

August 27, 2025

Ms. Emily Zalkovsky
Chief Medicaid and CHIP Services Officer
State of Texas, Health and Human Services Commission
4601 W Guadalupe Street
MC H100
Austin, TX 78751

Dear Ms. Emily Zalkovsky:

In accordance with 42 CFR 438.6(c), the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving Texas's submission of a proposal for a state directed payment (SDP) under Medicaid managed care plan contract(s). The proposal was received by CMS on May 6, 2025 and a final revised preprint was received on August 15, 2025. The proposal has a control name of TX_VBP.Fee_IPH.OPH.BHI_Renewal_20250901-20260831.

CMS has completed our review of the following Medicaid managed care SDP(s):

- Comprehensive Hospital Increase Reimbursement Program (CHIRP), which has components consisting of both uniform increases and pay for performance for eligible hospitals, for the rating period covering September 1, 2025 through August 31, 2026, incorporated in the capitation rates through a risk-based rate adjustment.

This letter satisfies the regulatory requirement in 42 CFR 438.6(c)(2) for SDPs described in 42 CFR 438.6(c)(1). This letter pertains only to the actions identified above and does not apply to other actions currently under CMS's review. This letter does not constitute approval of any specific Medicaid financing mechanism used to support the non-federal share of expenditures associated with these actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations. Our approval of this state directed payment does not constitute a determination that this payment arrangement would be approved under section 71116 of the OBBBA. CMS expects to provide additional information on state directed payments under OBBBA in the coming months. The state is required to submit contract action(s) and related capitation rates that include all state directed payments.

The state is required to submit contract action(s) and related capitation rates that include all SDPs, including those that do not require written prior approval as specified in 42 CFR 438.6(c)(2)(i). Additionally, all SDPs must be addressed in the applicable rate certifications. CMS recommends that states share this letter and the preprint(s) with the certifying actuary. Documentation of all SDPs must be included in the initial rate certification as outlined in Section I, Item 4, Subsection D, of the [Medicaid Managed Care Rate Development Guide](#). The state and its actuary must ensure all documentation outlined in the Medicaid Managed Care Rate Development Guide is included in the initial rate certification. Failure to provide all required documentation in the rate certification will cause delays in CMS review.

Approval of this SDP proposal for the applicable rating period does not preclude CMS from requesting additional materials from the state, revision to the SDP proposal design or any other modifications to the proposal for this rating period or future rating periods, if CMS determines that such modifications are required for the state to meet relevant federal requirements.

CMS appreciates the information that Texas has provided as part of the State Fiscal Year (SFY) 2026 preprint review regarding the total payment rate analysis and average commercial rate calculations in accordance with 42 CFR 438.6(c)(2)(iii). CMS is able to approve this preprint with the condition that the state continue to work with CMS to further refine the total payment rate analysis and average commercial rate demonstration for SFY 2027 and future rating periods, when applicable.

If you have any questions concerning this letter, please contact StateDirectedPayment@cms.hhs.gov.

Sincerely,

Laura Snyder
Director, Division of Managed Care Policy
Center for Medicaid and CHIP Services

Section 438.6(c) Preprint

42 C.F.R. § 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts (i.e., state directed payments). 42 C.F.R. § 438.6(c)(1) describes types of payment arrangements that States may use to direct expenditures under the managed care contract. Under 42 C.F.R. § 438.6(c)(2)(ii), contract arrangements that direct an MCO's, PIHP's, or PAHP's expenditures under paragraphs (c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D) must have written approval from CMS prior to implementation and before approval of the corresponding managed care contract(s) and rate certification(s). This preprint implements the prior approval process and must be completed, submitted, and approved by CMS before implementing any of the specific payment arrangements described in 42 C.F.R. § 438.6(c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D). Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).

Submit all state directed payment preprints for prior approval to:
StateDirectedPayment@cms.hhs.gov.

SECTION I: DATE AND TIMING INFORMATION

1. Identify the State's managed care contract rating period(s) for which this payment arrangement will apply (for example, July 1, 2020 through June 30, 2021):
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2. Identify the State's requested start date for this payment arrangement (for example, January 1, 2021). *Note, this should be the start of the contract rating period unless this payment arrangement will begin during the rating period.*
3. Identify the managed care program(s) to which this payment arrangement will apply:
4. Identify the estimated **total dollar amount** (federal and non-federal dollars) of this state directed payment:
 - a. Identify the estimated federal share of this state directed payment:
 - b. Identify the estimated non-federal share of this state directed payment:

Please note, the estimated total dollar amount and the estimated federal share should be described for the rating period in Question 1. If the State is seeking a multi-year approval (which is only an option for VBP/DSR payment arrangements (42 C.F.R. § 438.6(c)(1)(i)-(ii))), States should provide the estimates per rating period. For amendments, states should include the change from the total and federal share estimated in the previously approved preprint.
5. Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement? ☐ Yes ☐ No

6. If this is not the initial submission for this state directed payment, please indicate if:
- a. ☐ The State is seeking approval of an amendment to an already approved state directed payment.
 - b. ☐ The State is seeking approval for a renewal of a state directed payment for a new rating period.
 - i. If the State is seeking approval of a renewal, please indicate the rating periods for which previous approvals have been granted:
 - c. Please identify the types of changes in this state directed payment that differ from what was previously approved.
 - ☐ Payment Type Change
 - ☐ Provider Type Change
 - ☐ Quality Metric(s) / Benchmark(s) Change
 - ☐ Other; please describe:
 - ☐ No changes from previously approved preprint other than rating period(s).
7. ☐ Please use the checkbox to provide an assurance that, in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(F), the payment arrangement is not renewed automatically.

SECTION II: TYPE OF STATE DIRECTED PAYMENT

8. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., utilization of services by managed care enrollees, meet or exceed a performance benchmark on provider quality metrics).
- a. ☐ Please use the checkbox to provide an assurance that CMS has approved the federal authority for the Medicaid services linked to the services associated with the SDP (i.e., Medicaid State plan, 1115(a) demonstration, 1915(c) waiver, etc.).
 - b. Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/revised/updated.

9. Please select the general type of state directed payment arrangement the State is seeking prior approval to implement. (Check all that apply and address the underlying questions for each category selected.)

- a. ☐ **VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM:** In accordance with 42 C.F.R. § 438.6(c)(1)(i) and (ii), the State is requiring the MCO, PIHP, or PAHP to implement value-based purchasing models for provider reimbursement, such as alternative payment models (APMs), pay for performance arrangements, bundled payments, or other service payment models intended to recognize value or outcomes over volume of services; or the State is requiring the MCO, PIHP, or PAHP to participate in a multi-payer or Medicaid-specific delivery system reform or performance improvement initiative.

If checked, please answer all questions in Subsection IIA.

- b. ☐ **FEE SCHEDULE REQUIREMENTS:** In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(B) through (D), the State is requiring the MCO, PIHP, or PAHP to adopt a minimum or maximum fee schedule for network providers that provide a particular service under the contract; or the State is requiring the MCO, PIHP, or PAHP to provide a uniform dollar or percentage increase for network providers that provide a particular service under the contract. **[Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).]**

If checked, please answer all questions in Subsection IIB.

SUBSECTION IIA: VALUE-BASED PAYMENTS (VBP) / DELIVERY SYSTEM REFORM (DSR):

This section must be completed for all state directed payments that are VBP or DSR. This section does not need to be completed for state directed payments that are fee schedule requirements.

10. Please check the type of VBP/DSR State directed payment the State is seeking prior approval for. *Check all that apply; if none are checked, proceed to Section III.*

- ☐ Quality Payment/Pay for Performance (Category 2 APM, or similar)
- ☐ Bundled Payment/Episode-Based Payment (Category 3 APM, or similar)
- ☐ Population-Based Payment/Accountable Care Organization (Category 4 APM, or similar)
- ☐ Multi-Payer Delivery System Reform
- ☐ Medicaid-Specific Delivery System Reform
- ☐ Performance Improvement Initiative
- ☐ Other Value-Based Purchasing Model

- 11.** Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If “other” was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).
- 12.** In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the [CMS Adult and Child Core Set Measures](#) when applicable. If the state needs more space, please use Addendum Table 1.A and check this box:

TABLE 1: Payment Arrangement Provider Performance Measures

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes ⁴
<i>Example: Percent of High-Risk Residents with Pressure Ulcers – Long Stay</i>	<i>CMS</i>	<i>CY 2018</i>	<i>9.23%</i>	<i>Year 2</i>	<i>8%</i>	<i>Example notes</i>
a.						
b.						
c.						
d.						
e.						

- Baseline data must be added after the first year of the payment arrangement
- If state-developed, list State name for Steward/Developer.
- If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.
- If the State is using an established measure and will deviate from the measure steward’s measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.

- 5

14. Is the State seeking a multi-year approval of the state directed payment arrangement?

☐ Yes ☐ No

- a. If this payment arrangement is designed to be a multi-year effort, denote the State's managed care contract rating period(s) the State is seeking approval for.
- b. If this payment arrangement is designed to be a multi-year effort and the State is **NOT** requesting a multi-year approval, describe how this application's payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application.

15. Use the checkboxes below to make the following assurances:

- a. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(A), the state directed payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance improvement initiative available, using the same terms of performance, to the class or classes of providers (identified below) providing services under the contract related to the reform or improvement initiative.
- b. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(B), the payment arrangement makes use of a common set of performance measures across all of the payers and providers.
- c. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(C), the payment arrangement does not set the amount or frequency of the expenditures.
- d. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(D), the payment arrangement does not allow the State to recoup any unspent funds allocated for these arrangements from the MCO, PIHP, or PAHP.

SUBSECTION IIB: STATE DIRECTED FEE SCHEDULES:

This section must be completed for all state directed payments that are fee schedule requirements. This section does not need to be completed for state directed payments that are VBP or DSR.

16. Please check the type of state directed payment for which the State is seeking prior approval. Check all that apply; if none are checked, proceed to Section III.

- a. ☐ Minimum Fee Schedule for providers that provide a particular service under the contract *using rates other than State plan approved rates*¹ (42 C.F.R. § 438.6(c)(1)(iii)(B))
- b. ☐ Maximum Fee Schedule (42 C.F.R. § 438.6(c)(1)(iii)(D))
- c. ☐ Uniform Dollar or Percentage Increase (42 C.F.R. § 438.6(c)(1)(iii)(C))

¹ Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

17. If the State is seeking prior approval of a fee schedule (options a or b in Question 16):

- a.** Check the basis for the fee schedule selected above.
 - i.** ☐ The State is proposing to use a fee schedule based on the **State-plan approved rates** as defined in 42 C.F.R. § 438.6(a). ²
 - ii.** ☐ The State is proposing to use a fee schedule based on the **Medicare or Medicare-equivalent rate**.
 - iii.** ☐ The State is proposing to use a fee schedule based on an **alternative fee schedule established by the State**.
 - 1.** If the State is proposing an alternative fee schedule, please describe the alternative fee schedule (e.g., 80% of Medicaid State-plan approved rate)
- b.** Explain how the state determined this fee schedule requirement to be reasonable and appropriate.

18. If using a maximum fee schedule (option b in Question 16), please answer the following additional questions:

- a.** ☐ Use the checkbox to provide the following assurance: In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP has retained the ability to reasonably manage risk and has discretion in accomplishing the goals of the contract.
- b.** Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule.
- c.** Indicate the number of exemptions to the requirement:
 - i.** Expected in this contract rating period (estimate)
 - ii.** Granted in past years of this payment arrangement
- d.** Describe how such exemptions will be considered in rate development.

² Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

19. If the State is seeking prior approval for a uniform dollar or percentage increase (option c in Question 16), please address the following questions:

- a.** Will the state require plans to pay a ☐ uniform dollar amount **or** a ☐ uniform percentage increase? (*Please select only one.*)
- b.** What is the magnitude of the increase (e.g., \$4 per claim or 3% increase per claim?)
- c.** Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter).
- d.** Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract

SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS

20. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), identify the class or classes of providers that will participate in this payment arrangement by answering the following questions:

- a.** Please indicate which general class of providers would be affected by the state directed payment (check all that apply):
 - ☐ inpatient hospital service
 - ☐ outpatient hospital service
 - ☐ professional services at an academic medical center
 - ☐ primary care services
 - ☐ specialty physician services
 - ☐ nursing facility services
 - ☐ HCBS/personal care services
 - ☐ behavioral health inpatient services
 - ☐ behavioral health outpatient services
 - ☐ dental services
 - ☐ Other:
- b.** Please define the provider class(es) (if further narrowed from the general classes indicated above).

- c. Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) If the provider class is defined in the State Plan, please provide a link to or attach the applicable State Plan pages to the preprint submission. Provider classes cannot be defined to only include providers that provide intergovernmental transfers.
21. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract.
22. For the services where payment is affected by the state directed payment, how will the state directed payment interact with the negotiated rate(s) between the plan and the provider? Will the state directed payment:
- a. ☐ Replace the negotiated rate(s) between the plan(s) and provider(s).
 - b. ☐ Limit but not replace the negotiated rate(s) between the plans(s) and provider(s).
 - c. ☐ Require a payment be made in addition to the negotiated rate(s) between the plan(s) and provider(s).
23. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22), please provide an analysis in Table 2 showing the impact of the state directed payment on payment levels for each provider class. This provider payment analysis should be completed distinctly for each service type (e.g., inpatient hospital services, outpatient hospital services, etc.). This should include an estimate of the base reimbursement rate the managed care plans pay to these providers as a percent of Medicare, or some other standardized measure, and the effect the increase from the state directed payment will have on total payment. *Ex: The average base payment level from plans to providers is 80% of Medicare and this SDP is expected to increase the total payment level from 80% to 100% of Medicare.*
- If the state needs more space, please use Addendum 2.A and check this box:

TABLE 2: Provider Payment Analysis

Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of State Directed Payment (SDP)	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
<i>Ex: Rural Inpatient Hospital Services</i>	<i>80%</i>	<i>20%</i>	<i>N/A</i>	<i>N/A</i>	<i>100%</i>
a.					
b.					
c.					
d.					
e.					
f.					
g.					

24. Please indicate if the data provided in Table 2 above is in terms of a percentage of:

- a. ☐ Medicare payment/cost
- b. ☐ State-plan approved rates as defined in 42 C.F.R. § 438.6(a) (*Please note, this rate cannot include supplemental payments.*)
- c. ☐ Other; Please define:

25. Does the State also require plans to pay any other state directed payments for providers eligible for the provider class described in Question 20b? ☐ Yes ☐ No

If yes, please provide information requested under the column "Other State Directed Payments" in Table 2.

- 26.** Does the State also require plans to pay pass-through payments as defined in 42 C.F.R. § 438.6(a) to any of the providers eligible for any of the provider class(es) described in Question 20b? ☐ Yes ☐ No

If yes, please provide information requested under the column “Pass-Through Payments” in Table 2.

- 27.** Please describe the data sources and methodology used for the analysis provided in response to Question 23.

- 28.** Please describe the State's process for determining how the proposed state directed payment was appropriate and reasonable.

SECTION IV: INCORPORATION INTO MANAGED CARE CONTRACTS

- 29.** States must adequately describe the contractual obligation for the state directed payment in the state's contract with the managed care plan(s) in accordance with 42 C.F.R. § 438.6(c). Has the state already submitted all contract action(s) to implement this state directed payment? ☐ Yes ☐ No

a. If yes:

i. What is/are the state-assigned identifier(s) of the contract actions provided to CMS?

ii. Please indicate where (page or section) the state directed payment is captured in the contract action(s).

b. If no, please estimate when the state will be submitting the contract actions for review.

SECTION V: INCORPORATION INTO THE ACTUARIAL RATE CERTIFICATION

Note: Provide responses to the questions below for the first rating period if seeking approval for multi-year approval.

- 30.** Has/Have the actuarial rate certification(s) for the rating period for which this state directed payment applies been submitted to CMS? ☐ Yes ☐ No
- a.** If no, please estimate when the state will be submitting the actuarial rate certification(s) for review.
- b.** If yes, provide the following information in the table below for each of the actuarial rate certification review(s) that will include this state directed payment.

Table 3: Actuarial Rate Certification(s)

Control Name Provided by CMS (List each actuarial rate certification separately)	Date Submitted to CMS	Does the certification incorporate the SDP?	If so, indicate where the state directed payment is captured in the certification (page or section)
i.			
ii.			
iii.			
iv.			
v.			

Please note, states and actuaries should consult the most recent [Medicaid Managed Care Rate Development Guide](#) for how to document state directed payments in actuarial rate certification(s). The actuary's certification must contain all of the information outlined; if all required documentation is not included, review of the certification will likely be delayed.)

- c.** If not currently captured in the State's actuarial certification submitted to CMS, note that the regulations at 42 C.F.R. § 438.7(b)(6) requires that all state directed payments are documented in the State's actuarial rate certification(s). CMS will not be able to approve the related contract action(s) until the rate certification(s) has/have been amended to account for all state directed payments. Please provide an estimate of when the State plans to submit an amendment to capture this information.

- 31.** Describe how the State will/has incorporated this state directed payment arrangement in the applicable actuarial rate certification(s) (please select one of the options below):
- a. ☐ An adjustment applied in the development of the monthly base capitation rates paid to plans.
 - b. ☐ Separate payment term(s) which are captured in the applicable rate certification(s) but paid separately to the plans from the monthly base capitation rates paid to plans.
 - c. ☐ Other, please describe:
- 32.** States should incorporate state directed payment arrangements into actuarial rate certification(s) as an adjustment applied in the development of the monthly base capitation rates paid to plans as this approach is consistent with the rate development requirements described in 42 C.F.R. § 438.5 and consistent with the nature of risk-based managed care. For state directed payments that are incorporated in another manner, particularly through separate payment terms, provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans.
- 33.** ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with 42 C.F.R. § 438.4, the standards specified in 42 C.F.R. § 438.5, and generally accepted actuarial principles and practices.

SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE

- 34.** Describe the source of the non-federal share of the payment arrangement. Check all that apply:
- a. ☐ State general revenue
 - b. ☐ Intergovernmental transfers (IGTs) from a State or local government entity
 - c. ☐ Health Care-Related Provider tax(es) / assessment(s)
 - d. ☐ Provider donation(s)
 - e. ☐ Other, specify:
- 35.** For any payment funded by **IGTs (option b in Question 34)**,
- a. Provide the following (respond to each column for all entities transferring funds). If the state needs more space, please use Addendum Table 4.A and check this box:

Table 4: IGT Transferring Entities

Name of Entities transferring funds (enter each on a separate line)	Operational nature of the Transferring Entity (State, County, City, Other)	Total Amounts Transferred by This Entity	Does the Transferring Entity have General Taxing Authority? (Yes or No)	Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations	Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)
i.					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
ix.					
x.					

- b.** ☐ Use the checkbox to provide an assurance that no state directed payments made under this payment arrangement funded by IGTs are dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
- c.** Provide information or documentation regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non-federal share of the payment arrangement. This should include any written agreements that may exist with healthcare providers to support and finance the non-federal share of the payment arrangement. Submit a copy of any written agreements described above.

36. For any state directed payments funded by provider taxes/assessments (option c in Question 34),

- a.** Provide the following (respond to each column for all entries). If there are more entries than space in the table, please provide an attachment with the information requested in the table.

Table 5: Health Care-Related Provider Tax/Assessment(s)

Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line)	Identify the permissible class for this tax / assessment	Is the tax / assessment broad-based?	Is the tax / assessment uniform?	Is the tax / assessment under the 6% indirect hold harmless limit?	If not under the 6% indirect hold harmless limit, does it pass the “75/75” test?	Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?
i.						
ii.						
iii.						
iv.						
v.						

- b.** If the state has any waiver(s) of the broad-based and/or uniform requirements for any of the health care-related provider taxes/assessments, list the waiver(s) and its current status:

Table 6: Health Care-Related Provider Tax/Assessment Waivers

Name of the Health Care-Related Provider Tax/Assessment Waiver (enter each on a separate line)	Submission Date	Current Status (Under Review, Approved)	Approval Date
i.			
ii.			
iii.			
iv.			
v.			

37. For any state directed payments funded by **provider donations (option d in Question 34)**, please answer the following questions:

- a.** Is the donation bona-fide? ☐ Yes ☐ No
- b.** Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?
☐ Yes ☐ No

38. ☐ **For all state directed payment arrangements**, use the checkbox to provide an assurance that in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements.

SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS

- 39.** ☐ Use the checkbox below to make the following assurance, “In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340.”
- 40.** Consistent with 42 C.F.R. § 438.340(d), States must post the final quality strategy online beginning July 1, 2018. Please provide:
- a.** A hyperlink to State’s most recent quality strategy:
 - b.** The effective date of quality strategy.
- 41.** If the State is currently updating the quality strategy, please submit a draft version, and provide:
- a.** A target date for submission of the revised quality strategy (month and year):
 - b.** Note any potential changes that might be made to the goals and objectives.

Note: The State should submit the final version to CMS as soon as it is finalized. To be in compliance with 42 C.F.R. § 438.340(c)(2) the quality strategy must be updated no less than once every 3-years.

- 42.** To obtain written approval of this payment arrangement, a State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy. In the Table 7 below, identify the goal(s) and objective(s), as they appear in the Quality Strategy (include page numbers), this payment arrangement is expected to advance. If additional rows are required, please attach.

Table 7: Payment Arrangement Quality Strategy Goals and Objectives

Goal(s)	Objective(s)	Quality strategy page
<i>Example: Improve care coordination for enrollees with behavioral health conditions</i>	<i>Example: Increase the number of managed care patients receiving follow-up behavior health counseling by 15%</i>	5
a.		
b.		
c.		
d.		

- 43.** Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

44. Please complete the following questions regarding having an evaluation plan to measure the degree to which the payment arrangement advances at least one of the goals and objectives of the State's quality strategy. To the extent practicable, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the [CMS Adult and Child Core Set Measures](#), when applicable.

- a.** ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(D), use the checkbox to assure the State has an evaluation plan which measures the degree to which the payment arrangement advances at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340, and that the evaluation conducted will be *specific* to this payment arrangement. *Note:* States have flexibility in how the evaluation is conducted and may leverage existing resources, such as their 1115 demonstration evaluation if this payment arrangement is tied to an 1115 demonstration or their External Quality Review validation activities, as long as those evaluation or validation activities are *specific* to this payment arrangement and its impacts on health care quality and outcomes.

- b.** Describe how and when the State will review progress on the advancement of the State's goal(s) and objective(s) in the quality strategy identified in Question 42. For each measure the State intends to use in the evaluation of this payment arrangement, provide in Table 8 below: 1) the baseline year, 2) the baseline statistics, and 3) the performance targets the State will use to track the impact of this payment arrangement on the State's goals and objectives. Please attach the State's evaluation plan for this payment arrangement.

TABLE 8: Evaluation Measures, Baseline and Performance Targets

Measure Name and NQF # (if applicable)	Baseline Year	Baseline Statistic	Performance Target	Notes ¹
<i>Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039</i>	<i>CY 2019</i>	<i>34%</i>	<i>Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year</i>	<i>Example notes</i>
i.				
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iii.				
iv.				

1. If the State will deviate from the measure specification, please describe here. If a State-specific measure will be used, please define the numerator and denominator here. Additionally, describe any planned data or measure stratifications (for example, age, race, or ethnicity) that will be used to evaluate the payment arrangement.

- c. If this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangement's impact on the goal(s) and objective(s) in the State's quality strategy. Evaluation findings must include 1) historical data; 2) prior year(s) results data; 3) a description of the evaluation methodology; and 4) baseline and performance target information from the prior year(s) preprint(s) where applicable. If full evaluation findings from prior year(s) are not available, provide partial year(s) findings and an anticipated date for when CMS may expect to receive the full evaluation findings.

Section 438.6(c) Preprint Addendum Tables

Overview

This addendum to the Section 438.6(c) preprint file allows States to add rows to the eight tables in the preprint: Please use this workbook if States need additional rows than what is provided in the preprint. States may also use the Workbook Tables 1.A. - 8.A. in lieu of completing Tables 1 - 8 in the preprint.

Directions

States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into all addendum Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 1.A, please delete Tabs 2.A - 8.A

CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.

Addendum Table Organization

The addendum tables are organized by tab. Within the tables, States will find data elements with specific drop-downs that CMS has pre-selected to standardize data provided by States in the preprint.

Table 1.A	Payment Arrangement Provider Performance Measures
Table 2.A	Provider Payment Analyses
Table 3.A	Actuarial Rate Certification(s)
Table 4.A	IGT Transferring Entities
Table 5.A	Health Care-Related Provider Tax/Assessment(s)
Table 6.A	Health Care-Related Provider Tax/Assessment Waivers
Table 7.A	Payment Arrangement Quality Strategy Goals and Objectives
Table 8.A	Evaluation Measures, Baseline and Performance Targets

Identifying Information

Column1

State/Territory (Select from dropdown menu): Texas

TABLE 1.A

PREPRINT SUBSECTION IIA: VALUE-BASED PAYMENT/DELIVERY SYSTEM REFORM							
ADDENDUM TABLE 1.A. PAYMENT ARRANGEMENT PROVIDER PERFORMANCE MEASURES							
Directions	1. In Table 1.A below, use the rows to add more measure(s) to Table 1 that the State will tie to provider performance under this value-based payment or delivery system reform arrangement (provider performance measures). States may also use Table 1.A in lieu of completing Table 1 in the preprint. Input data only in beige cells in columns B - H.						
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 1 in the preprint, please delete Tabs 2.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.						
TABLE 1.A: Payment Arrangement Provider Performance Measures							
Column1	Measure Name and NQF # (if applicable)	Measure Steward/Developer	Baseline Year Year (CY or FY YYYY)	Baseline Statistic Percent (##.##%)	Performance Measurement Period Free text	Performance Target Percent (##.##%)	Notes Free text
Data Format	Free text	Set values (select one)	Year (CY or FY YYYY)	Percent (##.##%)	Free text	Percent (##.##%)	Free text
			Baseline year must be added after the first year of the payment arrangement	Baseline percentage must be added after the first year of the payment arrangement	If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment		If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here
Example:	Percent of High-Risk Residents with Pressure Ulcers - Long Stay	Centers for Medicare & Medicaid Services	CY 2018	9.23%	Year 2	8.00%	
a.	PC-02 Cesarean Birth	The Joint Commission (TJC)	CY 2023	0.236	CY 2025	0.236 benchmark or IOS 5%	Urban hospital measure
b.	Catheter-Associated Urinary Tract Infection (CAUTI)	Centers for Disease Control and Prevention	CY 2023	0.002	CY 2025	0.8 or below 1 and better than baseline or IOS 5%	Urban hospital measure
c.	PSI 13 Postoperative Sepsis Rate	Centers for Medicare & Medicaid Services (CMS)	CY 2023	0.000	CY 2025	4.87 per 1000 discharges benchmark and better than baseline or IOS 5%	Urban hospital measure
d.	Plan All-Cause Readmission (PCR-AD)	National Committee for Quality Assurance	CY 2023	7.986	CY 2025	12.4 per 100 discharges benchmark and better than baseline or IOS 5%	Urban hospital measure; hospitals will report the observed rate of readmissions to the same hospital
e.	Food Insecurity Screening and Follow-up Plan	Texas Health and Human Services Commission	CY 2023	0.008	CY 2025	IOS 10%	Urban and children's hospital measure; Numerator - Patients screened for food insecurity using the Hunger Vital Sign food insecurity screening tool or another standardized, age-appropriate food insecurity screening tool with the screening results documented during the current encounter or during the previous twelve months, AND if the most recent screening result is positive, a follow-up plan is documented within 30 days of the positive screening result. Denominator - All attributed patients with an eligible encounter during the measurement period.
f.	IMM-2 Influenza Immunization	TJC	CY 2023	0.829	CY 2025	IOS 10%	Urban and children's hospital measure
g.	Safe Use of Opioids - Concurrent Prescribing	CMS	CY 2023	0.076	CY 2025	IOS 10%	Urban hospital measure
h.	Pediatric Central Line-Associated Bloodstream Infection (CLABSI)	Children's Hospital's Solutions for Patient Safety (CHSPS)	CY 2023	0.459	CY 2025	0.912 per 1000 central-line days and better than baseline or IOS 5%	Children's hospital measure
i.	Pediatric All-Condition Readmission	Center of Excellence for Pediatric Quality Measurement (CEPQM)	CY 2023	5.310	CY 2025	5.99 per 100 discharges	Children's hospital measure; hospitals will report the observed rate of readmissions to the same hospital
j.	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS	CY 2023	0.121	CY 2025	IOS 10%	Children's hospital measure
k.	Follow-Up After ED Visit for Mental Illness: Ages 6-17	CMS	CY 2023	0.493	CY 2025	56.57% benchmark and better than baseline or IOS 5%	Children's hospital measure
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TABLE 1.A

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TABLE 2.A.1

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.1 Inpatient STAR UHRIP Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Children's Bexar	45.9%	53.7%	0.0%	0.0%	99.6%
b.	Inpatient STAR Children's Dallas	44.4%	55.5%	0.0%	0.0%	99.9%
c.	Inpatient STAR Children's Harris	39.8%	60.0%	0.0%	0.0%	99.8%
d.	Inpatient STAR Children's Hidalgo	14.6%	17.4%	0.0%	0.0%	32.0%
e.	Inpatient STAR Children's Nueces	40.9%	58.9%	0.0%	0.0%	99.8%
f.	Inpatient STAR Children's Tarrant	26.6%	24.5%	0.0%	0.0%	51.0%
g.	Inpatient STAR Non-state-owned IMD Dallas	73.2%	26.3%	0.0%	0.0%	99.5%
h.	Inpatient STAR Non-state-owned IMD Harris	59.8%	33.5%	0.0%	0.0%	93.3%
i.	Inpatient STAR Non-state-owned IMD MRSA Central	74.6%	25.4%	0.0%	0.0%	100.0%
j.	Inpatient STAR Non-state-owned IMD MRSA West	73.6%	25.8%	0.0%	0.0%	99.3%
k.	Inpatient STAR Non-state-owned IMD Nueces	28.8%	68.9%	0.0%	0.0%	97.8%
l.	Inpatient STAR Non-state-owned IMD Tarrant	54.0%	45.9%	0.0%	0.0%	100.0%
m.	Inpatient STAR Non-state-owned IMD Travis	64.0%	35.8%	0.0%	0.0%	99.9%
n.	Inpatient STAR Rural Travis	69.5%	1.4%	0.0%	0.0%	70.9%
o.	Inpatient STAR State-owned IMD Dallas	85.7%	13.7%	0.0%	0.0%	99.4%
p.	Inpatient STAR State-owned IMD Harris	60.1%	39.7%	0.0%	0.0%	99.7%
q.	Inpatient STAR State-owned Non-IMD Harris	89.2%	10.7%	0.0%	0.0%	99.9%
r.	Inpatient STAR State-owned Non-IMD MRSA Northeast	31.5%	68.4%	0.0%	0.0%	99.9%
s.	Inpatient STAR Urban Bexar	34.4%	34.7%	0.0%	12.9%	82.0%
t.	Inpatient STAR Urban Dallas	24.9%	42.1%	0.0%	8.3%	75.2%
u.	Inpatient STAR Urban El Paso	24.2%	11.1%	0.0%	18.8%	54.1%
v.	Inpatient STAR Urban Harris	30.6%	58.7%	0.0%	4.7%	93.9%
w.	Inpatient STAR Urban Hidalgo	38.9%	48.3%	0.0%	0.0%	87.2%
x.	Inpatient STAR Urban Jefferson	30.5%	60.4%	0.0%	0.0%	90.9%
y.	Inpatient STAR Urban MRSA Central	29.7%	44.5%	0.0%	0.0%	74.2%
z.	Inpatient STAR Urban MRSA Northeast	27.5%	38.2%	0.0%	0.0%	65.7%
aa.	Inpatient STAR Urban MRSA West	31.7%	18.1%	0.0%	9.7%	59.5%
bb.	Inpatient STAR Urban Nueces	30.4%	31.3%	0.0%	18.1%	79.9%
cc.	Inpatient STAR Urban Tarrant	26.3%	47.2%	0.0%	0.0%	73.5%
dd.	Inpatient STAR Urban Travis	32.3%	23.6%	0.0%	0.0%	55.8%
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TABLE 2.A.1

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TABLE 2.A.2

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
TABLE 2.A.2 Inpatient STAR PLUS UHRIP Payment Levels Compared to ACR UPL						
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR PLUS Children's Bexar	12.7%	87.2%	0.0%	0.0%	99.9%
b.	Inpatient STAR PLUS Children's Dallas	14.6%	85.3%	0.0%	0.0%	99.9%
c.	Inpatient STAR PLUS Children's El Paso	0.4%	49.6%	0.0%	0.0%	50.0%
d.	Inpatient STAR PLUS Children's Lubbock	8.5%	26.6%	0.0%	0.0%	35.1%
e.	Inpatient STAR PLUS Children's Tarrant	8.7%	42.5%	0.0%	0.0%	51.1%
f.	Inpatient STAR PLUS Children's Travis	15.9%	2.7%	0.0%	0.0%	18.6%
g.	Inpatient STAR PLUS Rural Bexar	41.6%	56.2%	0.0%	0.0%	97.8%
h.	Inpatient STAR PLUS Rural Dallas	36.2%	3.3%	0.0%	0.0%	39.5%
i.	Inpatient STAR PLUS Rural Harris	98.5%	1.0%	0.0%	0.0%	99.5%
j.	Inpatient STAR PLUS Rural Hidalgo	56.8%	14.8%	0.0%	0.0%	71.6%
k.	Inpatient STAR PLUS Rural Jefferson	92.2%	7.4%	0.0%	0.0%	99.6%
l.	Inpatient STAR PLUS Rural Lubbock	91.5%	8.2%	0.0%	0.0%	99.7%
m.	Inpatient STAR PLUS Rural MRSA Northeast	67.8%	14.9%	0.0%	0.0%	82.7%
n.	Inpatient STAR PLUS Rural Nueces	51.4%	47.3%	0.0%	0.0%	98.7%
o.	Inpatient STAR PLUS Rural Tarrant	22.9%	14.4%	0.0%	0.0%	37.3%
p.	Inpatient STAR PLUS State-owned Non-IMD Harris	90.0%	9.9%	0.0%	0.0%	99.9%
q.	Inpatient STAR PLUS State-owned Non-IMD MRSA Northeast	74.3%	25.3%	0.0%	0.0%	99.6%
r.	Inpatient STAR PLUS Urban Bexar	25.9%	52.6%	0.0%	0.5%	79.0%
s.	Inpatient STAR PLUS Urban Dallas	20.1%	62.5%	0.0%	0.0%	82.6%
t.	Inpatient STAR PLUS Urban El Paso	19.7%	47.6%	0.0%	0.0%	67.3%
u.	Inpatient STAR PLUS Urban Harris	23.8%	73.9%	0.0%	0.0%	97.7%
v.	Inpatient STAR PLUS Urban Hidalgo	30.1%	49.3%	0.0%	0.0%	79.3%
w.	Inpatient STAR PLUS Urban Jefferson	23.7%	69.5%	0.0%	0.0%	93.2%
x.	Inpatient STAR PLUS Urban Lubbock	19.1%	41.0%	0.0%	4.7%	64.8%
y.	Inpatient STAR PLUS Urban MRSA Central	28.2%	48.3%	0.0%	0.0%	76.5%
z.	Inpatient STAR PLUS Urban MRSA Northeast	25.6%	39.4%	0.0%	0.0%	65.0%
aa.	Inpatient STAR PLUS Urban MRSA West	21.7%	38.2%	0.0%	0.0%	59.8%
bb.	Inpatient STAR PLUS Urban Nueces	30.8%	45.3%	0.0%	4.2%	80.3%
cc.	Inpatient STAR PLUS Urban Tarrant	18.6%	64.8%	0.0%	0.0%	83.4%
dd.	Inpatient STAR PLUS Urban Travis	17.1%	41.5%	0.0%	0.0%	58.6%
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TABLE 2.A.3

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
<p>Directions</p> <p>2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.</p> <p>States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.</p>						
TABLE 2.A.3 Inpatient STAR Kids UHRIP Payment Levels Compared to ACR UPL						
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Kids Children's Bexar	56.7%	43.1%	0.0%	0.0%	99.8%
b.	Inpatient STAR Kids Children's Dallas	30.1%	69.8%	0.0%	0.0%	99.9%
c.	Inpatient STAR Kids Children's El Paso	36.8%	13.2%	0.0%	0.0%	50.1%
d.	Inpatient STAR Kids Children's Harris	38.1%	61.7%	0.0%	0.0%	99.8%
e.	Inpatient STAR Kids Children's Hidalgo	13.2%	18.8%	0.0%	0.0%	32.0%
f.	Inpatient STAR Kids Children's Nueces	28.1%	71.7%	0.0%	0.0%	99.9%
g.	Inpatient STAR Kids Children's Tarrant	31.2%	20.0%	0.0%	0.0%	51.2%
h.	Inpatient STAR Kids Non-state-owned IMD Travis	50.3%	11.6%	0.0%	0.0%	61.8%
i.	Inpatient STAR Kids Rural Hidalgo	29.8%	42.1%	0.0%	0.0%	71.9%
j.	Inpatient STAR Kids Rural MRSA Central	52.4%	29.4%	0.0%	0.0%	81.8%
k.	Inpatient STAR Kids Rural MRSA Northeast	75.0%	8.2%	0.0%	0.0%	83.2%
l.	Inpatient STAR Kids Rural Nueces	59.9%	28.2%	0.0%	0.0%	88.1%
m.	Inpatient STAR Kids State-owned IMD Harris	73.5%	26.5%	0.0%	0.0%	100.0%
n.	Inpatient STAR Kids State-owned Non-IMD Harris	86.2%	12.9%	0.0%	0.0%	99.2%
o.	Inpatient STAR Kids State-owned Non-IMD MRSA Northeast	1.9%	98.1%	0.0%	0.0%	100.0%
p.	Inpatient STAR Kids Urban Bexar	47.1%	52.8%	0.0%	0.0%	99.9%
q.	Inpatient STAR Kids Urban Dallas	19.6%	40.9%	0.0%	0.0%	60.5%
r.	Inpatient STAR Kids Urban El Paso	23.8%	28.6%	0.0%	0.0%	52.4%
s.	Inpatient STAR Kids Urban Harris	28.6%	49.5%	0.0%	0.0%	78.1%
t.	Inpatient STAR Kids Urban Hidalgo	45.4%	50.0%	0.0%	0.0%	95.4%
u.	Inpatient STAR Kids Urban Jefferson	37.9%	51.6%	0.0%	0.0%	89.5%
v.	Inpatient STAR Kids Urban Lubbock	35.2%	41.9%	0.0%	0.0%	77.1%
w.	Inpatient STAR Kids Urban MRSA Central	42.3%	31.7%	0.0%	0.0%	74.0%
x.	Inpatient STAR Kids Urban MRSA Northeast	46.9%	16.4%	0.0%	0.0%	63.3%
y.	Inpatient STAR Kids Urban MRSA West	34.6%	28.3%	0.0%	0.0%	62.9%
z.	Inpatient STAR Kids Urban Nueces	45.9%	33.5%	0.0%	0.0%	79.5%
aa.	Inpatient STAR Kids Urban Tarrant	38.3%	61.7%	0.0%	0.0%	100.0%
bb.	Inpatient STAR Kids Urban Travis	25.2%	38.4%	0.0%	0.0%	63.6%
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TABLE 2.A.4

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
<p>Directions</p> <p>2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.</p> <p>States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.</p>						
TABLE 2.A.4 Outpatient STAR UHRIP Payment Levels Compared to ACR UPL						
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	<i>Rural Inpatient Hospital Services</i>	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Children's Bexar	26.9%	50.8%	0.0%	0.0%	77.7%
b.	Outpatient STAR Children's Dallas	77.6%	21.7%	0.0%	0.0%	99.3%
c.	Outpatient STAR Children's El Paso	22.4%	71.1%	0.0%	0.0%	93.5%
d.	Outpatient STAR Children's Harris	57.8%	42.2%	0.0%	0.0%	99.9%
e.	Outpatient STAR Children's Hidalgo	27.9%	19.5%	0.0%	0.0%	47.4%
f.	Outpatient STAR Children's Lubbock	21.5%	35.6%	0.0%	0.0%	57.1%
g.	Outpatient STAR Children's Tarrant	32.3%	47.4%	0.0%	0.0%	79.7%
h.	Outpatient STAR Children's Travis	21.3%	78.7%	0.0%	0.0%	100.0%
i.	Outpatient STAR Rural Dallas	30.5%	19.2%	0.0%	0.0%	49.7%
j.	Outpatient STAR Rural Harris	88.5%	11.5%	0.0%	0.0%	100.0%
k.	Outpatient STAR Rural Lubbock	69.4%	30.5%	0.0%	0.0%	100.0%
l.	Outpatient STAR Rural MRSA Central	61.3%	11.0%	0.0%	0.0%	72.4%
m.	Outpatient STAR Rural MRSA Northeast	49.4%	19.8%	0.0%	0.0%	69.2%
n.	Outpatient STAR Rural MRSA West	96.3%	2.9%	0.0%	0.0%	99.2%
o.	Outpatient STAR Rural Tarrant	24.9%	47.2%	0.0%	0.0%	72.1%
p.	Outpatient STAR Rural Travis	44.0%	20.3%	0.0%	0.0%	64.3%
q.	Outpatient STAR State-owned Non-IMD Harris	52.6%	46.3%	0.0%	0.0%	98.9%
r.	Outpatient STAR State-owned Non-IMD MRSA Northeast	21.9%	33.1%	0.0%	0.0%	55.1%
s.	Outpatient STAR Urban Bexar	31.0%	69.0%	0.0%	0.0%	100.0%
t.	Outpatient STAR Urban Dallas	17.5%	67.7%	0.0%	0.0%	85.3%
u.	Outpatient STAR Urban El Paso	23.8%	60.0%	0.0%	0.0%	83.9%
v.	Outpatient STAR Urban Harris	49.0%	51.0%	0.0%	0.0%	100.0%
w.	Outpatient STAR Urban Hidalgo	51.8%	48.2%	0.0%	0.0%	100.0%
x.	Outpatient STAR Urban Jefferson	23.0%	58.2%	0.0%	0.0%	81.2%
y.	Outpatient STAR Urban Lubbock	29.8%	60.5%	0.0%	0.0%	90.3%
z.	Outpatient STAR Urban MRSA Central	26.7%	55.6%	0.0%	0.0%	82.3%
aa.	Outpatient STAR Urban MRSA Northeast	20.4%	51.4%	0.0%	0.0%	71.8%
bb.	Outpatient STAR Urban MRSA West	23.2%	49.6%	0.0%	0.0%	72.7%
cc.	Outpatient STAR Urban Nueces	26.7%	57.0%	0.0%	0.0%	83.7%
dd.	Outpatient STAR Urban Tarrant	24.5%	75.3%	0.0%	0.0%	99.8%
ee.	Outpatient STAR Urban Travis	23.0%	76.8%	0.0%	0.0%	99.8%
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TABLE 2.A.5

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
TABLE 2.A.5 Outpatient STAR PLUS UHRIP Payment Levels Compared to ACR UPL						
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR PLUS Children's Bexar	17.1%	59.6%	0.0%	0.0%	76.6%
b.	Outpatient STAR PLUS Children's Dallas	80.5%	19.3%	0.0%	0.0%	99.8%
c.	Outpatient STAR PLUS Children's El Paso	8.9%	84.3%	0.0%	0.0%	93.2%
d.	Outpatient STAR PLUS Children's Harris	51.8%	47.7%	0.0%	0.0%	99.5%
e.	Outpatient STAR PLUS Children's Hidalgo	34.9%	12.5%	0.0%	0.0%	47.4%
f.	Outpatient STAR PLUS Children's Lubbock	16.4%	41.4%	0.0%	0.0%	57.8%
g.	Outpatient STAR PLUS Children's Nueces	39.0%	15.2%	0.0%	0.0%	54.2%
h.	Outpatient STAR PLUS Children's Tarrant	22.0%	57.5%	0.0%	0.0%	79.5%
i.	Outpatient STAR PLUS Children's Travis	22.5%	77.5%	0.0%	0.0%	100.0%
j.	Outpatient STAR PLUS Rural Bexar	39.7%	26.6%	0.0%	0.0%	66.4%
k.	Outpatient STAR PLUS Rural Dallas	34.8%	14.6%	0.0%	0.0%	49.5%
l.	Outpatient STAR PLUS Rural Harris	83.5%	15.9%	0.0%	0.0%	99.4%
m.	Outpatient STAR PLUS Rural Jefferson	63.3%	3.2%	0.0%	0.0%	66.4%
n.	Outpatient STAR PLUS Rural Lubbock	35.4%	64.5%	0.0%	0.0%	99.9%
o.	Outpatient STAR PLUS Rural MRSA Northeast	55.2%	17.1%	0.0%	0.0%	72.4%
p.	Outpatient STAR PLUS Rural MRSA West	70.7%	25.4%	0.0%	0.0%	96.1%
q.	Outpatient STAR PLUS Rural Nueces	57.6%	9.8%	0.0%	0.0%	67.4%
r.	Outpatient STAR PLUS Rural Tarrant	29.0%	43.2%	0.0%	0.0%	72.2%
s.	Outpatient STAR PLUS Rural Travis	42.1%	21.1%	0.0%	0.0%	63.2%
t.	Outpatient STAR PLUS State-owned Non-IMD Harris	63.8%	35.1%	0.0%	0.0%	98.8%
u.	Outpatient STAR PLUS State-owned Non-IMD MRSA Northeast	40.6%	14.6%	0.0%	0.0%	55.3%
v.	Outpatient STAR PLUS Urban Bexar	34.1%	65.8%	0.0%	0.0%	99.9%
w.	Outpatient STAR PLUS Urban Dallas	20.1%	54.6%	0.0%	0.0%	74.6%
x.	Outpatient STAR PLUS Urban El Paso	30.6%	69.4%	0.0%	0.0%	100.0%
y.	Outpatient STAR PLUS Urban Harris	50.7%	49.2%	0.0%	0.0%	99.9%
z.	Outpatient STAR PLUS Urban Hidalgo	49.1%	50.6%	0.0%	0.0%	99.7%
aa.	Outpatient STAR PLUS Urban Jefferson	28.5%	54.5%	0.0%	0.0%	83.0%
bb.	Outpatient STAR PLUS Urban Lubbock	24.5%	63.0%	0.0%	0.0%	87.5%
cc.	Outpatient STAR PLUS Urban MRSA Central	30.9%	51.9%	0.0%	0.0%	82.8%
dd.	Outpatient STAR PLUS Urban MRSA Northeast	35.3%	38.9%	0.0%	0.0%	74.2%
ee.	Outpatient STAR PLUS Urban MRSA West	25.7%	43.7%	0.0%	0.0%	69.4%
ff.	Outpatient STAR PLUS Urban Nueces	41.0%	51.2%	0.0%	0.0%	92.2%
gg.	Outpatient STAR PLUS Urban Tarrant	31.2%	68.6%	0.0%	0.0%	99.7%
hh.	Outpatient STAR PLUS Urban Travis	29.2%	70.6%	0.0%	0.0%	99.7%
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TABLE 2.A.6

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.6 Outpatient STAR Kids UHRIP Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Kids Children's Bexar	23.4%	52.0%	0.0%	0.0%	75.4%
b.	Outpatient STAR Kids Children's Dallas	56.1%	43.7%	0.0%	0.0%	99.8%
c.	Outpatient STAR Kids Children's El Paso	20.6%	70.3%	0.0%	0.0%	90.9%
d.	Outpatient STAR Kids Children's Harris	35.2%	64.4%	0.0%	0.0%	99.7%
e.	Outpatient STAR Kids Children's Hidalgo	21.3%	26.0%	0.0%	0.0%	47.4%
f.	Outpatient STAR Kids Children's Lubbock	11.9%	43.7%	0.0%	0.0%	55.7%
g.	Outpatient STAR Kids Children's Nueces	42.1%	8.8%	0.0%	0.0%	50.9%
h.	Outpatient STAR Kids Children's Tarrant	31.8%	44.5%	0.0%	0.0%	76.2%
i.	Outpatient STAR Kids Children's Travis	25.4%	74.4%	0.0%	0.0%	99.8%
j.	Outpatient STAR Kids Rural Dallas	38.3%	11.1%	0.0%	0.0%	49.4%
k.	Outpatient STAR Kids Rural Lubbock	63.9%	35.8%	0.0%	0.0%	99.6%
l.	Outpatient STAR Kids Rural MRSA Northeast	50.8%	17.3%	0.0%	0.0%	68.1%
m.	Outpatient STAR Kids Rural MRSA West	76.7%	23.0%	0.0%	0.0%	99.8%
n.	Outpatient STAR Kids Rural Nueces	62.1%	9.9%	0.0%	0.0%	72.0%
o.	Outpatient STAR Kids Rural Tarrant	65.9%	6.6%	0.0%	0.0%	72.5%
p.	Outpatient STAR Kids Rural Travis	46.0%	18.4%	0.0%	0.0%	64.5%
q.	Outpatient STAR Kids State-owned Non-IMD Harris	62.4%	36.2%	0.0%	0.0%	98.7%
r.	Outpatient STAR Kids State-owned Non-IMD MRSA Northeast	36.6%	18.7%	0.0%	0.0%	55.3%
s.	Outpatient STAR Kids Urban Bexar	43.8%	56.0%	0.0%	0.0%	99.8%
t.	Outpatient STAR Kids Urban Dallas	23.7%	66.5%	0.0%	0.0%	90.1%
u.	Outpatient STAR Kids Urban El Paso	32.4%	48.2%	0.0%	0.0%	80.6%
v.	Outpatient STAR Kids Urban Harris	71.4%	27.9%	0.0%	0.0%	99.3%
w.	Outpatient STAR Kids Urban Hidalgo	53.5%	46.5%	0.0%	0.0%	100.0%
x.	Outpatient STAR Kids Urban Jefferson	25.3%	50.4%	0.0%	0.0%	75.8%
y.	Outpatient STAR Kids Urban Lubbock	31.4%	54.9%	0.0%	0.0%	86.3%
z.	Outpatient STAR Kids Urban MRSA Central	38.5%	36.5%	0.0%	0.0%	75.0%
aa.	Outpatient STAR Kids Urban MRSA Northeast	29.6%	39.4%	0.0%	0.0%	69.0%
bb.	Outpatient STAR Kids Urban MRSA West	28.7%	38.2%	0.0%	0.0%	66.8%
cc.	Outpatient STAR Kids Urban Nueces	38.9%	34.6%	0.0%	0.0%	73.6%
dd.	Outpatient STAR Kids Urban Tarrant	36.8%	60.8%	0.0%	0.0%	97.6%
ee.	Outpatient STAR Kids Urban Travis	46.1%	53.5%	0.0%	0.0%	99.6%
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TABLE 2.A.7

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.7 Inpatient STAR UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Children's Bexar	45.9%	53.7%	0.0%	0.0%	99.6%
b.	Inpatient STAR Children's Dallas	44.4%	55.5%	0.0%	0.0%	99.9%
c.	Inpatient STAR Children's Harris	39.8%	60.0%	0.0%	0.0%	99.8%
d.	Inpatient STAR Children's Hidalgo	14.6%	39.3%	0.0%	0.0%	53.9%
e.	Inpatient STAR Children's Nueces	40.9%	58.9%	0.0%	0.0%	99.8%
f.	Inpatient STAR Children's Tarrant	26.6%	27.4%	0.0%	0.0%	54.0%
g.	Inpatient STAR Children's Travis	26.3%	27.6%	0.0%	0.0%	53.9%
h.	Inpatient STAR Non-state-owned IMD Dallas	73.2%	26.3%	0.0%	0.0%	99.5%
i.	Inpatient STAR Non-state-owned IMD Harris	59.8%	33.5%	0.0%	0.0%	93.3%
j.	Inpatient STAR Non-state-owned IMD MRSA Central	74.6%	25.4%	0.0%	0.0%	100.0%
k.	Inpatient STAR Non-state-owned IMD MRSA West	73.6%	25.8%	0.0%	0.0%	99.3%
l.	Inpatient STAR Non-state-owned IMD Nueces	28.8%	68.9%	0.0%	0.0%	97.8%
m.	Inpatient STAR Non-state-owned IMD Tarrant	54.0%	45.9%	0.0%	0.0%	100.0%
n.	Inpatient STAR Non-state-owned IMD Travis	64.0%	35.8%	0.0%	0.0%	99.9%
o.	Inpatient STAR Rural Dallas	57.8%	31.8%	0.0%	0.0%	89.7%
p.	Inpatient STAR Rural Hidalgo	80.1%	9.6%	0.0%	0.0%	89.8%
q.	Inpatient STAR Rural Tarrant	45.8%	43.9%	0.0%	0.0%	89.7%
r.	Inpatient STAR Rural Travis	69.5%	20.2%	0.0%	0.0%	89.7%
s.	Inpatient STAR State-owned IMD Dallas	85.7%	13.7%	0.0%	0.0%	99.4%
t.	Inpatient STAR State-owned IMD Harris	60.1%	39.7%	0.0%	0.0%	99.7%
u.	Inpatient STAR State-owned Non-IMD Harris	89.2%	10.7%	0.0%	0.0%	99.9%
v.	Inpatient STAR State-owned Non-IMD MRSA Northeast	31.5%	68.4%	0.0%	0.0%	99.9%
w.	Inpatient STAR Urban Bexar	34.4%	34.7%	0.0%	12.9%	82.0%
x.	Inpatient STAR Urban Dallas	24.9%	42.1%	0.0%	8.3%	75.2%
y.	Inpatient STAR Urban El Paso	24.2%	11.1%	0.0%	18.8%	54.1%
z.	Inpatient STAR Urban Harris	30.6%	58.7%	0.0%	4.7%	93.9%
aa.	Inpatient STAR Urban Hidalgo	38.9%	48.3%	0.0%	0.0%	87.2%
bb.	Inpatient STAR Urban Jefferson	30.5%	60.4%	0.0%	0.0%	90.9%
cc.	Inpatient STAR Urban MRSA Central	29.7%	44.5%	0.0%	0.0%	74.2%
dd.	Inpatient STAR Urban MRSA Northeast	27.5%	38.2%	0.0%	0.0%	65.7%
ee.	Inpatient STAR Urban MRSA West	31.7%	18.1%	0.0%	9.7%	59.5%
ff.	Inpatient STAR Urban Nueces	30.4%	31.3%	0.0%	18.1%	79.9%
gg.	Inpatient STAR Urban Tarrant	26.3%	47.2%	0.0%	0.0%	73.5%
hh.	Inpatient STAR Urban Travis	32.3%	23.6%	0.0%	0.0%	55.8%
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TABLE 2.A.8

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.8 Inpatient STAR PLUS UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (#.###%)	Percent (#.###%)	Percent (#.###%) or N/A	Percent (#.###%) or N/A	Percent (#.###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR PLUS Children's Bexar	12.7%	87.2%	0.0%	0.0%	99.9%
b.	Inpatient STAR PLUS Children's Dallas	14.6%	85.3%	0.0%	0.0%	99.9%
c.	Inpatient STAR PLUS Children's El Paso	0.4%	53.6%	0.0%	0.0%	54.0%
d.	Inpatient STAR PLUS Children's Lubbock	8.5%	45.4%	0.0%	0.0%	53.9%
e.	Inpatient STAR PLUS Children's Tarrant	8.7%	45.3%	0.0%	0.0%	54.0%
f.	Inpatient STAR PLUS Children's Travis	15.9%	38.1%	0.0%	0.0%	54.0%
g.	Inpatient STAR PLUS Rural Bexar	41.6%	56.2%	0.0%	0.0%	97.8%
h.	Inpatient STAR PLUS Rural Dallas	36.2%	53.6%	0.0%	0.0%	89.8%
i.	Inpatient STAR PLUS Rural Harris	98.5%	1.0%	0.0%	0.0%	99.5%
j.	Inpatient STAR PLUS Rural Hidalgo	56.8%	33.0%	0.0%	0.0%	89.8%
k.	Inpatient STAR PLUS Rural Jefferson	92.2%	7.4%	0.0%	0.0%	99.6%
l.	Inpatient STAR PLUS Rural Lubbock	91.5%	8.2%	0.0%	0.0%	99.7%
m.	Inpatient STAR PLUS Rural MRSA Central	87.1%	2.6%	0.0%	0.0%	89.7%
n.	Inpatient STAR PLUS Rural MRSA Northeast	67.8%	22.0%	0.0%	0.0%	89.8%
o.	Inpatient STAR PLUS Rural Nueces	51.4%	47.3%	0.0%	0.0%	98.7%
p.	Inpatient STAR PLUS Rural Tarrant	22.9%	67.0%	0.0%	0.0%	89.8%
q.	Inpatient STAR PLUS Rural Travis	88.8%	0.9%	0.0%	0.0%	89.7%
r.	Inpatient STAR PLUS State-owned Non-IMD Harris	90.0%	9.9%	0.0%	0.0%	99.9%
s.	Inpatient STAR PLUS State-owned Non-IMD MRSA Northeast	74.3%	25.3%	0.0%	0.0%	99.6%
t.	Inpatient STAR PLUS Urban Bexar	25.9%	52.6%	0.0%	0.5%	79.0%
u.	Inpatient STAR PLUS Urban Dallas	20.1%	62.5%	0.0%	0.0%	82.6%
v.	Inpatient STAR PLUS Urban El Paso	19.7%	47.6%	0.0%	0.0%	67.3%
w.	Inpatient STAR PLUS Urban Harris	23.8%	73.9%	0.0%	0.0%	97.7%
x.	Inpatient STAR PLUS Urban Hidalgo	30.1%	49.3%	0.0%	0.0%	79.3%
y.	Inpatient STAR PLUS Urban Jefferson	23.7%	69.5%	0.0%	0.0%	93.2%
z.	Inpatient STAR PLUS Urban Lubbock	19.1%	41.0%	0.0%	4.7%	64.8%
aa.	Inpatient STAR PLUS Urban MRSA Central	28.2%	48.3%	0.0%	0.0%	76.5%
bb.	Inpatient STAR PLUS Urban MRSA Northeast	25.6%	39.4%	0.0%	0.0%	65.0%
cc.	Inpatient STAR PLUS Urban MRSA West	21.7%	38.2%	0.0%	0.0%	59.8%
dd.	Inpatient STAR PLUS Urban Nueces	30.8%	45.3%	0.0%	4.2%	80.3%
ee.	Inpatient STAR PLUS Urban Tarrant	18.6%	64.8%	0.0%	0.0%	83.4%
ff.	Inpatient STAR PLUS Urban Travis	17.1%	41.5%	0.0%	0.0%	58.6%
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TABLE 2.A.9

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.9 Inpatient STAR Kids UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Kids Children's Bexar	56.7%	43.1%	0.0%	0.0%	99.8%
b.	Inpatient STAR Kids Children's Dallas	30.1%	69.8%	0.0%	0.0%	99.9%
c.	Inpatient STAR Kids Children's El Paso	36.8%	16.9%	0.0%	0.0%	53.7%
d.	Inpatient STAR Kids Children's Harris	38.1%	61.7%	0.0%	0.0%	99.8%
e.	Inpatient STAR Kids Children's Hidalgo	13.2%	40.7%	0.0%	0.0%	53.9%
f.	Inpatient STAR Kids Children's Lubbock	48.9%	4.9%	0.0%	0.0%	53.8%
g.	Inpatient STAR Kids Children's Nueces	28.1%	71.7%	0.0%	0.0%	99.9%
h.	Inpatient STAR Kids Children's Tarrant	31.2%	22.5%	0.0%	0.0%	53.7%
i.	Inpatient STAR Kids Children's Travis	26.5%	27.5%	0.0%	0.0%	54.0%
j.	Inpatient STAR Kids Non-state-owned IMD Dallas	75.7%	13.6%	0.0%	0.0%	89.3%
k.	Inpatient STAR Kids Non-state-owned IMD Harris	76.8%	12.6%	0.0%	0.0%	89.4%
l.	Inpatient STAR Kids Non-state-owned IMD Travis	50.3%	39.7%	0.0%	0.0%	90.0%
m.	Inpatient STAR Kids Rural Hidalgo	29.8%	60.0%	0.0%	0.0%	89.8%
n.	Inpatient STAR Kids Rural MRSA Central	52.4%	37.2%	0.0%	0.0%	89.7%
o.	Inpatient STAR Kids Rural MRSA Northeast	75.0%	15.0%	0.0%	0.0%	90.0%
p.	Inpatient STAR Kids Rural Nueces	59.9%	30.0%	0.0%	0.0%	89.9%
q.	Inpatient STAR Kids State-owned IMD Harris	73.5%	26.5%	0.0%	0.0%	100.0%
r.	Inpatient STAR Kids State-owned IMD Hidalgo	17.1%	72.8%	0.0%	0.0%	89.9%
s.	Inpatient STAR Kids State-owned Non-IMD Harris	86.2%	12.9%	0.0%	0.0%	99.2%
t.	Inpatient STAR Kids State-owned Non-IMD MRSA Northeast	1.9%	98.1%	0.0%	0.0%	100.0%
u.	Inpatient STAR Kids Urban Bexar	47.1%	52.8%	0.0%	0.0%	99.9%
v.	Inpatient STAR Kids Urban Dallas	19.6%	40.9%	0.0%	0.0%	60.5%
w.	Inpatient STAR Kids Urban El Paso	23.8%	30.0%	0.0%	0.0%	53.9%
x.	Inpatient STAR Kids Urban Harris	28.6%	49.5%	0.0%	0.0%	78.1%
y.	Inpatient STAR Kids Urban Hidalgo	45.4%	50.0%	0.0%	0.0%	95.4%
z.	Inpatient STAR Kids Urban Jefferson	37.9%	51.6%	0.0%	0.0%	89.5%
aa.	Inpatient STAR Kids Urban Lubbock	35.2%	41.9%	0.0%	0.0%	77.1%
bb.	Inpatient STAR Kids Urban MRSA Central	42.3%	31.7%	0.0%	0.0%	74.0%
cc.	Inpatient STAR Kids Urban MRSA Northeast	46.9%	16.4%	0.0%	0.0%	63.3%
dd.	Inpatient STAR Kids Urban MRSA West	34.6%	28.3%	0.0%	0.0%	62.9%
ee.	Inpatient STAR Kids Urban Nueces	45.9%	33.5%	0.0%	0.0%	79.5%
ff.	Inpatient STAR Kids Urban Tarrant	38.3%	61.7%	0.0%	0.0%	100.0%
gg.	Inpatient STAR Kids Urban Travis	25.2%	38.4%	0.0%	0.0%	63.6%
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TABLE 2.A.10

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.10 Outpatient STAR UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (#.###%)	Percent (#.###%)	Percent (#.###%) or N/A	Percent (#.###%) or N/A	Percent (#.###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Children's Bexar	26.9%	50.8%	0.0%	0.0%	77.7%
b.	Outpatient STAR Children's Dallas	77.6%	21.7%	0.0%	0.0%	99.3%
c.	Outpatient STAR Children's El Paso	22.4%	71.1%	0.0%	0.0%	93.5%
d.	Outpatient STAR Children's Harris	57.8%	42.2%	0.0%	0.0%	99.9%
e.	Outpatient STAR Children's Hidalgo	27.9%	25.9%	0.0%	0.0%	53.8%
f.	Outpatient STAR Children's Lubbock	21.5%	35.6%	0.0%	0.0%	57.1%
g.	Outpatient STAR Children's Tarrant	32.3%	47.4%	0.0%	0.0%	79.7%
h.	Outpatient STAR Children's Travis	21.3%	78.7%	0.0%	0.0%	100.0%
i.	Outpatient STAR Rural Bexar	86.7%	2.6%	0.0%	0.0%	89.3%
j.	Outpatient STAR Rural Dallas	30.5%	59.4%	0.0%	0.0%	89.9%
k.	Outpatient STAR Rural Harris	88.5%	11.5%	0.0%	0.0%	100.0%
l.	Outpatient STAR Rural Hidalgo	59.6%	30.4%	0.0%	0.0%	90.0%
m.	Outpatient STAR Rural Lubbock	69.4%	30.5%	0.0%	0.0%	100.0%
n.	Outpatient STAR Rural MRSA Central	61.3%	28.2%	0.0%	0.0%	89.6%
o.	Outpatient STAR Rural MRSA Northeast	49.4%	40.2%	0.0%	0.0%	89.6%
p.	Outpatient STAR Rural MRSA West	96.3%	2.9%	0.0%	0.0%	99.2%
q.	Outpatient STAR Rural Nueces	70.2%	19.6%	0.0%	0.0%	89.8%
r.	Outpatient STAR Rural Tarrant	24.9%	64.9%	0.0%	0.0%	89.8%
s.	Outpatient STAR Rural Travis	44.0%	45.8%	0.0%	0.0%	89.8%
t.	Outpatient STAR State-owned Non-IMD Harris	52.6%	46.3%	0.0%	0.0%	98.9%
u.	Outpatient STAR State-owned Non-IMD MRSA Northeast	21.9%	68.0%	0.0%	0.0%	90.0%
v.	Outpatient STAR Urban Bexar	31.0%	69.0%	0.0%	0.0%	100.0%
w.	Outpatient STAR Urban Dallas	17.5%	67.7%	0.0%	0.0%	85.3%
x.	Outpatient STAR Urban El Paso	23.8%	60.0%	0.0%	0.0%	83.9%
y.	Outpatient STAR Urban Harris	49.0%	51.0%	0.0%	0.0%	100.0%
z.	Outpatient STAR Urban Hidalgo	51.8%	48.2%	0.0%	0.0%	100.0%
aa.	Outpatient STAR Urban Jefferson	23.0%	58.2%	0.0%	0.0%	81.2%
bb.	Outpatient STAR Urban Lubbock	29.8%	60.5%	0.0%	0.0%	90.3%
cc.	Outpatient STAR Urban MRSA Central	26.7%	55.6%	0.0%	0.0%	82.3%
dd.	Outpatient STAR Urban MRSA Northeast	20.4%	51.4%	0.0%	0.0%	71.8%
ee.	Outpatient STAR Urban MRSA West	23.2%	49.6%	0.0%	0.0%	72.7%
ff.	Outpatient STAR Urban Nueces	26.7%	57.0%	0.0%	0.0%	83.7%
gg.	Outpatient STAR Urban Tarrant	24.5%	75.3%	0.0%	0.0%	99.8%
hh.	Outpatient STAR Urban Travis	23.0%	76.8%	0.0%	0.0%	99.8%
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TABLE 2.A.11

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.11 Outpatient STAR PLUS UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR PLUS Children's Bexar	17.1%	59.6%	0.0%	0.0%	76.6%
b.	Outpatient STAR PLUS Children's Dallas	80.5%	19.3%	0.0%	0.0%	99.8%
c.	Outpatient STAR PLUS Children's El Paso	8.9%	84.3%	0.0%	0.0%	93.2%
d.	Outpatient STAR PLUS Children's Harris	51.8%	47.7%	0.0%	0.0%	99.5%
e.	Outpatient STAR PLUS Children's Hidalgo	34.9%	18.8%	0.0%	0.0%	53.7%
f.	Outpatient STAR PLUS Children's Lubbock	16.4%	41.4%	0.0%	0.0%	57.8%
g.	Outpatient STAR PLUS Children's Nueces	39.0%	15.2%	0.0%	0.0%	54.2%
h.	Outpatient STAR PLUS Children's Tarrant	22.0%	57.5%	0.0%	0.0%	79.5%
i.	Outpatient STAR PLUS Children's Travis	22.5%	77.5%	0.0%	0.0%	100.0%
j.	Outpatient STAR PLUS Rural Bexar	39.7%	50.1%	0.0%	0.0%	89.8%
k.	Outpatient STAR PLUS Rural Dallas	34.8%	55.0%	0.0%	0.0%	89.9%
l.	Outpatient STAR PLUS Rural Harris	83.5%	15.9%	0.0%	0.0%	99.4%
m.	Outpatient STAR PLUS Rural Hidalgo	45.4%	44.5%	0.0%	0.0%	90.0%
n.	Outpatient STAR PLUS Rural Jefferson	63.3%	26.3%	0.0%	0.0%	89.5%
o.	Outpatient STAR PLUS Rural Lubbock	35.4%	64.5%	0.0%	0.0%	99.9%
p.	Outpatient STAR PLUS Rural MRSA Central	72.3%	17.7%	0.0%	0.0%	90.0%
q.	Outpatient STAR PLUS Rural MRSA Northeast	55.2%	34.4%	0.0%	0.0%	89.6%
r.	Outpatient STAR PLUS Rural MRSA West	70.7%	25.4%	0.0%	0.0%	96.1%
s.	Outpatient STAR PLUS Rural Nueces	57.6%	32.0%	0.0%	0.0%	89.6%
t.	Outpatient STAR PLUS Rural Tarrant	29.0%	60.9%	0.0%	0.0%	89.9%
u.	Outpatient STAR PLUS Rural Travis	42.1%	47.6%	0.0%	0.0%	89.8%
v.	Outpatient STAR PLUS State-owned Non-IMD Harris	63.8%	35.1%	0.0%	0.0%	98.8%
w.	Outpatient STAR PLUS State-owned Non-IMD MRSA Northeast	40.6%	49.2%	0.0%	0.0%	89.8%
x.	Outpatient STAR PLUS Urban Bexar	34.1%	65.8%	0.0%	0.0%	99.9%
y.	Outpatient STAR PLUS Urban Dallas	20.1%	54.6%	0.0%	0.0%	74.6%
z.	Outpatient STAR PLUS Urban El Paso	30.6%	69.4%	0.0%	0.0%	100.0%
aa.	Outpatient STAR PLUS Urban Harris	50.7%	49.2%	0.0%	0.0%	99.9%
bb.	Outpatient STAR PLUS Urban Hidalgo	49.1%	50.6%	0.0%	0.0%	99.7%
cc.	Outpatient STAR PLUS Urban Jefferson	28.5%	54.5%	0.0%	0.0%	83.0%
dd.	Outpatient STAR PLUS Urban Lubbock	24.5%	63.0%	0.0%	0.0%	87.5%
ee.	Outpatient STAR PLUS Urban MRSA Central	30.9%	51.9%	0.0%	0.0%	82.8%
ff.	Outpatient STAR PLUS Urban MRSA Northeast	35.3%	38.9%	0.0%	0.0%	74.2%
gg.	Outpatient STAR PLUS Urban MRSA West	25.7%	43.7%	0.0%	0.0%	69.4%
hh.	Outpatient STAR PLUS Urban Nueces	41.0%	51.2%	0.0%	0.0%	92.2%
ii.	Outpatient STAR PLUS Urban Tarrant	31.2%	68.6%	0.0%	0.0%	99.7%
jj.	Outpatient STAR PLUS Urban Travis	29.2%	70.6%	0.0%	0.0%	99.7%
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TABLE 2.A.12

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.12 Outpatient STAR Kids UHRIP + ACIA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Kids Children's Bexar	23.4%	52.0%	0.0%	0.0%	75.4%
b.	Outpatient STAR Kids Children's Dallas	56.1%	43.7%	0.0%	0.0%	99.8%
c.	Outpatient STAR Kids Children's El Paso	20.6%	70.3%	0.0%	0.0%	90.9%
d.	Outpatient STAR Kids Children's Harris	35.2%	64.4%	0.0%	0.0%	99.7%
e.	Outpatient STAR Kids Children's Hidalgo	21.3%	32.6%	0.0%	0.0%	54.0%
f.	Outpatient STAR Kids Children's Lubbock	11.9%	43.7%	0.0%	0.0%	55.7%
g.	Outpatient STAR Kids Children's Nueces	42.1%	11.8%	0.0%	0.0%	53.9%
h.	Outpatient STAR Kids Children's Tarrant	31.8%	44.5%	0.0%	0.0%	76.2%
i.	Outpatient STAR Kids Children's Travis	25.4%	74.4%	0.0%	0.0%	99.8%
j.	Outpatient STAR Kids Rural Dallas	38.3%	51.7%	0.0%	0.0%	90.0%
k.	Outpatient STAR Kids Rural Hidalgo	51.9%	37.9%	0.0%	0.0%	89.9%
l.	Outpatient STAR Kids Rural Lubbock	63.9%	35.8%	0.0%	0.0%	99.6%
m.	Outpatient STAR Kids Rural MRSA Central	73.8%	15.7%	0.0%	0.0%	89.5%
n.	Outpatient STAR Kids Rural MRSA Northeast	50.8%	39.1%	0.0%	0.0%	89.9%
o.	Outpatient STAR Kids Rural MRSA West	76.7%	23.0%	0.0%	0.0%	99.8%
p.	Outpatient STAR Kids Rural Nueces	62.1%	27.8%	0.0%	0.0%	89.9%
q.	Outpatient STAR Kids Rural Tarrant	65.9%	23.7%	0.0%	0.0%	89.6%
r.	Outpatient STAR Kids Rural Travis	46.0%	43.7%	0.0%	0.0%	89.8%
s.	Outpatient STAR Kids State-owned Non-IMD Harris	62.4%	36.2%	0.0%	0.0%	98.7%
t.	Outpatient STAR Kids State-owned Non-IMD MRSA Northeast	36.6%	53.1%	0.0%	0.0%	89.7%
u.	Outpatient STAR Kids Urban Bexar	43.8%	56.0%	0.0%	0.0%	99.8%
v.	Outpatient STAR Kids Urban Dallas	23.7%	66.5%	0.0%	0.0%	90.1%
w.	Outpatient STAR Kids Urban El Paso	32.4%	48.2%	0.0%	0.0%	80.6%
x.	Outpatient STAR Kids Urban Harris	71.4%	27.9%	0.0%	0.0%	99.3%
y.	Outpatient STAR Kids Urban Hidalgo	53.5%	46.5%	0.0%	0.0%	100.0%
z.	Outpatient STAR Kids Urban Jefferson	25.3%	50.4%	0.0%	0.0%	75.8%
aa.	Outpatient STAR Kids Urban Lubbock	31.4%	54.9%	0.0%	0.0%	86.3%
bb.	Outpatient STAR Kids Urban MRSA Central	38.5%	36.5%	0.0%	0.0%	75.0%
cc.	Outpatient STAR Kids Urban MRSA Northeast	29.6%	39.4%	0.0%	0.0%	69.0%
dd.	Outpatient STAR Kids Urban MRSA West	28.7%	38.2%	0.0%	0.0%	66.8%
ee.	Outpatient STAR Kids Urban Nueces	38.9%	34.6%	0.0%	0.0%	73.6%
ff.	Outpatient STAR Kids Urban Tarrant	36.8%	60.8%	0.0%	0.0%	97.6%
gg.	Outpatient STAR Kids Urban Travis	46.1%	53.5%	0.0%	0.0%	99.6%
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TABLE 2.A.13

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.13 Inpatient STAR UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Children's Bexar	45.9%	53.7%	0.0%	0.0%	99.6%
b.	Inpatient STAR Children's Dallas	44.4%	55.5%	0.0%	0.0%	99.9%
c.	Inpatient STAR Children's El Paso	74.8%	15.2%	0.0%	0.0%	90.0%
d.	Inpatient STAR Children's Harris	39.8%	60.0%	0.0%	0.0%	99.8%
e.	Inpatient STAR Children's Hidalgo	14.6%	75.4%	0.0%	0.0%	90.0%
f.	Inpatient STAR Children's Lubbock	58.9%	31.1%	0.0%	0.0%	90.0%
g.	Inpatient STAR Children's Nueces	40.9%	58.9%	0.0%	0.0%	99.8%
h.	Inpatient STAR Children's Tarrant	26.6%	63.4%	0.0%	0.0%	90.0%
i.	Inpatient STAR Children's Travis	26.3%	63.7%	0.0%	0.0%	90.0%
j.	Inpatient STAR Non-state-owned IMD Dallas	73.2%	26.3%	0.0%	0.0%	99.5%
k.	Inpatient STAR Non-state-owned IMD Harris	59.8%	33.5%	0.0%	0.0%	93.3%
l.	Inpatient STAR Non-state-owned IMD MRSA Central	74.6%	25.4%	0.0%	0.0%	100.0%
m.	Inpatient STAR Non-state-owned IMD MRSA West	73.6%	25.8%	0.0%	0.0%	99.3%
n.	Inpatient STAR Non-state-owned IMD Nueces	28.8%	68.9%	0.0%	0.0%	97.8%
o.	Inpatient STAR Non-state-owned IMD Tarrant	54.0%	45.9%	0.0%	0.0%	100.0%
p.	Inpatient STAR Non-state-owned IMD Travis	64.0%	35.8%	0.0%	0.0%	99.9%
q.	Inpatient STAR Rural Dallas	57.8%	31.8%	0.0%	0.0%	89.7%
r.	Inpatient STAR Rural Hidalgo	80.1%	9.6%	0.0%	0.0%	89.8%
s.	Inpatient STAR Rural Tarrant	45.8%	43.9%	0.0%	0.0%	89.7%
t.	Inpatient STAR Rural Travis	69.5%	20.2%	0.0%	0.0%	89.7%
u.	Inpatient STAR State-owned IMD Dallas	85.7%	13.7%	0.0%	0.0%	99.4%
v.	Inpatient STAR State-owned IMD Harris	60.1%	39.7%	0.0%	0.0%	99.7%
w.	Inpatient STAR State-owned Non-IMD Harris	89.2%	10.7%	0.0%	0.0%	99.9%
x.	Inpatient STAR State-owned Non-IMD MRSA Northeast	31.5%	68.4%	0.0%	0.0%	99.9%
y.	Inpatient STAR Urban Bexar	34.4%	42.7%	0.0%	12.9%	90.0%
z.	Inpatient STAR Urban Dallas	24.9%	56.8%	0.0%	8.3%	90.0%
aa.	Inpatient STAR Urban El Paso	24.2%	47.0%	0.0%	18.8%	90.0%
bb.	Inpatient STAR Urban Harris	30.6%	58.7%	0.0%	4.7%	93.9%
cc.	Inpatient STAR Urban Hidalgo	38.9%	51.1%	0.0%	0.0%	90.0%
dd.	Inpatient STAR Urban Jefferson	30.5%	60.4%	0.0%	0.0%	90.9%
ee.	Inpatient STAR Urban Lubbock	34.2%	0.4%	0.0%	55.4%	90.0%
ff.	Inpatient STAR Urban MRSA Central	29.7%	60.3%	0.0%	0.0%	90.0%
gg.	Inpatient STAR Urban MRSA Northeast	27.5%	62.5%	0.0%	0.0%	90.0%
hh.	Inpatient STAR Urban MRSA West	31.7%	48.6%	0.0%	9.7%	90.0%
ii.	Inpatient STAR Urban Nueces	30.4%	41.5%	0.0%	18.1%	90.0%
jj.	Inpatient STAR Urban Tarrant	26.3%	63.7%	0.0%	0.0%	90.0%
kk.	Inpatient STAR Urban Travis	32.3%	57.7%	0.0%	0.0%	90.0%
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TABLE 2.A.13

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TABLE 2.A.14

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.14 Inpatient STAR PLUS UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR PLUS Children's Bexar	12.7%	87.2%	0.0%	0.0%	99.9%
b.	Inpatient STAR PLUS Children's Dallas	14.6%	85.3%	0.0%	0.0%	99.9%
c.	Inpatient STAR PLUS Children's El Paso	0.4%	89.6%	0.0%	0.0%	90.0%
d.	Inpatient STAR PLUS Children's Lubbock	8.5%	81.5%	0.0%	0.0%	90.0%
e.	Inpatient STAR PLUS Children's Tarrant	8.7%	81.3%	0.0%	0.0%	90.0%
f.	Inpatient STAR PLUS Children's Travis	15.9%	74.1%	0.0%	0.0%	90.0%
g.	Inpatient STAR PLUS Rural Bexar	41.6%	56.2%	0.0%	0.0%	97.8%
h.	Inpatient STAR PLUS Rural Dallas	36.2%	53.6%	0.0%	0.0%	89.8%
i.	Inpatient STAR PLUS Rural Harris	98.5%	1.0%	0.0%	0.0%	99.5%
j.	Inpatient STAR PLUS Rural Hidalgo	56.8%	33.0%	0.0%	0.0%	89.8%
k.	Inpatient STAR PLUS Rural Jefferson	92.2%	7.4%	0.0%	0.0%	99.6%
l.	Inpatient STAR PLUS Rural Lubbock	91.5%	8.2%	0.0%	0.0%	99.7%
m.	Inpatient STAR PLUS Rural MRSA Central	87.1%	2.6%	0.0%	0.0%	89.7%
n.	Inpatient STAR PLUS Rural MRSA Northeast	67.8%	22.0%	0.0%	0.0%	89.8%
o.	Inpatient STAR PLUS Rural Nueces	51.4%	47.3%	0.0%	0.0%	98.7%
p.	Inpatient STAR PLUS Rural Tarrant	22.9%	67.0%	0.0%	0.0%	89.8%
q.	Inpatient STAR PLUS Rural Travis	88.8%	0.9%	0.0%	0.0%	89.7%
r.	Inpatient STAR PLUS State-owned Non-IMD Harris	90.0%	9.9%	0.0%	0.0%	99.9%
s.	Inpatient STAR PLUS State-owned Non-IMD MRSA Northeast	74.3%	25.3%	0.0%	0.0%	99.6%
t.	Inpatient STAR PLUS Urban Bexar	25.9%	63.6%	0.0%	0.5%	90.0%
u.	Inpatient STAR PLUS Urban Dallas	20.1%	69.8%	0.0%	0.0%	89.9%
v.	Inpatient STAR PLUS Urban El Paso	19.7%	70.3%	0.0%	0.0%	90.0%
w.	Inpatient STAR PLUS Urban Harris	23.8%	73.9%	0.0%	0.0%	97.7%
x.	Inpatient STAR PLUS Urban Hidalgo	30.1%	59.9%	0.0%	0.0%	90.0%
y.	Inpatient STAR PLUS Urban Jefferson	23.7%	69.5%	0.0%	0.0%	93.2%
z.	Inpatient STAR PLUS Urban Lubbock	19.1%	66.2%	0.0%	4.7%	90.0%
aa.	Inpatient STAR PLUS Urban MRSA Central	28.2%	61.8%	0.0%	0.0%	90.0%
bb.	Inpatient STAR PLUS Urban MRSA Northeast	25.6%	64.4%	0.0%	0.0%	90.0%
cc.	Inpatient STAR PLUS Urban MRSA West	21.7%	68.3%	0.0%	0.0%	90.0%
dd.	Inpatient STAR PLUS Urban Nueces	30.8%	55.0%	0.0%	4.2%	90.0%
ee.	Inpatient STAR PLUS Urban Tarrant	18.6%	71.4%	0.0%	0.0%	90.0%
ff.	Inpatient STAR PLUS Urban Travis	17.1%	72.9%	0.0%	0.0%	90.0%
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TABLE 2.A.15

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.15 Inpatient STAR Kids UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Inpatient STAR Kids Children's Bexar	56.7%	43.1%	0.0%	0.0%	99.8%
b.	Inpatient STAR Kids Children's Dallas	30.1%	69.8%	0.0%	0.0%	99.9%
c.	Inpatient STAR Kids Children's El Paso	36.8%	53.2%	0.0%	0.0%	90.0%
d.	Inpatient STAR Kids Children's Harris	38.1%	61.7%	0.0%	0.0%	99.8%
e.	Inpatient STAR Kids Children's Hidalgo	13.2%	76.8%	0.0%	0.0%	90.0%
f.	Inpatient STAR Kids Children's Lubbock	48.9%	41.1%	0.0%	0.0%	90.0%
g.	Inpatient STAR Kids Children's Nueces	28.1%	71.7%	0.0%	0.0%	99.9%
h.	Inpatient STAR Kids Children's Tarrant	31.2%	58.8%	0.0%	0.0%	90.0%
i.	Inpatient STAR Kids Children's Travis	26.5%	63.5%	0.0%	0.0%	90.0%
j.	Inpatient STAR Kids Non-state-owned IMD Dallas	75.7%	13.6%	0.0%	0.0%	89.3%
k.	Inpatient STAR Kids Non-state-owned IMD Harris	76.8%	12.6%	0.0%	0.0%	89.4%
l.	Inpatient STAR Kids Non-state-owned IMD Travis	50.3%	39.7%	0.0%	0.0%	90.0%
m.	Inpatient STAR Kids Rural Hidalgo	29.8%	60.0%	0.0%	0.0%	89.8%
n.	Inpatient STAR Kids Rural MRSA Central	52.4%	37.2%	0.0%	0.0%	89.7%
o.	Inpatient STAR Kids Rural MRSA Northeast	75.0%	15.0%	0.0%	0.0%	90.0%
p.	Inpatient STAR Kids Rural Nueces	59.9%	30.0%	0.0%	0.0%	89.9%
q.	Inpatient STAR Kids State-owned IMD Harris	73.5%	26.5%	0.0%	0.0%	100.0%
r.	Inpatient STAR Kids State-owned IMD Hidalgo	17.1%	72.8%	0.0%	0.0%	89.9%
s.	Inpatient STAR Kids State-owned Non-IMD Harris	86.2%	12.9%	0.0%	0.0%	99.2%
t.	Inpatient STAR Kids State-owned Non-IMD MRSA Northeast	1.9%	98.1%	0.0%	0.0%	100.0%
u.	Inpatient STAR Kids Urban Bexar	47.1%	52.8%	0.0%	0.0%	99.9%
v.	Inpatient STAR Kids Urban Dallas	19.6%	70.4%	0.0%	0.0%	90.0%
w.	Inpatient STAR Kids Urban El Paso	23.8%	66.2%	0.0%	0.0%	90.0%
x.	Inpatient STAR Kids Urban Harris	28.6%	61.4%	0.0%	0.0%	90.0%
y.	Inpatient STAR Kids Urban Hidalgo	45.4%	50.0%	0.0%	0.0%	95.4%
z.	Inpatient STAR Kids Urban Jefferson	37.9%	52.1%	0.0%	0.0%	90.0%
aa.	Inpatient STAR Kids Urban Lubbock	35.2%	54.8%	0.0%	0.0%	90.0%
bb.	Inpatient STAR Kids Urban MRSA Central	42.3%	47.7%	0.0%	0.0%	90.0%
cc.	Inpatient STAR Kids Urban MRSA Northeast	46.9%	43.1%	0.0%	0.0%	89.9%
dd.	Inpatient STAR Kids Urban MRSA West	34.6%	55.4%	0.0%	0.0%	90.0%
ee.	Inpatient STAR Kids Urban Nueces	45.9%	44.1%	0.0%	0.0%	90.0%
ff.	Inpatient STAR Kids Urban Tarrant	38.3%	61.7%	0.0%	0.0%	100.0%
gg.	Inpatient STAR Kids Urban Travis	25.2%	64.8%	0.0%	0.0%	90.0%
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TABLE 2.A.16

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.16 Outpatient STAR UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Children's Bexar	26.9%	63.1%	0.0%	0.0%	90.0%
b.	Outpatient STAR Children's Dallas	77.6%	21.7%	0.0%	0.0%	99.3%
c.	Outpatient STAR Children's El Paso	22.4%	71.1%	0.0%	0.0%	93.5%
d.	Outpatient STAR Children's Harris	57.8%	42.2%	0.0%	0.0%	99.9%
e.	Outpatient STAR Children's Hidalgo	27.9%	62.1%	0.0%	0.0%	90.0%
f.	Outpatient STAR Children's Lubbock	21.5%	68.5%	0.0%	0.0%	90.0%
g.	Outpatient STAR Children's Nueces	63.4%	26.6%	0.0%	0.0%	90.0%
h.	Outpatient STAR Children's Tarrant	32.3%	57.7%	0.0%	0.0%	90.0%
i.	Outpatient STAR Children's Travis	21.3%	78.7%	0.0%	0.0%	100.0%
j.	Outpatient STAR Rural Bexar	86.7%	2.6%	0.0%	0.0%	89.3%
k.	Outpatient STAR Rural Dallas	30.5%	59.4%	0.0%	0.0%	89.9%
l.	Outpatient STAR Rural Harris	88.5%	11.5%	0.0%	0.0%	100.0%
m.	Outpatient STAR Rural Hidalgo	59.6%	30.4%	0.0%	0.0%	90.0%
n.	Outpatient STAR Rural Lubbock	69.4%	30.5%	0.0%	0.0%	100.0%
o.	Outpatient STAR Rural MRSA Central	61.3%	28.2%	0.0%	0.0%	89.6%
p.	Outpatient STAR Rural MRSA Northeast	49.4%	40.2%	0.0%	0.0%	89.6%
q.	Outpatient STAR Rural MRSA West	96.3%	2.9%	0.0%	0.0%	99.2%
r.	Outpatient STAR Rural Nueces	70.2%	19.6%	0.0%	0.0%	89.8%
s.	Outpatient STAR Rural Tarrant	24.9%	64.9%	0.0%	0.0%	89.8%
t.	Outpatient STAR Rural Travis	44.0%	45.8%	0.0%	0.0%	89.8%
u.	Outpatient STAR State-owned Non-IMD Harris	52.6%	46.3%	0.0%	0.0%	98.9%
v.	Outpatient STAR State-owned Non-IMD MRSA Northeast	21.9%	68.0%	0.0%	0.0%	90.0%
w.	Outpatient STAR Urban Bexar	31.0%	69.0%	0.0%	0.0%	100.0%
x.	Outpatient STAR Urban Dallas	17.5%	72.4%	0.0%	0.0%	89.9%
y.	Outpatient STAR Urban El Paso	23.8%	66.2%	0.0%	0.0%	90.0%
z.	Outpatient STAR Urban Harris	49.0%	51.0%	0.0%	0.0%	100.0%
aa.	Outpatient STAR Urban Hidalgo	51.8%	48.2%	0.0%	0.0%	100.0%
bb.	Outpatient STAR Urban Jefferson	23.0%	67.0%	0.0%	0.0%	90.0%
cc.	Outpatient STAR Urban Lubbock	29.8%	60.5%	0.0%	0.0%	90.3%
dd.	Outpatient STAR Urban MRSA Central	26.7%	63.3%	0.0%	0.0%	90.0%
ee.	Outpatient STAR Urban MRSA Northeast	20.4%	68.9%	0.0%	0.0%	89.3%
ff.	Outpatient STAR Urban MRSA West	23.2%	66.8%	0.0%	0.0%	90.0%
gg.	Outpatient STAR Urban Nueces	26.7%	63.3%	0.0%	0.0%	90.0%
hh.	Outpatient STAR Urban Tarrant	24.5%	75.3%	0.0%	0.0%	99.8%
ii.	Outpatient STAR Urban Travis	23.0%	76.8%	0.0%	0.0%	99.8%
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TABLE 2.A.16

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TABLE 2.A.17

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.17 Outpatient STAR PLUS UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR PLUS Children's Bexar	17.1%	72.9%	0.0%	0.0%	90.0%
b.	Outpatient STAR PLUS Children's Dallas	80.5%	19.3%	0.0%	0.0%	99.8%
c.	Outpatient STAR PLUS Children's El Paso	8.9%	84.3%	0.0%	0.0%	93.2%
d.	Outpatient STAR PLUS Children's Harris	51.8%	47.7%	0.0%	0.0%	99.5%
e.	Outpatient STAR PLUS Children's Hidalgo	34.9%	55.1%	0.0%	0.0%	90.0%
f.	Outpatient STAR PLUS Children's Lubbock	16.4%	73.6%	0.0%	0.0%	90.0%
g.	Outpatient STAR PLUS Children's Nueces	39.0%	51.0%	0.0%	0.0%	90.0%
h.	Outpatient STAR PLUS Children's Tarrant	22.0%	68.0%	0.0%	0.0%	90.0%
i.	Outpatient STAR PLUS Children's Travis	22.5%	77.5%	0.0%	0.0%	100.0%
j.	Outpatient STAR PLUS Rural Bexar	39.7%	50.1%	0.0%	0.0%	89.8%
k.	Outpatient STAR PLUS Rural Dallas	34.8%	55.0%	0.0%	0.0%	89.9%
l.	Outpatient STAR PLUS Rural Harris	83.5%	15.9%	0.0%	0.0%	99.4%
m.	Outpatient STAR PLUS Rural Hidalgo	45.4%	44.5%	0.0%	0.0%	90.0%
n.	Outpatient STAR PLUS Rural Jefferson	63.3%	26.3%	0.0%	0.0%	89.5%
o.	Outpatient STAR PLUS Rural Lubbock	35.4%	64.5%	0.0%	0.0%	99.9%
p.	Outpatient STAR PLUS Rural MRSA Central	72.3%	17.7%	0.0%	0.0%	90.0%
q.	Outpatient STAR PLUS Rural MRSA Northeast	55.2%	34.4%	0.0%	0.0%	89.6%
r.	Outpatient STAR PLUS Rural MRSA West	70.7%	25.4%	0.0%	0.0%	96.1%
s.	Outpatient STAR PLUS Rural Nueces	57.6%	32.0%	0.0%	0.0%	89.6%
t.	Outpatient STAR PLUS Rural Tarrant	29.0%	60.9%	0.0%	0.0%	89.9%
u.	Outpatient STAR PLUS Rural Travis	42.1%	47.6%	0.0%	0.0%	89.8%
v.	Outpatient STAR PLUS State-owned Non-IMD Harris	63.8%	35.1%	0.0%	0.0%	98.8%
w.	Outpatient STAR PLUS State-owned Non-IMD MRSA Northeast	40.6%	49.2%	0.0%	0.0%	89.8%
x.	Outpatient STAR PLUS Urban Bexar	34.1%	65.8%	0.0%	0.0%	99.9%
y.	Outpatient STAR PLUS Urban Dallas	20.1%	69.8%	0.0%	0.0%	89.8%
z.	Outpatient STAR PLUS Urban El Paso	30.6%	69.4%	0.0%	0.0%	100.0%
aa.	Outpatient STAR PLUS Urban Harris	50.7%	49.2%	0.0%	0.0%	99.9%
bb.	Outpatient STAR PLUS Urban Hidalgo	49.1%	50.6%	0.0%	0.0%	99.7%
cc.	Outpatient STAR PLUS Urban Jefferson	28.5%	61.5%	0.0%	0.0%	90.0%
dd.	Outpatient STAR PLUS Urban Lubbock	24.5%	65.5%	0.0%	0.0%	90.0%
ee.	Outpatient STAR PLUS Urban MRSA Central	30.9%	59.1%	0.0%	0.0%	90.0%
ff.	Outpatient STAR PLUS Urban MRSA Northeast	35.3%	54.5%	0.0%	0.0%	89.8%
gg.	Outpatient STAR PLUS Urban MRSA West	25.7%	64.3%	0.0%	0.0%	90.0%
hh.	Outpatient STAR PLUS Urban Nueces	41.0%	51.2%	0.0%	0.0%	92.2%
ii.	Outpatient STAR PLUS Urban Tarrant	31.2%	68.6%	0.0%	0.0%	99.7%
jj.	Outpatient STAR PLUS Urban Travis	29.2%	70.6%	0.0%	0.0%	99.7%
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TABLE 2.A.17

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TABLE 2.A.18

PREPRINT SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS						
ADDENDUM TABLE 2.A. PROVIDER PAYMENT ANALYSES						
Directions	2. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22 of the State Directed Payment preprint file), please use the rows in Table 2.A below to add provider classes to Table 2 and an analysis showing the impact of the SDP on payment levels for each additional provider class. States may also use Table 2.A in lieu of completing Table 2 in the preprint. Input data only in beige cells in columns B - G.					
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 2. in the preprint, please delete Tabs 1.A and 3.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.					
	TABLE 2.A.18 Outpatient STAR Kids UHRIP + ACIA + APHRIQA Payment Levels Compared to ACR UPL					
Column1	Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of SDP	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
Data Format	Free text	Percent (###%)	Percent (###%)	Percent (###%) or N/A	Percent (###%) or N/A	Percent (###%)
Example:	Rural Inpatient Hospital Services	80.0%	20.0%	N/A	N/A	100.0%
a.	Outpatient STAR Kids Children's Bexar	23.4%	66.6%	0.0%	0.0%	90.0%
b.	Outpatient STAR Kids Children's Dallas	56.1%	43.7%	0.0%	0.0%	99.8%
c.	Outpatient STAR Kids Children's El Paso	20.6%	70.3%	0.0%	0.0%	90.9%
d.	Outpatient STAR Kids Children's Harris	35.2%	64.4%	0.0%	0.0%	99.7%
e.	Outpatient STAR Kids Children's Hidalgo	21.3%	68.7%	0.0%	0.0%	90.0%
f.	Outpatient STAR Kids Children's Lubbock	11.9%	78.1%	0.0%	0.0%	90.0%
g.	Outpatient STAR Kids Children's Nueces	42.1%	47.9%	0.0%	0.0%	90.0%
h.	Outpatient STAR Kids Children's Tarrant	31.8%	58.2%	0.0%	0.0%	90.0%
i.	Outpatient STAR Kids Children's Travis	25.4%	74.4%	0.0%	0.0%	99.8%
j.	Outpatient STAR Kids Rural Dallas	38.3%	51.7%	0.0%	0.0%	90.0%
k.	Outpatient STAR Kids Rural Hidalgo	51.9%	37.9%	0.0%	0.0%	89.9%
l.	Outpatient STAR Kids Rural Lubbock	63.9%	35.8%	0.0%	0.0%	99.6%
m.	Outpatient STAR Kids Rural MRSA Central	73.8%	15.7%	0.0%	0.0%	89.5%
n.	Outpatient STAR Kids Rural MRSA Northeast	50.8%	39.1%	0.0%	0.0%	89.9%
o.	Outpatient STAR Kids Rural MRSA West	76.7%	23.0%	0.0%	0.0%	99.8%
p.	Outpatient STAR Kids Rural Nueces	62.1%	27.8%	0.0%	0.0%	89.9%
q.	Outpatient STAR Kids Rural Tarrant	65.9%	23.7%	0.0%	0.0%	89.6%
r.	Outpatient STAR Kids Rural Travis	46.0%	43.7%	0.0%	0.0%	89.8%
s.	Outpatient STAR Kids State-owned Non-IMD Harris	62.4%	36.2%	0.0%	0.0%	98.7%
t.	Outpatient STAR Kids State-owned Non-IMD MRSA Northeast	36.6%	53.1%	0.0%	0.0%	89.7%
u.	Outpatient STAR Kids Urban Bexar	43.8%	56.0%	0.0%	0.0%	99.8%
v.	Outpatient STAR Kids Urban Dallas	23.7%	66.5%	0.0%	0.0%	90.1%
w.	Outpatient STAR Kids Urban El Paso	32.4%	57.6%	0.0%	0.0%	90.0%
x.	Outpatient STAR Kids Urban Harris	71.4%	27.9%	0.0%	0.0%	99.3%
y.	Outpatient STAR Kids Urban Hidalgo	53.5%	46.5%	0.0%	0.0%	100.0%
z.	Outpatient STAR Kids Urban Jefferson	25.3%	64.7%	0.0%	0.0%	90.0%
aa.	Outpatient STAR Kids Urban Lubbock	31.4%	58.6%	0.0%	0.0%	90.0%
bb.	Outpatient STAR Kids Urban MRSA Central	38.5%	51.5%	0.0%	0.0%	90.0%
cc.	Outpatient STAR Kids Urban MRSA Northeast	29.6%	59.6%	0.0%	0.0%	89.2%
dd.	Outpatient STAR Kids Urban MRSA West	28.7%	61.3%	0.0%	0.0%	90.0%
ee.	Outpatient STAR Kids Urban Nueces	38.9%	51.1%	0.0%	0.0%	90.0%
ff.	Outpatient STAR Kids Urban Tarrant	36.8%	60.8%	0.0%	0.0%	97.6%
gg.	Outpatient STAR Kids Urban Travis	46.1%	53.5%	0.0%	0.0%	99.6%
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TABLE 2.A.18

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TABLE 4.A

PREPRINT SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE ADDENDUM TABLE 4.A. IGT TRANSFERRING ENTITIES							
<i>Directions</i>	4. Use Table 4.A below to add IGT transferring agencies to Table 4. States may also use Table 4.A in lieu of completing Table 4 in the preprint. Provide the following (respond to each column for all entities transferring funds). Input data only in beige cells in columns B - H.						
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 4 in the preprint, please delete Tabs 1.A - 3.A and 5.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.						
	TABLE 4.A: IGT Transferring Entities						
	Note 1 from HHSC: Amounts in the table below are suggested IGT amounts for SFY25.						
Column1	Name of Entity transferring funds (enter each on a separate line)	Operational nature of the Transferring Entity (State, County, City, Other)	Total Amounts Transferred by This Entity	Does the Transferring Entity have General Taxing Authority? (Yes or No)	Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations	Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)	Notes
Data Format	Free text	Set values (select one)	Dollar (\$x,xxx,xxx.00)	Set values (select one)	Free text	Set values (select one)	Free text
i.	ANDREWS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,878,593.12	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
ii.	ANSON HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 227,230.49	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
iii.	BALLINGER MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 335,629.90	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
iv.	BAYLOR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 502,363.43	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
v.	BELLVILLE HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 878,810.71	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
vi.	BEXAR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 379,568,527.50	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
vii.	BOSQUE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 194,463.26	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
viii.	CALHOUN COUNTY	County	\$ 3,126,415.82	Yes	Yes, Local and State GR appropriations	Yes	
ix.	CASTRO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 545,822.53	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
x.	CHILDRESS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,000,010.93	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xi.	CLAY COUNTY	County	\$ 728,469.73	Yes	Yes, Local and State GR appropriations	Yes	
xii.	COLEMAN COUNTY MEDICAL CENTER HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 489,314.56	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xiii.	COMANCHE COUNTY CONSOLIDATED HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,156,813.64	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xiv.	CONCHO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 204,767.10	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xv.	CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY	Other (specify in "Notes" column)	\$ 964,216.56	No	Yes, Local and State GR appropriations	Yes	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.
xvi.	COUNTY OF VICTORIA	County	\$ 36,941,166.24	Yes	Yes, Local and State GR appropriations	Yes	

TABLE 4.A

xvii.	COUNTY OF WARD	County	\$ 1,036,475.43	Yes	Yes, Local and State GR appropriations	Yes	
xviii.	COUNTY OF YOAKUM	County	\$ 1,407,792.37	Yes	Yes, Local and State GR appropriations	Yes	
xix.	CRANE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 444,145.33	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xx.	DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 972,495.00	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxi.	DALLAS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 936,203,889.56	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxii.	DAWSON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,652,449.66	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxiii.	DEAF SMITH COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 10,499,183.74	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxiv.	DEWITT MEDICAL DISTRICT	Other (specify in "Notes" column)	\$ 4,111,086.82	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxv.	DIMMIT REGIONAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 5,636,225.46	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxvi.	EASTLAND MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,766,803.93	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxvii.	ECTOR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 40,030,926.23	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxviii.	EL PASO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 48,620,995.12	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxix.	ELECTRA HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 659,024.39	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxx.	FAIRFIELD HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 933,494.09	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxi.	FALLS COUNTY	County	\$ 1,390,794.60	Yes	Yes, Local and State GR appropriations	Yes	
xxxii.	FANNIN COUNTY HOSPITAL AUTHORITY	Other (specify in "Notes" column)	\$ 2,032,291.50	No	Yes, Local and State GR appropriations	Yes	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.
xxxiii.	FISHER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 353,621.04	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxiv.	FRIO HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,132,841.87	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxv.	GAINESVILLE HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 4,265,274.81	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxvi.	GONZALES HEALTHCARE SYSTEMS	Other (specify in "Notes" column)	\$ 2,709,720.00	Yes	Yes, Local and State GR appropriations	Yes	Gonzales Healthcare Systems is a hospital district. Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxvii.	GUADALUPE COUNTY HOSPITAL BOARD	Other (specify in "Notes" column)	\$ 30,347,696.99	Yes	Yes, Local and State GR appropriations	Yes	The Board is the governing board of a public hospital. Members of the Board are appointed by the City of Seguin, Guadalupe County, or jointly by the county and the city. The hospital is a unit of local government.

TABLE 4.A

xxxviii.	HAMILTON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,276,409.07	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xxxix.	HANSFORD COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 372,246.35	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.	HARDEMAN COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 740,923.79	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xli.	HARRIS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 350,498,551.18	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.ii.	HASKELL COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 20,893.08	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.iii.	HUNT MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 58,836,300.61	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.iv.	HUTCHINSON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 17,361,260.72	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.v.	IRAAN GENERAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 139,225.26	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.vi.	JACK COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,153,023.15	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.vii.	JACKSON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 179,902.48	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.viii.	KARNES COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,198,122.45	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xl.ix.	KIMBLE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 362,506.16	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
l.	KNOX COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 270,383.28	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
li.	LAMB COUNTY	County	\$ 3,729,229.64	Yes	Yes, Local and State GR appropriations	Yes	
lii.	LAVACA HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 84,340.70	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lii.iii.	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	Other (specify in "Notes" column)	\$ 126,465.53	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lii.iv.	LOCKNEY GENERAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 902,157.43	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lii.v.	LUBBOCK COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 20,546,151.95	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lii.vi.	MARTIN COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,409,799.88	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lii.vii.	MATAGORDA COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 6,757,239.81	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.

TABLE 4.A

lviii.	MCCULLOCH COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 13,427,524.21	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lix.	MEDINA COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 5,077,638.45	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lx.	MIDLAND COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 278,343,091.59	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxi.	MITCHELL COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 213,726.58	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxii.	MULESHOE AREA HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 773,230.00	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxiii.	NACOGDOCHES COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 292,480.25	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxiv.	NOCONA GENERAL HOSPITAL	Other (specify in "Notes" column)	\$ 447,714.26	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxv.	NOLAN COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,112,952.55	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxvi.	NORTH RUNNELS HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 121,529.35	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxvii.	NUECES COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 135,321,893.81	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxviii.	OAKBEND MEDICAL CENTER	Other (specify in "Notes" column)	\$ 53,770,582.75	Yes	Yes, Local and State GR appropriations	Yes	OakBend Medical Center is a hospital authority created in accordance with Chapter 262, Texas Health and Safety Code. OakBend Medical Center was originally named the Polly Ryon Memorial Hospital and operated under the jurisdiction of the Polly Ryon Hospital Authority. Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue. OakBend Medical Center is considered a local governmental unit under state law. See Oakbend Med. Ctr. v. Martinez, 515 S.W.3d 536.
lxix.	OCHILTREE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 614,598.70	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxx.	OLNEY-HAMILTON HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 465,856.29	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxi.	PALO PINTO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,866,441.92	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxii.	PECOS COUNTY MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 209,668.17	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxiii.	REEVES COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$997,068.54	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxiv.	RICE HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$264,509.43	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxv.	SABINE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,086,254.49	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.

TABLE 4.A

lxxvi.	SCURRY COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,350,211.73	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxvii.	SEMINOLE HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,440,178.40	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxviii.	STARR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,666,022.35	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxix.	STEPHENS MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 673,746.21	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxx.	STONEWALL MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 208,112.95	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxi.	SUTTON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 721,220.35	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxii.	SWEENEY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,750,386.05	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxiii.	SWISHER MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 893,495.37	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxiv.	TARRANT COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 435,719,645.61	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxv.	TERRY MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 4,649,603.46	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxvi.	THE UNIVERSITY OF TEXAS MEDICAL BRANCH-GALVESTON	Other (specify in "Notes" column)	\$ 353,501,978.13	No	Yes, Local and State GR appropriations	Yes	State University System
lxxxvii.	TITUS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 19,462,614.27	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
lxxxviii.	UT HEALTH SCIENCE CENTER AT TYLER	State	\$ 15,968,785.00	No	Yes, Local and State GR appropriations	Yes	State University System
lxxxix.	UT SOUTHWESTERN MEDICAL CENTER	State	\$ 284,895,944.23	No	Yes, Local and State GR appropriations	Yes	State University System
xc.	UVALDE COUNTY HOSPITAL AUTHORITY	Other (specify in "Notes" column)	\$ 14,223,320.22	No	Yes, Local and State GR appropriations	Yes	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.
xci.	VAL VERDE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 14,214,174.86	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xcii.	WALKER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 2,223,005.65	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xciii.	WEST WHARTON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 3,556,713.74	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xciv.	WILSON COUNTY MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 5,052,594.61	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xcv.	YOAKUM HOSPITAL DISTRICT	Other (specify in "Notes" column)	\$ 1,194,031.59	Yes	Yes, Local and State GR appropriations	Yes	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.
xcvi.	AUSTIN STATE HOSPITAL	State	\$ 2,953,216.57	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.

TABLE 4.A

xcvii.	EL PASO PSYCHIATRIC CENTER	State	\$ 451,371.04	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
xcviii.	NORTH TEXAS STATE HOSPITAL/VERNON	State	\$ 2,886,981.60	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
xcix.	NORTH TEXAS STATE HOSPITAL/WICHITA	State	\$ 775,980.46	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
c.	RIO GRANDE STATE CENTER	State	\$ 11,548.13	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
ci.	SAN ANTONIO STATE HOSPITAL	State	\$ 394,067.92	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
cii.	TERRELL STATE HOSPITAL	State	\$ 10,982,589.83	No	\$ 542,464,655.00	Yes	State general revenue funds are not appropriated to individual state hospitals; therefore, the appropriation amount in column F is the amount appropriated for all state hospitals for FY 23.
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TABLE 4.A

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Table 5.A

PREPRINT SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE							
ADDENDUM TABLE 5.A. HEALTH CARE-RELATED PROVIDER TAX/ASSESSMENT(S)							
Directions	<p>5. Use Table 5.A below to add health care-related provider tax/assessments to Table 5 for any SDPs funded by provider taxes/assessments (option c in Question 34). States may also use Table 5.A in lieu of completing Table 5 in the preprint. Provide the following (respond to each column for all entries). Input data only in beige cells in columns B - H. Please note, states and actuaries should consult the most recent Medicaid Managed Care Rate Development Guide (https://www.medicaid.gov/medicaid/managed-care/guidance/rate-review-and-rate-guides/index.html) for how to document SDPs in actuarial rate certification(s). The actuary's certification must contain all of the information outlined; if all required documentation is not included, review of the certification will likely be delayed.</p> <p>States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 5 in the preprint, please delete Tabs 1.A - 4.A and 6.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.</p>						
TABLE 5.A: Health Care-Related Provider Tax/Assessment(s)							
<p>Note 1 from HHSC: Entities are those that participated in FY2024 transfers. This table can be updated if FY2024 entities differ, upon request.</p> <p>Note 2 from HHSC: Amounts on table 4.A include CHIRP FY2025 transfers from a local governmental entity's (LGE's) general IGT account. Any funds generated through a locally administered health care-related tax (called Local Provider Participation Fund or LPPF) are required to be transferred via IGT from a separate LGE-LPPF account. Please note that because CMS has segregated the tables based on IGT and health care-related taxes, the entities listed here are LGEs that transfer via IGT funds generated from an LPPF.</p> <p>Note 3 from HHSC: All LPPFs are administered by LGEs; HHSC responses below are based on data collected from LGEs. Column H responses indicate conformity with 42 C.F.R. §433.68(f).</p>							
Column1	Name of the Health Care-Related Provider Tax/Assessment (enter each on a separate line)	Identify the permissible class for this tax/assessment	Is the tax/assessment broad-based?	Is the tax/assessment uniform?	Is the tax/assessment under the 6% indirect hold harmless limit?	If not under the 6% indirect hold harmless limit, does it pass the "75/75" test?	Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?
Data Format	Free text	Free text	Set values (select one)	Set values (select one)	Set values (select one)	Set values (select one)	Set values (select one)
i.	Angelina County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
ii.	Bell County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
iv.	Bexar County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
v.	Bowie County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
vi.	Brazos County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
vii.	Cameron County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
viii.	Cherokee County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
ix.	City of Amarillo Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
x.	Collin County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xi.	Dallas County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xii.	El Paso County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xiii.	Ellis County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No

Table 5.A

xiv.	Grayson County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xv.	Gregg County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xvi.	Harris County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xvii.	Hays County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xviii.	Hidalgo County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xix.	Jefferson County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xx.	Lubbock County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxi.	McLennan County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxii.	Nacogdoches County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxiii.	Northeast Health Care Provider Participation (HCPP) District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxiv.	Nueces County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxv.	Smith County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxvi.	Tarrant County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxvii.	Taylor County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xviii.	Tom Green County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxix.	Travis County Hospital District	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxx.	Webb County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxxi.	Wichita County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
xxxii.	Williamson County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
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Table 5.A

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Table 5.A

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Table 5.A

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Table 7.A

PREPRINT SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS				
ADDENDUM TABLE 7.A. PAYMENT ARRANGEMENT QUALITY STRATEGY GOALS AND OBJECTIVES				
<i>Directions</i>	7. Use Table 7.A below to add any goal(s) and objective(s) this payment arrangement is expected to advance as they appear in the state Quality Strategy (include page numbers). States may also use Table 7.A in lieu of completing Table 7 in the preprint. Input data only in beige cells in the three columns.			
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 7 in the preprint, please delete Tabs 1.A - 6.A and 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.			
	TABLE 7.A: Payment Arrangement Quality Strategy Goals and Objectives			
Column1	Goal(s)	Objective(s)	Quality strategy page #	
Data Format	Free text	Free text	Free text	
<i>Example:</i>	Improve care coordination for enrollees with behavioral health conditions	Increase the number of managed care patients receiving follow-up behavior health counseling by 15%	pp. 20-22	
a.	Promote optimal health through prevention and by engaging people, families, communities, and the health care system to optimize health outcomes.	Increase access to and use of preventive and primary care, including through telehealth Increase screening for chronic disease, behavioral health conditions, and substance use disorders Address non-medical drivers of health	p. 3	
b.	Keep patients free from harm by building a safer healthcare system.	Reduce avoidable complications or adverse health care events in all care settings Reduce severe maternal morbidity Reduce unnecessary cesarean sections	p. 3	

Table 7.A

c.	Promote effective practices for people with chronic, complex, and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs.	<p>Reduce avoidable hospital readmissions</p> <p>Improve the treatment and management of chronic physical health condition or serious illness</p> <p>Improve the treatment and management of behavioral health conditions and substance use disorders, prioritizing services in community settings</p> <p>Strengthen person-centered practices and family engagement in care</p>	p. 4	
d.	Use high quality health information for people, families, communities, and the health care system to make data driven decisions to improve quality health care for all Texans.	Expand health information exchange (HIE) capacity and participation in the state with particular focus on Medicaid, public health, and behavioral health services	p. 4	
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Table 7.A

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Question 19 Response

<u>Class - SDA - Plan</u>	<u>Inpatient UHRIP Rate (Component 1)</u>	<u>Inpatient ACIA Rate for ACIA Participants (Component 2)</u>	<u>Outpatient UHRIP Rate (Component 1)</u>	<u>Outpatient ACIA Rate for ACIA Participants (Component 2)</u>
STAR Children's Bexar	117%	0%	189%	0%
STAR PLUS Children's Bexar	687%	0%	349%	0%
STAR Kids Children's Bexar	76%	0%	222%	0%
STAR Non-state-owned IMD Bexar	0%	0%	0%	0%
STAR PLUS Non-state-owned IMD Bexar	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Bexar	0%	0%	0%	0%
STAR Rural Bexar	0%	0%	0%	3%
STAR PLUS Rural Bexar	135%	0%	67%	59%
STAR Kids Rural Bexar	0%	0%	0%	0%
STAR Urban Bexar	101%	0%	223%	0%
STAR PLUS Urban Bexar	203%	0%	193%	0%
STAR Kids Urban Bexar	112%	0%	128%	0%
STAR Children's Dallas	125%	0%	28%	0%
STAR PLUS Children's Dallas	584%	0%	24%	0%
STAR Kids Children's Dallas	232%	0%	78%	0%
STAR Non-state-owned IMD Dallas	36%	0%	0%	0%
STAR PLUS Non-state-owned IMD Dallas	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Dallas	0%	18%	0%	0%
STAR Rural Dallas	0%	55%	63%	132%
STAR PLUS Rural Dallas	9%	139%	42%	116%
STAR Kids Rural Dallas	0%	0%	29%	106%

Question 19 Response

STAR Urban Dallas	169%	0%	386%	0%
STAR PLUS Urban Dallas	311%	0%	272%	0%
STAR Kids Urban Dallas	209%	0%	281%	0%
STAR Children's El Paso	0%	0%	318%	0%
STAR PLUS Children's El Paso	13328%	1072%	946%	0%
STAR Kids Children's El Paso	36%	10%	342%	0%
STAR Non-state-owned IMD El Paso	0%	0%	0%	0%
STAR PLUS Non-state-owned IMD El Paso	0%	0%	0%	0%
STAR Kids Non-state-owned IMD El Paso	0%	0%	0%	0%
STAR Urban El Paso	46%	0%	252%	0%
STAR PLUS Urban El Paso	242%	0%	227%	0%
STAR Kids Urban El Paso	120%	6%	149%	0%
STAR Children's Harris	151%	0%	73%	0%
STAR PLUS Children's Harris	0%	0%	92%	0%
STAR Kids Children's Harris	162%	0%	183%	0%
STAR Non-state-owned IMD Harris	56%	0%	0%	0%
STAR PLUS Non-state-owned IMD Harris	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Harris	0%	18%	0%	0%
STAR Rural Harris	0%	0%	13%	0%
STAR PLUS Rural Harris	1%	0%	19%	0%
STAR Kids Rural Harris	0%	0%	0%	0%
STAR State-owned IMD Harris	66%	0%	0%	0%
STAR PLUS State-owned IMD Harris	0%	0%	0%	0%
STAR Kids State-owned IMD Harris	36%	0%	0%	0%
STAR State-owned non-IMD Harris	12%	0%	88%	0%

Question 19 Response

STAR PLUS State-owned non-IMD Harris	11%	0%	55%	0%
STAR Kids State-owned non-IMD Harris	15%	0%	58%	0%
STAR Urban Harris	192%	0%	104%	0%
STAR PLUS Urban Harris	311%	0%	97%	0%
STAR Kids Urban Harris	173%	0%	39%	0%
STAR Non-state-owned IMD Hidalgo	0%	0%	0%	0%
STAR PLUS Non-state-owned IMD Hidalgo	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Hidalgo	0%	0%	0%	0%
STAR Rural Hidalgo	0%	12%	0%	51%
STAR PLUS Rural Hidalgo	26%	32%	0%	98%
STAR Kids Rural Hidalgo	141%	60%	0%	73%
STAR Urban Hidalgo	124%	0%	93%	0%
STAR PLUS Urban Hidalgo	164%	0%	103%	0%
STAR Kids Urban Hidalgo	110%	0%	87%	0%
STAR Rural Jefferson	0%	0%	0%	0%
STAR PLUS Rural Jefferson	8%	0%	5%	39%
STAR Kids Rural Jefferson	0%	0%	0%	0%
STAR Urban Jefferson	198%	0%	253%	0%
STAR PLUS Urban Jefferson	293%	0%	191%	0%
STAR Kids Urban Jefferson	136%	0%	199%	0%
STAR Children's Lubbock	0%	0%	166%	0%
STAR PLUS Children's Lubbock	313%	222%	253%	0%
STAR Kids Children's Lubbock	0%	10%	366%	0%
STAR Non-state-owned IMD Lubbock	0%	0%	0%	0%
STAR PLUS Non-state-owned IMD Lubbock	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Lubbock	0%	0%	0%	0%

Question 19 Response

STAR Rural Lubbock	0%	0%	44%	0%
STAR PLUS Rural Lubbock	9%	0%	182%	0%
STAR Kids Rural Lubbock	0%	0%	56%	0%
STAR Urban Lubbock	0%	0%	203%	0%
STAR PLUS Urban Lubbock	215%	0%	257%	0%
STAR Kids Urban Lubbock	119%	0%	175%	0%
STAR Non-state-owned IMD MRSA Central	34%	0%	0%	0%
STAR PLUS Non-state-owned IMD MRSA Central	0%	0%	0%	0%
STAR Kids Non-state-owned IMD MRSA Central	0%	0%	0%	0%
STAR Rural MRSA Central	0%	0%	18%	29%
STAR PLUS Rural MRSA Central	0%	3%	0%	25%
STAR Kids Rural MRSA Central	56%	15%	0%	22%
STAR Urban MRSA Central	150%	0%	208%	0%
STAR PLUS Urban MRSA Central	171%	0%	168%	0%
STAR Kids Urban MRSA Central	75%	0%	95%	0%
STAR Rural MRSA Northeast	0%	0%	40%	45%
STAR PLUS Rural MRSA Northeast	22%	13%	31%	34%
STAR Kids Rural MRSA Northeast	11%	10%	34%	48%
STAR State-owned non-IMD MRSA Northeast	217%	0%	151%	159%
STAR PLUS State-owned non- IMD MRSA Northeast	34%	0%	36%	85%
STAR Kids State-owned non-IMD MRSA Northeast	5197%	0%	51%	94%
STAR Urban MRSA Northeast	139%	0%	252%	0%
STAR PLUS Urban MRSA Northeast	154%	0%	110%	0%
STAR Kids Urban MRSA Northeast	35%	0%	133%	0%

Question 19 Response

STAR Non-state-owned IMD MRSA West	35%	0%	0%	0%
STAR PLUS Non-state-owned IMD MRSA West	0%	0%	0%	0%
STAR Kids Non-state-owned IMD MRSA West	0%	0%	0%	0%
STAR Rural MRSA West	0%	0%	3%	0%
STAR PLUS Rural MRSA West	0%	0%	36%	0%
STAR Kids Rural MRSA West	0%	0%	30%	0%
STAR Urban MRSA West	57%	0%	214%	0%
STAR PLUS Urban MRSA West	176%	0%	170%	0%
STAR Kids Urban MRSA West	82%	0%	133%	0%
STAR Children's Nueces	144%	0%	0%	0%
STAR PLUS Children's Nueces	0%	0%	39%	0%
STAR Kids Children's Nueces	255%	0%	21%	7%
STAR Non-state-owned IMD Nueces	239%	0%	0%	0%
STAR PLUS Non-state-owned IMD Nueces	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Nueces	0%	0%	0%	0%
STAR Rural Nueces	0%	0%	0%	31%
STAR PLUS Rural Nueces	92%	0%	17%	41%
STAR Kids Rural Nueces	47%	3%	16%	31%
STAR Urban Nueces	103%	0%	213%	0%
STAR PLUS Urban Nueces	147%	0%	125%	0%
STAR Kids Urban Nueces	73%	0%	89%	0%
STAR Children's Tarrant	92%	11%	147%	0%
STAR PLUS Children's Tarrant	490%	33%	261%	0%
STAR Kids Children's Tarrant	64%	8%	140%	0%
STAR Non-state-owned IMD Tarrant	85%	0%	0%	0%
STAR PLUS Non-state-owned IMD Tarrant	0%	0%	0%	0%

Question 19 Response

STAR Kids Non-state-owned IMD Tarrant	0%	0%	0%	0%
STAR Rural Tarrant	0%	96%	189%	71%
STAR PLUS Rural Tarrant	63%	230%	149%	61%
STAR Kids Rural Tarrant	0%	0%	10%	26%
STAR Urban Tarrant	179%	0%	307%	0%
STAR PLUS Urban Tarrant	348%	0%	220%	0%
STAR Kids Urban Tarrant	161%	0%	165%	0%
STAR Children's Travis	0%	105%	369%	0%
STAR PLUS Children's Travis	17%	223%	345%	0%
STAR Kids Children's Travis	0%	104%	293%	0%
STAR Non-state-owned IMD Travis	56%	0%	0%	0%
STAR PLUS Non-state-owned IMD Travis	0%	0%	0%	0%
STAR Kids Non-state-owned IMD Travis	23%	56%	0%	0%
STAR Rural Travis	2%	27%	46%	58%
STAR PLUS Rural Travis	0%	1%	50%	63%
STAR Kids Rural Travis	0%	0%	40%	55%
STAR Urban Travis	73%	0%	334%	0%
STAR PLUS Urban Travis	243%	0%	242%	0%
STAR Kids Urban Travis	152%	0%	116%	0%