3%
Molina - Dallas	8.4%	8.7%	0.0%	0.0%	-8.4%	0.0%	7.0%	13.0%
Superior - Dallas	8.5%	3.6%	0.0%	0.0%	-11.6%	0.0%	11.3%	48.8%
Amerigroup - El Paso	5.1%	-8.9%	0.0%	0.0%	28.0%	0.0%	19.4%	45.9%
Molina - El Paso	3.1%	-7.1%	0.0%	0.0%	14.1%	0.0%	24.5%	62.9%
Amerigroup - Harris	5.6%	-3.8%	0.0%	0.0%	-4.2%	0.0%	19.3%	51.2%
Molina - Harris	7.8%	-9.6%	0.0%	0.0%	-3.0%	0.0%	11.7%	45.2%
United - Harris	4.6%	-4.9%	0.0%	0.0%	-1.7%	0.0%	17.9%	28.8%
Health Spring - Hidalgo	13.1%	-0.6%	0.0%	0.0%	-3.6%	0.0%	6.0%	18.0%
Molina - Hidalgo	5.6%	-4.6%	0.0%	0.0%	0.9%	0.0%	7.3%	35.0%
Superior - Hidalgo	5.4%	-0.5%	0.0%	0.0%	-9.1%	0.0%	-3.8%	10.7%
Amerigroup - Jefferson	13.9%	-10.7%	0.0%	0.0%	15.2%	0.0%	-2.7%	36.4%
Molina - Jefferson	7.3%	-7.3%	0.0%	0.0%	-2.6%	0.0%	-16.0%	52.4%
United - Jefferson	7.9%	-9.2%	0.0%	0.0%	-1.3%	0.0%	2.2%	37.7%
Amerigroup - Lubbock	7.1%	4.0%	0.0%	0.0%	1.2%	0.0%	-2.1%	43.5%
Superior - Lubbock	-0.1%	8.1%	0.0%	0.0%	18.9%	0.0%	3.2%	35.1%
Superior - Nueces	5.6%	18.7%	0.0%	0.0%	-2.2%	0.0%	2.9%	12.5%
United - Nueces	11.6%	7.6%	0.0%	0.0%	6.8%	0.0%	-4.1%	34.5%
Amerigroup - Tarrant	4.7%	2.3%	0.0%	0.0%	-7.1%	0.0%	20.6%	22.4%
Health Spring - Tarrant	-0.7%	1.5%	0.0%	0.0%	-3.8%	0.0%	22.6%	44.6%
Amerigroup - Travis	9.0%	-2.6%	0.0%	0.0%	-23.1%	0.0%	-4.2%	32.3%
United - Travis	8.7%	-2.7%	0.0%	0.0%	-9.8%	0.0%	-3.9%	36.0%
Superior - MRSA Central	5.3%	15.2%	0.0%	0.0%	16.8%	0.0%	-1.1%	3.6%
United - MRSA Central	9.7%	10.5%	0.0%	0.0%	8.2%	0.0%	15.5%	33.7%
Health Spring - MRSA Northeast	2.1%	-3.1%	0.0%	0.0%	-8.0%	0.0%	0.7%	4.6%
United - MRSA Northeast	1.2%	-0.6%	0.0%	0.0%	0.1%	0.0%	2.3%	-3.3%
Amerigroup - MRSA West	10.6%	8.2%	0.0%	0.0%	-9.5%	0.0%	19.5%	31.8%
Superior - MRSA West	7.0%	3.1%	0.0%	0.0%	-2.9%	0.0%	15.5%	34.3%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Long Term Care Premium Rate Change								
Amerigroup - Bexar	8.4%	1.3%	5.6%	3.2%	-0.7%	3.0%	0.0%	13.8%
Molina - Bexar	7.5%	8.6%	6.2%	-0.3%	-0.7%	3.0%	0.0%	13.8%
Superior - Bexar	4.2%	3.5%	6.5%	3.5%	-0.7%	3.0%	0.0%	13.8%
Molina - Dallas	12.0%	12.2%	11.6%	2.9%	-0.4%	1.2%	0.0%	49.7%
Superior - Dallas	2.9%	11.5%	3.3%	2.8%	-0.4%	1.2%	0.0%	49.7%
Amerigroup - El Paso	6.7%	11.8%	3.9%	3.8%	-9.4%	5.9%	0.0%	15.2%
Molina - El Paso	7.6%	3.5%	3.6%	-1.7%	-9.4%	5.9%	0.0%	15.2%
Amerigroup - Harris	7.7%	14.6%	2.0%	8.1%	-0.4%	4.1%	0.0%	21.8%
Molina - Harris	8.0%	18.9%	5.5%	7.0%	-0.4%	4.1%	0.0%	21.8%
United - Harris	3.3%	11.5%	0.5%	2.6%	-0.4%	4.1%	0.0%	21.8%
Health Spring - Hidalgo	6.3%	7.3%	1.8%	1.9%	-5.5%	4.7%	0.0%	23.6%
Molina - Hidalgo	4.7%	7.7%	3.5%	2.2%	-5.5%	4.7%	0.0%	23.6%
Superior - Hidalgo	2.2%	7.0%	0.6%	2.6%	-5.5%	4.7%	0.0%	23.6%
Amerigroup - Jefferson	6.0%	21.5%	4.7%	5.1%	-1.5%	3.2%	0.0%	-8.4%
Molina - Jefferson	4.9%	14.9%	3.4%	4.7%	-1.5%	3.2%	0.0%	-8.4%
United - Jefferson	3.4%	19.8%	2.2%	10.2%	-1.5%	3.2%	0.0%	-8.4%
Amerigroup - Lubbock	-4.7%	24.9%	6.2%	1.3%	-2.7%	0.8%	0.0%	42.4%
Superior - Lubbock	4.7%	20.9%	8.0%	-0.7%	-2.7%	0.8%	0.0%	42.4%
Superior - Nueces	0.3%	7.3%	4.4%	2.4%	-0.1%	5.9%	0.0%	28.4%
United - Nueces	8.4%	7.9%	14.1%	1.6%	-0.1%	5.9%	0.0%	28.4%
Amerigroup - Tarrant	4.7%	-0.2%	5.1%	-2.9%	-4.3%	1.3%	0.0%	8.5%
Health Spring - Tarrant	-8.6%	5.3%	4.4%	3.4%	-4.3%	1.3%	0.0%	8.5%
Amerigroup - Travis	-0.7%	2.9%	1.0%	1.7%	-2.2%	3.4%	0.0%	15.6%
United - Travis	12.5%	1.6%	14.1%	2.0%	-2.2%	3.4%	0.0%	15.6%
Superior - MRSA Central	2.0%	5.9%	3.0%	3.0%	0.5%	5.6%	0.0%	8.7%
United - MRSA Central	13.8%	-1.2%	6.6%	0.3%	0.5%	5.6%	0.0%	8.7%
Health Spring - MRSA Northeast	7.4%	4.3%	6.3%	1.0%	-3.4%	2.2%	0.0%	10.7%
United - MRSA Northeast	7.7%	4.5%	6.4%	-2.4%	-3.4%	2.2%	0.0%	10.7%
Amerigroup - MRSA West	0.4%	-8.6%	6.0%	0.0%	-2.0%	1.7%	0.0%	-5.1%
Superior - MRSA West	-5.3%	-0.9%	-1.1%	3.1%	-2.0%	1.7%	0.0%	-5.1%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Prescription Drug Premium Rate Change								
Amerigroup - Bexar	-1.0%	-3.0%	0.0%	0.0%	-4.1%	0.0%	10.1%	58.1%
Molina - Bexar	0.6%	4.5%	0.0%	0.0%	-10.3%	0.0%	21.3%	95.8%
Superior - Bexar	0.2%	6.4%	0.0%	0.0%	-10.1%	0.0%	9.5%	49.9%
Molina - Dallas	-3.0%	3.5%	0.0%	0.0%	-12.9%	0.0%	-0.4%	0.8%
Superior - Dallas	-2.9%	-1.3%	0.0%	0.0%	-15.9%	0.0%	3.6%	32.8%
Amerigroup - El Paso	-0.5%	-4.9%	0.0%	0.0%	-7.6%	0.0%	0.7%	7.3%
Molina - El Paso	-2.3%	-3.1%	0.0%	0.0%	-17.7%	0.0%	5.1%	19.8%
Amerigroup - Harris	-3.4%	-3.9%	0.0%	0.0%	-6.6%	0.0%	3.9%	53.9%
Molina - Harris	-1.4%	-9.7%	0.0%	0.0%	-5.4%	0.0%	-2.7%	47.8%
United - Harris	-4.3%	-5.0%	0.0%	0.0%	-4.2%	0.0%	2.8%	31.1%
Health Spring - Hidalgo	-0.6%	5.0%	0.0%	0.0%	7.8%	0.0%	12.9%	23.1%
Molina - Hidalgo	-7.1%	0.8%	0.0%	0.0%	12.8%	0.0%	14.3%	40.8%
Superior - Hidalgo	-7.4%	5.2%	0.0%	0.0%	1.7%	0.0%	2.5%	15.4%
Amerigroup - Jefferson	4.6%	4.4%	0.0%	0.0%	12.8%	0.0%	7.9%	18.9%
Molina - Jefferson	-1.5%	8.3%	0.0%	0.0%	-4.6%	0.0%	-6.9%	32.8%
United - Jefferson	-1.0%	6.2%	0.0%	0.0%	-3.3%	0.0%	13.2%	20.0%
Amerigroup - Lubbock	-1.1%	6.8%	0.0%	0.0%	0.3%	0.0%	3.2%	43.9%
Superior - Lubbock	-7.7%	11.0%	0.0%	0.0%	17.8%	0.0%	8.8%	35.4%
Superior - Nueces	-8.9%	1.9%	0.0%	0.0%	-5.7%	0.0%	9.0%	-9.6%
United - Nueces	-3.7%	-7.7%	0.0%	0.0%	2.9%	0.0%	1.7%	8.1%
Amerigroup - Tarrant	0.6%	-3.5%	0.0%	0.0%	0.4%	0.0%	4.3%	52.2%
Health Spring - Tarrant	-4.6%	-4.3%	0.0%	0.0%	4.0%	0.0%	6.0%	79.8%
Amerigroup - Travis	-6.3%	-5.8%	0.0%	0.0%	-18.0%	0.0%	8.3%	-21.8%
United - Travis	-6.6%	-5.9%	0.0%	0.0%	-3.8%	0.0%	8.6%	-19.6%
Superior - MRSA Central	-7.5%	8.5%	0.0%	0.0%	-1.4%	0.0%	4.4%	3.1%
United - MRSA Central	-3.6%	4.0%	0.0%	0.0%	-8.7%	0.0%	21.8%	33.1%
Health Spring - MRSA Northeast	-0.9%	0.2%	0.0%	0.0%	-2.2%	0.0%	3.7%	38.1%
United - MRSA Northeast	-1.8%	2.8%	0.0%	0.0%	6.3%	0.0%	5.4%	27.7%
Amerigroup - MRSA West	0.3%	14.7%	0.0%	0.0%	-7.0%	0.0%	9.0%	-3.9%
Superior - MRSA West	-3.0%	9.2%	0.0%	0.0%	-0.2%	0.0%	5.3%	-2.1%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 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	-0.4%	-0.4%	0.0%	0.0%	0.0%	0.0%	-0.4%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amerigroup - Harris	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Harris	-4.3%	-4.3%	0.0%	0.0%	0.0%	0.0%	-4.3%	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	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
Amerigroup - Jefferson	5.9%	5.9%	0.0%	0.0%	0.0%	0.0%	5.9%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
United - Jefferson	-4.6%	-4.6%	0.0%	0.0%	0.0%	0.0%	-4.6%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Superior - Lubbock	-0.8%	-0.8%	0.0%	0.0%	0.0%	0.0%	-0.8%	0.0%
Superior - Nueces	1.9%	1.9%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%
United - Nueces	-1.2%	-1.2%	0.0%	0.0%	0.0%	0.0%	-1.2%	0.0%
Amerigroup - Tarrant	-0.6%	-0.6%	0.0%	0.0%	0.0%	0.0%	-0.6%	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	-0.2%	-0.2%	0.0%	0.0%	0.0%	0.0%	-0.2%	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	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
Superior - MRSA West	-0.6%	-0.6%	0.0%	0.0%	0.0%	0.0%	-0.6%	0.0%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 QIPP Premium Rate Change								
Amerigroup - Bexar	0.0%	0.0%	0.0%	0.0%	102.9%	102.9%	0.0%	0.0%
Molina - Bexar	0.0%	0.0%	0.0%	0.0%	102.9%	102.9%	0.0%	0.0%
Superior - Bexar	0.0%	0.0%	0.0%	0.0%	102.9%	102.9%	0.0%	0.0%
Molina - Dallas	0.0%	0.0%	0.0%	0.0%	102.1%	102.1%	0.0%	0.0%
Superior - Dallas	0.0%	0.0%	0.0%	0.0%	102.1%	102.1%	0.0%	0.0%
Amerigroup - El Paso	0.0%	0.0%	0.0%	0.0%	156.6%	156.6%	0.0%	0.0%
Molina - El Paso	0.0%	0.0%	0.0%	0.0%	156.6%	156.6%	0.0%	0.0%
Amerigroup - Harris	0.0%	0.0%	0.0%	0.0%	88.6%	88.6%	0.0%	0.0%
Molina - Harris	0.0%	0.0%	0.0%	0.0%	88.6%	88.6%	0.0%	0.0%
United - Harris	0.0%	0.0%	0.0%	0.0%	88.6%	88.6%	0.0%	0.0%
Health Spring - Hidalgo	0.0%	0.0%	0.0%	0.0%	85.2%	85.2%	0.0%	0.0%
Molina - Hidalgo	0.0%	0.0%	0.0%	0.0%	85.2%	85.2%	0.0%	0.0%
Superior - Hidalgo	0.0%	0.0%	0.0%	0.0%	85.2%	85.2%	0.0%	0.0%
Amerigroup - Jefferson	0.0%	0.0%	0.0%	0.0%	92.9%	92.9%	0.0%	0.0%
Molina - Jefferson	0.0%	0.0%	0.0%	0.0%	92.9%	92.9%	0.0%	0.0%
United - Jefferson	0.0%	0.0%	0.0%	0.0%	92.9%	92.9%	0.0%	0.0%
Amerigroup - Lubbock	0.0%	0.0%	0.0%	0.0%	76.3%	76.3%	0.0%	0.0%
Superior - Lubbock	0.0%	0.0%	0.0%	0.0%	76.3%	76.3%	0.0%	0.0%
Superior - Nueces	0.0%	0.0%	0.0%	0.0%	83.3%	83.3%	0.0%	0.0%
United - Nueces	0.0%	0.0%	0.0%	0.0%	83.3%	83.3%	0.0%	0.0%
Amerigroup - Tarrant	0.0%	0.0%	0.0%	0.0%	91.5%	91.5%	0.0%	0.0%
Health Spring - Tarrant	0.0%	0.0%	0.0%	0.0%	91.5%	91.5%	0.0%	0.0%
Amerigroup - Travis	0.0%	0.0%	0.0%	0.0%	103.7%	103.7%	0.0%	0.0%
United - Travis	0.0%	0.0%	0.0%	0.0%	103.7%	103.7%	0.0%	0.0%
Superior - MRSA Central	0.0%	0.0%	0.0%	0.0%	96.0%	96.0%	0.0%	0.0%
United - MRSA Central	0.0%	0.0%	0.0%	0.0%	96.0%	96.0%	0.0%	0.0%
Health Spring - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	82.5%	82.5%	0.0%	0.0%
United - MRSA Northeast	0.0%	0.0%	0.0%	0.0%	82.5%	82.5%	0.0%	0.0%
Amerigroup - MRSA West	0.0%	0.0%	0.0%	0.0%	98.4%	98.4%	0.0%	0.0%
Superior - MRSA West	0.0%	0.0%	0.0%	0.0%	98.4%	98.4%	0.0%	0.0%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 UHRIP Premium Rate Change								
Amerigroup - Bexar	34.0%	-6.8%	0.0%	0.0%	7.0%	0.0%	27.9%	-22.4%
Molina - Bexar	21.2%	0.1%	0.0%	0.0%	9.1%	0.0%	98.2%	78.9%
Superior - Bexar	42.8%	43.7%	0.0%	0.0%	35.2%	0.0%	36.0%	13.4%
Molina - Dallas	10.4%	24.1%	0.0%	0.0%	-1.8%	0.0%	20.9%	-32.2%
Superior - Dallas	19.2%	2.7%	0.0%	0.0%	-12.7%	0.0%	62.5%	103.3%
Amerigroup - El Paso	24.6%	5.6%	0.0%	0.0%	35.3%	0.0%	106.0%	87.3%
Molina - El Paso	5.0%	-5.0%	0.0%	0.0%	86.9%	0.0%	76.2%	95.9%
Amerigroup - Harris	201.1%	173.1%	0.0%	0.0%	183.5%	0.0%	334.8%	252.4%
Molina - Harris	187.5%	135.1%	0.0%	0.0%	133.8%	0.0%	345.9%	366.8%
United - Harris	107.9%	53.8%	0.0%	0.0%	74.7%	0.0%	253.4%	109.2%
Health Spring - Hidalgo	18.6%	-17.4%	0.0%	0.0%	-7.3%	0.0%	0.3%	47.6%
Molina - Hidalgo	25.4%	12.3%	0.0%	0.0%	22.9%	0.0%	12.1%	203.3%
Superior - Hidalgo	15.5%	2.8%	0.0%	0.0%	-6.0%	0.0%	-7.0%	74.4%
Amerigroup - Jefferson	191.6%	89.0%	0.0%	0.0%	161.3%	0.0%	70.0%	229.8%
Molina - Jefferson	102.0%	127.2%	0.0%	0.0%	111.5%	0.0%	377.3%	219.0%
United - Jefferson	129.7%	24.5%	0.0%	0.0%	88.3%	0.0%	135.3%	258.6%
Amerigroup - Lubbock	8.2%	-1.3%	0.0%	0.0%	0.1%	0.0%	22.1%	64.2%
Superior - Lubbock	-4.4%	9.7%	0.0%	0.0%	35.3%	0.0%	-6.1%	44.5%
Superior - Nueces	11.9%	8.8%	0.0%	0.0%	4.1%	0.0%	-4.3%	62.9%
United - Nueces	10.7%	10.8%	0.0%	0.0%	16.4%	0.0%	-2.9%	40.3%
Amerigroup - Tarrant	39.5%	44.0%	0.0%	0.0%	14.7%	0.0%	104.8%	49.0%
Health Spring - Tarrant	18.3%	0.9%	0.0%	0.0%	8.5%	0.0%	70.6%	106.4%
Amerigroup - Travis	64.0%	54.4%	0.0%	0.0%	-6.5%	0.0%	22.2%	229.8%
United - Travis	44.1%	13.1%	0.0%	0.0%	20.8%	0.0%	-2.1%	64.2%
Superior - MRSA Central	31.8%	32.8%	0.0%	0.0%	42.2%	0.0%	43.0%	10.5%
United - MRSA Central	48.5%	52.9%	0.0%	0.0%	59.4%	0.0%	63.3%	116.0%
Health Spring - MRSA Northeast	18.8%	12.3%	0.0%	0.0%	2.3%	0.0%	28.8%	-2.0%
United - MRSA Northeast	33.7%	43.6%	0.0%	0.0%	30.7%	0.0%	23.4%	38.6%
Amerigroup - MRSA West	30.9%	29.9%	0.0%	0.0%	14.9%	0.0%	135.2%	109.0%
Superior - MRSA West	21.3%	14.9%	0.0%	0.0%	11.2%	0.0%	49.2%	47.5%

FY2021 STAR+PLUS Rating Summary

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Total Premium Rate Change								
Amerigroup - Bexar	5.1%	-2.9%	5.6%	3.2%	9.3%	19.8%	9.8%	28.8%
Molina - Bexar	5.7%	4.2%	6.2%	-0.3%	7.5%	19.8%	22.8%	65.1%
Superior - Bexar	6.2%	5.5%	6.5%	3.5%	8.4%	19.8%	9.8%	25.0%
Molina - Dallas	6.0%	10.0%	11.6%	2.9%	8.6%	20.3%	4.6%	2.0%
Superior - Dallas	5.5%	5.3%	3.3%	2.8%	5.2%	20.3%	11.2%	54.7%
Amerigroup - El Paso	4.8%	0.7%	3.9%	3.8%	10.8%	20.0%	12.9%	34.4%
Molina - El Paso	2.5%	-2.1%	3.6%	-1.7%	9.8%	20.0%	16.7%	48.0%
Amerigroup - Harris	23.0%	19.0%	2.0%	8.1%	18.3%	19.4%	28.4%	86.8%
Molina - Harris	23.4%	12.8%	5.5%	7.0%	15.8%	19.4%	24.4%	101.9%
United - Harris	10.9%	5.0%	0.5%	2.6%	11.7%	19.4%	19.2%	35.8%
Health Spring - Hidalgo	6.9%	3.2%	1.8%	1.9%	3.5%	16.4%	8.6%	22.5%
Molina - Hidalgo	2.9%	3.2%	3.5%	2.2%	7.5%	16.4%	10.5%	47.6%
Superior - Hidalgo	1.3%	4.3%	0.6%	2.6%	1.2%	16.4%	-1.5%	19.7%
Amerigroup - Jefferson	25.6%	10.3%	4.7%	5.1%	21.0%	19.1%	9.5%	51.7%
Molina - Jefferson	15.0%	14.2%	3.4%	4.7%	14.8%	19.1%	6.8%	67.1%
United - Jefferson	16.1%	5.8%	2.2%	10.2%	12.1%	19.1%	14.6%	44.9%
Amerigroup - Lubbock	3.6%	10.7%	6.2%	1.3%	9.3%	17.1%	2.1%	48.5%
Superior - Lubbock	-2.8%	13.1%	8.0%	-0.7%	14.7%	17.1%	5.0%	37.2%
Superior - Nueces	0.4%	9.1%	4.4%	2.4%	9.2%	20.0%	5.2%	15.3%
United - Nueces	5.5%	4.3%	14.1%	1.6%	12.2%	20.0%	-1.2%	29.5%
Amerigroup - Tarrant	7.3%	3.0%	5.1%	-2.9%	7.7%	18.6%	16.7%	31.2%
Health Spring - Tarrant	-0.8%	1.6%	4.4%	3.4%	8.8%	18.6%	16.3%	56.5%
Amerigroup - Travis	5.6%	1.7%	1.0%	1.7%	7.0%	24.9%	4.2%	29.5%
United - Travis	7.3%	-1.0%	14.1%	2.0%	11.7%	24.9%	3.0%	23.1%
Superior - MRSA Central	3.6%	11.1%	3.0%	3.0%	14.8%	20.2%	4.5%	4.6%
United - MRSA Central	10.7%	6.5%	6.6%	0.3%	13.2%	20.2%	22.6%	44.2%
Health Spring - MRSA Northeast	3.6%	1.8%	6.3%	1.0%	5.2%	16.6%	4.1%	9.5%
United - MRSA Northeast	4.4%	5.0%	6.4%	-2.4%	9.0%	16.6%	5.5%	5.6%
Amerigroup - MRSA West	7.8%	4.5%	6.0%	0.0%	9.4%	21.0%	18.7%	29.8%
Superior - MRSA West	3.5%	3.9%	-1.1%	3.1%	11.4%	21.0%	11.9%	27.2%

FY2021 STAR+PLUS Rating Summary

	Projected PMPM		Projected FY2021 Premium		% Rate Change
	FY2020 Rates	FY2021 Rates	FY2020 Rates	FY2021 Rates	
Non-Nursing Facility					
Medical (1)	941.17	984.35	5,484,040,792	5,758,899,862	4.6%
Pharmacy	275.65	271.59	1,606,193,929	1,588,948,525	-1.5%
NAIP	5.73	5.71	33,411,000	33,418,718	-0.4%
UHRIP	81.37	129.38	476,043,195	756,929,116	59.0%
Total	1,303.92	1,391.04	7,599,688,916	8,138,196,221	6.7%
Nursing Facility					
Medical (1)	4,409.90	4,496.47	2,624,904,751	2,570,285,057	2.0%
Pharmacy	88.69	83.34	52,791,518	47,637,038	-6.0%
QIPP	938.06	1,788.40	558,362,050	1,022,288,576	90.6%
UHRIP	54.81	72.48	31,330,910	41,430,316	32.2%
Total	5,491.46	6,440.68	3,267,389,230	3,681,640,987	17.3%
Total					
Medical (1)	1,262.67	1,296.96	8,108,945,543	8,329,184,919	2.7%
Pharmacy	258.33	254.84	1,658,985,447	1,636,585,564	-1.4%
NAIP & QIPP	92.15	164.39	591,773,050	1,055,707,294	78.4%
UHRIP	79.00	124.31	507,374,105	798,359,431	57.4%
Total	1,692.14	1,840.50	10,867,078,146	11,819,837,208	8.8%

Notes:

(1) Includes LTSS.

Attachment 2

Individual Health Plan Experience Analysis

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

Exhibit A. This exhibit shows a sample of the monthly enrollment by risk group for the period September 2016 through February 2020. All of this information was provided by HHSC.

Exhibit B. This exhibit shows a sample of a claim lag report for one risk group. This report includes claim amounts by payment month and month of service. We analyzed claims experience for the period September 2016 through February 2020. This information was provided by the MCO and reconciled with the audited FSRs and certified encounter data.

Exhibit C. This exhibit shows the calculation of estimated monthly incurred claims for one risk group. The report includes the following information: (i) monthly enrollment, (ii) claim amounts incurred in that month and paid through February 29, 2020, (iii) estimated proportion of that month's incurred claims paid through February 29, 2020 (completion factor), (iv) estimated incurred claims, (v) estimated incurred claims pmpm and (vi) the ratio of this month's incurred claims pmpm to the same statistic from one year ago (trend factor). The assumed completion factors and estimated incurred claims were derived based on the actual historical claims payment pattern of the health plan.

Exhibit D. This exhibit is a summary of the sample health plan's projected FY2021 cost based on the health plan's actual experience. The top of the exhibit shows summary base period (FY2019) enrollment, premium and claims experience. Next are projected FY2021 enrollment and premium based on current rates. Trend assumptions for FY2020 and FY2021 are used to project the average base period claims cost to FY2021. Adjustment factors are used to recognize the cost impact of benefit and provider reimbursement changes. Combining these factors results in projected FY2021 incurred claims.

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

A provision for administrative expenses is included in the amount of \$18.00 pmpm and 5.25% of gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and risk margin (1.75% of premium).

At the bottom of Exhibit D is a summary of the projected FY2021 cost based on the above assumptions. Cost projections are presented separately for acute care and long term care services.

Sample HMO
Enrollment and Premium Experience
Number of Members

Month	Medicaid Only		Dual Eligible		Total Members
	OCC	HCBS	OCC	HCBS	
Sep-16	20,455	1,510	16,680	2,489	41,134
Oct-16	20,484	1,497	17,168	2,637	41,786
Nov-16	20,590	1,480	17,698	2,734	42,502
Dec-16	20,772	1,484	17,979	2,751	42,986
Jan-17	20,857	1,491	17,607	2,695	42,650
Feb-17	20,896	1,484	18,146	2,760	43,286
Mar-17	20,811	1,493	18,394	2,786	43,484
Apr-17	20,953	1,487	18,700	2,807	43,947
May-17	20,930	1,482	18,908	2,814	44,134
Jun-17	21,049	1,480	19,092	2,832	44,453
Jul-17	21,019	1,489	19,239	2,854	44,601
Aug-17	20,975	1,496	19,376	2,861	44,708
Sep-17	20,991	1,487	19,517	2,882	44,877
Oct-17	20,984	1,481	19,663	2,877	45,005
Nov-17	19,377	1,491	19,776	2,863	43,507
Dec-17	19,385	1,480	19,649	2,842	43,356
Jan-18	19,318	1,471	17,952	2,639	41,380
Feb-18	19,702	1,462	18,753	2,690	42,607
Mar-18	19,769	1,448	18,994	2,718	42,929
Apr-18	19,866	1,451	19,316	2,731	43,364
May-18	19,971	1,449	19,547	2,725	43,692
Jun-18	20,125	1,442	19,787	2,744	44,098
Jul-18	20,180	1,432	19,942	2,755	44,309
Aug-18	20,240	1,420	20,089	2,759	44,508
Sep-18	20,395	1,422	19,516	2,685	44,018
Oct-18	20,577	1,414	19,837	2,699	44,527
Nov-18	20,722	1,411	20,045	2,690	44,868
Dec-18	20,769	1,407	20,214	2,675	45,065
Jan-19	20,711	1,407	20,138	2,650	44,906
Feb-19	20,767	1,411	20,269	2,646	45,093
Mar-19	20,806	1,411	20,329	2,613	45,159
Apr-19	20,860	1,432	20,286	2,586	45,164
May-19	21,026	1,434	20,644	2,588	45,692
Jun-19	21,056	1,443	20,911	2,585	45,995
Jul-19	21,129	1,474	21,000	2,603	46,206
Aug-19	21,142	1,469	21,114	2,607	46,332
Sep-19	21,181	1,490	21,213	2,626	46,510
Oct-19	21,151	1,501	21,268	2,653	46,573
Nov-19	21,161	1,516	21,560	2,703	46,941
Dec-19	21,212	1,536	21,596	2,669	47,013
Jan-20	21,184	1,545	21,125	2,620	46,474
Feb-20	21,298	1,559	21,357	2,606	46,821
FY2017	249,791	17,873	218,987	33,020	519,671
FY2018	239,908	17,514	232,985	33,225	523,632
FY2019	249,960	17,135	244,303	31,627	543,025

Sample HMO
Claims Lag Report

Month Incurred	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Sep-17	(107,754)	144,053	38,739	(2,208)	(2,250)	(538)	43,881	3,720	(995)	(28,940)	4,333	(3,515)	(881)	14,384
Oct-17	(97,877)	(38,659)	10,281	5,527	(6,470)	(2,052)	(28,941)	(401)	(891)	(16,980)	30,775	(295)	(888)	(27)
Nov-17	(52,862)	965	(27,325)	(2,980)	(19,403)	16,161	(6,761)	(1,524)	(4,546)	(23,733)	(2,922)	(293)	0	(213)
Dec-17	2,325	46,981	(32,953)	(5,830)	2,483	(6,803)	(7,387)	(11,283)	(555)	(19,861)	(53)	344	(493)	(2,255)
Jan-18	(53,564)	(48,179)	(13,017)	(9,978)	(8,299)	1,578	(13,197)	(9,248)	2,731	(18,466)	(12,144)	2,715	(870)	15,956
Feb-18	13,352	7,217	3,779	(5,597)	43,866	4,436	(5,305)	12,771	5,813	(17,282)	(28,925)	(3,106)	468	2,850
Mar-18	26,855	21,688	(5,696)	16,883	(2,138)	64,449	(22,299)	(5,271)	(3,114)	(23,736)	(3,110)	4,393	912	2,058
Apr-18	201,669	121,654	13,298	17,535	240,313	(239)	(78,029)	6,690	(12,344)	1,229	(4,926)	10,994	(8,108)	1,414
May-18	179,931	165,042	43,085	64,886	(53,191)	(27,904)	1,976,058	4,976	(1,963,192)	1,982,654	(39,940)	3,645	1,453	171,619
Jun-18	367,445	382,672	416,091	176,198	70,277	12,142	(196,156)	12,276	(7,425)	31,882	97,121	219	6,548	(17,784)
Jul-18	1,383,480	668,210	248,614	202,913	155,896	57,604	(61,142)	5,144	7,978	177,447	8,944	24,770	(18)	(8,978)
Aug-18	6,946,911	2,207,575	484,897	170,671	96,346	168,538	66,978	45,757	(28,200)	4,721	635	8,140	22,357	(14,848)
Sep-18	3,810,455	7,432,420	1,352,257	459,322	784,089	81,003	90,184	26,539	15,258	(17,050)	(37,476)	22,431	(18,461)	(62,428)
Oct-18		3,389,639	8,908,608	2,027,059	721,034	149,103	115,913	48,903	17,889	31,909	(18,104)	(23,165)	14,526	(29,923)
Nov-18			3,215,175	6,891,517	2,468,509	509,568	327,637	174,970	49,447	46,188	(19,832)	(68,913)	53,410	(62,211)
Dec-18				2,931,647	6,712,083	2,199,841	807,507	116,917	329,929	72,299	53,792	(8,951)	75,590	163,657
Jan-19					3,005,718	6,362,169	3,653,985	461,640	215,612	271,865	3,282	116,430	38,184	9,669
Feb-19						2,620,166	7,932,145	1,332,072	560,397	131,389	159,346	143,377	39,093	15,638
Mar-19							2,758,758	8,197,780	1,774,201	450,003	127,823	180,288	82,397	55,695
Apr-19								1,922,328	8,775,355	1,458,602	401,978	118,658	236,928	137,245
May-19									2,320,833	8,241,000	2,492,029	388,187	21,174	513,606
Jun-19										1,812,899	8,056,060	2,572,432	488,154	209,207
Jul-19											1,618,981	9,176,112	1,629,207	410,580
Aug-19												2,265,919	8,520,423	2,150,926
Sep-19													2,297,229	8,021,622
Oct-19														3,386,840
Nov-19														
Dec-19														
Jan-20														
Feb-20														

12,614,043 14,396,672 14,644,317 12,931,770 14,174,931 12,190,179 17,323,071 12,314,339 12,740,104 14,488,672 12,941,022 14,948,582 13,502,615 15,083,515

Sample HMO
Estimated Claims Experience

Month	Acute Care - Medicaid Only OCC					Trend
	Members	Inc & Pd Claims	Compl Factor	Est Inc Claims	Est Inc pmpm	
Sep-16	20,455	12,653,071	1.000	12,653,071	618.58	
Oct-16	20,484	14,462,913	1.000	14,462,913	706.06	
Nov-16	20,590	12,332,380	1.000	12,332,380	598.95	
Dec-16	20,772	13,301,280	1.000	13,301,280	640.35	
Jan-17	20,857	13,287,267	1.000	13,287,267	637.07	
Feb-17	20,896	14,893,916	1.000	14,893,916	712.76	
Mar-17	20,811	14,393,657	1.000	14,393,657	691.64	
Apr-17	20,953	13,397,573	1.000	13,397,573	639.41	
May-17	20,930	15,661,634	1.000	15,661,634	748.29	
Jun-17	21,049	15,241,194	1.000	15,241,194	724.08	
Jul-17	21,019	15,042,828	1.000	15,042,828	715.68	
Aug-17	20,975	16,018,338	1.000	16,018,338	763.69	
Sep-17	20,991	14,667,571	1.000	14,667,571	698.76	1.130
Oct-17	20,984	14,455,144	1.000	14,455,144	688.87	0.976
Nov-17	19,377	12,179,976	1.000	12,179,976	628.58	1.049
Dec-17	19,385	12,593,553	1.000	12,593,553	649.65	1.015
Jan-18	19,318	13,254,254	1.000	13,254,254	686.11	1.077
Feb-18	19,702	12,448,156	1.000	12,448,156	631.82	0.886
Mar-18	19,769	15,419,797	1.000	15,419,797	780.00	1.128
Apr-18	19,866	14,160,566	1.000	14,160,566	712.80	1.115
May-18	19,971	16,002,532	1.000	16,002,532	801.29	1.071
Jun-18	20,125	14,287,196	1.000	14,287,196	709.92	0.980
Jul-18	20,180	13,897,653	1.000	13,897,653	688.68	0.962
Aug-18	20,240	13,952,034	1.000	13,952,034	689.33	0.903
Sep-18	20,395	13,968,542	1.000	13,968,542	684.90	0.980
Oct-18	20,577	15,422,621	1.000	15,422,621	749.51	1.088
Nov-18	20,722	13,651,692	1.000	13,651,692	658.80	1.048
Dec-18	20,769	13,495,705	1.000	13,495,705	649.80	1.000
Jan-19	20,711	14,195,611	1.000	14,195,611	685.41	0.999
Feb-19	20,767	13,041,077	0.998	13,067,211	629.23	0.996
Mar-19	20,806	13,929,500	0.997	13,971,415	671.51	0.861
Apr-19	20,860	13,476,948	0.997	13,517,500	648.01	0.909
May-19	21,026	14,103,017	0.993	14,202,434	675.47	0.843
Jun-19	21,056	13,543,040	0.992	13,652,258	648.38	0.913
Jul-19	21,129	13,950,694	0.992	14,063,199	665.59	0.966
Aug-19	21,142	14,562,714	0.986	14,769,487	698.58	1.013
Sep-19	21,181	13,375,337	0.982	13,620,506	643.06	0.939
Oct-19	21,151	15,019,392	0.963	15,596,461	737.38	0.984
Nov-19	21,161	13,865,533	0.947	14,641,534	691.90	1.050
Dec-19	21,212	12,849,149	0.910	14,119,943	665.64	1.024
FY2017	249,791	170,686,053		170,686,053	683.32	
FY2018	239,908	167,318,432		167,318,432	697.43	1.021
FY2019	249,960	167,341,160		167,977,675	672.02	0.964

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
FY2019 Experience Period				
Member Months	249,960		17,135	
Estimated Incurred Claims				
Acute Care	167,977,675	672.02	27,638,861	1,613.04
Long Term Care	61,525,751	246.14	37,250,049	2,173.96
Total	229,503,425	918.16	64,888,910	3,787.00
Projected FY2021 Member Months	265,985		18,145	
Projected FY2021 Premium				
At Current Rates	198,219,870	745.23	62,716,834	3,456.43
Annual Cost Trend Assumptions				
Acute Care				
FY2020	2.2 %		2.0 %	
FY2021	1.5 %		1.2 %	
Long Term Care				
FY2020	5.6 %		4.7 %	
FY2021	5.8 %		5.4 %	
Provider Reimbursement Adjustment				
Acute Care - Non Inpatient		0.9894		0.9977
Acute Care - Inpatient		1.0090		1.0131
Wrap & Carve-Out Removal		0.9757		0.9887
Long Term Care		1.0098		1.0033
Other Adjustments - NF Eligibility		1.0244		0.9993
Projected Incurred Claims				
Acute Care	185,007,136	695.55	30,171,217	1,662.78
LTC	75,665,479	284.47	43,643,766	2,405.28
Total	260,672,615	980.03	73,814,982	4,068.06
Capitation Expenses				
Vision	1,176,730	1.50	84,794	1.50
Behavioral Health	0	0.75	0	0.75
PCP	1,189,437	0.00	85,709	0.00
Other - Settlements	813,290	1.19	58,605	4.36
Total	3,179,457	11.95	229,108	12.63

Sample HMO
Experienced Based Renewal Rating

	Medicaid Only - OCC		Medicaid Only - HCBS	
	Amount	pmpm	Amount	pmpm
Other Expenses				
Service Coordination	14,536,080	54.65	991,624	54.65
Other	0	0.00	192,337	10.60
Total	14,536,080	54.65	1,183,961	65.25
Reinsurance Expenses				
Gross Premium	664,963	2.50	45,363	2.50
Projected Reinsurance Recoveries	531,970	2.00	36,290	2.00
Net Reinsurance Cost	132,993	0.50	9,073	0.50
Administrative Expenses				
Fixed Amount	4,787,730	18.00	326,610	18.00
Percentage of Premium	16,301,034	5.25%	4,347,576	5.25%
Total	21,088,764	79.29	4,674,186	17.57
Risk Margin	5,433,678	1.75%	1,449,192	1.75%
Premium Tax	5,433,678	1.75%	1,449,192	1.75%
Maintenance Tax	18,619	0.07	1,270	0.07
Projected Total Cost				
Acute Care	210,115,940	789.95	33,472,235	1,844.71
LTC	100,379,944	377.39	49,338,728	2,719.14
Total	310,495,884	1,167.34	82,810,963	4,563.84

Attachment 3

Community Experience Analysis – Medical

The following exhibits present a summary of the acute care and long term care experience analysis performed for each managed care service area. HHSC utilizes an adjusted community rating methodology in setting the STAR+PLUS premium rates. The base community rates by risk group vary by service area but are the same for each health plan in a service area. The community rates are developed by a weighted average of the projected FY2021 cost for each health plan in the service area. The weights used in this formula are the projected number of FY2021 clients enrolled in each health plan.

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2021 STAR+PLUS community rates for the following service areas:

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

These exhibits show projected FY2021 experience for each of the service areas. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The top portion of the exhibit shows summary base period (FY2019) experience and projected FY2021 enrollment, and incurred claims experience.

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

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

A provision for administrative expenses is included in the amount of \$18.00 pmpm and 5.25% of

gross premium. Additional provisions are included for premium tax (1.75% of premium), maintenance tax (\$0.07 pmpm) and risk margin (1.75% of premium).

The bottom of the exhibit shows a summary of the projected FY2021 cost based on these assumptions. Cost projections are presented separately for acute care and long term care services.

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

Community Experience Analysis – Pharmacy

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

Below is a brief description of the exhibits contained in this attachment. The exhibits present the derivation of the FY2021 STAR+PLUS pharmacy community capitation rates for the following service areas:

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

These exhibits present projected FY2021 experience for each service area and risk group. These amounts were derived by summing amounts from each individual health plan in the service area. The experience analysis for individual health plans is described in Attachment 2. The exhibits show (a) summary base period (CY2019) enrollment and estimated incurred claims, (b) projected rating period enrollment, (c) assumed trend and claims adjustment factor assumptions, (d) projected rating period incurred claims, (e) non-benefit costs for administrative expenses, taxes and risk margin and (f) total projected rating period costs.

A provision for administrative expenses is included in the amount of \$1.80 pmpm. Additional provisions are included for premium tax (1.75% of premium) and risk margin (1.75% of premium).

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	222,657		25,427		196,448		33,665	
Estimated Incurred Claims - Acute Care								
Professional	35,680,440	160.25	8,401,817	330.42	0	0.00	0	0.00
Emergency Room	10,213,205	45.87	1,668,783	65.63	0	0.00	0	0.00
Outpatient Facility	15,154,321	68.06	4,788,781	188.33	0	0.00	0	0.00
Inpatient Facility	42,747,104	191.99	10,644,121	418.61	0	0.00	0	0.00
Other Acute Care	19,991,385	89.79	8,899,475	350.00	0	0.00	0	0.00
Acute Care Total	123,786,455	555.95	34,402,977	1,352.99	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	42,054,821	188.88	40,512,355	1,593.26	59,771,183	304.26	53,105,657	1,577.50
Nursing Facility	238,197	1.07	282,664	11.12	367,605	1.87	944,882	28.07
Other Long Term Care	2,239,989	10.06	3,461,837	136.15	3,800,553	19.35	5,768,773	171.36
Long Term Care Total	44,533,006	200.01	44,256,856	1,740.52	63,939,341	325.48	59,819,311	1,776.93
Total - All Claims	168,319,461	755.96	78,659,833	3,093.52	63,939,341	325.48	59,819,311	1,776.93
Projected FY2021 Member Months	223,508		26,595		200,318		33,637	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9918		0.9988		1.0000		1.0000	
Acute Care - Inpatient	0.9971		0.9969		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9904		0.9961		1.0000		1.0000	
Long Term Care	1.0098		1.0043		1.0091		1.0047	
Other Adjustments - NF Eligibility	1.0196		0.9971		1.0345		0.9957	

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	128,718,697	575.90	36,733,268	1,381.23	0	0.00	0	0.00
LTC	51,422,371	230.07	51,152,099	1,923.40	72,909,853	363.97	65,045,596	1,933.74
Total	180,141,068	805.97	87,885,367	3,304.63	72,909,853	363.97	65,045,596	1,933.74
Capitation Expenses & Refunds	1,639,535	7.34	208,520	7.84	825,849	4.12	155,105	4.61
Service Coordination & Other Expenses	10,860,943	48.59	1,426,187	53.63	9,061,669	45.24	1,641,547	48.80
Net Reinsurance Cost	13,731	0.06	2,032	0.08	403	0.00	72	0.00
Administrative Expenses								
Fixed Amount	4,023,137	18.00	478,703	18.00	3,605,727	18.00	605,468	18.00
Percentage of Premium	11,316,645	5.25%	5,178,236	5.25%	4,971,967	5.25%	3,880,693	5.25%
Total	15,339,781	68.63	5,656,939	212.71	8,577,694	42.82	4,486,161	133.37
Risk Margin	3,772,215	1.75%	1,726,079	1.75%	1,657,322	1.75%	1,293,564	1.75%
Premium Tax	3,772,215	1.75%	1,726,079	1.75%	1,657,322	1.75%	1,293,564	1.75%
Maintenance Tax	15,646	0.07	1,862	0.07	14,022	0.07	2,355	0.07
Projected Total Cost								
Acute Care	146,036,000	653.38	40,706,499	1,530.63	905,481	4.52	170,056	5.06
LTC	69,519,133	311.04	57,926,565	2,178.13	93,798,653	468.25	73,747,908	2,192.46
Total	215,555,134	964.42	98,633,064	3,708.76	94,704,135	472.77	73,917,964	2,197.51

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	7,136		38,439		20,823		4,254	
Estimated Incurred Claims - Acute Care								
Professional	2,092,225	293.17	0	0.00	2,107,176	101.20	5,388,438	1,266.68
Emergency Room	318,531	44.63	0	0.00	472,912	22.71	196,514	46.20
Outpatient Facility	613,162	85.92	0	0.00	801,020	38.47	1,256,859	295.45
Inpatient Facility	5,257,629	736.72	0	0.00	2,454,504	117.88	991,562	233.09
Other Acute Care	1,132,774	158.73	0	0.00	2,266,621	108.85	213,434	50.17
Acute Care Total	9,414,321	1,319.18	0	0.00	8,102,232	389.10	8,046,807	1,891.59
Estimated Incurred Claims - Long Term Care								
Attendant Care	67,145	9.41	100,113	2.60	0	0.00	166,778	39.21
Nursing Facility	30,318,622	4,248.39	142,716,015	3,712.75	0	0.00	0	0.00
Other Long Term Care	3,834	0.54	490,517	12.76	0	0.00	27	0.01
Long Term Care Total	30,389,601	4,258.34	143,306,645	3,728.12	0	0.00	166,805	39.21
Total - All Claims	39,803,922	5,577.52	143,306,645	3,728.12	8,102,232	389.10	8,213,612	1,930.80
Projected FY2021 Member Months	7,268		39,789		21,041		4,368	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9944		1.0000		0.9945		1.0002	
Acute Care - Inpatient	0.9961		1.0000		0.9974		1.0000	
Wrap & Carve-Out Removal	0.9996		1.0000		0.9948		0.9939	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9761		1.0236		0.9912		1.0000	

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	8,940,280	1,230.15	0	0.00	8,811,776	418.80	9,984,878	2,285.72
LTC	30,845,126	4,244.18	157,352,890	3,954.68	0	0.00	188,307	43.11
Total	39,785,406	5,474.33	157,352,890	3,954.68	8,811,776	418.80	10,173,185	2,328.82
Capitation Expenses & Refunds	51,596	7.10	214,637	5.39	109,056	5.18	-127,884	-29.27
Service Coordination & Other Expenses	325,627	44.81	1,727,409	43.41	1,074,177	51.05	222,310	50.89
Net Reinsurance Cost	933	0.13	113	0.00	750	0.04	217	0.05
Administrative Expenses								
Fixed Amount	130,817	18.00	716,202	18.00	378,733	18.00	78,631	18.00
Percentage of Premium	2,318,336	5.25%	9,206,287	5.25%	596,973	5.25%	595,293	5.25%
Total	2,449,153	337.00	9,922,489	249.38	975,706	46.37	673,924	154.27
Risk Margin	772,779	1.75%	3,068,762	1.75%	198,991	1.75%	198,431	1.75%
Premium Tax	772,779	1.75%	3,068,762	1.75%	198,991	1.75%	198,431	1.75%
Maintenance Tax	509	0.07	2,785	0.07	1,473	0.07	306	0.07
Projected Total Cost								
Acute Care	9,887,473	1,360.48	235,343	5.91	10,193,740	484.48	10,887,327	2,492.30
LTC	34,271,307	4,715.61	175,122,506	4,401.28	1,177,181	55.95	451,593	103.38
Total	44,158,780	6,076.10	175,357,849	4,407.19	11,370,920	540.42	11,338,920	2,595.68

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	548,850	
Estimated Incurred Claims - Acute Care		
Professional	53,670,096	97.79
Emergency Room	12,869,945	23.45
Outpatient Facility	22,614,144	41.20
Inpatient Facility	62,094,919	113.14
Other Acute Care	32,503,688	59.22
Acute Care Total	183,752,792	334.80
Estimated Incurred Claims - Long Term Care		
Attendant Care	195,778,052	356.71
Nursing Facility	174,867,985	318.61
Other Long Term Care	15,765,529	28.72
Long Term Care Total	386,411,566	704.04
Total - All Claims	570,164,358	1,038.83
Projected FY2021 Member Months	556,523	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	193,188,897	347.14
LTC	428,916,243	770.71
Total	622,105,141	1,117.84
Capitation Expenses & Refunds	3,076,414	5.53
Service Coordination & Other Expenses	26,339,870	47.33
Net Reinsurance Cost	18,250	0.03
Administrative Expenses		
Fixed Amount	10,017,418	18.00
Percentage of Premium	38,064,430	5.25%
Total	48,081,849	86.40
Risk Margin	12,688,143	1.75%
Premium Tax	12,688,143	1.75%
Maintenance Tax	38,957	0.07
Projected Total Cost		
Acute Care	219,021,920	393.55
LTC	506,014,847	909.24
Total	725,036,767	1,302.80

FY2021 STAR+PLUS Rating Summary
Bexar SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	221,615		25,883		7,103		20,916	
Experience Period Cost								
Estimated Incurred Claims	112,294,487	506.71	28,391,220	1,096.91	5,084,902	715.84	11,637,272	556.39
Pay and Chase Recoveries	-1,180,278	-5.33	-143,277	-5.54	-34,605	-4.87	-120,766	-5.77
Total Cost	111,114,209	501.38	28,247,943	1,091.37	5,050,297	710.97	11,516,506	550.62
Projected FY2021 Member Months	223,508		26,595		7,268		21,041	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9994		0.9995		0.9998		0.9997	
PDL Adjustment - 7/1/2019	0.9943		0.9956		0.9999		0.9978	
NF Eligibility Adjustment	1.0010		0.9994		1.0142		0.9983	
Hemostatic Carve-Out	0.9949		0.9987		1.0000		1.0000	
Projected Incurred Claims	119,530,702	534.79	30,874,188	1,160.92	5,273,802	725.66	12,514,101	594.76
Administrative Expenses	402,314	1.80	47,870	1.80	13,082	1.80	37,873	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	124,282,918	556.06	32,043,584	1,204.89	5,478,636	753.84	13,007,227	618.19

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 Bexar SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	4,323		279,840	
Experience Period Cost				
Estimated Incurred Claims	3,031,455	701.21	160,439,337	573.33
Pay and Chase Recoveries	-25,298	-5.85	-1,504,225	-5.38
Total Cost	3,006,157	695.36	158,935,112	567.95
Projected FY2021 Member Months	4,368		282,779	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9978			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	4,181,594	957.24	172,374,387	609.57
Administrative Expenses	7,863	1.80	509,002	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	4,341,407	993.82	179,153,771	633.55

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	308,723		33,353		250,585		50,938	
Estimated Incurred Claims - Acute Care								
Professional	39,580,389	128.21	9,232,001	276.80	0	0.00	0	0.00
Emergency Room	16,076,839	52.08	2,944,379	88.28	0	0.00	0	0.00
Outpatient Facility	28,495,810	92.30	6,133,581	183.90	0	0.00	0	0.00
Inpatient Facility	66,902,778	216.71	17,181,223	515.14	0	0.00	0	0.00
Other Acute Care	33,115,349	107.27	11,354,032	340.42	0	0.00	0	0.00
Acute Care Total	184,171,166	596.56	46,845,216	1,404.54	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	59,268,475	191.98	40,620,161	1,217.90	70,192,213	280.11	68,107,846	1,337.09
Nursing Facility	599,282	1.94	884,236	26.51	1,152,584	4.60	1,792,772	35.20
Other Long Term Care	1,671,466	5.41	7,527,073	225.68	6,812,189	27.19	11,354,453	222.91
Long Term Care Total	61,539,223	199.33	49,031,471	1,470.09	78,156,986	311.90	81,255,071	1,595.19
Total - All Claims	245,710,388	795.89	95,876,687	2,874.64	78,156,986	311.90	81,255,071	1,595.19
Projected FY2021 Member Months	307,898		37,568		255,772		56,033	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9797		0.9897		1.0000		1.0000	
Acute Care - Inpatient	0.9991		0.9982		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9970		0.9987		1.0000		1.0000	
Long Term Care	1.0097		1.0039		1.0089		1.0032	
Other Adjustments - NF Eligibility	1.0209		0.9940		1.0386		0.9943	

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	189,826,129	616.52	53,415,097	1,421.84	0	0.00	0	0.00
LTC	70,682,835	229.57	60,816,539	1,618.86	89,545,153	350.10	96,989,516	1,730.94
Total	260,508,964	846.09	114,231,636	3,040.70	89,545,153	350.10	96,989,516	1,730.94
Capitation Expenses & Refunds	1,669,887	5.42	275,560	7.34	738,717	2.89	229,332	4.09
Service Coordination & Other Expenses	12,999,399	42.22	2,971,434	79.10	10,494,825	41.03	3,457,331	61.70
Net Reinsurance Cost	83,643	0.27	12,539	0.33	1,502	0.01	390	0.01
Administrative Expenses								
Fixed Amount	5,542,155	18.00	676,216	18.00	4,603,894	18.00	1,008,590	18.00
Percentage of Premium	16,157,089	5.25%	6,798,823	5.25%	6,064,224	5.25%	5,850,605	5.25%
Total	21,699,245	70.48	7,475,039	198.98	10,668,118	41.71	6,859,194	122.41
Risk Margin	5,385,696	1.75%	2,266,274	1.75%	2,021,408	1.75%	1,950,202	1.75%
Premium Tax	5,385,696	1.75%	2,266,274	1.75%	2,021,408	1.75%	1,950,202	1.75%
Maintenance Tax	21,553	0.07	2,630	0.07	17,904	0.07	3,922	0.07
Projected Total Cost								
Acute Care	214,393,192	696.31	59,200,687	1,575.85	811,198	3.17	251,750	4.49
LTC	93,360,890	303.22	70,300,699	1,871.31	114,697,837	448.44	111,188,338	1,984.35
Total	307,754,083	999.53	129,501,385	3,447.16	115,509,035	451.61	111,440,088	1,988.84

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	10,059		55,856		26,601		5,780	
Estimated Incurred Claims - Acute Care								
Professional	3,400,726	338.09	0	0.00	1,680,267	63.17	6,150,477	1,064.10
Emergency Room	693,747	68.97	0	0.00	411,849	15.48	192,385	33.28
Outpatient Facility	1,519,414	151.06	0	0.00	622,344	23.40	4,079,872	705.86
Inpatient Facility	10,491,883	1,043.07	0	0.00	2,461,988	92.55	1,595,400	276.02
Other Acute Care	3,276,636	325.75	0	0.00	3,407,692	128.10	342,813	59.31
Acute Care Total	19,382,407	1,926.93	0	0.00	8,584,139	322.70	12,360,947	2,138.57
Estimated Incurred Claims - Long Term Care								
Attendant Care	186,018	18.49	254,364	4.55	0	0.00	352,473	60.98
Nursing Facility	41,247,194	4,100.66	201,775,617	3,612.43	0	0.00	0	0.00
Other Long Term Care	10,135	1.01	1,495,434	26.77	0	0.00	806	0.14
Long Term Care Total	41,443,348	4,120.16	203,525,415	3,643.76	0	0.00	353,279	61.12
Total - All Claims	60,825,755	6,047.10	203,525,415	3,643.76	8,584,139	322.70	12,714,226	2,199.69
Projected FY2021 Member Months	10,225		56,647		27,227		5,901	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9947		1.0000		0.9897		1.0000	
Acute Care - Inpatient	0.9948		1.0000		1.0006		1.0014	
Wrap & Carve-Out Removal	0.9997		1.0000		0.9962		0.9992	
Long Term Care	1.0000		1.0000		1.0000		1.0095	
Other Adjustments - NF Eligibility	0.9900		1.0223		1.0003		1.0000	

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	18,619,227	1,821.00	0	0.00	9,540,754	350.42	15,348,644	2,600.86
LTC	42,585,491	4,164.94	218,672,363	3,860.29	0	0.00	396,491	67.19
Total	61,204,718	5,985.94	218,672,363	3,860.29	9,540,754	350.42	15,745,134	2,668.05
Capitation Expenses & Refunds	116,242	11.37	354,488	6.26	92,269	3.39	-184,959	-31.34
Service Coordination & Other Expenses	418,483	40.93	2,288,091	40.39	1,212,354	44.53	276,255	46.81
Net Reinsurance Cost	3,021	0.30	346	0.01	6,238	0.23	1,104	0.19
Administrative Expenses								
Fixed Amount	184,045	18.00	1,019,639	18.00	490,078	18.00	106,225	18.00
Percentage of Premium	3,562,936	5.25%	12,792,101	5.25%	652,645	5.25%	917,336	5.25%
Total	3,746,982	366.46	13,811,739	243.82	1,142,723	41.97	1,023,561	173.44
Risk Margin	1,187,645	1.75%	4,264,034	1.75%	217,548	1.75%	305,779	1.75%
Premium Tax	1,187,645	1.75%	4,264,034	1.75%	217,548	1.75%	305,779	1.75%
Maintenance Tax	716	0.07	3,965	0.07	1,906	0.07	413	0.07
Projected Total Cost								
Acute Care	20,596,927	2,014.42	388,860	6.86	11,102,733	407.79	16,732,867	2,835.42
LTC	47,268,525	4,622.95	243,270,200	4,294.53	1,328,607	48.80	740,199	125.43
Total	67,865,452	6,637.37	243,659,060	4,301.39	12,431,341	456.59	17,473,065	2,960.85

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	741,894	
Estimated Incurred Claims - Acute Care		
Professional	60,043,861	80.93
Emergency Room	20,319,198	27.39
Outpatient Facility	40,851,021	55.06
Inpatient Facility	98,633,272	132.95
Other Acute Care	51,496,523	69.41
Acute Care Total	271,343,875	365.74
Estimated Incurred Claims - Long Term Care		
Attendant Care	238,981,550	322.12
Nursing Facility	247,451,686	333.54
Other Long Term Care	28,871,556	38.92
Long Term Care Total	515,304,792	694.58
Total - All Claims	786,648,667	1,060.32
Projected FY2021 Member Months	757,269	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	286,749,851	378.66
LTC	579,688,387	765.50
Total	866,438,239	1,144.16
Capitation Expenses & Refunds	3,291,535	4.35
Service Coordination & Other Expenses	34,118,172	45.05
Net Reinsurance Cost	108,781	0.14
Administrative Expenses		
Fixed Amount	13,630,841	18.00
Percentage of Premium	52,795,759	5.25%
Total	66,426,601	87.72
Risk Margin	17,598,586	1.75%
Premium Tax	17,598,586	1.75%
Maintenance Tax	53,009	0.07
Projected Total Cost		
Acute Care	323,478,214	427.16
LTC	682,155,295	900.81
Total	1,005,633,509	1,327.97

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	306,208		34,763		10,163		26,807	
Experience Period Cost								
Estimated Incurred Claims	124,342,377	406.07	29,570,624	850.63	5,045,909	496.49	9,771,890	364.52
Pay and Chase Recoveries	-1,839,055	-6.01	-202,394	-5.82	-60,323	-5.94	-164,378	-6.13
Total Cost	122,503,321	400.07	29,368,231	844.80	4,985,586	490.56	9,607,512	358.39
Projected FY2021 Member Months	307,898		37,568		10,225		27,227	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9994		0.9992		0.9998		0.9995	
PDL Adjustment - 7/1/2019	0.9967		0.9972		0.9989		0.9982	
NF Eligibility Adjustment	1.0030		1.0003		0.9659		0.9997	
Hemostatic Carve-Out	0.9780		1.0000		1.0000		1.0000	
Projected Incurred Claims	129,723,695	421.32	33,877,634	901.78	4,870,765	476.37	10,556,904	387.74
Administrative Expenses	554,216	1.80	67,622	1.80	18,405	1.80	49,008	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	135,003,016	438.47	35,176,431	936.35	5,066,497	495.51	10,990,582	403.67

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Dallas SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period Member Months	5,845		383,788	
Experience Period Cost				
Estimated Incurred Claims	2,667,544	456.34	171,398,344	446.60
Pay and Chase Recoveries	-36,572	-6.26	-2,302,721	-6.00
Total Cost	2,630,972	450.09	169,095,623	440.60
Projected FY2021 Member Months	5,901		388,818	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9984			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	3,658,664	619.97	182,687,662	469.85
Administrative Expenses	10,622	1.80	699,872	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	3,802,370	644.32	190,038,896	488.76

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	70,547		9,222		140,961		15,616	
Estimated Incurred Claims - Acute Care								
Professional	10,950,355	155.22	3,069,260	332.83	0	0.00	0	0.00
Emergency Room	3,178,309	45.05	858,870	93.13	0	0.00	0	0.00
Outpatient Facility	6,928,427	98.21	1,985,246	215.28	0	0.00	0	0.00
Inpatient Facility	9,815,813	139.14	3,018,890	327.36	0	0.00	0	0.00
Other Acute Care	11,024,184	156.27	3,249,402	352.36	0	0.00	0	0.00
Acute Care Total	41,897,087	593.89	12,181,668	1,320.96	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	15,998,135	226.77	11,465,169	1,243.26	55,242,638	391.90	21,975,093	1,407.25
Nursing Facility	69,568	0.99	99,424	10.78	156,796	1.11	379,826	24.32
Other Long Term Care	2,543,326	36.05	3,043,053	329.98	10,925,375	77.51	5,893,547	377.41
Long Term Care Total	18,611,029	263.81	14,607,645	1,584.03	66,324,808	470.52	28,248,466	1,808.98
Total - All Claims	60,508,117	857.70	26,789,314	2,904.99	66,324,808	470.52	28,248,466	1,808.98
Projected FY2021 Member Months	71,354		9,967		143,398		16,466	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9823		0.9907		1.0000		1.0000	
Acute Care - Inpatient	1.0065		1.0060		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9961		0.9988		1.0000		1.0000	
Long Term Care	1.0093		1.0030		1.0092		1.0023	
Other Adjustments - NF Eligibility	1.0132		0.9959		1.0077		0.9964	

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	43,862,803	614.72	13,473,247	1,351.72	0	0.00	0	0.00
LTC	21,506,878	301.41	17,404,077	1,746.09	73,503,722	512.59	32,360,439	1,965.31
Total	65,369,680	916.13	30,877,324	3,097.82	73,503,722	512.59	32,360,439	1,965.31
Capitation Expenses & Refunds	236,531	3.31	71,353	7.16	291,278	2.03	74,886	4.55
Service Coordination & Other Expenses	2,181,981	30.58	546,195	54.80	4,370,683	30.48	703,439	42.72
Net Reinsurance Cost	14,281	0.20	2,652	0.27	689	0.00	96	0.01
Administrative Expenses								
Fixed Amount	1,284,372	18.00	179,414	18.00	2,581,158	18.00	296,385	18.00
Percentage of Premium	3,975,147	5.25%	1,822,549	5.25%	4,646,326	5.25%	1,923,738	5.25%
Total	5,259,519	73.71	2,001,963	200.85	7,227,484	50.40	2,220,123	134.83
Risk Margin	1,325,049	1.75%	607,516	1.75%	1,548,775	1.75%	641,246	1.75%
Premium Tax	1,325,049	1.75%	607,516	1.75%	1,548,775	1.75%	641,246	1.75%
Maintenance Tax	4,995	0.07	698	0.07	10,038	0.07	1,153	0.07
Projected Total Cost								
Acute Care	49,291,808	690.81	14,932,431	1,498.12	319,963	2.23	82,171	4.99
LTC	26,425,277	370.34	19,782,787	1,984.74	88,181,481	614.94	36,560,455	2,220.38
Total	75,717,084	1,061.15	34,715,218	3,482.86	88,501,444	617.17	36,642,626	2,225.37

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	995		7,003		5,988		3,334	
Estimated Incurred Claims - Acute Care								
Professional	570,203	572.97	0	0.00	686,423	114.64	2,288,881	686.53
Emergency Room	57,804	58.08	0	0.00	172,047	28.73	98,247	29.47
Outpatient Facility	264,473	265.76	0	0.00	746,193	124.62	1,476,547	442.88
Inpatient Facility	1,409,923	1,416.76	0	0.00	984,512	164.42	376,200	112.84
Other Acute Care	102,054	102.55	0	0.00	819,610	136.88	75,466	22.64
Acute Care Total	2,404,458	2,416.12	0	0.00	3,408,785	569.30	4,315,340	1,294.34
Estimated Incurred Claims - Long Term Care								
Attendant Care	10,862	10.91	109,111	15.58	0	0.00	223,394	67.00
Nursing Facility	4,235,772	4,256.32	26,359,704	3,763.86	0	0.00	0	0.00
Other Long Term Care	8,410	8.45	77,594	11.08	0	0.00	17,699	5.31
Long Term Care Total	4,255,044	4,275.69	26,546,409	3,790.52	0	0.00	241,093	72.31
Total - All Claims	6,659,502	6,691.81	26,546,409	3,790.52	3,408,785	569.30	4,556,433	1,366.66
Projected FY2021 Member Months	1,081		7,617		6,125		3,375	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9987		1.0000		0.9811		1.0001	
Acute Care - Inpatient	1.0258		1.0000		1.0165		1.0007	
Wrap & Carve-Out Removal	0.9997		1.0000		0.9990		0.9982	
Long Term Care	1.0000		1.0000		1.0000		1.0095	
Other Adjustments - NF Eligibility	0.9629		1.0363		1.0001		1.0000	

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,486,022	2,299.19	0	0.00	3,823,138	624.22	5,304,761	1,571.72
LTC	4,545,458	4,203.85	31,005,755	4,070.76	0	0.00	268,287	79.49
Total	7,031,480	6,503.04	31,005,755	4,070.76	3,823,138	624.22	5,573,049	1,651.21
Capitation Expenses & Refunds	15,765	14.58	53,062	6.97	15,742	2.57	11,215	3.32
Service Coordination & Other Expenses	32,810	30.34	231,741	30.43	188,313	30.75	103,262	30.59
Net Reinsurance Cost	318	0.29	40	0.01	817	0.13	655	0.19
Administrative Expenses								
Fixed Amount	19,463	18.00	137,101	18.00	110,244	18.00	60,752	18.00
Percentage of Premium	408,488	5.25%	1,808,200	5.25%	238,116	5.25%	330,774	5.25%
Total	427,951	395.79	1,945,300	255.40	348,360	56.88	391,527	116.00
Risk Margin	136,163	1.75%	602,733	1.75%	79,372	1.75%	110,258	1.75%
Premium Tax	136,163	1.75%	602,733	1.75%	79,372	1.75%	110,258	1.75%
Maintenance Tax	76	0.07	533	0.07	429	0.07	236	0.07
Projected Total Cost								
Acute Care	2,749,604	2,542.96	58,194	7.64	4,329,172	706.84	5,890,065	1,745.13
LTC	5,031,122	4,653.01	34,383,703	4,514.25	206,370	33.69	410,395	121.59
Total	7,780,725	7,195.97	34,441,897	4,521.89	4,535,542	740.54	6,300,460	1,866.73

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	253,665	
Estimated Incurred Claims - Acute Care		
Professional	17,565,122	69.25
Emergency Room	4,365,277	17.21
Outpatient Facility	11,400,886	44.94
Inpatient Facility	15,605,338	61.52
Other Acute Care	15,270,716	60.20
Acute Care Total	64,207,339	253.12
Estimated Incurred Claims - Long Term Care		
Attendant Care	105,024,402	414.03
Nursing Facility	31,301,089	123.40
Other Long Term Care	22,509,002	88.74
Long Term Care Total	158,834,494	626.16
Total - All Claims	223,041,833	879.28
Projected FY2021 Member Months	259,383	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	68,949,971	265.82
LTC	180,594,616	696.25
Total	249,544,587	962.07
Capitation Expenses & Refunds	769,832	2.97
Service Coordination & Other Expenses	8,358,423	32.22
Net Reinsurance Cost	19,548	0.08
Administrative Expenses		
Fixed Amount	4,668,889	18.00
Percentage of Premium	15,153,337	5.25%
Total	19,822,227	76.42
Risk Margin	5,051,112	1.75%
Premium Tax	5,051,112	1.75%
Maintenance Tax	18,157	0.07
Projected Total Cost		
Acute Care	77,653,409	299.38
LTC	210,981,589	813.40
Total	288,634,998	1,112.78

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	70,382		9,500		1,001		5,946	
Experience Period Cost								
Estimated Incurred Claims	38,448,978	546.29	10,430,521	1,097.99	482,383	482.06	4,284,546	720.61
Pay and Chase Recoveries	-153,822	-2.19	-27,602	-2.91	-3,216	-3.21	-8,661	-1.46
Total Cost	38,295,156	544.11	10,402,919	1,095.09	479,167	478.84	4,275,885	719.15
Projected FY2021 Member Months	71,354		9,967		1,081		6,125	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9989		0.9971		1.0000		0.9986	
PDL Adjustment - 7/1/2019	0.9976		0.9986		0.9902		0.9973	
NF Eligibility Adjustment	1.0009		0.9987		0.9821		0.9999	
Hemostatic Carve-Out	0.9419		0.9479		1.0000		1.0000	
Projected Incurred Claims	39,314,147	550.97	11,018,960	1,105.49	506,865	468.77	4,757,643	776.80
Administrative Expenses	128,437	1.80	17,941	1.80	1,946	1.80	11,024	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	40,873,144	572.82	11,437,203	1,147.46	527,265	487.64	4,941,624	806.84

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
El Paso SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	3,320		90,147	
Experience Period Cost				
Estimated Incurred Claims	2,113,724	636.73	55,760,151	618.54
Pay and Chase Recoveries	-7,034	-2.12	-200,334	-2.22
Total Cost	2,106,690	634.61	55,559,817	616.32
Projected FY2021 Member Months	3,375		91,903	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9993			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	2,953,014	874.93	58,550,628	637.09
Administrative Expenses	6,075	1.80	165,425	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	3,066,414	908.53	60,845,650	662.07

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	491,106		37,724		525,278		59,189	
Estimated Incurred Claims - Acute Care								
Professional	79,683,636	162.25	16,295,508	431.97	0	0.00	0	0.00
Emergency Room	32,533,509	66.25	4,426,263	117.33	0	0.00	0	0.00
Outpatient Facility	51,766,484	105.41	10,980,665	291.08	0	0.00	0	0.00
Inpatient Facility	114,831,947	233.82	23,408,675	620.52	0	0.00	0	0.00
Other Acute Care	50,265,111	102.35	6,599,331	174.94	0	0.00	0	0.00
Acute Care Total	329,080,688	670.08	61,710,440	1,635.83	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	94,018,620	191.44	49,692,495	1,317.26	142,383,022	271.06	96,825,866	1,635.86
Nursing Facility	248,234	0.51	2,085,173	55.27	481,356	0.92	2,652,239	44.81
Other Long Term Care	13,220,487	26.92	27,212,933	721.37	12,091,611	23.02	19,157,917	323.67
Long Term Care Total	107,487,341	218.87	78,990,602	2,093.90	154,955,989	295.00	118,636,021	2,004.34
Total - All Claims	436,568,029	888.95	140,701,042	3,729.74	154,955,989	295.00	118,636,021	2,004.34
Projected FY2021 Member Months	500,204		40,113		544,522		62,092	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9848		0.9931		1.0000		1.0000	
Acute Care - Inpatient	0.9961		0.9967		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9938		0.9978		1.0000		1.0000	
Long Term Care	1.0098		1.0035		1.0091		1.0043	
Other Adjustments - NF Eligibility	1.0083		0.9984		1.0318		0.9965	

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	341,776,662	683.27	66,790,630	1,665.06	0	0.00	0	0.00
LTC	124,538,791	248.98	92,864,535	2,315.08	179,161,386	329.03	135,491,271	2,182.12
Total	466,315,453	932.25	159,655,166	3,980.14	179,161,386	329.03	135,491,271	2,182.12
Capitation Expenses & Refunds	5,013,031	10.02	387,374	9.66	1,946,400	3.57	247,637	3.99
Service Coordination & Other Expenses	19,147,461	38.28	1,953,919	48.71	20,533,481	37.71	3,152,940	50.78
Net Reinsurance Cost	24,067	0.05	3,282	0.08	588	0.00	110	0.00
Administrative Expenses								
Fixed Amount	9,003,678	18.00	722,033	18.00	9,801,390	18.00	1,117,650	18.00
Percentage of Premium	28,740,583	5.25%	9,362,236	5.25%	12,167,421	5.25%	8,055,597	5.25%
Total	37,744,261	75.46	10,084,269	251.40	21,968,811	40.35	9,173,248	147.74
Risk Margin	9,580,194	1.75%	3,120,745	1.75%	4,055,807	1.75%	2,685,199	1.75%
Premium Tax	9,580,194	1.75%	3,120,745	1.75%	4,055,807	1.75%	2,685,199	1.75%
Maintenance Tax	35,014	0.07	2,808	0.07	38,117	0.07	4,346	0.07
Projected Total Cost								
Acute Care	387,329,853	774.34	73,955,637	1,843.69	2,133,685	3.92	271,503	4.37
LTC	160,109,823	320.09	104,372,672	2,601.97	229,626,711	421.70	153,168,447	2,466.81
Total	547,439,676	1,094.43	178,328,309	4,445.66	231,760,396	425.62	153,439,950	2,471.18

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	10,620		67,768		45,537		10,783	
Estimated Incurred Claims - Acute Care								
Professional	4,224,512	397.78	0	0.00	5,028,507	110.43	8,142,038	755.09
Emergency Room	837,155	78.83	0	0.00	1,018,480	22.37	609,241	56.50
Outpatient Facility	2,064,075	194.35	0	0.00	2,896,761	63.61	8,607,199	798.23
Inpatient Facility	9,439,286	888.80	0	0.00	4,789,470	105.18	3,742,125	347.04
Other Acute Care	1,398,821	131.71	0	0.00	2,979,775	65.44	149,072	13.82
Acute Care Total	17,963,850	1,691.48	0	0.00	16,712,995	367.02	21,249,674	1,970.69
Estimated Incurred Claims - Long Term Care								
Attendant Care	145,210	13.67	414,289	6.11	0	0.00	489,550	45.40
Nursing Facility	45,223,888	4,258.28	245,860,931	3,628.00	0	0.00	916	0.08
Other Long Term Care	73,252	6.90	428,239	6.32	0	0.00	105,886	9.82
Long Term Care Total	45,442,349	4,278.85	246,703,459	3,640.44	0	0.00	596,352	55.31
Total - All Claims	63,406,199	5,970.32	246,703,459	3,640.44	16,712,995	367.02	21,846,026	2,026.00
Projected FY2021 Member Months	10,677		68,735		46,069		10,646	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9993		1.0000		0.9893		0.9963	
Acute Care - Inpatient	0.9954		1.0000		0.9963		0.9997	
Wrap & Carve-Out Removal	0.9996		1.0000		0.9931		0.9979	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9978		1.0268		0.9991		1.0000	

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	17,289,943	1,619.32	0	0.00	18,195,986	394.98	25,345,157	2,380.72
LTC	46,546,863	4,359.44	266,260,490	3,873.74	0	0.00	647,276	60.80
Total	63,836,806	5,978.76	266,260,490	3,873.74	18,195,986	394.98	25,992,433	2,441.52
Capitation Expenses & Refunds	111,674	10.46	311,953	4.54	469,383	10.19	116,570	10.95
Service Coordination & Other Expenses	440,742	41.28	2,874,755	41.82	1,766,026	38.33	412,191	38.72
Net Reinsurance Cost	780	0.07	120	0.00	1,990	0.04	637	0.06
Administrative Expenses								
Fixed Amount	192,191	18.00	1,237,224	18.00	829,233	18.00	191,628	18.00
Percentage of Premium	3,715,731	5.25%	15,573,908	5.25%	1,223,514	5.25%	1,536,982	5.25%
Total	3,907,922	366.00	16,811,132	244.58	2,052,747	44.56	1,728,610	162.37
Risk Margin	1,238,577	1.75%	5,191,303	1.75%	407,838	1.75%	512,327	1.75%
Premium Tax	1,238,577	1.75%	5,191,303	1.75%	407,838	1.75%	512,327	1.75%
Maintenance Tax	747	0.07	4,811	0.07	3,225	0.07	745	0.07
Projected Total Cost								
Acute Care	19,128,387	1,791.51	341,998	4.98	21,369,663	463.87	28,109,530	2,640.38
LTC	51,647,437	4,837.14	296,303,869	4,310.84	1,935,371	42.01	1,166,310	109.55
Total	70,775,825	6,628.64	296,645,867	4,315.81	23,305,034	505.88	29,275,839	2,749.94

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	1,248,005	
Estimated Incurred Claims - Acute Care		
Professional	113,374,201	90.84
Emergency Room	39,424,648	31.59
Outpatient Facility	76,315,184	61.15
Inpatient Facility	156,211,503	125.17
Other Acute Care	61,392,110	49.19
Acute Care Total	446,717,646	357.95
Estimated Incurred Claims - Long Term Care		
Attendant Care	383,969,051	307.67
Nursing Facility	296,552,738	237.62
Other Long Term Care	72,290,325	57.92
Long Term Care Total	752,812,114	603.21
Total - All Claims	1,199,529,760	961.16
Projected FY2021 Member Months	1,283,057	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	469,398,379	365.84
LTC	845,510,612	658.98
Total	1,314,908,991	1,024.83
Capitation Expenses & Refunds	8,604,022	6.71
Service Coordination & Other Expenses	50,281,514	39.19
Net Reinsurance Cost	31,575	0.02
Administrative Expenses		
Fixed Amount	23,095,027	18.00
Percentage of Premium	80,375,972	5.25%
Total	103,470,999	80.64
Risk Margin	26,791,991	1.75%
Premium Tax	26,791,991	1.75%
Maintenance Tax	89,814	0.07
Projected Total Cost		
Acute Care	532,640,258	415.13
LTC	998,330,639	778.09
Total	1,530,970,897	1,193.22

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	491,150		38,541		10,694		45,514	
Experience Period Cost								
Estimated Incurred Claims	254,226,270	517.61	38,504,897	999.08	7,588,273	709.57	25,929,255	569.70
Pay and Chase Recoveries	-982,784	-2.00	-80,098	-2.08	-22,275	-2.08	-91,341	-2.01
Total Cost	253,243,486	515.61	38,424,799	997.00	7,565,998	707.49	25,837,915	567.70
Projected FY2021 Member Months	500,204		40,113		10,677		46,069	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9988		0.9991		0.9998		0.9991	
PDL Adjustment - 7/1/2019	0.9946		0.9930		0.9960		0.9956	
NF Eligibility Adjustment	1.0006		0.9998		1.0022		1.0000	
Hemostatic Carve-Out	0.9738		0.9905		0.9813		0.9639	
Projected Incurred Claims	269,084,020	537.95	42,082,868	1,049.11	7,447,354	697.50	27,198,802	590.40
Administrative Expenses	900,368	1.80	72,203	1.80	19,219	1.80	82,923	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	279,776,567	559.32	43,684,012	1,089.03	7,737,381	724.66	28,271,218	613.68

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Harris SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	10,647		596,545	
Experience Period Cost				
Estimated Incurred Claims	7,744,309	727.34	333,993,004	559.88
Pay and Chase Recoveries	-23,859	-2.24	-1,200,357	-2.01
Total Cost	7,720,450	725.10	332,792,647	557.87
Projected FY2021 Member Months	10,646		607,709	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9953			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	10,599,992	995.68	356,413,035	586.49
Administrative Expenses	19,163	1.80	1,093,876	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	11,004,305	1,033.66	370,473,483	609.62

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	168,348		30,275		392,967		122,939	
Estimated Incurred Claims - Acute Care								
Professional	26,144,140	155.30	9,293,617	306.98	0	0.00	0	0.00
Emergency Room	6,165,717	36.62	1,861,288	61.48	0	0.00	0	0.00
Outpatient Facility	11,217,934	66.64	5,523,385	182.44	0	0.00	0	0.00
Inpatient Facility	24,461,733	145.30	10,990,829	363.04	0	0.00	0	0.00
Other Acute Care	14,655,831	87.06	11,281,502	372.64	0	0.00	0	0.00
Acute Care Total	82,645,355	490.92	38,950,621	1,286.57	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	86,622,477	514.54	58,458,677	1,930.93	279,216,799	710.54	233,600,114	1,900.12
Nursing Facility	174,244	1.04	163,008	5.38	1,031,847	2.63	1,521,019	12.37
Other Long Term Care	15,666,021	93.06	7,219,672	238.47	50,836,637	129.37	30,489,436	248.00
Long Term Care Total	102,462,742	608.64	65,841,357	2,174.79	331,085,284	842.53	265,610,569	2,160.50
Total - All Claims	185,108,097	1,099.55	104,791,978	3,461.36	331,085,284	842.53	265,610,569	2,160.50
Projected FY2021 Member Months	168,222		31,279		390,052		128,076	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9960		0.9977		1.0000		1.0000	
Acute Care - Inpatient	1.0057		1.0046		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9912		0.9978		1.0000		1.0000	
Long Term Care	1.0094		1.0049		1.0092		1.0052	
Other Adjustments - NF Eligibility	1.0113		1.0016		1.0045		0.9995	

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	86,013,899	511.31	41,610,196	1,330.27	0	0.00	0	0.00
LTC	116,770,113	694.14	75,558,139	2,415.58	356,874,009	914.94	302,428,921	2,361.32
Total	202,784,012	1,205.46	117,168,336	3,745.85	356,874,009	914.94	302,428,921	2,361.32
Capitation Expenses & Refunds	1,467,944	8.73	315,495	10.09	1,978,234	5.07	801,221	6.26
Service Coordination & Other Expenses	8,525,932	50.68	1,880,038	60.10	19,359,870	49.63	7,271,161	56.77
Net Reinsurance Cost	17,583	0.10	3,118	0.10	958	0.00	269	0.00
Administrative Expenses								
Fixed Amount	3,027,988	18.00	563,031	18.00	7,020,943	18.00	2,305,372	18.00
Percentage of Premium	12,417,918	5.25%	6,900,209	5.25%	22,165,720	5.25%	17,997,628	5.25%
Total	15,445,906	91.82	7,463,240	238.60	29,186,663	74.83	20,303,000	158.52
Risk Margin	4,139,306	1.75%	2,300,070	1.75%	7,388,573	1.75%	5,999,209	1.75%
Premium Tax	4,139,306	1.75%	2,300,070	1.75%	7,388,573	1.75%	5,999,209	1.75%
Maintenance Tax	11,776	0.07	2,190	0.07	27,304	0.07	8,965	0.07
Projected Total Cost								
Acute Care	97,302,782	578.42	46,169,356	1,476.03	2,168,977	5.56	878,345	6.86
LTC	139,228,983	827.65	85,263,200	2,725.85	420,035,207	1,076.87	341,933,611	2,669.77
Total	236,531,764	1,406.07	131,432,556	4,201.88	422,204,184	1,082.43	342,811,955	2,676.62

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	2,894		29,486		11,609		6,373	
Estimated Incurred Claims - Acute Care								
Professional	1,289,720	445.58	0	0.00	1,232,193	106.14	4,886,420	766.74
Emergency Room	165,036	57.02	0	0.00	208,710	17.98	179,228	28.12
Outpatient Facility	581,433	200.88	0	0.00	666,692	57.43	3,332,048	522.84
Inpatient Facility	3,696,720	1,277.17	0	0.00	1,013,779	87.32	896,955	140.74
Other Acute Care	990,647	342.25	0	0.00	2,014,321	173.51	238,953	37.49
Acute Care Total	6,723,556	2,322.90	0	0.00	5,135,696	442.37	9,533,603	1,495.94
Estimated Incurred Claims - Long Term Care								
Attendant Care	101,471	35.06	351,581	11.92	0	0.00	1,845,820	289.63
Nursing Facility	12,053,165	4,164.20	122,009,309	4,137.84	0	0.00	0	0.00
Other Long Term Care	25,160	8.69	469,581	15.93	0	0.00	63,723	10.00
Long Term Care Total	12,179,796	4,207.95	122,830,471	4,165.69	0	0.00	1,909,544	299.63
Total - All Claims	18,903,352	6,530.85	122,830,471	4,165.69	5,135,696	442.37	11,443,147	1,795.57
Projected FY2021 Member Months	2,910		30,384		11,622		6,494	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9999		1.0000		0.9894		1.0000	
Acute Care - Inpatient	1.0190		1.0000		1.0001		1.0020	
Wrap & Carve-Out Removal	0.9997		1.0000		0.9969		0.9924	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9517		1.0265		0.9947		1.0000	

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	6,323,191	2,172.81	0	0.00	5,550,843	477.62	11,741,883	1,808.10
LTC	11,899,954	4,089.13	134,642,181	4,431.36	0	0.00	2,139,114	329.40
Total	18,223,146	6,261.94	134,642,181	4,431.36	5,550,843	477.62	13,880,997	2,137.50
Capitation Expenses & Refunds	25,318	8.70	183,781	6.05	69,671	5.99	-99,532	-15.33
Service Coordination & Other Expenses	141,880	48.75	1,477,211	48.62	585,299	50.36	329,417	50.73
Net Reinsurance Cost	404	0.14	87	0.00	1,284	0.11	698	0.11
Administrative Expenses								
Fixed Amount	52,383	18.00	546,910	18.00	209,193	18.00	116,893	18.00
Percentage of Premium	1,061,123	5.25%	7,873,694	5.25%	369,203	5.25%	818,651	5.25%
Total	1,113,506	382.63	8,420,604	277.14	578,397	49.77	935,543	144.06
Risk Margin	353,708	1.75%	2,624,565	1.75%	123,068	1.75%	272,884	1.75%
Premium Tax	353,708	1.75%	2,624,565	1.75%	123,068	1.75%	272,884	1.75%
Maintenance Tax	204	0.07	2,127	0.07	814	0.07	455	0.07
Projected Total Cost								
Acute Care	6,977,710	2,397.72	201,499	6.63	6,391,019	549.91	12,868,288	1,981.55
LTC	13,234,163	4,547.60	149,773,622	4,929.37	641,423	55.19	2,725,057	419.62
Total	20,211,873	6,945.32	149,975,121	4,936.00	7,032,442	605.11	15,593,345	2,401.18

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	764,892	
Estimated Incurred Claims - Acute Care		
Professional	42,846,090	56.02
Emergency Room	8,579,979	11.22
Outpatient Facility	21,321,492	27.88
Inpatient Facility	41,060,016	53.68
Other Acute Care	29,181,254	38.15
Acute Care Total	142,988,831	186.94
Estimated Incurred Claims - Long Term Care		
Attendant Care	660,196,940	863.12
Nursing Facility	136,952,592	179.05
Other Long Term Care	104,770,231	136.97
Long Term Care Total	901,919,763	1,179.15
Total - All Claims	1,044,908,594	1,366.09
Projected FY2021 Member Months	769,040	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
 Hidalgo SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	151,240,012	196.66
LTC	1,000,312,433	1,300.73
Total	1,151,552,445	1,497.39
Capitation Expenses & Refunds	4,742,132	6.17
Service Coordination & Other Expenses	39,570,808	51.45
Net Reinsurance Cost	24,401	0.03
Administrative Expenses		
Fixed Amount	13,842,713	18.00
Percentage of Premium	69,604,145	5.25%
Total	83,446,859	108.51
Risk Margin	23,201,382	1.75%
Premium Tax	23,201,382	1.75%
Maintenance Tax	53,833	0.07
Projected Total Cost		
Acute Care	172,957,974	224.90
LTC	1,152,835,266	1,499.06
Total	1,325,793,240	1,723.96

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	167,610		30,465		2,943		11,567	
Experience Period Cost								
Estimated Incurred Claims	84,963,712	506.91	30,173,555	990.43	2,030,678	690.10	5,486,856	474.35
Pay and Chase Recoveries	-1,145,920	-6.84	-216,519	-7.11	-19,024	-6.46	-78,996	-6.83
Total Cost	83,817,792	500.08	29,957,036	983.32	2,011,655	683.64	5,407,860	467.52
Projected FY2021 Member Months	168,222		31,279		2,910		11,622	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9999		0.9998		1.0000		0.9999	
PDL Adjustment - 7/1/2019	0.9924		0.9923		1.0025		0.9939	
NF Eligibility Adjustment	1.0011		1.0000		0.9963		0.9998	
Hemostatic Carve-Out	0.9522		1.0000		1.0000		1.0000	
Projected Incurred Claims	85,766,262	509.84	32,680,652	1,044.79	2,000,342	687.37	5,856,028	503.88
Administrative Expenses	302,799	1.80	56,303	1.80	5,238	1.80	20,919	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	89,190,736	530.20	33,924,306	1,084.55	2,078,322	714.16	6,090,101	524.02

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Hidalgo SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period Member Months	6,440		219,025	
Experience Period Cost				
Estimated Incurred Claims	3,628,103	563.35	126,282,904	576.57
Pay and Chase Recoveries	-49,266	-7.65	-1,509,725	-6.89
Total Cost	3,578,837	555.70	124,773,179	569.68
Projected FY2021 Member Months	6,494		220,527	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9971			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	4,964,319	764.44	131,267,603	595.24
Administrative Expenses	11,689	1.80	396,949	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	5,156,485	794.03	136,439,950	618.70

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	92,431		7,864		84,424		14,849	
Estimated Incurred Claims - Acute Care								
Professional	14,533,710	157.24	2,648,985	336.86	0	0.00	0	0.00
Emergency Room	5,031,482	54.43	921,469	117.18	0	0.00	0	0.00
Outpatient Facility	8,321,581	90.03	2,416,733	307.32	0	0.00	0	0.00
Inpatient Facility	21,034,176	227.57	4,343,574	552.35	0	0.00	0	0.00
Other Acute Care	5,272,710	57.04	1,375,821	174.96	0	0.00	0	0.00
Acute Care Total	54,193,658	586.31	11,706,582	1,488.66	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	10,205,561	110.41	8,317,594	1,057.70	15,047,083	178.23	17,588,800	1,184.50
Nursing Facility	51,261	0.55	78,141	9.94	202,255	2.40	385,071	25.93
Other Long Term Care	1,400,741	15.15	3,419,365	434.82	512,472	6.07	4,351,926	293.08
Long Term Care Total	11,657,563	126.12	11,815,099	1,502.46	15,761,811	186.70	22,325,797	1,503.51
Total - All Claims	65,851,222	712.43	23,521,681	2,991.13	15,761,811	186.70	22,325,797	1,503.51
Projected FY2021 Member Months	91,934		8,704		85,136		15,496	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9964		0.9981		1.0000		1.0000	
Acute Care - Inpatient	1.0111		1.0123		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9916		0.9973		1.0000		1.0000	
Long Term Care	1.0098		1.0061		1.0091		1.0052	
Other Adjustments - NF Eligibility	1.0153		0.9983		1.0780		0.9981	

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	56,715,153	616.91	13,454,955	1,545.83	0	0.00	0	0.00
LTC	13,281,456	144.47	14,494,903	1,665.30	18,521,929	217.56	25,427,750	1,640.95
Total	69,996,609	761.37	27,949,857	3,211.13	18,521,929	217.56	25,427,750	1,640.95
Capitation Expenses & Refunds	737,113	8.02	58,860	6.76	185,217	2.18	40,976	2.64
Service Coordination & Other Expenses	3,395,948	36.94	557,616	64.06	2,933,627	34.46	732,288	47.26
Net Reinsurance Cost	10,798	0.12	2,127	0.24	300	0.00	75	0.00
Administrative Expenses								
Fixed Amount	1,654,821	18.00	156,673	18.00	1,532,454	18.00	278,923	18.00
Percentage of Premium	4,361,195	5.25%	1,652,714	5.25%	1,333,614	5.25%	1,523,570	5.25%
Total	6,016,016	65.44	1,809,387	207.88	2,866,068	33.66	1,802,493	116.32
Risk Margin	1,453,732	1.75%	550,905	1.75%	444,538	1.75%	507,857	1.75%
Premium Tax	1,453,732	1.75%	550,905	1.75%	444,538	1.75%	507,857	1.75%
Maintenance Tax	6,435	0.07	609	0.07	5,960	0.07	1,085	0.07
Projected Total Cost								
Acute Care	64,448,336	701.02	14,894,967	1,711.27	203,307	2.39	44,988	2.90
LTC	18,622,047	202.56	16,585,299	1,905.47	25,198,871	295.98	28,975,393	1,869.90
Total	83,070,383	903.58	31,480,266	3,616.73	25,402,177	298.37	29,020,381	1,872.80

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	2,518		20,800		4,591		1,768	
Estimated Incurred Claims - Acute Care								
Professional	667,430	265.03	0	0.00	445,387	97.01	1,148,070	649.36
Emergency Room	198,397	78.78	0	0.00	93,882	20.45	78,469	44.38
Outpatient Facility	475,728	188.91	0	0.00	295,414	64.35	1,486,574	840.82
Inpatient Facility	2,063,704	819.48	0	0.00	354,713	77.26	749,521	423.94
Other Acute Care	327,337	129.98	0	0.00	208,353	45.38	18,455	10.44
Acute Care Total	3,732,596	1,482.19	0	0.00	1,397,750	304.45	3,481,089	1,968.94
Estimated Incurred Claims - Long Term Care								
Attendant Care	18,640	7.40	66,687	3.21	0	0.00	43,821	24.79
Nursing Facility	9,890,299	3,927.38	69,423,945	3,337.72	0	0.00	0	0.00
Other Long Term Care	45,506	18.07	113,778	5.47	0	0.00	29,277	16.56
Long Term Care Total	9,954,445	3,952.85	69,604,411	3,346.39	0	0.00	73,098	41.34
Total - All Claims	13,687,041	5,435.04	69,604,411	3,346.39	1,397,750	304.45	3,554,187	2,010.29
Projected FY2021 Member Months	2,464		20,444		4,518		1,823	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0006		1.0000		1.0003		0.9999	
Acute Care - Inpatient	1.0171		1.0000		1.0116		0.9985	
Wrap & Carve-Out Removal	0.9995		1.0000		0.9965		0.9958	
Long Term Care	1.0000		1.0000		1.0000		1.0093	
Other Adjustments - NF Eligibility	0.9761		1.0214		1.0009		1.0000	

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	3,499,235	1,420.08	0	0.00	1,527,852	338.14	4,338,005	2,379.34
LTC	9,707,858	3,939.71	72,416,109	3,542.13	0	0.00	82,844	45.44
Total	13,207,092	5,359.79	72,416,109	3,542.13	1,527,852	338.14	4,420,849	2,424.78
Capitation Expenses & Refunds	20,857	8.46	76,729	3.75	44,823	9.92	18,975	10.41
Service Coordination & Other Expenses	94,635	38.41	804,834	39.37	176,657	39.10	71,427	39.18
Net Reinsurance Cost	346	0.14	65	0.00	365	0.08	176	0.10
Administrative Expenses								
Fixed Amount	44,354	18.00	367,996	18.00	81,331	18.00	32,818	18.00
Percentage of Premium	769,087	5.25%	4,238,385	5.25%	105,365	5.25%	261,457	5.25%
Total	813,440	330.12	4,606,381	225.31	186,696	41.32	294,275	161.41
Risk Margin	256,362	1.75%	1,412,795	1.75%	35,122	1.75%	87,152	1.75%
Premium Tax	256,362	1.75%	1,412,795	1.75%	35,122	1.75%	87,152	1.75%
Maintenance Tax	172	0.07	1,431	0.07	316	0.07	128	0.07
Projected Total Cost								
Acute Care	3,870,942	1,570.93	84,158	4.12	1,813,356	401.33	4,810,392	2,638.44
LTC	10,778,325	4,374.13	80,646,980	3,944.73	193,596	42.85	169,740	93.10
Total	14,649,267	5,945.06	80,731,139	3,948.85	2,006,953	444.17	4,980,133	2,731.54

FY2021 STAR+PLUS Rating Summary
 Jefferson SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	229,246	
Estimated Incurred Claims - Acute Care		
Professional	19,443,583	84.82
Emergency Room	6,323,699	27.58
Outpatient Facility	12,996,030	56.69
Inpatient Facility	28,545,688	124.52
Other Acute Care	7,202,676	31.42
Acute Care Total	74,511,676	325.03
Estimated Incurred Claims - Long Term Care		
Attendant Care	51,288,186	223.73
Nursing Facility	80,030,971	349.11
Other Long Term Care	9,873,065	43.07
Long Term Care Total	141,192,223	615.90
Total - All Claims	215,703,898	940.93
Projected FY2021 Member Months	230,521	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	79,535,199	345.02
LTC	153,932,849	667.76
Total	233,468,048	1,012.79
Capitation Expenses & Refunds	1,183,550	5.13
Service Coordination & Other Expenses	8,767,031	38.03
Net Reinsurance Cost	14,253	0.06
Administrative Expenses		
Fixed Amount	4,149,369	18.00
Percentage of Premium	14,245,387	5.25%
Total	18,394,756	79.80
Risk Margin	4,748,462	1.75%
Premium Tax	4,748,462	1.75%
Maintenance Tax	16,136	0.07
Projected Total Cost		
Acute Care	90,170,446	391.16
LTC	181,170,253	785.92
Total	271,340,699	1,177.08

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	91,636		8,167		2,520		4,543	
Experience Period Cost								
Estimated Incurred Claims	43,701,212	476.90	6,983,520	855.09	1,739,545	690.22	2,558,372	563.19
Pay and Chase Recoveries	-220,105	-2.40	-21,264	-2.60	-5,700	-2.26	-12,275	-2.70
Total Cost	43,481,107	474.50	6,962,257	852.49	1,733,844	687.95	2,546,097	560.48
Projected FY2021 Member Months	91,934		8,704		2,464		4,518	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9998		0.9998		1.0000		1.0000	
PDL Adjustment - 7/1/2019	0.9932		0.9940		0.9995		0.9910	
NF Eligibility Adjustment	1.0006		0.9992		1.0048		1.0003	
Hemostatic Carve-Out	0.9939		1.0000		1.0000		1.0000	
Projected Incurred Claims	46,430,266	505.04	7,891,176	906.61	1,713,841	695.52	2,723,120	602.67
Administrative Expenses	165,482	1.80	15,667	1.80	4,435	1.80	8,133	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	48,285,749	525.22	8,193,620	941.36	1,780,598	722.61	2,830,314	626.40

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Jefferson SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	1,771		108,636	
Experience Period Cost				
Estimated Incurred Claims	1,293,187	730.39	56,275,837	518.02
Pay and Chase Recoveries	-5,034	-2.84	-264,378	-2.43
Total Cost	1,288,153	727.55	56,011,458	515.59
Projected FY2021 Member Months	1,823		109,444	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9994			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	1,828,956	1,003.16	60,587,359	553.59
Administrative Expenses	3,282	1.80	197,000	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,898,692	1,041.41	62,988,973	575.53

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	56,648		3,509		62,699		6,756	
Estimated Incurred Claims - Acute Care								
Professional	7,715,790	136.21	1,086,036	309.51	0	0.00	0	0.00
Emergency Room	2,398,566	42.34	252,326	71.91	0	0.00	0	0.00
Outpatient Facility	6,306,350	111.33	1,062,675	302.86	0	0.00	0	0.00
Inpatient Facility	11,809,130	208.47	1,875,447	534.49	0	0.00	0	0.00
Other Acute Care	3,778,179	66.70	921,406	262.60	0	0.00	0	0.00
Acute Care Total	32,008,015	565.03	5,197,890	1,481.37	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	2,571,716	45.40	4,204,727	1,198.33	4,381,366	69.88	6,576,239	973.37
Nursing Facility	54,837	0.97	85,036	24.23	133,795	2.13	151,296	22.39
Other Long Term Care	644,794	11.38	648,099	184.70	1,327,717	21.18	1,988,036	294.26
Long Term Care Total	3,271,347	57.75	4,937,861	1,407.26	5,842,878	93.19	8,715,572	1,290.02
Total - All Claims	35,279,362	622.78	10,135,751	2,888.64	5,842,878	93.19	8,715,572	1,290.02
Projected FY2021 Member Months	56,661		3,664		63,594		7,030	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9980		0.9980		1.0000		1.0000	
Acute Care - Inpatient	0.9973		0.9972		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9878		0.9942		1.0000		1.0000	
Long Term Care	1.0103		1.0037		1.0085		1.0028	
Other Adjustments - NF Eligibility	1.0214		0.9869		1.1711		0.9951	

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	33,348,988	588.57	5,470,913	1,493.08	0	0.00	0	0.00
LTC	3,772,444	66.58	5,636,579	1,538.30	7,497,735	117.90	9,845,038	1,400.37
Total	37,121,431	655.15	11,107,492	3,031.38	7,497,735	117.90	9,845,038	1,400.37
Capitation Expenses & Refunds	401,659	7.09	30,834	8.41	182,017	2.86	19,100	2.72
Service Coordination & Other Expenses	2,636,954	46.54	166,412	45.42	2,756,882	43.35	299,989	42.67
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,019,897	18.00	65,955	18.00	1,144,685	18.00	126,546	18.00
Percentage of Premium	2,369,485	5.25%	654,219	5.25%	666,579	5.25%	592,094	5.25%
Total	3,389,382	59.82	720,174	196.55	1,811,263	28.48	718,640	102.22
Risk Margin	789,828	1.75%	218,073	1.75%	222,193	1.75%	197,365	1.75%
Premium Tax	789,828	1.75%	218,073	1.75%	222,193	1.75%	197,365	1.75%
Maintenance Tax	3,966	0.07	256	0.07	4,452	0.07	492	0.07
Projected Total Cost								
Acute Care	37,995,025	670.57	6,065,051	1,655.23	199,471	3.14	20,932	2.98
LTC	7,138,025	125.98	6,396,264	1,745.63	12,497,263	196.52	11,257,057	1,601.21
Total	45,133,050	796.55	12,461,315	3,400.86	12,696,734	199.65	11,277,989	1,604.19

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	2,240		18,684		6,985		1,387	
Estimated Incurred Claims - Acute Care								
Professional	589,368	263.11	0	0.00	670,124	95.94	379,536	273.64
Emergency Room	124,439	55.55	0	0.00	127,531	18.26	34,642	24.98
Outpatient Facility	228,039	101.80	0	0.00	350,934	50.24	1,569,140	1,131.32
Inpatient Facility	1,371,578	612.32	0	0.00	669,590	95.86	462,931	333.76
Other Acute Care	296,135	132.20	0	0.00	584,069	83.62	76,463	55.13
Acute Care Total	2,609,560	1,165.00	0	0.00	2,402,248	343.92	2,522,712	1,818.83
Estimated Incurred Claims - Long Term Care								
Attendant Care	19,071	8.51	30,469	1.63	0	0.00	70,077	50.52
Nursing Facility	9,044,435	4,037.75	65,782,253	3,520.78	0	0.00	149	0.11
Other Long Term Care	2,178	0.97	50,653	2.71	0	0.00	8,034	5.79
Long Term Care Total	9,065,684	4,047.23	65,863,375	3,525.12	0	0.00	78,260	56.42
Total - All Claims	11,675,245	5,212.23	65,863,375	3,525.12	2,402,248	343.92	2,600,973	1,875.25
Projected FY2021 Member Months	2,190		18,496		6,941		1,395	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0006		1.0000		0.9816		0.9921	
Acute Care - Inpatient	0.9961		1.0000		0.9976		0.9982	
Wrap & Carve-Out Removal	0.9993		1.0000		0.9828		0.9962	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9961		1.0149		1.0003		1.0000	

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,441,987	1,115.25	0	0.00	2,528,926	364.32	3,042,527	2,181.10
LTC	9,013,459	4,116.43	68,576,789	3,707.57	0	0.00	86,528	62.03
Total	11,455,446	5,231.69	68,576,789	3,707.57	2,528,926	364.32	3,129,055	2,243.13
Capitation Expenses & Refunds	9,512	4.34	50,414	2.73	22,632	3.26	-41,886	-30.03
Service Coordination & Other Expenses	99,625	45.50	793,372	42.89	325,036	46.83	67,615	48.47
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	39,413	18.00	332,936	18.00	124,946	18.00	25,109	18.00
Percentage of Premium	667,636	5.25%	4,013,290	5.25%	172,719	5.25%	182,958	5.25%
Total	707,049	322.91	4,346,226	234.98	297,665	42.88	208,068	149.16
Risk Margin	222,545	1.75%	1,337,763	1.75%	57,573	1.75%	60,986	1.75%
Premium Tax	222,545	1.75%	1,337,763	1.75%	57,573	1.75%	60,986	1.75%
Maintenance Tax	153	0.07	1,295	0.07	486	0.07	98	0.07
Projected Total Cost								
Acute Care	2,695,818	1,231.18	55,248	2.99	2,933,688	422.63	3,315,234	2,376.60
LTC	10,021,059	4,576.60	76,388,374	4,129.90	356,204	51.32	169,688	121.64
Total	12,716,877	5,807.78	76,443,622	4,132.89	3,289,892	473.95	3,484,922	2,498.24

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	158,908	
Estimated Incurred Claims - Acute Care		
Professional	10,440,854	65.70
Emergency Room	2,937,505	18.49
Outpatient Facility	9,517,140	59.89
Inpatient Facility	16,188,676	101.87
Other Acute Care	5,656,251	35.59
Acute Care Total	44,740,426	281.55
Estimated Incurred Claims - Long Term Care		
Attendant Care	17,853,665	112.35
Nursing Facility	75,251,802	473.56
Other Long Term Care	4,669,511	29.39
Long Term Care Total	97,774,977	615.29
Total - All Claims	142,515,403	896.84
Projected FY2021 Member Months	159,972	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	46,833,341	292.76
LTC	104,428,572	652.79
Total	151,261,913	945.56
Capitation Expenses & Refunds	674,283	4.22
Service Coordination & Other Expenses	7,145,885	44.67
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	2,879,487	18.00
Percentage of Premium	9,318,981	5.25%
Total	12,198,468	76.25
Risk Margin	3,106,327	1.75%
Premium Tax	3,106,327	1.75%
Maintenance Tax	11,198	0.07
Projected Total Cost		
Acute Care	53,280,467	333.06
LTC	124,223,934	776.54
Total	177,504,401	1,109.60

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	56,206		3,597		2,224		6,919	
Experience Period Cost								
Estimated Incurred Claims	24,026,575	427.47	3,416,536	949.92	1,541,803	693.35	3,074,373	444.32
Pay and Chase Recoveries	-243,749	-4.34	-14,464	-4.02	-8,995	-4.04	-30,563	-4.42
Total Cost	23,782,826	423.14	3,402,072	945.90	1,532,808	689.30	3,043,811	439.90
Projected FY2021 Member Months	56,661		3,664		2,190		6,941	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9996		0.9998		1.0000		1.0000	
PDL Adjustment - 7/1/2019	0.9935		0.9980		0.9958		0.9926	
NF Eligibility Adjustment	1.0015		0.9990		1.0050		0.9996	
Hemostatic Carve-Out	0.9936		1.0000		1.0000		1.0000	
Projected Incurred Claims	25,537,143	450.70	3,700,063	1,009.80	1,520,573	694.44	3,286,396	473.44
Administrative Expenses	101,990	1.80	6,596	1.80	3,941	1.80	12,495	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	26,569,049	468.91	3,841,096	1,048.29	1,579,807	721.50	3,418,539	492.48

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Lubbock SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	1,377		70,323	
Experience Period Cost				
Estimated Incurred Claims	824,320	598.63	32,883,608	467.61
Pay and Chase Recoveries	-6,718	-4.88	-304,488	-4.33
Total Cost	817,602	593.76	32,579,119	463.28
Projected FY2021 Member Months	1,395		70,851	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9968			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	1,139,051	816.55	35,183,224	496.58
Administrative Expenses	2,511	1.80	127,532	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,182,965	848.03	36,591,457	516.46

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	82,673		10,301		95,426		27,705	
Estimated Incurred Claims - Acute Care								
Professional	12,846,047	155.38	3,447,207	334.63	0	0.00	0	0.00
Emergency Room	4,264,725	51.59	772,794	75.02	0	0.00	0	0.00
Outpatient Facility	4,880,412	59.03	890,020	86.40	0	0.00	0	0.00
Inpatient Facility	16,363,527	197.93	4,924,340	478.02	0	0.00	0	0.00
Other Acute Care	5,223,866	63.19	2,502,542	242.93	0	0.00	0	0.00
Acute Care Total	43,578,578	527.12	12,536,902	1,217.00	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	21,582,064	261.05	16,036,383	1,556.70	35,631,446	373.39	44,813,014	1,617.52
Nursing Facility	45,442	0.55	114,181	11.08	86,516	0.91	403,229	14.55
Other Long Term Care	3,185,168	38.53	1,797,084	174.45	3,193,507	33.47	4,389,277	158.43
Long Term Care Total	24,812,674	300.13	17,947,648	1,742.24	38,911,470	407.76	49,605,520	1,790.51
Total - All Claims	68,391,251	827.25	30,484,551	2,959.24	38,911,470	407.76	49,605,520	1,790.51
Projected FY2021 Member Months	82,095		10,564		94,337		27,780	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9967		1.0004		1.0000		1.0000	
Acute Care - Inpatient	1.0085		1.0113		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9855		0.9903		1.0000		1.0000	
Long Term Care	1.0096		1.0056		1.0092		1.0061	
Other Adjustments - NF Eligibility	1.0137		1.0009		1.0547		0.9990	

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	45,075,922	549.07	13,307,628	1,259.77	0	0.00	0	0.00
LTC	28,173,145	343.18	20,441,832	1,935.13	43,861,086	464.94	54,385,387	1,957.71
Total	73,249,068	892.24	33,749,460	3,194.90	43,861,086	464.94	54,385,387	1,957.71
Capitation Expenses & Refunds	1,046,075	12.74	166,066	15.72	525,981	5.58	157,833	5.68
Service Coordination & Other Expenses	4,154,696	50.61	597,250	56.54	4,783,057	50.70	1,735,509	62.47
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	1,477,718	18.00	190,144	18.00	1,698,073	18.00	500,042	18.00
Percentage of Premium	4,598,902	5.25%	1,996,649	5.25%	2,927,043	5.25%	3,266,836	5.25%
Total	6,076,620	74.02	2,186,793	207.01	4,625,116	49.03	3,766,878	135.60
Risk Margin	1,532,967	1.75%	665,550	1.75%	975,681	1.75%	1,088,945	1.75%
Premium Tax	1,532,967	1.75%	665,550	1.75%	975,681	1.75%	1,088,945	1.75%
Maintenance Tax	5,747	0.07	739	0.07	6,604	0.07	1,945	0.07
Projected Total Cost								
Acute Care	51,545,085	627.87	14,848,177	1,405.61	576,418	6.11	172,968	6.23
LTC	36,053,056	439.16	23,183,231	2,194.65	55,176,789	584.89	62,052,474	2,233.70
Total	87,598,140	1,067.03	38,031,408	3,600.25	55,753,207	591.00	62,225,442	2,239.93

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	2,325		22,298		5,743		2,391	
Estimated Incurred Claims - Acute Care								
Professional	499,787	214.93	0	0.00	553,303	96.34	2,071,556	866.40
Emergency Room	116,853	50.25	0	0.00	96,141	16.74	95,342	39.88
Outpatient Facility	167,719	72.13	0	0.00	128,577	22.39	1,382,738	578.31
Inpatient Facility	1,818,809	782.16	0	0.00	439,080	76.45	495,015	207.03
Other Acute Care	199,827	85.93	0	0.00	475,321	82.76	78,453	32.81
Acute Care Total	2,802,996	1,205.39	0	0.00	1,692,422	294.67	4,123,103	1,724.43
Estimated Incurred Claims - Long Term Care								
Attendant Care	30,733	13.22	99,047	4.44	0	0.00	251,910	105.36
Nursing Facility	9,245,704	3,976.00	83,610,983	3,749.77	0	0.00	0	0.00
Other Long Term Care	33,923	14.59	136,008	6.10	0	0.00	36,657	15.33
Long Term Care Total	9,310,359	4,003.81	83,846,038	3,760.31	0	0.00	288,567	120.69
Total - All Claims	12,113,355	5,209.20	83,846,038	3,760.31	1,692,422	294.67	4,411,670	1,845.12
Projected FY2021 Member Months	2,408		22,806		5,536		2,572	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	1.0000		1.0000		1.0012		1.0013	
Acute Care - Inpatient	1.0190		1.0000		1.0019		1.0033	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9798		0.9931	
Long Term Care	1.0000		1.0000		1.0000		1.0095	
Other Adjustments - NF Eligibility	0.9783		1.0206		0.9851		1.0000	

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	2,789,929	1,158.79	0	0.00	1,738,141	313.94	5,378,627	2,091.22
LTC	9,629,241	3,999.49	90,704,626	3,977.14	0	0.00	341,215	132.67
Total	12,419,170	5,158.29	90,704,626	3,977.14	1,738,141	313.94	5,719,842	2,223.89
Capitation Expenses & Refunds	32,289	13.41	126,700	5.56	58,801	10.62	-27,784	-10.80
Service Coordination & Other Expenses	131,143	54.47	1,240,543	54.39	282,544	51.03	134,413	52.26
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	43,337	18.00	410,517	18.00	99,656	18.00	46,296	18.00
Percentage of Premium	726,434	5.25%	5,320,996	5.25%	125,398	5.25%	337,896	5.25%
Total	769,771	319.72	5,731,513	251.31	225,054	40.65	384,192	149.37
Risk Margin	242,145	1.75%	1,773,665	1.75%	41,799	1.75%	112,632	1.75%
Premium Tax	242,145	1.75%	1,773,665	1.75%	41,799	1.75%	112,632	1.75%
Maintenance Tax	169	0.07	1,596	0.07	388	0.07	180	0.07
Projected Total Cost								
Acute Care	3,103,552	1,289.06	138,850	6.09	2,078,889	375.49	5,911,831	2,298.54
LTC	10,733,278	4,458.05	101,213,460	4,437.93	309,637	55.93	524,275	203.84
Total	13,836,830	5,747.11	101,352,309	4,444.01	2,388,527	431.42	6,436,106	2,502.38

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	248,863	
Estimated Incurred Claims - Acute Care		
Professional	19,417,899	78.03
Emergency Room	5,345,856	21.48
Outpatient Facility	7,449,466	29.93
Inpatient Facility	24,040,770	96.60
Other Acute Care	8,480,009	34.07
Acute Care Total	64,734,001	260.12
Estimated Incurred Claims - Long Term Care		
Attendant Care	118,444,597	475.94
Nursing Facility	93,506,055	375.73
Other Long Term Care	12,771,624	51.32
Long Term Care Total	224,722,275	902.99
Total - All Claims	289,456,276	1,163.11
Projected FY2021 Member Months	248,099	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
 Nueces SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	68,290,247	275.25
LTC	247,536,533	997.73
Total	315,826,780	1,272.99
Capitation Expenses & Refunds	2,085,962	8.41
Service Coordination & Other Expenses	13,059,156	52.64
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	4,465,782	18.00
Percentage of Premium	19,300,153	5.25%
Total	23,765,936	95.79
Risk Margin	6,433,384	1.75%
Premium Tax	6,433,384	1.75%
Maintenance Tax	17,367	0.07
Projected Total Cost		
Acute Care	78,375,770	315.91
LTC	289,246,201	1,165.85
Total	367,621,970	1,481.76

FY2021 STAR+PLUS Rating Summary
Nueces SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	82,105		10,403		2,307		5,652	
Experience Period Cost								
Estimated Incurred Claims	38,313,422	466.64	9,873,196	949.09	1,547,143	670.70	2,509,823	444.09
Pay and Chase Recoveries	-458,218	-5.58	-64,300	-6.18	-13,060	-5.66	-32,430	-5.74
Total Cost	37,855,204	461.06	9,808,896	942.91	1,534,083	665.04	2,477,393	438.35
Projected FY2021 Member Months	82,095		10,564		2,408		5,536	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9997		0.9996		1.0000		1.0000	
PDL Adjustment - 7/1/2019	0.9903		0.9939		0.9977		0.9934	
NF Eligibility Adjustment	1.0004		1.0012		1.0162		0.9979	
Hemostatic Carve-Out	1.0000		0.9931		1.0000		1.0000	
Projected Incurred Claims	40,405,218	492.17	10,537,287	997.52	1,634,196	678.76	2,609,629	471.35
Administrative Expenses	147,772	1.80	19,014	1.80	4,334	1.80	9,966	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	42,023,824	511.89	10,939,173	1,035.56	1,697,958	705.25	2,714,606	490.31

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 Nueces SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	2,524		102,990	
Experience Period Cost				
Estimated Incurred Claims	1,077,637	426.96	53,321,221	517.73
Pay and Chase Recoveries	-15,424	-6.11	-583,432	-5.66
Total Cost	1,062,213	420.85	52,737,789	512.07
Projected FY2021 Member Months	2,572		103,175	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	1.0000			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	1,493,348	580.62	56,679,678	549.35
Administrative Expenses	4,630	1.80	185,715	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,552,308	603.54	58,927,869	571.14

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	191,203		16,092		161,414		26,551	
Estimated Incurred Claims - Acute Care								
Professional	26,892,643	140.65	4,517,222	280.71	0	0.00	0	0.00
Emergency Room	14,051,623	73.49	2,662,474	165.45	0	0.00	0	0.00
Outpatient Facility	22,929,701	119.92	7,523,686	467.54	0	0.00	0	0.00
Inpatient Facility	37,075,180	193.90	8,714,065	541.52	0	0.00	0	0.00
Other Acute Care	10,333,717	54.05	1,527,981	94.95	0	0.00	0	0.00
Acute Care Total	111,282,864	582.01	24,945,429	1,550.18	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	20,210,037	105.70	17,732,524	1,101.95	33,815,683	209.50	31,191,574	1,174.77
Nursing Facility	221,399	1.16	333,666	20.73	800,961	4.96	810,851	30.54
Other Long Term Care	800,656	4.19	6,922,858	430.21	2,454,818	15.21	8,914,566	335.75
Long Term Care Total	21,232,092	111.04	24,989,048	1,552.89	37,071,462	229.67	40,916,990	1,541.06
Total - All Claims	132,514,955	693.06	49,934,477	3,103.07	37,071,462	229.67	40,916,990	1,541.06
Projected FY2021 Member Months	193,392		16,867		167,568		28,510	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9951		0.9976		1.0000		1.0000	
Acute Care - Inpatient	1.0027		1.0026		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9986		0.9995		1.0000		1.0000	
Long Term Care	1.0103		1.0041		1.0091		1.0022	
Other Adjustments - NF Eligibility	1.0316		0.9996		1.0729		0.9962	

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	120,015,293	620.58	26,971,438	1,599.03	0	0.00	0	0.00
LTC	25,006,106	129.30	29,012,120	1,720.01	44,633,723	266.36	47,718,627	1,673.73
Total	145,021,399	749.89	55,983,558	3,319.04	44,633,723	266.36	47,718,627	1,673.73
Capitation Expenses & Refunds	582,110	3.01	51,396	3.05	306,048	1.83	65,050	2.28
Service Coordination & Other Expenses	7,188,277	37.17	599,771	35.56	6,286,912	37.52	1,044,410	36.63
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	3,481,047	18.00	303,613	18.00	3,016,223	18.00	513,186	18.00
Percentage of Premium	8,991,819	5.25%	3,275,972	5.25%	3,121,500	5.25%	2,838,928	5.25%
Total	12,472,866	64.50	3,579,585	212.22	6,137,722	36.63	3,352,114	117.58
Risk Margin	2,997,273	1.75%	1,091,991	1.75%	1,040,500	1.75%	946,309	1.75%
Premium Tax	2,997,273	1.75%	1,091,991	1.75%	1,040,500	1.75%	946,309	1.75%
Maintenance Tax	13,537	0.07	1,181	0.07	11,730	0.07	1,996	0.07
Projected Total Cost								
Acute Care	135,330,866	699.78	29,774,987	1,765.24	335,395	2.00	71,288	2.50
LTC	35,941,870	185.85	32,624,485	1,934.17	59,121,740	352.82	54,003,528	1,894.17
Total	171,272,735	885.63	62,399,472	3,699.41	59,457,135	354.82	54,074,816	1,896.67

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	8,291		52,882		24,240		4,590	
Estimated Incurred Claims - Acute Care								
Professional	3,019,471	364.17	0	0.00	1,521,844	62.78	6,368,750	1,387.53
Emergency Room	750,303	90.49	0	0.00	888,636	36.66	199,781	43.53
Outpatient Facility	1,917,059	231.21	0	0.00	2,369,959	97.77	1,274,287	277.62
Inpatient Facility	6,151,227	741.89	0	0.00	2,193,350	90.49	1,077,868	234.83
Other Acute Care	585,214	70.58	0	0.00	860,336	35.49	42,314	9.22
Acute Care Total	12,423,273	1,498.34	0	0.00	7,834,125	323.19	8,962,999	1,952.72
Estimated Incurred Claims - Long Term Care								
Attendant Care	100,724	12.15	118,222	2.24	0	0.00	166,063	36.18
Nursing Facility	31,299,650	3,774.98	183,390,628	3,467.93	0	0.00	5,342	1.16
Other Long Term Care	16,988	2.05	280,886	5.31	0	0.00	1,202	0.26
Long Term Care Total	31,417,362	3,789.18	183,789,735	3,475.48	0	0.00	172,607	37.61
Total - All Claims	43,840,635	5,287.52	183,789,735	3,475.48	7,834,125	323.19	9,135,606	1,990.33
Projected FY2021 Member Months	8,211		53,641		24,994		4,611	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9984		1.0000		0.9969		0.9999	
Acute Care - Inpatient	1.0059		1.0000		1.0015		1.0014	
Wrap & Carve-Out Removal	0.9999		1.0000		0.9979		0.9990	
Long Term Care	1.0000		1.0000		1.0000		1.0095	
Other Adjustments - NF Eligibility	0.9648		1.0186		0.9965		1.0000	

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	11,501,535	1,400.73	0	0.00	8,825,145	353.09	10,948,758	2,374.23
LTC	30,650,812	3,732.86	196,790,944	3,668.69	0	0.00	190,625	41.34
Total	42,152,347	5,133.60	196,790,944	3,668.69	8,825,145	353.09	11,139,382	2,415.57
Capitation Expenses & Refunds	24,584	2.99	91,977	1.71	75,109	3.01	14,093	3.06
Service Coordination & Other Expenses	310,905	37.86	2,121,652	39.55	934,430	37.39	162,177	35.17
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	147,799	18.00	965,533	18.00	449,896	18.00	83,007	18.00
Percentage of Premium	2,453,042	5.25%	11,505,345	5.25%	591,816	5.25%	655,832	5.25%
Total	2,600,842	316.75	12,470,878	232.49	1,041,713	41.68	738,839	160.22
Risk Margin	817,681	1.75%	3,835,115	1.75%	197,272	1.75%	218,611	1.75%
Premium Tax	817,681	1.75%	3,835,115	1.75%	197,272	1.75%	218,611	1.75%
Maintenance Tax	575	0.07	3,755	0.07	1,750	0.07	323	0.07
Projected Total Cost								
Acute Care	12,675,730	1,543.74	100,797	1.88	10,248,657	410.04	12,103,840	2,624.71
LTC	34,048,884	4,146.70	219,048,640	4,083.63	1,024,033	40.97	388,194	84.18
Total	46,724,615	5,690.44	219,149,436	4,085.51	11,272,690	451.01	12,492,034	2,708.89

FY2021 STAR+PLUS Rating Summary
 Tarrant SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	485,263	
Estimated Incurred Claims - Acute Care		
Professional	42,319,929	87.21
Emergency Room	18,552,817	38.23
Outpatient Facility	36,014,692	74.22
Inpatient Facility	55,211,691	113.78
Other Acute Care	13,349,561	27.51
Acute Care Total	165,448,690	340.95
Estimated Incurred Claims - Long Term Care		
Attendant Care	103,334,827	212.95
Nursing Facility	216,862,497	446.90
Other Long Term Care	19,391,973	39.96
Long Term Care Total	339,589,297	699.80
Total - All Claims	505,037,987	1,040.75
Projected FY2021 Member Months	497,795	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	178,262,168	358.10
LTC	374,002,958	751.32
Total	552,265,125	1,109.42
Capitation Expenses & Refunds	1,210,368	2.43
Service Coordination & Other Expenses	18,648,534	37.46
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	8,960,305	18.00
Percentage of Premium	33,434,254	5.25%
Total	42,394,559	85.16
Risk Margin	11,144,751	1.75%
Premium Tax	11,144,751	1.75%
Maintenance Tax	34,846	0.07
Projected Total Cost		
Acute Care	200,641,560	403.06
LTC	436,201,374	876.27
Total	636,842,934	1,279.33

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	191,135		16,500		8,207		24,454	
Experience Period Cost								
Estimated Incurred Claims	89,273,571	467.07	16,481,864	998.89	6,329,687	771.22	10,999,572	449.82
Pay and Chase Recoveries	0	0.00	0	0.00	0	0.00	0	0.00
Total Cost	89,273,571	467.07	16,481,864	998.89	6,329,687	771.22	10,999,572	449.82
Projected FY2021 Member Months	193,392		16,867		8,211		24,994	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9998		0.9997		0.9997		0.9993	
PDL Adjustment - 7/1/2019	0.9948		0.9963		0.9966		0.9952	
NF Eligibility Adjustment	1.0034		1.0001		0.9811		1.0002	
Hemostatic Carve-Out	1.0000		1.0000		1.0000		1.0000	
Projected Incurred Claims	97,162,034	502.41	17,974,098	1,065.61	6,231,188	758.88	12,130,613	485.34
Administrative Expenses	348,105	1.80	30,361	1.80	14,780	1.80	44,990	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	101,046,776	522.50	18,657,471	1,106.13	6,472,505	788.27	12,617,205	504.80

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Tarrant SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	4,582		244,878	
Experience Period Cost				
Estimated Incurred Claims	3,661,648	799.14	126,746,342	517.59
Pay and Chase Recoveries	0	0.00	0	0.00
Total Cost	3,661,648	799.14	126,746,342	517.59
Projected FY2021 Member Months	4,611		248,076	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9991			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	5,079,725	1,101.54	138,577,658	558.61
Administrative Expenses	8,301	1.80	446,536	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	5,272,565	1,143.35	144,066,523	580.74

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	110,197		7,657		111,397		18,716	
Estimated Incurred Claims - Acute Care								
Professional	16,861,715	153.01	2,680,121	350.03	0	0.00	0	0.00
Emergency Room	5,827,542	52.88	622,697	81.33	0	0.00	0	0.00
Outpatient Facility	8,666,905	78.65	2,328,709	304.13	0	0.00	0	0.00
Inpatient Facility	20,183,731	183.16	3,643,193	475.81	0	0.00	0	0.00
Other Acute Care	12,309,010	111.70	682,340	89.12	0	0.00	0	0.00
Acute Care Total	63,848,903	579.41	9,957,061	1,300.42	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	12,933,380	117.37	10,380,380	1,355.70	20,823,769	186.93	26,637,963	1,423.26
Nursing Facility	86,966	0.79	48,074	6.28	156,840	1.41	364,095	19.45
Other Long Term Care	3,127,746	28.38	4,996,207	652.52	958,061	8.60	4,434,140	236.92
Long Term Care Total	16,148,093	146.54	15,424,660	2,014.50	21,938,671	196.94	31,436,199	1,679.63
Total - All Claims	79,996,996	725.95	25,381,720	3,314.91	21,938,671	196.94	31,436,199	1,679.63
Projected FY2021 Member Months	111,624		8,005		112,640		18,957	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9822		1.0010		1.0000		1.0000	
Acute Care - Inpatient	0.9944		0.9925		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9592		0.9784		1.0000		1.0000	
Long Term Care	1.0103		1.0071		1.0090		1.0067	
Other Adjustments - NF Eligibility	1.0189		0.9995		1.0724		0.9967	

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	64,039,657	573.71	10,438,796	1,304.10	0	0.00	0	0.00
LTC	18,812,278	168.53	17,912,133	2,237.74	25,713,306	228.28	34,754,968	1,833.34
Total	82,851,935	742.24	28,350,928	3,541.84	25,713,306	228.28	34,754,968	1,833.34
Capitation Expenses & Refunds	1,121,092	10.04	69,880	8.73	382,903	3.40	64,857	3.42
Service Coordination & Other Expenses	4,342,230	38.90	333,042	41.61	4,281,962	38.01	890,927	47.00
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,009,230	18.00	144,082	18.00	2,027,516	18.00	341,229	18.00
Percentage of Premium	5,197,201	5.25%	1,662,653	5.25%	1,864,890	5.25%	2,074,300	5.25%
Total	7,206,430	64.56	1,806,735	225.71	3,892,406	34.56	2,415,529	127.42
Risk Margin	1,732,400	1.75%	554,218	1.75%	621,630	1.75%	691,433	1.75%
Premium Tax	1,732,400	1.75%	554,218	1.75%	621,630	1.75%	691,433	1.75%
Maintenance Tax	7,814	0.07	560	0.07	7,885	0.07	1,327	0.07
Projected Total Cost								
Acute Care	73,117,594	655.04	11,574,721	1,446.01	419,620	3.73	71,076	3.75
LTC	25,876,707	231.82	20,094,860	2,510.42	35,102,102	311.63	39,439,399	2,080.45
Total	98,994,301	886.86	31,669,581	3,956.44	35,521,722	315.36	39,510,475	2,084.19

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	4,474		35,673		14,417		3,040	
Estimated Incurred Claims - Acute Care								
Professional	1,079,085	241.19	0	0.00	1,411,753	97.92	4,536,060	1,492.13
Emergency Room	218,349	48.80	0	0.00	280,650	19.47	90,316	29.71
Outpatient Facility	381,953	85.37	0	0.00	465,201	32.27	746,367	245.52
Inpatient Facility	2,411,708	539.05	0	0.00	1,204,476	83.54	587,806	193.36
Other Acute Care	371,003	82.92	0	0.00	1,020,816	70.81	22,665	7.46
Acute Care Total	4,462,098	997.34	0	0.00	4,382,895	304.01	5,983,214	1,968.16
Estimated Incurred Claims - Long Term Care								
Attendant Care	22,659	5.06	107,624	3.02	0	0.00	90,806	29.87
Nursing Facility	17,989,191	4,020.82	129,241,721	3,622.99	0	0.00	315	0.10
Other Long Term Care	221,363	49.48	77,074	2.16	0	0.00	64,346	21.17
Long Term Care Total	18,233,212	4,075.36	129,426,419	3,628.16	0	0.00	155,467	51.14
Total - All Claims	22,695,310	5,072.69	129,426,419	3,628.16	4,382,895	304.01	6,138,681	2,019.30
Projected FY2021 Member Months	4,607		35,704		14,624		3,130	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9989		1.0000		0.9708		1.0002	
Acute Care - Inpatient	0.9909		1.0000		0.9940		1.0003	
Wrap & Carve-Out Removal	0.9975		1.0000		0.9724		0.9928	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9802		1.0211		0.9977		1.0000	

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	4,291,353	931.40	0	0.00	4,579,967	313.18	7,437,139	2,376.22
LTC	18,793,185	4,078.87	137,077,958	3,839.25	0	0.00	175,961	56.22
Total	23,084,537	5,010.27	137,077,958	3,839.25	4,579,967	313.18	7,613,101	2,432.45
Capitation Expenses & Refunds	43,552	9.45	126,338	3.54	176,146	12.04	37,785	12.07
Service Coordination & Other Expenses	194,658	42.25	1,541,107	43.16	599,923	41.02	128,490	41.05
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	82,934	18.00	642,678	18.00	263,234	18.00	56,337	18.00
Percentage of Premium	1,346,647	5.25%	8,019,732	5.25%	323,359	5.25%	450,834	5.25%
Total	1,429,581	310.28	8,662,410	242.62	586,593	40.11	507,171	162.05
Risk Margin	448,882	1.75%	2,673,244	1.75%	107,786	1.75%	150,278	1.75%
Premium Tax	448,882	1.75%	2,673,244	1.75%	107,786	1.75%	150,278	1.75%
Maintenance Tax	323	0.07	2,499	0.07	1,024	0.07	219	0.07
Projected Total Cost								
Acute Care	4,767,542	1,034.75	138,453	3.88	5,501,775	376.21	8,252,244	2,636.66
LTC	20,882,873	4,532.42	152,618,347	4,274.51	657,450	44.96	335,078	107.06
Total	25,650,415	5,567.17	152,756,800	4,278.38	6,159,225	421.17	8,587,322	2,743.72

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	305,570	
Estimated Incurred Claims - Acute Care		
Professional	26,568,734	86.95
Emergency Room	7,039,554	23.04
Outpatient Facility	12,589,136	41.20
Inpatient Facility	28,030,914	91.73
Other Acute Care	14,405,833	47.14
Acute Care Total	88,634,171	290.06
Estimated Incurred Claims - Long Term Care		
Attendant Care	70,996,581	232.34
Nursing Facility	147,887,202	483.97
Other Long Term Care	13,878,937	45.42
Long Term Care Total	232,762,721	761.73
Total - All Claims	321,396,892	1,051.79
Projected FY2021 Member Months	309,291	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	90,786,911	293.53
LTC	253,239,789	818.78
Total	344,026,700	1,112.31
Capitation Expenses & Refunds	2,022,553	6.54
Service Coordination & Other Expenses	12,312,338	39.81
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	5,567,239	18.00
Percentage of Premium	20,939,617	5.25%
Total	26,506,856	85.70
Risk Margin	6,979,872	1.75%
Premium Tax	6,979,872	1.75%
Maintenance Tax	21,650	0.07
Projected Total Cost		
Acute Care	103,843,025	335.75
LTC	295,006,817	953.82
Total	398,849,842	1,289.56

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	109,861		7,714		4,591		14,432	
Experience Period Cost								
Estimated Incurred Claims	52,438,471	477.32	9,777,223	1,267.47	3,813,925	830.77	8,496,313	588.72
Pay and Chase Recoveries	-176,964	-1.61	-10,095	-1.31	-6,771	-1.47	-29,890	-2.07
Total Cost	52,261,507	475.71	9,767,128	1,266.16	3,807,154	829.30	8,466,423	586.65
Projected FY2021 Member Months	111,624		8,005		4,607		14,624	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9993		1.0000		0.9997		0.9989	
PDL Adjustment - 7/1/2019	0.9952		0.9958		0.9991		0.9950	
NF Eligibility Adjustment	1.0030		1.0016		0.9812		0.9992	
Hemostatic Carve-Out	0.9793		1.0000		1.0000		1.0000	
Projected Incurred Claims	55,905,682	500.84	10,826,093	1,352.49	3,769,612	818.16	9,241,942	631.97
Administrative Expenses	200,923	1.80	14,408	1.80	8,293	1.80	26,323	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	58,141,559	520.87	11,233,680	1,403.41	3,914,928	849.70	9,604,420	656.75

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
Travis SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period Member Months	3,099		139,697	
Experience Period Cost				
Estimated Incurred Claims	1,384,281	446.66	75,910,214	543.39
Pay and Chase Recoveries	-6,439	-2.08	-230,159	-1.65
Total Cost	1,377,843	444.58	75,680,055	541.75
Projected FY2021 Member Months	3,130		141,990	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9947			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	1,909,558	610.12	81,652,887	575.06
Administrative Expenses	5,634	1.80	255,582	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	1,984,654	634.11	84,879,242	597.78

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	136,747		7,829		131,356		15,863	
Estimated Incurred Claims - Acute Care								
Professional	18,686,722	136.65	2,588,964	330.70	0	0.00	0	0.00
Emergency Room	6,016,138	43.99	549,018	70.13	0	0.00	0	0.00
Outpatient Facility	13,593,394	99.41	1,416,349	180.92	0	0.00	0	0.00
Inpatient Facility	30,048,149	219.74	4,525,984	578.13	0	0.00	0	0.00
Other Acute Care	9,075,006	66.36	1,860,927	237.71	0	0.00	0	0.00
Acute Care Total	77,419,408	566.15	10,941,242	1,397.58	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	11,861,524	86.74	9,906,001	1,265.35	18,133,478	138.05	21,524,269	1,356.88
Nursing Facility	94,491	0.69	181,744	23.22	185,830	1.41	1,217,910	76.78
Other Long Term Care	1,751,472	12.81	2,859,005	365.20	809,518	6.16	1,931,883	121.79
Long Term Care Total	13,707,487	100.24	12,946,750	1,653.76	19,128,826	145.63	24,674,061	1,555.45
Total - All Claims	91,126,895	666.39	23,887,992	3,051.34	19,128,826	145.63	24,674,061	1,555.45
Projected FY2021 Member Months	138,321		7,690		132,172		15,628	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9875		0.9964		1.0000		1.0000	
Acute Care - Inpatient	1.0034		1.0048		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9779		0.9870		1.0000		1.0000	
Long Term Care	1.0101		1.0052		1.0086		1.0052	
Other Adjustments - NF Eligibility	1.0224		1.0002		1.1222		0.9971	

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	80,477,985	581.82	10,964,629	1,425.92	0	0.00	0	0.00
LTC	15,997,941	115.66	14,109,070	1,834.84	23,337,177	176.57	26,504,635	1,695.94
Total	96,475,925	697.48	25,073,699	3,260.76	23,337,177	176.57	26,504,635	1,695.94
Capitation Expenses & Refunds	1,183,313	8.55	67,798	8.82	280,749	2.12	31,378	2.01
Service Coordination & Other Expenses	7,170,077	51.84	452,071	58.79	6,619,397	50.08	1,053,519	67.41
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,489,781	18.00	138,412	18.00	2,379,099	18.00	281,309	18.00
Percentage of Premium	6,175,080	5.25%	1,480,501	5.25%	1,877,094	5.25%	1,603,591	5.25%
Total	8,664,862	62.64	1,618,913	210.53	4,256,192	32.20	1,884,899	120.61
Risk Margin	2,058,360	1.75%	493,500	1.75%	625,698	1.75%	534,530	1.75%
Premium Tax	2,058,360	1.75%	493,500	1.75%	625,698	1.75%	534,530	1.75%
Maintenance Tax	9,682	0.07	538	0.07	9,252	0.07	1,094	0.07
Projected Total Cost								
Acute Care	91,776,759	663.50	12,156,919	1,580.97	307,671	2.33	34,387	2.20
LTC	25,843,821	186.84	16,043,100	2,086.36	35,446,492	268.18	30,510,199	1,952.25
Total	117,620,580	850.34	28,200,019	3,667.33	35,754,163	270.51	30,544,586	1,954.45

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	6,061		50,420		10,277		2,068	
Estimated Incurred Claims - Acute Care								
Professional	1,336,527	220.51	0	0.00	838,284	81.57	1,837,740	888.66
Emergency Room	343,098	56.61	0	0.00	191,247	18.61	79,394	38.39
Outpatient Facility	852,959	140.73	0	0.00	328,012	31.92	1,598,882	773.15
Inpatient Facility	4,289,544	707.71	0	0.00	1,014,367	98.70	611,721	295.80
Other Acute Care	747,992	123.41	0	0.00	816,592	79.46	54,542	26.37
Acute Care Total	7,570,120	1,248.96	0	0.00	3,188,502	310.26	4,182,278	2,022.38
Estimated Incurred Claims - Long Term Care								
Attendant Care	25,212	4.16	104,302	2.07	0	0.00	53,258	25.75
Nursing Facility	25,013,352	4,126.84	182,871,716	3,626.94	0	0.00	2,474	1.20
Other Long Term Care	158,036	26.07	354,565	7.03	0	0.00	18,186	8.79
Long Term Care Total	25,196,600	4,157.07	183,330,583	3,636.04	0	0.00	73,918	35.74
Total - All Claims	32,766,720	5,406.03	183,330,583	3,636.04	3,188,502	310.26	4,256,197	2,058.12
Projected FY2021 Member Months	6,328		50,039		10,143		2,025	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9976		1.0000		0.9930		1.0003	
Acute Care - Inpatient	1.0078		1.0000		1.0088		1.0019	
Wrap & Carve-Out Removal	0.9986		1.0000		0.9805		0.9955	
Long Term Care	1.0000		1.0000		1.0000		1.0093	
Other Adjustments - NF Eligibility	0.9802		1.0178		0.9991		1.0000	

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	7,504,595	1,186.02	0	0.00	3,398,092	335.02	4,966,666	2,452.53
LTC	26,326,717	4,160.66	191,906,817	3,835.15	0	0.00	79,553	39.28
Total	33,831,313	5,346.68	191,906,817	3,835.15	3,398,092	335.02	5,046,219	2,491.82
Capitation Expenses & Refunds	45,086	7.13	105,569	2.11	57,482	5.67	-70,020	-34.58
Service Coordination & Other Expenses	344,935	54.51	2,717,480	54.31	537,086	52.95	107,581	53.12
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	113,896	18.00	900,701	18.00	182,571	18.00	36,452	18.00
Percentage of Premium	1,975,477	5.25%	11,255,659	5.25%	240,260	5.25%	294,597	5.25%
Total	2,089,373	330.20	12,156,359	242.94	422,830	41.69	331,049	163.47
Risk Margin	658,492	1.75%	3,751,886	1.75%	80,087	1.75%	98,199	1.75%
Premium Tax	658,492	1.75%	3,751,886	1.75%	80,087	1.75%	98,199	1.75%
Maintenance Tax	443	0.07	3,503	0.07	710	0.07	142	0.07
Projected Total Cost								
Acute Care	8,301,418	1,311.95	115,692	2.31	3,987,786	393.16	5,405,658	2,669.31
LTC	29,326,715	4,634.78	214,277,808	4,282.22	588,587	58.03	205,710	101.58
Total	37,628,133	5,946.73	214,393,500	4,284.53	4,576,373	451.19	5,611,368	2,770.89

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	360,621	
Estimated Incurred Claims - Acute Care		
Professional	25,288,236	70.12
Emergency Room	7,178,896	19.91
Outpatient Facility	17,789,596	49.33
Inpatient Facility	40,489,765	112.28
Other Acute Care	12,555,058	34.82
Acute Care Total	103,301,550	286.45
Estimated Incurred Claims - Long Term Care		
Attendant Care	61,608,043	170.84
Nursing Facility	209,567,516	581.13
Other Long Term Care	7,882,666	21.86
Long Term Care Total	279,058,225	773.83
Total - All Claims	382,359,775	1,060.28
Projected FY2021 Member Months	362,345	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	107,311,967	296.16
LTC	298,261,910	823.14
Total	405,573,877	1,119.30
Capitation Expenses & Refunds	1,701,355	4.70
Service Coordination & Other Expenses	19,002,144	52.44
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	6,522,219	18.00
Percentage of Premium	24,902,258	5.25%
Total	31,424,477	86.73
Risk Margin	8,300,753	1.75%
Premium Tax	8,300,753	1.75%
Maintenance Tax	25,364	0.07
Projected Total Cost		
Acute Care	122,086,289	336.93
LTC	352,242,433	972.12
Total	474,328,722	1,309.05

FY2021 STAR+PLUS Rating Summary
MRSA Central SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	136,874		7,779		6,107		10,173	
Experience Period Cost								
Estimated Incurred Claims	57,269,871	418.41	8,947,564	1,150.19	3,434,067	562.34	4,923,064	483.93
Pay and Chase Recoveries	-706,700	-5.16	-42,420	-5.45	-29,752	-4.87	-56,077	-5.51
Total Cost	56,563,172	413.25	8,905,144	1,144.73	3,404,315	557.47	4,866,987	478.41
Projected FY2021 Member Months	138,321		7,690		6,328		10,143	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9994		0.9999		0.9999		0.9989	
PDL Adjustment - 7/1/2019	0.9908		0.9956		0.9979		0.9957	
NF Eligibility Adjustment	1.0013		0.9984		0.9997		1.0003	
Hemostatic Carve-Out	0.9770		1.0000		1.0000		1.0000	
Projected Incurred Claims	59,682,606	431.48	9,369,784	1,218.51	3,542,058	559.78	5,236,710	516.30
Administrative Expenses	248,978	1.80	13,841	1.80	11,390	1.80	18,257	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	62,105,268	448.99	9,723,964	1,264.57	3,682,329	581.95	5,445,562	536.89

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA Central SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	2,071		163,004	
Experience Period Cost				
Estimated Incurred Claims	1,617,892	781.21	76,192,459	467.43
Pay and Chase Recoveries	-11,519	-5.56	-846,468	-5.19
Total Cost	1,606,373	775.65	75,345,990	462.23
Projected FY2021 Member Months	2,025		164,506	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9975			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	2,161,709	1,067.45	79,992,867	486.26
Administrative Expenses	3,645	1.80	296,111	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,243,891	1,108.03	83,201,013	505.76

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	202,829		18,194		186,653		49,532	
Estimated Incurred Claims - Acute Care								
Professional	30,938,578	152.54	7,122,794	391.49	0	0.00	0	0.00
Emergency Room	10,088,560	49.74	1,628,724	89.52	0	0.00	0	0.00
Outpatient Facility	16,905,720	83.35	5,932,077	326.05	0	0.00	0	0.00
Inpatient Facility	34,240,517	168.81	8,769,569	482.01	0	0.00	0	0.00
Other Acute Care	8,679,802	42.79	1,377,330	75.70	0	0.00	0	0.00
Acute Care Total	100,853,176	497.23	24,830,494	1,364.77	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	21,497,383	105.99	18,704,798	1,028.08	28,466,805	152.51	51,253,130	1,034.75
Nursing Facility	162,305	0.80	1,093,406	60.10	552,538	2.96	6,190,124	124.97
Other Long Term Care	4,090,640	20.17	9,166,517	503.83	1,287,553	6.90	12,410,482	250.55
Long Term Care Total	25,750,328	126.96	28,964,721	1,592.01	30,306,897	162.37	69,853,736	1,410.28
Total - All Claims	126,603,504	624.19	53,795,215	2,956.78	30,306,897	162.37	69,853,736	1,410.28
Projected FY2021 Member Months	204,893		18,071		189,900		49,890	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9962		0.9988		1.0000		1.0000	
Acute Care - Inpatient	1.0231		1.0232		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9850		0.9927		1.0000		1.0000	
Long Term Care	1.0099		1.0053		1.0086		1.0041	
Other Adjustments - NF Eligibility	1.0233		0.9995		1.1166		0.9976	

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	108,569,666	529.88	25,814,899	1,428.50	0	0.00	0	0.00
LTC	30,033,909	146.58	31,900,656	1,765.27	37,198,835	195.89	76,668,268	1,536.75
Total	138,603,575	676.47	57,715,554	3,193.77	37,198,835	195.89	76,668,268	1,536.75
Capitation Expenses & Refunds	1,377,767	6.72	105,543	5.84	147,436	0.78	80,145	1.61
Service Coordination & Other Expenses	10,057,432	49.09	1,032,492	57.13	9,336,683	49.17	3,127,531	62.69
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	3,688,080	18.00	325,283	18.00	3,418,201	18.00	898,020	18.00
Percentage of Premium	8,845,384	5.25%	3,404,885	5.25%	2,883,297	5.25%	4,647,470	5.25%
Total	12,533,464	61.17	3,730,168	206.41	6,301,498	33.18	5,545,490	111.15
Risk Margin	2,948,461	1.75%	1,134,962	1.75%	961,099	1.75%	1,549,157	1.75%
Premium Tax	2,948,461	1.75%	1,134,962	1.75%	961,099	1.75%	1,549,157	1.75%
Maintenance Tax	14,343	0.07	1,265	0.07	13,293	0.07	3,492	0.07
Projected Total Cost								
Acute Care	123,668,581	603.58	28,566,026	1,580.74	161,573	0.85	87,830	1.76
LTC	44,814,922	218.72	36,288,918	2,008.10	54,758,369	288.35	88,435,409	1,772.61
Total	168,483,503	822.30	64,854,945	3,588.84	54,919,942	289.20	88,523,240	1,774.37

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	7,053		66,358		13,157		3,296	
Estimated Incurred Claims - Acute Care								
Professional	1,974,509	279.96	0	0.00	1,462,816	111.18	3,518,870	1,067.62
Emergency Room	444,960	63.09	0	0.00	269,317	20.47	125,797	38.17
Outpatient Facility	1,055,115	149.60	0	0.00	844,051	64.15	1,258,988	381.97
Inpatient Facility	5,502,031	780.12	0	0.00	924,033	70.23	818,131	248.22
Other Acute Care	620,168	87.93	0	0.00	538,358	40.92	67,937	20.61
Acute Care Total	9,596,783	1,360.70	0	0.00	4,038,575	306.95	5,789,724	1,756.59
Estimated Incurred Claims - Long Term Care								
Attendant Care	77,851	11.04	148,983	2.25	0	0.00	124,191	37.68
Nursing Facility	28,794,409	4,082.67	236,943,718	3,570.67	0	0.00	365	0.11
Other Long Term Care	148,488	21.05	804,412	12.12	0	0.00	53,824	16.33
Long Term Care Total	29,020,748	4,114.76	237,897,112	3,585.04	0	0.00	178,380	54.12
Total - All Claims	38,617,531	5,475.46	237,897,112	3,585.04	4,038,575	306.95	5,968,104	1,810.71
Projected FY2021 Member Months	7,253		64,978		13,060		3,279	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9977		1.0000		1.0001		0.9985	
Acute Care - Inpatient	1.0503		1.0000		1.0180		1.0063	
Wrap & Carve-Out Removal	0.9994		1.0000		0.9875		0.9961	
Long Term Care	1.0000		1.0000		1.0000		1.0095	
Other Adjustments - NF Eligibility	0.9680		1.0160		0.9982		1.0000	

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	9,653,420	1,331.01	0	0.00	4,426,811	338.97	7,006,383	2,136.99
LTC	29,497,139	4,067.05	245,272,559	3,774.67	0	0.00	195,048	59.49
Total	39,150,559	5,398.06	245,272,559	3,774.67	4,426,811	338.97	7,201,431	2,196.48
Capitation Expenses & Refunds	50,094	6.91	50,672	0.78	86,726	6.64	24,453	7.46
Service Coordination & Other Expenses	385,205	53.11	3,446,267	53.04	641,335	49.11	157,498	48.04
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	130,549	18.00	1,169,613	18.00	235,072	18.00	59,015	18.00
Percentage of Premium	2,285,083	5.25%	14,380,320	5.25%	310,159	5.25%	428,206	5.25%
Total	2,415,631	333.07	15,549,933	239.31	545,231	41.75	487,221	148.61
Risk Margin	761,694	1.75%	4,793,440	1.75%	103,386	1.75%	142,735	1.75%
Premium Tax	761,694	1.75%	4,793,440	1.75%	103,386	1.75%	142,735	1.75%
Maintenance Tax	508	0.07	4,548	0.07	914	0.07	230	0.07
Projected Total Cost								
Acute Care	10,669,401	1,471.09	55,531	0.85	5,204,957	398.56	7,768,193	2,369.34
LTC	32,855,984	4,530.17	273,855,329	4,214.55	702,832	53.82	388,110	118.38
Total	43,525,385	6,001.26	273,910,859	4,215.41	5,907,790	452.37	8,156,304	2,487.72

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	547,072	
Estimated Incurred Claims - Acute Care		
Professional	45,017,567	82.29
Emergency Room	12,557,358	22.95
Outpatient Facility	25,995,951	47.52
Inpatient Facility	50,254,280	91.86
Other Acute Care	11,283,596	20.63
Acute Care Total	145,108,752	265.25
Estimated Incurred Claims - Long Term Care		
Attendant Care	120,273,142	219.85
Nursing Facility	273,736,864	500.37
Other Long Term Care	27,961,916	51.11
Long Term Care Total	421,971,922	771.33
Total - All Claims	567,080,674	1,036.57
Projected FY2021 Member Months	551,324	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	155,471,178	282.00
LTC	450,766,413	817.61
Total	606,237,591	1,099.60
Capitation Expenses & Refunds	1,922,835	3.49
Service Coordination & Other Expenses	28,184,443	51.12
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	9,923,833	18.00
Percentage of Premium	37,184,803	5.25%
Total	47,108,637	85.45
Risk Margin	12,394,934	1.75%
Premium Tax	12,394,934	1.75%
Maintenance Tax	38,593	0.07
Projected Total Cost		
Acute Care	176,182,093	319.56
LTC	532,099,875	965.13
Total	708,281,967	1,284.69

FY2021 STAR+PLUS Rating Summary
MRSA Northeast SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	202,583		18,071		7,131		13,068	
Experience Period Cost								
Estimated Incurred Claims	89,701,390	442.79	18,699,408	1,034.75	5,986,351	839.49	5,646,910	432.12
Pay and Chase Recoveries	-264,507	-1.31	-18,693	-1.03	-9,710	-1.36	-16,728	-1.28
Total Cost	89,436,883	441.48	18,680,715	1,033.72	5,976,641	838.13	5,630,183	430.84
Projected FY2021 Member Months	204,893		18,071		7,253		13,060	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9998		0.9999		1.0000		1.0000	
PDL Adjustment - 7/1/2019	0.9911		0.9905		0.9966		0.9900	
NF Eligibility Adjustment	1.0002		1.0012		1.0195		0.9997	
Hemostatic Carve-Out	0.9883		1.0000		1.0000		1.0000	
Projected Incurred Claims	95,501,597	466.10	19,838,168	1,097.77	6,217,418	857.25	6,040,391	462.53
Administrative Expenses	368,808	1.80	32,528	1.80	13,055	1.80	23,507	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	99,347,570	484.87	20,591,395	1,139.45	6,456,448	890.21	6,283,832	481.17

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA Northeast SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	3,243		244,096	
Experience Period Cost				
Estimated Incurred Claims	1,772,854	546.62	121,806,913	499.01
Pay and Chase Recoveries	-4,965	-1.53	-314,602	-1.29
Total Cost	1,767,889	545.09	121,492,311	497.72
Projected FY2021 Member Months	3,279		246,556	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9963			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	2,456,518	749.25	130,054,091	527.48
Administrative Expenses	5,902	1.80	443,800	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,551,730	778.29	135,230,976	548.48

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	134,539		9,731		187,454		28,272	
Estimated Incurred Claims - Acute Care								
Professional	19,491,005	144.87	3,176,318	326.41	0	0.00	0	0.00
Emergency Room	6,076,939	45.17	781,396	80.30	0	0.00	0	0.00
Outpatient Facility	10,517,479	78.17	2,386,098	245.21	0	0.00	0	0.00
Inpatient Facility	27,729,613	206.11	4,927,098	506.33	0	0.00	0	0.00
Other Acute Care	8,482,059	63.05	2,595,931	266.77	0	0.00	0	0.00
Acute Care Total	72,297,095	537.37	13,866,841	1,425.02	0	0.00	0	0.00
Estimated Incurred Claims - Long Term Care								
Attendant Care	9,669,218	71.87	12,273,422	1,261.27	30,400,697	162.18	33,667,226	1,190.82
Nursing Facility	210,811	1.57	172,817	17.76	398,865	2.13	780,389	27.60
Other Long Term Care	786,182	5.84	1,747,686	179.60	2,685,757	14.33	5,314,368	187.97
Long Term Care Total	10,666,211	79.28	14,193,925	1,458.63	33,485,320	178.63	39,761,983	1,406.39
Total - All Claims	82,963,306	616.65	28,060,766	2,883.65	33,485,320	178.63	39,761,983	1,406.39
Projected FY2021 Member Months	134,561		10,304		187,433		28,952	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	2.2 %		2.0 %		2.2 %		2.0 %	
FY2021	1.5 %		1.2 %		1.5 %		1.2 %	
Long Term Care								
FY2020	5.6 %		4.7 %		3.5 %		4.0 %	
FY2021	5.8 %		5.4 %		3.5 %		4.6 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9894		0.9977		1.0000		1.0000	
Acute Care - Inpatient	1.0090		1.0131		1.0000		1.0000	
Wrap & Carve-Out Removal	0.9757		0.9887		1.0000		1.0000	
Long Term Care	1.0098		1.0033		1.0090		1.0042	
Other Adjustments - NF Eligibility	1.0244		0.9993		1.0876		0.9965	

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - OCC		Medicaid Only - HCBS		Dual Eligible - OCC		Dual Eligible - HCBS	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	74,841,263	556.19	15,136,073	1,468.97	0	0.00	0	0.00
LTC	12,329,185	91.63	16,628,798	1,613.84	39,359,178	209.99	44,324,095	1,530.98
Total	87,170,448	647.82	31,764,872	3,082.81	39,359,178	209.99	44,324,095	1,530.98
Capitation Expenses & Refunds	909,254	6.76	97,456	9.46	598,570	3.19	90,244	3.12
Service Coordination & Other Expenses	6,324,895	47.00	494,060	47.95	8,247,454	44.00	1,248,918	43.14
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	2,422,091	18.00	185,470	18.00	3,373,793	18.00	521,127	18.00
Percentage of Premium	5,571,393	5.25%	1,872,313	5.25%	2,968,314	5.25%	2,657,300	5.25%
Total	7,993,484	59.40	2,057,783	199.71	6,342,106	33.84	3,178,428	109.78
Risk Margin	1,857,131	1.75%	624,104	1.75%	989,438	1.75%	885,767	1.75%
Premium Tax	1,857,131	1.75%	624,104	1.75%	989,438	1.75%	885,767	1.75%
Maintenance Tax	9,419	0.07	721	0.07	13,120	0.07	2,027	0.07
Projected Total Cost								
Acute Care	85,302,050	633.93	16,791,507	1,629.63	655,968	3.50	98,898	3.42
LTC	20,819,712	154.72	18,871,593	1,831.50	55,883,337	298.15	50,516,347	1,744.86
Total	106,121,762	788.65	35,663,100	3,461.13	56,539,305	301.65	50,615,245	1,748.28

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
FY2019 Experience Period								
Member Months	5,913		54,482		12,711		3,304	
Estimated Incurred Claims - Acute Care								
Professional	1,258,561	212.84	0	0.00	1,247,990	98.18	3,210,445	971.68
Emergency Room	261,887	44.29	0	0.00	292,836	23.04	105,303	31.87
Outpatient Facility	915,653	154.85	0	0.00	658,096	51.77	1,487,584	450.24
Inpatient Facility	4,731,878	800.22	0	0.00	1,339,302	105.36	794,349	240.42
Other Acute Care	628,930	106.36	0	0.00	1,187,976	93.46	93,534	28.31
Acute Care Total	7,796,909	1,318.56	0	0.00	4,726,200	371.81	5,691,215	1,722.52
Estimated Incurred Claims - Long Term Care								
Attendant Care	16,118	2.73	93,935	1.72	0	0.00	79,593	24.09
Nursing Facility	23,143,259	3,913.83	187,912,601	3,449.07	0	0.00	851	0.26
Other Long Term Care	1,131	0.19	253,117	4.65	0	0.00	123	0.04
Long Term Care Total	23,160,508	3,916.75	188,259,654	3,455.44	0	0.00	80,568	24.39
Total - All Claims	30,957,417	5,235.31	188,259,654	3,455.44	4,726,200	371.81	5,771,783	1,746.91
Projected FY2021 Member Months	5,877		54,451		12,410		3,473	
Annual Cost Trend Assumptions								
Acute Care								
FY2020	-5.4 %		-5.4 %		4.9 %		10.6 %	
FY2021	2.0 %		2.0 %		4.9 %		9.9 %	
Long Term Care								
FY2020	0.5 %		1.5 %		0.0 %		4.2 %	
FY2021	1.6 %		2.1 %		0.0 %		4.5 %	
Provider Reimbursement Adjustment								
Acute Care - Non Inpatient	0.9979		1.0000		0.9936		1.0000	
Acute Care - Inpatient	1.0204		1.0000		1.0013		1.0029	
Wrap & Carve-Out Removal	0.9976		1.0000		0.9596		0.9917	
Long Term Care	1.0000		1.0000		1.0000		1.0096	
Other Adjustments - NF Eligibility	0.9704		1.0198		0.9971		1.0000	

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Medicaid Only - NF		Dual Eligible - NF		IDD		MBCCP	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
Projected Incurred Claims								
Acute Care	7,371,066	1,254.22	0	0.00	4,833,420	389.47	7,232,400	2,082.40
LTC	22,808,268	3,880.94	198,846,173	3,651.83	0	0.00	93,105	26.81
Total	30,179,334	5,135.16	198,846,173	3,651.83	4,833,420	389.47	7,325,505	2,109.21
Capitation Expenses & Refunds	26,245	4.47	177,598	3.26	48,269	3.89	-64,073	-18.45
Service Coordination & Other Expenses	269,480	45.85	2,444,086	44.89	605,161	48.76	159,309	45.87
Net Reinsurance Cost	0	0.00	0	0.00	0	0.00	0	0.00
Administrative Expenses								
Fixed Amount	105,786	18.00	980,120	18.00	223,387	18.00	62,516	18.00
Percentage of Premium	1,759,470	5.25%	11,647,911	5.25%	328,584	5.25%	430,558	5.25%
Total	1,865,256	317.38	12,628,032	231.91	551,972	44.48	493,073	141.97
Risk Margin	586,490	1.75%	3,882,637	1.75%	109,528	1.75%	143,519	1.75%
Premium Tax	586,490	1.75%	3,882,637	1.75%	109,528	1.75%	143,519	1.75%
Maintenance Tax	411	0.07	3,812	0.07	869	0.07	243	0.07
Projected Total Cost								
Acute Care	8,135,067	1,384.22	194,628	3.57	5,595,556	450.88	7,923,603	2,281.42
LTC	25,378,638	4,318.30	221,670,347	4,071.00	663,190	53.44	277,493	79.90
Total	33,513,705	5,702.52	221,864,975	4,074.57	6,258,746	504.31	8,201,096	2,361.31

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Total	
	Amount	pmpm
FY2019 Experience Period		
Member Months	436,407	
Estimated Incurred Claims - Acute Care		
Professional	28,384,319	65.04
Emergency Room	7,518,361	17.23
Outpatient Facility	15,964,910	36.58
Inpatient Facility	39,522,240	90.56
Other Acute Care	12,988,430	29.76
Acute Care Total	104,378,261	239.18
Estimated Incurred Claims - Long Term Care		
Attendant Care	86,200,210	197.52
Nursing Facility	212,619,592	487.20
Other Long Term Care	10,788,365	24.72
Long Term Care Total	309,608,167	709.45
Total - All Claims	413,986,429	948.62
Projected FY2021 Member Months	437,461	
Annual Cost Trend Assumptions		
Acute Care		
FY2020		
FY2021		
Long Term Care		
FY2020		
FY2021		
Provider Reimbursement Adjustment		
Acute Care - Non Inpatient		
Acute Care - Inpatient		
Wrap & Carve-Out Removal		
Long Term Care		
Other Adjustments - NF Eligibility		

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Medical

	Total	
	Amount	pmpm
Projected Incurred Claims		
Acute Care	109,414,223	250.11
LTC	334,388,802	764.39
Total	443,803,025	1,014.50
Capitation Expenses & Refunds	1,883,564	4.31
Service Coordination & Other Expenses	19,793,363	45.25
Net Reinsurance Cost	0	0.00
Administrative Expenses		
Fixed Amount	7,874,291	18.00
Percentage of Premium	27,235,842	5.25%
Total	35,110,132	80.26
Risk Margin	9,078,614	1.75%
Premium Tax	9,078,614	1.75%
Maintenance Tax	30,622	0.07
Projected Total Cost		
Acute Care	124,697,278	285.05
LTC	394,080,657	900.84
Total	518,777,935	1,185.88

FY2021 STAR+PLUS Rating Summary
MRSA West SDA Total - Pharmacy

	Medicaid Only - OCC		Medicaid Only - HCBS		Medicaid Only - NF		IDD	
	Amount	pmpm	Amount	pmpm	Amount	pmpm	Amount	pmpm
CY2019 Experience Period								
Member Months	133,723		9,900		5,906		12,530	
Experience Period Cost								
Estimated Incurred Claims	65,120,540	486.98	10,964,489	1,107.57	4,021,816	680.96	6,714,427	535.85
Pay and Chase Recoveries	-595,711	-4.45	-46,718	-4.72	-24,409	-4.13	-61,984	-4.95
Total Cost	64,524,830	482.52	10,917,772	1,102.85	3,997,407	676.83	6,652,442	530.90
Projected FY2021 Member Months	134,561		10,304		5,877		12,410	
Annual Trend Assumption	4.6 %		4.2 %		0.4 %		5.0 %	
Rating Adjustments								
IMD Adjustment	0.9995		0.9999		0.9992		0.9999	
PDL Adjustment - 7/1/2019	0.9945		0.9961		0.9980		0.9963	
NF Eligibility Adjustment	1.0010		1.0008		0.9979		1.0007	
Hemostatic Carve-Out	0.9488		1.0000		1.0000		1.0000	
Projected Incurred Claims	66,064,926	490.97	12,131,167	1,177.34	3,984,692	678.01	7,124,688	574.09
Administrative Expenses	242,209	1.80	18,547	1.80	10,579	1.80	22,339	1.80
Risk Margin	1.75 %		1.75 %		1.75 %		1.75 %	
Premium Tax	1.75 %		1.75 %		1.75 %		1.75 %	
Projected Total Cost	68,712,057	510.64	12,590,378	1,221.91	4,140,177	704.47	7,406,245	596.78

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

FY2021 STAR+PLUS Rating Summary
 MRSA West SDA Total - Pharmacy

	MBCCP		Total*	
	Amount	pmpm	Amount	pmpm
CY2019 Experience Period				
Member Months	3,364		165,424	
Experience Period Cost				
Estimated Incurred Claims	1,380,424	410.34	88,201,696	533.19
Pay and Chase Recoveries	-13,918	-4.14	-742,740	-4.49
Total Cost	1,366,505	406.21	87,458,956	528.70
Projected FY2021 Member Months	3,473		166,625	
Annual Trend Assumption	21.3 %			
Rating Adjustments				
IMD Adjustment	1.0000			
PDL Adjustment - 7/1/2019	0.9978			
NF Eligibility Adjustment	1.0000			
Hemostatic Carve-Out	1.0000			
Projected Incurred Claims	1,942,118	559.19	91,247,592	547.62
Administrative Expenses	6,252	1.80	299,925	1.80
Risk Margin	1.75 %			
Premium Tax	1.75 %			
Projected Total Cost	2,019,036	581.33	94,867,893	569.35

*Excludes Dual Eligible risk groups which do not receive prescription drug coverage through the STAR+PLUS program.

Attachment 4

Trend Analysis - Medical

The FY2021 rating methodology uses assumed trend factors to adjust the base period claims cost to the projection period. The trend factors used in this analysis are a combination of utilization and inflation components. Separate trend factors were developed by type of service – acute care and long term care services. The projected trend rate assumptions were developed by the actuary based on an analysis of recent experience under the various health plans. A single trend assumption is applied to all service areas but varies by type of service, risk group and year.

The trend analysis included a review of health plan claims experience data through February 2020. Based on this information, estimates of monthly incurred claims were made through December 2019. The claims cost and trend experience was reviewed separately by service area, type of service and risk group. The service area trends were then combined into a statewide average using a weighted average formula with estimated incurred claims as the weights.

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

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

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

The FY2020 trend assumptions were developed from two components: (i) the actual trend for the period September 2019 through December 2019 and (ii) the projected trend for the period January 2020 through August 2020. The trends for the final eight months of FY2020 were projected using statewide experience from FY2017, FY2018, FY2019 and 9/2019-12/2019. The weighting of each time period was based on the number of months within each time period. For example, the OCC and HCBS risk groups have been in STAR+PLUS the entire time during the observed fiscal years and the historical trends were blended using the following: 3/10 weighting for FY2017, FY2018 and FY2019 and 1/10 weighting to the first four months of FY2020.

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

The FY2021 trend assumptions were then developed from a simple average of the FY2017-FY2020 trends. Exhibit B provides a summary of the statewide average trends by type of service and risk group for FY2017, FY2018, FY2019 and the first four months of FY2020. In addition, the exhibit includes the trend assumptions developed based on the described methodology for FY2020 and FY2021.

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

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

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

There are no significant outlier medical trends. The only negative trend assumption is for acute care service for the Medicaid Only Nursing Facility risk group for FY2020. The primary driver is the -20.1% trend observed during the period September 2019 through December 2019 which is attributed to lower than average hospital utilization on both inpatient and outpatient services. Although it is not expected that this level of reduction will continue in future periods, the impact of the actual trend during the first four months of FY2020 results in a negative overall trend for FY2020 based on the methodology outlined above. Acute care services make up about a quarter of this risk groups total medical expenditures and is subject to larger fluctuations from year to year than the other risk groups.

Trend Analysis – Pharmacy

The rating methodology uses assumed pharmacy trend factors to adjust the base period (CY2019) claims cost to the rating period (FY2021). The trend rate assumptions were developed by the actuary based on an analysis of recent pharmacy claims experience under the STAR+PLUS program and the actuary's professional judgment regarding anticipated future cost changes. The trend rate assumptions vary by risk group but are the same for all service areas.

The trend analysis included a review of STAR+PLUS utilization and cost experience data paid through March 2020. Incurred monthly utilization (days supply per member) and cost per service (plan payments per days supply) statistics were developed by risk group and drug type (brand, generic and specialty) through February 2020. From this experience, the average annual utilization and cost per service were determined for each of the four 12-month periods ending February 2020.

Certain drugs and drug categories are excluded from the pharmacy trend analysis. Anti-viral agents used for the treatment of the Hepatitis C virus and the drug Orkambi were carved in to the managed care contract effective September 1, 2018 but they were excluded from the trend analysis due to their extraordinary one-time impact on recent trends. In addition, experience for the drugs Tamiflu and Makena were removed from our trend analysis. Tamiflu was removed due to the significant variation in the intensity of flu season from year to year. Makena was removed due to its one-time distortion of pharmacy trends for pregnant women. Please note that while excluded from the pharmacy trend analysis, the historical managed care claims for all of these drugs were included in the base period experience used in developing the pharmacy component of the rates.

The STAR+PLUS pharmacy trend assumptions for the remainder of FY2020 and all of FY2021 were developed using the following formula. For each risk group/drug type combination, the utilization and cost per service trend assumptions were set equal to one-sixth of the experience trend rate for the 12-month period ending February 2018 plus two-sixths of the experience trend rate for the 12-month period ending February 2019 plus three-sixths of the experience trend rate for the 12-month period ending February 2020. The final cost trend assumptions were then determined by applying the assumed utilization and cost per service trends by individual drug type to actual experience for the 12-month period ending February 2020 and combining the results into a single trend assumption for each risk group. Exhibit C of this attachment presents a summary of the historical pharmacy trend analysis.

The preferred drug list (PDL) changes implemented in FY2018 and FY2019 had a material impact on pharmacy cost and trends. As a result, recent pharmacy experience trends will tend to understate the expected underlying trend. In order to correct for this understatement, we developed adjustment factors to restate pharmacy experience for the three most recent 12-month periods assuming that the PDL changes had not been implemented. Exhibit D of this attachment presents these adjustment factors and the resulting pharmacy trend assumptions used for the STAR+PLUS program.

Exhibit E of this attachment presents the trend analysis for the MBCCP risk group. This is a newer risk group to STAR+PLUS which became effective September 1, 2017. We have utilized STAR+PLUS experience only (the period beginning September 1, 2017) in our trend analysis. The pharmacy trends for the MBCCP risk group have been high as compared to the other

STAR+PLUS risk groups and other programs. The primary driver in the high trend for these clients is increased utilization in the specialty drug category, specifically, the drug Ibrance. Ibrance is a treatment for breast cancer and represents over 37% of the total pharmacy cost for the MBCCP risk group. The top five drugs in the group are all specialty cancer medications representing nearly 60% of total pharmacy spend for these clients. The utilization and unit cost of these specialty drugs is increasing at a higher than average rate.

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

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

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	Bexar	Dallas	El Paso	Harris	Hidalgo	Jefferson	Lubbock	Nueces	Tarrant	Travis
Medicaid Only OCC										
FY2017										
-Professional	1.056	0.984	1.101	0.968	0.980	0.976	1.033	0.979	0.980	1.049
-Outpatient - ER	0.999	0.976	1.110	1.088	1.177	1.133	1.205	1.046	0.870	0.966
-Outpatient - Non ER	1.048	0.928	1.086	1.009	1.000	1.011	1.201	1.007	0.962	1.051
-Inpatient	1.080	0.925	1.113	1.032	0.937	1.104	1.091	1.073	0.889	1.128
-Other Acute Care	1.161	1.983	0.996	1.047	0.851	1.018	0.916	1.033	0.897	1.084
-Total Acute Care	1.068	1.018	1.074	1.019	0.970	1.046	1.083	1.028	0.925	1.069
-Long Term Care	1.109	1.106	1.083	1.099	1.056	1.068	0.970	1.139	1.032	0.986
FY2018										
-Professional	0.915	0.972	0.950	0.991	0.955	1.020	1.071	0.978	1.031	0.911
-Outpatient - ER	0.964	0.770	0.949	0.915	1.022	0.974	0.930	0.945	0.909	0.947
-Outpatient - Non ER	1.131	0.867	0.987	0.966	1.033	0.933	1.045	0.990	1.001	1.089
-Inpatient	1.022	0.904	0.959	0.935	1.015	0.941	1.075	0.967	1.083	0.944
-Other Acute Care	1.267	1.216	1.027	1.044	1.091	0.899	1.071	1.202	1.083	0.902
-Total Acute Care	1.025	0.943	0.977	0.968	1.007	0.959	1.056	0.995	1.027	0.946
-Long Term Care	0.970	1.028	1.082	1.074	0.994	1.047	0.991	1.047	1.064	1.067
FY2019										
-Professional	1.038	1.026	0.981	1.010	0.956	1.028	1.006	1.076	0.995	1.044
-Outpatient - ER	1.003	0.948	1.059	1.022	1.066	0.964	1.073	0.991	0.946	0.917
-Outpatient - Non ER	1.000	1.078	1.004	1.007	1.080	0.996	1.033	1.004	0.970	0.943
-Inpatient	0.985	1.063	1.029	1.084	1.060	1.179	0.970	1.074	1.016	1.277
-Other Acute Care	1.088	0.959	1.027	1.006	1.173	1.062	1.084	1.015	1.060	1.123
-Total Acute Care	1.019	1.026	1.013	1.035	1.045	1.073	1.011	1.050	0.996	1.090
-Long Term Care	1.031	1.066	1.076	1.070	1.017	1.063	1.003	1.033	1.023	1.073
FY2020										
-Professional	1.075	1.024	1.090	1.066	1.047	1.074	1.116	0.998	1.008	1.040
-Outpatient - ER	1.031	0.908	0.880	1.049	1.075	1.181	1.218	1.106	0.977	1.166
-Outpatient - Non ER	0.983	1.066	1.088	0.979	1.161	0.960	1.084	0.973	0.982	1.091
-Inpatient	1.008	1.056	1.049	0.973	1.243	0.878	0.904	0.882	1.013	1.005
-Other Acute Care	1.113	1.015	0.920	0.984	1.686	0.934	1.196	1.062	1.198	0.809
-Total Acute Care	1.043	1.030	1.017	1.005	1.226	0.977	1.042	0.970	1.017	1.000
-Long Term Care	1.033	1.096	1.052	1.058	1.019	1.051	1.001	0.978	1.095	1.077

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only OCC				
FY2017				
-Professional	1.012	1.064	1.016	1.007
-Outpatient - ER	1.013	0.984	1.048	1.026
-Outpatient - Non ER	1.142	1.139	1.074	1.029
-Inpatient	1.063	0.952	0.989	1.012
-Other Acute Care	0.983	0.692	1.097	1.209
-Total Acute Care	1.052	1.013	1.022	1.021
-Long Term Care	1.166	1.211	1.135	1.093
FY2018				
-Professional	0.955	1.000	0.944	0.975
-Outpatient - ER	1.005	1.052	0.986	0.930
-Outpatient - Non ER	1.156	0.935	0.921	0.989
-Inpatient	0.975	0.940	1.003	0.970
-Other Acute Care	1.127	1.042	1.118	1.101
-Total Acute Care	1.019	0.976	0.984	0.984
-Long Term Care	1.055	1.144	0.945	1.036
FY2019				
-Professional	1.027	1.036	1.057	1.019
-Outpatient - ER	0.885	0.956	1.028	0.986
-Outpatient - Non ER	0.954	0.967	1.029	1.008
-Inpatient	1.116	1.007	1.072	1.068
-Other Acute Care	1.051	0.934	1.005	1.033
-Total Acute Care	1.035	0.996	1.050	1.031
-Long Term Care	1.054	1.096	0.924	1.047
FY2020				
-Professional	1.046	1.052	1.082	1.053
-Outpatient - ER	0.992	1.259	1.233	1.066
-Outpatient - Non ER	0.914	1.089	0.951	1.019
-Inpatient	0.888	1.277	0.979	1.025
-Other Acute Care	0.897	1.028	1.134	1.090
-Total Acute Care	0.939	1.150	1.039	1.038
-Long Term Care	1.024	1.132	0.975	1.051

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	Bexar	Dallas	El Paso	Harris	Hidalgo	Jefferson	Lubbock	Nueces	Tarrant	Travis
Medicaid Only HCBS										
FY2017										
-Professional	1.158	0.909	1.137	0.852	1.064	0.924	1.095	0.857	0.902	0.978
-Outpatient - ER	1.036	0.868	0.996	0.998	1.122	1.162	0.951	1.028	0.769	0.932
-Outpatient - Non ER	1.081	0.895	0.969	0.980	1.060	0.958	1.404	0.916	1.124	0.943
-Inpatient	1.055	0.906	0.989	1.000	0.977	1.049	0.851	1.060	0.985	0.983
-Other Acute Care	1.174	1.065	1.178	1.176	0.925	0.969	1.163	1.054	0.812	0.783
-Total Acute Care	1.107	0.928	1.058	0.963	1.023	0.998	1.059	0.962	0.978	0.959
-Long Term Care	1.048	0.979	1.110	1.081	1.099	1.044	1.121	1.048	1.086	1.100
FY2018										
-Professional	0.926	0.875	0.968	1.013	1.005	1.150	1.147	1.027	0.968	0.759
-Outpatient - ER	0.816	0.795	1.053	0.865	0.999	1.114	0.865	0.815	0.943	1.055
-Outpatient - Non ER	1.134	0.767	0.749	1.011	1.058	0.959	0.805	0.924	1.028	0.984
-Inpatient	1.079	0.801	0.897	1.132	1.049	1.081	1.020	0.845	1.122	0.886
-Other Acute Care	1.116	1.085	1.237	0.984	1.103	1.196	0.733	1.025	1.253	0.911
-Total Acute Care	1.036	0.873	0.969	1.038	1.051	1.088	0.923	0.928	1.047	0.873
-Long Term Care	1.020	1.006	1.035	1.065	1.034	1.069	0.961	1.015	1.078	1.117
FY2019										
-Professional	1.041	1.078	1.044	0.981	0.994	0.906	1.054	1.109	1.072	0.873
-Outpatient - ER	1.012	1.021	0.932	1.054	1.122	0.890	1.345	1.131	1.124	0.949
-Outpatient - Non ER	1.079	1.174	0.952	0.884	0.975	1.112	1.101	0.789	0.910	0.924
-Inpatient	0.914	1.172	0.980	0.953	0.917	0.912	1.094	1.189	1.095	1.155
-Other Acute Care	1.123	0.979	0.916	0.950	1.097	0.882	1.146	1.185	1.134	0.998
-Total Acute Care	1.020	1.091	0.969	0.953	1.001	0.940	1.106	1.122	1.032	0.986
-Long Term Care	1.025	1.100	1.048	1.123	1.050	1.136	1.220	1.056	1.017	1.010
FY2020										
-Professional	1.088	1.062	0.976	0.963	0.905	1.118	1.057	1.101	0.927	0.996
-Outpatient - ER	1.022	1.052	1.015	1.132	1.101	0.972	0.926	0.896	0.806	1.113
-Outpatient - Non ER	1.067	1.233	1.262	1.139	0.894	1.102	1.179	1.037	1.143	1.402
-Inpatient	1.071	0.821	0.953	0.991	0.961	1.282	0.736	0.928	0.875	1.432
-Other Acute Care	1.042	1.050	1.107	0.887	1.072	0.875	1.375	1.357	1.614	1.208
-Total Acute Care	1.064	0.986	1.053	1.008	0.973	1.125	0.999	1.060	0.997	1.258
-Long Term Care	0.988	1.094	1.026	1.038	1.040	1.059	1.014	1.029	0.983	1.006

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only HCBS				
FY2017				
-Professional	0.995	0.986	1.231	0.992
-Outpatient - ER	1.081	0.972	1.189	0.983
-Outpatient - Non ER	1.273	1.209	1.050	1.051
-Inpatient	1.144	1.095	1.224	1.015
-Other Acute Care	0.894	0.297	1.408	1.083
-Total Acute Care	1.086	1.055	1.196	1.011
-Long Term Care	0.975	1.089	1.083	1.066
FY2018				
-Professional	1.009	1.029	1.096	0.984
-Outpatient - ER	0.838	1.108	0.796	0.920
-Outpatient - Non ER	0.942	1.049	0.905	0.987
-Inpatient	0.867	0.924	1.016	1.009
-Other Acute Care	0.944	0.982	0.907	1.073
-Total Acute Care	0.921	0.998	0.977	0.996
-Long Term Care	0.949	1.060	0.982	1.038
FY2019				
-Professional	1.091	1.025	1.079	1.023
-Outpatient - ER	1.003	0.938	1.246	1.049
-Outpatient - Non ER	1.079	0.928	1.035	0.982
-Inpatient	1.230	1.029	1.007	1.032
-Other Acute Care	1.089	1.011	1.071	1.043
-Total Acute Care	1.138	0.995	1.051	1.019
-Long Term Care	1.027	1.016	0.966	1.063
FY2020				
-Professional	1.132	1.084	1.246	1.030
-Outpatient - ER	1.243	1.213	1.364	1.070
-Outpatient - Non ER	1.181	1.140	0.965	1.132
-Inpatient	0.811	1.112	1.190	1.000
-Other Acute Care	0.948	1.100	0.996	1.077
-Total Acute Care	0.969	1.115	1.132	1.036
-Long Term Care	1.006	1.030	1.021	1.033

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Medicaid Only Nursing Facility										
FY2017										
-Professional	1.116	0.996	1.185	1.110	1.280	0.982	1.113	0.861	1.197	1.263
-Outpatient - ER	1.081	1.041	1.668	0.966	1.302	1.116	1.329	1.149	0.890	1.301
-Outpatient - Non ER	0.922	0.878	0.717	1.082	1.103	1.012	1.223	0.835	0.988	1.390
-Inpatient	1.033	1.047	1.251	1.069	1.156	0.849	1.394	0.745	0.886	1.071
-Other Acute Care	1.073	1.280	1.037	1.215	1.248	1.316	0.946	0.824	1.035	1.338
-Total Acute Care	1.047	1.039	1.161	1.086	1.182	0.938	1.282	0.792	0.973	1.185
-Long Term Care	0.997	1.006	1.026	1.040	1.009	1.017	1.003	1.018	0.969	1.007
FY2018										
-Professional	0.992	1.150	1.104	1.090	1.188	1.060	0.848	1.177	1.066	0.929
-Outpatient - ER	0.959	0.747	0.777	1.022	0.914	1.278	0.854	1.043	1.310	1.008
-Outpatient - Non ER	0.870	0.859	0.776	0.922	0.848	0.976	0.533	1.206	1.020	1.074
-Inpatient	1.049	1.068	0.652	1.096	1.068	0.815	0.598	1.208	1.113	1.196
-Other Acute Care	1.443	1.193	0.684	1.390	1.447	1.186	1.762	0.837	0.915	1.093
-Total Acute Care	1.057	1.061	0.749	1.086	1.117	0.941	0.688	1.146	1.085	1.093
-Long Term Care	1.031	1.009	0.986	1.010	0.992	1.011	1.036	1.003	1.017	0.993
FY2019										
-Professional	1.092	0.993	1.206	1.012	1.031	0.975	1.338	0.961	1.035	1.001
-Outpatient - ER	1.046	0.939	1.087	1.155	1.380	1.071	1.092	0.990	0.924	1.161
-Outpatient - Non ER	1.032	0.964	1.706	0.961	1.462	0.958	0.789	1.208	1.082	0.453
-Inpatient	0.946	0.934	1.400	1.044	1.050	1.408	1.271	1.052	1.049	0.918
-Other Acute Care	0.912	1.025	0.806	0.925	0.954	0.844	1.322	0.750	0.872	1.379
-Total Acute Care	0.979	0.961	1.327	1.020	1.063	1.159	1.217	1.011	1.032	0.892
-Long Term Care	1.028	1.029	0.936	1.029	1.020	1.038	1.024	1.046	1.024	1.032
FY2020										
-Professional	1.157	0.691	0.588	1.011	0.772	0.880	0.719	0.792	0.835	0.987
-Outpatient - ER	0.756	0.611	0.349	1.101	0.609	0.581	0.750	1.242	0.691	0.943
-Outpatient - Non ER	0.849	0.472	0.268	1.092	0.406	2.089	2.080	2.764	0.898	1.001
-Inpatient	0.906	0.612	0.316	0.652	0.550	0.868	0.981	0.446	0.690	0.701
-Other Acute Care	0.767	0.527	2.358	1.171	0.655	0.771	1.022	0.581	0.486	0.592
-Total Acute Care	0.929	0.600	0.432	0.832	0.593	0.973	1.007	0.611	0.742	0.783
-Long Term Care	0.974	0.888	1.085	0.959	0.938	0.968	1.012	0.972	0.977	1.125

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Medicaid Only Nursing Facility				
FY2017				
-Professional	0.901	0.978	1.032	1.080
-Outpatient - ER	0.889	0.920	0.948	1.023
-Outpatient - Non ER	1.283	1.247	0.844	1.069
-Inpatient	0.987	1.023	1.094	1.039
-Other Acute Care	0.672	0.762	0.973	1.156
-Total Acute Care	0.968	1.037	1.035	1.050
-Long Term Care	1.022	1.018	1.025	1.012
FY2018				
-Professional	0.975	1.001	1.032	1.062
-Outpatient - ER	1.033	1.077	0.954	1.032
-Outpatient - Non ER	1.196	0.857	0.945	0.941
-Inpatient	1.026	1.047	1.035	1.055
-Other Acute Care	0.875	1.025	1.052	1.214
-Total Acute Care	1.017	1.011	1.024	1.048
-Long Term Care	1.059	1.036	1.003	1.018
FY2019				
-Professional	1.095	1.081	0.980	1.041
-Outpatient - ER	1.165	1.005	0.885	1.045
-Outpatient - Non ER	1.217	0.994	1.266	1.061
-Inpatient	1.213	1.046	1.072	1.053
-Other Acute Care	1.350	0.880	0.745	0.991
-Total Acute Care	1.200	1.033	1.032	1.036
-Long Term Care	1.047	1.024	1.027	1.028
FY2020				
-Professional	1.065	0.962	1.091	0.934
-Outpatient - ER	0.994	1.082	1.068	0.905
-Outpatient - Non ER	1.105	0.531	1.023	1.066
-Inpatient	0.795	0.799	0.868	0.729
-Other Acute Care	1.256	1.015	1.374	0.898
-Total Acute Care	0.923	0.821	0.962	0.799
-Long Term Care	1.054	0.967	1.013	0.982

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
IDD										
FY2017										
-Professional	1.130	1.102	1.106	1.028	1.093	0.845	1.060	0.978	1.093	0.860
-Outpatient - ER	1.034	1.138	0.972	0.984	1.215	0.813	1.132	1.096	0.875	0.834
-Outpatient - Non ER	1.038	1.044	0.980	1.006	1.004	0.970	1.123	1.514	0.964	1.179
-Inpatient	1.237	1.365	1.571	0.948	0.961	1.979	1.034	0.783	0.984	1.428
-Other Acute Care	1.022	1.084	1.115	0.904	0.978	0.831	0.866	0.927	0.650	1.083
-Total Acute Care	1.116	1.157	1.137	0.979	1.033	1.138	1.024	0.908	0.939	1.048
FY2018										
-Professional	0.973	0.963	0.957	0.992	1.086	1.153	1.059	1.080	0.927	0.854
-Outpatient - ER	0.949	0.686	1.485	1.058	1.115	1.773	0.969	0.883	0.985	1.085
-Outpatient - Non ER	0.848	0.806	0.856	0.946	1.089	1.122	1.042	0.969	0.918	0.971
-Inpatient	1.230	0.798	0.607	0.932	1.126	0.641	1.166	0.985	0.858	0.948
-Other Acute Care	0.949	1.138	1.319	0.910	1.060	2.149	1.181	0.457	0.892	1.852
-Total Acute Care	1.019	0.942	0.940	0.958	1.086	1.056	1.100	0.756	0.912	1.028
FY2019										
-Professional	1.083	0.998	1.125	1.125	1.028	0.939	1.019	0.973	1.169	0.962
-Outpatient - ER	1.127	0.959	0.999	1.050	1.002	0.899	1.043	0.895	1.388	0.976
-Outpatient - Non ER	1.072	0.983	0.984	1.065	1.086	1.055	0.717	1.207	1.009	0.915
-Inpatient	0.972	1.261	2.279	1.604	0.876	0.911	1.341	0.962	1.939	0.991
-Other Acute Care	1.133	1.012	1.034	1.235	1.038	0.718	1.038	0.972	1.149	1.088
-Total Acute Care	1.061	1.064	1.232	1.233	1.003	0.908	1.032	0.979	1.269	0.992
FY2020										
-Professional	1.148	1.060	0.936	0.956	1.051	0.899	1.004	1.261	1.064	0.910
-Outpatient - ER	1.043	1.179	0.784	1.364	0.674	0.769	0.883	1.839	0.708	1.155
-Outpatient - Non ER	1.073	0.999	1.175	1.077	0.567	1.706	1.591	1.828	0.987	1.055
-Inpatient	1.197	0.726	0.636	0.845	1.132	0.316	0.531	3.666	1.326	1.252
-Other Acute Care	1.019	1.004	1.183	0.826	0.996	0.599	1.146	1.150	0.806	0.952
-Total Acute Care	1.111	0.946	0.968	0.940	0.955	0.841	0.916	1.629	1.047	1.042

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
IDD				
FY2017				
-Professional	0.922	1.135	1.075	1.047
-Outpatient - ER	1.215	1.017	1.086	1.021
-Outpatient - Non ER	1.323	1.170	1.329	1.060
-Inpatient	1.153	1.227	1.114	1.174
-Other Acute Care	1.356	0.878	0.842	0.978
-Total Acute Care	1.089	1.131	1.096	1.053
FY2018				
-Professional	0.935	1.036	1.041	0.991
-Outpatient - ER	0.826	1.297	0.900	1.035
-Outpatient - Non ER	0.855	1.016	1.230	0.963
-Inpatient	0.726	0.941	0.656	0.943
-Other Acute Care	0.977	0.933	1.014	1.087
-Total Acute Care	0.862	1.010	0.961	0.974
FY2019				
-Professional	1.073	1.094	0.956	1.066
-Outpatient - ER	0.959	0.810	1.378	1.104
-Outpatient - Non ER	0.854	0.935	0.769	0.995
-Inpatient	1.198	1.011	1.900	1.415
-Other Acute Care	0.879	1.007	1.227	1.087
-Total Acute Care	1.015	1.003	1.167	1.120
FY2020				
-Professional	1.309	0.836	1.094	1.033
-Outpatient - ER	1.189	1.345	1.896	1.200
-Outpatient - Non ER	1.223	0.833	0.804	1.067
-Inpatient	2.075	1.192	1.187	1.207
-Other Acute Care	1.117	1.103	1.423	1.030
-Total Acute Care	1.460	0.979	1.190	1.048

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
MBCCP										
FY2019										
-Professional	1.189	1.254	1.306	1.272	0.917	1.241	1.090	0.864	1.100	1.178
-Outpatient - ER	1.331	0.995	1.037	1.116	0.982	0.811	0.961	1.083	0.920	0.944
-Outpatient - Non ER	0.806	0.944	2.040	1.156	1.264	1.248	1.196	1.527	0.970	1.315
-Inpatient	0.764	1.214	0.727	0.902	0.734	1.110	1.427	0.792	1.295	1.081
-Other Acute Care	1.291	1.090	1.082	0.909	1.077	1.039	0.848	1.155	0.656	0.432
-Total Acute Care	1.045	1.119	1.366	1.137	0.994	1.197	1.196	1.010	1.090	1.171
-Long Term Care	1.303	2.018	1.324	1.638	1.282	0.915	2.027	1.463	1.399	1.488
FY2020										
-Professional	1.434	0.953	1.953	1.246	1.008	1.379	1.468	0.734	0.892	0.853
-Outpatient - ER	0.970	1.152	0.541	1.273	1.286	2.496	0.681	1.349	1.361	0.877
-Outpatient - Non ER	0.893	1.619	1.055	0.876	1.388	1.782	0.995	0.983	1.086	1.466
-Inpatient	1.231	0.917	1.018	1.422	1.173	0.569	0.989	1.639	0.630	1.124
-Other Acute Care	1.655	1.399	0.927	1.019	1.025	8.254	2.070	1.281	1.177	0.969
-Total Acute Care	1.318	1.137	1.452	1.103	1.154	1.387	1.085	0.955	0.888	0.956
-Long Term Care	1.034	1.781	1.112	1.338	1.152	0.883	0.745	1.024	1.028	1.597
Dual Eligible OCC										
FY2017										
-Long Term Care	1.052	1.052	1.085	1.069	1.024	1.105	1.073	1.074	1.078	1.078
FY2018										
-Long Term Care	1.014	1.034	1.064	1.062	0.999	1.000	0.963	1.011	1.083	1.059
FY2019										
-Long Term Care	1.039	1.053	1.040	1.041	1.005	0.994	0.974	1.051	0.999	1.040
FY2020										
-Long Term Care	1.077	1.048	1.028	1.021	1.028	1.076	1.014	1.032	1.051	1.044

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
MBCCP				
FY2019				
-Professional	1.013	0.898	1.026	1.126
-Outpatient - ER	0.918	0.852	1.102	1.044
-Outpatient - Non ER	0.987	0.806	1.112	1.162
-Inpatient	0.676	0.822	1.490	0.999
-Other Acute Care	0.794	1.157	1.249	1.069
-Total Acute Care	0.931	0.867	1.101	1.092
-Long Term Care	1.198	1.296	0.995	1.419
FY2020				
-Professional	1.153	0.979	1.025	1.143
-Outpatient - ER	1.073	1.277	1.555	1.312
-Outpatient - Non ER	0.794	1.045	1.080	1.181
-Inpatient	1.155	2.160	0.701	1.264
-Other Acute Care	1.487	0.997	1.088	1.885
-Total Acute Care	1.009	1.123	0.995	1.120
-Long Term Care	2.643	1.119	1.093	1.260
Dual Eligible OCC				
FY2017				
-Long Term Care	1.086	1.168	1.104	1.056
FY2018				
-Long Term Care	0.997	1.072	0.975	1.025
FY2019				
-Long Term Care	1.038	1.046	0.960	1.023
FY2020				
-Long Term Care	1.044	1.050	1.020	1.035

FY2021 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>Bexar</u>	<u>Dallas</u>	<u>El Paso</u>	<u>Harris</u>	<u>Hidalgo</u>	<u>Jefferson</u>	<u>Lubbock</u>	<u>Nueces</u>	<u>Tarrant</u>	<u>Travis</u>
Dual Eligible HCBS										
FY2017										
-Long Term Care	1.048	1.030	1.049	1.087	1.074	1.025	1.083	1.082	1.044	1.084
FY2018										
-Long Term Care	1.018	1.014	1.055	1.062	1.042	1.041	1.005	1.010	1.053	1.064
FY2019										
-Long Term Care	1.042	1.055	1.030	1.085	1.028	1.075	1.037	1.029	1.030	1.050
FY2020										
-Long Term Care	1.022	1.065	1.043	1.020	1.030	1.033	1.052	0.994	1.030	1.020
Dual Eligible Nursing Facility										
FY2017										
-Long Term Care	1.036	1.021	1.033	1.019	1.021	1.008	1.031	1.013	0.999	1.019
FY2018										
-Long Term Care	1.022	1.032	1.008	1.029	1.028	0.995	1.035	0.996	1.030	1.009
FY2019										
-Long Term Care	1.029	1.008	1.034	1.040	1.035	1.037	1.015	1.062	1.016	1.031
FY2020										
-Long Term Care	1.001	0.963	1.018	0.991	0.978	0.971	0.997	1.019	0.987	1.086

FY2020 STAR+PLUS Rating
Analysis of Trend Factors - Medical

	<u>MRSA Central</u>	<u>MRSA Northeast</u>	<u>MRSA West</u>	<u>Weighted Average</u>
Dual Eligible HCBS				
FY2017				
-Long Term Care	1.051	1.064	1.043	1.064
FY2018				
-Long Term Care	0.992	1.062	1.032	1.039
FY2019				
-Long Term Care	1.039	1.017	1.037	1.042
FY2020				
-Long Term Care	0.983	0.992	1.046	1.026
Dual Eligible Nursing Facility				
FY2017				
-Long Term Care	1.012	1.016	1.022	1.018
FY2018				
-Long Term Care	1.034	1.024	1.016	1.023
FY2019				
-Long Term Care	1.045	1.025	1.016	1.028
FY2020				
-Long Term Care	1.028	1.005	1.019	1.004

FY2021 STAR+PLUS Rating
Trend Assumptions - Medical

	Trend Assumptions						
	<u>FY2017</u>	<u>FY2018</u>	<u>FY2019</u>	<u>9/19-12/19 (2)</u>	<u>1/20-8/20 (3)</u>	<u>FY2020 (4)</u>	<u>FY2021 (5)</u>
Statewide Average Trend (1)							
Acute Care							
Medicaid Only OCC	2.1 %	-1.6 %	3.1 %	3.8 %	1.5 %	2.2 %	1.5 %
Medicaid Only HCBS	1.1 %	-0.4 %	1.9 %	3.6 %	1.2 %	2.0 %	1.2 %
Medicaid Only NF	5.0 %	4.8 %	3.6 %	-20.1 %	2.0 %	-5.4 %	2.0 %
IDD	5.3 %	-2.6 %	12.0 %	4.8 %	4.9 %	4.9 %	4.9 %
MBCCP (6)			9.2 %	12.0 %	9.9 %	10.6 %	9.9 %
Long Term Care							
Medicaid Only OCC	9.3 %	3.6 %	4.7 %	5.1 %	5.8 %	5.6 %	5.8 %
Medicaid Only HCBS	6.6 %	3.8 %	6.3 %	3.3 %	5.4 %	4.7 %	5.4 %
Medicaid Only NF	1.2 %	1.8 %	2.8 %	-1.8 %	1.6 %	0.5 %	1.6 %
Dual Eligible OCC	5.6 %	2.5 %	2.3 %	3.5 %	3.5 %	3.5 %	3.5 %
Dual Eligible HCBS	6.4 %	3.9 %	4.2 %	2.6 %	4.6 %	4.0 %	4.6 %
Dual Eligible NF	1.8 %	2.3 %	2.8 %	0.4 %	2.1 %	1.5 %	2.1 %
MBCCP (6)			41.9 %	26.0 %		4.2 %	4.5 %

Footnotes

(1) All trends are net of reimbursement changes.

(2) Average trend during the period 9/1/2019-12/31/2019.

(3) Assumed trend during the period 1/1/2020-8/31/2020. Equals weighted average of the Statewide FY2017, FY2018, FY2019, and 9/19-12/19 trends. Weighted based on number of months.

(4) Combined 9/19-12/19 and 1/20-8/20 into single trend assumption based on number of months.

(5) Average trend during FY2017-FY2020.

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

FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Annual Trend in Number of Scripts per Member per Month						
Brand Drugs						
3/2013-2/2014	-8.2 %	-7.1 %			-7.7 %	-8.0 %
3/2014-2/2015	-12.6 %	-10.9 %			-11.9 %	-5.5 %
3/2015-2/2016	-9.3 %	-5.2 %			-5.8 %	-3.5 %
3/2016-2/2017	-4.8 %	-5.2 %	-9.5 %	-11.0 %	-4.6 %	-5.6 %
3/2017-2/2018	-4.9 %	-4.8 %	-8.3 %	-7.2 %	-4.3 %	-5.2 %
3/2018-2/2019	-8.3 %	-6.4 %	-9.3 %	-6.9 %	-7.3 %	-8.0 %
3/2019-2/2020	-10.4 %	-7.5 %	-5.8 %	-5.2 %	-8.9 %	-9.4 %
Use	-8.8 %	-6.7 %	-7.4 %	-6.1 %	-8.1 %	-8.2 %
Generic Drugs						
3/2013-2/2014	9.9 %	9.3 %			10.4 %	9.8 %
3/2014-2/2015	1.1 %	2.2 %			2.0 %	9.8 %
3/2015-2/2016	1.1 %	3.9 %			6.4 %	9.0 %
3/2016-2/2017	4.1 %	2.3 %	2.8 %	-1.8 %	4.5 %	3.3 %
3/2017-2/2018	5.8 %	3.4 %	6.1 %	-1.8 %	6.1 %	5.0 %
3/2018-2/2019	-1.5 %	-0.1 %	1.8 %	-1.4 %	-0.4 %	-1.0 %
3/2019-2/2020	-5.2 %	-2.7 %	1.5 %	-3.6 %	-3.8 %	-4.2 %
Use	-2.1 %	-0.8 %	2.4 %	-2.6 %	-1.5 %	-1.6 %
Specialty Drugs						
3/2013-2/2014	6.8 %	-0.9 %			6.6 %	5.7 %
3/2014-2/2015	-1.8 %	-0.4 %			-2.6 %	3.2 %
3/2015-2/2016	-2.9 %	-5.7 %			-1.6 %	2.2 %
3/2016-2/2017	-3.1 %	-3.2 %	-3.5 %	-10.2 %	-3.0 %	-3.5 %
3/2017-2/2018	3.3 %	2.6 %	7.2 %	-6.4 %	3.4 %	3.0 %
3/2018-2/2019	-2.9 %	-2.1 %	3.6 %	-4.1 %	-2.2 %	-2.6 %
3/2019-2/2020	-4.9 %	-1.9 %	6.8 %	-8.8 %	-3.8 %	-4.1 %
Use	-2.9 %	-1.2 %	5.8 %	-6.8 %	-2.3 %	-2.3 %
All Drugs						
3/2013-2/2014	5.5 %	5.1 %			5.9 %	5.4 %
3/2014-2/2015	-1.8 %	-0.7 %			-1.0 %	6.4 %
3/2015-2/2016	-0.9 %	2.0 %			3.9 %	6.5 %
3/2016-2/2017	2.4 %	0.9 %	0.7 %	-3.2 %	2.8 %	1.7 %
3/2017-2/2018	4.1 %	2.0 %	4.0 %	-2.6 %	4.4 %	3.4 %

FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
3/2018-2/2019	-2.5 %	-1.1 %	0.4 %	-2.1 %	-1.4 %	-2.1 %
3/2019-2/2020	-5.9 %	-3.4 %	0.7 %	-3.8 %	-4.5 %	-4.9 %
Use	-3.0 %	-1.6 %	1.4 %	-3.1 %	-2.3 %	-2.4 %

Annual Trend in Days Supply per Member per Month

Brand Drugs

3/2013-2/2014	-9.0 %	-7.8 %			-8.5 %	-8.8 %
3/2014-2/2015	-12.7 %	-11.0 %			-11.9 %	-5.4 %
3/2015-2/2016	-9.5 %	-5.9 %			-7.0 %	-5.0 %
3/2016-2/2017	-5.3 %	-5.4 %	-10.2 %	-10.5 %	-5.0 %	-5.9 %
3/2017-2/2018	-4.8 %	-4.5 %	-8.6 %	-7.4 %	-4.2 %	-5.1 %
3/2018-2/2019	-7.2 %	-5.8 %	-8.3 %	-7.8 %	-6.4 %	-7.1 %
3/2019-2/2020	-8.4 %	-6.7 %	-5.4 %	-8.3 %	-7.4 %	-7.9 %
Use	-7.4 %	-6.0 %	-6.9 %	-8.0 %	-7.1 %	-7.2 %

Generic Drugs

3/2013-2/2014	12.0 %	10.3 %			12.4 %	11.7 %
3/2014-2/2015	2.5 %	2.7 %			3.5 %	2.5 %
3/2015-2/2016	2.9 %	5.2 %			7.6 %	3.3 %
3/2016-2/2017	4.9 %	2.9 %	3.4 %	-1.7 %	5.3 %	4.6 %
3/2017-2/2018	7.1 %	4.4 %	6.3 %	-1.2 %	7.3 %	6.7 %
3/2018-2/2019	1.1 %	1.7 %	3.4 %	-2.2 %	1.8 %	1.2 %
3/2019-2/2020	-1.0 %	-0.1 %	3.2 %	-2.8 %	-0.1 %	-0.8 %
Use	1.1 %	1.2 %	3.8 %	-2.3 %	1.3 %	1.1 %

Specialty Drugs

3/2013-2/2014	7.4 %	0.4 %			7.2 %	6.4 %
3/2014-2/2015	-3.7 %	-3.0 %			-4.7 %	-3.6 %
3/2015-2/2016	-1.8 %	-4.9 %			-2.1 %	-2.2 %
3/2016-2/2017	0.5 %	-1.1 %	5.0 %	-6.1 %	0.5 %	0.3 %
3/2017-2/2018	4.7 %	5.2 %	11.0 %	-1.9 %	5.1 %	4.8 %
3/2018-2/2019	-1.7 %	-0.4 %	5.4 %	-4.0 %	-1.0 %	-1.6 %
3/2019-2/2020	-4.2 %	-1.4 %	8.5 %	-5.2 %	-3.0 %	-3.8 %
Use	-1.9 %	0.1 %	7.9 %	-4.3 %	-1.1 %	-1.6 %

All Drugs

3/2013-2/2014	6.5 %	5.5 %			6.9 %	6.3 %
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FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
3/2014-2/2015	-1.0 %	-0.5 %			-0.1 %	-0.9 %
3/2015-2/2016	0.4 %	2.8 %			4.6 %	0.8 %
3/2016-2/2017	3.0 %	1.4 %	1.2 %	-2.9 %	3.4 %	2.7 %
3/2017-2/2018	5.2 %	2.9 %	4.2 %	-1.9 %	5.4 %	4.8 %
3/2018-2/2019	-0.2 %	0.5 %	1.9 %	-2.8 %	0.6 %	-0.1 %
3/2019-2/2020	-2.0 %	-1.1 %	2.3 %	-3.4 %	-1.2 %	-1.9 %
Use	0.0 %	0.2 %	2.8 %	-2.9 %	0.2 %	0.0 %

Annual Trend in Incurred Claims per Days Supply

Brand Drugs

3/2013-2/2014	11.6 %	13.2 %			11.8 %	11.9 %
3/2014-2/2015	14.0 %	16.1 %			15.8 %	14.4 %
3/2015-2/2016	12.9 %	15.1 %			15.1 %	13.4 %
3/2016-2/2017	7.3 %	6.9 %	4.4 %	7.1 %	7.2 %	7.2 %
3/2017-2/2018	8.6 %	8.6 %	5.0 %	6.2 %	8.4 %	8.6 %
3/2018-2/2019	7.1 %	7.5 %	5.8 %	2.8 %	7.0 %	7.2 %
3/2019-2/2020	9.6 %	6.0 %	2.7 %	7.1 %	8.4 %	8.8 %
Use	8.6 %	6.9 %	4.1 %	5.5 %	7.9 %	8.3 %

Generic Drugs

3/2013-2/2014	-2.1 %	-4.5 %			-2.2 %	-2.6 %
3/2014-2/2015	0.5 %	6.0 %			2.9 %	1.6 %
3/2015-2/2016	10.0 %	11.0 %			11.4 %	10.2 %
3/2016-2/2017	2.5 %	4.1 %	0.2 %	2.2 %	2.7 %	2.8 %
3/2017-2/2018	-9.3 %	-10.7 %	-5.4 %	-3.1 %	-8.5 %	-9.6 %
3/2018-2/2019	5.6 %	4.8 %	8.6 %	6.8 %	6.0 %	5.4 %
3/2019-2/2020	-3.7 %	-2.9 %	-8.3 %	-8.3 %	-4.1 %	-3.6 %
Use	-1.6 %	-1.6 %	-2.2 %	-2.4 %	-1.6 %	-1.6 %

Specialty Drugs

3/2013-2/2014	5.0 %	12.5 %			5.6 %	6.5 %
3/2014-2/2015	10.2 %	13.8 %			10.4 %	11.0 %
3/2015-2/2016	13.8 %	9.9 %			12.8 %	13.0 %
3/2016-2/2017	12.9 %	11.3 %	25.4 %	7.0 %	13.1 %	12.5 %
3/2017-2/2018	8.0 %	15.2 %	10.1 %	14.1 %	9.2 %	9.5 %
3/2018-2/2019	9.7 %	3.9 %	7.8 %	15.2 %	9.2 %	8.4 %
3/2019-2/2020	12.3 %	12.8 %	8.4 %	11.6 %	12.2 %	12.4 %

FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
Use	10.7 %	10.2 %	8.5 %	13.2 %	10.6 %	10.6 %
All Drugs						
3/2013-2/2014	-0.6 %	1.1 %			-0.5 %	-0.3 %
3/2014-2/2015	3.1 %	6.5 %			3.7 %	3.7 %
3/2015-2/2016	6.3 %	5.7 %			5.1 %	6.2 %
3/2016-2/2017	3.2 %	3.1 %	0.0 %	0.7 %	2.9 %	3.2 %
3/2017-2/2018	0.6 %	3.7 %	-2.3 %	2.8 %	0.9 %	1.2 %
3/2018-2/2019	3.7 %	2.3 %	1.9 %	3.7 %	3.5 %	3.5 %
3/2019-2/2020	4.6 %	3.6 %	-0.8 %	1.7 %	4.0 %	4.4 %
Use	3.7 %	3.6 %	0.9 %	3.1 %	3.5 %	3.7 %

Annual Trend in Incurred Claims per Member per Month

Brand Drugs						
3/2013-2/2014	1.5 %	4.4 %			2.3 %	2.0 %
3/2014-2/2015	-0.4 %	3.3 %			2.0 %	0.2 %
3/2015-2/2016	2.2 %	8.4 %			7.0 %	3.3 %
3/2016-2/2017	1.6 %	1.2 %	-6.2 %	-4.2 %	1.8 %	1.5 %
3/2017-2/2018	3.4 %	3.6 %	-4.0 %	-1.7 %	3.8 %	3.5 %
3/2018-2/2019	-0.6 %	1.3 %	-3.0 %	-5.2 %	0.2 %	-0.3 %
3/2019-2/2020	0.4 %	-1.1 %	-2.9 %	-1.8 %	0.4 %	0.1 %
Use	1.1 %	2.0 %	-3.9 %	-3.9 %	0.2 %	0.5 %

Generic Drugs						
3/2013-2/2014	9.7 %	5.4 %			9.9 %	8.9 %
3/2014-2/2015	3.0 %	8.8 %			6.5 %	4.1 %
3/2015-2/2016	13.2 %	16.7 %			19.9 %	13.9 %
3/2016-2/2017	7.5 %	7.1 %	3.7 %	0.5 %	8.2 %	7.5 %
3/2017-2/2018	-2.8 %	-6.7 %	0.5 %	-4.3 %	-1.8 %	-3.6 %
3/2018-2/2019	6.7 %	6.6 %	12.2 %	4.4 %	8.0 %	6.7 %
3/2019-2/2020	-4.7 %	-3.0 %	-5.3 %	-10.9 %	-4.3 %	-4.4 %
Use	3.7 %	2.2 %	6.9 %	0.9 %	-0.4 %	-0.5 %

Specialty Drugs						
3/2013-2/2014	12.7 %	13.0 %			13.1 %	12.7 %
3/2014-2/2015	6.2 %	10.4 %			5.2 %	6.8 %
3/2015-2/2016	11.7 %	4.6 %			10.5 %	10.6 %

FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>	<u>Case-Mix Adjusted</u>
3/2016-2/2017	13.4 %	10.1 %	31.8 %	0.5 %	13.7 %	12.9 %
3/2017-2/2018	13.0 %	21.2 %	22.2 %	12.0 %	14.7 %	14.2 %
3/2018-2/2019	7.8 %	3.6 %	13.6 %	10.5 %	8.1 %	7.1 %
3/2019-2/2020	7.6 %	11.2 %	17.6 %	5.7 %	8.9 %	8.1 %
Use	10.5 %	10.5 %	19.5 %	9.4 %	9.4 %	8.9 %

All Drugs

3/2013-2/2014	5.8 %	6.6 %			6.4 %	5.9 %
3/2014-2/2015	2.0 %	6.0 %			3.6 %	2.7 %
3/2015-2/2016	6.7 %	8.6 %			10.0 %	7.1 %
3/2016-2/2017	6.4 %	4.5 %	1.2 %	-2.2 %	6.4 %	6.0 %
3/2017-2/2018	5.8 %	6.7 %	1.8 %	0.8 %	6.4 %	6.0 %
3/2018-2/2019	3.5 %	2.8 %	3.9 %	0.7 %	4.1 %	3.4 %
3/2019-2/2020	2.4 %	2.5 %	1.5 %	-1.8 %	2.8 %	2.4 %
Use	3.7 %	3.8 %	3.7 %	0.1 %	3.7 %	3.7 %

Generic Dispensing Rate (Days Supply)

3/2013-2/2014	75.7 %	75.9 %			75.8 %	75.8 %
3/2014-2/2015	78.4 %	78.3 %	80.7 %		78.5 %	75.1 %
3/2015-2/2016	80.4 %	80.2 %	82.6 %	86.0 %	80.8 %	80.8 %
3/2016-2/2017	81.9 %	81.4 %	84.4 %	87.0 %	82.2 %	82.2 %
3/2017-2/2018	83.4 %	82.6 %	86.1 %	87.7 %	83.7 %	83.7 %
3/2018-2/2019	84.4 %	83.6 %	87.3 %	88.3 %	84.7 %	84.7 %
3/2019-2/2020	85.4 %	84.5 %	88.1 %	88.8 %	85.6 %	85.6 %
Use	86.8 %	85.7 %	89.5 %	89.6 %	87.0 %	87.0 %

FY2021 Prescription Drug Rating Analysis
STAR+PLUS Pharmacy Trends

	<u>OCC</u>	<u>HCBS</u>	<u>IDD</u>	<u>NF</u>	<u>Total</u>
Incurred Claims per Member per Month					
3/2015-2/2016	377.837	827.254	456.979	728.630	415.221
3/2016-2/2017	401.837	864.576	462.437	712.768	441.901
3/2017-2/2018	425.227	922.385	470.734	718.291	470.275
3/2018-2/2019	440.269	947.920	489.013	723.498	489.591
3/2019-2/2020	451.013	971.384	496.370	710.653	503.136

PDL Adjustment Factors

3/2017-2/2018	1.0012	1.0011	1.0018	1.0002	1.0000
3/2018-2/2019	1.0167	1.0128	1.0419	1.0151	1.0027
3/2019-2/2020	1.0296	1.0226	1.0670	1.0245	1.0059

Adjusted Incurred Claims per Member per Month

3/2015-2/2016	377.837	827.254	456.979	728.630	415.221
3/2016-2/2017	401.837	864.576	462.437	712.768	441.901
3/2017-2/2018	425.737	923.399	471.582	718.434	470.836
3/2018-2/2019	447.622	960.054	509.503	734.423	498.359
3/2019-2/2020	464.363	993.337	529.626	728.064	518.748

Annual Trend in Adjusted Incurred Claims per Member per Month

3/2016-2/2017	6.4 %	4.5 %	1.2 %	-2.2 %	6.4 %
3/2017-2/2018	5.9 %	6.8 %	2.0 %	0.8 %	6.5 %
3/2018-2/2019	5.1 %	4.0 %	8.0 %	2.2 %	5.8 %
3/2019-2/2020	3.7 %	3.5 %	3.9 %	-0.9 %	4.1 %
Use	4.6 %	4.2 %	5.0 %	0.4 %	

Notes:
Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 2018 and 2019.

FY2021 Prescription Drug Rating Analysis
 MBCCP Pharmacy Trends

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

9/2018-2/2019	14.5 %	15.3 %	19.0 %	15.3 %
9/2019-2/2020	2.5 %	0.7 %	4.9 %	1.0 %
Use	6.5 %	5.6 %	9.6 %	5.8 %

Annual Trend in Days Supply per Member per Month

9/2018-2/2019	20.5 %	23.8 %	25.1 %	23.5 %
9/2019-2/2020	4.6 %	4.5 %	7.5 %	4.6 %
Use	9.9 %	10.9 %	13.4 %	10.9 %

Annual Trend in Incurred Claims per Days Supply

9/2018-2/2019	20.4 %	-2.0 %	6.1 %	8.7 %
9/2019-2/2020	22.5 %	-8.1 %	3.4 %	8.8 %
Use	21.8 %	-6.1 %	4.3 %	9.5 %

Annual Trend in Incurred Claims per Member per Month

9/2018-2/2019	45.0 %	21.2 %	32.7 %	34.2 %
9/2019-2/2020	28.2 %	-4.0 %	11.2 %	13.8 %
Use	33.9 %	4.1 %	18.3 %	21.4 %

Generic Dispensing Rate (Days Supply)

9/2017-2/2018	88.9 %
9/2018-2/2019	89.1 %
9/2019-2/2020	89.0 %
Use	89.1 %

FY2021 Prescription Drug Rating Analysis
 MBCCP Pharmacy Trends

MBCCP

Incurred Claims per Member per Month

9/2017-2/2018	398.864
9/2018-2/2019	535.173
9/2019-2/2020	608.803

PDL Adjustment Factors

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

Adjusted Incurred Claims per Member per Month

9/2017-2/2018	398.864
9/2018-2/2019	538.009
9/2019-2/2020	615.865

Annual Trend in Adjusted Incurred Claims per Member per Month

9/2018-2/2019	34.9 %
9/2019-2/2020	14.5 %
Use	21.3 %

Notes:
 Trend Adjustment Factors include adjustments for the significant PDL changes that took place in 2018 and 2019.

Attachment 5

Provider Reimbursement, Eligibility Changes and Benefit Revisions Effective During FY2019, FY2020 and FY2021

This attachment presents information regarding rating adjustments for the various provider reimbursement and benefit revisions that became effective (or will become effective) after the base period used in rate setting and before the end of FY2021.

All adjustments have been calculated through an analysis of health plan encounter data repriced using the old and new reimbursement terms and the impact determined as the relative change in cost. For each adjustment, the applicable FY2019 encounter data was repriced using the FFS reimbursement in place during FY2019, the FFS reimbursement that will be in place during FY2021 and the applicable percentage change determined. Although the MCOs are not required to change their reimbursement levels based on changes implemented by HHSC, the Medicaid fee schedule serves as a primary negotiating tool for both MCOs and providers in Texas. Many MCO/provider reimbursement contracts are directly tied to the Medicaid FFS fee schedule through established percentages (e.g. 100%, 102%, 95% etc.) As a result, MCO reimbursement has historically changed in conjunction with Medicaid FFS fee schedule changes, both increases and decreases. Furthermore, it is common for provider reimbursement contracts that are directly tied to the Medicaid fee schedule (i.e. set at a percentage of Medicaid) to automatically adjust when the Medicaid fee schedule changes with no further need for recontracting. The correlation between managed care reimbursement and FFS fee schedules has been consistently observed throughout the history of the Texas managed care programs and is reiterated through discussions with the MCOs.

As a result of annual evaluations, several hospitals have had their Standard Dollar Amount (SDA) revised between FY2019 and FY2021. In addition, the SDAs for all rural and children's hospitals were increased effective September 1, 2019. The increases for children's hospitals were limited to FY2020 and will be restored to the pre-September 1, 2019 levels on September 1, 2020. Exhibit A presents a summary of the derivation of the rating adjustment factors associated with these revisions.

Beginning May 1, 2013, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Readmissions (PPR). The reimbursement reductions amount to 1-2% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPR reduction list will become effective September 1, 2020. As a result, the adjustment factors shown in Exhibit B represent the restoration of those reductions that were in place during FY2019 net of those reductions that will be in place during FY2021.

Effective March 1, 2014, HHSC implemented revisions to hospital reimbursement to account for Potentially Preventable Complications (PPC). The reimbursement reductions amount to 2-2.5% depending on a hospital's performance during the evaluation period and can change from one fiscal year to the next. A new PPC reduction list will become effective September 1, 2020. As a result, the adjustment factors shown in Exhibit C represent the restoration of those reductions that were in place during FY2019 net of those reductions that will be in place during FY2021.

Effective September 1, 2019, HHSC began utilizing an adjustment to the base period data that analyzes inefficiencies and potentially preventable expenses that unnecessarily increase managed

care costs. This analysis was performed using the 3M™ PPR methodology which is a computerized algorithm to identify readmissions with a plausible clinical relationship to the care rendered during or immediately following a prior hospital admission. An expected reduction of PPR events of 10% has been applied for FY2021. The 10% PPR adjustment is intended to be an introductory step in improving the quality and efficiency of the managed care programs. This assumption will be monitored as actual experience develops and reassessed in future rating periods. Exhibit D presents a summary of the derivation of the rating adjustment factors.

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

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

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

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

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

Effective September 1, 2017, FQHC wrap payments were carved out of managed care. HHSC has developed policy language to ensure that FQHCs are reimbursed their full encounter rate; however, the MCO will only be responsible for reimbursing the FQHC an amount no less than the rate paid to non-FQHC providers providing similar services. This adjustment was calculated by collecting the FQHC wrap payments paid by the MCOs during the FY2019 base period. Exhibit H presents a summary of the derivation of the rating adjustment factors.

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

Effective September 1, 2020, HHSC will be making changes to the Service Authorization System (SAS) that will impact the classification of members in the nursing facility risk groups. This change will not impact the overall number of members in the STAR+PLUS program but

will shift members amongst the OCC, HCBS and nursing facility risk groups. The primary change is that the SAS system will only classify a member in the nursing facility risk group if the member's nursing facility segment and Resource Utilization Group (RUG) dates include the first of the month. In order to calculate the adjustment factor, the FY2019 base period enrollment was run through the revised eligibility criteria and the STAR+PLUS membership was reassigned into the risk groups that they would be assigned during FY2021. The claims and enrollment months for all members were then recategorized and the average cost by SDA and risk group was determined. Exhibits J.1 and J.2 show the comparison of the average cost pre and post eligibility shift for the medical and prescription drug expenditures respectively. The rating adjustment factors are defined as the change in average cost due to the enrollment shift. It should be noted that in total this adjustment is budget neutral; however, it has varying impacts by SDA and risk group.

During FY2019, HHSC implemented numerous changes to the Preferred Drug List (PDL). These changes included some of the program's highest expenditure drugs (Nexium and Focalin) and had a significant impact on managed care pharmacy cost. These changes were implemented during the experience period used to develop the FY2021 capitation rates. As a result, it is necessary to adjust the base period experience to reflect this material change in cost. Exhibit K of this attachment presents a summary of the derivation of the rating adjustment factors.

Effective September 1, 2020, HHSC will carve out all hemostatic drugs from the managed care capitated arrangement. These drugs will continue to be covered services under the program but will be funded through a non-risk arrangement. Hemostatic drugs are rare and extremely high cost. The purpose of this carve-out is to improve the balance of risk between various MCOs.

Exhibit L.1 and L.2 presents the calculation of the hemostatic carve-out adjustment factors applicable to the medical and pharmacy rate development, respectively. The calculation includes the total hemostatic drug cost during FY2019 for medical and CY2019 for pharmacy (the base period used in the applicable rate setting) as compared to the total cost.

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

<u>Heading</u>	<u>Attachment 5 Exhibits</u>
Acute Care – Non Inpatient	E, F and G.1
Acute Care – Inpatient	A, B, C and D
Wrap & Carve-Out Removal	H and L.1
Long Term Care	I
Other – NF Eligibility	J.1

Please note that the incurred claims reported on Attachment 5 are developed from the FY2019 detail encounter data which only includes claims paid through November 2019. As a result, the incurred claims reported on Attachment 3 vary slightly from Attachment 5 amounts for several reasons including: (i) Attachment 3 incurred claims include claims paid through February 2020, (ii) Attachment 3 incurred claims include a small amount of IBNR and (iii) certain subcapitated expenses provided by affiliated providers are included in Attachment 3 incurred claims but not

available in the detailed encounter data files. As noted on pages 1-3 of this report, multiple data sources were used in the rate development process with each being checked for consistency. The detail encounter data is necessary for the adjustment factors detailed in this attachment as it is the only data source that provides information at the claim level allowing for the repricing of claims under varying reimbursement levels.

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

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	239,426	36,444	0	0	52,207	0	15,660	2,323	346,060
Dallas	472,202	95,078	0	0	39,431	0	47,015	12,406	666,132
El Paso	407,739	136,847	0	0	83,913	0	65,186	5,679	699,364
Harris	763,648	111,712	0	0	75,783	0	31,199	9,539	991,880
Hidalgo	632,810	283,743	0	0	182,161	0	10,766	9,709	1,119,189
Jefferson	715,430	192,339	0	0	103,623	0	18,136	1,805	1,031,333
Lubbock	76,702	5,295	0	0	5,644	0	7,386	-1,725	93,302
Nueces	436,343	163,739	0	0	69,044	0	2,988	14,764	686,878
Tarrant	719,049	185,373	0	0	189,121	0	39,553	17,890	1,150,987
Travis	-82,806	-44,328	0	0	-21,448	0	4,332	154	-144,097
MRSA Central	780,987	129,196	0	0	158,802	0	47,179	12,159	1,128,322
MRSA Northeast	2,533,101	677,095	0	0	615,369	0	88,839	38,157	3,952,561
MRSA West	1,059,960	258,691	0	0	255,788	0	30,392	20,719	1,625,549
Total	8,754,589	2,231,225	0	0	1,809,437	0	408,631	143,579	13,347,461
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Hospital Reimbursement Changes - Standard Dollar Amount

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.20%	0.10%	0.00%	0.00%	0.49%	0.00%	0.20%	0.03%	0.19%
Dallas	0.26%	0.20%	0.00%	0.00%	0.19%	0.00%	0.56%	0.10%	0.25%
El Paso	0.98%	1.13%	0.00%	0.00%	3.73%	0.00%	1.93%	0.13%	1.10%
Harris	0.25%	0.18%	0.00%	0.00%	0.40%	0.00%	0.20%	0.05%	0.23%
Hidalgo	0.78%	0.73%	0.00%	0.00%	2.64%	0.00%	0.21%	0.10%	0.79%
Jefferson	1.37%	1.66%	0.00%	0.00%	2.81%	0.00%	1.31%	0.05%	1.43%
Lubbock	0.24%	0.10%	0.00%	0.00%	0.20%	0.00%	0.32%	-0.07%	0.21%
Nueces	1.06%	1.29%	0.00%	0.00%	2.24%	0.00%	0.20%	0.36%	1.10%
Tarrant	0.67%	0.73%	0.00%	0.00%	1.52%	0.00%	0.51%	0.20%	0.71%
Travis	-0.14%	-0.40%	0.00%	0.00%	-0.41%	0.00%	0.11%	0.00%	-0.17%
MRSA Central	1.05%	1.12%	0.00%	0.00%	1.76%	0.00%	1.52%	0.29%	1.10%
MRSA Northeast	2.58%	2.61%	0.00%	0.00%	5.99%	0.00%	2.14%	0.65%	2.74%
MRSA West	1.48%	1.78%	0.00%	0.00%	3.07%	0.00%	0.66%	0.37%	1.55%
Total	0.69%	0.71%	0.00%	0.00%	1.58%	0.00%	0.59%	0.15%	0.72%

Footnotes

- (1) Equals the cost impact from reimbursement changes for inpatient SDA changes effective 9/1/2019 and 9/1/2020.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	108,743	12,692	0	0	1,197	0	7,992	183	130,808
Dallas	-11,995	-29,495	0	0	-9,808	0	-2,472	289	-53,481
El Paso	33,817	10,376	0	0	2,962	0	2,063	2,187	51,404
Harris	-224,501	-71,801	0	0	-36,244	0	-14,039	-4,089	-350,673
Hidalgo	-46,670	-36,109	0	0	-10,058	0	-3,715	-1,064	-97,617
Jefferson	21,289	3,199	0	0	-4,743	0	496	645	20,886
Lubbock	-2,326	-398	0	0	-297	0	-641	-57	-3,719
Nueces	-20,146	-4,189	0	0	-5,071	0	-39	-159	-29,604
Tarrant	-37,325	-16,659	0	0	-13,665	0	-1,340	-2,799	-71,787
Travis	54,183	9,486	0	0	4,804	0	7,048	926	76,447
MRSA Central	-31,936	-2,450	0	0	-6,507	0	514	208	-40,170
MRSA Northeast	37,567	15,529	0	0	-253	0	-914	1,627	53,556
MRSA West	-2,536	-1,637	0	0	1,263	0	-1,598	126	-4,382
Total	-121,837	-111,455	0	0	-76,419	0	-6,645	-1,975	-318,331
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Readmission (PPR) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.09%	0.04%	0.00%	0.00%	0.01%	0.00%	0.10%	0.00%	0.07%
Dallas	-0.01%	-0.06%	0.00%	0.00%	-0.05%	0.00%	-0.03%	0.00%	-0.02%
El Paso	0.08%	0.09%	0.00%	0.00%	0.13%	0.00%	0.06%	0.05%	0.08%
Harris	-0.07%	-0.11%	0.00%	0.00%	-0.19%	0.00%	-0.09%	-0.02%	-0.08%
Hidalgo	-0.06%	-0.09%	0.00%	0.00%	-0.15%	0.00%	-0.07%	-0.01%	-0.07%
Jefferson	0.04%	0.03%	0.00%	0.00%	-0.13%	0.00%	0.04%	0.02%	0.03%
Lubbock	-0.01%	-0.01%	0.00%	0.00%	-0.01%	0.00%	-0.03%	0.00%	-0.01%
Nueces	-0.05%	-0.03%	0.00%	0.00%	-0.16%	0.00%	0.00%	0.00%	-0.05%
Tarrant	-0.03%	-0.07%	0.00%	0.00%	-0.11%	0.00%	-0.02%	-0.03%	-0.04%
Travis	0.09%	0.08%	0.00%	0.00%	0.09%	0.00%	0.18%	0.02%	0.09%
MRSA Central	-0.04%	-0.02%	0.00%	0.00%	-0.07%	0.00%	0.02%	0.01%	-0.04%
MRSA Northeast	0.04%	0.06%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.03%	0.04%
MRSA West	0.00%	-0.01%	0.00%	0.00%	0.02%	0.00%	-0.03%	0.00%	0.00%
Total	-0.01%	-0.04%	0.00%	0.00%	-0.07%	0.00%	-0.01%	0.00%	-0.02%

Footnotes

- (1) Equals the net cost/savings resulting from PPR reimbursement reductions that will become effective 9/1/2020 versus those effective during FY2019.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-166,137	-19,913	0	0	-12,429	0	-12,556	-1,141	-212,177
Dallas	390,006	87,430	0	0	56,352	0	-1,791	7,811	539,808
El Paso	-37,643	-6,974	0	0	-1,734	0	277	-3,265	-49,338
Harris	63,989	24,746	0	0	25,301	0	3,661	-7,119	110,578
Hidalgo	131,166	68,577	0	0	18,427	0	6,801	10,158	235,129
Jefferson	3,861	9,631	0	0	-3,533	0	446	-4,372	6,033
Lubbock	-41,991	-479	0	0	-3,866	0	-3,844	2,441	-47,740
Nueces	119,400	40,642	0	0	16,002	0	3,883	2,362	182,290
Tarrant	11,120	-8,555	0	0	-1,118	0	885	110	2,443
Travis	28,033	-250	0	0	465	0	-5,813	367	22,803
MRSA Central	-67,206	-10,310	0	0	-5,599	0	-1,983	-4,367	-89,465
MRSA Northeast	17,075	11,866	0	0	-6,796	0	2,415	495	25,055
MRSA West	-136,588	-21,205	0	0	-19,822	0	-6,066	-3,741	-187,422
Total	315,086	175,207	0	0	61,648	0	-13,685	-259	537,997
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Complication (PPC) Reimbursement Reductions

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.14%	-0.06%	0.00%	0.00%	-0.12%	0.00%	-0.16%	-0.01%	-0.12%
Dallas	0.22%	0.19%	0.00%	0.00%	0.28%	0.00%	-0.02%	0.06%	0.20%
El Paso	-0.09%	-0.06%	0.00%	0.00%	-0.08%	0.00%	0.01%	-0.08%	-0.08%
Harris	0.02%	0.04%	0.00%	0.00%	0.13%	0.00%	0.02%	-0.03%	0.03%
Hidalgo	0.16%	0.18%	0.00%	0.00%	0.27%	0.00%	0.13%	0.11%	0.17%
Jefferson	0.01%	0.08%	0.00%	0.00%	-0.10%	0.00%	0.03%	-0.13%	0.01%
Lubbock	-0.13%	-0.01%	0.00%	0.00%	-0.13%	0.00%	-0.16%	0.10%	-0.11%
Nueces	0.29%	0.32%	0.00%	0.00%	0.52%	0.00%	0.26%	0.06%	0.29%
Tarrant	0.01%	-0.03%	0.00%	0.00%	-0.01%	0.00%	0.01%	0.00%	0.00%
Travis	0.05%	0.00%	0.00%	0.00%	0.01%	0.00%	-0.15%	0.01%	0.03%
MRSA Central	-0.09%	-0.09%	0.00%	0.00%	-0.06%	0.00%	-0.06%	-0.10%	-0.09%
MRSA Northeast	0.02%	0.05%	0.00%	0.00%	-0.07%	0.00%	0.06%	0.01%	0.02%
MRSA West	-0.19%	-0.15%	0.00%	0.00%	-0.24%	0.00%	-0.13%	-0.07%	-0.18%
Total	0.02%	0.06%	0.00%	0.00%	0.05%	0.00%	-0.02%	0.00%	0.03%

Footnotes

- (1) Equals the net cost/savings resulting from PPC reimbursement reductions that will become effective 9/1/2020 versus those effective during FY2019.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Quality Improvement (1)									
Bexar	-520,619	-139,504	0	0	-82,794	0	-31,364	-1,555	-775,836
Dallas	-1,015,426	-241,736	0	0	-190,954	0	-37,838	-2,686	-1,488,640
El Paso	-133,937	-66,294	0	0	-26,044	0	-11,320	-1,170	-238,764
Harris	-1,809,451	-279,804	0	0	-153,351	0	-77,571	-5,989	-2,326,165
Hidalgo	-251,702	-142,058	0	0	-58,010	0	-13,024	-441	-465,236
Jefferson	-159,703	-61,179	0	0	-31,131	0	-2,986	-3,103	-258,103
Lubbock	-117,313	-19,317	0	0	-12,859	0	-8,630	-5,290	-163,408
Nueces	-184,136	-56,491	0	0	-21,199	0	-4,031	-3,511	-269,369
Tarrant	-406,220	-94,996	0	0	-99,333	0	-27,251	-2,859	-630,658
Travis	-324,636	-47,768	0	0	-30,880	0	-28,452	0	-431,735
MRSA Central	-424,946	-59,941	0	0	-74,983	0	-18,198	-598	-578,667
MRSA Northeast	-317,463	-100,176	0	0	-85,999	0	-15,532	-3,748	-522,917
MRSA West	-273,484	-44,012	0	0	-65,262	0	-16,927	-390	-400,075
Total	-5,939,036	-1,353,277	0	0	-932,799	0	-293,123	-31,340	-8,549,575
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Inpatient Acute Care
 Potentially Preventable Readmission (PPR) Quality Improvement

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.44%	-0.39%	0.00%	0.00%	-0.77%	0.00%	-0.40%	-0.02%	-0.43%
Dallas	-0.56%	-0.51%	0.00%	0.00%	-0.94%	0.00%	-0.45%	-0.02%	-0.55%
El Paso	-0.32%	-0.55%	0.00%	0.00%	-1.16%	0.00%	-0.34%	-0.03%	-0.38%
Harris	-0.59%	-0.44%	0.00%	0.00%	-0.80%	0.00%	-0.50%	-0.03%	-0.55%
Hidalgo	-0.31%	-0.36%	0.00%	0.00%	-0.84%	0.00%	-0.26%	0.00%	-0.33%
Jefferson	-0.31%	-0.53%	0.00%	0.00%	-0.84%	0.00%	-0.22%	-0.09%	-0.36%
Lubbock	-0.37%	-0.36%	0.00%	0.00%	-0.45%	0.00%	-0.37%	-0.21%	-0.36%
Nueces	-0.45%	-0.45%	0.00%	0.00%	-0.69%	0.00%	-0.27%	-0.09%	-0.43%
Tarrant	-0.38%	-0.37%	0.00%	0.00%	-0.80%	0.00%	-0.35%	-0.03%	-0.39%
Travis	-0.56%	-0.43%	0.00%	0.00%	-0.60%	0.00%	-0.74%	0.00%	-0.51%
MRSA Central	-0.57%	-0.52%	0.00%	0.00%	-0.83%	0.00%	-0.59%	-0.01%	-0.56%
MRSA Northeast	-0.32%	-0.39%	0.00%	0.00%	-0.84%	0.00%	-0.37%	-0.06%	-0.36%
MRSA West	-0.38%	-0.30%	0.00%	0.00%	-0.78%	0.00%	-0.37%	-0.01%	-0.38%
Total	-0.47%	-0.43%	0.00%	0.00%	-0.82%	0.00%	-0.43%	-0.03%	-0.46%

Footnotes

- (1) Equals the cost impact from a 10% reduction in PPR events.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Therapy Reimbursement Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	49,349	31,986	0	0	229	0	2,969	1,660	86,193
Dallas	8,198	3,991	0	0	51	0	106	0	12,345
El Paso	25,227	10,103	0	0	71	0	4,943	623	40,968
Harris	93,574	36,687	0	0	543	0	3,001	2,780	136,585
Hidalgo	53,388	30,714	0	0	82	0	10,658	1,836	96,679
Jefferson	4,064	1,510	0	0	0	0	5	0	5,579
Lubbock	1,630	533	0	0	28	0	45	0	2,236
Nueces	36,170	11,022	0	0	125	0	392	5,286	52,995
Tarrant	6,021	1,880	0	0	0	0	314	237	8,452
Travis	12,933	3,576	0	0	38	0	1,109	525	18,180
MRSA Central	7,390	1,677	0	0	195	0	490	346	10,098
MRSA Northeast	31,280	23,575	0	0	797	0	356	829	56,838
MRSA West	2,319	1,002	0	0	0	0	265	382	3,969
Total	331,544	158,257	0	0	2,158	0	24,653	14,504	531,117
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Therapy Reimbursement Changes

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

Footnotes

- (1) Equals the cost impact from reimbursement changes for therapy services effective 9/1/2019.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-12,689	-9,315	0	0	-4	0	0	-16	-22,024
Dallas	-3,359	-65	0	0	0	0	-1,450	0	-4,874
El Paso	-11,126	-11,540	0	0	-3,844	0	-256	-222	-26,987
Harris	-97,424	-43,156	0	0	-520	0	-395	-81,433	-222,927
Hidalgo	-33,914	-91,693	0	0	-1,958	0	-213	-1,686	-129,465
Jefferson	-31,578	-678	0	0	0	0	-90	-203	-32,549
Lubbock	-476	-31	0	0	0	0	0	-19,890	-20,398
Nueces	-16,858	-1,083	0	0	0	0	0	-10	-17,950
Tarrant	-35,769	-2,163	0	0	-42	0	-4,748	-757	-43,478
Travis	-14,883	-716	0	0	-9	0	-2,033	-176	-17,816
MRSA Central	-20,644	-1,747	0	0	-79	0	-29	-114	-22,613
MRSA Northeast	-60,655	-48,635	0	0	-5,290	0	-7,857	-9,389	-131,826
MRSA West	-2,249	-348	0	0	-517	0	0	-1,782	-4,895
Total	-341,622	-211,167	0	0	-12,264	0	-17,070	-115,678	-697,801
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Non-Inpatient Acute Care
 Remove Invalid CAD Encounters

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.01%	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%
El Paso	-0.03%	-0.10%	0.00%	0.00%	-0.17%	0.00%	-0.01%	-0.01%	-0.04%
Harris	-0.03%	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.39%	-0.05%
Hidalgo	-0.04%	-0.24%	0.00%	0.00%	-0.03%	0.00%	0.00%	-0.02%	-0.09%
Jefferson	-0.06%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.01%	-0.01%	-0.05%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.79%	-0.05%
Nueces	-0.04%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%
Tarrant	-0.03%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.06%	-0.01%	-0.03%
Travis	-0.03%	-0.01%	0.00%	0.00%	0.00%	0.00%	-0.05%	0.00%	-0.02%
MRSA Central	-0.03%	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%
MRSA Northeast	-0.06%	-0.19%	0.00%	0.00%	-0.05%	0.00%	-0.19%	-0.16%	-0.09%
MRSA West	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.03%	0.00%
Total	-0.03%	-0.07%	0.00%	0.00%	-0.01%	0.00%	-0.02%	-0.12%	-0.04%

Footnotes

- (1) Equals the cost impact from removing invalid CADs.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-1,013,223	-64,576	0	0	-60,626	0	-45,577	94	-1,183,908
Dallas	-3,669,687	-487,276	0	0	-108,902	0	-84,998	276	-4,350,587
El Paso	-746,001	-109,836	0	0	822	0	-68,646	312	-923,349
Harris	-4,638,773	-434,241	0	0	-13,478	0	-169,568	1,520	-5,254,539
Hidalgo	-350,653	-27,757	0	0	1,037	0	-63,980	0	-441,353
Jefferson	-161,662	-22,145	0	0	2,347	0	536	0	-180,924
Lubbock	-67,461	-11,431	0	0	1,863	0	-42,887	0	-119,916
Nueces	-155,565	-5,368	0	0	0	0	1,400	0	-159,533
Tarrant	-508,969	-61,068	0	0	-19,927	0	-19,347	345	-608,966
Travis	-1,033,879	8,670	0	0	-5,502	0	-111,701	522	-1,141,890
MRSA Central	-918,816	-40,072	0	0	-21,688	0	-22,231	866	-1,001,941
MRSA Northeast	-342,474	-5,628	0	0	-19,381	0	7,713	156	-359,615
MRSA West	-760,651	-35,456	0	0	-16,995	0	-30,039	902	-842,239
Total	-14,367,815	-1,296,186	0	0	-260,429	0	-649,324	4,993	-16,568,761
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating

Provider Reimbursement Adjustments - Non-Inpatient Acute Care

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.85%	-0.18%	0.00%	0.00%	-0.56%	0.00%	-0.59%	0.00%	-0.65%
Dallas	-2.03%	-1.04%	0.00%	0.00%	-0.53%	0.00%	-1.01%	0.00%	-1.62%
El Paso	-1.80%	-0.91%	0.00%	0.00%	0.04%	0.00%	-2.03%	0.01%	-1.45%
Harris	-1.52%	-0.68%	0.00%	0.00%	-0.07%	0.00%	-1.09%	0.01%	-1.23%
Hidalgo	-0.43%	-0.07%	0.00%	0.00%	0.02%	0.00%	-1.27%	0.00%	-0.31%
Jefferson	-0.31%	-0.19%	0.00%	0.00%	0.06%	0.00%	0.04%	0.00%	-0.25%
Lubbock	-0.21%	-0.21%	0.00%	0.00%	0.06%	0.00%	-1.84%	0.00%	-0.27%
Nueces	-0.38%	-0.04%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	-0.25%
Tarrant	-0.47%	-0.24%	0.00%	0.00%	-0.16%	0.00%	-0.25%	0.00%	-0.38%
Travis	-1.77%	0.08%	0.00%	0.00%	-0.11%	0.00%	-2.90%	0.01%	-1.35%
MRSA Central	-1.23%	-0.35%	0.00%	0.00%	-0.24%	0.00%	-0.72%	0.02%	-0.98%
MRSA Northeast	-0.35%	-0.02%	0.00%	0.00%	-0.19%	0.00%	0.19%	0.00%	-0.25%
MRSA West	-1.06%	-0.24%	0.00%	0.00%	-0.20%	0.00%	-0.65%	0.02%	-0.80%
Total	-1.14%	-0.41%	0.00%	0.00%	-0.23%	0.00%	-0.94%	0.01%	-0.89%

Footnotes

- (1) Equals the cost impact resulting from the removal of claims for members with an IMD stay in excess of 15 days in a month and repricing IMD utilization to the unit cost of non-IMD providers.
- (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
- (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating

Pharmacy Adjustments

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

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Estimated Impact (1)									
Bexar	-63,460	-13,675	0	0	-1,270	0	-3,237	0	-81,642
Dallas	-76,953	-22,354	0	0	-972	0	-5,190	0	-105,469
El Paso	-42,027	-29,843	0	0	0	0	-5,557	0	-77,428
Harris	-299,288	-35,035	0	0	-1,621	0	-24,497	0	-360,441
Hidalgo	-6,080	-5,153	0	0	0	0	-801	0	-12,034
Jefferson	-8,461	-1,658	0	0	0	0	0	0	-10,119
Lubbock	-9,641	-795	0	0	0	0	0	0	-10,436
Nueces	-9,786	-4,447	0	0	0	0	0	0	-14,233
Tarrant	-21,757	-5,439	0	0	-1,854	0	-8,227	0	-37,277
Travis	-34,994	0	0	0	-1,017	0	-9,017	0	-45,028
MRSA Central	-32,993	-887	0	0	-189	0	-5,573	0	-39,642
MRSA Northeast	-16,232	-1,259	0	0	-151	0	0	0	-17,643
MRSA West	-31,857	-746	0	0	-3,040	0	-870	0	-36,513
Total	-653,530	-121,291	0	0	-10,114	0	-62,970	0	-847,905
FY2019 Total Incurred Claims (2)									
Bexar	111,725,586	27,793,157	0	0	5,387,462	0	11,340,442	2,694,218	158,940,866
Dallas	124,069,774	28,302,771	0	0	5,052,028	0	9,467,663	2,349,329	169,241,565
El Paso	38,365,769	10,290,413	0	0	482,324	0	3,972,572	2,164,004	55,275,082
Harris	251,914,571	37,621,169	0	0	7,729,049	0	26,270,878	7,315,511	330,851,179
Hidalgo	84,640,238	29,507,611	0	0	2,089,462	0	5,477,765	3,226,474	124,941,550
Jefferson	43,924,321	6,727,715	0	0	1,662,896	0	2,629,232	1,318,129	56,262,292
Lubbock	24,624,278	3,352,757	0	0	1,469,293	0	3,040,267	805,881	33,292,475
Nueces	38,776,783	9,955,818	0	0	1,618,751	0	2,609,388	1,041,910	54,002,651
Tarrant	89,279,841	16,365,297	0	0	6,459,481	0	10,997,606	3,424,169	126,526,394
Travis	53,487,552	9,877,733	0	0	3,859,264	0	8,437,495	1,305,108	76,967,150
MRSA Central	57,780,569	8,832,226	0	0	3,370,055	0	4,954,494	1,555,914	76,493,257
MRSA Northeast	89,300,546	18,759,248	0	0	6,095,197	0	5,698,509	1,581,720	121,435,220
MRSA West	63,765,197	10,297,574	0	0	3,984,483	0	6,832,197	1,379,754	86,259,205
Total	1,071,655,024	217,683,489	0	0	49,259,745	0	101,728,506	30,162,121	1,470,488,885

FY2021 STAR+PLUS Rating

Pharmacy Adjustments

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

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

Footnotes

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

(2) Equals fiscal year 2019 managed care pharmacy incurred claims.

(3) Equals Cost Impact divided by FY2019 pharmacy incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal
 FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	-1,147,154	-136,952	0	0	-4,832	0	-40,067	-47,951	-1,376,955
Dallas	-543,391	-61,795	0	0	-5,275	0	-32,163	-10,217	-652,842
El Paso	-162,004	-15,004	0	0	-597	0	-3,269	-7,570	-188,444
Harris	-1,869,229	-126,717	0	0	-7,057	0	-90,502	-44,846	-2,138,351
Hidalgo	-717,221	-86,218	0	0	-2,066	0	-15,810	-70,395	-891,711
Jefferson	-435,525	-30,850	0	0	-1,699	0	-4,782	-14,374	-487,231
Lubbock	-387,173	-31,764	0	0	-2,054	0	-40,237	-9,439	-470,667
Nueces	-599,132	-122,524	0	0	-1,846	0	-29,971	-28,093	-781,565
Tarrant	-140,011	-12,774	0	0	-1,243	0	-16,191	-8,983	-179,202
Travis	-2,036,303	-241,513	0	0	-12,693	0	-106,439	-42,015	-2,438,961
MRSA Central	-1,638,226	-149,646	0	0	-10,132	0	-60,528	-18,693	-1,877,225
MRSA Northeast	-1,470,839	-189,127	0	0	-6,169	0	-51,817	-22,756	-1,740,708
MRSA West	-1,748,538	-164,367	0	0	-19,660	0	-187,195	-46,069	-2,165,830
Total	-12,894,747	-1,369,249	0	0	-75,322	0	-678,972	-371,402	-15,389,693
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal
 FQHC Wrap Removal

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.96%	-0.39%	0.00%	0.00%	-0.04%	0.00%	-0.52%	-0.61%	-0.76%
Dallas	-0.30%	-0.13%	0.00%	0.00%	-0.03%	0.00%	-0.38%	-0.08%	-0.24%
El Paso	-0.39%	-0.12%	0.00%	0.00%	-0.03%	0.00%	-0.10%	-0.18%	-0.30%
Harris	-0.61%	-0.20%	0.00%	0.00%	-0.04%	0.00%	-0.58%	-0.21%	-0.50%
Hidalgo	-0.88%	-0.22%	0.00%	0.00%	-0.03%	0.00%	-0.31%	-0.76%	-0.63%
Jefferson	-0.84%	-0.27%	0.00%	0.00%	-0.05%	0.00%	-0.35%	-0.42%	-0.68%
Lubbock	-1.22%	-0.58%	0.00%	0.00%	-0.07%	0.00%	-1.72%	-0.38%	-1.05%
Nueces	-1.45%	-0.97%	0.00%	0.00%	-0.06%	0.00%	-2.02%	-0.69%	-1.25%
Tarrant	-0.13%	-0.05%	0.00%	0.00%	-0.01%	0.00%	-0.21%	-0.10%	-0.11%
Travis	-3.49%	-2.16%	0.00%	0.00%	-0.25%	0.00%	-2.76%	-0.72%	-2.89%
MRSA Central	-2.19%	-1.30%	0.00%	0.00%	-0.11%	0.00%	-1.95%	-0.45%	-1.83%
MRSA Northeast	-1.50%	-0.73%	0.00%	0.00%	-0.06%	0.00%	-1.25%	-0.39%	-1.21%
MRSA West	-2.43%	-1.13%	0.00%	0.00%	-0.24%	0.00%	-4.04%	-0.83%	-2.06%
Total	-1.02%	-0.43%	0.00%	0.00%	-0.07%	0.00%	-0.99%	-0.39%	-0.83%

Footnotes

- (1) Equals the cost impact from removing FQHC wrap payments from the capitation rate.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	420,133	179,053	580,845	278,086	0	0	0	1,600	1,459,718
Dallas	582,679	184,726	690,095	255,495	0	0	0	3,361	1,716,357
El Paso	171,347	42,510	608,657	64,637	0	0	0	2,273	889,424
Harris	967,836	264,345	1,439,780	518,598	0	0	0	4,704	3,195,264
Hidalgo	953,568	317,149	3,039,986	1,365,016	0	0	0	18,157	5,693,876
Jefferson	102,814	69,690	145,002	117,356	0	0	0	413	435,275
Lubbock	29,900	16,419	48,956	24,433	0	0	0	719	120,426
Nueces	221,888	96,769	364,575	303,745	0	0	0	2,548	989,525
Tarrant	215,571	99,500	327,083	91,860	0	0	0	1,496	735,510
Travis	134,050	97,945	199,932	218,514	0	0	0	873	651,314
MRSA Central	116,355	62,027	174,194	131,601	0	0	0	507	484,684
MRSA Northeast	218,675	146,262	275,173	292,244	0	0	0	1,190	933,544
MRSA West	98,357	43,703	302,766	165,560	0	0	0	758	611,145
Total	4,233,174	1,620,098	8,197,044	3,827,146	0	0	0	38,599	17,916,061
FY2019 Total Long Term Care Incurred Claims (2)									
Bexar	42,894,495	41,870,866	63,686,302	59,745,427	28,190,570	139,859,460	0	166,613	376,413,734
Dallas	60,105,932	47,645,309	77,918,025	80,311,808	39,806,064	202,612,377	0	352,942	508,752,457
El Paso	18,466,114	14,371,665	66,048,018	28,039,304	3,892,026	25,945,300	0	238,183	157,000,610
Harris	98,504,180	74,513,318	158,333,210	120,964,775	42,008,653	241,404,687	0	490,385	736,219,208
Hidalgo	101,100,566	64,769,812	330,076,638	264,524,524	11,753,229	121,118,107	0	1,899,481	895,242,357
Jefferson	10,485,911	11,350,685	15,957,445	22,478,617	9,516,925	68,335,537	0	44,521	138,169,641
Lubbock	2,889,253	4,420,624	5,782,569	8,704,118	8,532,554	64,710,484	0	74,561	95,114,163
Nueces	23,146,905	17,328,300	39,468,092	49,794,342	8,817,728	82,791,174	0	266,767	221,613,307
Tarrant	20,938,942	24,013,063	35,909,401	41,324,159	30,587,383	179,270,385	0	158,230	332,201,562
Travis	13,061,681	13,865,760	22,263,395	32,688,285	16,980,922	124,678,455	0	90,832	223,629,329
MRSA Central	11,503,375	12,039,495	20,271,914	25,106,309	22,931,340	175,807,240	0	54,714	267,714,389
MRSA Northeast	22,080,167	27,412,280	31,943,072	71,030,814	26,887,530	231,103,921	0	125,754	410,583,537
MRSA West	9,995,841	13,431,579	33,582,133	39,839,772	22,165,940	185,587,628	0	78,946	304,681,840
Total	435,173,363	367,032,756	901,240,214	844,552,252	272,070,863	1,843,224,756	0	4,041,928	4,667,336,132

FY2021 STAR+PLUS Rating
 Provider Reimbursement Adjustments - Long Term Care
 Attendant Care Reimbursement Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.98%	0.43%	0.91%	0.47%	0.00%	0.00%	0.00%	0.96%	0.39%
Dallas	0.97%	0.39%	0.89%	0.32%	0.00%	0.00%	0.00%	0.95%	0.34%
El Paso	0.93%	0.30%	0.92%	0.23%	0.00%	0.00%	0.00%	0.95%	0.57%
Harris	0.98%	0.35%	0.91%	0.43%	0.00%	0.00%	0.00%	0.96%	0.43%
Hidalgo	0.94%	0.49%	0.92%	0.52%	0.00%	0.00%	0.00%	0.96%	0.64%
Jefferson	0.98%	0.61%	0.91%	0.52%	0.00%	0.00%	0.00%	0.93%	0.32%
Lubbock	1.03%	0.37%	0.85%	0.28%	0.00%	0.00%	0.00%	0.96%	0.13%
Nueces	0.96%	0.56%	0.92%	0.61%	0.00%	0.00%	0.00%	0.95%	0.45%
Tarrant	1.03%	0.41%	0.91%	0.22%	0.00%	0.00%	0.00%	0.95%	0.22%
Travis	1.03%	0.71%	0.90%	0.67%	0.00%	0.00%	0.00%	0.96%	0.29%
MRSA Central	1.01%	0.52%	0.86%	0.52%	0.00%	0.00%	0.00%	0.93%	0.18%
MRSA Northeast	0.99%	0.53%	0.86%	0.41%	0.00%	0.00%	0.00%	0.95%	0.23%
MRSA West	0.98%	0.33%	0.90%	0.42%	0.00%	0.00%	0.00%	0.96%	0.20%
Total	0.97%	0.44%	0.91%	0.45%	0.00%	0.00%	0.00%	0.95%	0.38%

Footnotes
 (1) Equals the cost impact from reimbursement changes for the attendant care minimum wage effective 9/1/2019.
 (2) Equals FY2019 health plan fee-for-service claims for all long term care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Long Term Care Claims Paid.

FY2021 STAR+PLUS Rating
 Other Adjustments
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
FY2019 Average Cost PMPM (1)									
Bexar	755.96	3,093.52	325.48	1,776.93	5,577.52	3,728.12	389.10	1,930.80	1,038.83
Dallas	795.89	2,874.64	311.90	1,595.19	6,047.10	3,643.76	322.70	2,199.69	1,060.32
El Paso	857.70	2,904.99	470.52	1,808.98	6,691.81	3,790.52	569.30	1,366.66	879.28
Harris	888.95	3,729.74	295.00	2,004.34	5,970.32	3,640.44	367.02	2,026.00	961.16
Hidalgo	1,099.55	3,461.36	842.53	2,160.50	6,530.85	4,165.69	442.37	1,795.57	1,366.09
Jefferson	712.43	2,991.13	186.70	1,503.51	5,435.04	3,346.39	304.45	2,010.29	940.93
Lubbock	622.78	2,888.64	93.19	1,290.02	5,212.23	3,525.12	343.92	1,875.25	896.84
Nueces	827.25	2,959.24	407.76	1,790.51	5,209.20	3,760.31	294.67	1,845.12	1,163.11
Tarrant	693.06	3,103.07	229.67	1,541.06	5,287.52	3,475.48	323.19	1,990.33	1,040.75
Travis	725.95	3,314.91	196.94	1,679.63	5,072.69	3,628.16	304.01	2,019.30	1,051.79
MRSA Central	666.39	3,051.34	145.63	1,555.45	5,406.03	3,636.04	310.26	2,058.12	1,060.28
MRSA Northeast	624.19	2,956.78	162.37	1,410.28	5,475.46	3,585.04	306.95	1,810.71	1,036.57
MRSA West	616.65	2,883.65	178.63	1,406.39	5,235.31	3,455.44	371.81	1,746.91	948.62
Total	784.14	3,186.44	354.92	1,786.81	5,609.88	3,623.82	353.30	1,921.23	1,052.55
FY2019 Average Cost PMPM With Enrollment Shift (2)									
Bexar	770.77	3,084.55	336.71	1,769.28	5,444.21	3,816.10	385.68	1,930.80	1,038.83
Dallas	812.53	2,857.39	323.94	1,586.10	5,986.62	3,725.02	322.80	2,199.69	1,060.32
El Paso	869.03	2,893.08	474.14	1,802.47	6,443.55	3,928.11	569.36	1,366.66	879.28
Harris	896.33	3,723.77	304.38	1,997.33	5,957.19	3,738.00	366.69	2,026.00	961.16
Hidalgo	1,111.98	3,466.89	846.32	2,159.42	6,215.41	4,276.08	440.03	1,795.57	1,366.09
Jefferson	723.33	2,986.04	201.26	1,500.65	5,305.14	3,418.01	304.73	2,010.29	940.93
Lubbock	636.11	2,850.80	109.13	1,283.70	5,191.91	3,577.65	344.03	1,875.25	896.84
Nueces	838.58	2,961.90	430.07	1,788.72	5,096.16	3,837.77	290.28	1,845.12	1,163.11
Tarrant	714.96	3,101.83	246.41	1,535.20	5,101.40	3,540.13	322.06	1,990.33	1,040.75
Travis	739.67	3,313.26	211.20	1,674.09	4,972.25	3,704.72	303.31	2,019.30	1,051.79
MRSA Central	681.32	3,051.95	163.42	1,550.94	5,298.99	3,700.76	309.98	2,058.12	1,060.28
MRSA Northeast	638.73	2,955.30	181.30	1,406.89	5,300.24	3,642.40	306.40	1,810.71	1,036.57
MRSA West	631.69	2,881.64	194.28	1,401.47	5,080.35	3,523.86	370.74	1,746.91	948.62
Total	797.47	3,181.02	366.10	1,782.53	5,489.83	3,699.92	352.35	1,921.23	1,052.55

FY2021 STAR+PLUS Rating
 Other Adjustments
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	1.96%	-0.29%	3.45%	-0.43%	-2.39%	2.36%	-0.88%	0.00%	0.00%
Dallas	2.09%	-0.60%	3.86%	-0.57%	-1.00%	2.23%	0.03%	0.00%	0.00%
El Paso	1.32%	-0.41%	0.77%	-0.36%	-3.71%	3.63%	0.01%	0.00%	0.00%
Harris	0.83%	-0.16%	3.18%	-0.35%	-0.22%	2.68%	-0.09%	0.00%	0.00%
Hidalgo	1.13%	0.16%	0.45%	-0.05%	-4.83%	2.65%	-0.53%	0.00%	0.00%
Jefferson	1.53%	-0.17%	7.80%	-0.19%	-2.39%	2.14%	0.09%	0.00%	0.00%
Lubbock	2.14%	-1.31%	17.11%	-0.49%	-0.39%	1.49%	0.03%	0.00%	0.00%
Nueces	1.37%	0.09%	5.47%	-0.10%	-2.17%	2.06%	-1.49%	0.00%	0.00%
Tarrant	3.16%	-0.04%	7.29%	-0.38%	-3.52%	1.86%	-0.35%	0.00%	0.00%
Travis	1.89%	-0.05%	7.24%	-0.33%	-1.98%	2.11%	-0.23%	0.00%	0.00%
MRSA Central	2.24%	0.02%	12.22%	-0.29%	-1.98%	1.78%	-0.09%	0.00%	0.00%
MRSA Northeast	2.33%	-0.05%	11.66%	-0.24%	-3.20%	1.60%	-0.18%	0.00%	0.00%
MRSA West	2.44%	-0.07%	8.76%	-0.35%	-2.96%	1.98%	-0.29%	0.00%	0.00%
Total	1.70%	-0.17%	3.15%	-0.24%	-2.14%	2.10%	-0.27%	0.00%	0.00%

Footnotes

(1) Equals the average cost based on actual FY2019 claims and enrollment information.

(2) Equals the average cost based on FY2019 claims and enrollment modeled under revised eligibility definitions.

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

FY2021 STAR+PLUS Rating
 Pharmacy Adjustments
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
FY2019 Average Cost PMPM (1)									
Bexar	496.93	1,098.16	0.00	0.00	812.63	0.00	545.90	630.96	565.18
Dallas	394.68	854.25	0.00	0.00	589.64	0.00	361.01	401.50	437.42
El Paso	542.76	1,116.64	0.00	0.00	578.30	0.00	663.10	649.62	613.85
Harris	508.25	995.14	0.00	0.00	748.22	0.00	572.25	677.07	551.31
Hidalgo	499.83	967.45	0.00	0.00	820.71	0.00	473.49	506.86	567.37
Jefferson	471.34	861.09	0.00	0.00	674.17	0.00	565.62	743.51	512.47
Lubbock	429.90	913.74	0.00	0.00	704.86	0.00	436.19	571.77	466.00
Nueces	462.48	969.17	0.00	0.00	747.57	0.00	447.22	435.09	517.87
Tarrant	466.99	1,026.11	0.00	0.00	780.31	0.00	453.05	751.42	518.39
Travis	481.21	1,273.49	0.00	0.00	888.89	0.00	576.21	425.31	546.24
MRSA Central	418.09	1,122.62	0.00	0.00	603.05	0.00	480.21	745.14	466.88
MRSA Northeast	437.57	1,021.74	0.00	0.00	868.65	0.00	432.89	475.76	493.73
MRSA West	469.32	1,054.53	0.00	0.00	705.88	0.00	539.14	414.95	516.26
Total	468.15	1,001.06	0.00	0.00	737.38	0.00	500.70	574.23	520.40
FY2019 Average Cost PMPM With Enrollment Shift (2)									
Bexar	497.45	1,097.52	0.00	0.00	824.20	0.00	544.95	630.96	565.18
Dallas	395.88	854.53	0.00	0.00	569.55	0.00	360.92	401.50	437.42
El Paso	543.26	1,115.17	0.00	0.00	567.95	0.00	663.06	649.62	613.85
Harris	508.58	994.93	0.00	0.00	749.83	0.00	572.27	677.07	551.30
Hidalgo	500.37	967.49	0.00	0.00	817.68	0.00	473.39	506.86	567.37
Jefferson	471.65	860.43	0.00	0.00	677.42	0.00	565.81	743.51	512.47
Lubbock	430.54	912.79	0.00	0.00	708.38	0.00	436.03	571.77	466.00
Nueces	462.65	970.36	0.00	0.00	759.71	0.00	446.26	435.09	517.87
Tarrant	468.59	1,026.16	0.00	0.00	765.60	0.00	453.14	751.42	518.39
Travis	482.68	1,275.59	0.00	0.00	872.16	0.00	575.74	425.31	546.23
MRSA Central	418.65	1,120.86	0.00	0.00	602.89	0.00	480.36	745.14	466.88
MRSA Northeast	437.68	1,023.02	0.00	0.00	885.55	0.00	432.78	475.76	493.73
MRSA West	469.77	1,055.36	0.00	0.00	704.40	0.00	539.49	414.95	516.26
Total	468.79	1,001.15	0.00	0.00	735.28	0.00	500.56	574.23	520.40

FY2021 STAR+PLUS Rating
 Pharmacy Adjustments
 Nursing Facility Risk Group Adjustment Factors

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.10%	-0.06%	0.00%	0.00%	1.42%	0.00%	-0.17%	0.00%	0.00%
Dallas	0.30%	0.03%	0.00%	0.00%	-3.41%	0.00%	-0.03%	0.00%	0.00%
El Paso	0.09%	-0.13%	0.00%	0.00%	-1.79%	0.00%	-0.01%	0.00%	0.00%
Harris	0.06%	-0.02%	0.00%	0.00%	0.22%	0.00%	0.00%	0.00%	0.00%
Hidalgo	0.11%	0.00%	0.00%	0.00%	-0.37%	0.00%	-0.02%	0.00%	0.00%
Jefferson	0.06%	-0.08%	0.00%	0.00%	0.48%	0.00%	0.03%	0.00%	0.00%
Lubbock	0.15%	-0.10%	0.00%	0.00%	0.50%	0.00%	-0.04%	0.00%	0.00%
Nueces	0.04%	0.12%	0.00%	0.00%	1.62%	0.00%	-0.21%	0.00%	0.00%
Tarrant	0.34%	0.01%	0.00%	0.00%	-1.89%	0.00%	0.02%	0.00%	0.00%
Travis	0.30%	0.16%	0.00%	0.00%	-1.88%	0.00%	-0.08%	0.00%	0.00%
MRSA Central	0.13%	-0.16%	0.00%	0.00%	-0.03%	0.00%	0.03%	0.00%	0.00%
MRSA Northeast	0.02%	0.12%	0.00%	0.00%	1.95%	0.00%	-0.03%	0.00%	0.00%
MRSA West	0.10%	0.08%	0.00%	0.00%	-0.21%	0.00%	0.07%	0.00%	0.00%
Total	0.14%	0.01%	0.00%	0.00%	-0.28%	0.00%	-0.03%	0.00%	0.00%

Footnotes

(1) Equals the average cost based on actual FY2019 claims and enrollment information.

(2) Equals the average cost based on FY2019 claims and enrollment modeled under revised eligibility definitions.

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

FY2021 STAR+PLUS Rating
Pharmacy Adjustments
July 1, 2019 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of PDL Changes (1)									
Bexar	-629,880	-124,134	0	0	-630	0	-25,238	-6,674	-786,556
Dallas	-402,984	-84,784	0	0	-6,642	0	-18,096	-4,131	-516,636
El Paso	-90,811	-14,800	0	0	-5,946	0	-11,651	-1,381	-124,589
Harris	-1,356,600	-266,566	0	0	-31,190	0	-112,508	-36,013	-1,802,878
Hidalgo	-637,326	-231,946	0	0	5,755	0	-33,844	-10,362	-907,723
Jefferson	-294,128	-42,331	0	0	-812	0	-22,793	-719	-360,783
Lubbock	-153,235	-6,673	0	0	-6,927	0	-22,780	-2,619	-192,233
Nueces	-367,881	-59,889	0	0	-4,004	0	-16,410	-2	-448,187
Tarrant	-465,440	-61,382	0	0	-21,715	0	-51,981	-3,220	-603,739
Travis	-247,809	-40,876	0	0	-3,439	0	-41,448	-7,280	-340,853
MRSA Central	-522,600	-39,367	0	0	-7,777	0	-20,852	-3,982	-594,578
MRSA Northeast	-784,032	-176,528	0	0	-20,777	0	-56,609	-6,463	-1,044,410
MRSA West	-354,552	-42,723	0	0	-8,745	0	-24,475	-3,029	-433,523
Total	-6,307,279	-1,191,999	0	0	-112,850	0	-458,686	-85,875	-8,156,688
CY2019 Total Incurred Claims (2)									
Bexar	111,195,389	28,512,199	0	0	5,470,185	0	11,699,096	2,994,801	159,871,669
Dallas	122,096,130	29,841,392	0	0	5,928,913	0	9,880,263	2,654,140	170,400,839
El Paso	38,273,035	10,453,807	0	0	605,810	0	4,259,034	2,109,025	55,700,711
Harris	250,499,667	38,249,260	0	0	7,740,037	0	25,739,093	7,723,421	329,951,478
Hidalgo	84,375,050	29,984,986	0	0	2,346,595	0	5,535,363	3,627,135	125,869,129
Jefferson	43,020,321	7,025,182	0	0	1,764,155	0	2,535,322	1,291,643	55,636,622
Lubbock	23,736,098	3,287,306	0	0	1,637,745	0	3,094,445	807,260	32,562,854
Nueces	37,879,272	9,871,352	0	0	1,706,088	0	2,480,152	1,074,773	53,011,639
Tarrant	88,929,227	16,545,614	0	0	6,401,320	0	10,927,146	3,654,529	126,457,836
Travis	52,013,117	9,643,309	0	0	3,904,559	0	8,349,762	1,370,123	75,280,870
MRSA Central	56,677,060	8,937,423	0	0	3,688,625	0	4,904,837	1,573,418	75,781,363
MRSA Northeast	88,184,322	18,610,776	0	0	6,193,932	0	5,656,790	1,759,682	120,405,502
MRSA West	64,603,237	10,935,368	0	0	4,295,191	0	6,691,918	1,373,159	87,898,873
Total	1,061,481,926	221,897,975	0	0	51,683,154	0	101,753,219	32,013,110	1,468,829,384

FY2021 STAR+PLUS Rating
 Pharmacy Adjustments
 July 1, 2019 PDL Changes

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.57%	-0.44%	0.00%	0.00%	-0.01%	0.00%	-0.22%	-0.22%	-0.49%
Dallas	-0.33%	-0.28%	0.00%	0.00%	-0.11%	0.00%	-0.18%	-0.16%	-0.30%
El Paso	-0.24%	-0.14%	0.00%	0.00%	-0.98%	0.00%	-0.27%	-0.07%	-0.22%
Harris	-0.54%	-0.70%	0.00%	0.00%	-0.40%	0.00%	-0.44%	-0.47%	-0.55%
Hidalgo	-0.76%	-0.77%	0.00%	0.00%	0.25%	0.00%	-0.61%	-0.29%	-0.72%
Jefferson	-0.68%	-0.60%	0.00%	0.00%	-0.05%	0.00%	-0.90%	-0.06%	-0.65%
Lubbock	-0.65%	-0.20%	0.00%	0.00%	-0.42%	0.00%	-0.74%	-0.32%	-0.59%
Nueces	-0.97%	-0.61%	0.00%	0.00%	-0.23%	0.00%	-0.66%	0.00%	-0.85%
Tarrant	-0.52%	-0.37%	0.00%	0.00%	-0.34%	0.00%	-0.48%	-0.09%	-0.48%
Travis	-0.48%	-0.42%	0.00%	0.00%	-0.09%	0.00%	-0.50%	-0.53%	-0.45%
MRSA Central	-0.92%	-0.44%	0.00%	0.00%	-0.21%	0.00%	-0.43%	-0.25%	-0.78%
MRSA Northeast	-0.89%	-0.95%	0.00%	0.00%	-0.34%	0.00%	-1.00%	-0.37%	-0.87%
MRSA West	-0.55%	-0.39%	0.00%	0.00%	-0.20%	0.00%	-0.37%	-0.22%	-0.49%
Total	-0.59%	-0.54%	0.00%	0.00%	-0.22%	0.00%	-0.45%	-0.27%	-0.56%

Footnotes

- (1) Equals the cost impact from PDL changes implemented July 1, 2019.
 (2) Equals calendar year 2019 managed care pharmacy incurred claims.
 (3) Equals Cost Impact divided by CY2019 pharmacy incurred claims.

FY2021 STAR+PLUS Rating - Medical
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar	0	0	0	0	0	0	0	0	0
Dallas	0	0	0	0	0	0	0	0	0
El Paso	0	0	0	0	0	0	0	0	0
Harris	-21,591	-12,789	0	0	0	0	-16,324	0	0
Hidalgo	0	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	0	0	0
Lubbock	0	0	0	0	0	0	0	0	0
Nueces	0	0	0	0	0	0	0	0	0
Tarrant	-8,625	0	0	0	0	0	0	0	0
Travis	-359,065	0	0	0	0	0	0	0	0
MRSA Central	-9,756	0	0	0	-2,171	0	0	0	0
MRSA Northeast	0	0	0	0	0	0	0	0	0
MRSA West	0	0	0	0	0	0	0	0	0
Total	-399,037	-12,789	0	0	-2,171	0	-16,324	0	-430,321
FY2019 Total Acute Care Incurred Claims (2)									
Bexar	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225
Lubbock	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061
Total	1,265,061,173	315,682,609	0	0	114,282,694	0	68,810,788	94,980,775	1,858,818,038

FY2021 STAR+PLUS Rating - Medical
 Provider Reimbursement Adjustments - Wrap & Carve-Out Removal
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
El Paso	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Harris	-0.01%	-0.02%	0.00%	0.00%	0.00%	0.00%	-0.11%	0.00%	0.00%
Hidalgo	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Jefferson	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lubbock	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nueces	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Tarrant	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA Central	-0.01%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	0.00%
MRSA Northeast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MRSA West	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	-0.02%

Footnotes

- (1) Equals the cost impact from carving out hemostatic drugs effective 9/1/2020.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Incurred Claims.

FY2021 STAR+PLUS Rating - Pharmacy
 Pharmacy Adjustments
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Hemostatic Drug Carve-out (1)									
Bexar	-568,820	-36,574	0	0	0	0	0	0	-605,394
Dallas	-2,689,978	0	0	0	0	0	0	0	-2,689,978
El Paso	-2,222,045	-544,620	0	0	0	0	0	0	-2,766,664
Harris	-6,559,782	-361,494	0	0	-144,670	0	-929,847	0	-7,995,794
Hidalgo	-4,033,815	0	0	0	0	0	0	0	-4,033,815
Jefferson	-264,330	0	0	0	0	0	0	0	-264,330
Lubbock	-151,942	0	0	0	0	0	0	0	-151,942
Nueces	0	-68,442	0	0	0	0	0	0	-68,442
Tarrant	0	0	0	0	0	0	0	0	0
Travis	-1,078,551	0	0	0	0	0	0	0	-1,078,551
MRSA Central	-1,302,259	0	0	0	0	0	0	0	-1,302,259
MRSA Northeast	-1,029,789	0	0	0	0	0	0	0	-1,029,789
MRSA West	-3,309,892	0	0	0	0	0	0	0	-3,309,892
Total	-23,211,202	-1,011,130	0	0	-144,670	0	-929,847	0	-25,296,850
CY2019 Total Incurred Claims (2)									
Bexar	111,195,389	28,512,199	0	0	5,470,185	0	11,699,096	2,994,801	159,871,669
Dallas	122,096,130	29,841,392	0	0	5,928,913	0	9,880,263	2,654,140	170,400,839
El Paso	38,273,035	10,453,807	0	0	605,810	0	4,259,034	2,109,025	55,700,711
Harris	250,499,667	38,249,260	0	0	7,740,037	0	25,739,093	7,723,421	329,951,478
Hidalgo	84,375,050	29,984,986	0	0	2,346,595	0	5,535,363	3,627,135	125,869,129
Jefferson	43,020,321	7,025,182	0	0	1,764,155	0	2,535,322	1,291,643	55,636,622
Lubbock	23,736,098	3,287,306	0	0	1,637,745	0	3,094,445	807,260	32,562,854
Nueces	37,879,272	9,871,352	0	0	1,706,088	0	2,480,152	1,074,773	53,011,639
Tarrant	88,929,227	16,545,614	0	0	6,401,320	0	10,927,146	3,654,529	126,457,836
Travis	52,013,117	9,643,309	0	0	3,904,559	0	8,349,762	1,370,123	75,280,870
MRSA Central	56,677,060	8,937,423	0	0	3,688,625	0	4,904,837	1,573,418	75,781,363
MRSA Northeast	88,184,322	18,610,776	0	0	6,193,932	0	5,656,790	1,759,682	120,405,502
MRSA West	64,603,237	10,935,368	0	0	4,295,191	0	6,691,918	1,373,159	87,898,873
Total	1,061,481,926	221,897,975	0	0	51,683,154	0	101,753,219	32,013,110	1,468,829,384

FY2021 STAR+PLUS Rating - Pharmacy
 Pharmacy Adjustments
 Hemostatic Drug Carve-out

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar	-0.51%	-0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.38%
Dallas	-2.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.58%
El Paso	-5.81%	-5.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.97%
Harris	-2.62%	-0.95%	0.00%	0.00%	-1.87%	0.00%	-3.61%	0.00%	-2.42%
Hidalgo	-4.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.20%
Jefferson	-0.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.48%
Lubbock	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.47%
Nueces	0.00%	-0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%
Tarrant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Travis	-2.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.43%
MRSA Central	-2.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.72%
MRSA Northeast	-1.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.86%
MRSA West	-5.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.77%
Total	-2.19%	-0.46%	0.00%	0.00%	-0.28%	0.00%	-0.91%	0.00%	-1.72%

Footnotes

- (1) Equals calendar year 2019 Hemostatic drug cost.
 (2) Equals calendar year 2019 managed care pharmacy incurred claims.
 (3) Equals Cost Impact of Hemostatic Drug Carve-out divided by CY2019 pharmacy incurred Claims.

Attachment 6

Acuity Risk Adjustment – Acute Care

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

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

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

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



Technical Specifications

TEXAS Actuarial Analysis (CDPS+Rx)

Programs: STAR, CHIP, CHIP Perinatal, STAR+PLUS, STAR Kids
Reporting Period: State Fiscal Year 2019

The Institute for Child Health Policy
University of Florida

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

Issue Date: April 14, 2020

The University of Florida Institute for Child Health Policy (ICHP), the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care and CHIP, conducted health-based risk analyses for STAR, CHIP, STAR+PLUS, STAR Kids, and CHIP Perinatal at the request of the Texas Health and Human Services (HHS). ICHP performed these analyses using the Chronic Illness and Disability Payment System (CDPS) Version 6.4, which classifies diagnostic and pharmaceutical information in order to facilitate a comparison of managed care organizations’ actual and expected expenditures.

In its basic form, the CDPS package groups the International Classification of Diseases diagnostic codes found in health-care encounter data into a series of diagnosis categories. Users of the CDPS package have the option of including pharmacy data as well as medical encounter data in their analyses by following an alternative model, called CDPS+Rx. In addition to grouping diagnostic codes into diagnosis categories as in the basic CDPS model, CDPS+Rx also groups the National Drug Codes (NDCs) found in pharmacy data into a series of pharmacy categories and then combines the two set of categories into one dataset. Hierarchical categories are constructed so that if a person has a disease that is in a high-cost group, they cannot also be counted as being in a lower-cost group within the same major classification. More information about CDPS is available at <http://cdps.ucsd.edu> and the separate FAQ file with CDPS 6.4 .

Data Source Time Period Covered:

Program	Data Source
STAR	Member level enrollment data (SFY2016-SFY2019) MCO medical and pharmacy encounters (SFY2016-SFY2019)
CHIP	Member level enrollment data (SFY2016-SFY2019) MCO medical and pharmacy encounters (SFY2016-SFY2019)
STAR+PLUS	Member level enrollment data (SFY2016-SFY2019) MCO medical and pharmacy encounters (SFY2016-SFY2019)
STAR Kids	STAR Kids Eligibility data for SFY2016 (provided by HHS) STAR Kids enrollment data for SFY2017-SFY2019 FFS and MCO medical and pharmacy claims/encounters (SFY2016-SFY2019, FFS data was only included for SFY2016)
CHIP Perinatal	Member level enrollment data (SFY2019) MCO medical and pharmacy encounters (SFY2019)

ICHP uses encounters with header service date in medical encounters and drug fill date in pharmacy data between SFY2016 and SFY2019 in its analyses, including medical and pharmacy encounters submitted by MCOs through November 30th, 2019. Fee for Service data is not included in the analysis

except for the SFY2016 STAR Kids encounters, where we pull encounters and claims from all programs based on the eligibility data provided by HHS and match with the eligibility file by month.

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

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

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

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

Program	Risk Group
STAR	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 18 *
	Age 19 to 20 *
	TANF Adults (risk group code 003)

	Pregnant Women (risk group code 005, 020)
	AA/PCA (risk group code 070)
CHIP	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
STAR+PLUS	
	Medicaid Only Community (risk group code 100)
	Medicaid Only SPW (risk group code 111)
	Intellectual Developmental Disabilities (risk group code 122)
	Medicaid Only Nursing Facility (risk group code 120)
	MBCC (risk group code 130)
STAR Kids	
	Less than 1 Year of Age *
	Age 1 to 5 *
	Age 6 to 14 *
	Age 15 to 20 *
	MDCP Waiver (risk group code 604)
	YES Waiver (risk group code 605)
	IDD Waiver (risk group code 606)
CHIP Perinatal	
	Perinatal Mother <= 198% FPL (risk group code 309)

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

ICHP uses monthly risk-group information found in PPS enrollment files to identify enrollees’ risk groups. In general, each enrollee is assigned to the risk group to which he or she was assigned for the majority of time during the analysis year. The only exception is for pregnant women. Enrollees are assigned to the pregnant women risk group if they were assigned in the eligibility data for any month of the analysis year. For age-related risk groups, ICHP uses the age of the enrollee at the end of the analysis year. As a result, it is possible that some members’ age-related risk groups are different from their enrollment file.

CDPS+Rx Weights: ICHP uses the prospective model where prior 3 years of data is used to predict expenditures of the analysis year. The expenditures per month for each eligible member (expenditure PMPM) are calculated from the encounter data.

The “true” expenditures are used where the UHRIP (Uniform Hospital Rate Increase Program) increased payments are removed per HHS specifications. The UHRIP program applies to STAR and STAR+PLUS for certain contracted hospitals in certain Service Areas (SA) during SFY2018 and SFY2019 (see **Appendix 1** for details). Texas-specific weights are developed using linear regression models with CDPS diagnostic, pharmacy and demographic categories as the independent variables and cost as the dependent variable using prior 3 years of data. The Consumer Price Index (medical care component) for each State Fiscal year is used to adjust expenditures when fitting these models (see details in **Appendix 2**).

In order to avoid conflicting version 9 and 10 codes, CDPS authors suggest to exclude all ICD9 codes that begin with a character except for V codes and similarly, exclude all V codes originating from ICD10 codes in diagnosis category grouping. However, these encounters will be included in cost calculations. Ancillary services in the following list are excluded when assigning the CDPS category, but included when calculating cost.

CPT code range 70000 to 79999, Radiology procedures

CPT code range 80000 to 89999, Pathology and laboratory procedures

ICHP calculates Texas-specific weights for STAR, CHIP, STAR+PLUS and STAR Kids programs. CHIP Perinatal program is not big enough to build weights on, so ICHP applies STAR weights to CHIP Perinatal population. To get a full picture of the health status, ICHP includes NorthSTAR encounter data in the calculation of STAR, STAR+PLUS and STAR Kids weights, but not in the cost calculation.

CDPS includes both empirical and clinical input with many diagnostic subcategories ordered by expected clinical severity such that the diagnoses in the higher severity subcategories were expected to exhibit higher costs and hence positive weights. When reverse or negative weights occur, we combine subcategories together to ensure that the weights make intuitive sense.

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

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

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

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

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

Appendix 1: UHRIP Logic:**SFY2018** All time periods:

- All hospital claims in STAR and STAR+PLUS.
- Dual members are excluded. These are risk group codes 114, 115, 121, 124, 125, and 126.
- Non-emergency emergency department visits for non-rural hospitals are excluded. In the data this is where: (1) D_LN_RVNU_CD is 0450, 0452, 0456, or 0459, (2) D_PROC_CD is 99281, 99282, or 99283, and (3) HP_BLNG_PRV_NTNL_PRV_ID does not correspond to a rural hospital class. Only the detail paid amount for line items that fit this criteria should be excluded, not the entire claim.

Percentages Effective 12/1/2017 - 2/28/2018:

- Bexar and El Paso hospitals only.
- Out-of-area claims excluded. In other words, only Bexar plan codes paying to Bexar hospitals and El Paso plan codes paying to El Paso hospitals.
- MCO contracting status with hospital irrelevant. Both in-network and out-of-network claims included.
- See attachment “UHRIP Info 201712-201802” for the UHRIP percentages and a list of the hospitals and their NPI, location (SDA), and class.

Percentages Effective 3/1/2018 - 8/31/2018:

- All hospitals except those in Travis.
- Out-of-area claims included.
- Out-of-network claims excluded. For our calculations we sent a list of the hospitals to the MCOs and asked which they were contracted with as of October 2017.
- See attachment “UHRIP Info 201803-201808” for the UHRIP percentages and a list of the hospitals and their NPI, location (SDA), and contracting status with each MCO.

SFY2019 All time periods: In addition to items in SFY2018 all time periods, the following changes apply.

- Out-of-area claims included.
- Out-of-network claims excluded.
- New requirement: the hospital must be located in a service area where the MCO has been selected to provide STAR or STAR+PLUS services.
- Travis hospitals included for the first time.

Percentages Effective 9/1/2018 – 2/28/2019:

- For our calculations we sent a list of the hospitals to the MCOs and asked which they were contracted with as of March 2018.

- See attachment “UHRIP Info 201809-201902” for the UHRIP percentages and a list of the hospitals and their NPI, location (SDA), and contracting status with each MCO.

Percentages Effective 3/1/2019 - 8/31/2019:

- No programmatic changes.
- For our calculations we sent a list of the hospitals to the MCOs and asked which they were contracted with as of September 2018.
- See attachment “UHRIP Info 201903-201908” for the UHRIP percentages and a list of the hospitals and their NPI, location (SDA), and contracting status with each MCO.

Appendix 2: Consumer Price Index Calculation:

Monthly tables of Medical care index under special aggregate CPI indexes published by Bureau of Labor Statistics website was used to get the state Fiscal year average. Below is the table for SFY2019 and the prior 3 years of CPI.

CY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE of SFY
2015	441.0	442.8	444.0	446.7	447.2	446.3	446.8	446.5	447.3	450.1	451.4	451.1	
2016	454.2	458.3	458.6	460.0	461.4	462.5	464.6	468.4	469.2	469.2	469.3	469.4	457.3
2017	471.7	474.5	474.6	473.6	473.5	474.4	476.1	476.9	476.5	477.1	477.2	477.8	472.7
2018	481.1	482.9	484.0	484.0	484.9	486.0	485.2	484.2	484.7	485.3	486.9	487.4	481.7
2019	490.2	491.2	492.3	493.3	494.9	495.6	497.7	500.9					491.7

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2018 to Aug 31, 2019

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only OCC	199,762	100.00	1,251.44	1,251.44	1.00	1.00
Bexar	19,596	100.00	1,255.22	1,231.52	1.00	1.02
Amerigroup	3,925	20.03	1,201.02	1,196.42	0.97	1.00
Molina	2,450	12.50	1,231.40	1,211.77	0.98	1.02
Superior	13,221	67.47	1,275.70	1,245.58	1.01	1.02
Dallas	27,116	100.00	1,185.80	1,233.81	1.00	0.96
Molina	14,923	55.03	1,243.29	1,257.05	1.02	0.99
Superior	12,193	44.97	1,115.31	1,205.32	0.98	0.93
El Paso	6,187	100.00	1,403.07	1,317.38	1.00	1.07
Amerigroup	3,736	60.38	1,381.82	1,303.72	0.99	1.06
Molina	2,451	39.62	1,435.73	1,338.37	1.02	1.07
Harris	43,318	100.00	1,383.65	1,358.93	1.00	1.02
Amerigroup	16,186	37.37	1,354.08	1,302.74	0.96	1.04
Molina	4,301	9.93	1,242.44	1,171.95	0.86	1.06
United Health Care (United)	22,831	52.71	1,431.40	1,434.30	1.06	1.00
Hidalgo	14,710	100.00	1,611.76	1,234.26	1.00	1.31
HealthSpring	3,796	25.81	1,595.54	1,193.56	0.97	1.34
Molina	3,070	20.87	1,539.07	1,160.80	0.94	1.33
Superior	7,844	53.32	1,647.97	1,282.58	1.04	1.28
Jefferson	8,106	100.00	1,168.89	1,244.73	1.00	0.94
Amerigroup	2,547	31.42	1,049.80	1,166.76	0.94	0.90
Molina	2,034	25.09	1,167.74	1,143.31	0.92	1.02
United Health Care (United)	3,525	43.49	1,258.85	1,362.81	1.09	0.92
Lubbock	5,016	100.00	1,049.81	1,248.40	1.00	0.84
Amerigroup	2,015	40.17	1,128.10	1,297.02	1.04	0.87
Superior	3,001	59.83	997.72	1,216.05	0.97	0.82
MRSA Central	12,028	100.00	1,076.44	1,168.55	1.00	0.92
Superior	7,109	59.10	1,061.63	1,160.71	0.99	0.91
United Health Care (United)	4,919	40.90	1,097.98	1,179.95	1.01	0.93
MRSA Northeast	17,874	100.00	1,085.04	1,152.61	1.00	0.94
Health Spring	8,254	46.18	1,016.35	1,073.77	0.93	0.95
United Health Care (United)	9,620	53.82	1,144.63	1,221.00	1.06	0.94
MRSA West	11,905	100.00	1,086.65	1,175.05	1.00	0.92
Amerigroup	4,635	38.93	1,116.53	1,175.88	1.00	0.95
Superior	7,270	61.07	1,067.62	1,174.53	1.00	0.91
Nueces	7,226	100.00	1,277.16	1,259.23	1.00	1.01
Superior	3,590	49.68	1,211.85	1,171.53	0.93	1.03
United Health Care (United)	3,636	50.32	1,340.76	1,344.63	1.07	1.00
Tarrant	16,970	100.00	1,168.06	1,295.20	1.00	0.90
Amerigroup	12,799	75.42	1,194.87	1,342.73	1.04	0.89
Health Spring	4,171	24.58	1,083.96	1,146.07	0.88	0.95
Travis	9,710	100.00	1,214.73	1,150.40	1.00	1.06
Amerigroup	4,156	42.80	1,234.09	1,106.61	0.96	1.12
United Health Care (United)	5,554	57.20	1,200.05	1,183.60	1.03	1.01

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2018 to Aug 31, 2019

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only SPW	18,948	100.00	4,206.32	4,206.32	1.00	1.00
Bexar	2,221	100.00	4,168.81	4,003.45	1.00	1.04
Amerigroup	302	13.60	4,210.75	3,972.08	0.99	1.06
Molina	349	15.71	3,535.88	3,865.51	0.97	0.91
Superior	1,570	70.69	4,298.66	4,039.49	1.01	1.06
Dallas	2,868	100.00	3,761.53	3,991.31	1.00	0.94
Molina	1,840	64.16	3,572.39	3,850.17	0.96	0.93
Superior	1,028	35.84	4,106.77	4,248.94	1.06	0.97
El Paso	793	100.00	4,016.57	4,043.07	1.00	0.99
Amerigroup	360	45.40	3,740.65	3,820.14	0.94	0.98
Molina	433	54.60	4,245.37	4,227.93	1.05	1.00
Harris	3,304	100.00	4,740.38	4,682.97	1.00	1.01
Amerigroup	1,163	35.20	4,721.81	4,747.95	1.01	0.99
Molina	516	15.62	4,183.43	4,139.69	0.88	1.01
United Health Care (United)	1,625	49.18	4,929.77	4,808.25	1.03	1.03
Hidalgo	2,620	100.00	4,450.99	3,811.74	1.00	1.17
HealthSpring	621	23.70	4,246.61	3,761.87	0.99	1.13
Molina	504	19.24	4,056.11	3,568.29	0.94	1.14
Superior	1,495	57.06	4,667.70	3,913.76	1.03	1.19
Jefferson	690	100.00	3,758.42	4,312.76	1.00	0.87
Amerigroup	183	26.52	3,880.45	4,813.85	1.12	0.81
Molina	334	48.41	3,547.50	4,018.10	0.93	0.88
United Health Care (United)	173	25.07	4,035.92	4,347.39	1.01	0.93
Lubbock	306	100.00	3,845.27	4,451.58	1.00	0.86
Amerigroup	144	47.06	3,138.32	4,177.13	0.94	0.75
Superior	162	52.94	4,477.48	4,697.02	1.06	0.95
MRSA Central	682	100.00	4,190.44	4,424.50	1.00	0.95
Superior	462	67.74	3,851.93	4,386.21	0.99	0.88
United Health Care (United)	220	32.26	4,908.82	4,505.77	1.02	1.09
MRSA Northeast	1,606	100.00	4,060.45	4,161.75	1.00	0.98
Health Spring	918	57.16	3,609.79	3,891.83	0.94	0.93
United Health Care (United)	688	42.84	4,655.32	4,518.05	1.09	1.03
MRSA West	872	100.00	3,985.61	4,280.54	1.00	0.93
Amerigroup	292	33.49	4,150.82	4,790.04	1.12	0.87
Superior	580	66.51	3,903.10	4,026.06	0.94	0.97
Nueces	897	100.00	3,930.50	4,165.89	1.00	0.94
Superior	567	63.21	3,975.00	4,234.04	1.02	0.94
United Health Care (United)	330	36.79	3,855.51	4,051.01	0.97	0.95
Tarrant	1,428	100.00	4,168.90	4,527.04	1.00	0.92
Amerigroup	1,147	80.32	4,120.21	4,561.18	1.01	0.90
Health Spring	281	19.68	4,371.56	4,384.92	0.97	1.00
Travis	661	100.00	4,597.71	4,132.77	1.00	1.11
Amerigroup	341	51.59	4,334.86	4,043.60	0.98	1.07
United Health Care (United)	320	48.41	4,884.58	4,230.09	1.02	1.15

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2018 to Aug 31, 2019

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--Medicaid-Only NF	6,391	100.00	6,092.08	6,092.08	1.00	1.00
Bexar	663	100.00	6,105.16	6,278.04	1.00	0.97
Amerigroup	134	20.21	5,654.29	6,202.22	0.99	0.91
Molina	171	25.79	6,337.42	6,038.56	0.96	1.05
Superior	358	54.00	6,160.55	6,421.14	1.02	0.96
Dallas	910	100.00	6,454.03	6,597.70	1.00	0.98
Molina	533	58.57	6,317.43	6,154.02	0.93	1.03
Superior	377	41.43	6,644.95	7,217.83	1.09	0.92
El Paso	86	100.00	6,456.59	7,328.45	1.00	0.88
Amerigroup	42	48.84	6,109.28	7,620.92	1.04	0.80
Molina	44	51.16	6,779.63	7,056.42	0.96	0.96
Harris	962	100.00	6,458.75	6,975.72	1.00	0.93
Amerigroup	339	35.24	6,321.38	6,806.16	0.98	0.93
Molina	153	15.90	6,284.99	6,565.53	0.94	0.96
United Health Care (United)	470	48.86	6,617.82	7,234.91	1.04	0.91
Hidalgo	255	100.00	6,874.33	6,694.97	1.00	1.03
HealthSpring	72	28.24	6,906.27	6,681.29	1.00	1.03
Molina	78	30.59	6,673.00	6,122.55	0.91	1.09
Superior	105	41.18	6,992.17	7,098.17	1.06	0.99
Jefferson	218	100.00	5,708.70	5,617.93	1.00	1.02
Amerigroup	73	33.49	5,875.91	6,005.15	1.07	0.98
Molina	62	28.44	5,906.52	5,358.43	0.95	1.10
United Health Care (United)	83	38.07	5,411.70	5,454.84	0.97	0.99
Lubbock	206	100.00	5,718.11	6,037.78	1.00	0.95
Amerigroup	87	42.23	5,391.28	5,714.73	0.95	0.94
Superior	119	57.77	5,966.20	6,283.00	1.04	0.95
MRSA Central	544	100.00	5,856.81	5,374.31	1.00	1.09
Superior	278	51.10	5,764.23	5,449.71	1.01	1.06
United Health Care (United)	266	48.90	5,956.01	5,293.52	0.98	1.13
MRSA Northeast	632	100.00	6,055.49	5,490.26	1.00	1.10
Health Spring	272	43.04	5,941.51	5,381.21	0.98	1.10
United Health Care (United)	360	56.96	6,143.75	5,574.68	1.02	1.10
MRSA West	544	100.00	5,730.97	5,273.49	1.00	1.09
Amerigroup	239	43.93	5,786.64	5,348.99	1.01	1.08
Superior	305	56.07	5,688.45	5,215.83	0.99	1.09
Nueces	215	100.00	5,696.08	5,800.97	1.00	0.98
Superior	108	50.23	5,682.11	5,661.81	0.98	1.00
United Health Care (United)	107	49.77	5,710.45	5,944.02	1.02	0.96
Tarrant	752	100.00	5,805.79	6,035.89	1.00	0.96
Amerigroup	545	72.47	5,839.39	6,208.15	1.03	0.94
Health Spring	207	27.53	5,716.06	5,575.89	0.92	1.03
Travis	404	100.00	5,827.46	5,458.16	1.00	1.07
Amerigroup	179	44.31	5,687.41	4,916.29	0.90	1.16
United Health Care (United)	225	55.69	5,937.63	5,884.45	1.08	1.01

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

TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2018 to Aug 31, 2019

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--IDD	17,381	100.00	856.28	856.28	1.00	1.00
Bexar	1,789	100.00	930.53	871.52	1.00	1.07
Amerigroup	272	15.20	862.61	750.79	0.86	1.15
Molina	133	7.43	583.89	717.56	0.82	0.81
Superior	1,384	77.36	976.24	909.53	1.04	1.07
Dallas	2,291	100.00	681.56	739.40	1.00	0.92
Molina	1,029	44.91	709.70	695.02	0.94	1.02
Superior	1,262	55.09	658.72	775.41	1.05	0.85
El Paso	510	100.00	1,231.94	1,173.03	1.00	1.05
Amerigroup	367	71.96	1,266.67	1,132.79	0.97	1.12
Molina	143	28.04	1,143.14	1,275.94	1.09	0.90
Harris	3,919	100.00	943.20	896.80	1.00	1.05
Amerigroup	1,419	36.21	956.49	845.10	0.94	1.13
Molina	339	8.65	807.10	720.57	0.80	1.12
United Health Care (United)	2,161	55.14	956.07	958.81	1.07	1.00
Hidalgo	987	100.00	928.24	967.68	1.00	0.96
HealthSpring	250	25.33	870.56	873.56	0.90	1.00
Molina	213	21.58	710.31	913.07	0.94	0.78
Superior	524	53.09	1,044.66	1,034.98	1.07	1.01
Jefferson	391	100.00	880.59	853.57	1.00	1.03
Amerigroup	85	21.74	1,421.40	811.20	0.95	1.75
Molina	66	16.88	622.49	744.34	0.87	0.84
United Health Care (United)	240	61.38	759.67	898.68	1.05	0.85
Lubbock	603	100.00	778.18	882.46	1.00	0.88
Amerigroup	229	37.98	787.48	804.87	0.91	0.98
Superior	374	62.02	772.59	929.07	1.05	0.83
MRSA Central	887	100.00	830.11	789.71	1.00	1.05
Superior	608	68.55	849.71	762.62	0.97	1.11
United Health Care (United)	279	31.45	787.09	849.16	1.08	0.93
MRSA Northeast	1,115	100.00	770.61	818.68	1.00	0.94
Health Spring	532	47.71	678.19	779.83	0.95	0.87
United Health Care (United)	583	52.29	856.47	854.78	1.04	1.00
MRSA West	1,083	100.00	901.28	850.27	1.00	1.06
Amerigroup	342	31.58	873.63	827.33	0.97	1.06
Superior	741	68.42	913.99	860.82	1.01	1.06
Nueces	490	100.00	744.89	813.83	1.00	0.92
Superior	257	52.45	712.71	836.21	1.03	0.85
United Health Care (United)	233	47.55	779.07	790.07	0.97	0.99
Tarrant	2,094	100.00	762.17	831.34	1.00	0.92
Amerigroup	1,531	73.11	781.72	877.10	1.06	0.89
Health Spring	563	26.89	708.42	705.52	0.85	1.00
Travis	1,222	100.00	872.71	834.51	1.00	1.05
Amerigroup	313	25.61	979.48	758.80	0.91	1.29
United Health Care (United)	909	74.39	835.66	860.78	1.03	0.97

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TEXAS STAR+PLUS CDPS SDA/Health Plan Risk

Reporting Period: Sep 1, 2018 to Aug 31, 2019

STAR+PLUS						
SDA/Health Plan	Number of Enrollees	Percent Affected	Actual PMPM Expenditures Based on Paid Amounts	Predicted PMPM Payment	Case Mix	Spend Ratio
CDPS						
STAR+PLUS--MBCC	5,019	100.00	2,419.87	2,419.87	1.00	1.00
Bexar	405	100.00	2,413.08	2,442.29	1.00	0.99
Amerigroup	52	12.84	2,066.62	2,512.34	1.03	0.82
Molina	44	10.86	2,918.59	2,746.47	1.12	1.06
Superior	309	76.30	2,400.00	2,389.62	0.98	1.00
Dallas	568	100.00	2,500.47	2,413.65	1.00	1.04
Molina	222	39.08	2,055.07	2,047.08	0.85	1.00
Superior	346	60.92	2,793.83	2,655.10	1.10	1.05
El Paso	312	100.00	1,908.23	2,028.98	1.00	0.94
Amerigroup	190	60.90	2,207.95	2,145.95	1.06	1.03
Molina	122	39.10	1,457.50	1,853.07	0.91	0.79
Harris	1,049	100.00	2,637.26	2,558.85	1.00	1.03
Amerigroup	304	28.98	2,954.93	2,454.63	0.96	1.20
Molina	120	11.44	2,764.40	2,358.51	0.92	1.17
United Health Care (United)	625	59.58	2,457.19	2,649.63	1.04	0.93
Hidalgo	576	100.00	2,193.17	2,295.28	1.00	0.96
HealthSpring	99	17.19	1,406.36	2,068.89	0.90	0.68
Molina	125	21.70	2,734.35	2,607.11	1.14	1.05
Superior	352	61.11	2,218.24	2,246.01	0.98	0.99
Jefferson	176	100.00	2,649.95	2,625.79	1.00	1.01
Amerigroup	30	17.05	1,605.44	2,401.64	0.91	0.67
Molina	32	18.18	1,956.11	2,368.35	0.90	0.83
United Health Care (United)	114	64.77	3,123.65	2,760.14	1.05	1.13
Lubbock	131	100.00	2,422.16	2,639.70	1.00	0.92
Amerigroup	46	35.11	2,551.91	2,452.10	0.93	1.04
Superior	85	64.89	2,353.93	2,738.35	1.04	0.86
MRSA Central	205	100.00	2,678.73	2,495.52	1.00	1.07
Superior	143	69.76	2,633.55	2,329.54	0.93	1.13
United Health Care (United)	62	30.24	2,780.37	2,868.90	1.15	0.97
MRSA Northeast	315	100.00	2,335.74	2,546.62	1.00	0.92
Health Spring	109	34.60	2,503.17	2,821.98	1.11	0.89
United Health Care (United)	206	65.40	2,247.50	2,401.50	0.94	0.94
MRSA West	319	100.00	2,014.86	2,360.92	1.00	0.85
Amerigroup	143	44.83	1,764.87	2,227.92	0.94	0.79
Superior	176	55.17	2,222.04	2,471.14	1.05	0.90
Nueces	234	100.00	2,294.96	2,306.87	1.00	0.99
Superior	156	66.67	2,359.89	2,236.83	0.97	1.06
United Health Care (United)	78	33.33	2,169.35	2,442.36	1.06	0.89
Tarrant	439	100.00	2,709.48	2,338.20	1.00	1.16
Amerigroup	364	82.92	2,666.69	2,343.53	1.00	1.14
Health Spring	75	17.08	2,917.66	2,312.26	0.99	1.26
Travis	290	100.00	2,430.08	2,470.78	1.00	0.98
Amerigroup	80	27.59	1,984.74	2,133.45	0.86	0.93
United Health Care (United)	210	72.41	2,590.81	2,592.52	1.05	1.00

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

FY2021 STAR+PLUS Rating
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Unadjusted Acuity Scores (1)					
Amerigroup - Bexar	0.97150	0.99216	0.98792	0.86147	1.02868
Molina - Bexar	0.98397	0.96554	0.96185	0.82334	1.12455
Superior - Bexar	1.01142	1.00900	1.02279	1.04361	0.97844
Molina - Dallas	1.01883	0.96464	0.93275	0.93999	0.84812
Superior - Dallas	0.97690	1.06455	1.09399	1.04871	1.10003
Amerigroup - El Paso	0.98963	0.94486	1.03991	0.96569	1.05765
Molina - El Paso	1.01593	1.04572	0.96288	1.08772	0.91330
Amerigroup - Harris	0.95865	1.01388	0.97569	0.94235	0.95927
Molina - Harris	0.86241	0.88399	0.94120	0.80350	0.92171
United - Harris	1.05546	1.02675	1.03716	1.06916	1.03548
HealthSpring - Hidalgo	0.96702	0.98692	0.99796	0.90274	0.90137
Molina - Hidalgo	0.94048	0.93613	0.91450	0.94357	1.13586
Superior - Hidalgo	1.03915	1.02677	1.06022	1.06955	0.97854
Amerigroup - Jefferson	0.93736	1.11619	1.06893	0.95036	0.91464
Molina - Jefferson	0.91852	0.93168	0.95381	0.87203	0.90196
United - Jefferson	1.09487	1.00803	0.97097	1.05285	1.05117
Amerigroup - Lubbock	1.03895	0.93835	0.94650	0.91207	0.92893
Superior - Lubbock	0.97409	1.05513	1.04061	1.05281	1.03737
Superior - Nueces	0.93036	1.01636	0.97601	1.02749	0.96964
United - Nueces	1.06782	0.97242	1.02466	0.97080	1.05873
Amerigroup - Tarrant	1.03670	1.00754	1.02854	1.05504	1.00228
HealthSpring - Tarrant	0.88487	0.96861	0.92379	0.84865	0.98891
Amerigroup - Travis	0.96194	0.97842	0.90072	0.90928	0.86347
United - Travis	1.02887	1.02355	1.07810	1.03148	1.04927
Superior - MRSA Central	0.99330	0.99134	1.01403	0.96570	0.93349
United - MRSA Central	1.00976	1.01837	0.98497	1.07527	1.14962
HealthSpring - MRSA Northeast	0.93160	0.93514	0.98014	0.95254	1.10813
United - MRSA Northeast	1.05933	1.08561	1.01538	1.04409	0.94302
Amerigroup - MRSA West	1.00070	1.11903	1.01432	0.97302	0.94367
Superior - MRSA West	0.99955	0.94055	0.98906	1.01241	1.04668

FY2021 STAR+PLUS Rating
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutrality Adjustment (2)					
Amerigroup - Bexar	0.99972	1.00020	0.99984	1.00006	1.00051
Molina - Bexar	0.99972	1.00020	0.99984	1.00006	1.00051
Superior - Bexar	0.99972	1.00020	0.99984	1.00006	1.00051
Molina - Dallas	1.00032	1.00215	1.00129	1.00111	0.99423
Superior - Dallas	1.00032	1.00215	1.00129	1.00111	0.99423
Amerigroup - El Paso	0.99984	1.00147	1.00546	1.00175	0.99837
Molina - El Paso	0.99984	1.00147	1.00546	1.00175	0.99837
Amerigroup - Harris	0.99836	1.00132	0.99880	0.99919	1.00043
Molina - Harris	0.99836	1.00132	0.99880	0.99919	1.00043
United - Harris	0.99836	1.00132	0.99880	0.99919	1.00043
HealthSpring - Hidalgo	0.99976	1.00037	0.99762	1.00031	1.00064
Molina - Hidalgo	0.99976	1.00037	0.99762	1.00031	1.00064
Superior - Hidalgo	0.99976	1.00037	0.99762	1.00031	1.00064
Amerigroup - Jefferson	0.99530	1.00085	0.99930	0.99873	1.00190
Molina - Jefferson	0.99530	1.00085	0.99930	0.99873	1.00190
United - Jefferson	0.99530	1.00085	0.99930	0.99873	1.00190
Amerigroup - Lubbock	0.99980	0.99697	1.00107	1.00231	0.99820
Superior - Lubbock	0.99980	0.99697	1.00107	1.00231	0.99820
Superior - Nueces	0.99951	0.99919	1.00019	0.99911	0.99722
United - Nueces	0.99951	0.99919	1.00019	0.99911	0.99722
Amerigroup - Tarrant	1.00267	0.99988	1.00172	1.00037	1.00005
HealthSpring - Tarrant	1.00267	0.99988	1.00172	1.00037	1.00005
Amerigroup - Travis	0.99900	1.00018	1.00451	0.99902	0.99668
United - Travis	0.99900	1.00018	1.00451	0.99902	0.99668
Superior - MRSA Central	0.99992	0.99965	1.00025	0.99953	1.00085
United - MRSA Central	0.99992	0.99965	1.00025	0.99953	1.00085
HealthSpring - MRSA Northeast	0.99891	1.00001	0.99987	0.99863	0.99720
United - MRSA Northeast	0.99891	1.00001	0.99987	0.99863	0.99720
Amerigroup - MRSA West	1.00001	0.99731	1.00010	1.00007	0.99747
Superior - MRSA West	1.00001	0.99731	1.00010	1.00007	0.99747

FY2021 STAR+PLUS Rating
Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Medicaid Only NF</u>	<u>IDD</u>	<u>MBCCP</u>
Budget Neutral Acuity Scores (3)					
Amerigroup - Bexar	0.97123	0.99236	0.98777	0.86152	1.02920
Molina - Bexar	0.98369	0.96573	0.96170	0.82339	1.12511
Superior - Bexar	1.01113	1.00920	1.02263	1.04367	0.97893
Molina - Dallas	1.01916	0.96671	0.93395	0.94103	0.84323
Superior - Dallas	0.97721	1.06684	1.09540	1.04987	1.09368
Amerigroup - El Paso	0.98948	0.94625	1.04558	0.96739	1.05593
Molina - El Paso	1.01577	1.04726	0.96813	1.08963	0.91182
Amerigroup - Harris	0.95707	1.01522	0.97452	0.94158	0.95969
Molina - Harris	0.86099	0.88516	0.94007	0.80284	0.92211
United - Harris	1.05373	1.02811	1.03592	1.06828	1.03593
HealthSpring - Hidalgo	0.96679	0.98728	0.99558	0.90302	0.90195
Molina - Hidalgo	0.94025	0.93648	0.91232	0.94386	1.13659
Superior - Hidalgo	1.03890	1.02714	1.05770	1.06988	0.97917
Amerigroup - Jefferson	0.93296	1.11713	1.06818	0.94915	0.91637
Molina - Jefferson	0.91421	0.93247	0.95314	0.87093	0.90367
United - Jefferson	1.08973	1.00888	0.97029	1.05152	1.05316
Amerigroup - Lubbock	1.03874	0.93550	0.94751	0.91417	0.92726
Superior - Lubbock	0.97389	1.05194	1.04173	1.05524	1.03551
Superior - Nueces	0.92990	1.01554	0.97620	1.02658	0.96694
United - Nueces	1.06730	0.97164	1.02485	0.96994	1.05578
Amerigroup - Tarrant	1.03947	1.00742	1.03030	1.05542	1.00233
HealthSpring - Tarrant	0.88722	0.96849	0.92538	0.84896	0.98895
Amerigroup - Travis	0.96098	0.97860	0.90478	0.90838	0.86061
United - Travis	1.02784	1.02373	1.08296	1.03047	1.04579
Superior - MRSA Central	0.99322	0.99099	1.01428	0.96525	0.93429
United - MRSA Central	1.00967	1.01801	0.98521	1.07477	1.15060
HealthSpring - MRSA Northeast	0.93059	0.93515	0.98001	0.95124	1.10503
United - MRSA Northeast	1.05818	1.08562	1.01524	1.04267	0.94038
Amerigroup - MRSA West	1.00071	1.11602	1.01442	0.97308	0.94128
Superior - MRSA West	0.99956	0.93802	0.98916	1.01248	1.04404

Footnotes:

- (1) Raw acuity scores as developed by ICHP. Equals the case mix factors from Exhibits B-F.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2021 Acute Care Community Rates.

Attachment 7

Acuity Risk Adjustment – Long Term Care

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

Using the FY2019 encounter data, HHSC identified the following statistics for each MCO within each service area:

1. Total number of unique members during FY2019.
2. Total number of unique PAS utilizers during FY2019.
3. Percentage of unique members utilizing PAS during FY2019.

Data was collected separately for the following risk groups:

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

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

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

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

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

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

This long term care acuity model does not impact the nursing facility risk groups since attendant care is not a significant cost for these populations. The impact of relative acuity differences on the nursing facility populations is continuing to be studied but no adjustments will be made for the FY2021 premium rates.

Technical Specifications for LTSS Risk Adjustment, STAR+PLUS, State Fiscal Year 2019

Background

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

Enrollment data was used to collect members eligible to receive PAS in STAR+PLUS program. Encounter data was used to collect information on the number of actual members who utilized the services. Only paid claims, with financial arrangement codes from 06 to 10 were included in this analysis.

Analysis

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

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

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

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

The risk scores were used to adjust the SFY2021 STAR+PLUS LTSS capitation rates. The acuity factors were developed and applied at 100% of the MCOs factors to adjust the rates.

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Medicaid Only OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	4,625	747	16.2%	0.8417
Molina - Bexar	3,000	570	19.0%	0.9902
Superior - Bexar	15,279	3,078	20.1%	1.0498
Bexar SDA Total	22,904	4,395	19.2%	1.0000
Molina - Dallas	17,409	3,794	21.8%	1.1519
Superior - Dallas	14,632	2,268	15.5%	0.8193
Dallas SDA Total	32,041	6,062	18.9%	1.0000
Amerigroup - El Paso	4,318	898	20.8%	0.8973
Molina - El Paso	2,939	784	26.7%	1.1509
El Paso SDA Total	7,257	1,682	23.2%	1.0000
Amerigroup - Harris	18,826	3,131	16.6%	0.8774
Molina - Harris	5,309	908	17.1%	0.9023
United - Harris	26,378	5,536	21.0%	1.1072
Harris SDA Total	50,513	9,575	19.0%	1.0000
HealthSpring - Hidalgo	4,473	2,188	48.9%	1.0017
Molina - Hidalgo	3,676	1,626	44.2%	0.9058
Superior - Hidalgo	9,041	4,580	50.7%	1.0374
Hidalgo SDA Total	17,190	8,394	48.8%	1.0000
Amerigroup - Jefferson	2,979	389	13.1%	0.9655
Molina - Jefferson	2,421	350	14.5%	1.0689
United - Jefferson	4,197	559	13.3%	0.9848
Jefferson SDA Total	9,597	1,298	13.5%	1.0000
Amerigroup - Lubbock	2,383	144	6.0%	0.8608
Superior - Lubbock	3,486	268	7.7%	1.0952
Lubbock SDA Total	5,869	412	7.0%	1.0000
Superior - Nueces	4,367	1,095	25.1%	0.9266
United - Nueces	4,177	1,217	29.1%	1.0767
Nueces SDA Total	8,544	2,312	27.1%	1.0000
Amerigroup - Tarrant	14,950	1,542	10.3%	0.9906
HealthSpring - Tarrant	5,516	589	10.7%	1.0255
Tarrant SDA Total	20,466	2,131	10.4%	1.0000
Amerigroup - Travis	4,876	663	13.6%	1.1680
United - Travis	6,566	669	10.2%	0.8752
Travis SDA Total	11,442	1,332	11.6%	1.0000
Superior - MRSA Central	8,259	817	9.9%	1.0026
United - MRSA Central	5,900	580	9.8%	0.9964
MRSA Central SDA Total	14,159	1,397	9.9%	1.0000
HealthSpring - MRSA Northeast	9,673	1,217	12.6%	0.9474
United - MRSA Northeast	11,224	1,558	13.9%	1.0453
MRSA Northeast SDA Total	20,897	2,775	13.3%	1.0000
Amerigroup - MRSA West	5,599	521	9.3%	0.9375
Superior - MRSA West	8,547	883	10.3%	1.0409
MRSA West SDA Total	14,146	1,404	9.9%	1.0000

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Medicaid Only HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	408	307	75.2%	0.9868
Molina - Bexar	438	285	65.1%	0.8533
Superior - Bexar	1,891	1,495	79.1%	1.0368
Bexar SDA Total	2,737	2,087	76.3%	1.0000
Molina - Dallas	2,323	1,644	70.8%	0.9909
Superior - Dallas	1,309	950	72.6%	1.0162
Dallas SDA Total	3,632	2,594	71.4%	1.0000
Amerigroup - El Paso	464	369	79.5%	1.0265
Molina - El Paso	526	398	75.7%	0.9766
El Paso SDA Total	990	767	77.5%	1.0000
Amerigroup - Harris	1,459	1,184	81.2%	1.0588
Molina - Harris	639	486	76.1%	0.9923
United - Harris	1,935	1,421	73.4%	0.9582
Harris SDA Total	4,033	3,091	76.6%	1.0000
HealthSpring - Hidalgo	757	719	95.0%	1.0005
Molina - Hidalgo	605	559	92.4%	0.9733
Superior - Hidalgo	1,738	1,665	95.8%	1.0091
Hidalgo SDA Total	3,100	2,943	94.9%	1.0000
Amerigroup - Jefferson	225	193	85.8%	1.1455
Molina - Jefferson	418	299	71.5%	0.9552
United - Jefferson	217	152	70.0%	0.9354
Jefferson SDA Total	860	644	74.9%	1.0000
Amerigroup - Lubbock	186	119	64.0%	0.9633
Superior - Lubbock	216	148	68.5%	1.0316
Lubbock SDA Total	402	267	66.4%	1.0000
Superior - Nueces	725	634	87.4%	0.9920
United - Nueces	398	356	89.4%	1.0146
Nueces SDA Total	1,123	990	88.2%	1.0000
Amerigroup - Tarrant	1,418	1,005	70.9%	0.9943
HealthSpring - Tarrant	382	278	72.8%	1.0210
Tarrant SDA Total	1,800	1,283	71.3%	1.0000
Amerigroup - Travis	419	354	84.5%	1.0367
United - Travis	397	311	78.3%	0.9613
Travis SDA Total	816	665	81.5%	1.0000
Superior - MRSA Central	587	418	71.2%	0.9850
United - MRSA Central	272	203	74.6%	1.0324
MRSA Central SDA Total	859	621	72.3%	1.0000
HealthSpring - MRSA Northeast	1,101	877	79.7%	1.0423
United - MRSA Northeast	854	617	72.2%	0.9454
MRSA Northeast SDA Total	1,955	1,494	76.4%	1.0000
Amerigroup - MRSA West	405	319	78.8%	1.0318
Superior - MRSA West	719	539	75.0%	0.9821
MRSA West SDA Total	1,124	858	76.3%	1.0000

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Dual Eligible OCC

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	5,138	1,339	26.1%	0.9512
Molina - Bexar	4,346	1,147	26.4%	0.9633
Superior - Bexar	11,492	3,261	28.4%	1.0357
Bexar SDA Total	20,976	5,747	27.4%	1.0000
Molina - Dallas	16,403	4,472	27.3%	1.0730
Superior - Dallas	11,095	2,515	22.7%	0.8921
Dallas SDA Total	27,498	6,987	25.4%	1.0000
Amerigroup - El Paso	7,338	2,605	35.5%	0.9319
Molina - El Paso	6,790	2,777	40.9%	1.0736
El Paso SDA Total	14,128	5,382	38.1%	1.0000
Amerigroup - Harris	20,988	4,890	23.3%	0.9243
Molina - Harris	6,484	1,556	24.0%	0.9520
United - Harris	27,030	7,293	27.0%	1.0703
Harris SDA Total	54,502	13,739	25.2%	1.0000
HealthSpring - Hidalgo	10,682	6,501	60.9%	0.9664
Molina - Hidalgo	9,579	5,341	55.8%	0.8854
Superior - Hidalgo	18,374	12,489	68.0%	1.0793
Hidalgo SDA Total	38,635	24,331	63.0%	1.0000
Amerigroup - Jefferson	3,107	676	21.8%	1.1182
Molina - Jefferson	3,152	640	20.3%	1.0435
United - Jefferson	2,447	378	15.4%	0.7939
Jefferson SDA Total	8,706	1,694	19.5%	1.0000
Amerigroup - Lubbock	3,446	382	11.1%	0.9852
Superior - Lubbock	3,024	346	11.4%	1.0169
Lubbock SDA Total	6,470	728	11.3%	1.0000
Superior - Nueces	4,902	1,855	37.8%	1.0425
United - Nueces	4,732	1,642	34.7%	0.9560
Nueces SDA Total	9,634	3,497	36.3%	1.0000
Amerigroup - Tarrant	13,205	2,403	18.2%	1.0506
HealthSpring - Tarrant	4,848	724	14.9%	0.8622
Tarrant SDA Total	18,053	3,127	17.3%	1.0000
Amerigroup - Travis	5,518	1,165	21.1%	1.2539
United - Travis	6,099	791	13.0%	0.7703
Travis SDA Total	11,617	1,956	16.8%	1.0000
Superior - MRSA Central	6,301	920	14.6%	0.9600
United - MRSA Central	7,480	1,176	15.7%	1.0337
MRSA Central SDA Total	13,781	2,096	15.2%	1.0000
HealthSpring - MRSA Northeast	9,252	1,504	16.3%	0.9476
United - MRSA Northeast	10,520	1,888	17.9%	1.0461
MRSA Northeast SDA Total	19,772	3,392	17.2%	1.0000
Amerigroup - MRSA West	9,570	1,953	20.4%	1.0691
Superior - MRSA West	9,437	1,675	17.7%	0.9299
MRSA West SDA Total	19,007	3,628	19.1%	1.0000

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Dual Eligible HCBS

	Unique Members	Unique Utilizers	Percent Utilization	Risk Score
Amerigroup - Bexar	740	612	82.7%	0.9870
Molina - Bexar	818	639	78.1%	0.9322
Superior - Bexar	2,120	1,831	86.4%	1.0307
Bexar SDA Total	3,678	3,082	83.8%	1.0000
Molina - Dallas	3,846	2,918	75.9%	0.9917
Superior - Dallas	1,785	1,390	77.9%	1.0179
Dallas SDA Total	5,631	4,308	76.5%	1.0000
Amerigroup - El Paso	773	659	85.3%	1.0048
Molina - El Paso	982	830	84.5%	0.9962
El Paso SDA Total	1,755	1,489	84.8%	1.0000
Amerigroup - Harris	2,027	1,781	87.9%	1.0395
Molina - Harris	1,041	887	85.2%	1.0081
United - Harris	3,341	2,749	82.3%	0.9735
Harris SDA Total	6,409	5,417	84.5%	1.0000
HealthSpring - Hidalgo	3,238	3,174	98.0%	1.0045
Molina - Hidalgo	2,658	2,547	95.8%	0.9820
Superior - Hidalgo	6,560	6,434	98.1%	1.0051
Hidalgo SDA Total	12,456	12,155	97.6%	1.0000
Amerigroup - Jefferson	497	439	88.3%	1.0586
Molina - Jefferson	765	629	82.2%	0.9854
United - Jefferson	308	242	78.6%	0.9417
Jefferson SDA Total	1,570	1,310	83.4%	1.0000
Amerigroup - Lubbock	411	309	75.2%	0.9732
Superior - Lubbock	310	248	80.0%	1.0355
Lubbock SDA Total	721	557	77.3%	1.0000
Superior - Nueces	1,485	1,407	94.7%	1.0128
United - Nueces	1,275	1,175	92.2%	0.9851
Nueces SDA Total	2,760	2,582	93.6%	1.0000
Amerigroup - Tarrant	2,417	1,715	71.0%	0.9829
HealthSpring - Tarrant	661	507	76.7%	1.0625
Tarrant SDA Total	3,078	2,222	72.2%	1.0000
Amerigroup - Travis	906	818	90.3%	1.0056
United - Travis	1,013	905	89.3%	0.9950
Travis SDA Total	1,919	1,723	89.8%	1.0000
Superior - MRSA Central	760	610	80.3%	0.9802
United - MRSA Central	946	787	83.2%	1.0159
MRSA Central SDA Total	1,706	1,397	81.9%	1.0000
HealthSpring - MRSA Northeast	2,452	2,072	84.5%	1.0824
United - MRSA Northeast	2,678	1,933	72.2%	0.9246
MRSA Northeast SDA Total	5,130	4,005	78.1%	1.0000
Amerigroup - MRSA West	1,700	1,452	85.4%	1.0011
Superior - MRSA West	1,385	1,180	85.2%	0.9986
MRSA West SDA Total	3,085	2,632	85.3%	1.0000

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Unadjusted Acuity Scores (1)				
Amerigroup - Bexar	0.84171	0.98680	0.95119	0.98696
Molina - Bexar	0.99016	0.85334	0.96329	0.93224
Superior - Bexar	1.04985	1.03682	1.03571	1.03070
Molina - Dallas	1.15190	0.99090	1.07297	0.99171
Superior - Dallas	0.81927	1.01615	0.89212	1.01786
Amerigroup - El Paso	0.89727	1.02647	0.93190	1.00482
Molina - El Paso	1.15093	0.97665	1.07360	0.99621
Amerigroup - Harris	0.87738	1.05883	0.92426	1.03954
Molina - Harris	0.90227	0.99235	0.95197	1.00810
United - Harris	1.10718	0.95817	1.07033	0.97349
HealthSpring - Hidalgo	1.00174	1.00047	0.96638	1.00451
Molina - Hidalgo	0.90584	0.97326	0.88537	0.98197
Superior - Hidalgo	1.03742	1.00910	1.07931	1.00508
Amerigroup - Jefferson	0.96547	1.14548	1.11818	1.05861
Molina - Jefferson	1.06889	0.95523	1.04352	0.98541
United - Jefferson	0.98477	0.93540	0.79390	0.94166
Amerigroup - Lubbock	0.86081	0.96327	0.98519	0.97319
Superior - Lubbock	1.09515	1.03163	1.01687	1.03555
Superior - Nueces	0.92663	0.99196	1.04251	1.01279
United - Nueces	1.07671	1.01464	0.95596	0.98510
Amerigroup - Tarrant	0.99059	0.99434	1.05060	0.98291
HealthSpring - Tarrant	1.02551	1.02100	0.86218	1.06251
Amerigroup - Travis	1.16801	1.03671	1.25392	1.00558
United - Travis	0.87523	0.96125	0.77027	0.99501
Superior - MRSA Central	1.00261	0.98501	0.95999	0.98016
United - MRSA Central	0.99635	1.03235	1.03370	1.01594
HealthSpring - MRSA Northeast	0.94744	1.04234	0.94756	1.08239
United - MRSA Northeast	1.04530	0.94542	1.04612	0.92456
Amerigroup - MRSA West	0.93755	1.03185	1.06914	1.00112
Superior - MRSA West	1.04091	0.98206	0.92988	0.99862

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutrality Adjustment (2)				
Amerigroup - Bexar	0.99797	0.99882	0.99933	0.99955
Molina - Bexar	0.99797	0.99882	0.99933	0.99955
Superior - Bexar	0.99797	0.99882	0.99933	0.99955
Molina - Dallas	1.00001	1.00071	1.00171	1.00032
Superior - Dallas	1.00001	1.00071	1.00171	1.00032
Amerigroup - El Paso	1.00120	1.00004	1.00002	1.00018
Molina - El Paso	1.00120	1.00004	1.00002	1.00018
Amerigroup - Harris	0.99619	0.99941	0.99818	0.99963
Molina - Harris	0.99619	0.99941	0.99818	0.99963
United - Harris	0.99619	0.99941	0.99818	0.99963
HealthSpring - Hidalgo	0.99913	1.00001	0.99973	0.99992
Molina - Hidalgo	0.99913	1.00001	0.99973	0.99992
Superior - Hidalgo	0.99913	1.00001	0.99973	0.99992
Amerigroup - Jefferson	1.00144	0.99966	1.00165	1.00003
Molina - Jefferson	1.00144	0.99966	1.00165	1.00003
United - Jefferson	1.00144	0.99966	1.00165	1.00003
Amerigroup - Lubbock	0.99921	0.99886	0.99979	0.99888
Superior - Lubbock	0.99921	0.99886	0.99979	0.99888
Superior - Nueces	0.99681	1.00001	1.00038	0.99968
United - Nueces	0.99681	1.00001	1.00038	0.99968
Amerigroup - Tarrant	1.00036	1.00058	1.00105	0.99828
HealthSpring - Tarrant	1.00036	1.00058	1.00105	0.99828
Amerigroup - Travis	1.00287	0.99907	0.99921	1.00004
United - Travis	1.00287	0.99907	0.99921	1.00004
Superior - MRSA Central	0.99997	0.99921	0.99987	0.99938
United - MRSA Central	0.99997	0.99921	0.99987	0.99938
HealthSpring - MRSA Northeast	0.99932	0.99943	1.00043	0.99922
United - MRSA Northeast	0.99932	0.99943	1.00043	0.99922
Amerigroup - MRSA West	0.99885	1.00060	1.00039	1.00004
Superior - MRSA West	0.99885	1.00060	1.00039	1.00004

FY2021 STAR+PLUS Rating
 Long Term Care Acuity Analysis
 Adjusted Acuity Scores

	<u>Medicaid Only OCC</u>	<u>Medicaid Only HCBS</u>	<u>Dual Eligible OCC</u>	<u>Dual Eligible HCBS</u>
Budget Neutral Acuity Scores (3)				
Amerigroup - Bexar	0.84000	0.98564	0.95055	0.98652
Molina - Bexar	0.98815	0.85233	0.96264	0.93182
Superior - Bexar	1.04772	1.03559	1.03501	1.03024
Molina - Dallas	1.15191	0.99160	1.07480	0.99203
Superior - Dallas	0.81928	1.01687	0.89364	1.01818
Amerigroup - El Paso	0.89835	1.02652	0.93192	1.00501
Molina - El Paso	1.15230	0.97669	1.07363	0.99639
Amerigroup - Harris	0.87404	1.05820	0.92258	1.03915
Molina - Harris	0.89884	0.99176	0.95024	1.00773
United - Harris	1.10297	0.95760	1.06839	0.97312
HealthSpring - Hidalgo	1.00087	1.00048	0.96612	1.00443
Molina - Hidalgo	0.90505	0.97326	0.88513	0.98189
Superior - Hidalgo	1.03652	1.00911	1.07902	1.00500
Amerigroup - Jefferson	0.96686	1.14509	1.12002	1.05864
Molina - Jefferson	1.07043	0.95490	1.04523	0.98544
United - Jefferson	0.98619	0.93508	0.79520	0.94169
Amerigroup - Lubbock	0.86013	0.96218	0.98498	0.97210
Superior - Lubbock	1.09429	1.03046	1.01666	1.03439
Superior - Nueces	0.92367	0.99198	1.04291	1.01247
United - Nueces	1.07328	1.01465	0.95632	0.98479
Amerigroup - Tarrant	0.99094	0.99491	1.05170	0.98122
HealthSpring - Tarrant	1.02588	1.02159	0.86308	1.06068
Amerigroup - Travis	1.17136	1.03575	1.25293	1.00562
United - Travis	0.87774	0.96036	0.76966	0.99506
Superior - MRSA Central	1.00258	0.98423	0.95986	0.97956
United - MRSA Central	0.99632	1.03153	1.03356	1.01531
HealthSpring - MRSA Northeast	0.94680	1.04175	0.94797	1.08155
United - MRSA Northeast	1.04459	0.94488	1.04657	0.92384
Amerigroup - MRSA West	0.93647	1.03247	1.06956	1.00116
Superior - MRSA West	1.03972	0.98266	0.93024	0.99867

Footnotes:

- (1) Acuity scores as developed by HHSC from Exhibits B-E.
- (2) Budget neutral adjustment applied uniformly within each service area to ensure acuity adjustment is budget neutral in total.
- (3) Adjusted acuity scores applied to FY2021 Long Term Care Community Rates.

Attachment 8

Network Access Improvement Program (NAIP)

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

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

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

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

- Medicaid Only – Other Community Care (OCC)
- Medicaid Only – Home and Community Based Services (HCBS)
- Intellectual and Developmentally Disabled over age 21 – IDD >21

The NAIP amounts are not applicable to the Dual Eligible, Nursing Facility or MBCCP risk groups.

Exhibit A summarizes each of the NAIPs by health plan, service area and program. The participating provider has been removed from the file in order to maintain the privacy of these negotiated arrangements.

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

The following information is provided as requested in the 2019-2020 Medicaid Managed Care Rate Development Guide which was the latest available guide produced by CMS when this report was written.

1. A description of the pass-through payment - CMS approved NAIP as an incentive payment in September 2014. The program was implemented in March 2015. Subsequently, CMS issued final Medicaid managed care rules. Following the publication of those rules, CMS performed an informal review of NAIP and in September 2016 concluded NAIP was a pass-through payment, not an incentive. The program is a voluntary program between MCOs and providers whereby agreements are entered into between these two parties to improve access to care and services for Medicaid managed care members. Examples include the recruitment of new primary care or specialty physicians, expanded physician office hours, and other similar initiatives. Each project had a specific associated cost which translated into a PMPM amount for the MCOs. All providers are hospitals.
2. The amount of the pass-through payments both in total and on a per member per month basis – The overall NAIP program cost is \$427,269,291 of which \$33,418,718 is attributed to the STAR+PLUS program. The per member per month amounts are shown in the attached exhibit and in Attachment 1 Exhibit A.
3. The program(s) that includes the pass-through payments – the pass-through applies to the STAR and STAR+PLUS programs
4. The providers receiving the pass-through payments –
 - Texas Tech University Health Sciences Center - El Paso
 - University of Texas Medical School - Houston (UT Physicians)
 - Texas Tech University Health Sciences Center – Lubbock
 - UT Southwestern Accountable Care Network
 - Texas A&M Health Science Center
 - Texas Tech University Health Sciences Center – Lubbock
 - Parkland Health & Hospital System
 - Childress County Hospital District
 - University Health System
 - Midland Memorial Hospital
 - University Medical Center – Lubbock
 - Harris Health System
 - Palo Pinto General Hospital
 - University Medical Center of El Paso
 - Christus Spohn Health System

5. The financing mechanism for the pass-through payments – The non-federal share is provided by local governmental entities, including hospital districts.
6. Identification of any 438.6(c) directed payment arrangement(s) which target the same providers receiving the pass-through payment – The UHRIP program described in Attachment 10 applies to the NAIP providers in the same manner as all other like-classed providers.
7. The amount of pass-through payments incorporated into the capitation rates in the previous period – The NAIP premiums in effect for FY2020 were estimated to be:

STAR	\$394,254,291
<u>STAR+PLUS</u>	<u>\$33,047,025</u>
Total	\$427,301,316

8. The amount of pass-through payments incorporated into capitation rates for the rating period in effect on July 5, 2016 – The NAIP premiums in effect for FY2016 were:

STAR	\$479,056,321
<u>STAR+PLUS</u>	<u>\$33,638,645</u>
Total	\$512,694,966

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

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

FY2019 managed care encounter data was used to perform the Upper Payment Limit (UPL) tests for inpatient Medicaid hospital services. The UPL test for inpatient services used a payment to charge ratio. Medicare charges and payments from the Medicare cost reports were used to calculate a Medicare Payment to Charge Ratio for each hospital. The Medicare payment to charge ratio was then multiplied by the Medicaid inpatient billed charges to estimate what Medicare would have paid for the Medicaid services. Medicaid payments were adjusted to include NAIP and UHRIP payments.

The upper payment limit test for outpatient services used a payment to charge ratio. General outpatient services (excluding services reimbursed on a fee schedule and non-emergent ED services) were used from the FY2019 managed care encounter data. Medicare charges and payments from the Medicare cost reports were used to calculate a Payment to Charge Ratio for each hospital. The Medicare payment to charge ratio was then multiplied by the Medicaid outpatient billed charges to estimate what Medicare would have paid for the Medicaid services.

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

Network Access Improvement Program (NAIP) Summary

MCO (1)	Impacted Programs	SDAs Impacted	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup	STAR	Dallas	14,987,109	2,382,688	6.29
Amerigroup	STAR	Lubbock, MRSA West	1,583,920	468,616	3.38
Amerigroup	STAR	MRSA West, Tarrant	4,408,100	1,669,735	2.64
Amerigroup	STAR, STAR+Plus	Dallas, Tarrant	19,321,029	3,864,206	5.00
Amerigroup	STAR, STAR+Plus	Harris	36,829,608	1,235,478	29.81
Amerigroup	STAR, STAR+Plus	Harris, Jefferson	8,036,186	1,352,893	5.94
Amerigroup	STAR, STAR+Plus	Lubbock, MRSA West	12,980,554	555,199	23.38
Amerigroup	STAR, STAR+Plus	MRSA West	3,537,769	423,178	8.36
CFHP	STAR	Bexar	20,383,509	1,255,142	16.24
CHC	STAR	Harris	72,432,646	2,699,689	26.83
CHC	STAR	Jefferson	7,141,377	261,493	27.31
El Paso Health	STAR	El Paso	19,029,804	773,255	24.61
FirstCare	STAR	Lubbock, MRSA West	21,747,956	877,287	24.79
FirstCare	STAR	MRSA West	10,602,353	472,686	22.43
Molina	STAR	Dallas	1,506,857	333,375	4.52
PCHP	STAR	Dallas	32,232,959	1,804,757	17.86
Superior	STAR	Bexar	6,573,605	1,401,622	4.69
Superior	STAR	El Paso	11,859,743	576,836	20.56
Superior	STAR	Lubbock, MRSA West	4,150,024	1,300,948	3.19
Superior	STAR, STAR+Plus	Bexar	7,183,471	1,589,264	4.52
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West	5,920,521	5,431,671	1.09
Superior	STAR, STAR+Plus	Bexar, Hidalgo, MRSA Central, MRSA West, Nueces, Travis	15,978,415	6,770,515	2.36
Superior	STAR, STAR+Plus	Lubbock, MRSA West	23,272,733	1,439,254	16.17
Superior	STAR, STAR+Plus	MRSA Central	601,408	1,002,347	0.60
United	STAR, STAR+Plus	Harris	24,522,003	1,063,861	23.05
United	STAR, STAR+Plus	Harris, Jefferson	5,073,196	1,317,713	3.85
United	STAR, STAR+Plus	Jefferson	5,374,047	253,852	21.17
CHC	STAR	Harris, Jefferson	12,496,187	2,961,182	4.22
United	STAR	Nueces	1,410,141	36,372	38.77
Superior	STAR, STAR+Plus	Nueces	10,300,857	285,500	36.08
United	STAR+Plus	Nueces	5,791,204	48,288	119.93

Footnotes:

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

Network Access Improvement Program (NAIP) Summary

Ownership Type	MCO UPL Test Outpatient*			MCO UPL Test Inpatient*			MCO UPL Test Total*		
	Outpatient Medicare MCO Est. Payment	Outpatient Medicaid MCO Payment	Difference	Inpatient Medicare MCO Est. Payment	Inpatient Medicaid MCO Payment	Difference	Medicare MCO Est. Payment	Inpatient Medicaid MCO Payment	Difference
Non-state Government	224,287,648	181,875,702	42,411,946	561,712,823	582,761,280	-21,048,458	786,000,471	764,636,983	21,363,488
Private	1,259,444,767	882,954,997	376,489,770	3,748,712,387	2,731,592,457	1,017,119,929	5,008,157,154	3,614,547,454	1,393,609,700
State Owned	125,327,742	45,342,116	79,985,626	129,681,414	129,295,236	386,178	255,009,156	174,637,352	80,371,804
Grand Total	1,609,060,157	1,110,172,815	498,887,342	4,440,106,624	3,443,648,974	996,457,649	6,049,166,780	4,553,821,789	1,495,344,992

Aggregate Maximum Pass Through Lesser of:

- (i) 70% of Base Amount 1,046,741,494
 - (ii) Total NAIP in FY2016 512,694,966
- Lesser of (i) and (ii) 512,694,966

FY2021 NAIP 427,269,291

*Calculated based on FY2019 managed care experience.

Attachment 9

Quality Incentive Payment Program (QIPP)

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

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

Attachment A is a detailed summary of the QIPP which has been developed by the HHSC Rate Analysis Department.

Attachment B provides a summary of the QIPP add on amounts by service delivery area. The QIPP program impacts members in both the STAR+PLUS and Dual Demonstration programs. As a result, the eligible expenditures are spread across the two programs based on total membership within the nursing facility risk groups. Contracted Cost (\$1,094,321,697) is the total dollar value of the program assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Managed Care (MCO) days. The total program size was multiplied by each provider's percentage of FFS & MCO days in the base period.

The QIPP premiums have been accounted for in the FY2021 STAR+PLUS rate development in a manner that is consistent with the pre-print that is currently under CMS review.

Quality Incentive Payment Program (QIPP)

Year 4: SFY 2021

Description

Effective September 1, 2017 HHSC implemented a Quality Incentive Payment Program (QIPP) as a performance-based payment platform designed to incentivize nursing facilities (NFs) to improve on the quality and innovation of their services. Pending CMS approval of QIPP Year Four, effective September 1, 2020, the program will encompass one uniform rate increase component and three performance-based payment components. Program incentive payments are dependent on improvement in several indices of success using the CMS five-star rating system as well as program specific targets. The components for QIPP Year 4 are identical to those of QIPP Year 3.

History

During the 83rd Legislative Session, the Texas Legislature outlined its goals for the incorporation of NFs in Medicaid managed care. The Texas Health and Human Services Commission (HHSC) was directed to encourage transformative efforts in the delivery of NF services, including "efforts to promote a resident-centered care culture through facility design and services provided."

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

HHSC Budget Rider 97 in the 2016-2017 budget directed HHSC to transition the MPAP to QIPP. Utilizing an MCO delivery system, QIPP established a provider payment initiative in which HHSC directs expenditures through its contracts with the STAR+PLUS MCOs, as authorized by 42 C.F.R. §438.6(c).

Rules are promulgated for QIPP on an as-needed basis; this process does not occur on an annual basis. The rules for QIPP years on or after September

1, 2019 are located in the Title 1 of the Texas Administrative Code (1 TAC) §353.1301, §353.1302, and §353.1304

State Fiscal Year 2021 begins QIPP Year Four. Funds are paid through components of the STAR+PLUS NF managed care based on per-member per-month (PMPM) capitation rates. The chart below provides a broad overview of changes in QIPP history:

	Approved Funding	Actual Funding	Components
Year 1 (SFY 2018)	\$400,000,000	\$399,333,542	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
Year 2 (SFY 2019)	\$446,000,000	\$427,649,611	1) Monthly – NSGO Only 2) Quarterly – All NFs 3) Quarterly – All NFs
Year 3 (SFY 2020)	\$600,000,000	\$592,534,983	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only
Year 4 (SFY 2021)	\$1,100,000,000	\$1,094,321,819 (Pending two more intergovernmental transfers)	1) Monthly – NSGO Only 2) Monthly – All NFs 3) Quarterly – All NFs 4) Quarterly – NSGO Only

Delivery System

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

Alignment with HHSC Quality Strategy

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

It is the goal of HHSC to use its Managed Care Quality Improvement Strategy to:

- Transition from volume-based purchasing models to a pay-for-performance model
- Improve member satisfaction with care
- Reduce payments for low quality care

It is the intention of HHSC to achieve these goals through the mechanisms described in this strategy, including:

- Program integrity monitoring through both internal and external processes
- Implementation of financial incentives for high performing MCOs and financial disincentives for poor performing MCOs
- Developing and implementing targeted initiatives that encourage the adoption by MCOs of evidence-based clinical and administrative practices

Directed Pay Arrangement

Directed pay arrangements permit states to direct specific payments made by managed care plans to providers under certain circumstances and can assist states in furthering the goals and priorities of their Medicaid programs. HHSC established QIPP in order to develop a directed pay arrangement for NFs. QIPP is open to two classes of NFs: non-state government-owned (NSGO) NFs and privately-owned NFs.

In QIPP Year Four, NSGO NFs are eligible to participate if they meet one of the following criteria per Title 1 of the Texas Administrative Code (1 TAC) §355.1302:

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

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

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

In QIPP Year Four, Component One uses an alternative uniform rate increase fee schedule and is available only to NSGO NFs; Components Two, Three, and Four are performance improvement initiatives and use a quality-based payment model. Components Two and Three are open to both classes of facilities, while Component Four is available only to NSGO NFs.

Capitation Rate Components

The total dollar value approved for the QIPP program for Year Four is \$1,100,000,000. The program is paid using joint state and federal funds. The state funds are provided by the NSGOs via an Intergovernmental Transfer (IGT); no state general revenue is used to fund the QIPP program. An NSGO NF's participation in QIPP is not conditioned on the provision of an intergovernmental transfer (IGT). For QIPP Year Four, funds are paid through four components of the STAR+PLUS NF managed care PMPM capitation rates. Each component's value is determined as a percentage of the total amount of funding available for the QIPP program. A breakdown of the QIPP Year Four approved funding is below:

QIPP Year 4 Approved Funding	
Total Funds	\$ 1,100,000,000
NFS Funds (37.75%)	\$ 415,250,000
Federal Funds (62.25%)	\$ 684,750,000
Breakdown of Program Funding	
MCO Admin Fee = 0.125%	\$ 1,375,000
MCO Risk Margin = 1.750%	\$ 19,250,000
MCO Provider Tax = 1.750%	\$ 19,250,000
Total MCO Fees - 3.625%	\$ 39,875,000
IGT Funds Needed for Pool Size	\$ 415,250,000
Available Funds for Program Components	
Component 1 = NFS plus 10%	
41.53% of Total Funds	\$ 456,775,000
Component 2 = 30% of pool after C1/C4/MCO Fees	
11.66% of Total Funds	\$ 128,205,000
Component 3 = 70% of pool after C1/C4/MCO Fees	
27.20% of Total Funds	\$ 299,145,000
Component 4 = 16% of total funds	
16% of Total Funds	\$ 176,000,000

The MCOs' distribution of QIPP funds to the NFs is based on each NF's performance on a set of defined quality metrics. Eligible expenditures are spread across the two programs based on total membership within the NF risk groups (NSGO and Private NFs). Payments are assigned to the providers within each of the SDAs who participate in QIPP based on their percentage of Medicaid Fee-for-service (FFS) and Medicaid Manage Care (MCO) days. The total program size is multiplied by each provider's percent of FFS & MCO days in the base period. Fund distribution is allocated under four components.

Component One (C1): Quality Assurance and Performance Improvement (QAPI) Meetings

- C1 is contingent upon proper submission of a Quality Assurance and Performance Improvement (QAPI) Validation Report.
- The total value of C1 will be equal to 110 percent of the non-federal share of the QIPP funds.

- Interim allocation of funds across qualifying NSGO NFs will be based upon historical Medicaid days of NF service.
- Monthly payments to NSGO NFs will be triggered by the monthly submission of an attestation to HHSC that the NF held a QAPI meeting in which the NF reviewed its CMS-compliant plan for maintaining and improving safety and quality in the NF. QAPI meetings must contribute to a NF's ongoing development of improvement initiatives regarding clinical care, quality of life, and consumer choice.
- Private NFs are not eligible for payments from C1.

The interim allocation of funds, based on historical Medicaid fee-for-service and STAR+PLUS days of service, across qualifying NSGO NFs will be reconciled to the actual distribution of Medicaid NF days of service across these NFs during the eligibility period; the actual distribution of funds will be captured by HHSC's Medicaid contractors for fee-for-service and managed care 180 days after the last day of the eligibility period. This reconciliation will only be performed if the weighted average (weighted by Medicaid NF days of service during the eligibility period) of the absolute values of percentage changes between each NF's proportion of historical Medicaid days of NF service and actual Medicaid days of NF service is greater than 18 percent.

Component Two (C2): Workforce Development

- The total value of C2 will be equal to 30 percent of remaining QIPP funds after accounting for the funding of C1 and Component Four (C4).
- C2 is open to all provider types and allocation of funds across all qualifying NFs will be proportional, based upon historical Medicaid days of NF service.
- Monthly payments to NFs will be triggered by achievement in three equally weighted quality metrics and the submission of a report to HHSC through an online portal.

Component Three (C3): Minimum Data Set CMS Five-Star Quality Measures

- The total value of C3 will be equal to 70 percent of remaining QIPP funds after accounting for the funding of C1 and C4.

- C3 is open to all provider types and allocation of funds across qualifying NFs will be proportional, based upon historical Medicaid days of NF service. Quarterly payments to NFs will be triggered by achievement of performance requirements in three equally weighted CMS Five-Star quality metrics measured against facility specific fixed targets.

Component Four (C4): Infection Control Program

- The total value of C4 will be equal to 16 percent of the QIPP funds.
- Allocation of funds across qualifying NSGO NFs will be proportional, based upon historical Medicaid days of NF service.
- Quarterly payments to NSGO NFs will be triggered by achievement on three equally weighted quality metrics.
- Private NFs are not eligible for payments from C4.

Distribution of Payments

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

- Monthly payments from C1, as performance requirements are met, will be equal to the total value of C1 for the NF divided by twelve.
- Monthly payments from C2 associated with each quality metric will be equal to the total value of C2 associated with the quality metric divided by twelve.
- Quarterly payments from C3 associated with each quality metric will be equal to the total value of C3 associated with the quality metric divided by four.
- Quarterly payments from C4 associated with each quality metric will be equal to the total value of C4 associated with the quality metric divided by four.
- For purposes of the calculations, each quality metric will be allocated an equal portion of the total dollars included in the component.

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

MCOs will distribute payments to enrolled NFs as they meet their reporting and quality metric requirements. Payments will be equal to the portion of the QIPP PMPM associated with the achievement for the time-period in question multiplied by the number of member months for which the MCO received the QIPP PMPM. Funds are paid directly to the entity that holds the contract with the managed care organization. On behalf of HHSC, the MCO pays the full amount of each payment to the holder of the Medicaid contract. HHSC does not track the extent to which an NF owner uses the funds for expenses they directly incur. This is true regardless of the type of NF ownership (hospital district, private corporation, non-profit entity, etc.).

In the event of a change in NF ownership, the MCO will distribute the payment to the owner of the NF at the time of the payment.

Quality Metric Summary

Allocation of funds across qualifying NFs will be proportional, based upon historical Medicaid units of NF service. Payments of allocated funds from managed care organizations to qualified NFs will be triggered based on either the attainment of benchmarks or on demonstrated improvement in selected quality metrics, which will be equally weighted within each of the four components. For measures based on Minimum Data Set CMS Quality Measures, NFs must reach program-wide benchmarks or make incremental improvements toward pre-set goals to qualify for payments. An NF's baseline will remain the same throughout the measurement period, while the amount of improvement required each quarter increases. Initial quarterly goals are based on 5 percent relative improvement from the baseline. Subsequent quarterly goals increase incrementally by 5 percent, culminating in a 20 percent improvement at the end of the year.

HHSC has designated the following quality metrics for QIPP Year Four capitation rate components, covering the program eligibility period that begins on September 1, 2020.

Component One (C1) – Quality Assurance and Performance Improvement (QAPI) Meetings

C1 is open only to non-state government-owned (NSGO) providers and contains one metric. Funds in C1 are distributed monthly on a “Met” or Not Met” basis, contingent upon proper submission of the QAPI Validation Report form. The metric is:

Metric 1: Facility holds a QAPI meeting each month in accordance with quarterly federal requirements.

Failure to participate in the review or to provide supporting records could result in a determination that C1 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k).

Component Two (C2) – Workforce Development

C2 is open to all provider types, and funds are distributed monthly. HHSC designates three equally weighted quality metrics for C2:

Metric 1: NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.

Metric 2: NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.

Metric 3: NF has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes.

HHSC will conduct quarterly reviews of RN hours and development plans on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to staff payroll hours and ongoing recruitment and retention outcomes. Failure to participate in the review or to provide supporting records could result in a determination that C2 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k) General Provision.

Component Three (C3) – Minimum Data Set CMS Five-Star Quality Measures

C3 is open to all provider types, and funds are distributed quarterly. All three metrics relate to Minimum Data Set (MDS) quality metrics and are measured against fixed as well as facility-specific targets. HHSC designates three equally weighted quality metrics for C3:

Metric 1: (CMS N015.01) Percent of high-risk residents with pressure ulcers.

Metric 2: (CMS N031.02) Percent of residents who received an antipsychotic medication.

Metric 3: (CMS N035.02) Percent of residents whose ability to move independently has worsened.

For a quality metric to be considered “Met” in a quarter, the NF must perform equal to or better than its facility-specific target or equal to or better than the quality metric’s fixed benchmark.

Component Four (C4) – Infection Control Program

C4 is open only to NSGO providers, and funds are distributed quarterly. The first metric is a Five-Star MDS quality metric and is measured against quarterly targets in the same way as those in C3. HHSC designates three equally weighted quality metrics for C4.

Metric 1: (CMS N024.01) Percent of residents with a urinary tract infection.

Metric 2: Percent of residents whose pneumococcal vaccine is up to date.

Metric 3: Facility has an infection control program that includes antibiotic stewardship.

Facilities will report additional data elements each quarter for tracking purposes. Reporting these elements is mandatory, but the specific values reported will not factor into a facility meeting or not meeting the quality metric.

HHSC will conduct quarterly reviews of infection prevention and control documentation on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to the data elements listed for metrics two and three. Failure to participate in the review or to provide supporting records could result in a determination that C4 payments should be recouped or adjusted pursuant to 1 TAC §353.1301(k).

FY2021 STAR+PLUS Rating
Quality Incentive Payment Program (QIPP) Summary

MCOs (1)	Impacted Programs	SDA	Contracted Cost (2)	Projected Member Months (3)	PMPM Impact
Amerigroup, Molina, Superior Molina, Superior	STAR+PLUS, Dual Demo STAR+PLUS, Dual Demo	Bexar Dallas	\$ 91,282,363 145,775,255	51,977 72,503	\$ 1,756.19 2,010.60
Amerigroup, Molina Amerigroup, Molina, United	STAR+PLUS, Dual Demo STAR+PLUS, Dual Demo	El Paso Harris	13,142,401 150,897,494	11,607 87,600	1,132.33 1,722.57
HealthSpring, Molina, Superior Amerigroup, Molina, United	STAR+PLUS, Dual Demo STAR+PLUS	Hidalgo Jefferson	52,885,071 35,005,413	35,585 21,968	1,486.18 1,593.46
Amerigroup, Superior Superior, United	STAR+PLUS STAR+PLUS	Lubbock Nueces	40,006,261 41,006,623	20,024 23,924	1,997.96 1,714.01
Amerigroup, HealthSpring Amerigroup, United	STAR+PLUS, Dual Demo STAR+PLUS	Tarrant Travis	121,467,752 89,254,150	66,564 38,867	1,824.83 2,296.38
Superior, United HealthSpring, United	STAR+PLUS STAR+PLUS	MRSA Central MRSA Northeast	83,961,023 114,124,234	54,525 69,866	1,539.86 1,633.47
Amerigroup, Superior	STAR+PLUS	MRSA West	115,513,657	58,170	1,985.80

Footnotes:

- (1) All MCOs will participate with all QIPP providers in their SDAs.
- (2) Based on the total funding available that is allocated by the number of historical Medicaid days for each facility.
- (3) Based on HHSC most recent caseload forecast. Includes the following risk groups: (i) STAR+PLUS Medicaid Only Nursing Facility, (ii) STAR+PLUS Dual Eligible Nursing Facility, and (iii) Dual Demo Nursing Facility.

Attachment 10

Uniform Hospital Rate Increase Program

Effective December 1, 2017, HHSC implemented a pilot of the Uniform Hospital Rate Increase Program (UHRIP) in the Bexar and El Paso service delivery areas. CMS approved HHSC's statewide implementation of the program on August 18, 2017 and the program was expanded statewide March 1, 2018. UHRIP is a Medicaid managed care hospital directed payment program authorized under federal regulation 42 CFR 438.6(c). UHRIP will increase the reimbursement to contracted hospitals by a level percentage that varies by hospital class. HHSC has identified the following classes of hospitals within each SDA and the rate increase for each:

<u>SDA</u>	<u>Children's</u>	<u>IMD</u>	<u>Non- Urban Public</u>	<u>Other</u>	<u>Rural Private</u>	<u>Rural Public</u>	<u>State- Owned</u>	<u>Urban Public</u>
Bexar	26%	0%	56%	63%	40%	40%	0%	40%
Dallas	43%	0%	63%	66%	63%	0%	149%	63%
El Paso	57%	0%	0%	59%	0%	0%	0%	52%
Harris	11%	0%	73%	172%	73%	29%	0%	70%
Hidalgo	0%	0%	0%	69%	64%	64%	0%	0%
Jefferson	0%	0%	0%	129%	65%	65%	0%	0%
Lubbock	18%	0%	0%	60%	48%	79%	0%	60%
Nueces	0%	0%	69%	62%	62%	62%	0%	62%
Tarrant	53%	33%	0%	60%	53%	53%	0%	113%
Travis	13%	0%	0%	58%	58%	0%	0%	120%
MRSA Central	0%	0%	0%	69%	51%	51%	0%	0%
MRSA Northeast	0%	0%	0%	84%	59%	24%	0%	0%
MRSA West	0%	0%	81%	75%	47%	60%	0%	81%

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

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

1. Services provided to members at a non-contracted facility.
2. Non-emergent services provided in an emergency room for non-rural facilities.
3. Services provided to a member at an out of area facility if the facility is located in a SDA in which the MCO does not participate in the STAR or STAR+PLUS program.
4. Outpatient services provided at an Institute for Mental Disease (IMD).
5. Service provided at an IMD to members over age 21.

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

Providers were given the same percent increases as they received in FY2020, except in cases where providers had Medicare upper payment limit (UPL) room, meaning they were paid less in Medicaid compared to what they would have been paid in Medicare for the same services. Those with this room received a percentage increase up to their Medicare UPL if that room resulted in a

higher rate increase than what the provider received in FY2020 UHRIP.

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

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

Exhibit A presents a summary of the derivation of the rating adjustment factors which have been calculated at the individual plan level due to variations in each MCO's network configuration. The adjustments have been calculated by applying the applicable percentage increase to each MCO's FY2019 encounter data. Unlike other adjustment factors which are applied at the community level, the UHRIP adjustment factors have been calculated at the individual plan level due to the fact that each MCO may have varying levels of utilization at each class of hospital and could be disadvantaged if their actual utilization is higher or lower than the SDA average for a given class.

Exhibit B presents a summary of the calculation of the UHRIP premium add-on rates by MCO for all risk groups. The add-on is calculated as an MCO-specific amount due to the varying impacts the mandated increases will have on expected reimbursement for each MCO. The add-on is calculated as the projected FY2020 claims increased by the applicable UHRIP adjustment factor plus provision for risk margin, taxes and administrative fees.

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

- Administrative Fee – 2.5% of premium
- Risk Margin – 1.5% of premium (STAR) or 1.75% of premium (STAR+PLUS)
- Premium Tax – 1.75% of premium
- Health Insurance Providers Fee – not applicable

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

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

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

The ACA Health Insurance Providers Fee (HIPF) is not applicable to the FY2021 UHRIP

premium rates

The UHRIP premiums have been accounted for in the FY2021 STAR+PLUS rate development in a manner that is consistent with the pre-print that was approved by CMS on June 30, 2020.

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Impact of Reimbursement Change (1)									
Bexar SDA									
Amerigroup	5,443,751	951,205	0	0	568,585	0	186,816	68,367	7,218,725
Molina	4,050,380	1,099,833	0	0	593,819	0	83,169	165,339	5,992,539
Superior	22,128,761	5,903,348	0	0	2,106,706	0	1,361,654	906,718	32,407,186
Bexar Total	31,622,892	7,954,386	0	0	3,269,110	0	1,631,639	1,140,424	45,618,450
Dallas SDA									
Molina	26,357,200	6,587,239	0	0	2,801,675	0	706,218	904,293	37,356,626
Superior	26,369,279	5,352,109	0	0	3,448,323	0	1,217,418	2,710,898	39,098,027
Dallas Total	52,726,479	11,939,348	0	0	6,249,999	0	1,923,636	3,615,192	76,454,653
El Paso SDA									
Amerigroup	5,296,144	760,560	0	0	363,743	0	449,207	634,092	7,503,746
Molina	3,830,483	1,549,984	0	0	450,711	0	199,723	342,557	6,373,458
El Paso Total	9,126,627	2,310,544	0	0	814,454	0	648,930	976,649	13,877,205
Harris SDA									
Amerigroup	90,661,877	17,868,397	0	0	5,718,841	0	3,661,499	4,439,770	122,350,384
Molina	20,335,915	5,316,523	0	0	1,813,033	0	897,564	2,283,720	30,646,756
United	76,199,395	10,277,612	0	0	4,145,522	0	3,371,899	2,854,696	96,849,123
Harris Total	187,197,187	33,462,532	0	0	11,677,397	0	7,930,961	9,578,186	249,846,263
Hidalgo SDA									
Health Spring	4,991,176	1,688,055	0	0	506,041	0	149,294	314,628	7,649,195
Molina	4,713,979	1,779,963	0	0	711,520	0	153,154	696,571	8,055,187
Superior	13,015,715	5,826,592	0	0	1,199,038	0	596,199	1,619,339	22,256,883
Hidalgo Total	22,720,871	9,294,610	0	0	2,416,600	0	898,647	2,630,539	37,961,265
Jefferson SDA									
Amerigroup	9,513,365	1,419,346	0	0	894,752	0	150,923	244,381	12,222,767
Molina	6,907,769	2,673,165	0	0	663,210	0	155,297	298,466	10,697,907
United	12,400,094	937,511	0	0	633,769	0	313,358	619,967	14,904,700
Jefferson Total	28,821,229	5,030,022	0	0	2,191,731	0	619,578	1,162,814	37,825,374

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	4,955,276	685,062	0	0	388,844	0	191,560	435,276	6,656,018
Superior	5,194,097	753,072	0	0	523,202	0	260,181	634,496	7,365,049
Lubbock Total	10,149,373	1,438,134	0	0	912,046	0	451,741	1,069,772	14,021,067
Nueces SDA									
Superior	6,856,313	2,426,994	0	0	684,954	0	164,703	798,121	10,931,085
United	7,014,653	1,199,021	0	0	561,854	0	146,034	324,221	9,245,783
Nueces Total	13,870,966	3,626,015	0	0	1,246,808	0	310,737	1,122,342	20,176,868
Tarrant SDA									
Amerigroup	32,071,664	6,461,608	0	0	3,548,217	0	1,707,005	1,189,626	44,978,120
Health Spring	8,105,522	1,284,953	0	0	1,043,391	0	363,787	250,543	11,048,195
Tarrant Total	40,177,185	7,746,561	0	0	4,591,607	0	2,070,792	1,440,169	56,026,315
Travis SDA									
Amerigroup	8,080,027	1,532,584	0	0	860,469	0	261,468	309,522	11,044,070
United	11,958,914	1,397,337	0	0	1,153,431	0	555,842	666,323	15,731,847
Travis Total	20,038,941	2,929,922	0	0	2,013,901	0	817,310	975,844	26,775,918
MRSA Central SDA									
Superior	16,109,497	2,411,745	0	0	1,759,380	0	567,323	771,361	21,619,305
United	12,504,520	1,197,888	0	0	1,600,233	0	363,782	563,295	16,229,719
Central Total	28,614,017	3,609,633	0	0	3,359,613	0	931,105	1,334,656	37,849,024
MRSA Northeast SDA									
Health Spring	13,810,105	4,110,323	0	0	1,760,313	0	457,077	434,336	20,572,154
United	19,265,613	3,964,861	0	0	2,097,641	0	618,088	525,397	26,471,601
Northeast Total	33,075,718	8,075,184	0	0	3,857,954	0	1,075,165	959,733	47,043,754
MRSA West SDA									
Amerigroup	9,765,090	1,466,954	0	0	1,530,617	0	412,932	575,270	13,750,863
Superior	14,954,217	2,677,062	0	0	1,871,844	0	723,744	815,212	21,042,079
West Total	24,719,308	4,144,015	0	0	3,402,461	0	1,136,677	1,390,481	34,792,942

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
FY2019 Total Acute Care Incurred Claims (2)									
Bexar SDA									
Amerigroup	21,304,221	5,005,663	0	0	1,931,202	0	876,090	934,305	30,051,482
Molina	15,139,272	4,764,966	0	0	2,326,600	0	482,225	1,108,375	23,821,438
Superior	82,852,934	25,713,206	0	0	6,501,852	0	6,400,791	5,858,595	127,327,379
Bexar Total	119,296,428	35,483,835	0	0	10,759,654	0	7,759,106	7,901,275	181,200,298
Dallas SDA									
Molina	104,568,623	28,741,512	0	0	11,162,105	0	3,881,823	3,275,615	151,629,678
Superior	76,586,851	18,201,270	0	0	9,237,086	0	4,564,889	8,807,337	117,397,433
Dallas Total	181,155,473	46,942,783	0	0	20,399,191	0	8,446,712	12,082,952	269,027,112
El Paso SDA									
Amerigroup	24,204,236	4,533,814	0	0	1,000,156	0	2,151,737	2,850,880	34,740,824
Molina	17,277,586	7,587,881	0	0	1,250,548	0	1,226,598	1,393,127	28,735,742
El Paso Total	41,481,823	12,121,696	0	0	2,250,704	0	3,378,335	4,244,008	63,476,566
Harris SDA									
Amerigroup	119,468,224	23,895,349	0	0	6,923,276	0	5,863,728	7,173,363	163,323,940
Molina	34,113,255	9,955,736	0	0	2,848,970	0	1,735,813	2,754,552	51,408,326
United	152,580,434	29,913,998	0	0	9,319,038	0	7,931,235	11,180,477	210,925,181
Harris Total	306,161,913	63,765,083	0	0	19,091,284	0	15,530,775	21,108,392	425,657,447
Hidalgo SDA									
Health Spring	19,588,022	8,790,721	0	0	1,891,694	0	987,578	1,150,849	32,408,862
Molina	17,607,510	6,510,442	0	0	2,002,653	0	804,665	2,655,079	29,580,349
Superior	44,123,972	23,714,058	0	0	2,993,659	0	3,261,509	5,463,424	79,556,622
Hidalgo Total	81,319,504	39,015,220	0	0	6,888,006	0	5,053,752	9,269,352	141,545,834
Jefferson SDA									
Amerigroup	15,011,830	2,929,355	0	0	1,371,010	0	427,944	467,084	20,207,223
Molina	14,193,112	5,900,489	0	0	1,191,712	0	276,673	546,503	22,108,488
United	22,875,385	2,722,296	0	0	1,127,095	0	677,593	2,397,145	29,799,514
Jefferson Total	52,080,327	11,552,140	0	0	3,689,816	0	1,382,210	3,410,732	72,115,225

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	13,751,696	2,220,015	0	0	1,030,387	0	879,218	947,390	18,828,706
Superior	17,897,466	3,213,568	0	0	1,849,704	0	1,456,017	1,554,570	25,971,324
Lubbock Total	31,649,162	5,433,583	0	0	2,880,091	0	2,335,235	2,501,960	44,800,031
Nueces SDA									
Superior	21,257,461	8,531,817	0	0	1,595,282	0	896,444	2,743,251	35,024,255
United	20,028,374	4,128,005	0	0	1,481,481	0	586,704	1,348,890	27,573,454
Nueces Total	41,285,835	12,659,822	0	0	3,076,763	0	1,483,148	4,092,141	62,597,709
Tarrant SDA									
Amerigroup	81,251,305	20,410,941	0	0	9,267,233	0	5,894,564	7,165,911	123,989,954
Health Spring	26,449,405	5,137,484	0	0	3,161,324	0	1,815,375	1,817,534	38,381,122
Tarrant Total	107,700,711	25,548,425	0	0	12,428,557	0	7,709,938	8,983,445	162,371,076
Travis SDA									
Amerigroup	25,869,234	5,714,317	0	0	2,111,978	0	1,462,105	1,303,939	36,461,573
United	32,496,411	5,450,181	0	0	3,067,693	0	2,394,451	4,521,933	47,930,670
Travis Total	58,365,645	11,164,498	0	0	5,179,671	0	3,856,556	5,825,872	84,392,243
MRSA Central SDA									
Superior	44,646,324	7,390,120	0	0	4,552,344	0	2,112,270	2,640,301	61,341,359
United	30,007,539	4,157,994	0	0	4,468,882	0	987,362	1,521,775	41,143,552
Central Total	74,653,863	11,548,115	0	0	9,021,225	0	3,099,632	4,162,076	102,484,911
MRSA Northeast SDA									
Health Spring	44,392,254	13,828,281	0	0	4,744,009	0	2,028,764	2,063,393	67,056,701
United	53,663,667	12,079,524	0	0	5,537,496	0	2,116,608	3,771,530	77,168,825
Northeast Total	98,055,921	25,907,805	0	0	10,281,504	0	4,145,372	5,834,923	144,225,526
MRSA West SDA									
Amerigroup	27,959,220	5,418,615	0	0	3,636,575	0	1,567,410	2,109,052	40,690,872
Superior	43,895,348	9,120,989	0	0	4,699,651	0	3,062,607	3,454,595	64,233,189
West Total	71,854,568	14,539,603	0	0	8,336,226	0	4,630,016	5,563,647	104,924,061

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Rate Adjustment Factor (3)									
Bexar SDA									
Amerigroup	25.55%	19.00%	0.00%	0.00%	29.44%	0.00%	21.32%	7.32%	24.02%
Molina	26.75%	23.08%	0.00%	0.00%	25.52%	0.00%	17.25%	14.92%	25.16%
Superior	26.71%	22.96%	0.00%	0.00%	32.40%	0.00%	21.27%	15.48%	25.45%
Bexar Total	26.51%	22.42%	0.00%	0.00%	30.38%	0.00%	21.03%	14.43%	25.18%
Dallas SDA									
Molina	25.21%	22.92%	0.00%	0.00%	25.10%	0.00%	18.19%	27.61%	24.64%
Superior	34.43%	29.41%	0.00%	0.00%	37.33%	0.00%	26.67%	30.78%	33.30%
Dallas Total	29.11%	25.43%	0.00%	0.00%	30.64%	0.00%	22.77%	29.92%	28.42%
El Paso SDA									
Amerigroup	21.88%	16.78%	0.00%	0.00%	36.37%	0.00%	20.88%	22.24%	21.60%
Molina	22.17%	20.43%	0.00%	0.00%	36.04%	0.00%	16.28%	24.59%	22.18%
El Paso Total	22.00%	19.06%	0.00%	0.00%	36.19%	0.00%	19.21%	23.01%	21.86%
Harris SDA									
Amerigroup	75.89%	74.78%	0.00%	0.00%	82.60%	0.00%	62.44%	61.89%	74.91%
Molina	59.61%	53.40%	0.00%	0.00%	63.64%	0.00%	51.71%	82.91%	59.61%
United	49.94%	34.36%	0.00%	0.00%	44.48%	0.00%	42.51%	25.53%	45.92%
Harris Total	61.14%	52.48%	0.00%	0.00%	61.17%	0.00%	51.07%	45.38%	58.70%
Hidalgo SDA									
Health Spring	25.48%	19.20%	0.00%	0.00%	26.75%	0.00%	15.12%	27.34%	23.60%
Molina	26.77%	27.34%	0.00%	0.00%	35.53%	0.00%	19.03%	26.24%	27.23%
Superior	29.50%	24.57%	0.00%	0.00%	40.05%	0.00%	18.28%	29.64%	27.98%
Hidalgo Total	27.94%	23.82%	0.00%	0.00%	35.08%	0.00%	17.78%	28.38%	26.82%
Jefferson SDA									
Amerigroup	63.37%	48.45%	0.00%	0.00%	65.26%	0.00%	35.27%	52.32%	60.49%
Molina	48.67%	45.30%	0.00%	0.00%	55.65%	0.00%	56.13%	54.61%	48.39%
United	54.21%	34.44%	0.00%	0.00%	56.23%	0.00%	46.25%	25.86%	50.02%
Jefferson Total	55.34%	43.54%	0.00%	0.00%	59.40%	0.00%	44.83%	34.09%	52.45%

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
Lubbock SDA									
Amerigroup	36.03%	30.86%	0.00%	0.00%	37.74%	0.00%	21.79%	45.94%	35.35%
Superior	29.02%	23.43%	0.00%	0.00%	28.29%	0.00%	17.87%	40.81%	28.36%
Lubbock Total	32.07%	26.47%	0.00%	0.00%	31.67%	0.00%	19.34%	42.76%	31.30%
Nueces SDA									
Superior	32.25%	28.45%	0.00%	0.00%	42.94%	0.00%	18.37%	29.09%	31.21%
United	35.02%	29.05%	0.00%	0.00%	37.93%	0.00%	24.89%	24.04%	33.53%
Nueces Total	33.60%	28.64%	0.00%	0.00%	40.52%	0.00%	20.95%	27.43%	32.23%
Tarrant SDA									
Amerigroup	39.47%	31.66%	0.00%	0.00%	38.29%	0.00%	28.96%	16.60%	36.28%
Health Spring	30.65%	25.01%	0.00%	0.00%	33.00%	0.00%	20.04%	13.78%	28.79%
Tarrant Total	37.30%	30.32%	0.00%	0.00%	36.94%	0.00%	26.86%	16.03%	34.51%
Travis SDA									
Amerigroup	31.23%	26.82%	0.00%	0.00%	40.74%	0.00%	17.88%	23.74%	30.29%
United	36.80%	25.64%	0.00%	0.00%	37.60%	0.00%	23.21%	14.74%	32.82%
Travis Total	34.33%	26.24%	0.00%	0.00%	38.88%	0.00%	21.19%	16.75%	31.73%
MRSA Central SDA									
Superior	36.08%	32.63%	0.00%	0.00%	38.65%	0.00%	26.86%	29.21%	35.24%
United	41.67%	28.81%	0.00%	0.00%	35.81%	0.00%	36.84%	37.02%	39.45%
Central Total	38.33%	31.26%	0.00%	0.00%	37.24%	0.00%	30.04%	32.07%	36.93%
MRSA Northeast SDA									
Health Spring	31.11%	29.72%	0.00%	0.00%	37.11%	0.00%	22.53%	21.05%	30.68%
United	35.90%	32.82%	0.00%	0.00%	37.88%	0.00%	29.20%	13.93%	34.30%
Northeast Total	33.73%	31.17%	0.00%	0.00%	37.52%	0.00%	25.94%	16.45%	32.62%

FY2021 STAR+PLUS Rating - Medical
 UHRIP Adjustment
 Impact of UHRIP Rate Increase

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP	Grand Total
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible			
MRSA West SDA									
Amerigroup	34.93%	27.07%	0.00%	0.00%	42.09%	0.00%	26.34%	27.28%	33.79%
Superior	34.07%	29.35%	0.00%	0.00%	39.83%	0.00%	23.63%	23.60%	32.76%
West Total	34.40%	28.50%	0.00%	0.00%	40.82%	0.00%	24.55%	24.99%	33.16%

Footnotes

- (1) Equals the cost impact from increased UHRIP reimbursement effective 9/1/2020.
 (2) Equals FY2019 health plan fee-for-service claims for all acute care services (from Encounter database).
 (3) Equals Cost Impact divided by FY2019 Total Acute Care Incurred Claims.

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
FY2021 Projected Acute Care Incurred Claims (1)								
Bexar SDA								
Amerigroup	501.01	1,360.73	0.00	0.00	1,138.73	0.00	302.25	2,248.35
Molina	578.51	1,274.21	0.00	0.00	1,056.30	0.00	344.93	2,997.27
Superior	596.77	1,409.23	0.00	0.00	1,346.15	0.00	448.68	2,200.34
Dallas SDA								
Molina	653.28	1,375.06	0.00	0.00	1,805.79	0.00	360.16	1,790.36
Superior	572.79	1,515.78	0.00	0.00	1,842.96	0.00	342.19	3,085.19
El Paso SDA								
Amerigroup	592.34	1,120.56	0.00	0.00	1,951.01	0.00	562.92	1,738.91
Molina	648.26	1,554.96	0.00	0.00	2,542.61	0.00	792.69	1,308.11
Harris SDA								
Amerigroup	656.89	1,820.90	0.00	0.00	1,682.83	0.00	384.94	2,805.03
Molina	713.40	1,728.86	0.00	0.00	1,753.98	0.00	462.98	2,743.27
United	695.70	1,521.67	0.00	0.00	1,534.12	0.00	390.87	2,095.65
Hidalgo SDA								
Health Spring	476.26	1,291.50	0.00	0.00	2,252.65	0.00	352.28	1,253.09
Molina	538.33	1,208.55	0.00	0.00	2,320.99	0.00	359.13	2,347.22
Superior	517.33	1,387.99	0.00	0.00	2,029.90	0.00	587.20	1,771.76
Jefferson SDA								
Amerigroup	529.31	1,435.10	0.00	0.00	1,478.64	0.00	462.69	1,976.06
Molina	656.80	1,695.97	0.00	0.00	1,809.76	0.00	400.27	1,985.88
United	655.80	1,367.48	0.00	0.00	1,065.94	0.00	278.19	2,613.96
Lubbock SDA								
Amerigroup	643.11	1,323.61	0.00	0.00	1,055.51	0.00	368.16	2,294.47
Superior	551.81	1,629.55	0.00	0.00	1,162.74	0.00	361.85	2,125.76
Nueces SDA								
Superior	542.52	1,345.16	0.00	0.00	1,261.24	0.00	335.25	2,166.18
United	555.35	1,103.87	0.00	0.00	1,051.82	0.00	289.85	1,964.75

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Tarrant SDA								
Amerigroup	614.46	1,560.96	0.00	0.00	1,430.56	0.00	365.76	2,267.93
Health Spring	638.08	1,760.65	0.00	0.00	1,327.29	0.00	318.56	2,878.76
Travis SDA								
Amerigroup	520.95	1,416.99	0.00	0.00	1,000.04	0.00	397.30	2,108.02
United	611.35	1,178.92	0.00	0.00	871.58	0.00	285.20	2,464.34
MRSA Central SDA								
Superior	563.86	1,383.33	0.00	0.00	1,210.39	0.00	329.04	2,259.87
United	607.44	1,511.06	0.00	0.00	1,160.80	0.00	347.90	2,894.09
MRSA Northeast SDA								
Health Spring	513.47	1,445.34	0.00	0.00	1,490.16	0.00	350.12	2,224.40
United	543.64	1,406.27	0.00	0.00	1,209.66	0.00	329.22	2,087.37
MRSA West SDA								
Amerigroup	550.28	1,557.82	0.00	0.00	1,319.98	0.00	386.55	1,702.58
Superior	559.88	1,421.51	0.00	0.00	1,204.79	0.00	390.82	2,367.23
Rate Adjustment (2)								
Bexar SDA								
Amerigroup	0.2555	0.1900	0.0000	0.0000	0.2944	0.0000	0.2132	0.0732
Molina	0.2675	0.2308	0.0000	0.0000	0.2552	0.0000	0.1725	0.1492
Superior	0.2671	0.2296	0.0000	0.0000	0.3240	0.0000	0.2127	0.1548
Dallas SDA								
Molina	0.2521	0.2292	0.0000	0.0000	0.2510	0.0000	0.1819	0.2761
Superior	0.3443	0.2941	0.0000	0.0000	0.3733	0.0000	0.2667	0.3078
El Paso SDA								
Amerigroup	0.2188	0.1678	0.0000	0.0000	0.3637	0.0000	0.2088	0.2224
Molina	0.2217	0.2043	0.0000	0.0000	0.3604	0.0000	0.1628	0.2459

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Harris SDA								
Amerigroup	0.7589	0.7478	0.0000	0.0000	0.8260	0.0000	0.6244	0.6189
Molina	0.5961	0.5340	0.0000	0.0000	0.6364	0.0000	0.5171	0.8291
United	0.4994	0.3436	0.0000	0.0000	0.4448	0.0000	0.4251	0.2553
Hidalgo SDA								
Health Spring	0.2548	0.1920	0.0000	0.0000	0.2675	0.0000	0.1512	0.2734
Molina	0.2677	0.2734	0.0000	0.0000	0.3553	0.0000	0.1903	0.2624
Superior	0.2950	0.2457	0.0000	0.0000	0.4005	0.0000	0.1828	0.2964
Jefferson SDA								
Amerigroup	0.6337	0.4845	0.0000	0.0000	0.6526	0.0000	0.3527	0.5232
Molina	0.4867	0.4530	0.0000	0.0000	0.5565	0.0000	0.5613	0.5461
United	0.5421	0.3444	0.0000	0.0000	0.5623	0.0000	0.4625	0.2586
Lubbock SDA								
Amerigroup	0.3603	0.3086	0.0000	0.0000	0.3774	0.0000	0.2179	0.4594
Superior	0.2902	0.2343	0.0000	0.0000	0.2829	0.0000	0.1787	0.4081
Nueces SDA								
Superior	0.3225	0.2845	0.0000	0.0000	0.4294	0.0000	0.1837	0.2909
United	0.3502	0.2905	0.0000	0.0000	0.3793	0.0000	0.2489	0.2404
Tarrant SDA								
Amerigroup	0.3947	0.3166	0.0000	0.0000	0.3829	0.0000	0.2896	0.1660
Health Spring	0.3065	0.2501	0.0000	0.0000	0.3300	0.0000	0.2004	0.1378
Travis SDA								
Amerigroup	0.3123	0.2682	0.0000	0.0000	0.4074	0.0000	0.1788	0.2374
United	0.3680	0.2564	0.0000	0.0000	0.3760	0.0000	0.2321	0.1474
MRSA Central SDA								
Superior	0.3608	0.3263	0.0000	0.0000	0.3865	0.0000	0.2686	0.2921
United	0.4167	0.2881	0.0000	0.0000	0.3581	0.0000	0.3684	0.3702

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	0.3111	0.2972	0.0000	0.0000	0.3711	0.0000	0.2253	0.2105
United	0.3590	0.3282	0.0000	0.0000	0.3788	0.0000	0.2920	0.1393
MRSA West SDA								
Amerigroup	0.3493	0.2707	0.0000	0.0000	0.4209	0.0000	0.2634	0.2728
Superior	0.3407	0.2935	0.0000	0.0000	0.3983	0.0000	0.2363	0.2360
Non Benefit Component								
Risk Margin	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Admin. Fee	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %	2.50 %
Premium Tax	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %	1.75 %
Health Insurer Fee								
Non-Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Exempt	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
UHRIP Premium PMPM (3)								
Bexar SDA								
Amerigroup	136.18	275.04	0.00	0.00	356.64	0.00	68.55	175.08
Molina	164.63	312.86	0.00	0.00	286.77	0.00	63.30	475.74
Superior	169.57	344.21	0.00	0.00	463.99	0.00	101.52	362.35
Dallas SDA								
Molina	175.21	335.28	0.00	0.00	482.19	0.00	69.69	525.87
Superior	209.80	474.25	0.00	0.00	731.89	0.00	97.09	1,010.24
El Paso SDA								
Amerigroup	137.88	200.03	0.00	0.00	754.87	0.00	125.04	411.42
Molina	152.89	337.96	0.00	0.00	974.85	0.00	137.29	342.20
Harris SDA								
Amerigroup	530.33	1,448.59	0.00	0.00	1,478.75	0.00	255.70	1,846.84
Molina	452.40	982.14	0.00	0.00	1,187.48	0.00	254.69	2,419.62
United	369.61	556.22	0.00	0.00	725.93	0.00	176.76	569.17

FY2021 STAR+PLUS Rating - Medical
UHRIP Adjustment
Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
Hidalgo SDA								
Health Spring	129.10	263.80	0.00	0.00	641.05	0.00	56.66	364.46
Molina	153.31	351.51	0.00	0.00	877.28	0.00	72.70	655.22
Superior	162.35	362.80	0.00	0.00	864.87	0.00	114.19	558.67
Jefferson SDA								
Amerigroup	356.84	739.69	0.00	0.00	1,026.56	0.00	173.61	1,099.87
Molina	340.07	817.31	0.00	0.00	1,071.42	0.00	239.01	1,153.71
United	378.20	501.02	0.00	0.00	637.63	0.00	136.87	719.12
Lubbock SDA								
Amerigroup	246.50	434.54	0.00	0.00	423.78	0.00	85.34	1,121.36
Superior	170.36	406.17	0.00	0.00	349.93	0.00	68.79	922.90
Nueces SDA								
Superior	186.13	407.13	0.00	0.00	576.15	0.00	65.52	670.36
United	206.90	341.14	0.00	0.00	424.42	0.00	76.75	502.48
Tarrant SDA								
Amerigroup	258.01	525.74	0.00	0.00	582.72	0.00	112.68	400.51
Health Spring	208.05	468.45	0.00	0.00	465.96	0.00	67.91	422.01
Travis SDA								
Amerigroup	173.08	404.29	0.00	0.00	433.42	0.00	75.57	532.39
United	239.34	321.57	0.00	0.00	348.63	0.00	70.42	386.43
MRSA Central SDA								
Superior	216.42	480.19	0.00	0.00	497.67	0.00	94.02	702.24
United	269.28	463.13	0.00	0.00	442.21	0.00	136.35	1,139.78

FY2021 STAR+PLUS Rating - Medical
 UHRIP Adjustment
 Calculation of UHRIP Premium Rate PMPM

	Medicaid Only		Dual Eligible		Nursing Facility		IDD	MBCCP
	OCC	HCBS	OCC	HCBS	Medicaid Only	Dual Eligible		
MRSA Northeast SDA								
Health Spring	169.94	456.97	0.00	0.00	588.29	0.00	83.92	498.12
United	207.62	491.00	0.00	0.00	487.47	0.00	102.27	309.33
MRSA West SDA								
Amerigroup	204.48	448.62	0.00	0.00	591.04	0.00	108.32	494.11
Superior	202.93	443.84	0.00	0.00	510.50	0.00	98.24	594.33

Footnotes

- (1) Projected claims pmpm based on individual MCO rating described in Attachment 2.
 (2) From Exhibit A.
 (3) (1) x (2) divided by (1 - non-benefit component).

Attachment 11

Community First Choice Initiative (CFC)

Effective June 1, 2015, Texas began providing CFC services to individuals who:

- have a physical or intellectual disability,
- meet categorical coverage requirements for Medicaid or meet financial eligibility for home and community based services, and
- meet an institutional level of care.

The CFC services include:

- Help with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing.
- Services to help the individual learn how to care for themselves.
- Backup systems or ways to ensure continuity of services and supports.
- Training on how to select, manage and dismiss attendants.

As a result of CFC, Texas is eligible for an enhanced federal match rate on all CFC eligible services. The calculation of the CFC portion of the rate is based on an estimation of the CFC eligible services included in the STAR PLUS premium rate. This calculation involved the following steps:

- a. Collect a list of CFC eligible members who were enrolled in STAR+PLUS during FY2019.
- b. Using the detail encounter data, summarize all Personal Attendant Services (PAS) utilized by the CFC eligible membership.
- c. Determine the PAS utilization by CFC members as a percentage of total long term care claims during the FY2019 base period. This calculation is shown in Exhibit A.
- d. Apply the CFC-eligible PAS percentages calculated in Exhibit A to the long term care portion of the premium to estimate the CFC portion of the premium. This calculation is shown in Exhibit B.

The implementation of CFC did not impact the Nursing Facility, IDD or MBCCP risk groups. The CFC portion of the total premium is \$0.00 pmpm for these populations.

FY2021 STAR+PLUS Rating
 CFC Enhanced Match Rates
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services (1)					
Amerigroup - Bexar	698,687	3,966,825	991,911	4,478,626	10,136,049
Molina - Bexar	339,681	3,684,047	588,813	6,873,860	11,486,402
Superior - Bexar	2,274,500	22,409,885	1,565,145	21,406,040	47,655,570
Molina - Dallas	1,940,618	21,295,247	2,013,150	28,787,949	54,036,963
Superior - Dallas	1,457,211	13,065,554	1,215,807	13,539,372	29,277,943
Amerigroup - El Paso	863,030	5,046,624	2,088,141	6,022,084	14,019,879
Molina - El Paso	501,077	6,247,656	1,180,998	11,157,151	19,086,882
Amerigroup - Harris	1,792,738	16,479,488	2,462,311	22,375,499	43,110,037
Molina - Harris	452,006	7,206,672	786,881	12,492,069	20,937,628
United - Harris	2,150,115	18,043,311	3,297,417	34,335,185	57,826,028
HealthSpring - Hidalgo	833,379	12,140,264	1,885,600	35,784,232	50,643,475
Molina - Hidalgo	747,713	8,555,768	2,157,039	30,311,590	41,772,110
Superior - Hidalgo	2,264,990	28,563,927	5,217,425	82,551,237	118,597,580
Amerigroup - Jefferson	101,369	2,128,691	315,108	2,953,994	5,499,163
Molina - Jefferson	391,156	3,806,723	628,042	5,489,515	10,315,436
United - Jefferson	121,579	1,544,941	91,448	1,210,680	2,968,648
Amerigroup - Lubbock	189,373	1,001,005	401,607	1,561,572	3,153,557
Superior - Lubbock	185,840	1,507,615	209,530	1,920,906	3,823,891
Superior - Nueces	1,011,602	8,168,421	1,034,599	14,070,523	24,285,145
United - Nueces	366,632	4,685,465	466,713	8,015,555	13,534,365
Amerigroup - Tarrant	1,874,495	13,357,558	2,858,380	13,215,383	31,305,816
HealthSpring - Tarrant	439,415	3,114,390	362,411	2,530,097	6,446,313
Amerigroup - Travis	615,532	5,538,178	833,222	8,349,282	15,336,214
United - Travis	524,344	3,526,181	577,947	6,034,127	10,662,599
Superior - MRSA Central	519,446	5,199,122	467,234	4,099,580	10,285,381
United - MRSA Central	417,263	2,406,511	701,868	4,571,649	8,097,291
Health Spring - MRSA Northeast	604,940	10,265,986	654,374	13,498,296	25,023,595
United - MRSA Northeast	1,122,562	6,892,453	1,033,683	9,242,542	18,291,240
Amerigroup - MRSA West	639,921	2,694,906	2,334,578	8,576,208	14,245,613
Superior - MRSA West	602,641	6,317,187	785,115	7,022,339	14,727,283
Total	26,043,854	248,860,600	39,206,498	422,477,144	736,588,096

FY2021 STAR+PLUS Rating
 CFC Enhanced Match Rates
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
FY2019 Total Long Term Care Claims Paid (2)					
Amerigroup - Bexar	7,826,362	5,903,709	15,263,091	11,719,308	40,712,470
Molina - Bexar	5,663,443	4,655,715	12,901,339	11,727,974	34,948,470
Superior - Bexar	29,404,691	31,311,443	35,521,872	36,298,145	132,536,151
Molina - Dallas	38,592,977	29,054,544	50,743,024	52,499,379	170,889,924
Superior - Dallas	21,512,955	18,590,765	27,175,001	27,812,429	95,091,150
Amerigroup - El Paso	10,176,908	6,562,451	33,370,405	12,125,670	62,235,434
Molina - El Paso	8,289,206	7,809,214	32,677,613	15,913,634	64,689,668
Amerigroup - Harris	32,569,846	22,955,317	57,615,466	36,361,572	149,502,202
Molina - Harris	9,115,841	10,291,219	15,951,689	17,540,156	52,898,905
United - Harris	56,818,492	41,266,782	84,766,055	67,063,047	249,914,376
HealthSpring - Hidalgo	27,166,683	15,603,973	91,680,009	68,821,024	203,271,688
Molina - Hidalgo	18,862,658	10,460,398	68,140,232	50,957,026	148,420,313
Superior - Hidalgo	55,071,226	38,705,441	170,256,397	144,746,474	408,779,539
Amerigroup - Jefferson	3,266,548	3,316,917	6,429,081	8,215,970	21,228,516
Molina - Jefferson	2,874,674	4,732,714	5,925,973	9,688,322	23,221,683
United - Jefferson	4,344,689	3,301,054	3,602,391	4,574,325	15,822,459
Amerigroup - Lubbock	1,170,885	1,526,150	2,973,823	4,555,220	10,226,078
Superior - Lubbock	1,718,368	2,894,474	2,808,746	4,148,898	11,570,486
Superior - Nueces	10,700,205	10,744,552	21,596,021	27,204,418	70,245,197
United - Nueces	12,446,700	6,583,748	17,872,071	22,589,923	59,492,442
Amerigroup - Tarrant	15,463,538	19,265,072	28,158,808	33,145,345	96,032,763
HealthSpring - Tarrant	5,475,404	4,747,991	7,750,593	8,178,814	26,152,801
Amerigroup - Travis	7,630,043	6,693,140	14,572,306	16,449,360	45,344,849
United - Travis	5,431,638	7,172,620	7,691,088	16,238,925	36,534,271
Superior - MRSA Central	7,323,023	7,051,335	9,314,028	10,082,828	33,771,214
United - MRSA Central	4,180,352	4,988,160	10,957,886	15,023,481	35,149,879
Health Spring - MRSA Northeast	9,378,188	13,841,472	13,943,148	34,277,720	71,440,528
United - MRSA Northeast	12,701,979	13,570,808	17,999,924	36,753,094	81,025,805
Amerigroup - MRSA West	4,049,143	4,079,010	19,046,716	21,133,640	48,308,508
Superior - MRSA West	5,946,699	9,352,569	14,535,417	18,706,132	48,540,817
Total	435,173,363	367,032,756	901,240,214	844,552,252	2,547,998,585

FY2021 STAR+PLUS Rating
 CFC Enhanced Match Rates
 CFC Services as a Percentage of Total Long Term Care

	Medicaid Only		Dual Eligible		Grand Total
	OCC	HCBS	OCC	HCBS	
CFC Eligible Services Percentage of Total Long Term Care					
Amerigroup - Bexar	8.93%	67.19%	6.50%	38.22%	24.90%
Molina - Bexar	6.00%	79.13%	4.56%	58.61%	32.87%
Superior - Bexar	7.74%	71.57%	4.41%	58.97%	35.96%
Molina - Dallas	5.03%	73.29%	3.97%	54.83%	31.62%
Superior - Dallas	6.77%	70.28%	4.47%	48.68%	30.79%
Amerigroup - El Paso	8.48%	76.90%	6.26%	49.66%	22.53%
Molina - El Paso	6.04%	80.00%	3.61%	70.11%	29.51%
Amerigroup - Harris	5.50%	71.79%	4.27%	61.54%	28.84%
Molina - Harris	4.96%	70.03%	4.93%	71.22%	39.58%
United - Harris	3.78%	43.72%	3.89%	51.20%	23.14%
HealthSpring - Hidalgo	3.07%	77.80%	2.06%	52.00%	24.91%
Molina - Hidalgo	3.96%	81.79%	3.17%	59.48%	28.14%
Superior - Hidalgo	4.11%	73.80%	3.06%	57.03%	29.01%
Amerigroup - Jefferson	3.10%	64.18%	4.90%	35.95%	25.90%
Molina - Jefferson	13.61%	80.43%	10.60%	56.66%	44.42%
United - Jefferson	2.80%	46.80%	2.54%	26.47%	18.76%
Amerigroup - Lubbock	16.17%	65.59%	13.50%	34.28%	30.84%
Superior - Lubbock	10.81%	52.09%	7.46%	46.30%	33.05%
Superior - Nueces	9.45%	76.02%	4.79%	51.72%	34.57%
United - Nueces	2.95%	71.17%	2.61%	35.48%	22.75%
Amerigroup - Tarrant	12.12%	69.34%	10.15%	39.87%	32.60%
HealthSpring - Tarrant	8.03%	65.59%	4.68%	30.93%	24.65%
Amerigroup - Travis	8.07%	82.74%	5.72%	50.76%	33.82%
United - Travis	9.65%	49.16%	7.51%	37.16%	29.19%
Superior - MRSA Central	7.09%	73.73%	5.02%	40.66%	30.46%
United - MRSA Central	9.98%	48.24%	6.41%	30.43%	23.04%
Health Spring - MRSA Northeast	6.45%	74.17%	4.69%	39.38%	35.03%
United - MRSA Northeast	8.84%	50.79%	5.74%	25.15%	22.57%
Amerigroup - MRSA West	15.80%	66.07%	12.26%	40.58%	29.49%
Superior - MRSA West	10.13%	67.54%	5.40%	37.54%	30.34%
Total	5.98%	67.80%	4.35%	50.02%	28.91%

Footnotes

- (1) Equals FY2019 health plan fee-for-service claims for CFC eligible members (from Encounter database).
 (2) Equals FY2019 health plan fee-for-service claims for all long term care services (from Encounter database).

FY2021 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
STAR+PLUS Rates Effective 9/1/2020 (LTC Only)				
Amerigroup - Bexar	261.27	2,146.84	449.39	2,167.88
Molina - Bexar	307.35	1,856.49	455.10	2,047.68
Superior - Bexar	325.88	2,255.65	489.32	2,263.96
Molina - Dallas	349.28	1,855.59	485.39	1,972.99
Superior - Dallas	248.42	1,902.89	403.58	2,025.00
Amerigroup - El Paso	332.69	2,037.37	575.16	2,236.51
Molina - El Paso	426.74	1,938.47	662.62	2,217.34
Amerigroup - Harris	279.77	2,753.41	392.67	2,567.94
Molina - Harris	287.71	2,580.53	404.44	2,490.27
United - Harris	353.05	2,491.65	454.73	2,404.76
HealthSpring - Hidalgo	828.37	2,727.15	1,045.76	2,688.49
Molina - Hidalgo	749.07	2,652.97	958.09	2,628.16
Superior - Hidalgo	857.88	2,750.68	1,167.96	2,690.02
Amerigroup - Jefferson	195.85	2,181.93	334.18	1,982.63
Molina - Jefferson	216.82	1,819.53	311.87	1,845.53
United - Jefferson	199.76	1,781.76	237.26	1,763.59
Amerigroup - Lubbock	108.36	1,679.60	196.66	1,559.44
Superior - Lubbock	137.86	1,798.79	202.98	1,659.36
Superior - Nueces	405.64	2,177.04	616.35	2,267.86
United - Nueces	471.34	2,226.80	565.18	2,205.85
Amerigroup - Tarrant	184.17	1,924.34	373.17	1,861.05
HealthSpring - Tarrant	190.66	1,975.94	306.24	2,011.76
Amerigroup - Travis	271.55	2,600.16	395.12	2,095.91
United - Travis	203.48	2,410.91	242.72	2,073.89
Superior - MRSA Central	187.32	2,053.45	259.65	1,914.50
United - MRSA Central	186.15	2,152.15	279.59	1,984.37
Health Spring - MRSA Northeast	207.09	2,091.93	274.16	1,919.07
United - MRSA Northeast	228.48	1,897.42	302.67	1,639.24
Amerigroup - MRSA West	144.89	1,890.97	322.63	1,750.31
Superior - MRSA West	160.87	1,799.74	280.61	1,745.94

FY2021 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Eligible Services as a Percentage of FY2019 Base Period (1)				
Amerigroup - Bexar	8.9%	67.2%	6.5%	38.2%
Molina - Bexar	6.0%	79.1%	4.6%	58.6%
Superior - Bexar	7.7%	71.6%	4.4%	59.0%
Molina - Dallas	5.0%	73.3%	4.0%	54.8%
Superior - Dallas	6.8%	70.3%	4.5%	48.7%
Amerigroup - El Paso	8.5%	76.9%	6.3%	49.7%
Molina - El Paso	6.0%	80.0%	3.6%	70.1%
Amerigroup - Harris	5.5%	71.8%	4.3%	61.5%
Molina - Harris	5.0%	70.0%	4.9%	71.2%
United - Harris	3.8%	43.7%	3.9%	51.2%
HealthSpring - Hidalgo	3.1%	77.8%	2.1%	52.0%
Molina - Hidalgo	4.0%	81.8%	3.2%	59.5%
Superior - Hidalgo	4.1%	73.8%	3.1%	57.0%
Amerigroup - Jefferson	3.1%	64.2%	4.9%	36.0%
Molina - Jefferson	13.6%	80.4%	10.6%	56.7%
United - Jefferson	2.8%	46.8%	2.5%	26.5%
Amerigroup - Lubbock	16.2%	65.6%	13.5%	34.3%
Superior - Lubbock	10.8%	52.1%	7.5%	46.3%
Superior - Nueces	9.5%	76.0%	4.8%	51.7%
United - Nueces	2.9%	71.2%	2.6%	35.5%
Amerigroup - Tarrant	12.1%	69.3%	10.2%	39.9%
HealthSpring - Tarrant	8.0%	65.6%	4.7%	30.9%
Amerigroup - Travis	8.1%	82.7%	5.7%	50.8%
United - Travis	9.7%	49.2%	7.5%	37.2%
Superior - MRSA Central	7.1%	73.7%	5.0%	40.7%
United - MRSA Central	10.0%	48.2%	6.4%	30.4%
Health Spring - MRSA Northeast	6.5%	74.2%	4.7%	39.4%
United - MRSA Northeast	8.8%	50.8%	5.7%	25.1%
Amerigroup - MRSA West	15.8%	66.1%	12.3%	40.6%
Superior - MRSA West	10.1%	67.5%	5.4%	37.5%

(1) From Exhibit A.

FY2021 STAR+PLUS Rating
CFC Enhanced Match Rates

	Medicaid Only		Dual Eligible	
	OCC	HCBS	OCC	HCBS
CFC Portion of LTC Premium (2)				
Amerigroup - Bexar	23.32	1,442.51	29.20	828.47
Molina - Bexar	18.43	1,469.03	20.77	1,200.16
Superior - Bexar	25.21	1,614.39	21.56	1,335.12
Molina - Dallas	17.56	1,360.04	19.26	1,081.89
Superior - Dallas	16.83	1,337.35	18.06	985.79
Amerigroup - El Paso	28.21	1,566.77	35.99	1,110.74
Molina - El Paso	25.80	1,550.85	23.95	1,554.59
Amerigroup - Harris	15.40	1,976.66	16.78	1,580.21
Molina - Harris	14.27	1,807.08	19.95	1,773.57
United - Harris	13.36	1,089.44	17.69	1,231.20
HealthSpring - Hidalgo	25.41	2,121.79	21.51	1,397.91
Molina - Hidalgo	29.69	2,169.92	30.33	1,563.35
Superior - Hidalgo	35.28	2,029.95	35.79	1,534.16
Amerigroup - Jefferson	6.08	1,400.29	16.38	712.84
Molina - Jefferson	29.50	1,463.53	33.05	1,045.70
United - Jefferson	5.59	833.89	6.02	466.77
Amerigroup - Lubbock	17.53	1,101.65	26.56	534.59
Superior - Lubbock	14.91	936.92	15.14	768.27
Superior - Nueces	38.35	1,655.07	29.53	1,172.97
United - Nueces	13.88	1,584.75	14.76	782.70
Amerigroup - Tarrant	22.33	1,334.25	37.88	742.02
HealthSpring - Tarrant	15.30	1,296.09	14.32	622.33
Amerigroup - Travis	21.91	2,151.48	22.59	1,063.83
United - Travis	19.64	1,185.24	18.24	770.62
Superior - MRSA Central	13.29	1,514.06	13.03	778.42
United - MRSA Central	18.58	1,038.29	17.91	603.84
Health Spring - MRSA Northeast	13.36	1,551.55	12.87	755.71
United - MRSA Northeast	20.19	963.68	17.38	412.23
Amerigroup - MRSA West	22.90	1,249.32	39.55	710.29
Superior - MRSA West	16.30	1,215.63	15.16	655.43

(2) LTC Premium multiplied by CFC eligible percentage.

Attachment 12

Pay for Quality Program

The medical Pay-for-Quality (P4Q) Program creates incentives and disincentives for managed care organizations based on their performance on certain quality measures. Health plans that excel on meeting the measures are eligible for a bonus while health plans that don't meet their measures are subject to a penalty.

The table below provides a description of the at risk and bonus measures and the calendar year(s) to which each applies for each program.

At-Risk Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2020	2018 2019 2020	2020	2018 2019 2020
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019 2020		2018 2019 2020
Prenatal and Postpartum Care (PPC)		2018		
Well Child Visits in the First 15 months of Life (W15)		2018 2019 2020		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2020			
Controlling High Blood Pressure (CBP)	2020			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)	2018 2019 2020			
Cervical cancer screening (CCS)	2018 2019 2020			
Adolescent Well Care (AWC)			2020	2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			2020	2018 2019 2020
Follow-up After Hospitalization for Mental Illness (FUH)			2020	
Immunizations for Adolescents (IMA) Combination 2		2020		2020
Getting Specialized Services composite			2020	

Bonus Pool Measures

Measure	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially preventable readmissions (PPR)	2018 2019 2020			
Potentially preventable admissions (PPA)		2018 2019 2020		
Prevention Quality Indicator (PQI) Composite	2018 2019 2020			
Potentially preventable complications (PPC)	2018 2019 2020			
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation submeasure		2020		2020
Low Birth Weight		2018 2019 2020		
Childhood Immunization Status (CIS) Combination 10		2020		2018 2019 2020
Immunizations for Adolescents (IMA) Combination 2			2020	
Good access to urgent care	2018 2019 2020	2018 2019		2018 2019
Getting Care Quickly composite		2020		
Rating health plan a 9 or 10	2018 2019	2018 2019		2018 2019
Rating their child's personal doctor a 9 or 10				2020
Getting care quickly composite				2020
Transition to care as an adult			2020	
Help with care coordination			2020	
Prenatal and Postpartum Care (PPC)		2020		

The medical P4Q program assesses MCOs based on three categories:

- Performance Against Benchmarks
- Performance Against Self (comparison of an MCO's performance to their prior year performance)
- Bonus pool measures

The performance against self and performance against benchmarks measures are the at-risk components of the program: MCOs can lose money based on their performance on these measures. Utilizing both the performance against self and performance against benchmarks rewards high performing MCOs while still incentivizing improvement regardless of current level

of performance. The total percent capitation earned/lost for each at-risk measure in a program is added to determine the total capitation earned/lost for each MCO across all at-risk measures for that program.

The bonus pool measures provide an additional way for MCOs to earn rewards, without the risk of losing money. Bonus pool measures encourage improvement in new areas with no financial risk to the health MCOs. Bonus pool incentives are only available if penalties exceed rewards on the at-risk measures.

Three percent of the MCOs' capitation is at-risk. The MCO's at-risk capitation is distributed equally across the at-risk measures. Some HEDIS quality measures have submeasures. The capitation at-risk for that measure will be divided evenly across the submeasures.

The maximum bonus or penalty in the P4Q program is 3.0%; however, the typical results are far below these limits. As a result, it is confirmed that any bonus payments will not exceed 105 percent of the capitation payments.

Historically the impact of the P4Q program on total premium has been immaterial. HHSC performed simulations on the 2014 and 2015 managed care data and the average impact by MCO was less than 0.1%. As a result, we do not believe the P4Q program has a material impact on the premium rate development.

Attachment 13

FY2021 STAR+PLUS Rate Certification Index

The index below includes the pages of this report that correspond to the applicable sections of the 2020-2021 Medicaid Managed Care Rate Development Guide, dated July 2020.

Section I. Medicaid Managed Care Rates

1. General Information

A. Rate Development Standards

- i. Rates are for the period September 1, 2020 through August 31, 2021 (FY2021).
- ii.
 - (a) The certification letter is on page 20 of the report.
 - (b) The final capitation rates are shown on pages 18-19 of the report.
 - (c)
 - (i) See pages 1 and 4 through 6 of the report.
 - (ii) See page 1 of the report.
 - (iii) See page 1 of the report.
 - (iv) There have been no changes to program eligibility; however, there will be a change in risk group classification as discussed on pages 12, 184-185 and 207-210.
 - (v) Pages 242-246 (NAIP), 247-259 (QIPP), 260-275 (UHRIP) and 283-285 (P4Q).
 - (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. Acknowledged.
 - iv. See pages 276 through 282 of the report.
 - v. (a) See pages 22 through 44 of the report.

(b) Not applicable. All rating adjustment factors have been included in the report.
 - vi. Not applicable. While amendments may be necessary in future months there are no known at this time.

2. Data

- A. Rate Development Standards
 - i. (a) Acknowledged.

(b) Acknowledged.

(c) Acknowledged.

(d) Not applicable.
- B. Appropriate Documentation
 - i. (a) See pages 1 through 3 of the report.
 - ii. (a) See pages 1 through 3 of the report.

(b) See pages 2 through 3 of the report.

(c) See pages 2 through 3 of the report.

- (d) Not applicable.
- iii. (a) Base period data is fully credible.
 - (b) See page 4 of the report.
 - (c) No errors found in the data.
 - (d) See pages 183 through 216 of the report.
 - (e) Value added services and non-capitated services have been excluded from the analysis.

3. Projected benefit Costs and Trends

A. Rate Development Standards

- i. Acknowledged.
- ii. Acknowledged.
- iii. Acknowledged.
- iv. Acknowledged.
- v. See page 184 and pages 199 through 202 of the report.

B. Appropriate Documentation

- i. See pages 18 through 19 and Attachment 1 pages 22 through 44 of the report.
- ii. (a) See Attachment 3 pages 52 through 157 of the report.
 - (b) There have been no significant changes in the development of the benefit cost since the last certification.
 - (c) All recoupments and recoveries resulting from overpayments to providers have been netted out of the claim payments used in the rate development. MCOs are required to adjust encounter data to remove all overpayments and correct the submitted information. Any provider recoveries not adjusted for in the submitted encounter data are excluded from the base period as a negative add-on payment.
- iii. (a) See Attachment 4 pages 158 through 182 of the report.

- (b) See Attachment 4 pages 158 through 182 of the report.
 - (c) See Attachment 4 pages 158 through 182 of the report.
 - (d) See Attachment 4 pages 158 through 182 of the report.
 - (e) Not applicable.
- iv. Not applicable.
 - v. The STAR+PLUS program stipulates the following provisions related to in lieu of services:
 - The MCO may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting.
 - The MCO may provide substance use disorder treatment services in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting.
 - For individuals between the ages of 21 and 64, services are provided in IMDs only in lieu of an acute care hospital setting. IMD services for individuals under age 21 and age 65 and over are covered pursuant to the Texas state plan.

The cost for in lieu of services 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 less than 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 FY2021 premium rate.
 - (c) All enrollment data during retroactive enrollment periods are included in the base period data used to develop the FY2021 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 183 through 216 of the report.

viii. See Attachment 5 pages 183 through 216 of the report.

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 12 pages 283 through 285 of the report.

B. Withhold Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

See Attachment 12 pages 283 through 285 of the report.

C. Risk-Sharing Arrangements

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

HHSC includes an experience rebate provision in its uniform managed care contracts which requires the MCOs to return a portion of net income before taxes if greater than the specified percentages. The net income is measured by the financial statistical reports (FSRs) submitted by the MCOs and audited by an external auditor. Net income is aggregated across all programs and service delivery areas. The aggregated net income is shared as follows:

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

D. Delivery System and Provider Payment Initiatives

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 9 pages 247 through 259 and Attachment 10 pages 260 through 275 of the report for a description of the QIPP and UHRIP programs. See Attachment 1 page 44 for the estimated value of these programs.

(b) A minimum fee schedule for nursing facility reimbursement is a statutory requirement per Texas Government Section Code 533.00251(c). This requirement has been in place since nursing facility services were carved into the STAR+PLUS program on March 1, 2015. Reimbursement as a result of this minimum fee schedule is reflected in the historical nursing facility claims data used as the base period and all other rating analysis and requires no further adjustments in the FY2021 rate development.

(c) Confirmed.

E. Pass-Through Payments

i. Rate Development Standards

Acknowledged.

ii. Appropriate Documentation

(a) See Attachment 8 pages 242 through 246.

(b) See Attachment 8 pages 242 through 246.

(c) See Attachment 8 pages 242 through 246

5. Projected Non-Benefit Costs

A. Rate Development Standards

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

B. Appropriate Documentation

- i. See pages 16-17 of the report.
- ii. See pages 16-17 of the report.
- iii. See pages 16-17 of the report.
- iv. (a) See pages 16-17 of the report.
(b) Not applicable.
(c) Not applicable.
(d) See pages 16-17 of the report.
(e) See Attachment 1 pages 22 through 44 of the report.
(f) See pages 16-17 of the report

6. Risk Adjustment and Acuity Adjustments

A. Rate Development Standards

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

B. Appropriate Documentation

- i. See Attachments 6 and 7 pages 217 through 241 of the report

- ii. Not applicable, risk adjustment is only applied on a prospective basis.
- iii. No material changes have been made to the risk adjustment model applied to acute care or long term care other than annual updates of the data since the last rating period. Risk adjustment has been applied in a budget neutral manner in accordance with 42 CFR 438.5(g).
- iv. See Attachments 6 and 7 pages 217 through 241 of the report.

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

1. Managed Long-Term Services and Supports

- A. Acknowledged.
- B. Long term care rate development follows the same methodology as all other services described throughout the report.
- C. Appropriate Documentation
 - i. (a) Rates are set for the risk groups specified on page 5 of the report. This is a “non-blended” approach.
 - (b) Rate cells are specified on page 5 of the report. Description of the rate setting methodology is included in Attachment 3 pages 52 through 157 of the report. All trend analysis and other adjustment factors follow the same methodology as described throughout the report.
 - (c) Not applicable.
 - (d) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
 - (e) LTSS has been managed under STAR+PLUS since its inception. The impact of managing these services on utilization and unit costs of services is reflected in the base period utilized in the rate development and requires no further adjustments.
- ii. The development of the administrative cost is described on pages 16 and 17 of the report. Service coordination expenditures are based on the amounts reported by the MCO as discussed on page 2 of the report.

- iii. The rate setting is based on historical managed care data for all services, including long term care. The managed care data is fully credible and therefore no reliance is necessary on outside studies or research.