

Texas Healthcare Transformation and Quality Improvement Program

Section 1115 Report

Texas Health and Human Services Commission

Demonstration Reporting Period:

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I. INTRODUCTION

The Texas Healthcare Transformation and Quality Improvement Program Section 1115 waiver enables the State to expand its use of Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals. The goals of the demonstration are to:

- Expand risk-based managed care statewide;
- Support the development and maintenance of a coordinated care delivery system;
- Improve outcomes while containing cost growth;
- Protect and leverage financing to improve and prepare the healthcare infrastructure to serve a newly insured population; and
- Transition to quality-based payment systems across managed care and hospitals.

This report documents the State's progress in meeting these goals. It addresses the quarterly, biannual, and annual reporting requirements for the STAR, STAR Kids, and STAR+PLUS programs, as well as Children's Medicaid Dental Services (Dental Program), which are found in the waiver's Special Terms and Conditions (STCs), items 14, 21, 23(l), 24(l), 26(e), 29, 41(a), (b), and (c), 42 (b) and (c), 43(a), 52, 56, 69, 71, 72, and 75. These STCs require the State to report on various topics, including: enrollments and disenrollments; access to care; anticipated changes in populations or benefits; network adequacy; encounter data; operational, policy, systems, and fiscal issues; action plans for addressing identified issues; budget neutrality; member months; consumer issues; quality assurance and monitoring; demonstration evaluation; and Regional Healthcare Partnerships (RHPs). STC 71 also requires the State to report on various topics, including: accomplishments, project status, quantitative and case study findings, utilization data, and policy and administrative difficulties in the operation of the Demonstration.

The State collects performance and other data from its managed care organizations (or "plans") on a State Fiscal Quarter (SFQ) cycle; therefore, some of the quarterly information presented in this report is based on data compiled for 2017 SFQ4 (June - August) instead of Demonstration Year (DY) 6, Q4 ("D6Q4," covering July - September 2017) and 2018 SFQ1 (September - November) instead of Demonstration Year (DY) 7, Q1 ("D7Q1," covering October - December 2017). Throughout the report, the State has identified whether the quarterly data relates to 2017 SFQ4 and 2018 SFQ1, or D6Q4 and D7Q1.

A. MANAGED CARE PLANS PARTICIPATING IN THE WAIVER PROGRAM

During the 2017 SFQ4 and 2018 SFQ1, the State contracted with 18 STAR, 10 STAR Kids, 5 STAR+PLUS, and 2 Dental program plans. Each health plan covers one or more of the 13 STAR service delivery areas (SDAs), 10 STAR Kids and 13 STAR+PLUS SDAs while each dental plan provides statewide services. Please refer to Attachment A for a list of the STAR, STAR Kids, STAR+PLUS, and Dental plans by area.

B. MONITORING MANAGED CARE PLANS

The Health and Human Services Commission (HHSC) staff evaluates and routinely monitors managed care organizations (MCOs) and dental maintenance organizations (DMOs) performance reported by the MCOs and DMOs and compiled by HHSC. If an MCO or DMO fails to meet a performance expectation, standard, schedule, or other contract requirement such as the timely submission of deliverables or at the level of quality required, the managed care contracts give HHSC the authority to use a variety of remedies, including:

1. Monetary damages (actual, consequential, direct, indirect, special, and/or liquidated damages (LDs)),
2. Corrective action plans (CAPs).

The information reflected in this document represents the most current information available at the time that it was compiled. At the time the report is submitted to the Centers for Medicare and Medicaid Services (CMS), the sanction process between HHSC and the health and dental plans may not be complete. HHSC posts the final details of any potential enforcement actions taken against a health or dental plan each quarter on the following website: <https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/managed-care-organization-sanctions>.

HHSC is committed to ensuring compliance with the federal HCBS regulations. In accordance with STC 43(a), HHSC has taken the following steps towards compliance:

1. In May 2017, CMS announced an extension deadline for all states to be in compliance with HCBS rules by March 2022. HHSC intends to resubmit the Texas Statewide Settings Transition Plan detailing compliance, remediation strategies, and timelines for the STAR+PLUS waiver program operating under the State's 1115 Demonstration waiver to CMS in the summer of 2018.
2. Throughout 2017, HHSC has continued to provide stakeholders with updated information regarding the Texas transition plan and opportunities to answer stakeholder questions. HHSC is developing the compliance plan that will be included in the amended Texas Statewide Settings Transition Plan. Texas plans to resubmit the amended plan in the summer of 2018.
3. HHSC surveyed a representative sample of individuals served through HCBS STAR+PLUS who received assisted living or adult foster care services as part of its validation of the provider surveys. HHSC is currently in the process of analyzing the external surveys from provider, participant, and service coordinator surveys.

C. DEMONSTRATION FUNDING POOLS

The section 1115 demonstration establishes two funding pools, created by savings generated from managed care expansion and diverted supplemental payments, to reimburse providers for uncompensated care costs and to provide incentive payments to participating providers that implement and operate delivery system reforms.

Texas worked with private and public hospitals, local government entities, and other providers to create Regional Healthcare Partnerships (RHPs) that are anchored by public hospitals or other specific government entities. RHPs identified performance areas for improvement that may align with the following four broad categories to be eligible for incentive payments: (1) infrastructure development, (2) program innovation and redesign, (3) quality improvements, and (4) population focused improvements. The non-Federal share of funding for pool expenditures is largely financed by state and local intergovernmental transfers (IGTs).

Waiver activities are proceeding and detailed information on the status is included in the sections below.

II. ENROLLMENT AND BENEFITS INFORMATION

This section addresses STCs 26(e), 41(a) and (b), 71 including quarterly trends and issues related to STAR, STAR Kids, STAR+PLUS, and Dental Program eligibility and enrollment; enrollment counts for the quarter; Medicaid eligibility changes; anticipated changes in populations and benefits; and disenrollment from managed care. Unless otherwise provided, quarterly managed care data covers the 2017 SFQ1 through 2018 SFQ1 reporting period (September 2016- November 2017) instead of DY6 (October 1, 2016 - September 20, 2017) or DY7 Q1 (October 1, 2017 - December 31, 2017). Supporting data are located in Attachment B.

A. ELIGIBILITY AND ENROLLMENT

This subsection addresses the quarterly reporting requirements found in STC 26(e) and 71. Attachment B includes enrollment summaries for the four managed care programs. The enrollment data in this subsection are based on prospective managed care enrollment counts in the last month of the quarter and represent a snapshot of the number of members enrolled in Texas Medicaid managed care programs and health plans.

The total enrollment in Texas Medicaid managed care programs, STAR, STAR+PLUS, STAR Kids, and Dental, increased by .35% from 2017 SFQ3 to SFQ4 and increased by 2.80% from 2017 SFQ4 to 2018 SFQ1.

1. STAR

2017 SFQ4 (June - August)

As shown in the following tables, the number of members enrolled in STAR plans increased by 0.49% from 2,879,362 in 2017 SFQ3 to 2,893,600 in 2017 SFQ4. During 2017 SFQ4, seven MCOs and two SDAs reported decreases in member enrollment but these declines were very small with the largest decrease reported for El Paso 1st MCO (-2.07%) and El Paso SDA (-.56%) . In contrast, the largest increases in member enrollment were reported for Driscoll MCO (1.59%) and Jefferson SDA (2.97%).

Enrollment by STAR MCO (2017 SFQ3 - 2017 SFQ4)

STAR	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	2,879,362	2,893,600	14,238	0.49%
Aetna	70,116	70,200	84	0.12%
Amerigroup	549,286	546,227	(3,059)	-0.56%
BCBS	24,799	25,040	241	0.97%
CHC	237,994	240,611	2,617	1.10%
Christus	5,084	5,025	(59)	-1.16%
Community 1st	102,192	102,355	163	0.16%
Cook Children's	101,115	102,100	985	0.97%
Driscoll	146,866	149,201	2,335	1.59%
El Paso 1st	64,165	62,836	(1,329)	-2.07%
FirstCare	88,272	87,222	(1,050)	-1.19%
Molina	95,633	95,262	(371)	-0.39%
Parkland	160,826	161,008	182	0.11%
Scott & White	43,867	44,444	577	1.32%
Sendero	12,795	12,780	(15)	-0.12%
Seton	17,758	17,618	(140)	-0.79%
Superior	693,926	702,229	8,303	1.20%
Texas Children's	338,704	341,958	3,254	0.96%
United	125,964	127,484	1,520	1.21%

Enrollment by STAR SDA (2017 SFQ3 - 2017 SFQ4)

STAR	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	2,879,362	2,893,600	14,238	0.49%
Bexar	243,388	246,283	2,895	1.19%
Dallas	383,023	383,354	331	0.09%
El Paso	120,166	119,490	(676)	-0.56%
Harris	692,037	696,976	4,939	0.71%
Hidalgo	348,395	348,434	39	0.01%
Jefferson	75,118	77,352	2,234	2.97%
Lubbock	73,932	74,087	155	0.21%
MRSA Central	131,540	133,808	2,268	1.72%
MRSA Northeast	167,332	168,612	1,280	0.76%
MRSA West	154,871	155,417	546	0.35%
Nueces	87,000	87,648	648	0.74%
Tarrant	262,298	261,833	(465)	-0.18%
Travis	140,262	140,306	44	0.03%

Market Share by STAR MCO (2017 SFQ3 - 2017 SFY Q4)

The STAR market share distribution by MCOs fluctuated slightly from the prior quarter, with less than a percentage point change from 2017 SFQ3 to 2017 SFQ4 for all MCOs, as shown in the table below.

STAR	2017 Q1	2017 Q2	2017 Q3	2017 Q4	Percent Change from SFQ3 2017 to SFQ4 2017
Aetna	2.43%	2.43%	2.44%	2.43%	-0.01%
Amerigroup	19.52%	19.32%	19.08%	18.88%	-0.20%
BCBS	0.83%	0.86%	0.86%	0.87%	0.00%
CHC	8.29%	8.26%	8.27%	8.32%	0.05%
Christus	0.19%	0.19%	0.18%	0.17%	0.00%
Community 1st	3.63%	3.58%	3.55%	3.54%	-0.01%
Cook Children's	3.46%	3.48%	3.51%	3.53%	0.02%
Driscoll	5.01%	5.07%	5.10%	5.16%	0.06%
El Paso 1st	2.28%	2.24%	2.23%	2.17%	-0.06%
FirstCare	3.18%	3.11%	3.07%	3.01%	-0.05%
Molina	3.36%	3.32%	3.32%	3.29%	-0.03%
Parkland	5.72%	5.66%	5.59%	5.56%	-0.02%
Scott & White	1.45%	1.52%	1.52%	1.54%	0.01%
Sendero	0.45%	0.46%	0.44%	0.44%	0.00%
Seton	0.62%	0.62%	0.62%	0.61%	-0.01%
Superior	23.96%	24.04%	24.10%	24.27%	0.17%
Texas Children's	11.50%	11.54%	11.76%	11.82%	0.05%
United	4.12%	4.31%	4.37%	4.41%	0.03%

2018 SFQ1 (September - November)

The number of members enrolled in STAR plans increased by 4.26% from 2,893,600 in 2017 SFQ4 to 3,016,899 in 2018 SFQ1. During 2018 SFQ1, two MCOs reported decreases in member enrollment but these declines were very small with the largest decrease reported for Amerigroup MCO (-0.37%). In contrast, the largest increases in member enrollment were reported for Sendero MCO (14.19%) and MRSA Northeast SDA (9.44%).

Enrollment by STAR MCO (2017 SFQ4 - 2018 SFQ1)

STAR	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	2,893,600	3,016,899	123,299	4.26%
Aetna	70,200	74,144	3,944	5.62%
Amerigroup	546,227	544,230	(1,997)	-0.37%
BCBS	25,040	26,660	1,620	6.47%
CHC	240,611	252,790	12,179	5.06%
Christus	5,025	5,290	265	5.27%
Community 1st	102,355	106,390	4,035	3.94%
Cook Children's	102,100	108,219	6,119	5.99%
Driscoll	149,201	152,360	3,159	2.12%
El Paso 1st	62,836	65,196	2,360	3.76%
FirstCare	87,222	87,209	(13)	-0.01%
Molina	95,262	99,400	4,138	4.34%
Parkland	161,008	168,185	7,177	4.46%
Scott & White	44,444	44,940	496	1.12%
Sendero	12,780	14,594	1,814	14.19%
Seton	17,618	18,008	390	2.21%
Superior	702,229	746,687	44,458	6.33%
Texas Children's	341,958	366,625	24,667	7.21%
United	127,484	135,972	8,488	6.66%

Enrollment by STAR SDA (2017 SFQ4 - 2018 SFQ1)

STAR	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	2,893,600	3,016,899	123,299	4.26%
Bexar	246,283	258,033	11,750	4.77%
Dallas	383,354	390,937	7,583	1.98%
El Paso	119,490	125,946	6,456	5.40%
Harris	696,976	740,670	43,694	6.27%
Hidalgo	348,434	349,909	1,475	0.42%
Jefferson	77,352	82,389	5,037	6.51%
Lubbock	74,087	80,012	5,925	8.00%
MRSA Central	133,808	138,820	5,012	3.75%
MRSA Northeast	168,612	184,531	15,919	9.44%
MRSA West	155,417	159,046	3,629	2.34%
Nueces	87,648	91,494	3,846	4.39%
Tarrant	261,833	267,859	6,026	2.30%
Travis	140,306	147,253	6,947	4.95%

Market Share by STAR MCO (2017 SFQ4 - 2018 SFQ1)

The STAR market share distribution by MCOs fluctuated slightly from the prior quarter, with less than a percentage point change from 2017 SFQ4 to 2018 SFQ1 for all MCOs, as shown in the table below.

STAR	2017 Q2	2017 Q3	2017 Q4	2018 Q1	Percent Change from SFQ4 2017 to SFQ1 2018
Aetna	2.43%	2.44%	2.43%	2.46%	0.03%
Amerigroup	19.32%	19.08%	18.88%	18.04%	-0.84%
BCBS	0.86%	0.86%	0.87%	0.88%	0.02%
CHC	8.26%	8.27%	8.32%	8.38%	0.06%
Christus	0.19%	0.18%	0.17%	0.18%	0.00%
Community 1st	3.58%	3.55%	3.54%	3.53%	-0.01%
Cook Children's	3.48%	3.51%	3.53%	3.59%	0.06%
Driscoll	5.07%	5.10%	5.16%	5.05%	-0.11%
El Paso 1st	2.24%	2.23%	2.17%	2.16%	-0.01%
FirstCare	3.11%	3.07%	3.01%	2.89%	-0.12%
Molina	3.32%	3.32%	3.29%	3.29%	0.00%
Parkland	5.66%	5.59%	5.56%	5.57%	0.01%
Scott & White	1.52%	1.52%	1.54%	1.49%	-0.05%
Sendero	0.46%	0.44%	0.44%	0.48%	0.04%
Seton	0.62%	0.62%	0.61%	0.60%	-0.01%
Superior	24.04%	24.10%	24.27%	24.75%	0.48%
Texas Children's	11.54%	11.76%	11.82%	12.15%	0.33%
United	4.31%	4.37%	4.41%	4.51%	0.10%

2. STAR Kids

2017 SFQ4 (June - August)

As shown in the following tables, the number of members enrolled in STAR Kids plans decreased by -0.64% from 162,444 in 2017 SFQ3 to 161,401 in 2017 SFQ4. During 2017 SFQ4, six MCOs and ten SDAs reported decreases in member enrollment but these declines were very small with the largest decrease reported for BCBS MCO (-2.32%) and MRSA West SDA (-1.72%). In contrast, the largest increases in member enrollment was reported for Community First MCO (6.44%) and Bexar SDA (1.58%).

Enrollment by STAR Kids MCO (2017 SFQ3 - 2017 SFQ4)

STAR Kids	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	162,444	161,401	(1,043)	-0.64%
Aetna	5,159	5,050	(109)	-2.11%
Amerigroup	27,865	27,323	(542)	-1.95%
BCBS	7,810	7,629	(181)	-2.32%
CMC	9,580	9,592	12	0.13%
Community 1st	7,924	8,434	510	6.44%
Cook Children's	8,820	8,921	101	1.15%
Driscoll	10,600	10,419	(181)	-1.71%
Superior	29,179	28,624	(555)	-1.90%
TX Children's	25,410	25,310	(100)	-0.39%
United	30,097	30,099	2	0.01%

Enrollment by STAR Kids SDA (2017 SFQ3 - 2017 SFQ4)

STAR Kids	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	162,444	161,401	(1,043)	-0.64%
Bexar	14,961	15,197	236	1.58%
Dallas	21,561	21,506	(55)	-0.26%
El Paso	4,924	4,908	(16)	-0.32%
Harris	36,965	36,715	(250)	-0.68%
Hidalgo	22,276	21,909	(367)	-1.65%
Jefferson	4,954	4,973	19	0.38%
Lubbock	3,308	3,284	(24)	-0.73%
MRSA Central	8,628	8,540	(88)	-1.02%
MRSA Northeast	10,954	10,779	(175)	-1.60%
MRSA West	6,957	6,837	(120)	-1.72%
Nueces	5,522	5,449	(73)	-1.32%
Tarrant	13,979	13,971	(8)	-0.06%
Travis	7,455	7,333	(122)	-1.64%

Market Share by STAR KIDS MCO (2017 SFQ3 - 2017 SFQ4)

The STAR Kids market share distribution by MCOs fluctuated slightly from the prior quarter, with all increases and decreases within a half of a percent, as shown in the table below.

STAR Kids	2017 Q1	2017 Q2	2017 Q3	2017 Q4	Percent Change from SFQ3 2017 to SFQ4 2017
Aetna	3.36%	3.25%	3.18%	3.13%	-0.05%
Amerigroup	17.69%	17.18%	17.15%	16.93%	-0.22%
BCBS	4.90%	4.80%	4.81%	4.73%	-0.08%
CMC	5.87%	5.89%	5.90%	5.94%	0.05%
Community 1st	5.03%	4.95%	4.88%	5.23%	0.35%
Cook Children's	5.15%	5.29%	5.43%	5.53%	0.10%
Driscoll	6.76%	6.50%	6.53%	6.46%	-0.07%
Superior	17.88%	18.80%	17.96%	17.73%	-0.23%
TX Children's	14.91%	15.13%	15.64%	15.68%	0.04%
United	18.45%	18.23%	18.53%	18.65%	0.12%

2018 SFQ1 (September - November)

The number of members enrolled in STAR KIDS plans increased by 0.80% from 161,401 in 2017 SFQ4 to 162,697 in 2018 SFQ1. During 2018 SFQ1, three MCOs and two SDAs reported decreases in member enrollment but these declines were small with the largest decrease reported for Aetna MCO (-2.81%) and Hidalgo SDA (-0.77%). In contrast, the largest increases in member enrollment was reported for Cook MCO (3.18%) and Lubbock SDA (5.48%).

Enrollment by STAR Kids MCO (2017 SFQ4 - 2018 SFQ1)

STAR Kids	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	161,401	162,697	1,296	0.80%
Aetna	5,050	4,908	(142)	-2.81%
Amerigroup	27,323	27,547	224	0.82%
BCBS	7,629	7,685	56	0.73%
CMC	9,592	9,487	(105)	-1.09%
Community 1st	8,434	8,615	181	2.15%
Cook Children's	8,921	9,205	284	3.18%
Driscoll	10,419	10,407	(12)	-0.12%
Superior	28,624	28,809	185	0.65%
TX Children's	25,310	25,665	355	1.40%
United	30,099	30,369	270	0.90%

Enrollment by STAR Kids SDA (2017 SFQ4 - 2018 SFQ1)

STAR Kids	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	161,401	162,697	1,296	0.80%
Bexar	15,197	15,459	262	1.72%
Dallas	21,506	21,693	187	0.87%
El Paso	4,908	4,951	43	0.88%
Harris	36,715	37,015	300	0.82%
Hidalgo	21,909	21,741	(168)	-0.77%
Jefferson	4,973	4,972	(1)	-0.02%
Lubbock	3,284	3,464	180	5.48%
MRSA Central	8,540	8,694	154	1.80%
MRSA Northeast	10,779	10,892	113	1.05%
MRSA West	6,837	6,898	61	0.89%
Nueces	5,449	5,465	16	0.29%
Tarrant	13,971	14,113	142	1.02%
Travis	7,333	7,340	7	0.10%

Market Share by STAR KIDS MCO (2017 SFQ4 - 2018 SFQ1)

The STAR Kids market share distribution by MCOs fluctuated from the prior quarter, with increases and decreases under a quarter of a percent, as shown in the table below.

STAR Kids	2017 Q2	2017 Q3	2017 Q4	2018 Q1	Percent Change from SFQ4 2017 to SFQ1 2018
Aetna	3.25%	3.18%	3.13%	3.02%	-0.11%
Amerigroup	17.18%	17.15%	16.93%	16.93%	0.00%
BCBS	4.80%	4.81%	4.73%	4.72%	0.00%
CMC	5.89%	5.90%	5.94%	5.83%	-0.11%
Community 1st	4.95%	4.88%	5.23%	5.30%	0.07%
Cook Children's	5.29%	5.43%	5.53%	5.66%	0.13%
Driscoll	6.50%	6.53%	6.46%	6.40%	-0.06%
Superior	18.80%	17.96%	17.73%	17.71%	-0.03%
TX Children's	15.13%	15.64%	15.68%	15.77%	0.09%
United	18.23%	18.53%	18.65%	18.67%	0.02%

3. STAR+PLUS

2017 SFQ4 (June - August)

As shown in the following tables, the number of members enrolled in STAR+PLUS plans increased by 0.66% from 521,638 in 2017 SFQ3 to 525,059 in 2017 SFQ4. During 2017 SFQ4, three SDAs reported decreases in member enrollment and there were no decreases reported by the plans. The three SDA declines were very small with the largest decrease reported for Lubbock SDA (-.62%). In contrast, the largest increases in member enrollment were reported for United MCO (1.45%) and Harris SDA (1.39%).

Enrollment by STAR+PLUS MCO (2017 SFQ3 - 2017 SFQ4)

STAR+PLUS	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	521,638	525,059	3,421	0.66%
Amerigroup	132,914	133,290	376	0.28%
Cigna	49,867	49,959	92	0.18%
Molina	86,624	86,952	328	0.38%
Superior	138,013	138,978	965	0.70%
United	114,220	115,880	1,660	1.45%

Enrollment by STAR+PLUS SDA (2017 SFQ3 - 2017 SFQ4)

STAR+PLUS	2017 Q3	2017 Q4	Total Change	Percent Change from SFQ3 2017 to SFQ4 2017
Statewide	521,638	525,059	3,421	0.66%
Bexar	45,030	45,420	390	0.87%
Dallas	61,280	61,814	534	0.87%
El Paso	20,388	20,425	37	0.18%
Harris	100,592	101,992	1,400	1.39%
Hidalgo	63,985	64,283	298	0.47%
Jefferson	19,591	19,616	25	0.13%
Lubbock	13,262	13,180	(82)	-0.62%
MRSA Central	29,374	29,512	138	0.47%
MRSA Northeast	45,296	45,366	70	0.15%
MRSA West	37,175	37,164	(11)	-0.03%
Nueces	21,210	21,180	(30)	-0.14%
Tarrant	39,334	39,873	539	1.37%
Travis	25,121	25,234	113	0.45%

Market Share by STAR+PLUS MCO (2017 SFQ3 to 2017 SFQ4)

The STAR+PLUS market share distribution by MCOs fluctuated slightly, under one percentage point for all MCOS, from the prior quarter, as shown in the chart below.

STAR+PLUS	2017 Q1	2017 Q2	2017 Q3	2017 Q4	Percent Change from SFQ3 2017 to SFQ4 2017
Amerigroup	25.70%	25.42%	25.48%	25.39%	-0.09%
Cigna	9.50%	9.69%	9.56%	9.51%	-0.04%
Molina	16.69%	16.54%	16.61%	16.56%	-0.05%
Superior	26.48%	26.55%	26.46%	26.47%	0.01%
United	21.64%	21.80%	21.90%	22.07%	0.17%

2018 SFQ1 (September - November)

The number of members enrolled in STAR+PLUS plans increased by 0.61% from 525,059 in 2017 SFQ4 to 528,255 in 2018 SFQ1. During 2018 SFQ1, two MCOs and one SDA reported decreases in member enrollment. The largest MCO decrease occurred with Amerigroup (-0.53%). In contrast, the largest increases in member enrollment were reported for Superior MCO (0.70%) and El Paso SDA (1.59%).

Enrollment by STAR+PLUS MCO (2017 SFQ4 - 2018 SFQ1)

STAR+PLUS	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	525,059	528,255	3,196	0.61%
Amerigroup	133,290	132,584	(706)	-0.53%
Cigna	49,959	49,774	(185)	-0.37%
Molina	86,952	87,506	554	0.64%
Superior	138,978	139,948	970	0.70%
United	115,880	118,443	2,563	2.21%

Enrollment by STAR+PLUS SDA (2017 SFQ4 - 2018 SFQ1)

STAR+PLUS	2017 Q4	2018 Q1	Total Change	Percent Change from SFQ4 2017 to SFQ1 2018
Statewide	525,059	528,255	3,196	0.61%
Bexar	45,420	45,552	132	0.29%
Dallas	61,814	61,931	117	0.19%
El Paso	20,425	20,750	325	1.59%
Harris	101,992	102,662	670	0.66%
Hidalgo	64,283	63,872	(411)	-0.64%
Jefferson	19,616	19,750	134	0.68%
Lubbock	13,180	13,296	116	0.88%
MRSA Central	29,512	29,913	401	1.36%
MRSA Northeast	45,366	46,008	642	1.42%
MRSA West	37,164	37,503	339	0.91%
Nueces	21,180	21,359	179	0.85%
Tarrant	39,873	40,122	249	0.62%
Travis	25,234	25,537	303	1.20%

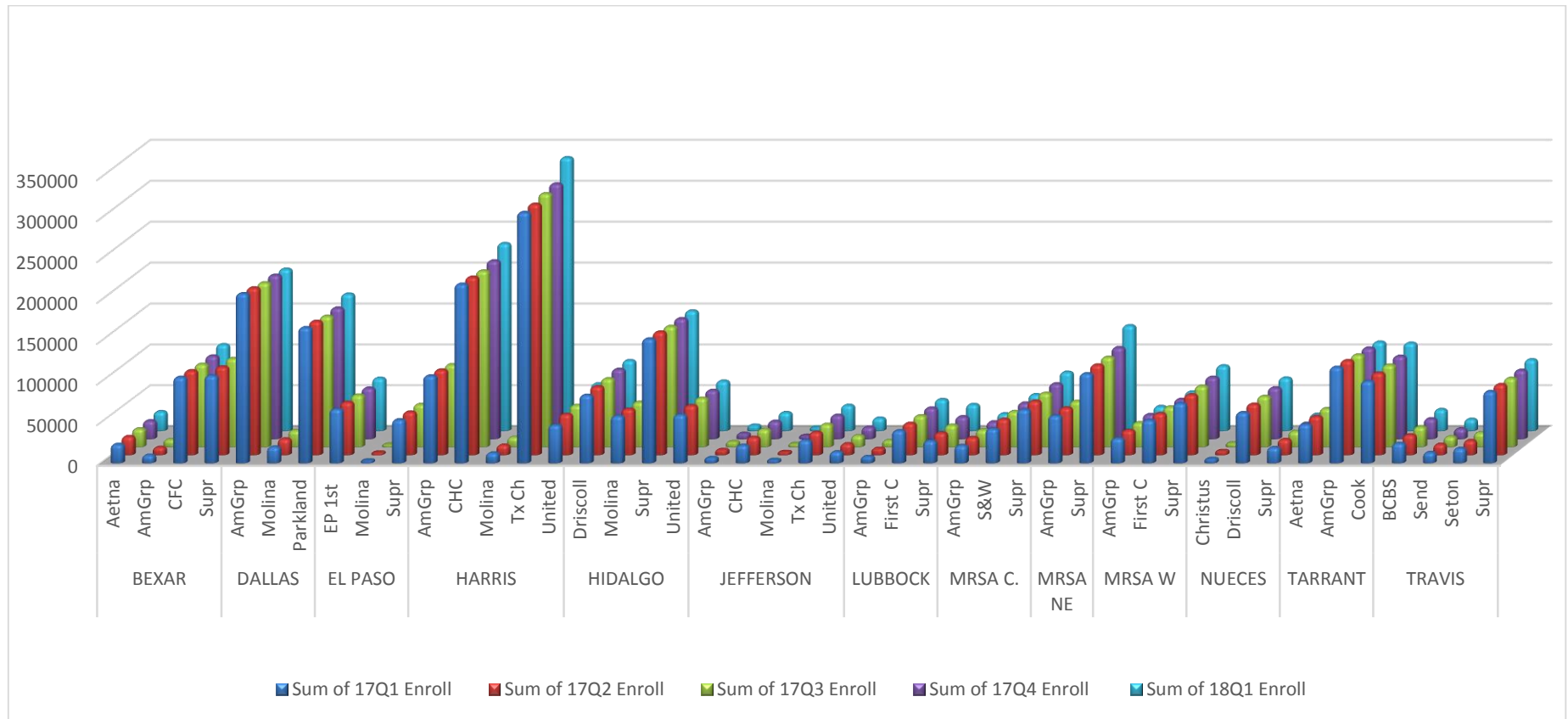
Market Share by STAR+PLUS MCO (2017 SFQ4 to 2018 SFQ1)

The STAR+PLUS market share distribution by MCOs fluctuated a small amount from the prior quarter, with the largest decrease for Amerigroup (-0.29%) and largest increase for United (0.35%), as shown in the chart below.

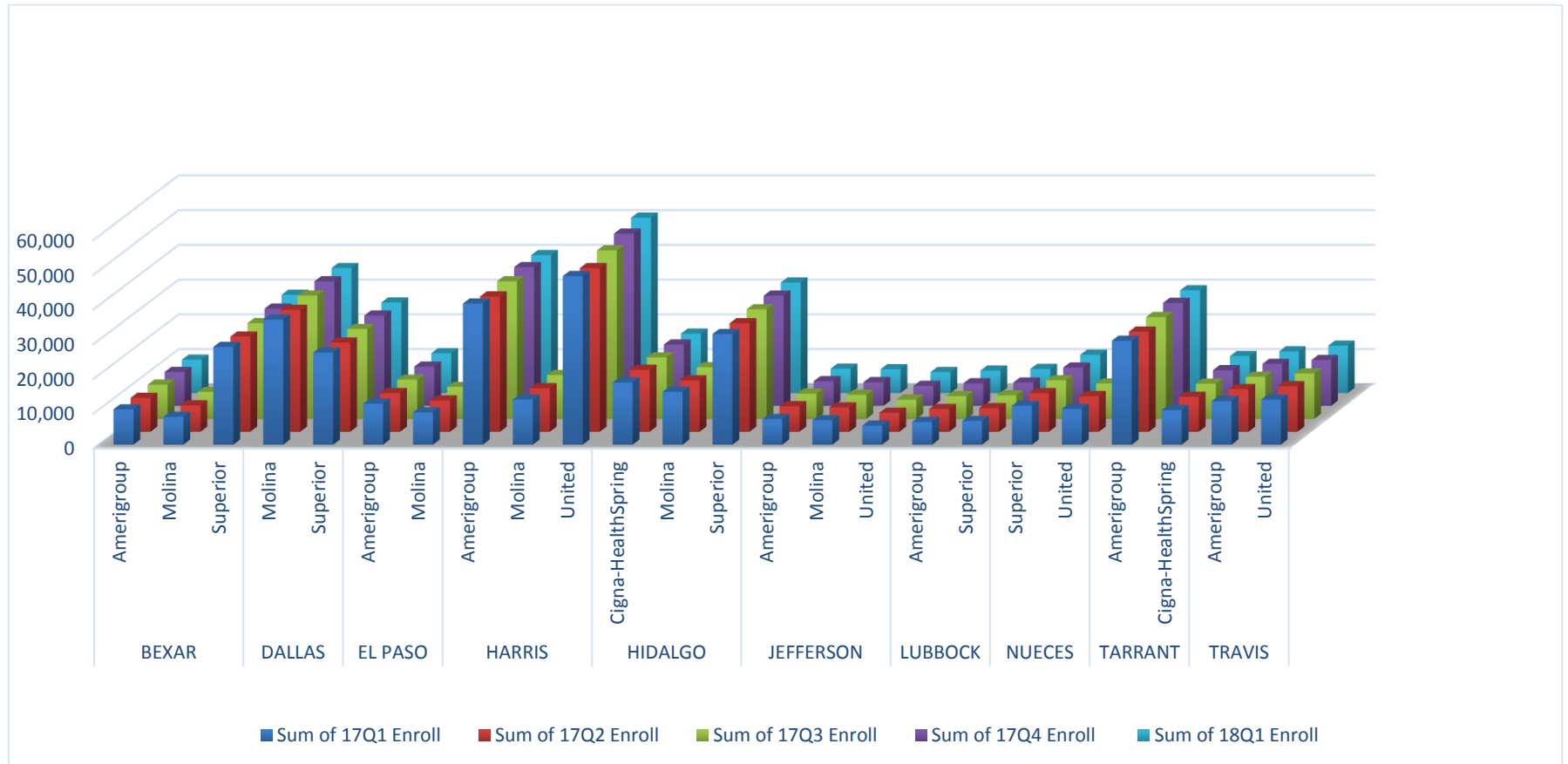
STAR+PLUS	2017 Q2	2017 Q3	2017 Q4	2018 Q1	Percent Change from SFQ4 2017 to SFQ1 2018
Amerigroup	25.42%	25.48%	25.39%	25.10%	-0.29%
Cigna	9.69%	9.56%	9.51%	9.42%	-0.09%
Molina	16.54%	16.61%	16.56%	16.57%	0.005%
Superior	26.55%	26.46%	26.47%	26.49%	0.02%
United	21.80%	21.90%	22.07%	22.42%	0.35%

The following graphs show STAR, STAR Kids and STAR+PLUS quarterly enrollment by MCO and SDA from 2017 SFQ1 to 2018 SFQ1.

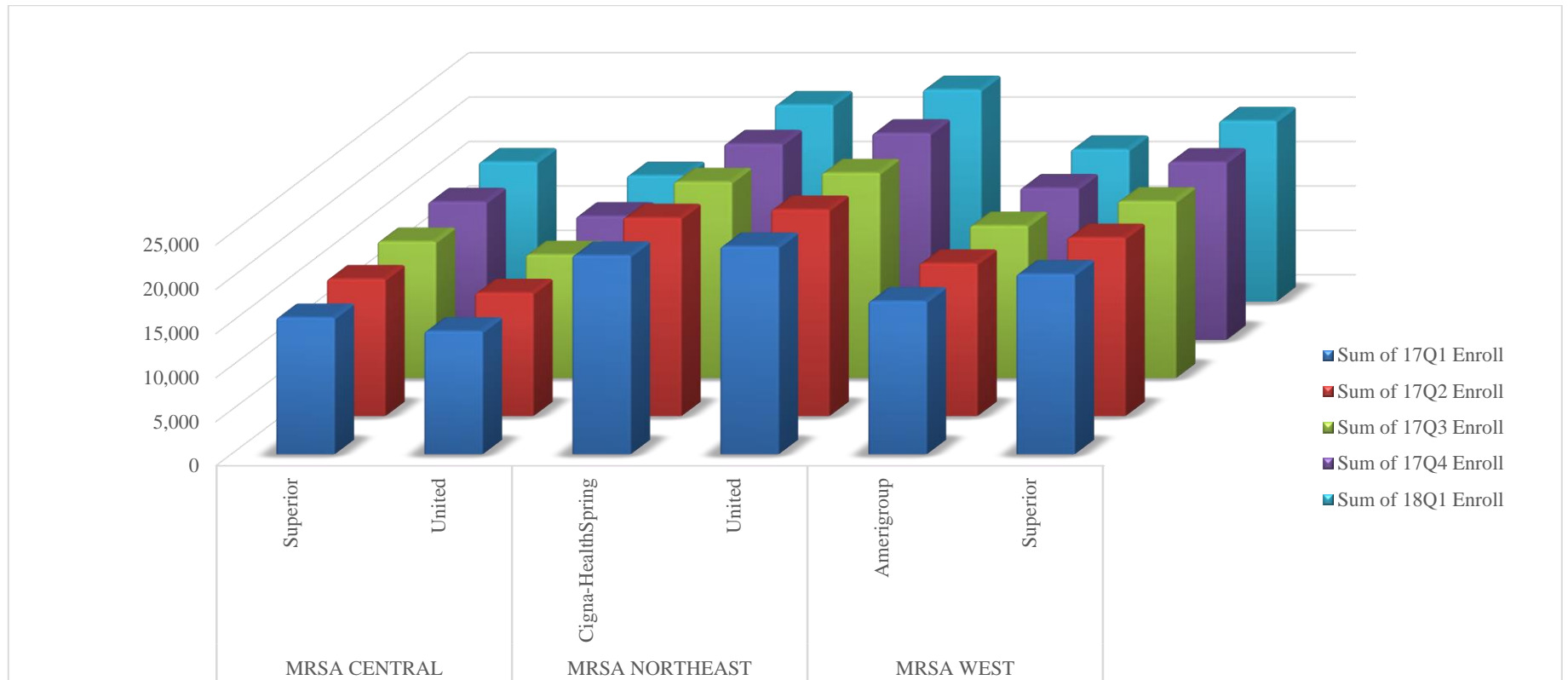
STAR Program Enrollment by MCO and Service Delivery Area (2017 SFQ1 - 2018 SFQ1)



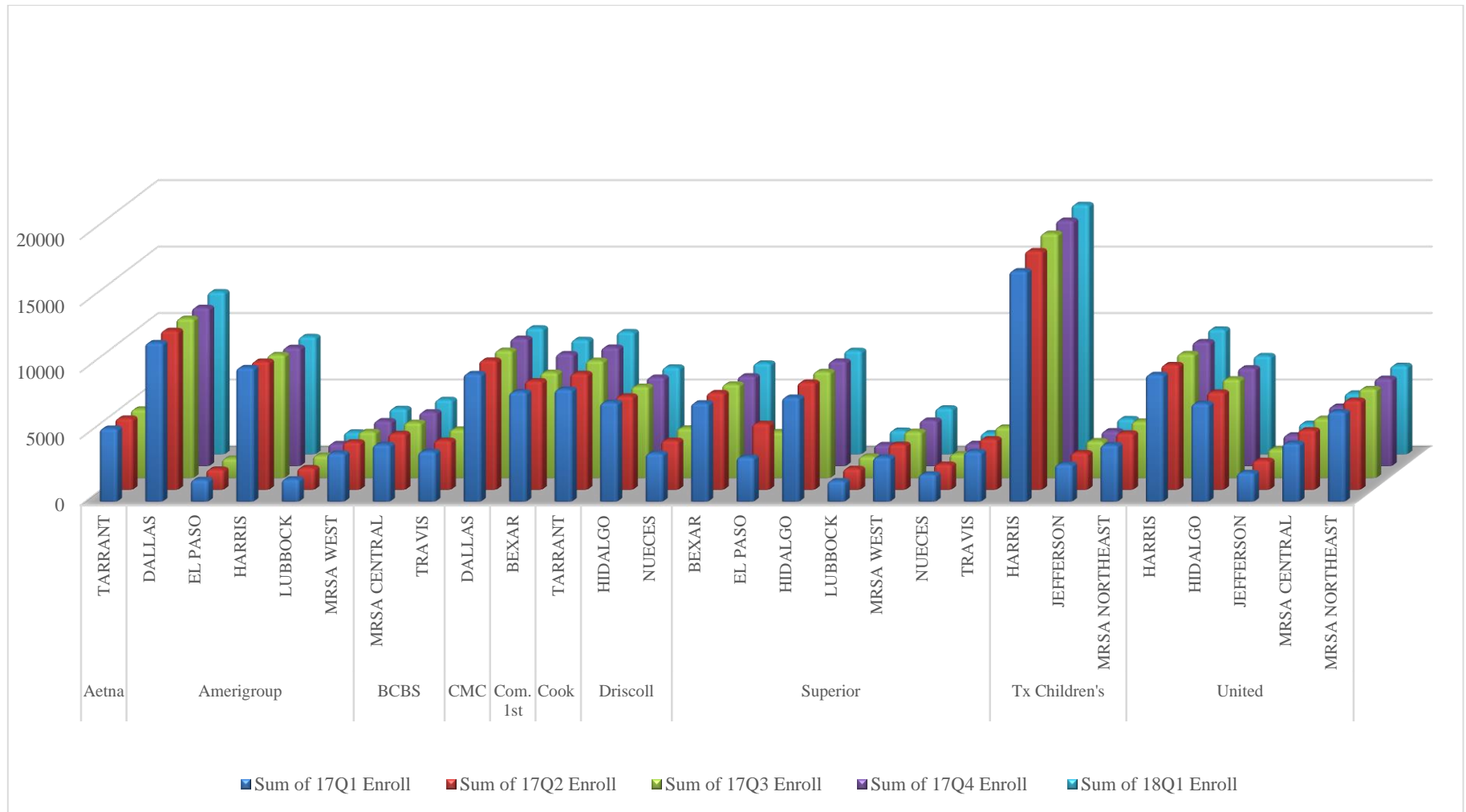
STAR+PLUS Non-MRSA Program Enrollment by MCO and Service Delivery Area (2017 SFQ1 - 2018 SFQ1)



STAR+PLUS MRSA Program Enrollment by MCO and Service Delivery Area (SFY2017 Q1 through 2018 SFQ1)



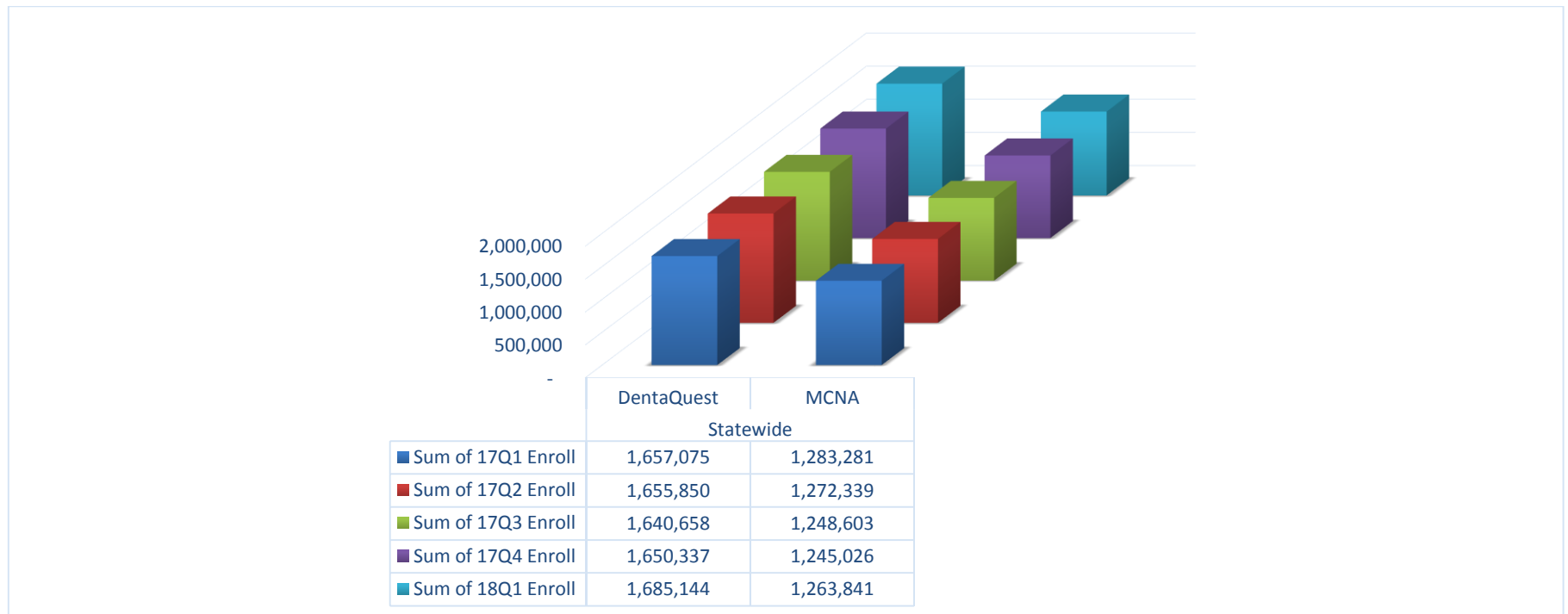
STAR Kids Program Enrollment by MCO and Service Delivery Area (SFY2017 Q1 through 2018 SFQ1)



4. Dental Program

Total enrollment in the Dental Program increased by 0.21% to 2,895,363 members during 2017 SFQ4 and increased by 1.85% to 2,948,985 in 2018 SFQ1.

Dental Program Enrollment Statewide (2017 SFQ1 - 2018 SFQ1)



Dental Market Share Statewide (2017 SFQ3 to 2017 SFQ4)

Market share change in the Dental Program remained steady with DentaQuest having 57% while MCNA had 43%.

Dental	2017 Q1	2017 Q2	2017 Q3	2017 Q4	Percentage Point Change from 2017 Q3 to 2017 Q4
DentaQuest	56.36%	56.55%	56.78%	57.00%	0.22%
MCNA	43.64%	43.45%	43.22%	43.00%	-0.22%

Dental Market Share Statewide (2017 SFQ4 to 2018 SFQ1)

Market share change in the Dental Program remained steady with DentaQuest having 57.14% while MCNA had 42.86%.

Dental	2017 Q2	2017 Q3	2017 Q4	2018 Q1	Percentage Point Change from 2017 Q4 to 2018 Q1
DentaQuest	56.55%	56.78%	57.00%	57.14%	0.14%
MCNA	43.45%	43.22%	43.00%	42.86%	-0.14%

B. ENROLLMENT COUNTS FOR THE QUARTER BY POPULATION

This subsection includes quarterly enrollment counts as required by STC 71. Due to the time required for the data collection process, unique member counts per quarter are reported on a two-quarter lag. Enrollment counts are based on persons and not member months.

Enrollment Counts (DY6 Q2 January - March 2017)

Enrollment Counts (Demonstration Populations)	Total Number Served
Adults	334,522
Children	2,817,323
Aged and Medicare Related (AMR) (non MRSA - pre Sep14)	382,502
Disabled	433,431

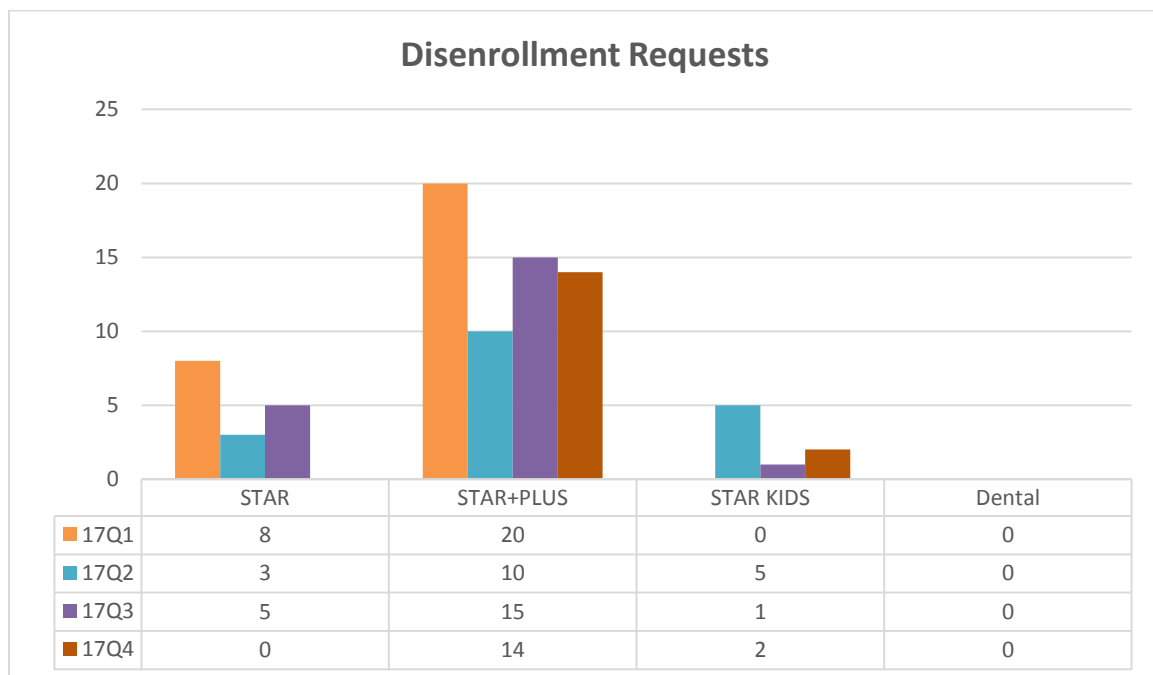
Enrollment Counts (DY6 Q3 April - June 2017)

Enrollment Counts (Demonstration Populations)	Total Number Served
Adults	334,438
Children	2,780,078
AMR (non MRSA - pre Sep14)	382,506
Disabled	433,796

C. DISENROLLMENT

This subsection of the report addresses STC 41(b). In 2017 SFQ3 and SFQ4, the enrollment broker, MAXIMUS, reported 2,702 plan changes processed. Attachment L contains more information about enrollment outreach activities.

Medicaid managed care to the fee-for-service (FFS) delivery model, the State received the following in 2017 SFQ3 and SFQ4: 5 disenrollment requests for STAR, 29 for STAR+PLUS, 3 for STAR Kids and none for the Dental Program. For 2017Q4, the majority of requests for disenrollment were initiated by the Members or their representatives and one request was initiated by the MCO.



D. ENROLLMENT OF MEMBERS WITH SPECIAL HEALTH CARE NEEDS

This subsection of the report addresses STC 41 (b) regarding the enrollment into managed care for people with special healthcare needs. The State's Medicaid application asks potential enrollees to identify any family members that have special health care needs (MSHCN). MSHCN means a member (including a child or children with special health care needs (CSHCN)) who (1) has a serious ongoing illness, a chronic or complex condition, or a disability that has lasted or is anticipated to last for a significant period of time, and (2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel. The State's enrollment broker conveys this and other information concerning potential MSHCN to health and dental plans, who then verify whether the members meet the plans' assessment criteria for MSHCN. Health and dental plans must also develop their own processes for identifying MSHCN, including CSHCN and others with disabilities or chronic or complex medical and behavioral health conditions.

STAR is the managed care program for most people in Texas Medicaid, including low-income children and caretaker relatives, pregnant women, Former Foster Care Children, and children and youth receiving Adoption Assistance benefits. STAR Kids is the managed care program for children and youth with disabilities. STAR+PLUS is the managed care program for adults with disabilities and those age 65 and older.

All STAR Kids and STAR+PLUS members are deemed to be MSHCN. Contract language requires STAR managed care organizations (MCOs) to include additional populations to the groups that must be identified as MSHCN including pregnant women identified as high risk, Former Foster Care Children, and Early Childhood Intervention program participants. There are also contractual requirements regarding service management and service coordination, and developing appropriate service plans as needed for MSHCN requiring care coordination to meet short and long-term goals.

1. Reporting

The data presented in Attachment Q of this report shows a snapshot of the total number of MSHCN in STAR for 2017 State Fiscal Quarter 4 (2017 SFQ4). HHSC has established contractual requirements and a template for the MCOs to submit MSHCN data on a quarterly basis.

2. Analysis

All STAR Kids and STAR+PLUS plans reported 100% MSHCN, as required in the contract. STAR Kids and STAR+PLUS plans are required to provide service coordination for all members. In 2017 SFQ4, STAR MCOs reported a total of 43,971 children and adults identified as MSHCN, which is 1.52% of all STAR members. See Attachment Q for detail by service delivery area (SDA) and MCO.

STAR MCOs reported 19.86% of MSHCN with service plans in 2017 SFQ4. The overall percentage of STAR MSHCN with service plans has decreased since the last reporting period.

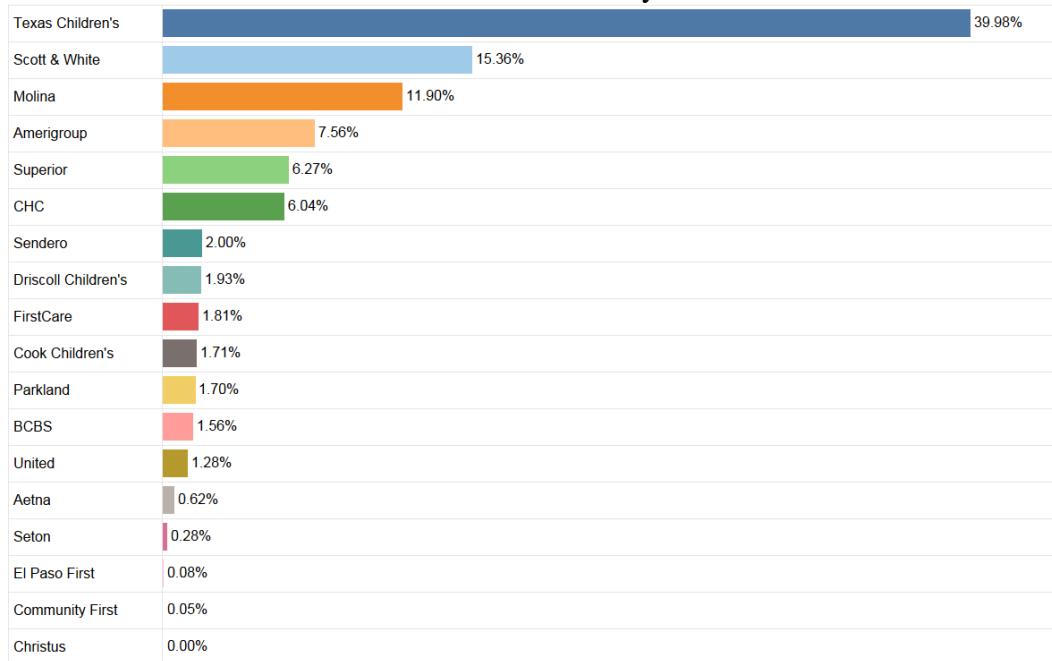
Aetna, Christus, Parkland, and United all reported 100% of MSHCN with service plans. Additionally, two other plans reported more than 90% of MSHCN with service plans (Cook with 99.33% and Superior with 97.32%). Three plans reported fewer than 3% of MSHCN with service plans (Texas Children's with 2.17%, Molina with 1.87%, and Sendero with 1.02%). Community First Health Plan reported that all 22 of its MSHCN declined service management and thus do not have a service plan in place. HHSC has made modifications to the MCO report template to collect data on reasons service plans are not in place. This information will be available for SFY 2018 and beyond.

Approximately 43.64% (19,168) of all STAR MSHCN are concentrated in the Harris SDA. In 2017 SFQ4, Texas Children's reported the largest number (17,556) of MSHCN. Scott & White reported the highest percent of enrollment (15.17%) identified as MSHCN. Please see bar charts below to provide an illustration of the breakdown of MSHCN members by SDA and MCO. Four other STAR plans reported more than 2% of members classified as MSHCN: Blue Cross (2.73%), Molina (5.49%), Sendero (6.89%), and Texas Children's (5.13%). Community Health Choice reported 1.10% of members as MSHCN. The remaining plans reported less than 1 percent of members as MSHCN.

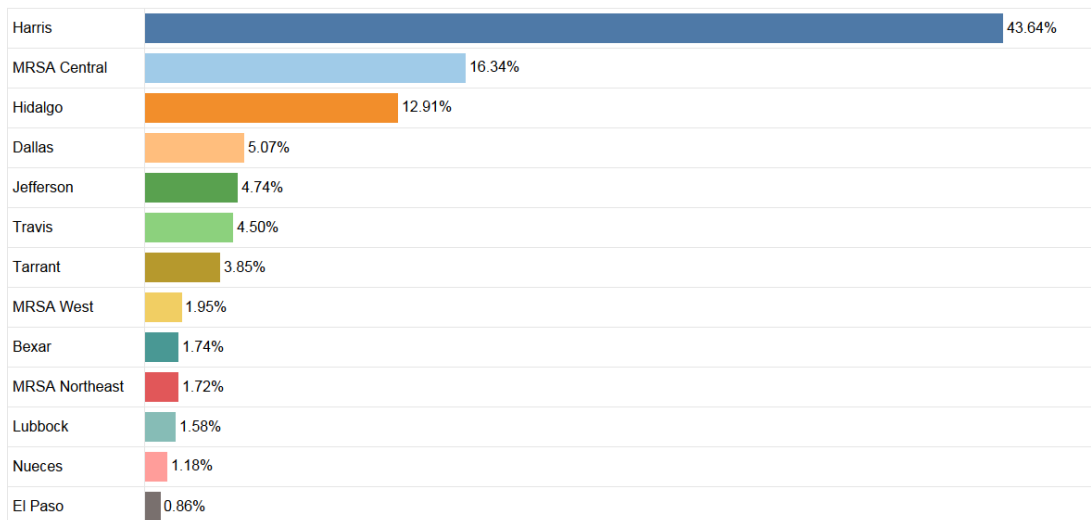
STAR MCOs rely on various mechanisms to identify and verify MSHCN in addition to member self-identification. HHSC does not provide MCOs an all-inclusive list of conditions that should be included in MSHCN criteria. Most STAR MCOs employ a combination of methods including provider referrals, risk assessments, member self-assessments, and utilization reviews. For example, Cook relies on a combination of member screening and predictive modeling to identify members. Sendero identifies members as MSHCN if they meet specific diagnosis criteria. A small number of STAR MCOs use predictive modeling and specific diagnosis criteria.

The number of MSHCN has varied over time for some plans that have changed identification processes, and the total number of MSHCN decreased since the last reporting period. For example, some plans reported implementing member survey processes to verify MSHCN status.

Total STAR MSHCN by MCO



Total STAR MSHCN by SDA



E. MEDICAID ELIGIBILITY CHANGES

There are no upcoming Medicaid eligibility changes.

F. ANTICIPATED CHANGES IN POPULATIONS OR BENEFITS

There are no anticipated changes in populations or benefits to report at this time.

III. DELIVERY NETWORKS AND ACCESS

This subsection addresses the quarterly and annual reporting requirements found in STCs 26(e), 41(a), 42(b) and 71. Supporting data is located in Attachments C through J. HHSC routinely reviews various measures related to network adequacy, including those reported in the following section of this report: provider network counts, geo-access and out-of-network utilization. HHSC monitors these measures in combination with member complaints in order to assess the adequacy of MCO provider networks.

A. PROVIDER NETWORKS

This subsection includes quarterly healthcare and pharmacy provider counts for STAR and STAR+PLUS and dental provider counts for the Dental Program. The provider network methodology is contained in Attachment C1, provider network counts are reported in Attachment C2, and provider termination counts are reported in Attachment C3.

1. Primary Care Providers (PCPs)

MCOs are required to assign 100% of non-dual members to a PCP within 5 business days of MCO enrollment. Managed Care Contracts requires all MCOs to assign members to a PCP, and for all adult members to have access to at least one PCP and children to at least two age appropriate PCPs within established mileage standards.

2017 SFQ4 (June - August)

Across the STAR program statewide, the MCOs reported a total of 20,391 unique PCP providers, an increase of 453 (2.27%) from the prior quarter. The MCOs reported 16,134 unique PCP providers in the STAR+PLUS program statewide, an increase of 739 (4.8%) from the prior quarter. In the STAR Kids program, MCOs reported a statewide total of 15,417 unique PCP providers, an increase of 634 (4.29%) from the prior quarter.

2018 SFQ1 (September - November)

Across the STAR program statewide, the MCOs reported a total of 20,880 unique PCP providers, an increase of 459 (2.4%) from the prior quarter. The MCOs reported 17,156 unique PCP providers in the STAR+PLUS program statewide, an increase of 1022 (6.33%) from the prior quarter. In the STAR Kids program, MCOs reported a statewide total of 16,020 unique PCP providers, an increase of 603 (3.91%) from the prior quarter.

2. Specialists (non-pharmacy)

2017 SFQ4 (June - August)

Across the STAR program statewide, the MCOs reported 56,997 unique specialty providers, a decrease of 738 (1.28%) from the prior quarter. The MCOs reported 48,956 unique specialty providers in the STAR+PLUS program statewide, a decrease of 1820 (3.41%) providers from the previous quarter. In the STAR Kids program, MCOs reported a statewide total of 44,547 unique specialty providers, an increase of 1820 (4.26%) from the prior quarter.

2018 SFQ1 (September - November)

Statewide STAR program, MCOs reported 59,076 unique specialty providers, an increase of 2,079 (3.65%) from the prior quarter. The MCOs reported 52,000 unique specialty providers in the STAR+PLUS program statewide, an increase of 2,144 (4.3%) providers from the previous quarter. In the STAR Kids program, MCOs reported a statewide total of 47,277 unique specialty providers, an increase of 2,730 (6.13%) from the prior quarter.

3. Provider Terminations

Attachment C3 details data reported by the MCOs regarding the number of PCPs and specialists terminated in 2017 SFQ4 and 2018 SFQ1. The MCOs reported a variety of reasons for provider termination, including: providers failed to re-credential, termination requested by provider, MCO terminated for cause, provider left group practice, provider retired and provider closed practice.

4. Pharmacy Providers

2017 SFQ4 (June - August)

Across the STAR program statewide, the MCOs reported a total of 4,931 unique pharmacies, an increase of 27 (0.55%) pharmacies from the prior quarter. The MCOs reported 4,777 unique pharmacies in the STAR+PLUS program statewide, a decrease of 2 (-0.04%) pharmacies from the prior quarter. In the STAR Kids program, MCOs reported a statewide total of 4,860 unique pharmacies, an increase of 26 (.54%) from the prior quarter.

2018 SFQ1 (September - November)

Across the STAR program statewide, the MCOs reported a total of 4,990 unique pharmacies, an increase of 59 (1.2%) pharmacies from the prior quarter. The MCOs reported 4,855 unique pharmacies in the STAR+PLUS program statewide, an increase of 78 (-0.04%) pharmacies from the prior quarter. In the STAR Kids program, MCOs reported a statewide total of 4,910 unique pharmacies, an increase of 50 (1.03%) from the prior quarter.

All MCOs contract with pharmacies outside their primary SDA to ensure members have access to a pharmacy if they travel outside the SDA.

5. Dental Program Provider Counts

2017 SFQ4 (June - August)

In 2017 SFQ4, DentaQuest reported a total of 5,516 unique dental providers, an increase of 71 (1.3%) dental providers from the prior quarter. MCNA reported 4,366 unique dental providers, an increase of 101 (2.36%) dental providers from the prior quarter.

2018 SFQ1 (September - November)

In 2018 SFQ1, DentaQuest reported a total of 4,364 unique dental providers, a decrease of 1,152 (20.88%) dental providers from the prior quarter. MCNA reported 4,491 unique dental providers, an increase of 125 (2.86%) dental providers from the prior quarter.

B. PROVIDER OPEN PANEL

This section addresses annual reporting requirements found in STC 26(e) and 42(b), regarding the number of network providers accepting new Demonstration populations. Supporting data is located in charts below. All MCOs submit monthly files to the enrollment broker identifying the number of PCPs and main dentists who are accepting new Medicaid patients, described here as “open panel” PCPs and “open practice” dentists. This section reports the open panel percentage for the overall provider network. The state does not track the number of specialty providers accepting new patients, which is consistent with the Texas Department of Insurance’s network review practices. To determine whether the plans have adequate specialist networks, HHSC monitors member and provider complaints and tracks total network participation, geomapping results, and out-of-network utilization. Other sections of this report discuss these monitoring results.

The open panel PCP standard is a benchmark and the state routinely monitors additional measures discussed in this section of the report as indicators of network adequacy.

Even though the open panel rates for certain MCOs or service delivery areas do not meet the 80% benchmark, MCOs are required to assign 100% of non-dual eligible members to a PCP within five business days of MCO enrollment.

STAR, STAR+PLUS, STAR Kids Statewide

Across all programs, open panel PCP rates remained steady above the 80% benchmark in FY2017 SFQ4.

STAR, STAR+PLUS and STAR Kids by SDA

Throughout 2017 in the STAR and STAR Kids programs, all of the service delivery areas maintained open panel PCP rates above the 80% benchmark. In the STAR+PLUS program, open panel PCP rates fell below the 80% benchmark for all quarters in the Travis SDA.

STAR, STAR Kids, and STAR+PLUS by MCO

Across the STAR program, all but two MCOs open panel PCP rates remained steady above the 80% benchmark in 2017 SFQ4. Both Cook Children's and Texas Children's were below the benchmark for all 2017 quarters. In the STAR Kids program, the open panel PCP rate was above the 80% benchmark for all MCOs except one.

Although Cook Children's did not meet the benchmark for FY2017 for the STAR nor STAR Kids programs, the plan contracts with several PCPs that elect to maintain a closed panel. The PCPs provide services to a certain number of Medicaid clients as well as other clients not enrolled in these programs. In addition, Cook Children's has the flexibility of working with certain PCPs with a closed panel to agree to take on new members; this is normally achieved on a case-by-case basis. This agreement has allowed Cook Children's to maintain these providers. Texas Children's also works with several providers that chose to have a closed panel and Texas' Children's continues to work with providers to maintain open panels in order to meet member needs.

In the STAR+PLUS program all plans met or exceeded the 80% benchmark.

Dental Program

Both dental plans met the state's 90% benchmark for main dentists with open practices in every fiscal quarter of 2017.

PCP Open Panel by MCO

Program	MCO Name	Q1 2017	Q2 2017	Q3 2017	Q4 2017
STAR	Aetna	93.76%	93.85%	94.13%	94.40%
	Amerigroup	87.46%	87.18%	87.08%	87.34%
	BCBS	93.53%	93.08%	93.61%	94.32%
	CHC	91.55%	92.45%	88.97%	89.21%
	Christus	100.00%	100.00%	98.45%	96.40%
	Community First	91.94%	92.30%	92.51%	92.58%
	Cook Children's	63.93%	63.60%	65.33%	66.97%
	Driscoll Children's	98.21%	98.05%	98.08%	98.20%
	El Paso First	92.81%	92.59%	92.71%	93.39%
	FirstCare	88.82%	88.99%	89.25%	90.36%
	Molina	92.42%	92.67%	92.69%	92.57%

	Parkland	95.19%	95.40%	95.59%	95.76%
	Scott & White	88.62%	88.27%	87.35%	87.85%
	Sendero	93.44%	93.74%	93.75%	93.69%
	Seton	100.00%	99.39%	99.25%	98.76%
	Superior	84.83%	85.54%	85.78%	86.29%
	Texas Children's	78.40%	79.00%	77.71%	77.45%
	United	94.28%	94.28%	88.31%	89.07%
STAR+PLUS	Amerigroup	85.25%	85.19%	85.16%	85.57%
	Cigna-HealthSpring	91.04%	89.98%	89.00%	89.84%
	Molina	90.95%	90.94%	91.02%	91.32%
	Superior	82.14%	83.20%	83.57%	84.23%
	United	94.33%	94.25%	90.56%	90.61%
STAR Kids	Aetna	100.00%	100.00%	100.00%	100.00%
	Amerigroup	97.18%	92.82%	92.26%	92.55%
	BCBS	96.15%	95.99%	95.88%	96.47%
	Children's Medical Center	100.00%	100.00%	100.00%	100.00%
	Community First	90.00%	90.08%	89.70%	90.08%
	Cook Children's	60.76%	61.77%	65.54%	67.34%
	Driscoll Children's	98.23%	97.96%	96.34%	96.38%
	Superior	87.54%	89.70%	90.83%	90.99%
	Texas Children's	96.60%	94.32%	84.78%	84.87%
	United	97.59%	96.97%	95.25%	93.23%

PCP Open Panel by SDA

Program	SDA	Q1 2017	Q2 2017	Q3 2017	Q4 2017
STAR	Bexar	91.37%	91.48%	91.68%	91.86%
	Dallas	91.60%	90.59%	89.88%	90.08%
	El Paso	97.44%	97.98%	97.91%	98.17%
	Harris	93.80%	93.75%	93.33%	93.53%
	Hidalgo	97.50%	97.55%	97.52%	97.46%
	Jefferson	93.91%	93.98%	92.21%	92.48%
	Lubbock	92.49%	92.43%	92.92%	92.84%
	MRSA C	83.99%	83.93%	84.32%	84.46%
	MRSA N	88.43%	88.16%	88.05%	88.45%
	MRSA W	87.90%	87.99%	88.34%	87.74%
	Nueces	97.32%	97.89%	97.22%	96.85%

	Tarrant	88.93%	88.09%	87.23%	87.81%
	Travis	93.60%	93.81%	93.69%	94.08%
STAR+PLUS	Bexar	84.14%	84.73%	85.46%	85.96%
	Dallas	83.66%	84.51%	84.76%	85.74%
	El Paso	96.27%	96.14%	96.29%	95.94%
	Harris	93.34%	92.98%	91.30%	91.74%
	Hidalgo	97.35%	97.41%	97.15%	97.17%
	Jefferson	92.47%	92.27%	90.35%	90.68%
	Lubbock	91.51%	91.58%	91.88%	92.05%
	MRSA C	80.97%	82.41%	83.00%	83.65%
	MRSA N	95.78%	93.88%	93.22%	93.08%
	MRSA W	91.35%	91.92%	92.37%	92.51%
	Nueces	95.73%	96.09%	95.67%	95.75%
	Tarrant	83.02%	81.96%	81.57%	82.57%
	Travis	77.50%	78.29%	78.02%	79.12%
STAR Kids	Bexar	81.07%	83.08%	86.48%	87.17%
	Dallas	98.39%	88.85%	88.12%	88.54%
	El Paso	96.85%	96.95%	97.60%	97.75%
	Harris	98.33%	97.36%	94.32%	93.20%
	Hidalgo	97.89%	97.95%	97.45%	97.57%
	Jefferson	94.23%	93.73%	85.79%	82.43%
	Lubbock	92.44%	94.89%	96.04%	96.01%
	MRSA C	97.40%	97.31%	97.08%	97.26%
	MRSA N	99.03%	97.94%	97.42%	96.80%
	MRSA W	92.75%	93.98%	94.43%	94.81%
	Nueces	96.54%	96.86%	96.38%	96.21%
	Tarrant	95.34%	95.83%	93.51%	93.57%
	Travis	93.69%	93.59%	93.73%	94.44%

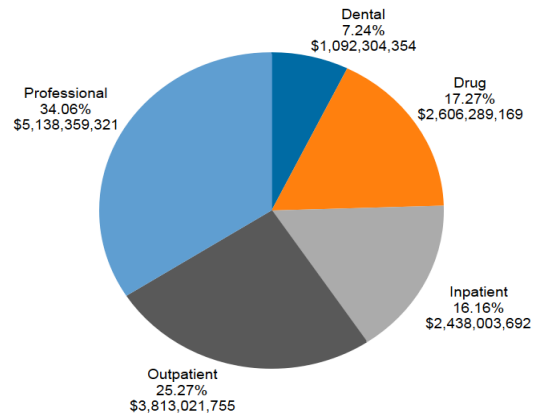
C. SERVICE UTILIZATION

This subsection addresses annual reporting requirements found in STC 26(e). Analysis of service utilization is completed using SFY 2016 acute care services and pharmacy services encounter data. Long term services and supports are not included and expenditures represent the amount the MCO reimbursed the provider.

Depicted in the figures below, professional claims made up over 34.06% of the total expenditures in STAR and STAR+PLUS in SFY 2016. "Inpatient" refers to inpatient hospital services and "outpatient" refers to services received at a hospital on an outpatient basis and at non-hospital

facilities. Professional claims account for about one-third of expenditures.

Expenditures by Claim Type (2016)



Expenditures by Program and Claim Type (2016)

Type	Program	
Professional	STAR	\$2,310,368,508
	STAR+PLUS	\$2,827,990,813
Inpatient	STAR	\$1,750,464,666
	STAR+PLUS	\$687,539,026
Outpatient	STAR	\$1,358,070,324
	STAR+PLUS	\$2,454,951,431
Drug	STAR	\$1,241,190,068
	STAR+PLUS	\$1,365,099,101
Dental	Medicaid Dental	\$1,075,252,275
	STAR	\$1,694,719
	STAR+PLUS	\$15,357,360

Expenditures by SDA (2016)

SDA	Total Expenditures	
Harris	\$2,959,007,722	21.12%
Hidalgo	\$1,892,065,473	13.50%
Dallas	\$1,687,344,077	12.04%
Bexar	\$1,216,359,688	8.68%
Tarrant	\$1,186,389,509	8.47%
MRSA Northeast	\$1,012,235,196	7.22%
MRSA West	\$812,909,149	5.80%
Travis	\$707,879,617	5.05%
MRSA Central	\$684,495,154	4.88%
Nueces	\$583,015,735	4.16%
El Paso	\$477,903,048	3.41%
Jefferson	\$452,308,770	3.23%
Lubbock	\$340,812,877	2.43%

Average Monthly STAR Enrollment and Expenditures by SDA (2016)

SDA	Monthly Average Number of Eligible Clients	% of Total - Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total - Monthly Average Expenditures
Harris	698,519	23.63%	\$132,841,519	23.93%
Hidalgo	361,885	12.24%	\$68,142,043	12.27%
Dallas	404,892	13.70%	\$73,418,330	13.22%
Tarrant	269,594	9.12%	\$49,353,359	8.89%
Bexar	252,611	8.54%	\$48,198,155	8.68%
MRSA Northeast	168,607	5.70%	\$31,265,911	5.63%
MRSA West	155,222	5.25%	\$28,782,545	5.18%
MRSA Central	131,470	4.45%	\$23,160,228	4.17%
Travis	148,106	5.01%	\$27,387,145	4.93%
El Paso	126,299	4.27%	\$20,811,446	3.75%
Nueces	86,368	2.92%	\$21,390,971	3.85%
Lubbock	76,580	2.59%	\$14,473,796	2.61%
Jefferson	76,201	2.58%	\$15,923,576	2.87%




















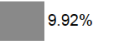
Average Monthly STAR+PLUS Enrollment and Expenditures by SDA (2016)

SDA	Monthly Average Number of Eligible Clients	% of Total - Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total - Monthly Average Expenditures
Harris	103,212	19.22%	\$113,742,458	18.57%
Hidalgo	67,805	12.63%	\$89,530,080	14.62%
Dallas	61,727	11.50%	\$67,193,677	10.97%
Bexar	47,041	8.76%	\$53,165,153	8.68%
MRSA Northeast	46,464	8.65%	\$53,087,022	8.67%
Tarrant	39,627	7.38%	\$49,512,433	8.08%
MRSA West	38,387	7.15%	\$38,959,884	6.36%
MRSA Central	29,809	5.55%	\$33,881,035	5.53%
Travis	26,021	4.85%	\$31,602,823	5.16%
Nueces	22,093	4.11%	\$27,193,673	4.44%
Jefferson	20,426	3.80%	\$21,768,822	3.55%
El Paso	20,458	3.81%	\$19,013,808	3.10%
Lubbock	13,835	2.58%	\$13,927,277	2.27%







Average STAR Monthly Expenditures by Program and MCO (2016)

MCO Name	Monthly Average Number of Eligible Clients	% of Total - Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total - Monthly Average Expenditures
Superior	707,292	23.92%	\$132,508,962	23.87%
Amerigroup	573,528	19.40%	\$96,007,241	17.29%
Texas Children's	338,822	11.46%	\$59,430,258	10.71%
CHC	241,044	8.15%	\$52,051,580	9.38%
Parkland	176,495	5.97%	\$34,490,171	6.21%
Driscoll Children's	142,700	4.83%	\$30,136,939	5.43%
United	121,658	4.12%	\$27,851,824	5.02%
Community First	110,178	3.73%	\$20,499,832	3.69%
Molina	101,222	3.42%	\$18,974,591	3.42%
FirstCare	96,043	3.25%	\$18,889,578	3.40%
Cook Children's	100,679	3.41%	\$18,559,096	3.34%
Aetna	73,852	2.50%	\$14,225,707	2.56%
El Paso First	67,374	2.28%	\$11,279,268	2.03%
Scott & White	43,762	1.48%	\$8,043,086	1.45%
BCBS	25,102	0.85%	\$5,516,706	0.99%
Seton	17,737	0.60%	\$2,988,386	0.54%
Sendero	12,637	0.43%	\$2,310,954	0.42%
Christus	6,229	0.21%	\$1,384,845	0.25%

Average STAR+PLUS Monthly Expenditures by Program and MCO (2016)

MCO Name	Monthly Average Number of Eligible Clients	% of Total - Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total - Monthly Average Expenditures
Superior	 144,632	 26.94%	 \$167,564,176	 27.35%
Amerigroup	 137,294	 25.57%	 \$143,898,495	 23.49%
United	 114,657	 21.36%	 \$138,714,856	 22.64%
Molina	 89,482	 16.67%	 \$101,636,731	 16.59%
Cigna-HealthSpring	 50,839	 9.47%	 \$60,763,888	 9.92%

Average Dental Monthly Expenditures by MCO (2016)

MCO Name	Monthly Average Number of Util Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditures
DentaQuest	 190,501	 \$51,319,342	 57.27%
MCNA	 141,192	 \$38,285,014	 42.73%

D. GEOACCESS

This subsection includes quarterly HHSC network adequacy analysis and geo-mapping for all programs and providers in accordance with STC 41(a). The data sources HHSC uses to complete the analysis and geo-mapping are from the provider files except for pharmacy providers, which are based on MCO self-report. The MCOs are required, by contract, to provide access to at least 90% of its members in each program and service area, for each provider type, within the prescribed distance or travel time standard for each quarter with the exception of pharmacy providers. Attachment E provides distance and travel time benchmarks per county designation for each provider type. Pharmacy provider bench marks are outlined below.

As described in previous reports, travel time and distance geo-access data will be presented in Attachment H with respect to the metro, micro, and rural county designations by provider type. MCO and SDA level data is monitored by HHSC, but due to the amount of raw data, information will be provided in the narrative below for those below the 90% benchmark at the MCO and county designation level with the exception of PCP data which is provided at the MCO and SDA level. Attachment J, Pharmacy GeoMapping, data is provided with respect to program and SDA. As HHSC continues to implement the new process, we continue to work closely with MCOs to ensure that provider files are complete. Additionally, CAPs were issued for all MCOs in the STAR and

STAR Kids program that did not meet at least 75% access for their members in 2017 SFQ4.

The requirements for provider types vary by program and population as described below.

- All STAR, STAR Kids and STAR+PLUS members: PCPs, cardiovascular disease specialist, general surgeon, obstetrician/gynecologist for female members, ophthalmologist, orthopedist, psychiatrist, outpatient behavioral health services, acute care hospitals and pharmacy;
- Children in STAR, STAR Kids, and STAR+PLUS: otolaryngologist (ENT);
- Adults in STAR+PLUS: urologist;
- Dental members: main dentists, pediatric dentist, endodontist, oral surgeons, orthodontist; periodontist and prosthodontist.

If the MCO does not meet the geomapping mileage standards, it may submit a time-limited special exception request. The request must include supporting detail and an explanation why the exception should be granted. HHSC staff review the exception request and may consider additional factors such as known marketplace issues when granting an exception. The exception may be granted for the quarter in which the exception was submitted and up to three subsequent state fiscal quarters and during this time, plans will not be subject to remedy.

1. Access to PCPs and Specialty Providers

2017 SFQ4 (June - August)

Geoaccess for the following provider types is reported in Attachment H1 (by program and county designation): cardiovascular, ENT, hospital acute care, nursing facility, OBGYN, prenatal care, psychiatrist, and therapy (OT, PT, ST).

The following plans did not meet the 90% access standard (by provider, program, county designation and MCO):

Cardiovascular

- STAR: Micro-Driscoll, Molina, Seton, and United; Rural-El Paso First and First Care, and Texas Children's
- STAR+PLUS: Micro-Molina; Rural-Amerigroup
- STAR KIDS: Micro-BCBS, Driscoll, and Superior; Rural-Amerigroup

ENT

- STAR: Metro- FirstCare; Micro- Driscoll, Molina, and United; Rural-FirstCare
- STAR Kids: Micro- Driscoll; Rural- Amerigroup and BCBS
- STAR+PLUS: Micro- Molina; Rural- Amerigroup

Hospital- Acute Care

- STAR: Metro-Driscoll, FirstCare, and Molina; Mirco- Driscoll, Molina, and Firstcare; Rural-Aetna, Amerigroup, Christus, Community Health Choice, Driscoll, El Paso First, FirstCare, Molina, Sendero, Seton and United
- STAR Kids: Metro: CMC; Rural: Amerigroup and CMC
- STAR+PLUS: Micro- Molina; Rural- Amerigroup and Molina,

Nursing Facility

- STAR+PLUS: Metro, Micro, and Rural-Cigna

OBGYN

- STAR: Metro/Micro/Rural-FirstCare
- STAR Kids: Micro-Driscoll
- STAR Plus: Metro/Micro/Rural-Cigna

Prenatal Care

- STAR: Metro/Micro- FirstCare; Rural- El Paso First, FirstCare, and Molina
- STAR Kids: Metro- Children's Medical Center; Micro- Driscoll and Texas Children's;
- STAR Plus: Micro-Molina; Rural-Cigna and Molina

Psychiatrist

- STAR: Metro/Micro-FirstCare and Molina; Rural- El Paso First, Molina, FirstCare and Superior
- STAR Kids: Micro-BCBS, Superior, and Texas Children's; Rural- Amerigroup and Superior
- STAR Plus: Micro- Molina and Superior; Rural- Amerigroup, Molina and Superior

Therapy OT PT ST

- STAR: Metro/Micro/Rural- FirstCare

2018 SFQ1 (September - November)

All STAR Kids plans, across all SDAs, met the benchmark for PCP access as shown in Attachment H2. The following plans did not meet the 90% access standard for two PCPs:

STAR

- El Paso First- El Paso SDA
- Molina- Hidalgo SDA
- Superior- El Paso and Hidalgo SDA

STAR+PLUS

- Cigna- Hidalgo SDA
- Molina- Hidalgo SDA

Geoaccess for the following provider types is reported in Attachment H3 (by program and county designation): behavioral health, general surgeon, Opthamologist, orthopedist, pediatric subspecialties, and urologists.

The following plans did not meet the 90% benchmark for the below Medicaid specialties (by provider, program, county designation and MCO):

Behavioral Health-Outpatient

- STAR: Metro/Micro/Rural-FirstCare

General Surgeon

- STAR: Micro- Driscoll and FirstCare; Rural- El Paso First
- STAR Kids: Micro- Driscoll

Opthamologist

- STAR: Micro-Cook, Driscoll, and United; Rural- Amerigroup, El Paso First, and FirstCare
- STAR Kids: Metro- BCBS, CMC, and Cook; Micro- Cook, Driscoll, Texas Children's and United; Rural- Amerigroup and Superior
- STAR Plus: Rural- Amerigroup

Orthopedist

- STAR: Micro- Driscoll, Molina, Superior, and United; Rural- El Paso First and FirstCare
- STAR Kids: Micro- Superior and Texas Children's
- STAR Plus: Micro- Cigna, Molina, and Superior

Pediatric Subspecialties

- STAR: Micro- Seton, Superior and United; Rural-FirstCare
- STAR Kids: Micro- Superior, Texas Children's and United

Urologist

- STAR: Metro-Driscoll and FirstCare; Micro: Driscoll, Molina, Superior, Texas Children's and United; Rural- Driscoll, El Paso, FirstCare, Sendero, Superior, Texas Children's and United
- STAR Kids: Metro- Driscoll, Superior and Texas Children's; Micro- Cook, Driscoll, Superior, Texas Children's and United; Rural- Amerigroup, Driscoll, Superior, Texas Children's and United
- STAR Plus: Micro- Molina and Superior; Rural- Amerigroup, Cigna, Superior, and United

2. Access to Pharmacy

Attachment J provides summaries of MCO self-reported geo-mapping data by plan and SDA for pharmacies. For all STAR, STAR Kids and STAR+PLUS SDAs, the following benchmarks applied:

- 75% – access to a network pharmacy in urban counties within 2 miles
- 55% – access to a network pharmacy in suburban counties within 5 miles
- 90% – access to network pharmacy in rural counties within 15 miles
- 90% – access to a 24-hour pharmacy in all counties within 75 miles

Certain areas continued to have deficiencies in meeting access standards in 2017 SFQ4 and 2018 SFQ1. Several programs complied with the standard for urban county residents to be within 2 miles of a pharmacy in the STAR MRSA. There were only six exceptions to compliance in 2017 SFQ4 and seven in 2018 SFQ1. Fewer programs complied with the standard for members in suburban counties residing within 5 miles of one pharmacy in STAR+PLUS and non-MRSA STAR as there were several exceptions to compliance. It is important to note that 100% of members have access to mail order pharmacies; this serves as an important accessibility benefit for both members who require maintenance medications to manage chronic health conditions and for members who lack access to transportation.

In addition, according to the Pharmacy Benefits Managers (PBMs) for all MCOs, Medicaid members may access any network pharmacy enrolled with the Texas Medicaid Vendor Drug Program within or outside of the distance criteria.

3. Dental Geo-mapping

The dental contracts require plans to provide access to at least two providers within the following benchmarks and travel distances:

- 95% –main dentist in metro areas within 30 miles;
- 95% –main dentist in micro areas within 30 miles; and
- 95% –main dentist in rural areas within 75 miles.

2017 SFQ4 (June - August)

Access to dental specialty providers (periodontists, oral surgeons, endodontists and prosthodontists) is limited in some parts of Texas as depicted in Attachment H4. Additionally, HHSC continues to work with the DMOs to ensure provider files are complete. Both DMOs report monitoring the State Licensing Board's and HHSC claims administrator's websites and utilizing other internet resources in an effort to identify potential recruitment opportunities.

2018 SFQ1 (September - November)

In 2018 SFQ1, both DentaQuest and MCNA maintained sufficient provider networks for main dentists in all areas as shown in Attachment H5.

E. PROVIDER 24/7 AVAILABILITY

After-hours access is especially important on a recurring basis for access to PCPs, 24 hour pharmacies, emergency hospital care, and behavioral health services. This section fulfills the annual reporting requirement of STC 41(c), MCO compliance with access to providers 24 hours a day, 7 days a week (24/7). The managed care contracts outline accessibility and availability requirements, including access to emergency and behavioral health services; access to PCPs 24 hours a day, 7 days a week; and appointment availability and wait times.

According to the managed care contracts, MCOs must ensure compliance with provider 24/7 accessibility through their provider networks.¹

- **General Emergency Services**

According to the managed care contracts, emergency services must be provided to members without regard to prior authorization or the provider's contractual relationship to the MCO, and general patterns of access are addressed in the out-of-network section of this report.

If medically necessary covered services are not available through network providers, the MCO must, upon the request of a network provider, allow a referral to a non-network physician or provider within the time appropriate to the circumstances relating to the delivery of the services and the condition of the patient, but in no event to exceed five business days after receipt of

¹ [Uniform Managed Care Terms and Conditions \(UMCC\)](#) 8.1.3 and 8.1.4

See also Title 28 of the Insurance code, Rule 11.1607 that a sufficient number of PCPs be available and accessible 24 hours per day, seven days per week within an HMO's service delivery area.

reasonably requested documentation.

- Pharmacy

According to the managed care contracts, MCOs must guarantee access to at least one 24-hour pharmacy within 75 miles. Attachment J provides pharmacy GeoMapping for all MCOs by program and service delivery area.

- Behavioral Health

According to the managed care contracts, the MCOs must have a toll-free hotline to handle routine, emergency, and crisis behavioral health calls. The hotline must be available 24 hours a day, 7 days a week. MCOs are required to meet and report hotline performance standards to HHSC each quarter (see Attachments M1 - M4). More information is provided in the Consumer Issues section listed under the Hotline Call Volume and Performance subsection.

- Twenty-four Hour PCP Access

HHSC requires MCOs to make best efforts to ensure that PCPs are accessible 24 hours per day, 7 days a week and outlines very specific criteria for what constitutes compliance in the managed care contracts. For example, providers must offer after-hours telephone availability through an answering service, recorded messages with contact information for on-call PCP, or call forwarding that routes the caller to the on-call PCP or an alternate provider.

Each MCO is also required to systematically and regularly verify that covered services furnished by PCPs meet the 24/7 access criteria and enforce access standards where the providers are non-compliant. MCOs survey providers on a quarterly, semiannual or annual basis to assess compliance for 24/7 and after-hours provider accessibility. MCOs utilize methods including computer -assisted telephone interviews, telephone surveys (non-computerized), mailed surveys, monthly secret shopper calls and face-to-face provider visits to measure provider accessibility compliance with the HHSC contractual standards. Provider Compliance rates for 24/7 accessibility ranged from 8.39% to 100%. Providers who are not in compliance with HHSC's contractual standards receive phone calls or letters detailing the contractual requirements and are subject to remediation methods including mailed provider re-education letters regarding the managed care contractual standards, follow-up surveys, face-to-face re-education (e.g. evaluating/coaching provider staff, trainings) and unscheduled calls to providers to reassess compliance. MCOs employ contractual remedies for the provider until compliance is achieved or the provider contract is terminated.

- External Quality Review Organization (EQRO) Member Satisfaction Surveys

Currently, the most recent EQRO member satisfaction surveys are complete and results will be submitted to CMS as part of the annual summary of activities report.

F. OUT-OF-NETWORK UTILIZATION

As required by Texas law,² the State monitors health and dental plans' use of out-of-network (OON) facilities and providers.³ In each SDA, OON utilization should not exceed the following thresholds:

- 15% of inpatient hospital admissions;
- 20% of emergency room (ER) visits; and
- 20% of total dollars billed for other outpatient services.

2017 SFQ4 (June - August)

Attachment D details the OON utilization rates by program, MCO and SDA. The following plans listed below exceeded OON utilization standards in 2017 SFQ4. The State will continue to monitor these plans and will require corrective action or other remedies if appropriate.

STAR

- Aetna: Bexar and Tarrant SDAs
- Amerigroup: Harris, and MRSA Central SDAs
- Christus: Nueces SDA
- First Care: MRSA West SDA
- Molina: Dallas and Jefferson SDAs
- Seton: Travis SDA
- Texas Children's: Harris SDA

STAR+PLUS

- Amerigroup: Harris and Tarrant SDAs
- Cigna Health-Spring: Tarrant and Hidalgo SDAs
- Molina: Dallas SDA
- Superior: Dallas and MRSA West SDAs
- United: Harris and MRSA Central SDAs

STAR Kids

- Amerigroup: Dallas, El Paso, and Harris SDAs
- Children's Medical Center: Dallas SDA
- Texas Children's: Harris, Jefferson, and MRSA Northeast SDAs

² Texas Government Code §533.005(a)(11).

³ 1 Texas Administrative Code §353.4(e)(2).

- United: MRSA Central SDA

HHSC has recommended LDs for Christus (Nueces SDA) and approved special exception requests for the following MCOs/SDAs:

- Aetna (STAR-Bexar and Tarrant SDAs)
- Amerigroup (STAR-Harris and MRSA Central SDAs and STAR+PLUS-Tarrant and Harris SDAs)
- First Care (STAR-MRSA West SDA)
- Texas Children's (STAR-Harris SDA)
- Molina (STAR-Dallas and Jefferson SDA and STAR+PLUS-Dallas SDA)
- Superior (STAR+PLUS-Dallas and MRSA West SDAs)
- Cigna (STAR+PLUS-Hidalgo and Tarrant SDAs)
- United (STAR+PLUS-Harris and MRSA Central SDAs)

The State will continue to monitor these plans and will require corrective action or other remedies if appropriate. All STAR Kids MCOS are exempt from OON performance standards due to continuity of care contract provisions. This exemption will be through 2018 SFQ2 allowing for claims lag. A description of the special exception request process is detailed below.

Dental plans continued to report OON utilization well below the 20% threshold at 0% for 2017 SFQ4. In the Dental Program, the 20% standard for "other services" applies to out-of-network dental services.

2018 SFQ1 (September - November)

The following plans listed below exceeded OON utilization standards in 2018 SFQ1. The State will continue to monitor these plans and will require corrective action or other remedies if appropriate.

STAR

- Aetna: Bexar and Tarrant SDAs
- Amerigroup: Harris, and MRSA Central SDAs
- Christus: Nueces SDA
- Molina: Dallas and Jefferson SDAs
- Seton: Travis SDA
- Texas Children's: Harris SDA

STAR+PLUS

- Amerigroup: Harris SDA
- Cigna Health-Spring: Tarrant and Hidalgo SDA

- Molina: Dallas and Harris SDAs
- Superior: Dallas SDA
- United: Harris and Jefferson SDAs

STAR Kids

- Amerigroup: Lubbock and Harris SDAs
- Children’s Medical Center: Dallas SDA
- Driscoll: Hidalgo SDA
- Superior: MRSA West SDA
- Texas Children’s: Harris and MRSA Northeast SDAs
- United: Jefferson and MRSA Central SDAs

HHSC approved special exception requests for the following MCOs:

- Aetna (STAR-Bexar and Tarrant SDAs)
- Texas Children’s (STAR-Harris SDA)
- Seton (STAR Travis SDA)
- Molina (STAR-Dallas and Jefferson SDAs and STAR+PLUS-Dallas SDA)
- Cigna (STAR+PLUS-Hidalgo and Tarrant SDAs)
- Superior (STAR+PLUS-Dallas SDA)

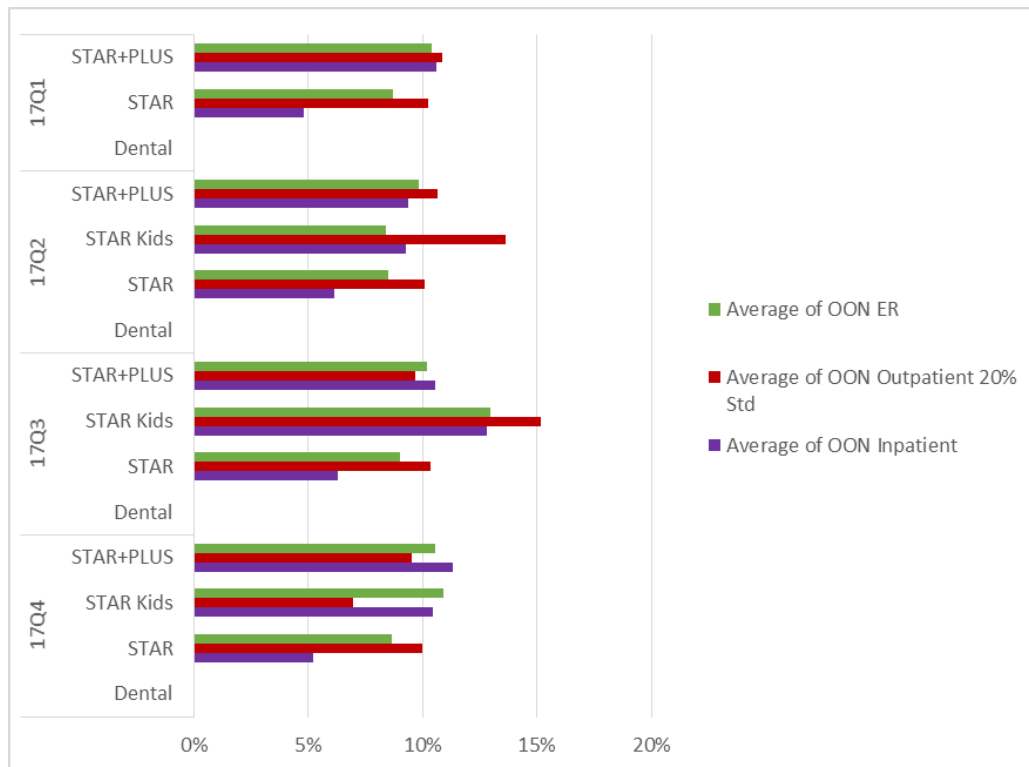
The State will continue to monitor these plans and will require corrective action or other remedies if appropriate.

All STAR Kids MCOS are exempt from OON performance standards due to continuity of care contract provisions. This exemption will be through 2018 SFQ2 allowing for claims lag. A description of the special exception request process is detailed below.

Dental plans continued to report OON utilization well below the 20% threshold at 0% for 2018 SFQ1. In the Dental Program, the 20% standard for “other services” applies to out-of-network dental services.

2017 SFQ1 through SFQ4

Analysis of the 2017 OON data revealed, among STAR MCOs/SDAs, the average ER OON (-0.35%), inpatient (-1.07%) and outpatient (-0.37%) OON utilization rates decreased marginally from SFQ3 to SFQ4. In the STAR+PLUS program, the average ER (.36%) and inpatient (0.77%) increased while the outpatient OON (-0.14%) usage decreased from SFQ3 to SFQ4. In the STAR Kids program, the average ER (-2.03%), inpatient (-2.33%), and outpatient (-8.21) decreased from SFQ3 to SFQ4. The graph below includes the average ER, outpatient and inpatient utilization rates among the STAR, STAR Kids, and STAR+PLUS programs. The table below identifies, during SFY2017, the average outpatient OON was the largest in all four quarters for all programs except for STAR Kids in 2017Q4.



- Special Exception Request Process

Special Exception Requests (SERT) may be granted for MCOs that do not meet one or more of the Out-of-Network utilization standards. If an MCO does not meet one or more of the standards when submitting their quarterly deliverable(s), the MCO may submit a SERT. If approved, the MCO must submit the special calculation report within five business days of the SERT approval. The special calculation reports should exclude each provider(s) for which the SERT was approved.

IV. OUTREACH/INNOVATIVE ACTIVITIES TO ASSURE ACCESS

This section addresses the quarterly requirements for STC 71 regarding outreach and other initiatives to ensure access to care. The Dental Stakeholder Update addresses STC 42(c) and the Medicaid Managed Care Advisory Committee meeting update also addresses STC 71.

A. ENROLLMENT BROKER AND PLAN ACTIVITIES

The State's Enrollment Broker, MAXIMUS, performs various outreach efforts to educate potential clients about their medical and dental enrollment options. During the 2017 D6Q4 Demonstration period (July-September 2017) MAXIMUS sent 290,080 enrollment mailings to potential STAR, STAR Kids, and STAR+PLUS clients, and 199,249 mailings to potential Dental Program clients. MAXIMUS field staff completed 30,276 home visit attempts for these programs and 234,372 phone call attempts. Additionally, MAXIMUS completed 5,723 field events, which included enrollment events, community contacts, presentations, and health fairs.

During the 2018 D7Q1 Demonstration period (October - December 2017) MAXIMUS sent 267,667 enrollment mailings to potential STAR, STAR Kids, and STAR+PLUS clients, and 187,689 mailings to potential Dental Program clients. MAXIMUS field staff completed 23,874 home visit attempts for these programs and 127,784 phone call attempts. Additionally, MAXIMUS completed 6,485 field events, which included enrollment events, community contacts, presentations, and health fairs.

The full report for both 2017 D6Q4 and 2018 D7Q1 are available in Attachment L.

The State's managed care contracts also require health and dental plans to conduct provider outreach efforts and educate providers about managed care requirements. Plans must conduct training within 30 days of placing a newly contracted provider on active status. Training topics that promote access to care include:

- Covered services and the provider's responsibility for care coordination;
- The plan's policies regarding network and OON referrals;
- Texas Health Steps benefits; and
- The State's Medical Transportation Program.

To promote access to care, health and dental plans must update their provider directories on a quarterly basis and online provider directories at least twice a month. Plans also must mail member handbooks to new members no later than five days after receiving the State's enrollment file and to all members at least annually and upon request. The handbooks must describe how to access primary and specialty care.

Through the member handbooks and other educational initiatives, plans must instruct members on topics such as:

- How managed care operates;
- The role of the primary care physician or main dentist;
- How to obtain covered services;
- The value of screening and preventative care; and
- How to obtain transportation through the State's Medical Transportation Program.

B. DENTAL STAKEHOLDER MEETING

On October 13, 2017, HHSC participated in a quarterly meeting between the Texas Dental Association (TDA) and the dental maintenance organizations (DMOs). The meeting focused on policy and operational issues.

C. MEDICAID MANAGED CARE ADVISORY COMMITTEE

The State Medicaid Managed Care Advisory Committee (SMMC) serves as the central source for stakeholder input on the implementation and operation of Medicaid managed care.

Committee meetings were held on August 17, 2017, and November 9, 2017. At the August 2017 meeting, the SMMC discussed the committee's annual report to the Executive Commissioner and established a subcommittee to work on the report. The committee also discussed suggested changes and feedback to the SMMC Strategic Plan. HHSC will make the revised strategic plan with comments available prior to the next strategic plan subcommittee.

At the November 9, 2017 meeting, the committee received an update on state and federal legislative actions that have impacted Medicaid managed care, specifically: mental health screening, behavioral health, ensuring continued coverage, pharmacy benefits, telemedicine, and budget rider requirements. An update on the September 1, 2017 Medicaid managed care carve-in for recipients of Adoption Assistance, Permanency Care Assistance, and Medicaid for Breast and Cervical Cancer programs was also provided. The SMMC discussed the agency's operational plan and Medicaid organizational chart. Additionally, the SMMC discussed and adopted changes to the committee's strategic plan and the committee's report to the Executive Commissioner.

D. PUBLIC FORUM

In accordance with STC 14, Post Award Forum, HHSC afforded the public with an opportunity to provide comments on the progress of the Demonstration.

DY6 Q4 July - September 2017

The Medical Care Advisory Committee (MCAC) met on August 24th, 2017. The date, time and

location of the MCAC were published on the HHSC website prior to the meeting. The Associate Commissioner for Medicaid and Children's Health Insurance Program (CHIP) Services, provided information and updates regarding the Network Access Improvement Program (NAIP), 1115 waiver renewal negotiations and Special Legislative Session. Also on the agenda was a discussion regarding the DSRIP Program Demonstration Years 7-8, including reporting categories A-D. Members of the MCAC provided comments and questions related to renewal discussions (UC and DSRIP), DSRIP DY 7-8 reporting, DSRIP future, and had questions regarding opportunities for new DSRIP projects. No members of the public provided comment during the meeting.

DY7 Q1 October - December 2017

The Medical Care Advisory Committee (MCAC) met on November 16, 2017. The date, time and location of the MCAC were published on the HHSC website prior to the meeting. During the meeting, HHSC explained 1115 waiver renewal negotiations were ongoing and as soon as negotiations conclude, an update on the renewal would be provided. MCAC members provided input regarding concerns about the renewal from a provider's perspective. No members of the public provided comment during the meeting.

E. INDEPENDENT CONSUMER SUPPORTS SYSTEM PLAN

The structure and operation of the Independent Consumer Supports System (ICSS) aligns with the core elements provided in STC 21. The Texas ICSS consists of the HHSC Medicaid/CHIP Division, the Office of the Ombudsman, MAXIMUS and community support from the Aging and Disability Resource Centers (ADRCs). HHSC will provide relevant updates regarding ICSS in this section of the report each quarter.

DY6 Q4 July - September 2017

1. Office of the Ombudsman

Compared to the third quarter of 2017, the Ombudsman Managed Care Assistance Team (OMCAT) abandoned 24% additional calls averaging a call abandonment rate of 8% as compared to 6% calls abandoned in the previous quarter. The increase in calls abandoned is due to a procedural change intended to route more Spanish calls to bilingual staff; however this decreased the availability of staff for the English calls which are the majority of calls received. The decrease is also due to allowing staff more time off the phones to handle open assignments that could not be resolved on the first call. The office received a 67% increase in complaints in the fourth quarter as compared to the third. The increase in complaints can be attributed to: billing issues, MCOs not showing members as active in their systems when clients are trying to access prescriptions, and issues with eligibility and or recertification for Medicaid. The OMCAT unit continued to direct a managed care support network to better coordinate assistance provided to Medicaid managed care clients as mandated by state legislature. The network of entities includes the Ombudsman Office, the Long Term Care Ombudsman, the HHSC Medicaid / CHIP Division, Area Agencies on Aging,

and Aging and Disability Resource Centers and now meets quarterly. The network facilitated a meeting on June 22, 2017 for the fourth quarter.

2. Aging and Disability Resource Center (ADRC)

Local-level ADRC staff continue to participate in training activities about resources and referral protocols. Training this quarter included sessions on respite care programs to assist ADRCs in developing and implementing local programming to meet the needs of their communities. ADRCs also received training on fiscal management resources, nursing home placement, consumer-directed services, mental wellness for older adults, and the STAR Kids and Kincare program. Additionally, training was provided on strategies to engage community partners to expand supportive housing opportunities.

The dates and topics were as follows:

- July 17: Texas Health and Human Services – ADRC Respite Care Programs
- July 18: Texas Health and Human Services – Fiscal Management Resources
- July 26: Nursing Home Placement Process
- August 15: Consumer Directed Services
- August 22: Mental Health Parity and Mental Wellness for Older Adults
- August 24: Disordered Gambling Conference
- August 30: Engaging Community Partners to Expand Supportive Housing
- September 12: STAR Kids and Kincare
- September 26: ADRC Fiscal Management – Travel Policies and Budgeting

On July 17, 2017, the ADRC Advisory Committee convened and committee members received in-depth information on the types of respite care programs implemented by four ADRCs over the past three years. The ADRC presentations addressed targeted populations, as well as program partners, types of services provided, challenges and successes encountered, and case studies.

1. Office of the Ombudsman

Compared to the fourth quarter for FY17, the Ombudsman Managed Care Assistance Team (OMCAT) received an increase in complaints in the following programs:

- Superior STAR Plus in the Hidalgo service area regarding access to DME and access to prescriptions;
- Texas Children's Health Plan STAR in the Harris service area related to access to prescriptions;
- United Health Care STAR Plus in the Harris service area related to access to long term services and supports and access to in-network specialty care.

Some of the increase in complaints is attributable to the expansion of Adoption Assistance and Medicaid for Breast and Cervical Cancer that was transitioned into managed care during the first quarter of FY18.

The OMCAT unit continued to direct a managed care support network to better coordinate assistance provided to Medicaid managed clients as mandated by state legislature. The network of entities includes the Ombudsman Office, the Long Term Care Ombudsman, the HHSC Medicaid / CHIP Division, Area Agencies on Aging, and Aging and Disability Resource Centers and now meets quarterly. The network facilitated a meeting on September 14, 2017 for the first quarter of FY18.

2. Aging and Disability Resource Center (ADRC)

During the period of October through December 2017, ADRC staff continued to participate in training activities about core services, resources, and referral protocols. Training this quarter included a 1.5-day training conference for ADRC Housing Navigators, during which presentations were made by the Texas Department of Housing and Community Affairs ("Programs Overview"); the San Antonio Regional Housing and Urban Development Office ("Working with Housing and Urban Development in your Community"); and the Corporation for Supportive Housing ("Expanding Quality Supportive Housing 101" and "Effective Developer and Landlord Engagement"). Participants also attended an on-site session at an apartment complex to learn more about the "Tax Developer's Perspective."

Additionally, ADRCs received training on working with nursing facilities regarding Local Contact Agency referrals, as well as understanding the Legislative Budget Board (LBB) performance measures for which they must submit quarterly reports.

The dates and topics were as follows:

- November 8-9: Texas Health and Human Services – Housing Navigator Conference
- November 30: Section Q and the Local Contact Agency: What Nursing Facilities Need to Know
- December 5: ADRC LBB Measures

On October 16, 2017, the ADRC Advisory Committee convened and committee members and representatives from the 22 ADRCs received in-depth information on strategies for launching faith-based and volunteer respite programs at the local level.

F. HHSC MANAGED CARE INITIATIVES

Rider 175

Senate Bill 1, General Appropriations Act, 2017, 85th Regular Session, Texas Legislature, Article II, Health and Human Services Commission (HHSC), Rider 175 requires HHSC to develop performance metrics to better hold managed care organizations (MCOs) accountable for care of enrollees with serious mental illness (SMI). HHSC must submit a report to the Legislative Budget Board (LBB) and Office of the Governor by November 1, 2018, on the performance measure implementation. HHSC may also, if cost effective, develop and procure a managed care program for an alternative model by which to treat persons with SMI in Medicaid and CHIP in at least one service delivery area of the state. As part of its analysis, HHSC will post a request for information (RFI) seeking input from stakeholders regarding managed care services for persons with SMI. Specifically, HHSC is seeking:

- Information on best practices, including addressing gaps for serving individuals with SMI or SED;
- Recommendations on how to best monitor for quality and program outcomes; and
- Input from the public to inform HHSC on assumptions related to an integrated pilot program.

Integration

Through the implementation of SB 58, 83rd Texas Legislature, Regular Session, SB 200, 84th Legislature, Regular Session, and SB 74, 85th Legislature, Regular Session, HHSC has been working toward integrating physical and behavioral health care at the health plan level. SB 58, 83R required HHSC to carve mental health targeted case management and mental health rehabilitative services (MH TCM/Rehab) into managed care, and also required the state to pursue two health home pilots for people with co-occurring serious mental illness and at least one chronic condition. HHSC has carved MH TCM/Rehab into managed care and is currently updating the

Texas Administrative Code to be inclusive of private providers who did not deliver MH TCM/Rehab under the fee-for-service system. HHSC is also evaluating two health home pilot sites that have integrated primary care into a mental health care setting.

SB 200, 84R, required HHSC to monitor physical and behavioral health integration among Medicaid and CHIP managed care organizations (MCOs). HHSC has taken three tracks to comply with this requirement. First, identified additional monitoring mechanisms for targeted managed care contract provisions that have a focus on integrating physical and behavioral health. Second, the state identified existing integration-related quality measures, identifying four measures to review for trends. These measures have not been collected long enough to gauge patterns. The state also worked with our External Quality Review Organization (EQRO) to conduct an analysis of potentially preventable events among members with co-occurring behavioral health and physical health conditions. Third, the state developed and disseminated a survey to MCOs to measure their current level of integration in five categories: MCO organizational characteristics, multi-disciplinary health care approach, interdisciplinary communication, care coordination, and continuous quality improvement. The state is in the process of analyzing these results.

SB 74, 85R, requires that MCOs that subcontract their behavioral health services and delivery to a behavioral health organization do several things: effectively share and integrate care coordination, service authorization, and utilization management data, encourage co-location of physical and behavioral health care coordination staff, require warm call transfers between physical and behavioral health care coordination staff, implement joint rounds or another effective means of sharing clinical information for physical and behavioral health services network providers, and ensure that physical and behavioral health provider portals are linked seamlessly to the extent allowed by federal law. HHSC is currently adding these provisions to MCO contracts, and will require these provisions of all MCOs, regardless of whether or not they subcontract with a behavioral health organization.

V. COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA.

The State manages enrollment in a 24-month window that includes one prospective month and 23 prior period adjustment months. During successive processing cycles, this allows the State to verify prior enrollments and implement adjustments to them as necessary. The types of adjustments include revisions for newborns, deaths, change of SDAs and the addition of Medicare eligibility or eligibility attributes.

The State continues to conduct the quarterly MCO encounter financial reconciliation process for 2017 SFQ4 and 2018 SFQ Q1. The State will contact each plan that did not achieve the financial

reconciliation threshold, and advise them of the necessary steps to achieve contract compliance and, ultimately, certification.

VI. OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENTS/ISSUES

This section addresses STC 71, regarding operational issues identified during 2017 DY6Q4 and 2017 DY6Q5. It also addresses pending lawsuits that may potentially impact the Demonstration, and new issues identified during the reported quarter.

A. UPDATE FROM PRIOR QUARTER

HHSC has not identified any ongoing issues in the relevant subject matter sections of this report.

B. LITIGATION UPDATE

Below is a summary of pending litigation and the status. HHSC Legal is unaware of any threatened litigation affecting healthcare delivery.

Legacy Community Health Services, Inc., v. Janek (official capacity) and Texas Children's Health Plan. Filed on January 7, 2015, in the U.S. District Court for the Southern District of Texas. Plaintiff Legacy is a Federally Qualified Health Center (FQHC) and a Medicaid provider that was in Texas Children's Health Plan's (TCHP's) provider network. TCHP notified Legacy in December 2014 that Legacy was to be terminated as a provider in TCHP's plan. Legacy brought suit against both TCHP and HHSC's Executive Commissioner, alleging that HHSC's method of paying FQHCs is contrary to federal law. Legacy alleges first, that the State's process for providing reimbursement for services rendered to out-of-network patients allegedly violates the Medicaid Act, 42 U.S.C. § 1396b(m)(2)(A)(vii), and, second, that the State's delegation of its reimbursement responsibility to third-party Managed Care organizations allegedly violates the Act, id. § 1396a (bb)(5)(A). Plaintiff seeks injunctive relief under 42 U.S.C. § 1983 to remedy the alleged shortcomings in Texas's method for providing payments to Legacy for Medicaid services. FQHCs are guaranteed an encounter rate calculated under a methodology prescribed under 42 U.S.C. § 1396a (bb). HHSC ensures compliance with this provision by requiring MCOs to pay FQHCs the full encounter rate, and includes funds for such payments in the capitated rate paid to MCOs. Legacy asserts that HHSC must make supplemental ("wrap") payments directly to FQHCs. District Judge Keith Ellison conducted a hearing on January 28, 2015, and denied Legacy's request for a preliminary injunction. Legacy non-suited TCHP, but continues to maintain its claims against HHSC.

Both Legacy and HHSC filed motions for summary judgment and on May 3, 2016, the court ruled in favor of Legacy on the "wrap payment" portion of the case, finding that HHSC improperly delegated to the managed care organizations (MCOs) the responsibility of ensuring that the FQHCs receive their full encounter rate. The court also ruled that CMS approval of the

State Plan Amendment authorizing this payment methodology was arbitrary and capricious and asked CMS to file an advisory with the court concerning the issues in the case. CMS filed a Statement of Interest with the court on July 25, 2016, asserting that the payment methodology used by HHSC comports with federal law. On September 2, 2016, the court issued a final order, ruling that HHSC's "emergency services" language was in compliance with section 1396b(m)(2)(A)(vii) of the Medicaid Act, but that section 1396a(bb) requires the state to reimburse FQHCs for all Medicaid-covered services, both in-network and out-of-network services, regardless of whether the out-of-network services meet the requirements of § 1396b(m)(2)(A)(vii). HHSC filed a notice of appeal with the U.S. 5th Circuit Court of Appeals on October 13, 2016. HHSC filed Appellant's brief on January 18, 2017. Legacy filed Appellee's brief on March 29, 2017.

On January 31, 2018, the U.S. 5th Circuit Court of Appeals reversed the trial court's decision and ruled in favor of HHSC on all claims. Specifically, the appellate court ruled: (1) the Commission's requirement that MCOs fully reimburse FQHCs does not violate the Medicaid Act; (2) Legacy lacks standing to challenge the Commission's lack of a policy that the state directly reimburse an FQHC if it is not fully reimbursed by the MCO; and (3) Legacy is not entitled to reimbursement for the non-emergency, out-of-network services about which it complains.

Texas Children's and Seattle Children's Hospital v. Burwell (official capacity), Tavenner (official capacity), and CMS. Filed on December 5, 2014, in the U.S. District Court for the District of Columbia. District Judge Emmet Sullivan granted a preliminary injunction request by Plaintiffs, and required CMS to discontinue enforcing its policy published as "FAQ Number 33" and involving the inclusion of revenues associated with patients having coverage under both Medicaid and private insurance. The court also expressly prohibited CMS from taking action to recoup past Disproportionate Share Hospital (DSH) program overpayments based on a state's compliance with FAQ No. 33. The plaintiffs and CMS filed motions for summary judgment which remain pending before the court.

On April 24, 2017, CMS notified the court that CMS published a final rule amending the text of 42 C.F.R. § 447.299(c)(10), the regulation whose interpretation is at issue in the lawsuit, to clearly state that "Total Cost of Care for Medicaid IP/OP Services" is to be the computed net of third-party payments, including Medicare and private insurance payments. The amended rule became effective June 2, 2017.

HHSC notes that the same issue was litigated in state court. In 2013, Texas Children's Hospital (TCH) sued HHSC in state court alleging that by following CMS's FAQ 33, HHSC had improperly altered its method of calculating uncompensated care, adversely affecting TCH's disproportionate share and uncompensated care payments. That lawsuit was dismissed on March 29, 2014. However, TCH and co-plaintiff Seattle Children's now assert substantially the same theory against CMS in federal court litigation. Although HHSC is not a direct party to this federal litigation, HHSC recognizes that the outcome of this case could have a significant bearing on the

hospital disproportionate share and uncompensated care payment programs. Until the issue is resolved with clarity, the litigation may result in delays and uncertainty concerning the appropriate method of making the uncompensated care calculations for future payments and for recouping past DSH and uncompensated-care overpayments.

Filed in 1993, *Frew, et al. v. Smith, et al.* (commonly referred to as *Frew*), was brought on behalf of children birth through age 20 enrolled in Medicaid and eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. The class action lawsuit alleged that the Texas EPSDT program did not meet the requirements of the federal Medicaid Act. The Texas EPSDT program, known as Texas Health Steps (THSteps), provides comprehensive and preventive medical and dental services for children through age 20 enrolled in Medicaid. The parties resolved the *Frew* litigation by entering into an agreed consent decree, which the court approved in 1996. The decree sets out numerous state obligations relating to THSteps. It also provides that the federal district court will monitor compliance with the orders by the Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS) and that the federal district court will enforce the orders if necessary. In 2000, the court found the State defendants in violation of several of the decree's paragraphs. In 2007, the parties agreed to 11 corrective action orders to bring the state into compliance with the consent decree and to increase access to THSteps services. The corrective action orders touch upon many program areas, and generally require the state to take actions intended to ensure access to or measure access to Medicaid services for children. The Texas Medicaid program must consider these obligations in many policy and program decisions for Medicaid services available for persons from birth through 20 years of age.

In 2013, the U.S. district court vacated two of the eleven corrective action orders: (1) Check-Up Reports and Plans for Lagging Counties, and (2) Prescription and Non-Prescription Medications, Medical Equipment, and Supplies, and related paragraphs of the consent decree, after finding that the state defendants had complied with the required actions. The *Frew* Plaintiffs appealed the second order (regarding Prescription and Non-Prescription Medications, Medical Equipment, and Supplies) to the Fifth Circuit Court of Appeals. On March 5, 2015, the Fifth Circuit affirmed the district court's order vacating the corrective action order and related paragraphs of the consent decree, holding that the state had satisfied its obligations related to training Medicaid-enrolled pharmacists about EPSDT-covered pharmacy items. In February 2016, the U.S. Supreme Court denied the *Frew* Plaintiffs' petition for writ of certiorari seeking to have the Fifth Circuit's order reversed.

In 2014, the parties jointly agreed to vacate a corrective action order related to Toll-Free Numbers, and the related paragraph of the consent decree, for several Medicaid-related toll-free lines operated by the state and its contractors. The district court granted the parties' joint motion and vacated the toll-free numbers orders for all but one remaining helpline: a medical transportation line operated by one of the state's full-risk broker transportation contractors.

On January 20, 2015, the district court vacated a corrective action order related to an Adequate

Supply of Health Care Providers and several paragraphs of the consent decree relating to an adequate supply of healthcare providers. The Court found that the State had satisfied the terms of those orders by taking realistic and viable measures to enhance recipients' access to care through ensuring an adequate supply of healthcare providers (both primary care and specialists) by using targeted recruitment efforts, increasing reimbursement rates, and using best efforts to maintain updated lists of providers for recipients and other providers. In March 2016, the Fifth Circuit affirmed the district court's opinion vacating the decree paragraphs and most of the Adequate Supply of Health Care Providers corrective action order. The Fifth Circuit vacated and remanded to the district court for further proceedings the portion of the district court's order which held that the State had satisfied its obligation under the corrective action order to use provider assessments to identify provider "shortages" and implement corrective action based upon any shortages, because the parties and the district court did not define "shortages" correctly. Based upon the definition of "shortages" provided by the Fifth Circuit, the Fifth Circuit also vacated and remanded to the district court for further proceedings the portion of the district court's order which held that the State had satisfied its obligation under the corrective action order to have provider payment rates sufficient to attract enough providers to serve Medicaid recipients under age 21. In May 2016, the State filed petitions for *en banc* and panel rehearing in the Fifth Circuit regarding the March 2016 panel opinion. In November 2016, the Fifth Circuit denied those petitions for rehearing, issued its mandate, and remanded the above-discussed portions of the case to the district court for further proceedings in accordance with its opinion.

On September 28, 2015, the district court vacated two of the remaining corrective action orders: (1) Transportation Program, and (2) Health Care Provider Training, and related paragraphs of the consent decree, after finding that the state defendants had complied with the required actions. Plaintiffs did not appeal those two district court orders.

XW and KRW by their next friend, AW, and BA by his next friend, CB v. Smith and Snyder (official capacities). On December 6, 2016, three Plaintiffs (XW, KRW, and BA) filed Civil Action No. 5:16-cv-1235 in the U.S. District Court, Western District of Texas, San Antonio Division against HHSC's Executive Commissioner and State Medicaid Director. The suit alleges that the Plaintiffs have been diagnosed with Autism Spectrum Disorder and that the state officials are in violation of 42 U.S.C. § 1983 because they have denied the Plaintiffs Applied Behavior Analysis (ABA) as a Medicaid benefit under EPDST. Plaintiffs maintain the following claims: (1) Defendants violated, and continue to violate, Plaintiffs' right to receive ABA as an EPSDT benefit through the Medicaid program, in violation of 42 U.S.C. §§ 1396a(a)(43) and 1396d(r)(5); (2) Defendants violate Plaintiffs' right to have "available" ABA, in violation of 42 U.S.C. §§ 1396a(a)(10), 1396a(a)(43), and 1396d(r)(5); and (3) Defendants violate Plaintiffs' right to information about ABA as a Medicaid benefit, in violation of 42 U.S.C. § 1396a(a)(43)(A). In January 2018, after settling the lawsuit, the parties filed a joint stipulation of dismissal of the lawsuit.

C. NEW ISSUES

HHSC has not identified any new issues in the relevant subject matter sections of this report, other than those already reported in previous sections. There were no issues outside of the general categories typically reported and HHSC does not anticipate any significant issues or activities in the near future that affect healthcare delivery.

D. CLAIMS SUMMARY

This section addresses the requirements of STC 41(b) for biannual claims summary reporting, including the timeliness and accuracy of claims processing, and possible fraud and abuse detected.

1. Claims Adjudication

HHSC's managed care contracts include the following claims adjudication standards for clean claims:

- 98% must be adjudicated within 30 days;
- 98% of appealed claims must be adjudicated within 30 days;
- 99% must be adjudicated within 90 days; and
- 98% of pharmacy claims must be adjudicated within 18 or 21 days for electronic and paper claims, respectively.

Attachments V1 - V4 are summaries of the health and dental plans' 2017 SFQ3 through SFQ4 claims adjudication results. For these quarters, STAR, STAR Kids and STAR+PLUS MCOs reported results for acute care, behavioral health, vision services, and pharmacy claims. Additionally, STAR+PLUS and STAR Kids MCOs also reported results for LTSS claims. Dental plans reported results for all dental claims. Both dental plans met the claim adjudication standards for clean claims in 2017 SFQ3 and SFQ4. HHSC staff is in the process of developing an appropriate remedy for the MCOs that are not in compliance with the claims adjudication standards. The MCOs that are not in compliance with the claims adjudication standards are listed below.

STAR

Acute Care Claims

- Cook: Tarrant SDA
- Seton: Travis SDA
- Community 1st: Bexar
- Driscoll: Hidalgo and Nueces SDAs

- Sendero: Travis SDA

Behavioral Health Services Organization's Claims

- Amerigroup: Bexar, Jefferson, and MRSA West SDAs
- Christus: Nueces SDA
- Cook: Tarrant SDA
- Community 1st: Bexar SDA
- Driscoll: Hidalgo and Nueces SDAs
- First Care: Lubbock SDA
- Seton: Travis SDA
- Texas Children's: Harris and Jefferson SDAs

Vision Services Organization's Claims

- Amerigroup: Bexar, Harris, Jefferson, Lubbock, MRSA Central, Tarrant, MRSA Northeast and MRSA West SDAs
- Seton: Travis SDA
- Christus: Nueces SDA
- United: Harris, Hidalgo, and Jefferson SDAs

STAR+PLUS

Acute Care Claims

- Amerigroup: Bexar, Jefferson, and Lubbock SDAs
- Cigna-Heath Spring: MRSA Northeast SDAs
- Molina: Bexar, Dallas, El Paso, Harris, Hidalgo and Jefferson SDAs
- Superior: MRSA West SDA
- United: Harris and MRSA Central SDAs

Behavioral Health Services Organizations Claims

- Cigna-Health Spring: Hidalgo SDA
- United: MRSA Central and Travis SDA
- Molina: El Paso and Jefferson SDA

Vision Services Claims

- Amerigroup: Bexar, Harris, Jefferson, Lubbock, MRSA West, Tarrant, and Travis SDAs
- Molina: Dallas SDA
- United: Harris, Jefferson, MRSA Central, MRSA Northeast, Travis and Nueces SDAs

Long Term Care Organization's Claims

- Amerigroup: Lubbock and MRSA West SDAs
- Molina: Dallas, El Paso, Hidalgo, Jefferson and Harris SDAs
- United: MRSA Central, Jefferson, and Travis SDAs

STAR Kids

Acute Claims

- Aetna: Tarrant SDA
- BCBS: MRSA Central and Travis SDAs
- CMC: Dallas SDA
- Community 1st: Bexar SDA
- Cook Children's: Tarrant SDA
- Driscoll: Hidalgo and Nueces SDA
- Superior: Bexar, Lubbock, and MRSA West SDAs
- Texas Children's: Harris, Jefferson, and MRSA Northeast SDAs
- United: MRSA Central SDA

Behavioral Health Claims

- Community 1st: Bexar SDA
- Driscoll: Nueces and Hidalgo SDAs
- Texas Children's: Harris, Jefferson, and MRSA Northeast SDAs

Vision Claims

- Amerigroup: Dallas, Harris, and Lubbock SDAs
- United: Hidalgo, Jefferson, MRSA Central and MRSA Northeast SDAs

Long Term Care Organization's Claims

- Aetna: Tarrant SDA
- Amerigroup: MRSA West SDA
- BCBS: Travis SDA
- Community 1st: Bexar SDA
- Cook Children's: Tarrant SDA
- Driscoll: Hidalgo and Nueces SDA
- Superior: Bexar, El Paso, Hidalgo, Lubbock, MRSA West, Nueces, and Travis SDAs
- Texas Children's: Harris, Jefferson, and MRSA Northeast SDAs
- United: Harris, Jefferson, and MRSA Northeast SDA

2. Provider Fraud and Abuse

The State's managed care contracts require health and dental plans to form special investigative units that refer suspected cases of fraud, waste, or abuse to the HHSC Office of Inspector General (OIG). Attachments R1 - R2 is a summary of the referrals that STAR, STAR Kids, STAR+PLUS, and Dental Program plans sent to the OIG for FY 2017.

In SFQ3 and SFQ4, MCOs forwarded 87 suspected cases of fraud, waste, or abuse to the OIG. Most of these referrals related to non-appropriate billing and program non-compliance. OIG returned 7 of the cases to the MCO for the determination of appropriate action and launched a full scale investigation for 27 cases. Dental plans forwarded eight suspected cases of fraud, waste, or abuse to the OIG. All of these referrals were related to non-appropriate billing. OIG returned two of the cases to the MCO for the determination of appropriate action and launched a full scale investigation for four cases.

VII. ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

This section describes the State's action plan for addressing issues identified in the quarterly report as required by STC 71.

1. Managed Care Issues

Issues identified during the quarter have been addressed within the relevant subject matter sections of this report.

2. Litigation

Plans for addressing pending litigation are considered confidential client information, but HHSC will keep CMS informed of any significant court orders or decisions.

3. Other

There were no fiscal or systems issues, or legislative activity that occurred in 2017 D6.

VIII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

This section addresses the quarterly reporting requirements in STCs 52, 69 and 71 regarding financial and budget neutrality development and issues. Details on the budget neutrality calculations can be found in Attachment P.

There were no significant development issues or problems with financial accounting, budget neutrality and the CMS 64 or budget neutrality report for 2017 SFQ4 or 2018 SFQ1.

IX. MEMBER MONTH REPORTING

The tables below address the quarterly reporting requirements regarding eligible member month participants in compliance with STC 56.

DY6 Q4 July - September 2017

Eligibility Groups Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending Sept 2017
Adults	288,195	289,184	295,700	873,079
Children	2,588,365	2,591,953	2,661,419	7,841,737
AMR	356,083	356,430	356,325	1,068,838
Disabled	419,605	419,344	418,395	1,257,343

Eligibility Groups Not Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending Sept 2017
Adults in MRSA	-	-	-	-
Foster Care	34,974	35,260	35,402	105,636
Medically Needy	137	133	133	403
CHIP-Funded	273,746	273,071	272,769	819,586
Adoption Subsidy	53,992	54,264	-	108,255
STAR+PLUS 217-Like HCBS	18,755	18,808	18,920	56,482

DY7 Q1 October - December 2017

Eligibility Groups Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending Dec 2017
Adults	291,809	289,105	288,295	869,209
Children	2,668,653	2,679,274	2,685,079	8,033,007
AMR	357,539	357,627	357,652	1,072,818
Disabled	419,498	419,129	419,029	1,257,656

Eligibility Groups Not Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending Dec 2017
Adults in MRSA	-	-	-	-
Foster Care	35,688	36,016	36,261	107,965
Medically Needy	162	146	146	454
CHIP-Funded	274,135	277,009	278,769	829,913
Adoption Subsidy	-	-	-	-
STAR+PLUS 217-Like HCBS	18,904	18,878	18,865	56,647

X. CONSUMER ISSUES

This section addresses quarterly reporting requirements in STCs 23(l), 24(l), 41(a) and 71 regarding complaints and calls to HHSC Managed Care Compliance and Operations (MCCO), formally Health Plan Management, staff and the Office of the Ombudsman's Medicaid Managed Care Helpline (MMCH), as well as complaints and appeals received by plans. This section includes trends discovered and steps taken to resolve complaints and prevent future occurrences.

The State tracks customer service issues, such as member and provider hotline performance, member complaints and appeals and provider complaints through the managed care quarterly reports.

Attachments M, N, and O include supporting data for this section.

A. HOTLINE CALL VOLUME AND PERFORMANCE

This subsection includes quarterly data regarding call center volumes and plan performance. As addressed in prior quarterly reports, the State's health and dental plans consolidate all Medicaid and CHIP calls for reporting purposes.

Attachments M1 through M4 detail the total calls received as well as performance standards for all MCOs and DMOs. During review of 2017 SFQ4 and 2018 SFQ1, it was found that STAR Kids data was reported incorrectly. To rectify, for 2018 SFQ1, STAR Kids data has been reported separately.

In 2017 SFQ4, calls to the MCO member hotlines increased by 1.05%. Calls to the MCO provider hotlines decreased by 1.03% and calls to the behavioral health hotline increased by 8.86% in 2017 SFQ4. In the Dental Program for 2017 SFQ4, calls to the member hotlines increased by 6.81% and calls to the provider hotline increased by 9.55%.

In 2018 SFQ1, calls to the MCO member hotlines increased by 2.72%. Calls to the MCO provider hotlines decreased by 3.18% and calls to the behavioral health hotline decreased by 11.98% in 2018 SFQ1. In the Dental Program for 2018 SFQ1, calls to the member hotlines decreased by 12.91% and calls to the provider hotline decreased by 8.90%. STAR Kids MCO member hotlines increased by 2.36% in 2018 SFQ1. Calls to the MCO provider hotline decreased by 2.27% and behavioral health increased by 23.52% in 2018 SFQ1.

The following table shows the number of hotline calls received per 1,000 members in the last four quarters. The rate of member hotline calls received per 1,000 members increased in 2017 SFQ4 and remained consistent in 2018 SFQ1.

Member Hotline Calls Received per 1,000 Members (2017 SFQ1 - 2018 SFQ1)

	Member Hotline per 1,000 Members				
	SFY17				SFY18
MCO	Q1	Q2**	Q3**	Q4	Q1
Aetna*	523	467	460	490	517
Amerigroup*	240	183	180	184	190
BCBS*	318	293	277	299	290
CHC*	176	178	186	170	172
Christus*	721	741	1,047	1,040	1,059
Cigna-HealthSpring	569	513	491	508	518
Community 1st*	291	308	308	271	233
Cook Children's*	222	246	240	343	305
Dentaquest	72	72	77	82	68
Driscoll*	159	142	139	144	158
El Paso 1st*	152	175	163	168	169
FirstCare*	141	127	112	110	117
MCNA	109	98	99	107	93
Molina*	933	516	514	491	503
Parkland*	246	238	237	244	266
Scott & White	161	151	154	150	156
Sendero*	281	347	318	367	287
Seton*	402	282	220	212	179
Superior*	257	225	231	254	245
Texas Children's*	133	126	125	129	145
United*	700	323	326	376	359
Statewide (excludes dental program)	275	234	235	245	245

*Enrollment and Hotline data includes CHIP program (excludes STAR Kids)

** Previous numbers were incorrectly reported and have been updated.

Majority of the MCOs and DMOs met the following hotline performance in 2017 SFQ4 and 2018 SFQ1:

- 99% of all calls must be answered by the fourth ring;
- ≤ 1% busy signal rate for all calls (*for behavioral health no incoming calls receive a busy signal);
- 80% of all calls must be answered by a live person within 30 seconds (*N/A for provider hotlines);
- ≤ 7% call abandonment rate; and
- ≤ 2 minute average hold time.

Member Hotline, Attachment M1

2017 SFQ4 (June - August)

- 100% of the member hotline calls were answered by the 4th ring for all MCOs.
- All MCOs member hotline calls were above the 80% standard for answered by a live person within 30 seconds.
- There were no MCOs that exceeded the $\leq 7\%$ abandoned calls standard.
- All MCOS average hold times were under two minutes.

2018 SFQ1 (September - November)

- Member hotline calls were answered by the 4th ring for all MCOs.
- MCOs member hotline calls were above the 80% standard for answered by a live person within 30 seconds with the exception of Parkland (79.68%).
 - Parkland explained the hotline was understaffed by six representatives; however, staff hours have been adjusted and other staff brought in to assist during the shortage.
- There were no MCOs that exceeded the $\leq 7\%$ abandoned calls standard.
- All MCOS average hold times were under two minutes.

Behavior Health Hotline (BH), Attachment M2

2017 SFQ4 (June - August)

- 100% of the BH hotline calls were answered by the 4th ring for all MCOs.
- All MCOs BH hotline calls were above the 80% standard for answered by a live person within 30 seconds with the exception of Texas Children's (76.92%).
 - Texas Children's reported the reason for behavioral health hotlines call hold rate non-compliance was related to increased call volume and difficulty being appropriately staffed during several events, specifically building closure due to water shut off and Hurricane Harvey. The three quarters prior, the MCO was in compliance with all hotline standards.
- All MCOs were below the $\leq 7\%$ abandoned calls standard.
- 100% of the behavioral health hotline average hold time was under two minutes.

2018 SFQ1 (September - November)

- 100% of the BH hotline calls were answered by the 4th ring for all MCOs.
- All MCOs BH hotline calls were above the 80% standard for answered by a live person within 30 seconds.
- 100% of the behavioral health hotline average hold time was under two minutes.
- Several MCOs were over the $\leq 7\%$ abandoned calls standard (Aetna, Amerigroup, CHC, Cook,

Parkland, Sendero, Superior, and Texas Children's.

- o Aetna indicated that non-compliance occurred due to inadequate coverage during team meetings and late coverage as they were short one staff member during November 2017.
- o Sendero, CHC, Cook, and Parkland reported non-compliance occurred due to being closed in observance of Veterans Day and routing of calls during that time. The process has been corrected so the issue will not occur in the future.
- o Texas Children's reported they were one call short from meeting the standard and this occurred due to a higher call volume for this quarter
- o Amerigroup reported there was an update to the telephone system and due to the update, there were issues that prevented some agents from logging in timely and errors when routing calls leading to the non-compliance.
- o Superior explained that non-compliance was due to staff turnover and to address the issue they have implemented several changes (e.g. adjust breaks, offer overtime, have supervisors and team leads answer phones during peak times).

Provider Hotline, Attachment M3

2017 SFQ4 (June - August)

- 100% of the provider hotline calls were answered by the 4th ring for all MCOs.
- There were no MCOs that exceeded the $\leq 7\%$ abandoned calls standard.
- All MCOS average hold times were under two minutes.

2018 SFQ1 (September - November)

- Provider hotline calls were answered by the 4th ring for all MCOs.
- Only Superior exceeded the $\leq 7\%$ abandoned calls standard.
 - o Superior explained that non-compliance was due to staff turnover and to address the issue they have implemented several changes (e.g. adjust breaks, offer overtime, have supervisors and team leads answer phones during peak times).
- All MCOS average hold times were under two minutes.

B. COMPLAINTS AND APPEALS RECEIVED BY PLANS

Attachment N shows the number of member complaints and appeals and provider complaints resolved by MCOs and DMOs. The State's managed care contracts require plans to track and monitor the number of complaints and appeals resolved within 30-days of receipt and require the plans achieve 98% compliance with this benchmark in each SDA.

STAR

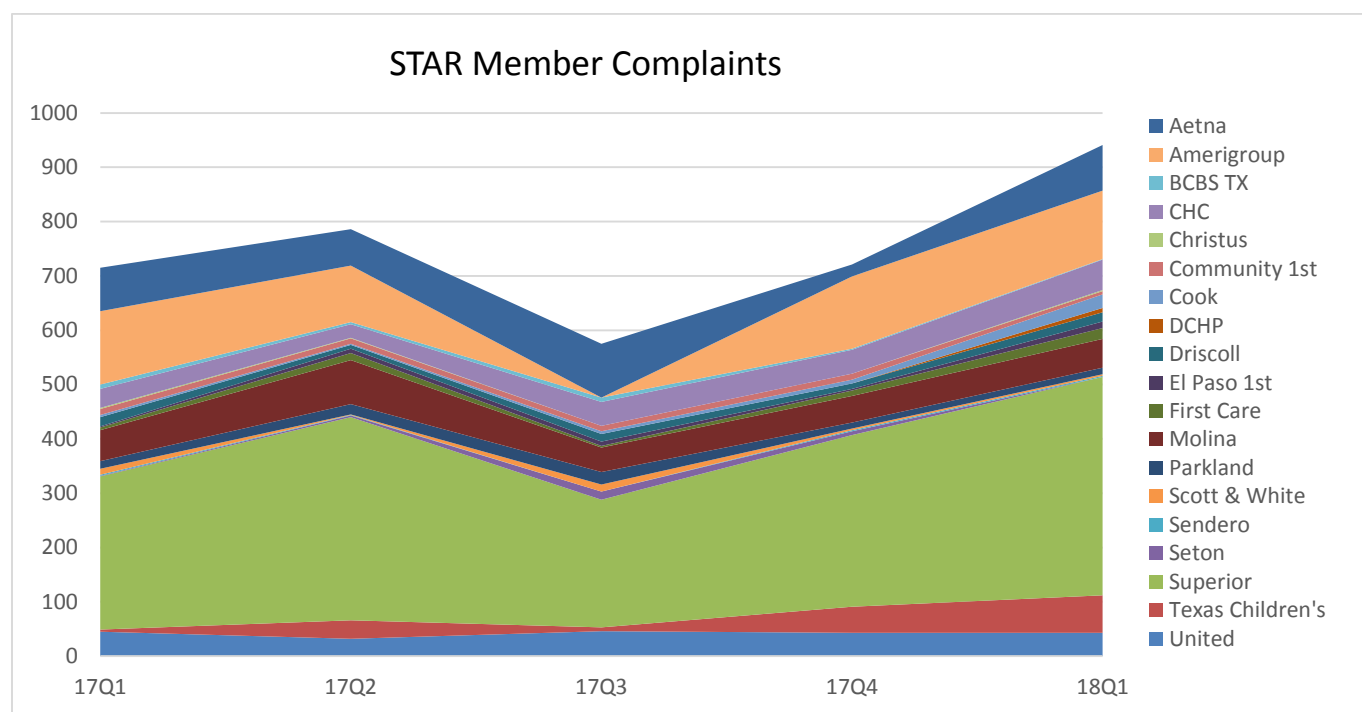
2017 SFQ4 (June - August)

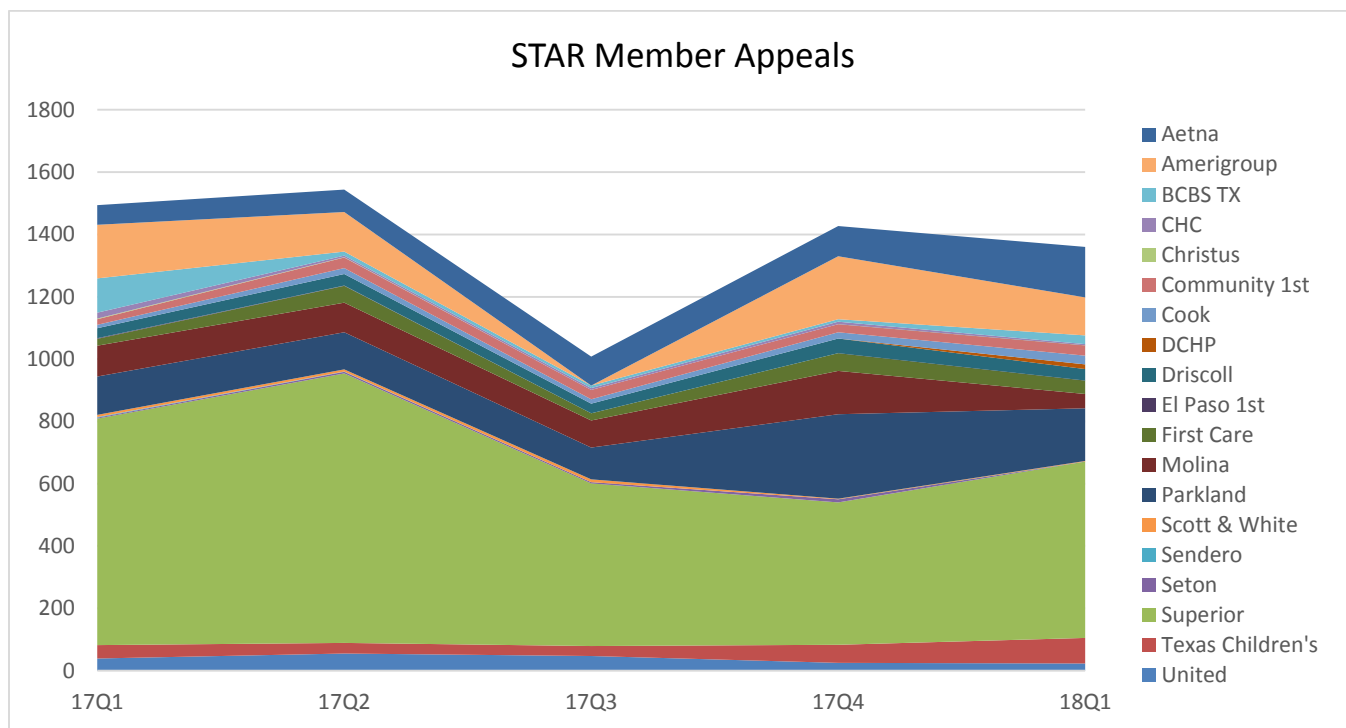
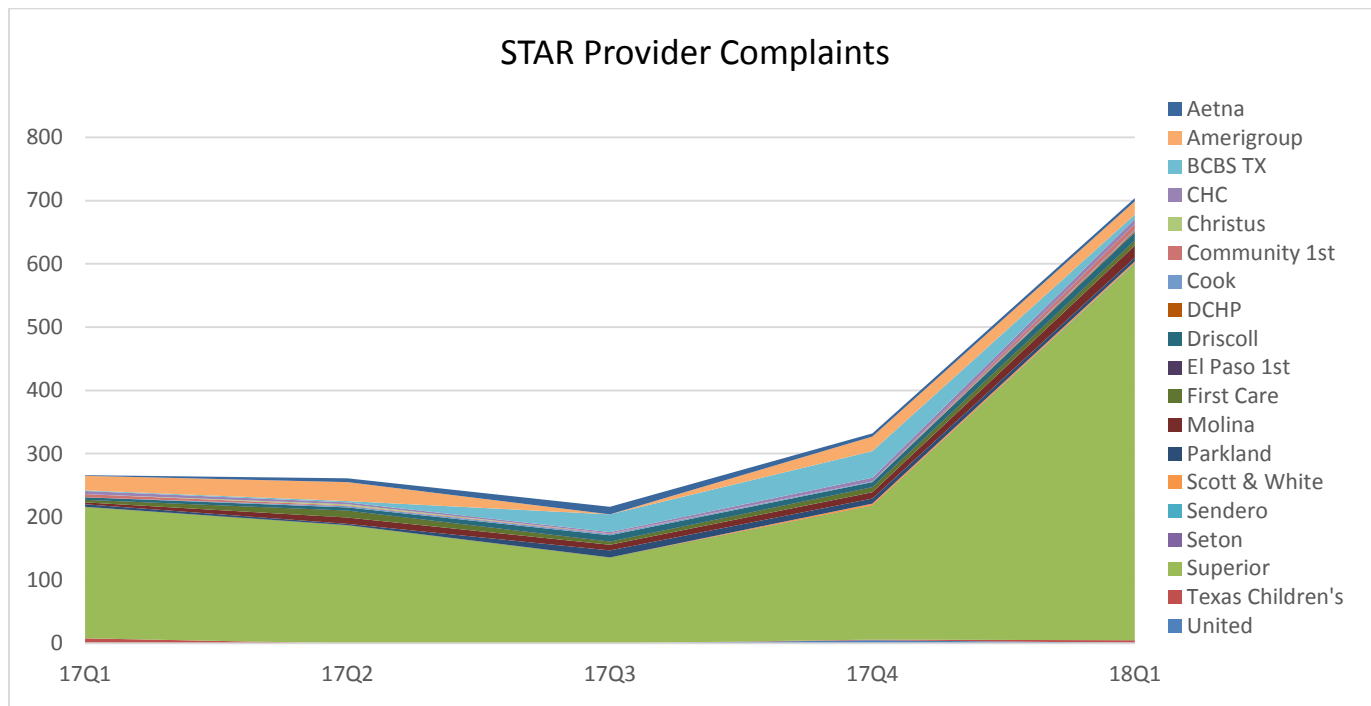
The total number of STAR complaints and appeals received by plans increased from 1,799 in 2017 SFQ3 to 2,480 in 2017 SFQ4, as shown in the following figures below. STAR plans collectively reported 721 member complaints, 1,427 member appeals and 332 provider complaints in 2017 SFQ4.

2018 SFQ1 (September - November)

The total number of STAR complaints and appeals received by plans increased from 2,480 in 2017 SFQ4 to 3,005 in 2018 SFQ1, as shown in the following figures below. STAR plans collectively reported 941 member complaints, 1,360 member appeals and 704 provider complaints in 2018 SFQ1.

Complaints and Appeals Received by STAR MCOs (2017 SFQ1 – 2018 SFQ1)





2017 SFQ4 (June - August)

Member Complaints

- Several STAR MCOs did not meet the benchmark for the timely resolution of member complaints including BCBS (Travis SDA), First CARE (Lubbock SDA), Molina (Dallas SDA), and Texas Children's (Harris SDA).

- Texas Children's explained there was a staffing change in the complaints role, which caused cases to be addressed outside of the 30 day standard. Additionally, there were some complaints due in early September that were delayed due to Hurricane Harvey.
- BCBS stated they are facing significant staffing challenges resulting in an increased volume of delayed cases. They are working through process improvement efforts to improve the timeliness of the process and reduce handoffs. HHSC has recommended LDs.
- FirstCare stated that there was one appeal that was resolved on the 31st day. The case was late as it required a second review by the physician and was missed due to the oversight of the documentation sent. FirstCare indicates it will re-educate the team to ensure specific requested documentation is flagged for provider review.
- Molina reported that a resolution letter was sent late, but the complaint had already been resolved. It was determined that the letter was inadvertently placed in the wrong folder and the issue has been addressed with team members.

Member Appeals

- Six MCOs did not meet the 30-day resolution standard for member appeals: BCBS (Travis SDA) Community 1st (Bexar SDA), First Care (Lubbock SDA), Molina (Dallas SDA) and Texas Children's (Harris SDA).
- First Care stated that one appeal was resolved on day 31, which caused the non-compliance.
- Cook reported that one appeal missed the timeline due to a data entry error in calculating the resolution due date. The daily report has been reconfigured to automatically calculate the appeal resolution due date and the manager reviews the resolution due date on a daily basis to ensure timely completion of letters.
- Molina reported that a resolution letter was sent on the 31st day instead of the 30th day and the issues has been addressed with the responsible parties and the process has been revised to include a weekly certificate of appeals due sent on Friday instead of Mondays to allow for better staffing and preparation for upcoming cases.
- Texas Children's reported that one appeal was resolved beyond 30 days due to the reminder system failing and dropping the appeal request from the work queue.

Provider Complaints

- All STAR MCOs achieved compliance with provider complaints resolved 100% within 30 days with the exception of BCBS.

2018 SFQ1 (September - November)

Member Complaints

- Two STAR MCOs did not meet the benchmark for the timely resolution of member complaints: Superior (Lubbock SDA), and Texas Children's (Harris, and Jefferson SDA).
- Superior explained there was a staff oversight with timely submission of a translation request for a resolution letter and has been addressed.
- Texas Children's reported improvement from 2017 Q4 shifting closer to the 98% and explained the complaints department has added new staff and is currently in the process of revising internal processes for more timely resolution of the increasing volume of incoming complaints.

Member Appeals

- Four MCOS did not meet the benchmark for timely resolution of member appeals: BCBS (Travis SDA), Superior (El Paso SDA), Texas Children's (Harris SDA), and United (Harris SDA).
- BCBS reported the appeals process was moved to a new area in the company and they are working on providing new training including workforce requirements.
- Texas Children's reported four appeals resolved beyond 30 days due to a lack of timely follow up with the physician assigned to review the appeal. The MCO has implemented additional reminders for physicians and leadership at 20 days after appeal received to ensure a decision is rendered on or before the 30th day.
- Superior reported a staffing shortage and a system issue.
- United states they have reinforced timelines with staff and implemented additional monitoring, reporting and follow-up on a weekly basis.

Provider Complaints

- Two MCOS did not meet the benchmark for timely resolution of provider complaints: BCBS (Travis SDA) and Superior (Travis SDA).
- Superior explained there was a staff oversight with timely submission of a translation request for a resolution letter and this has been discussed with staff.

STAR+PLUS

2017 SFQ4 (June - August)

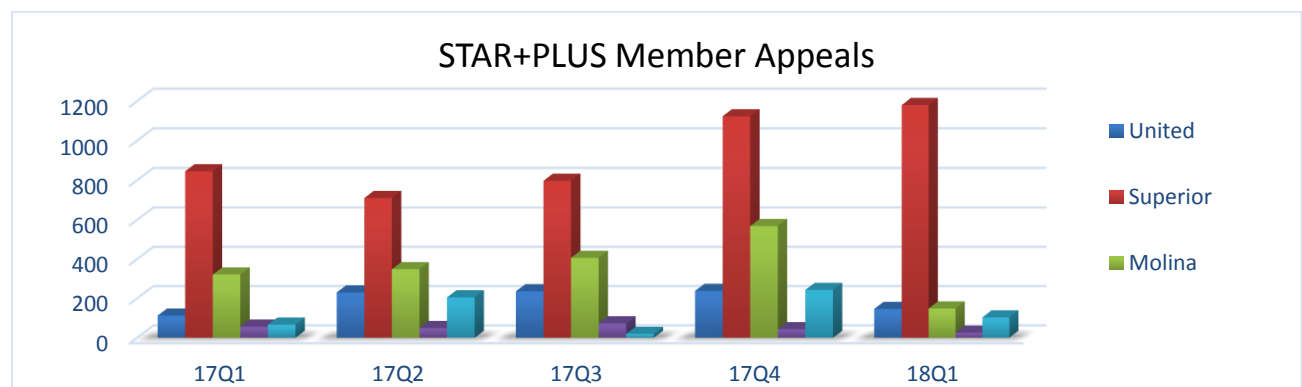
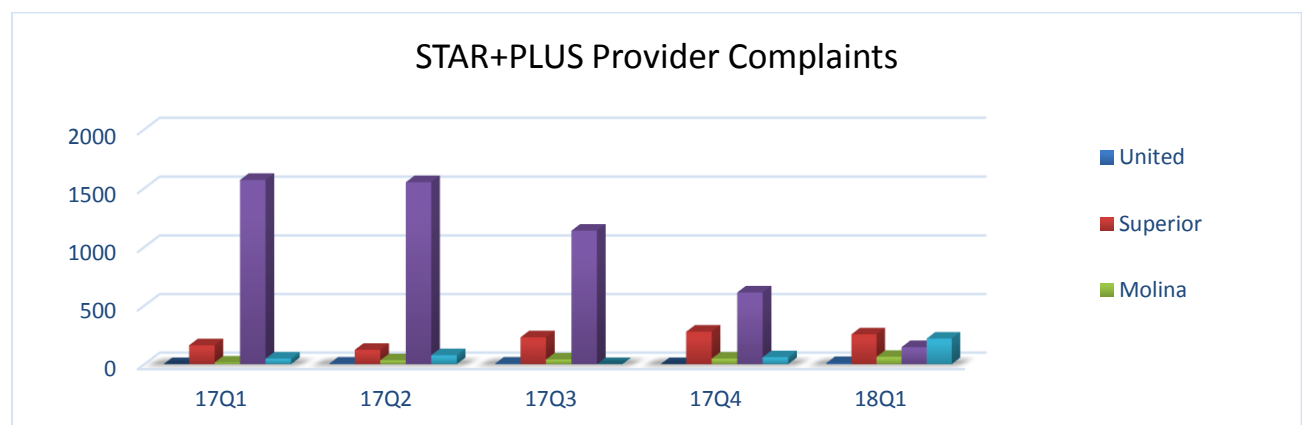
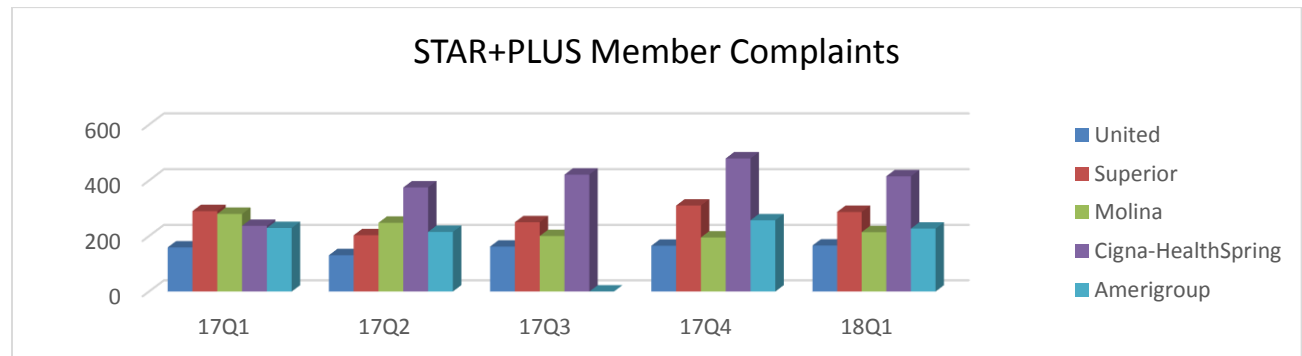
The total number of STAR+PLUS complaints and appeals increased from 3,981 in 2017 SFQ4 to

4,621 in 2017 SFQ4. STAR+PLUS plans reported 1,406 member complaints, 2,220 member appeals and 995 provider complaints in 2017 SFQ4.

2018 SFQ1 (September - November)

The total number of STAR+PLUS complaints and appeals decreased from 4,621 in 2017 SFQ4 to 3,604 in 2018 SFQ1. STAR+PLUS plans reported 1,309 member complaints, 1,607 member appeals and 688 provider complaints in 2017 SFQ4.

Complaints and Appeals Received by STAR+PLUS MCOs (2017 SFQ1 – 2018 SFQ1)



2017 SFQ4 (June - August)

Member Complaints

- All STAR+PLUS MCOs achieved compliance with the timely resolution of member complaints with the exception of Molina (El Paso, Hidalgo, and Jefferson SDAs).
- Molina reported resolution letters were not sent timely and that the process has been adjusted to have the due date set for the 28th calendar date instead of the 30th.

Member Appeals

- All STAR+PLUS MCOs were in compliance with member appeal standards.

Provider Complaints

- Molina (Dallas SDA) was the only STAR+PLUS MCO that failed to meet compliance standards for provider complaints.

2018 SFQ1 (September - November)

Member Complaints

- All STAR+PLUS MCOs were in compliance with member complaint standards.

Member Appeals

- Only one STAR+PLUS MCO did not meet the benchmark for timely resolution of member appeals: United (Harris, MRSA Central, and MRSA Northeast SDAs).
- United reported staffed have received extensive coaching and re-education. HHSC has recommended LD's for these non-compliances.

Provider Complaints

- United (MRSA Northeast) was the only MCO to not meet the benchmark for timely resolution of provider complaints in both.
- United reported for MRSA Northeast, staff were re-educated on timeframes and additional monitoring will occur to ensure any at risk cases are identified for resolution within 30 days.

STAR Kids

2017 SFQ4 (June - August)

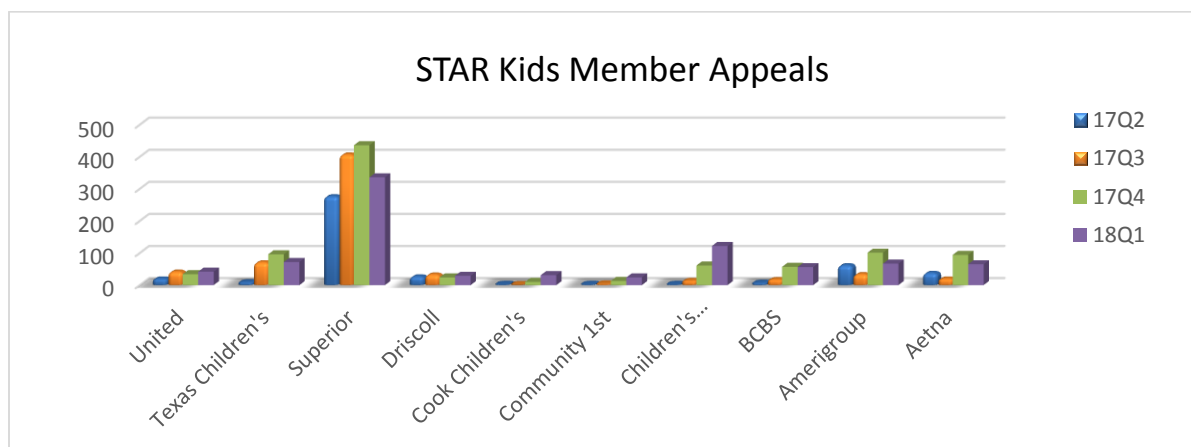
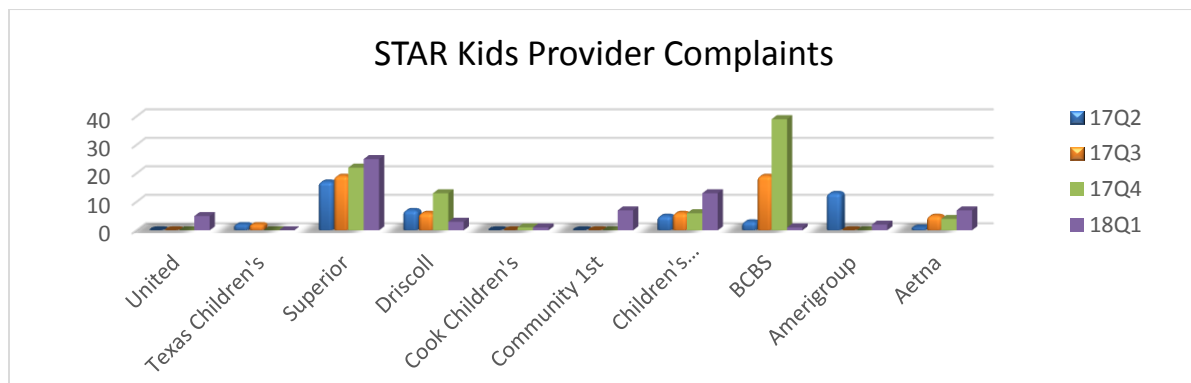
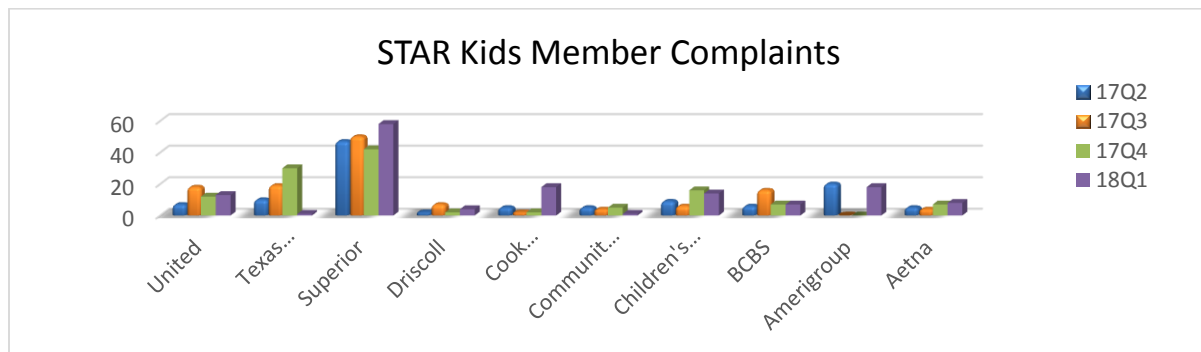
The total number of STAR Kids program complaints and appeals was 1,134 in 2017 SFQ4, an

increase from 820 in 2017 SFQ3. STAR Kids plans reported 123 member complaints, 926 member appeals and 85 provider complaints in 2017 SFQ4.

2018 SFQ1 (September - November)

The total number of STAR Kids program complaints and appeals decreased from 1,134 in 2017 SFQ4 to 1,050 in 2018 SFQ1. STAR Kids plans reported 142 member complaints, 844 member appeals and 64 provider complaints in 2018 SFQ4.

Complaints and Appeals Received by STAR Kids MCOs (2017 SFQ1 – 2018 SFQ1)



2017 SFQ4 (June - August)

Member Complaints

- All MCOs met the standard for member complaints with the exception of Texas Children's (Harris and MRSA Northeast SDAs).
- Texas Children's stated there was a staffing change in the complaints role which caused cases to be addressed outside of the 30 day standard. There were also some complaints due in early September that were delayed due to Hurricane Harvey.

Member Appeals

- Four MCOs did not meet the standard for member appeals: Superior (Travis SDA), Texas Children's (Harris SDA), United (MRSA Central SDA) and BCBS (MRSA Central and Travis SDAs).
- BCBS stated they are facing significant staffing challenges resulting in an increased volume of delayed cases. They are swiftly working to address staffing concerns by posting and hiring additional roles to train and ramp up and also implementing process improvement efforts to improve the timeliness of the process while reducing handoffs. BCBS indicated they are making gains in process efficiency that will positively impact their ability to be timely.
- Superior stated that those completed outside of the 30-day timeframe were due to the appeals coordinator using the incorrect due date. Superior indicated this issue should resolve itself with the integration to physical health and streamlining the reporting methods. Additionally, they now have BH appeals added to the appeals report that pulls directly from TruCare so the due date no longer has to be manually calculated.
- United indicated one behavioral health appeal resolution letter was sent outside the 30-day timeframe (sent on 31st day). The MCO provided re-education to the behavioral health appeals team and has added additional monitoring and reporting for at-risk cases to ensure 30-day compliance.

Provider Complaints

- All MCOs met the standard for member complaints with the exception of BCBS. BCBS explained that they are in the process of restructuring this department, including additions to staff which will improve timeliness.

2018 SFQ1 (September - November)

Member Complaints

- All MCOs met the standard for member complaints with the exception of BCBS (Travis SDA).

Member Appeals

- Three MCOs did not meet the standard for member appeals: BCBS (MRSA Central and Travis SDAs), Cook (Tarrant SDA), and United (Hidalgo SDA).
- BCBS reported the appeals process was moved to a new area in the company and they intend to provide new training including workforce requirements.
- Cook reported they have seen an increase in appeals with the end of continuity of care provisions and have redistributed work to make the process more efficient.
- United indicated clarification and re-training on the requirements to staff would be provided.

Dental

2017 SFQ4 (June - August)

Between 2017 SFQ3 and 2017 SFQ4, dental member complaints increased from 163 in SFQ3 to 201 in SFQ4, member appeals decreased from 247 in SFQ3 to 298 in SFQ4, and provider complaints decreased from 21 in SFQ3 to 37 in SFQ4.

Complaints and appeals are reported in aggregate for each statewide dental plan.

MCNA and DentaQuest met all performance standards for the timely resolution of complaints and appeals in 2017 SFQ4 with the exception of DentaQuest failing to meet timely resolution of member complaints (96.20%). DentaQuest indicated non-compliance was due to internal mail processing issues.

2018 SFQ1 (September - November)

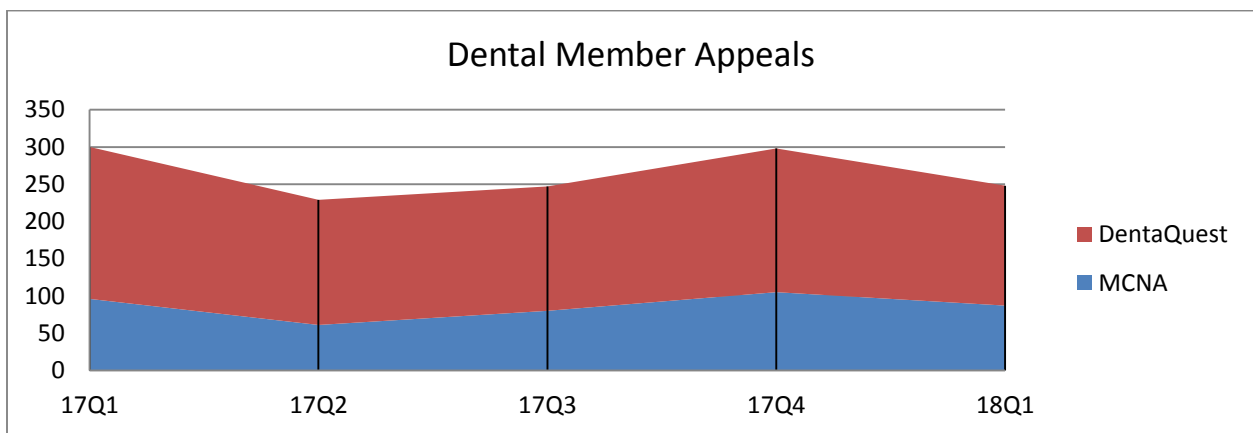
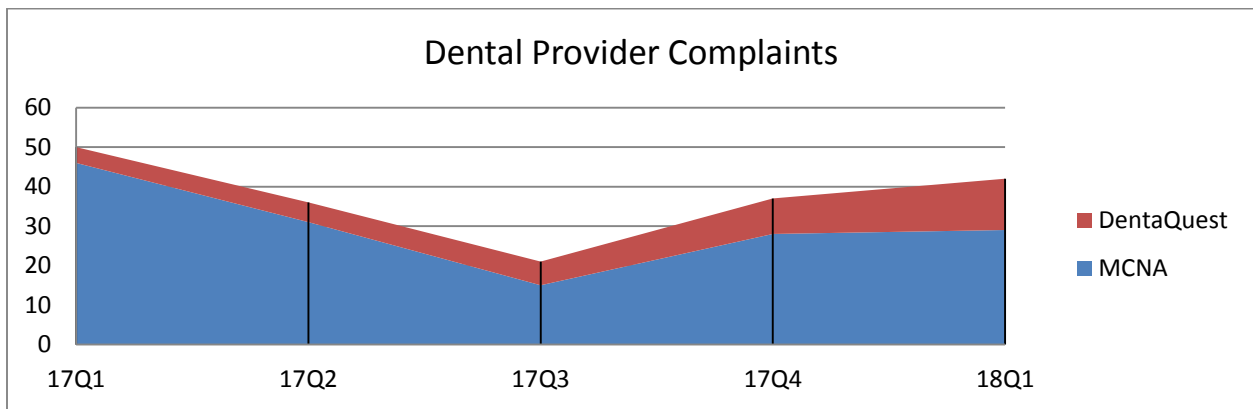
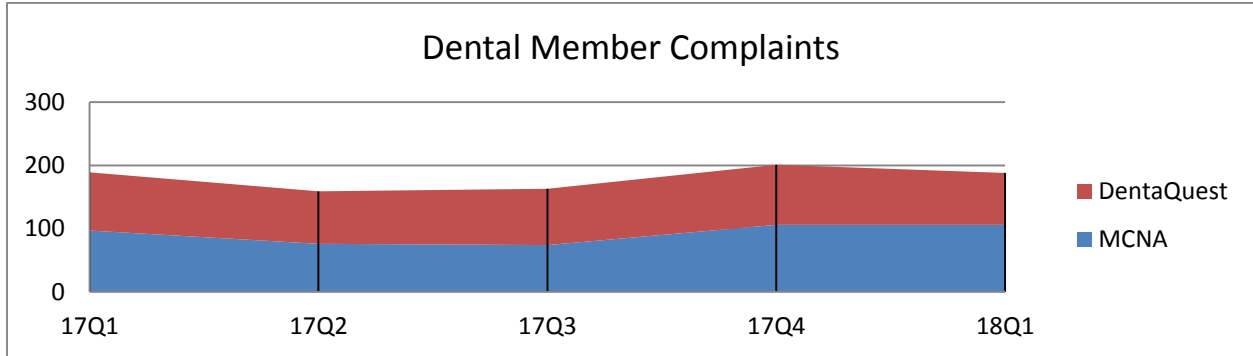
Between 2017 SFQ4 and 2018 SFQ1, dental member complaints decreased from 201 in 2017 SFQ4 to 188 in 2018 SFQ1, member appeals decreased from 298 in 2017 SFQ4 to 248 in 2018 SFQ1, and provider complaints increased from 37 in 2017 SFQ4 to 42 in 2018 SFQ1.

Complaints and appeals are reported in aggregate for each statewide dental plan.

MCNA and DentaQuest met all performance standards for the timely resolution of complaints and appeals in 2018 SFQ1 with the exception of DentaQuest failing to meet timely resolution of provider complaints (90.9%).

- DentaQuest stated the non-compliance was due to internal routing and processing issues in the system. DentaQuest further indicated this was an isolated incident; however, they did implement process changes.

Complaints and Appeals Received by DMOs (2017 SFQ1– 2018 SFQ1)



C. COMPLAINTS RECEIVED BY THE STATE

Attachment O includes information concerning Dental, STAR, STAR Kids, and STAR+PLUS complaints received by the State.

In addition to monitoring complaints received by plans, HHSC also tracks the number and types of complaints submitted to the State. Members and providers can submit complaints to the HHSC Managed Care Compliance and Operations (MCCO) team. Members can also call in to submit member and provider complaints through the Office of the Ombudsman via the Medicaid Managed Care Helpline (MMCH). After investigating each complaint, staff determines whether or not it is substantiated. Substantiated complaints are those where there is a clear indication that agency policy was violated or agency expectations were not met (e.g., a member did not receive medically necessary benefits).

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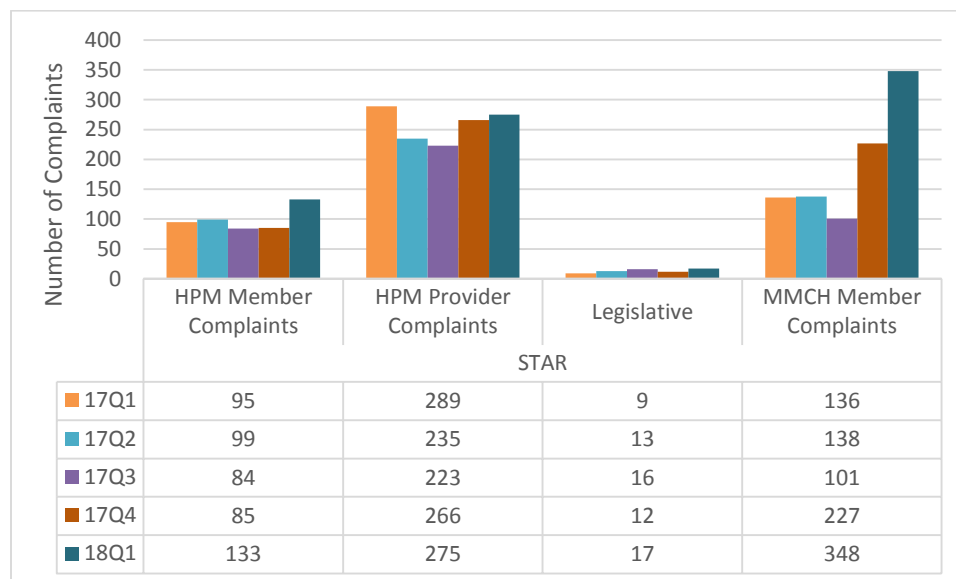
2017 SFQ4 (June - August)

In the STAR program, the number of member complaints received by MCCO remained relatively constant 1.19% (84 in 2017 SFQ3 and 85 in 2017 SFQ4) and the number of member complaints received by MMCH increased by 124.75% from 101 in 2017 SFQ3 to 227 2017 SFQ4. HPM received 12 contacts on behalf of members from legislative representatives. The most common member complaints received by MCCO and MMCH were issues with access to care, member claims, and billing and prescription related issues. The number of provider complaints received by MCCO increased by 19.28% (from 223 to 266) in 2017 SFQ4. The most common type of provider complaints received by MCCO was denial of claim.

2018 SFQ1 (September - November)

In the STAR program, the number of member complaints received by MCCO increased by 56.47% (85 in 2017 SFQ4 and 133 in 2018 SFQ1) and the number of member complaints received by MMCH increased by 53.30% from 227 in 2017 SFQ4 to 348 2018 SFQ1. MCCO received 17 contacts on behalf of members from legislative representatives. The most common member complaints received by MCCO and MMCH remained issues with member claims, access to care, and billing and prescription related issues. The number of provider complaints received by MCCO increased by 3.38% (from 266 to 275) in 2018 SFQ1. The most common type of provider complaints received by MCCO remained denial of claim.

Complaints to the State Regarding STAR (2017 SFQ1 - 2018 SFQ1)



STAR+PLUS

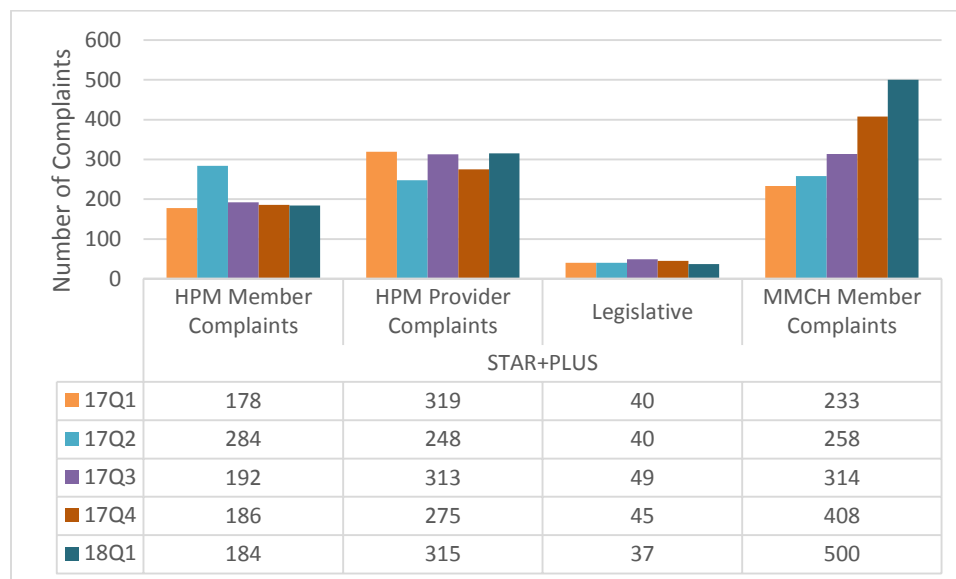
2017 SFQ4 (June - August)

Across the STAR+PLUS program, the number of member complaints received by MCCO decreased by 3.13% (192 to 186) from 2017 SF3 to SFQ4. The member complaints received by MMCH increased by 29.94% (314 to 408). MCCO received 45 contacts on behalf of members from legislative representatives. The most common issues of member complaints received by MMCH and MCCO were issues with benefits, access to care, and billing issues. The number of provider complaints decreased by 12.14% (313 to 275) from 2017 SFQ3 to SFQ4.

2018 SFQ1 (September - November)

Across the STAR+PLUS program, the number of member complaints received by MCCO decreased by 1.08% (186 to 184) from 2017 SF4 to 2018 SFQ1 and the member complaints received by MMCH increased by 22.55% (408 to 500). MCCO received 37 contacts on behalf of members from legislative representatives. The most common issues of member complaints received by MMCH and MCCO were issues with benefits, access to care, durable medical equipment, and billing issues. The number of provider complaints increased by 14.55% (275 to 315) from 2017 SFQ4 to 2018 SFQ1.

Complaints to the State Regarding STAR+PLUS (2017 SFQ1 - 2018 SFQ1)



STAR Kids

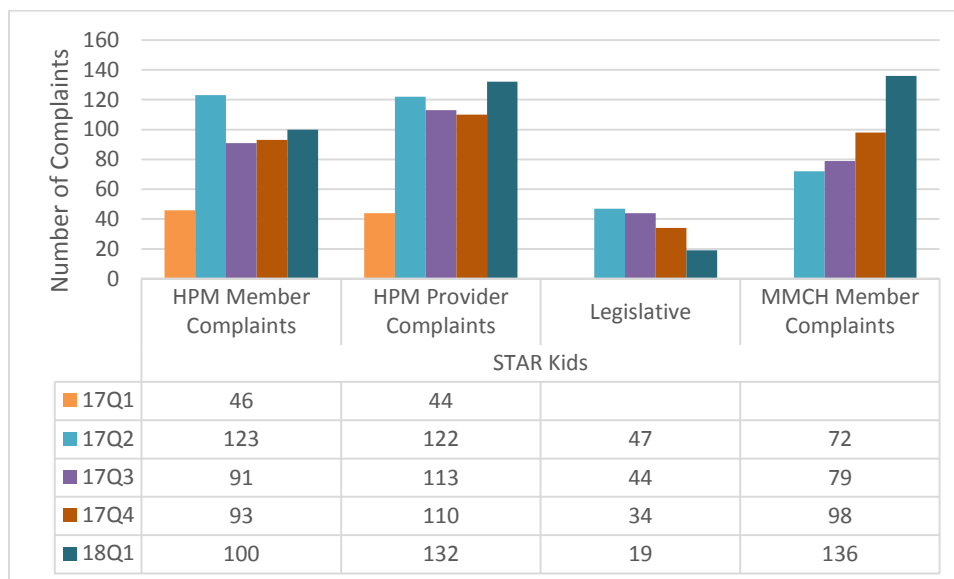
2017 SFQ4 (June - August)

Across the STAR Kids program, the number of member complaints received by MMCH increased by 24.05% (79 to 98) from 2017 SFQ3 to SFQ4 and the member complaints received by MCCO increased by 2.20% (91 to 93). MCCO received 34 contacts on behalf of members from legislative representatives. The most common issues of member complaints received by MMCH and MCCO were issues with benefits and access to care. The number of provider complaints decreased by 2.65% (113 to 110) from 2017 SFQ3 to SFQ4.

2018 SFQ1 (September - November)

Across the STAR Kids program, the number of member complaints received by MMCH increased by 38.78% (98 to 136) from 2017 SFQ4 to 2018 SFQ1. The member complaints received by MCCO increased by 7.53% (93 to 100). MCCO received 19 contacts on behalf of members from legislative representatives. The most common issues of member complaints received by MMCH and MCCO were issues with benefits, prescriptions, and access to care. The number of provider complaints decreased by 20% (110 to 88) from 2017 SFQ4 to 2018 SFQ1.

Complaints to the State Regarding STAR Kids (2017 SFQ1 - 2018 SFQ1)



Dental Program

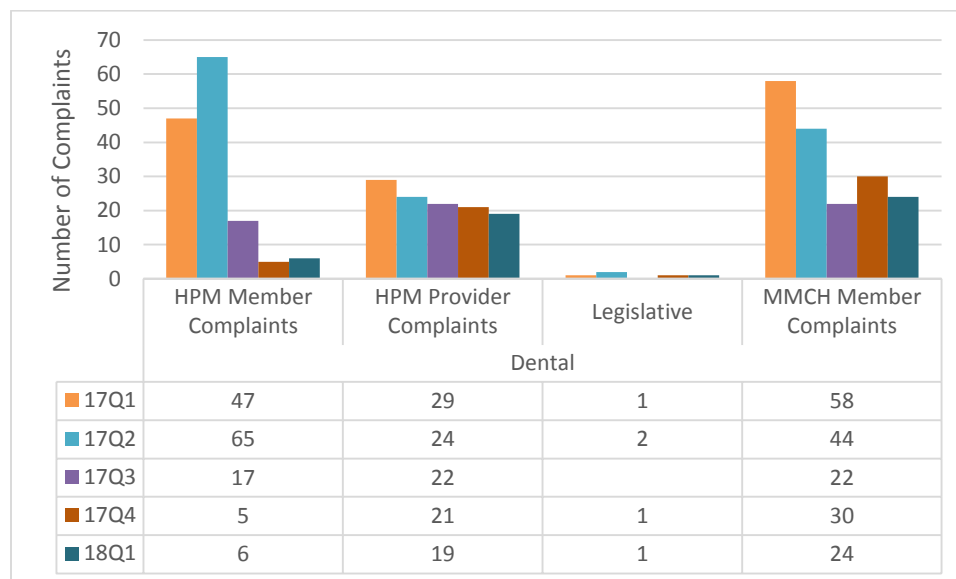
2017 SFQ4 (June - August)

Across the Dental Program, the number of member complaints received by MMCH decreased by 36.36% (22 to 30) from 2017 SFQ4. The number of member complaints received by MCCO decreased 70.59% (17 to 5) in 2017 SFQ4. The most common member complaint issues received were regarding billing or authorization. The most common provider complaint issue received was denied claims. Provider complaints decreased by 4.55% (22 to 21) from 2017 SFQ3 to SFQ4.

2018 SFQ1 (September - November)

Across the Dental Program, the number of member complaints received by MMCH decreased by 20% (30 to 24) from 2018 SFQ1. The number of member complaints received by MCCO increased by 20% (5 to 6) from 2018 SFQ1. The most common member complaint issue received were regarding authorization. The most common provider complaint issue remained denial of claims. Provider complaints decreased by 9.52% (21 to 19) from 2017 SFQ4 to 2018 SFQ1.

Complaints to the State Regarding the Dental Program (2016 SFQ1 - 2016 SFQ4)



XI. QUALITY ASSURANCE/MONITORING ACTIVITY

This section covers quality assurance and monitoring activities that occurred in DY6 SFQ4 and DY7 SFQ1.

A. DY6 QUARTER 4 UPDATE

Beginning in August, Texas's external quality review organization (EQRO), the Institute for Child Health Policy at the University of Florida (ICHP) began visiting the MCOs and DMO scheduled for an Administrative Interview (AI) site visit for 2017. The AI evaluates each plan participating in Medicaid Managed Care and CHIP on elements important to the provision of quality care and service to members, as well as compliance with state and federal regulations. Each plan has an AI site visit conducted every three years.

Each year ICHP conducts a review of the Quality Assessment and Performance Improvement (QAPI) program of participating health plans to assess elements reflecting the plan's ability to address regulations and assess the strength of the plans' Quality Improvement program. By the beginning of August, HHSC provided the annual QAPI program summary report evaluations to the MCOs and DMOs.

On September 1, 2017, the redesigned medical and dental pay-for-quality (P4Q) programs Uniform Managed Care Manual (UMCM) chapters were finalized for measurement year 2018. The UMCM chapters outline the measures, methodology, and technical specifications for the programs, allowing plans time to prepare before the measurement year begins. HHSC's redesigned

medical P4Q program creates financial incentives and disincentives for health plans based on their performance on a set of quality measures. Under P4Q, a percentage of the health plan's capitation is at risk based on their performance on a number of key metrics. The redesigned dental P4Q program incentivizes continued excellent performance by recouping from the dental plans capitation at risk if performance declines.

On September 21, 2017, HHSC announced to MCOs that the structure and rating system would be changing for the 2017 report cards. The changes will improve readability and more accurately assess health plan performance. The changes included using a five-star rating system instead of a three-star and shifting from percentile based rating to cluster-based rating.

On July 3, 2017, ICHP began fielding the contract year 2016 Behavioral Health Appointment Availability Study. In August, results for the 2016 Vision sub study were presented to the MCOs via conference call.

The 2018 Appointment Availability Study proposal was finalized in September 2017. As with the 2016 Study, the EQRO will conduct secret shopper calls to providers to determine appointment availability and wait times for Medicaid primary care, behavioral health, OBGYN, and vision providers throughout the state. The 2018 Study will include STAR Health and STAR Kids programs for the first time, in addition to STAR, CHIP and STAR+PLUS.

On July 11, 2017, HHSC and ICHP held the first of four workshops to assist MCOs in planning their 2018 Performance Improvement Projects (PIPs). MCOs submitted their 2018 PIP plans on September 1, 2017. On September 30, 2017 the MCOs submitted final PIP reports for 2014 three-year PIPs.

B. DY7 QUARTER 1 UPDATE

In November, HHSC and Texas's EQRO, ICHP, hosted the Medicaid/CHIP Managed Care Quality Forum. This two-day conference provides Texas Medicaid and CHIP health plans with the opportunity to learn about current HHSC quality-related initiatives and best practices. Presentations included:

- Texas Quality Strategic Goals and Vision
- Comparative View of Texas' Quality Results versus other States and Nationally and alignment with current and/or future Texas Quality Strategies
- P4Q Medical and Dental Methodology Discussion
- Texas Healthcare Learning Collaborative Portal: Use Of New Technology for Quality Monitoring and Metrics in Improved Patient Care
- Precision Population Health: Opportunities for Texas

- Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)
- National Core Indicators for Individuals with Disabilities in Texas
- What Do We Know About High-Cost and High-Use Children in Texas Medicaid?
- The Opioid Epidemic and Texas Medicaid Efforts to Reduce Prescription Opioid Abuse and Overutilization

There were also breakout sessions on:

- Implementation Science Strategies to Improve Quality of Care: Antipsychotic Use as a Case Study
- Dental Quality of Care: Measuring Quality and Outcomes of Care
- Evidence-Based Best Practices for Post-Partum Care
- High Risk Populations: Enrollees with Co-Occurring Physical and Mental Health Conditions
- Community Rx: Geocoding and Social Determinants of Health
- Evidence-Based Best Practices for Diabetes Care

ICHP produced the final calendar year 2016 quality of care reports which include health plan level results on Healthcare Effectiveness Data and Information Set (HEDIS) measures and Association for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDI) and Prevention Quality Indicators (PQI) measures. These results were shared with the health plans in October.

In October, ICHP concluded visiting the 10 MCOs and DMO scheduled for an Administrative Interview (AI) site visit for 2017. The AI evaluates each plan participating in Medicaid Managed Care and CHIP on elements important to the provision of quality care and service to members, as well as compliance with state and federal regulations. Each plan has an AI site visit conducted every three years.

In November, the 2016 Primary Care Appointment Availability Sub Study report and data tables were finalized, and in December, the data was finalized for the 2016 Behavioral Health Appointment Availability Sub Study.

Data collection for the National Core Indicators--Aging and Disabilities (NCI-AD) survey in Houston and Corpus Christi was adversely affected by Hurricane Harvey. As a result, the number of pre-screen call attempts required before the face-to-face visit was reduced. As of the end of March, approximately 98 percent of the target has been completed.

The HHSC Performance Indicators Dashboards for Quality Measures have been modified. In November, the 2017 measures and standards were added to the UMCM, including measures for STAR Kids. For 2018 and forward, HHSC set a minimum standard and a high performance standard. MCO performance will be compared to these standards and those who do not meet the minimum standard on one-third or more of the measures will be subject to corrective action plans.

HHSC created new UMCM chapter 10.1.14, which describes the methodology for setting standards. Measures and standards will no longer be in the UMCM and instead will be posted on the Texas Healthcare Learning Collaborative Portal.

MCOs and DMOs submitted their 2018 performance improvement project (PIP) plans for 2018 and ICHP evaluated and provided feedback on the plans. HHSC and ICHP held technical assistance calls with the health plans that scored five or more points below average on their PIP plans. All MCOs resubmitted their PIP plans after incorporating ICHP's feedback. Topics include:

- Increase the timeliness of prenatal care and/or improve the rate of postpartum care;
- Decrease potentially preventable ED visits for upper respiratory tract infection; and
- Increase rates of weight assessment and counseling for nutrition and physical activity.

C. ANNUAL UPDATE

Quality Forum

In December 2016, HHSC and its EQRO, ICHP, hosted the annual Medicaid/CHIP Managed Care Quality Forum. The event included presentations related to the Texas Healthcare Learning Collaborative (THLC) portal, measuring quality in long term supports and services, pediatric quality measures and electronic health record pilot, developing performance improvement project (PIP) interventions, STAR Kids pre-implementation, and the effect of transition to managed care on foster youth.

Report Cards

HHSC released updated MCO report cards to help members of STAR, STAR+PLUS and CHIP identify and select an MCO. Similar to prior year report cards, a separate report card was developed for each service delivery area to provide information on the performance of each MCO with respect to outcome and process measures. Results allow members to easily compare MCOs on quality domains of interest to them. The 2016 reports cards were made available to members on the HHSC website and included in the enrollment packets sent to all newly eligible members. The measures will continue to be reviewed and updated annually.

Appointment Availability Studies

As part of an initiative to examine ways to improve network adequacy in Medicaid managed care, HHSC contracted with ICHP to conduct a study on appointment availability and wait times for Medicaid primary care, behavioral health, OB/GYN, and vision providers throughout the state. The study consists of data collected by the EQRO through phone calls to providers. The sample of

providers was drawn from all MCOs and in all SDAs to determine the availability of appointments with providers in STAR, CHIP and STAR+PLUS. As part of the study, EQRO staff assumes the role of a health plan member and contacts the provider to attempt to make an appointment. The EQRO then collects data on appointment/provider availability.

THLC Portal

The THLC portal, at <https://thlcportal.com/home>, has been updated with a new look and to include trending data on Medicaid healthcare quality. In addition to quality data, the THLC portal has become a convenient place for MCOs to find other quality information, for example, PIP workshop materials and HHSC Performance Indicators and standards. HHSC and ICHP continue to work closely to improve the tool.

Administrative Interviews

HHSC received the EQRO's Administrative Interview evaluations and participated in the local site visits held August 14-16, 2017. Texas's EQRO conducted the remaining administrative interviews with nine of the State's health plans and one dental plan from August through December, and HHSC participated via telephone. The site visits focused on timelines for grievances, appeals, and fair hearings, services for migrant farm workers, postpartum programs, care coordination and disease management programs for members with chronic conditions, clinical indicator monitoring, and for those applicable plans implementation of STAR Kids.

Quality Assessment and Performance Improvement Programs

The health plans submitted their Quality Assessment and Performance Improvement (QAPI) program summary for calendar year 2016 to Texas's EQRO. The EQRO evaluated the QAPI reports and HHSC reviewed these reports and shared them with the health plans.

Pay-for-Quality

In May, the Executive Commissioner approved the redesigned medical Pay-for-Quality (P4Q) measures and methodology for calendar year 2018. HHSC's redesigned medical P4Q program creates financial incentives and disincentives for health plans based on their performance on a set of quality measures. Under P4Q, a percentage of the health plan's capitation is held at risk based on their performance on a number of key metrics. In June 2017, HHSC shared draft technical specifications with the managed care organizations (MCOs) and allowed comments to be submitted through the end of the month.

In June, the Executive Commissioner approved the redesigned dental Pay-for-Quality program,

and HHSC shared draft technical specifications for the program with the dental maintenance organizations (DMOs). The redesigned dental P4Q program incentivizes continued excellent performance by recouping from the dental plans capitation at risk if performance declines. HHSC accepted comments from the DMOs on the redesigned program and will share responses to comments next quarter.

On September 1, 2017, the redesigned medical and dental Pay-for-Quality (P4Q) programs Uniform Managed Care Manual (UMCM) chapters were finalized for measurement year 2018. The UMCM chapter outlines the measures, methodology, and technical specifications for the programs, allowing plans plenty of time to prepare before the measurement year begins.

Performance Improvement Projects

In July, HHSC and ICHP held a PIP workshop for the health plans. Topics included how to use potentially preventable event measures for PIPs, statistical analysis for multiple data years, lessons learned from 2014 two-year PIPs, introduction of a statewide superutilizer PIP for 2019.

For the 2018 PIPs, health plans submitted their PIP plans to address:

- STAR and STAR+PLUS- Improve rates of timeliness of prenatal care, postpartum care and/or frequency of prenatal care
- STAR Kids - Decrease potentially preventable ED visits for upper respiratory tract infection
- Dental - Increase utilization of sealants

Two of the STAR+PLUS plans are conducting a self-directed care pilot for their 2018 PIP. These topics align with other HHSC quality initiatives and continue our focus on prevention and maternal and infant health. For the STAR and STAR+PLUS plans, HHSC held a workgroup for those interested in focusing on a subpopulation or subtopic (e.g., pregnant women with substance use disorders, behavioral health services for pregnant and postpartum women). The workgroup was a forum for health plans to discuss their areas of interest and how a more focused PIP could be operationalized.

National Core Indicators for Aging and Disabilities survey

The National Association of States United for Aging and Disabilities (NASUAD), in collaboration with the Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), has developed the National Core Indicators-- Aging and Disabilities (NCI-AD) survey. The NCI-AD is an in-person survey that collects information on the experiences of individuals who are aging or have a physical disability

and are receiving long-term services and supports (LTSS). Texas is one of 20 states currently participating in this effort. As part of this initiative, HHSC voluntarily reports the results to NASUAD. The Texas report can be found on the NCI-AD website at: <https://nci-ad.org/states/TX/>

Quality Measurement

HHSC received the annual HEDIS and potentially preventable events (PPE) data from ICHP for measurement year 2015. These results were loaded onto the THLC portal. Throughout the year, HHSC received CAHPS survey results for STAR Health, STAR+PLUS, and STAR adult.

STAR Kids implementation

As part of the implementation of STAR Kids, ICHP is conducting a pre and post implementation study. For the pre-implementation study, ICHP conducted a survey of caregivers of individuals eligible for STAR Kids prior to implementation and ran administrative quality measures using 2014 and 2015 data. The pre-implementation study report was finalized and shared with stakeholders. ICHP will compare results with the post-implementation data.

XII. DEMONSTRATION EVALUATION

This section addresses the quarterly reporting requirements in STC 71 and 75, regarding evaluation activities and issues.

A. OVERVIEW OF EVALUATION

This quarterly report reflects evaluation activities from July 1, 2017, through December 31, 2017.

The Program includes two interventions:

Intervention I: The expansion of the existing Medicaid managed care programs, STAR and STAR+PLUS, statewide; creating a new children's dental program, while carving-in prescription drug benefits; nursing facility services; and, the behavioral health services of targeted case management and rehabilitative services (Evaluation Goals 1-4).

Intervention II: The establishment of two funding pools that will assist providers with uncompensated care costs and promote health system transformation (Evaluation Goals 5-11).

The Program evaluation examined the implementation and impact of the Program through a set of annual performance measures through year four of the demonstration period. The principal focus of the demonstration evaluation was on obtaining and monitoring data on performance measures for short-term (process measures) and intermediate (health outcomes) of the Program. The performance measures were used to assess the extent to which the Program accomplished its goals, tracked changes from year to year, and identified opportunities for improvement.

The Texas Healthcare Transformation and Quality Improvement Program (Demonstration) was initially approved by CMS in December 2011 through September 30, 2016. A 15-month extension was granted from October 1, 2016 through December 31, 2017. The current version of the Demonstration was approved on December 21, 2017, renewing the waiver for five years through September 30, 2022.

This report identifies:

- The current quarter's evaluation activities,
- Any challenges or issues encountered, and
- Planned evaluation activities in the next quarter.

B. SUMMARY OF EVALUATION ACTIVITIES

DY6 Q4 July - September

Joint Evaluation Activities (HHSC and Texas A&M): Interventions I & II

1. The contract between HHSC Center for Analytics and Decision Support (CADS) and Texas A&M terminated April 30, 2017. All deliverables were received and there has been no further joint evaluation activities.

HHSC Evaluation Activities: Interventions I & II

General Evaluation Activities

1. HHSC CADS evaluation staff submitted the Final Evaluation Report and Technical Response Document to CMS on May 30, 2017, as required by STC 75(b).
2. HHSC CADS evaluation staff attended project meetings and scheduled monthly CMS calls.

Intervention I

1. The abstract accepted for oral presentation at the American Public Health Association Annual Meeting and Expo (annual conference), *Impacts of Texas Medicaid policy change on adult access to ambulatory health services for aged and disabled population*, was nominated for the Rural and Environment Research Award. A journal-style manuscript was submitted for consideration on August 4, 2017. The conference was November 4-8, 2017 in Atlanta, GA.

Intervention II

1. HHSC CADS members no longer meet with Texas A&M team members as the contract has been fulfilled.

HHSC Evaluation Activities: Integrating Primary Care into Behavioral Health Settings for Adults with Severe and Persistent Mental Illnesses (SPMI)

1. The evaluation report for the Integrating Primary Care into Behavioral Health Settings for Adults with SPMI was finalized based on feedback from all stakeholders. The SPMI evaluation report and a separate executive summary were submitted to HHSC CADS, Meadows Mental Health Policy Institute of Texas, and community mental health center partners on May 4, 2017.
2. The SPMI final evaluation report and executive summary documents were shared with the HHSC Transformation Waiver Team.

Texas A&M Evaluation Activities: Integrating Primary Care into Behavioral Health Settings for Adults with Severe and Persistent Mental Illnesses (SPMI)

1. Evaluation findings for the Integrating Primary Care into Behavioral Health Settings for Adults with SPMI was submitted to HHSC CADS and has been reviewed by the HHSC Transformation Waiver team.

Challenges or Issues Encountered

No challenges or issues were encountered this quarter.

DY7 Q1 October - December

HHSC Evaluation Activities:

1. HHSC CADS evaluation staff attended project meetings and scheduled monthly CMS calls.
2. HHSC CADS evaluation staff provided written feedback to CMS on the Demonstration renewal STCs, Appendix O: Preparing the Evaluation Plan, and Appendix P: Preparing the Evaluation Report.
3. HHSC CADS evaluation staff began drafting the Evaluation Design Plan, which when approved by CMS, will be included as STC Appendix S: Evaluation Design.
4. HHSC CADS evaluator, Dr. Tenaya Sunbury, presented at the American Public Health Association Annual Meeting and Expo (annual conference), *Impacts of Texas Medicaid policy change on adult access to ambulatory health services for aged and disabled population*. The conference was November 4-8, 2017 in Atlanta, GA.

Challenges or Issues Encountered

No challenges or issues were encountered this quarter.

C. ACTIVITIES PLANNED IN NEXT QUARTER

January 1, 2018 through March 31, 2018

1. HHSC CADS will attend project meetings and CMS calls.

HHSC CADS Evaluation Unit

1. HHSC CADS will continue to address evaluation-related questions as they arise with respect to amendments and any extension/continuation of the waiver.
2. HHSC CADS will meet with internal 1115(a) Demonstration waiver stakeholders to discuss proposed evaluation measures.
3. Internal routing of the draft Evaluation Design Plan will begin February 28, 2018 for a CMS submission due date of April 19, 2018.

Communication, Dissemination, and Reporting

1. Previous external evaluators continue to revise the hospital level record linkage manuscript for resubmission.

XIII. REGIONAL HEALTHCARE PARTNERSHIP PARTICIPANTS

This section addresses the quarterly and annual reporting requirements in STC 71 and 72.

A. ACCOMPLISHMENTS

1. Major DSRIP Activities during Federal Fiscal Quarter 1/2017 (10/01/2016-12/31/2016)

Preparing for and processing October DY5 DSRIP reporting was a large focus of Q1. HHSC staff held a reporting technical assistance webinar for providers covering general reporting, Quantifiable Patient Impact (QPI) reporting and Category 3 guidance. Staff also developed provider-specific reporting templates for QPI and Category 3 reporting. In total for October reporting, providers reported achievement of 58.6 percent of the 9,084 DY4-DY5 Category 1-4 milestones/metrics. HHSC approved 95 percent of the reported milestones/metrics for a total of \$2,059,981,339 in approved DSRIP payments. Based on available IGT, \$2,053,211,878 was paid for DSRIP in January 2017, for a total of \$9.9 billion in DY1-DY5 DSRIP payments to date. An additional reporting period for metrics requiring additional information (Needs More Information or NMI) to substantiate achievement opened in December and closed in January 2017. Metrics approved during the NMI reporting period will be paid in July 2017, contingent on available IGT.

In November, Anchors had the opportunity to report costs for anchor administrative reporting by submitting the HHSC-developed Cost Template and Percent-of-Effort spreadsheet with a notarized certification. HHSC staff reviewed anchor cost submissions and worked with them for additional information as needed. Approved anchor administrative payments will go out in February 2017.

Significant work continued in Q1 on negotiations with CMS on continuation of the waiver. On October 21, 2016, a face-to-face meeting occurred in Washington, DC between HHSC and CMS. Key areas for negotiations include the size of the Uncompensated Care pool, size and evolution of the DSRIP pool, and integration of DSRIP into the managed care delivery model for Texas Medicaid. HHSC and CMS continued discussions via conference calls during Q1.

HHSC staff developed a draft Sustainability Planning template for provider reporting in DY6 and sent it out for stakeholder feedback. Providers will be required in DY6 to report on their efforts toward sustainability of their projects and outcomes. HHSC staff also continued planning for continuation of the waiver in DY7 and beyond to include updated protocols for DSRIP participation requirements for performing providers that evolve the transformational work

accomplished during the initial waiver period and 15-month extension.

HHSC continued stakeholder communications in Q1 through webinars, biweekly Anchor calls, and reporting companion documents. On October 5, 2017, HHSC held a webinar on DSRIP October DY5 reporting for providers.

2. Major DSRIP Activities during Federal Fiscal Quarter 2/2017 (01/01/2017-03/31/2017)

In late January and early February of 2017, HHSC staff reviewed provider responses to metrics that were found to need more information to support achievement during October DY 5 DSRIP reporting. Approvals and denials of the additional information submitted were given to providers the last week of February/first week of March. Those metrics that were approved will be eligible for payment in July 2017. For project metrics achieved during the October DY5 reporting period (including DY4 carryforward metrics), DSRIP providers received about \$2.05 billion (based on available IGT) in January 2017.

HHSC completed review of the anchor administrative cost reports submitted during Q1. IGT was requested by January 27th with payments to anchors made February 10, 2017. HHSC also sent out amendments to the anchor administrative contracts, which will extend the current contracts through September 30, 2018. In DY6, anchors will receive a one-time Anchoring Entity allocation in lieu of anchor administrative payments.

In January, HHSC requested an additional 21 months of level funding for the Uncompensated Care and DSRIP pools, and a continuation of the managed care provisions of the 1115 waiver. This request was made to allow the new administration and the 115th Congress to make changes to the nation's health care system and the Medicaid program during 2017. It also allows the 86th Texas Legislature to respond to any federal changes.

Related to the request for an additional 21 months, during Q2, HHSC posted on the waiver website draft language for the Program Funding and Mechanics (PFM) Protocol proposed for DY7-8. A survey was available for stakeholder feedback on the proposed language. HHSC staff are in the process of reviewing stakeholder feedback and developing responses and any PFM changes.

One of the proposed changes for DY7-8 for DSRIP is movement from project-level reporting to targeted Measure Bundles that are reported by DSRIP performing providers as a provider system. HHSC worked with the Clinical Champions to develop a process for feedback on proposed measure bundles in the draft DY7-8 PFM and development of any additional measures. The Clinical Champions were split into Bundle Advisory Teams in specific clinical areas to provide rounds of feedback on proposed measures for hospitals and academic health science centers. Work was also undertaken to develop measures specifically for local health departments and community

mental health centers.

During Q2 HHSC staff worked on completing April DY5 reporting templates for QPI and Category 3 as well as an updated reporting companion documents for Category 1&2 and Category 3 reporting containing detailed instructions and examples.

HHSC continued stakeholder communications in Q2 through biweekly Anchor calls and an Executive Waiver Committee meeting. On February 2, 2017, HHSC presented to the Executive Waiver Committee updates on DSRIP and Uncompensated Care, and led a discussion on proposals for DYs 7-8. On February 9th HHSC staff held a webinar on the draft DSRIP DY7-8 Program Funding and Mechanics Protocol for stakeholders.

3. Major DSRIP Activities during Federal Fiscal Quarter 3/2017 (04/01/2017-06/30/2017)

April 2017 was the first opportunity for providers to report achievement of DY6 metrics along with reporting metrics carried forward from DY5. Provider reports were due April 30, and HHS began reporting review in May and completed it in early June. Providers were sent reporting feedback in June and given until July 7 to respond to requests for additional information to support achievement of some metrics.

An additional reporting period for metrics requiring additional information (Needs More Information or NMI) to substantiate achievement opened in June and closed on July 7, 2017. Metrics approved during the NMI reporting period will be paid in January 2018, contingent on available IGT.

Following the request for an additional 21 months for the waiver in January 2017, HHS staff continued working on protocols and policies for Demonstration Years 7-8 (October 1, 2017 - September 30, 2019) during Q3. In May, HHS released a revised draft DSRIP Program and Funding Mechanics (PFM) Protocol that describes proposed requirements for DSRIP participation in DY7-8. Updates to the proposed DY7-8 PFM were made based on provider and stakeholder feedback given via an online survey as described in Q2. HHS also released a summary of stakeholder feedback and HHS responses. The draft DY7-8 program requirements are contingent on CMS approval of the PFM.

Also related to proposals for DY7-8, the work with the Clinical Champions, as described in the Q2 report, continued in Q3 with Measure Bundle topic subgroups - termed Bundle Advisory Teams - of over 100 clinicians state-wide taking part in a multi-round process to choose draft measures for each of the proposed Category C Measure Bundles. The process entailed three rounds of anonymous voting by the Bundle Advisory Teams via online surveys. Each voting round was followed by an advisory team conference call to discuss the survey results. Clinicians were

assigned to one or more Bundle Advisory Teams based on their areas of clinical expertise and interest. Bundle Advisory Team members also had the opportunity to suggest new and innovative measures. Some Clinical Champions with operational expertise were assigned to a Technical Advisory Team, which provided feedback about the feasibility of implementing suggested quality measures in a variety of settings. Community Mental Health Centers and their association provided recommendations for measures related to behavioral health, and Local Health Departments were engaged in the development of measures for those providers.

Following this work by the Clinical Champions and other stakeholders, the Draft DY7-8 Measure Bundle protocol was released in late June for stakeholder feedback, along with a draft Value Based Purchasing (VBP) Roadmap, which describes VBP efforts across HHS initiatives. Feedback on the draft Measure Bundle Protocol and VPB Roadmap was given via an online survey open to the public. A summary of provider feedback and HHS recommendations will take place in Q4 along with formal submission to CMS.

HHS continued stakeholder communications in Q3 through biweekly Anchor calls, Clinical Champions and Executive Waiver Committee meetings. On May 4, 2017, HHS staff presented to the Executive Waiver Committee updates on DSRIP and Uncompensated Care, and led a discussion on the development of measure bundles for the proposed DY7-8 Category C. On April 5, 2017, HHS staff conducted a webinar to provide technical assistance for April DY6 reporting, primarily on how to report achievement of Quantifiable Patient Impact (QPI) measures and Category 3 outcome measures. On June 20, 2017, HHS held a webinar to describe the proposed DSRIP draft protocols for DY7-8 and answered stakeholder questions.

4. Major DSRIP Activities during Federal Fiscal Quarter 4/2017 (7/01/2017 - 9/30/2017)

During Q4, HHSC reviewed the additional reporting information submitted by providers that HHSC had requested in support of achievement of metrics reported in April 2017 and approved 96 percent of these milestones/metrics. Payments for those metrics will be included in the January 2018 payment period. Based on available intergovernmental transfer funds (IGT), \$781,679,377 was paid for DSRIP metrics achieved in April by July 31, 2017. A total of \$10.7 billion in DY1-DY6 metrics have been paid to date.

HHSC continued working with Myers & Stauffer, LLC (MSLC), on ongoing compliance monitoring on Category 1 and 2 and Category 3 performance review. HHSC reviewed MSLC's findings and requested some additional information for some projects where providers were found to not achieve the goals or the results were not validated by MSLC. Preparations were made for the next round of reviews to begin in Q1 of FFY2018.

HHSC made changes to the Measure Bundle Protocol based on stakeholder feedback, and submitted it to CMS on July 28, 2017. The Texas Value Based Purchasing Roadmap was submitted to CMS on August 1. Based on changes to the Measure Bundle Protocol, HHSC also updated the Program Funding and Mechanics Protocol (PFM) and submitted the updated PFM to CMS on August 4. HHSC also developed proposed rules for DSRIP DY7-8 to reflect the policies outlined in the PFM protocol and the Measure Bundle Protocol. The rules were published for public comment on August 25, 2017, and are expected to be effective December 1, 2017.

HHSC developed a draft of the DY7-8 Category C measure specifications and sent them to providers for feedback and questions on September 29, 2017. There are a total of 148 unique measures for hospitals, physician practices, local health departments and community mental health centers. For hospitals and physician practices, measures are grouped in measure bundles of measures that share a common theme, apply to similar populations, and are impacted by similar activities. The specifications include details on how to report each measure. Feedback on the draft specifications was solicited via stakeholder survey during Q1 of FFY2018. HHSC also sent CMS a copy of the draft specifications.

In September, HHSC worked with providers in counties affected by Hurricane Harvey to determine how the storm impacted their ability to provide services and what difficulties they would have reporting their metric achievement during the DY6 reporting period in October. HHSC submitted a list of requests for DSRIP DY6 reporting flexibilities for providers located within FEMA designated disaster counties, and CMS sent a letter approving those accommodations on September 29, 2017. Reporting exceptions are intended to provide as much flexibility as possible to providers impacted by the hurricane while remaining within the approved DSRIP purpose and structure.

HHSC continued stakeholder communications in Q4 through responses to technical assistance requests, and biweekly Anchor calls. On August 3, 2017, HHSC staff provided the Executive Waiver Committee with updates on DSRIP and Uncompensated Care.

5. Major DSRIP Activities during Federal Fiscal Quarter 1/2018 (10/01/2017 - 12/31/2017)

Preparing for and processing October DY6 DSRIP reporting occurred in Q1. HHSC staff held a reporting technical assistance webinar for providers covering general reporting, Quantifiable Patient Impact (QPI) reporting and Category 3 guidance. Staff also developed provider-specific reporting templates for QPI and Category 3 reporting.

HHSC continued working with Myers & Stauffer, LLC, on ongoing compliance monitoring for

reported Category 3 and reported achievement of Category 1 and 2 metrics.

HHSC developed a template for Anchors to submit their DY6 Anchor Annual reports in December, as required by the Program Funding and Mechanics protocol. Summary information and a spreadsheet of the report responses are included in the HHSC DY6/FFY17 Annual Report submission.

Significant work continued in Q1 on negotiations with CMS on the waiver extension. HHSC staff participated in ongoing discussions with CMS staff on approval of the DY7-8 DSRIP protocols (the Program and Funding Mechanics Protocol and the Measure Bundle Protocol). On December 21, 2017, CMS approved a five-year renewal of the Texas 1115 waiver, including four years of additional funding for DSRIP, contingent on approval of the DSRIP protocols by January 21, 2018. CMS outlined five requirements for DSRIP to be negotiated for approval of the DSRIP protocols, which HHSC and CMS began discussing in Q1.

HHSC worked on development of an RHP Plan Update template for RHPs to submit their updated RHP Plans to HHSC in Q2 and Q3 (by April 30, 2018). The templates will allow providers to crosswalk their DY2-6 DSRIP projects to their system-wide activities intended to achieve outcome measures. Each provider will define their system for the purposes of DY7-8 DSRIP and report a baseline for Patient Participation by Provider (PPP). The RHP Plan Update is also the means for a provider to select their Measure Bundles or measures, depending on provider type. Anchors will combine their providers' templates into one updated RHP Plan. The Anchor RHP Plan Update template will also allow anchors to report on their RHP's updated Community Needs Assessment, their DY7-8 Learning Collaborative Plan, and their report on the required stakeholder engagement forum for feedback on the draft RHP Plan Update.

In Q1 HHSC also continued developing and refining the measure specifications for the Measure Bundles and measure lists found in the Measure Bundle Protocol. These specifications give providers detailed instructions for reporting their selected measures in DY7-8. HHSC set up a system for reviewing and responding to questions from providers about interpreting the measure specifications, which includes consultation with clinical experts.

HHSC continued stakeholder communications in Q1 through webinars, biweekly Anchor calls, and reporting companion documents. HHSC will continue to inform stakeholders of waiver developments through multiple approaches in FFY2018 Q2.

6. Major Uncompensated Care (UC) Program Activities During DY6

January 2017

- HHSC issued combined Disproportionate Share Hospital/ Uncompensated Care (DSH/UC) DY 6 applications to providers.

February 2017

- HHSC processed a 2017 DY 6 Advance UC Payment totaling approximately \$1,494,673,245.

April 2017

- HHSC completed the processing of all DY 6 DSH/UC applications.
- Completed the calculation of hospital specific limits (HSLs) and verification by providers and their consultants.

May 2017

- HHSC issued Texas Physician Uncompensated Care (TXPUC) applications to providers.

July 2017

- HHSC completed the processing of all DY 6 DSH/UC TXPUC applications.

August 2017

- HHSC calculated final UC payment amounts and collected IGT commitments from providers.

September 2017

- DY 6 / FFY 17 The first of two final payments is made totaling \$1,041,880,769.

October 2017

- DY 6 / FFY 17 The second of two final payments is made totaling \$241,536,426.

7. Summary of RHP Milestone Achievement in DY6

As required in the Program Funding and Mechanics Protocol, each Anchoring Entity submitted a DY6 Annual Report by December 15, 2017. The reports include a narrative description of the progress made, lessons learned, challenges faced, and other pertinent findings. A file of all of the DY6 Anchor Annual Reports for all RHPs is included in Attachment W.

HHSC also is providing a high-level summary of performance achievement by each RHP based on the two DY6 reporting periods – April 2017 and October 2017. This data is included in the first tab of Attachment W. Please note that the eligible payment amounts are contingent on available intergovernmental transfer (IGT) funds, so actual payments likely will be a little lower than eligible payments.

8. Projected DY7 DSRIP Payments

While HHSC's Financial Services staff will provide the official estimates of potential DSRIP payments to CMS for each quarter, based on the proposed DSRIP requirements for DY7-8, HHSC estimates that DSRIP providers will earn over \$1.7 billion in DY7 DSRIP funds. Depending on the timing of CMS approval of the DSRIP protocols, the April 2018 estimates are based on only RHP Plan Update submissions while October 2018 includes Category B and D reporting, and 75 percent reporting of Category C baselines. These estimates do not include DY6 metrics carried forward into DY7 or the Anchor one-time DY6 payments, so the total payment amounts for July 2018 (based on April 2018 reporting) and January 2019 (based on October 2018 reporting) likely will be higher than what is reflected below.

RHP	DSRIP Allocation DY7	Estimated April 2018 Reporting	Estimated October 2018 Reporting
RHP 1	\$118,240,872	\$23,648,174	\$41,753,808
RHP 2	\$111,593,791	\$22,318,758	\$39,406,558
RHP 3	\$639,323,692	\$127,864,738	\$225,761,179
RHP 4	\$142,617,471	\$28,523,494	\$50,361,795
RHP 5	\$197,621,488	\$39,524,298	\$69,785,088
RHP 6	\$341,563,637	\$68,312,727	\$120,614,659
RHP 7	\$175,775,070	\$35,155,014	\$62,070,571
RHP 8	\$50,257,477	\$10,051,495	\$17,747,172
RHP 9	\$474,659,140	\$94,931,828	\$167,614,009
RHP 10	\$301,583,772	\$60,316,754	\$106,496,769
RHP 11	\$37,073,614	\$7,414,723	\$13,091,620
RHP 12	\$119,392,884	\$23,878,577	\$42,160,612
RHP 13	\$21,007,292	\$4,201,458	\$7,418,200
RHP 14	\$73,447,394	\$14,689,479	\$25,936,111
RHP 15	\$142,853,115	\$28,570,623	\$50,445,006
RHP 16	\$39,186,072	\$7,837,214	\$13,837,582

RHP 17	\$35,300,965	\$7,060,193	\$12,465,653
RHP 18	\$23,147,377	\$4,629,475	\$8,173,917
RHP 19	\$29,741,440	\$5,948,288	\$10,502,446
RHP 20	\$25,613,437	\$5,122,687	\$9,044,745
Total	\$3,100,000,000	\$620,000,000	\$1,094,687,500

B. POLICY, ADMINISTRATIVE AND FINANCIAL DIFFICULTIES

The Texas DSRIP program continued to evolve during DY6, as HHSC, CMS, RHP anchors, and DSRIP providers implemented this large and diverse program during a transition year. Key challenges have been developing program policies for further demonstration years and working with CMS on the longer term renewal.

ENCLOSURES/ATTACHMENTS

Attachment A – Managed Care Plans By Service Area. The attachment includes a table of the health and dental plans by Service Delivery Area.

Attachment B -- Enrollment Summary (17Q1-18Q1). The attachment includes annual and quarterly Dental, STAR and STAR+PLUS enrollment summaries.

Attachments C1-C3 – Provider Network and Methodology. The attachments summarize STAR, STAR Kids, and STAR+PLUS network enrollment by MCOs, SDAs, and provider types. It also includes a description of the methodology used for provider counts and terminations.

Attachments D1-D2 – Out-of-Network Utilization. The attachments summarize Dental, STAR, STAR Kids, and STAR+PLUS out-of-network utilization.

Attachment E – Distance and Travel Time Standards. The attachment shows the State's distance and travel time standards by provider type and county designation.

Attachment H1-H5 – Network Access Analysis. The attachments includes the results of the State's analysis for PCPs, main dentists, and specialists.

Attachment J – MCO Pharmacy GeoMapping Summary. The attachment includes the STAR, STAR Kids, and STAR+PLUS plans' self-reported GeoMapping results for pharmacy.

Attachment L – Enrollment Broker Summary Report. The attachment provides a summary of outreach and other initiatives to ensure access to care.

Attachments M1-M4 – Hotline Summaries. The attachments provide data regarding phone calls and performance standards of MCO and DMO Member and Provider Hotlines.

Attachments N – MCO Complaints. The attachment includes Dental, STAR, STAR Kids, and STAR+PLUS complaints and appeals received by plans.

Attachment O – Complaints to HHSC. The attachment includes information concerning Dental, STAR, STAR Kids, and STAR+PLUS complaints received by the State.

Attachment P – Budget Neutrality. The attachment includes actual expenditure and member-month data as available to track budget neutrality. This document is updated with additional information in each quarterly report submission.

Attachment Q – Members with Special Healthcare Needs Report (2017 SFQ4). The attachment represents total MSHCN enrollment in STAR, STAR Kids, and STAR+PLUS during the prior fiscal year.

Attachment R1-R2 – Provider Fraud and Abuse. The attachments represents a summary of

the referrals that STAR, STAR Kids, STAR+PLUS, and Dental Program plans sent to the OIG during the biannual reporting period.

Attachments V1-V3 – Claims Summary (2017 SFQ3 -SFQ4). The attachments are summaries of the MCOs' claims adjudication results.

Attachment W – DSRIP Reporting by RHP. The attachments includes a summary of the Demonstration Year 6 DSRIP reporting by RHP and annual reports from all anchors

Attachment X - DSRIP Project Summary October DY6. The attachment includes a summary of the accomplishments, progress on core components, and CQI (Continuous Quality Improvement) for each DSRIP project as reported in October 2017.

Attachment Y- Remaining DSRIP Payments. Reported biannually after DSRIP payments are distributed.

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ACRONYM LIST

AAA	Area agency on aging
ADRC	Aging and Disability Resource Centers
APHA	American Public Health Association
BIP	Balancing Incentive Program
CAHPS	Consumer Assessment of Health Providers and Systems
CAP	Corrective action plan
CFC	Community First Choice
CMS	Centers for Medicare & Medicaid Services
DADS	Department of Aging and Disability Services
DMO	Dental managed care organization
DSH	Disproportionate Share Hospital
DSHS	Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
DY	Demonstration year
EB	Enrollment broker
EG	Evaluation goal
ENT	Otolaryngologist
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
EQRO	External Quality Review Organization
ER	Emergency room
ERS	Emergency response services
FQHC	Federally Qualified Health Center
HEDIS	Healthcare Effectiveness Data and Information Set
HHSC	Health and Human Services Commission
MCCO	Managed Care Compliance & Operations (Formally Health Plan Management)
HSRI	Human Services Research Institute
ICF-IID	Intermediate care facility for individuals with intellectual disabilities or a related condition
ICHP	Institute for Child Health Policy
ICSS	Independent Consumer Supports System
IGT	Intergovernmental transfer
IMD	Institution for mental disease
LD	Liquidated damages
LTCO	Long-term care ombudsman
MACPAC	Medicaid and CHIP payment and Access Commission
MAGI	Modified adjusted gross income
MCO	Managed care organization
MMCH	Medicaid Managed Care Helpline

MRSA	Medicaid Rural Service Areas
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NASHP	National Academy for State Health Policy
NASUAD	National Association of States United for Aging and Disabilities
NCI-AD	National Core Indicators-Aging and Disabilities
OON	Out-of-network
P4Q	Pay-For-Quality
PBM	Pharmacy Benefits Manager
PIP	Performance improvement project
PCP	Primary care provider
PFM	Program Funding and Mechanics
RHP	Regional Healthcare Partnerships
SDA	Service delivery area
SDS	HHSC Strategic Decision Support
SFQ	State Fiscal Quarter
SMMC	State Medicaid Managed Care Advisory Committee
SPMI	Severe and persistent mental illness
STCs	Special Terms and Conditions
TCH	Texas Children's Hospital
TCHP	Texas Children's Health Plan
THSteps	Texas Health Steps
UC	Uncompensated care

Attachment A
Managed Care Plans by Service Area

Service Area	STAR	STAR+PLUS	STAR Kids
Bexar	Aetna Better Health Amerigroup Community First Health Plans Superior HealthPlan	Amerigroup Molina Healthcare of Texas Superior HealthPlan	Community 1st Superior
Dallas	Amerigroup Molina Healthcare of Texas Parkland Community Health Plan	Molina Healthcare of Texas Superior HealthPlan	Amerigroup Children's Medical Center
El Paso	El Paso First Health Plan Molina Healthcare of Texas Superior HealthPlan	Amerigroup Molina Healthcare of Texas	Amerigroup Superior
Harris	Amerigroup Community Health Choice Molina Healthcare of Texas Texas Children's Health Plan UnitedHealthcare Community	Amerigroup Molina Healthcare of Texas UnitedHealthcare Community Plan	Amerigroup Texas Children's United
Hidalgo	Driscoll Children's Health Plan Molina Healthcare of Texas Superior HealthPlan UnitedHealthcare Community	HealthSpring Life & Health Molina Healthcare of Texas Superior HealthPlan	Driscoll Superior United
Jefferson	Amerigroup Community Health Choice Molina Healthcare of Texas Texas Children's Health Plan UnitedHealthcare Community	Amerigroup Molina Healthcare of Texas UnitedHealthcare Community Plan	Texas Children's United
Lubbock	Amerigroup FirstCare HealthPlans Superior HealthPlan	Amerigroup Superior HealthPlan	Amerigroup Superior
MRSA Central	Amerigroup Right Care from Scott & White Superior HealthPlan	Superior HealthPlan UnitedHealthcare Community Plan	BCBS United
MRSA Northeast	Amerigroup Superior HealthPlan	Cigna-HealthSpring UnitedHealthcare	Texas Children's United
MRSA West	Amerigroup FirstCare HealthPlans Superior HealthPlan	Amerigroup Superior HealthPlan	Amerigroup Superior
Nueces	CHRISTUS Health Plan Driscoll Children's Health Plan Superior HealthPlan	Superior HealthPlan UnitedHealthcare Community Plan	Driscoll Superior
Tarrant	Aetna Better Health Amerigroup Cook Children's Health Plan	Amerigroup Cigna-HealthSpring	Aetna Cook Children's
Travis	Blue Cross and Blue Shield of Sendero Health Plans Seton Health Plan/Dell Children's Superior HealthPlan	Amerigroup UnitedHealthcare Community Plan	BCBS Superior
Service	Children's Medicaid Dental Services (Dental Program)		
Statewide	Denta Quest USA Insurance Company, Inc. MCNA Insurance Company		

Attachment B
Enrollment Summary (17Q1-18Q1)

Program	Service Area	MCO	17Q1	17Q2	17Q3	17Q4	18Q1
Dental	Statewide	DentaQuest	1,657,075	1,655,850	1,640,658	1,650,337	1,685,144
		MCNA	1,283,281	1,272,339	1,248,603	1,245,026	1,263,841
Dental Total			2,940,356	2,928,189	2,889,261	2,895,363	2,948,985
STAR+PLUS	BEXAR	Amerigroup	10,162	9,731	9,807	9,742	9,551
		Superior	28,127	27,376	27,507	27,976	28,242
		Molina	7,997	7,574	7,716	7,702	7,759
	DALLAS	Molina	35,977	35,053	35,451	35,830	35,920
		Superior	26,477	25,660	25,829	25,984	26,011
	EL PASO	Amerigroup	11,776	11,101	11,237	11,274	11,407
		Molina	9,284	8,979	9,151	9,151	9,343
	HARRIS	Amerigroup	40,595	38,909	39,553	39,915	39,639
		Molina	12,963	12,503	12,596	12,514	12,604
		United	48,511	47,073	48,443	49,563	50,419
	HIDALGO	Cigna-HealthSpring	17,856	17,822	17,654	17,628	17,035
		Molina	15,215	14,769	14,832	14,951	15,072
		Superior	31,832	31,211	31,499	31,704	31,765
	JEFFERSON	Amerigroup	7,359	7,317	7,218	7,080	6,952
		Molina	7,005	6,975	6,878	6,804	6,808
		United	5,435	5,441	5,495	5,732	5,990
	LUBBOCK	Amerigroup	6,541	6,518	6,537	6,474	6,418
		Superior	6,801	6,757	6,725	6,706	6,878
	MRSA CENTRAL	United	13,981	13,977	13,944	13,949	14,191
		Superior	15,525	15,536	15,430	15,563	15,722
	MRSA NORTHEAST	Cigna-HealthSpring	22,518	22,424	22,141	22,085	22,142
		United	23,520	23,351	23,155	23,281	23,866
	MRSA WEST	Amerigroup	17,366	17,293	17,211	17,122	17,146
		Superior	20,415	20,189	19,964	20,042	20,357
	NUECES	United	10,268	10,242	10,151	10,177	10,386
		Superior	11,179	11,111	11,059	11,003	10,973
	TARRANT	Amerigroup	29,883	28,804	29,262	29,627	29,525
		Cigna-HealthSpring	9,950	10,048	10,072	10,246	10,597
	TRAVIS	Amerigroup	12,500	12,280	12,089	12,056	11,946
		United	12,948	13,081	13,032	13,178	13,591
STAR+PLUS Total			529,966	519,105	521,638	525,059	528,255
STAR	BEXAR	Aetna	23,164	22,975	22,582	22,568	23,998
		Amerigroup	9,750	9,539	9,330	9,303	9,901
		Community 1st	105,857	104,105	102,192	102,355	106,390
		Superior	107,746	108,778	109,284	112,057	117,744
	DALLAS	Amerigroup	208,227	205,408	201,671	201,115	198,632
		Molina	19,894	20,042	20,526	21,231	24,120
		Parkland	166,708	164,592	160,826	161,008	168,185
	EL PASO	El Paso 1st	66,394	65,167	64,165	62,836	65,196
		Molina	3,393	3,353	3,315	3,367	3,467
		Superior	53,478	53,140	52,686	53,287	57,283
	HARRIS	Amerigroup	107,683	105,033	101,708	100,986	104,110
		CHC	219,796	218,465	216,127	218,650	229,923
		Molina	12,521	12,346	12,169	12,063	13,473
		Texas Children's	307,392	307,620	310,560	312,595	334,845
		United	46,837	50,264	51,473	52,682	58,319
	HIDALGO	Driscoll	83,703	84,583	84,292	86,046	86,938
		Molina	57,952	56,728	55,434	54,303	53,739
		Superior	152,958	151,489	148,400	148,029	147,597
		United	59,488	61,057	60,269	60,056	61,635
	JEFFERSON	Amerigroup	6,825	6,818	6,696	6,984	7,123
		CHC	22,014	21,966	21,867	21,961	22,867
		Molina	4,203	4,093	4,189	4,298	4,601
		Texas Children's	28,042	28,216	28,144	29,363	31,780

Attachment B
Enrollment Summary (17Q1-18Q1)

	LUBBOCK	United	13,948	13,990	14,222	14,746	16,018
		Amerigroup	8,180	8,320	8,224	8,190	8,287
		FirstCare	40,004	39,294	38,671	38,325	38,964
		Superior	27,425	27,419	27,037	27,572	32,761
	MRSA CENTRAL	Amerigroup	21,720	21,762	21,258	21,255	21,331
		Scott & White	42,274	44,301	43,867	44,444	44,940
		Superior	65,877	66,553	66,415	68,109	72,549
	MRSA NORTHEAST	Amerigroup	58,335	58,155	56,511	55,989	54,976
		Superior	110,314	111,194	110,821	112,623	129,555
	MRSA WEST	Amerigroup	30,410	30,555	30,239	30,304	30,376
		FirstCare	52,720	51,285	49,601	48,897	48,245
		Superior	73,588	74,486	75,031	76,216	80,425
	NUECES	Christus	5,576	5,411	5,084	5,025	5,290
		Driscoll	62,326	62,865	62,574	63,155	65,422
		Superior	19,257	19,372	19,342	19,468	20,782
	TARRANT	Aetna	47,645	47,750	47,534	47,632	50,146
		Amerigroup	118,218	116,600	113,649	112,101	109,494
		Cook Children's	100,881	101,259	101,115	102,100	108,219
	TRAVIS	BCBS	24,301	24,927	24,799	25,040	26,660
		Sendero	13,138	13,402	12,795	12,780	14,594
		Seton	18,225	17,982	17,758	17,618	18,008
		Superior	88,284	87,025	84,910	84,868	87,991
STAR Total			2,916,671	2,909,684	2,879,362	2,893,600	3,016,899
STAR Kids	BEXAR	Community 1st	8,226	8,170	7,924	8,434	8,615
		Superior	7,397	7,283	7,037	6,763	6,844
	DALLAS	Amerigroup	11,927	11,960	11,981	11,914	12,206
		Children's Medical Ce	9,600	9,725	9,580	9,592	9,487
	EL PASO	Superior	3,332	4,971	3,461	3,486	3,542
		Amerigroup	1,642	1,538	1,463	1,422	1,409
	HARRIS	Texas Children's	17,334	17,959	18,377	18,473	18,776
		United	9,538	9,387	9,329	9,332	9,402
		Amerigroup	10,054	9,648	9,259	8,910	8,837
	HIDALGO	Driscoll	7,436	7,027	6,866	6,663	6,544
		Superior	7,824	8,065	7,984	7,878	7,796
		United	7,358	7,328	7,426	7,368	7,401
	JEFFERSON	United	2,176	2,194	2,175	2,332	2,308
		Texas Children's	2,796	2,778	2,779	2,641	2,664
	LUBBOCK	Superior	1,554	1,591	1,620	1,604	1,798
		Amerigroup	1,686	1,646	1,688	1,680	1,666
	MRSA CENTRAL	BCBS	4,274	4,218	4,161	4,056	4,103
		United	4,367	4,484	4,467	4,484	4,591
	MRSA NORTHEAST	Texas Children's	4,256	4,248	4,254	4,196	4,225
		United	6,731	6,705	6,700	6,583	6,667
	MRSA WEST	Superior	3,327	3,405	3,483	3,440	3,469
		Amerigroup	3,625	3,580	3,474	3,397	3,429
	NUECES	Driscoll	3,618	3,701	3,734	3,756	3,863
		Superior	2,058	1,912	1,788	1,693	1,602
	TARRANT	Aetna	5,497	5,366	5,159	5,050	4,908
		Cook Children's	8,423	8,728	8,820	8,921	9,205
	TRAVIS	Superior	3,742	3,818	3,806	3,760	3,758
		BCBS	3,747	3,706	3,649	3,573	3,582
STAR Kids Total			163,545	165,141	162,444	161,401	162,697

PROVIDER COUNT METHODOLOGY

Data Source

HHSC relies on the provider network data supplied by the MCOs.

Primary Care Provider, Specialist, and Dental Provider Types

Primary care provider (PCP) and specialist counts are based on the provider network files submitted by MCOs. The data is validated by MAXIMUS using the Medicaid Master Provider File. Unique provider counts are generated using the National Provider Identifiers (NPIs). The NPI is the standard unique identifier for health-care providers, and is required to enroll as a Texas Medicaid provider. The provider count data represents a snapshot in time and shows the number of unique providers for the last month of the quarter.

HHSC reporting requirements for the MCOs restricts PCP validity to certain provider specialty codes. The network counts are based on all PCPs included in the MCO provider files, which includes traditional and non-traditional provider types listed in Appendix A, as well as other provider types that may have agreed to serve as a PCP for a particular member with special needs.

The specialist count includes all specialty provider types listed in Appendix B. Since a provider may be represented in both the PCP count and Specialist count, the combined total includes duplications.

Dental provider counts are broken down by main dentists and dental specialists. For DMOs, the PCP column shows the number of main dentists which includes general dentists and pediatric dentists. The specialist column includes endodontists, periodontists, prosthodontists, oral surgeons, orthodontists, and in limited cases dental anesthesiologists.

Pharmacy Provider Types

Pharmacy counts, based on MCO self-report, include the following pharmacy providers: pharmacy, public health services pharmacy, specialty pharmacy, public health services and specialty pharmacy, pharmacy – not specified.

PROVIDER TERMINATIONS

Data Source

As in prior quarters terminations are based on self-reported data from the MCOs.

ATTACHMENT C1
Provider Network Count Methodology 17SFQ4 and 18SFQ1

APPENDIX A: PRIMARY CARE PROVIDER TYPES

- | | | |
|-------------------------------------|--------------------------------|---|
| • Cardiovascular Disease* | • Internal Medicine | • Peripheral Vascular Disease* |
| • Certified Nurse Specialist | • Multispecialty Clinic | • Physician (D.O., M.D.) |
| • E.E.N.T. (D.O.)* | • Neurology (M.D.)* | • Physician Group (D.O., M.D.) |
| • Family Practice/General Practice | • Neurosurgery* | • Pulmonary Disease* |
| • Federally Qualified Health Center | • Nuclear Medicine* | • Radiation Therapy* |
| • Gastroenterology* | • Nurse Midwife | • Rural Health Clinic (Independent, Provider) |
| • Geriatrics | • Nurse Practitioner | • Thoracic Surgery* |
| • Gynecology | • OB/GYN (D.O., M.D.) | • Urology* |
| | • Orthopedic Surgery* | |
| | • Otorhinolaryngology (E.N.T)* | |
| | • Pediatrics | |

Note: Provider types with an asterisk (*) are valid PCPs for members with special needs.

ATTACHMENT C1
Provider Network Count Methodology 17SFQ4 and 18SFQ1

APPENDIX B: SPECIALIST TYPES

- Ambulance Service
- Ambulatory Surgical Services
- Audiologist
- Birthing Center
- Case Management - Mental Health ‘MH’/Mental Health Rehab “MHR”
- Case Management - Mental Retardation ‘MR’
- CCP Provider
- Certified Nurse Specialist
- Certified Registered Nurse Anesthetist (CRNA)
- Children’s Hospital
- Chiropractic
- CIDC Reserved for Future Use
- Consumer Directed Services (CDS)
- Dentist/Orthodontists (D.M.D., D.D.S.)
- E.E.N.T. (D.O.)
- EPSDT - Texas Health Steps
- EPSDT - Texas Health Steps Health DPT Mobile Units & Regional
- Family Planning Agency (Public Health)
- Freestanding Psychiatric Hospital
- Freestanding Rehabilitation Facility
- Freestanding Renal Dialysis Facility
- Gastroenterology
- Genetics
- Geriatrics
- Hand Surgery
- Home Health Agency
- Home Health DME
- Hospice
- Hospital - Long Term or Specialized Care
- Hospital - Nonprofit/Acute/101-250 Beds
- Hospital - Nonprofit/Acute/1-50 Beds
- Hospital - Nonprofit/Acute/251 Plus Beds
- Hospital - Nonprofit/Acute/51-100 Beds
- Hospital - Other/Out-of-State
- Hospital - Profit/Acute/101 Plus Beds
- Hospital - Profit/Acute/1-50 Beds
- Hospital - Profit/Acute/51-100 Beds
- Hospital - Teaching Affiliate
- In- Home Hyperalimentation Supplies
- Independent Laboratory
- Individual Certified Orthodontist
- Individual Certified Prosthetist
- Individual Physical Therapist
- Internal Medicine
- Licensed Professional Counselor (CCP)
- (LMSW-ACP) LIC MSTR Social WRKR/ADV Clinical Pract
- Manipulative Therapy(D.O.)
- Maternity Service Clinic
- Medical Supply Company with Certified Prosthetist
- Multispecialty Clinic
- Nephrology
- Neurology (M.D.)
- Neurosurgery
- Nuclear Medicine
- Nurse Practitioner
- Nurse/Nurse Midwife
- Nursing Home
- OB/GYN (D.O.)
- OB/GYN (M.D.)
- Ophthalmology
- Optometrist
- Orthopedic Surgery
- Pathology (D.O.)
- Pathology (M.D.)
- Pediatrics
- Peripheral Vascular Disease
- Personal Care Services (PCS)
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Podiatry
- Portable X-Ray Supplier

ATTACHMENT C1
Provider Network Count Methodology 17SFQ4 and 18SFQ1

- Proctology
- Psychiatric Hospital
- Psychiatric Hospital
Medicare Crossovers
Only
- Psychiatry
- Psychiatry (D.O.)
- Psychologist
- Pulmonary Disease
- Radiation Therapy
- Radiation Treatment
Center
- Radiology (D.O.)
- Radiology (M.D.)
- Registered Nurse
(CCP)
- Rural Health Clinic
(Independent)
- Rural Health Clinic
(Provider)
- Seating Clinic
- Social Worker (CCP)
- Speech Therapy (CCP)
- State Hospital
Physician Groups
- Tape-to-Tape
- Texas Commission for
the Blind (TCB)
- Texas Health Steps
Case Management
- Thoracic Surgery
- Tuberculosis (TB)
Clinics
- Urology

Attachment C2
Provider Network Counts (2017 SFQ4)

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
DentaQuest	0	514	5516	0	5579
MCNA Dental	0	1085	4366	0	5024
Unique NPI Total		1,387	5,723		

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
STAR	20,391	56,997	2,865	4,931	71,577
Bexar	2149	7427	674	4714	13945
Aetna	619	3691	6	4709	8961
Amerigroup Texas, Inc.	1274	3824	2	1	4395
Community First Health Plan	647	3200	3	359	4151
Superior Health Plan	1100	3084	671	393	5179
Dallas	3054	10959	357	1352	13915
Amerigroup Texas, Inc.	2467	7808	14	1	8838
Molina Healthcare of Texas	724	5221	343	1327	7549
Parkland Community Health Plan	872	3940	10	717	5415
El Paso	547	1644	250	111	2379
El Paso First	348	1033	5	105	1449
Molina Healthcare of Texas	223	1056	33	108	1406
Superior Health Plan	386	757	240	92	1452
Harris	5407	16497	381	1381	20016
Amerigroup Texas, Inc.	2953	8249	11	1	9680
Community Health Choice	2626	10290	26	1285	12956
Molina Healthcare of Texas	1208	6917	212	1345	9491
Texas Children's Health Plan	1015	4829	18	1285	7141
United Healthcare	2458	7412	199	1265	11123
Hidalgo	1849	4841	552	301	6453
Driscoll Children's Health Plan	889	2691	8	254	3081
Molina Healthcare of Texas	613	1992	56	296	2893
Superior Health Plan	984	1590	519	266	3271
United Healthcare	1095	1557	76	255	2835
Jefferson	4891	16576	387	1167	19691
Amerigroup Texas, Inc.	2669	8196	11	1	9422
Community Health Choice	2575	9983	26	128	11511
Molina Healthcare of Texas	1188	6427	212	1163	8803
Texas Children's Health Plan	192	4829	18	127	5165
United Healthcare	1871	7800	209	337	10075
Lubbock	1593	2653	219	150	3980
Amerigroup Texas, Inc.	702	1702	0	0	1937
FirstCare	943	761	1	0	1696
Superior Health Plan	683	836	218	150	1856
MRSA Central	5701	11190	342	795	15684
Amerigroup Texas, Inc.	4241	5585	4	1	8578
Scott & White RightCare	1119	5236	9	231	5540
Superior Health Plan	2590	3664	332	770	7276
MRSA Northeast	3775	5463	317	611	8804
Amerigroup Texas, Inc.	3424	4340	7	1	6507
Superior Health Plan	1289	2431	315	611	4607
MRSA West	4216	6388	305	425	9483
Amerigroup Texas, Inc.	3450	5007	4	0	6924
FirstCare	1021	760	1	0	1771
Superior Health Plan	1651	2233	302	425	4520
Nueces	1585	4910	216	295	5965
Christus	361	1579	7	1	1696

Attachment C2
Provider Network Counts (2017 SFQ4)

Driscoll Children's Health Plan	887	2665	8	120	2919
Superior Health Plan	1013	1715	202	278	3133
Tarrant	2821	9894	16	4712	15756
Aetna	837	3327	8	4709	8739
Amerigroup Texas, Inc.	2406	7757	14	1	8722
Cook Children's Health Plan	760	2909	7	562	4216
Travis	3241	9703	386	411	12626
BCBS	1022	6664	4	1	7616
Sendero	539	2969	13	296	3364
Seton Health Plan	1371	1451	5	296	2897
Superior Health Plan	1638	2991	381	384	5314
STAR Kids	15,417	44,547	78	4,860	56,776
Bexar	1076	4209	6	422	5550
Community First Health Plan	383	2178	2	359	2888
Superior Health Plan	985	2876	5	393	4183
Dallas	1736	7991	14	2	8422
Amerigroup Texas, Inc.	1418	7569	14	1	7766
Children's Medical Center	650	742	0	1	1377
El Paso	488	1586	1	92	1835
Amerigroup Texas, Inc.	314	1252	1	0	1292
Superior Health Plan	340	722	0	92	1132
Harris	4309	13402	25	1290	16681
Amerigroup Texas, Inc.	1622	8234	11	1	8490
Texas Children's Health Plan	1242	5534	20	2	6780
United Healthcare	3105	6612	10	1289	10403
Hidalgo	1891	4131	15	290	5793
Driscoll Children's Health Plan	773	2524	8	255	3529
Superior Health Plan	855	1618	4	266	2659
United Healthcare	1368	1602	5	256	2919
Jefferson	1952	9667	24	367	11534
Texas Children's Health Plan	240	5534	20	2	5793
United Healthcare	1865	6907	10	366	8943
Lubbock	802	2163	1	150	2521
Amerigroup Texas, Inc.	627	1777	0	0	1894
Superior Health Plan	561	803	1	150	1476
MRSA Central	2769	8099	13	4561	14861
BCBS	1310	7194	10	4560	12994
United Healthcare	1869	1847	7	257	3753
MRSA Northeast	1999	7214	26	340	8950
Texas Children's Health Plan	450	5534	20	2	5985
United Healthcare	1896	2158	9	338	3873
MRSA West	1752	4697	3	425	5732
Amerigroup Texas, Inc.	1227	3532	0	0	3778
Superior Health Plan	1253	2227	3	425	3791
Nueces	1239	3552	10	295	4912
Driscoll Children's Health Plan	773	2500	8	123	3381
Superior Health Plan	868	1749	3	278	2816
Tarrant	1119	4813	9	4664	10333
Aetna	889	3671	9	4647	9072
Cook Children's Health Plan	545	2162	0	562	3255
Travis	1870	8747	10	4563	14920
BCBS	1353	7194	10	4560	13035
Superior Health Plan	776	2324	1	384	3422
STAR+PLUS	16,134	48,956	3,194	4,777	64,976
Bexar	1780	6175	718	439	8348
Amerigroup Texas, Inc.	983	3873	2	1	4312

Attachment C2
Provider Network Counts (2017 SFQ4)

Molina Healthcare of Texas	405	3510	113	434	4407
Superior Health Plan	1108	3200	671	393	5303
Dallas	2020	7827	1261	1344	12155
Molina Healthcare of Texas	732	5509	346	1327	7838
Superior Health Plan	1670	4143	1143	1155	8058
El Paso	419	1570	33	108	1823
Amerigroup Texas, Inc.	362	1282	1	0	1363
Molina Healthcare of Texas	228	1088	33	108	1443
Harris	4091	13337	449	1368	17221
Amerigroup Texas, Inc.	2525	8317	11	1	9518
Molina Healthcare of Texas	1152	6620	225	1345	9153
United Healthcare	2271	6949	267	1294	10576
Hidalgo	1168	3565	533	299	5124
Cigna-HealthSpring	437	1775	7	260	2280
Molina Healthcare of Texas	616	2075	57	296	2984
Superior Health Plan	983	1761	519	266	3441
Jefferson	3563	13649	449	1167	17024
Amerigroup Texas, Inc.	2285	8269	11	1	9297
Molina Healthcare of Texas	1101	6149	217	1163	8454
United Healthcare	1725	7373	282	366	9606
Lubbock	968	2486	218	150	3247
Amerigroup Texas, Inc.	730	1726	0	0	1985
Superior Health Plan	680	1217	218	150	2235
MRSA Central	2906	6602	347	789	10278
Superior Health Plan	2576	5363	332	770	8963
United Healthcare	993	2100	73	228	3254
MRSA Northeast	1099	3470	90	323	4753
Cigna-HealthSpring	481	1846	4	318	2572
United Healthcare	889	2390	89	314	3565
MRSA West	2496	7561	303	425	9229
Amerigroup Texas, Inc.	1774	4787	2	0	5215
Superior Health Plan	1630	4039	302	425	6308
Nueces	1200	2208	207	293	3773
Superior Health Plan	1014	1885	202	278	3303
United Healthcare	352	684	27	115	1156
Tarrant	2065	8593	14	554	9886
Amerigroup Texas, Inc.	1915	7800	14	1	8482
Cigna-HealthSpring	302	1648	0	553	2442
Travis	1566	3895	32	263	5260
Amerigroup Texas, Inc.	1103	2778	4	0	3513
United Healthcare	757	1949	29	263	2936

Attachment C2
Provider Network Counts (2018 SFQ1)

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
DentaQuest	0	503	4364	0	4432
MCNA Dental	0	1135	4491	0	5173
Unique NPI Total	0	1,428	5,645	0	6000

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
STAR	20,880	59,076	3,136	4,990	73,511
Bexar	2198	7988	690	4741	14497
Aetna	602	3698	6	4732	8969
Amerigroup Texas, Inc.	1311	3774	0	0	4350
Community First Health Plan	652	3255	3	362	4213
Superior Health Plan	1125	5308	690	409	7375
Dallas	3146	11375	354	1359	14282
Amerigroup Texas, Inc.	2558	8278	13	0	9279
Molina Healthcare of Texas	745	5506	340	1343	7835
Parkland Community Health Plan	895	3861	10	715	5351
El Paso	556	1775	242	116	2472
El Paso First	362	1031	5	111	1465
Molina Healthcare of Texas	222	1043	33	110	1394
Superior Health Plan	397	1334	232	97	1990
Harris	5549	16756	594	1396	20438
Amerigroup Texas, Inc.	3131	8493	1	0	9841
Community Health Choice	2660	10554	26	1296	13203
Molina Healthcare of Texas	1205	6680	211	1357	9136
Texas Children's Health Plan	1019	4799	20	1296	7129
United Healthcare	2568	7514	467	1262	11574
Hidalgo	1813	3344	575	303	5497
Driscoll Children's Health Plan	797	80	0	254	1131
Molina Healthcare of Texas	613	1844	57	297	2741
Superior Health Plan	970	2512	539	266	4123
United Healthcare	1103	1739	131	254	3059
Jefferson	5041	16802	611	1178	20113
Amerigroup Texas, Inc.	2811	8271	1	0	9420
Community Health Choice	2585	10257	26	130	11747
Molina Healthcare of Texas	1186	6242	212	1171	8499
Texas Children's Health Plan	197	4799	20	129	5144
United Healthcare	2001	7907	481	336	10558
Lubbock	1578	2862	228	170	4163
Amerigroup Texas, Inc.	723	1616	0	0	1854
FirstCare	910	729	1	0	1632
Superior Health Plan	691	1580	227	170	2597
MRSA Central	5837	12641	364	813	17127
Amerigroup Texas, Inc.	4371	5715	7	0	8741
Scott & White RightCare	1110	5436	9	233	5737
Superior Health Plan	2639	6760	357	792	10296
MRSA Northeast	3853	6112	331	646	9505
Amerigroup Texas, Inc.	3485	4403	8	0	6589
Superior Health Plan	1312	3892	330	646	6069
MRSA West	4274	6768	322	461	9913

Attachment C2
Provider Network Counts (2018 SFQ1)

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
Amerigroup Texas, Inc.	3531	4845	3	0	6805
FirstCare	985	729	1	0	1705
Superior Health Plan	1661	3566	320	461	5835
Nueces	1542	5674	219	295	6620
Christus	395	1557	8	1	1680
Driscoll Children's Health Plan	797	3113	8	122	3256
Superior Health Plan	1002	2718	204	288	4065
Tarrant	2901	10486	16	4738	16343
Aetna	868	3443	8	4732	8891
Amerigroup Texas, Inc.	2492	8240	13	0	9174
Cook Children's Health Plan	767	2903	7	568	4221
Travis	3406	11206	412	4596	18050
BCBS	1086	6480	4	4588	12081
Sendero	817	3483	12	298	4123
Seton Health Plan	1473	2758	6	299	3585
Superior Health Plan	1701	5370	407	400	7683
STAR Kids	16,020	47,277	85	4,910	59,373
Bexar	1112	5559	7	432	6841
Community First Health Plan	393	2187	2	362	2909
Superior Health Plan	1010	4982	7	409	6210
Dallas	1892	8490	13	1	8934
Amerigroup Texas, Inc.	1576	8072	13	0	8282
Children's Medical Center	670	716	0	1	1372
El Paso	512	1782	5	97	2032
Amerigroup Texas, Inc.	333	1198	1	0	1237
Superior Health Plan	360	1274	5	97	1667
Harris	4543	13639	26	1288	16906
Amerigroup Texas, Inc.	1895	8459	1	0	8744
Texas Children's Health Plan	1285	5493	21	2	6781
United Healthcare	3250	6707	14	1287	10623
Hidalgo	1904	4416	18	293	6014
Driscoll Children's Health Plan	788	2454	8	256	3469
Superior Health Plan	850	2449	10	266	3407
United Healthcare	1369	1674	5	254	2989
Jefferson	2098	9682	26	366	11658
Texas Children's Health Plan	251	5493	21	2	5765
United Healthcare	2009	7022	14	365	9176
Lubbock	843	2378	1	170	2751
Amerigroup Texas, Inc.	661	1705	0	0	1836
Superior Health Plan	631	1551	1	170	2256
MRSA Central	2837	8034	12	4589	14907
BCBS	1377	7151	9	4588	13045
United Healthcare	1885	1708	6	257	3645
MRSA Northeast	2081	7225	27	341	9019
Texas Children's Health Plan	468	5493	21	2	5963
United Healthcare	1972	2236	9	339	3999
MRSA West	1866	5235	5	461	6329
Amerigroup Texas, Inc.	1305	3463	0	0	3750
Superior Health Plan	1310	3370	5	461	4900
Nueces	1243	4022	13	294	5282

Attachment C2
Provider Network Counts (2018 SFQ1)

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
Driscoll Children's Health Plan	788	2434	8	122	3322
Superior Health Plan	861	2635	6	288	3611
Tarrant	1178	5008	9	4670	10571
Aetna	932	3883	9	4644	9307
Cook Children's Health Plan	590	2152	0	568	3291
Travis	1954	9543	9	4581	15739
BCBS	1424	7052	9	4575	12977
Superior Health Plan	809	3896	2	400	4939
STAR+PLUS	17,156	52,000	3,395	4,855	67,913
Bexar	1838	6766	733	441	8948
Amerigroup Texas, Inc.	1022	3820	0	0	4266
Molina Healthcare of Texas	408	3411	110	435	4311
Superior Health Plan	1136	5379	690	409	7459
Dallas	2073	9609	1309	1351	13867
Molina Healthcare of Texas	755	5669	344	1343	7977
Superior Health Plan	1709	8244	1195	1175	12190
El Paso	425	1574	35	110	1821
Amerigroup Texas, Inc.	370	1223	1	0	1299
Molina Healthcare of Texas	228	1057	35	110	1412
Harris	4280	13582	556	1381	17371
Amerigroup Texas, Inc.	2704	8573	1	0	9699
Molina Healthcare of Texas	1154	6131	225	1357	8541
United Healthcare	2367	6912	420	1292	10764
Hidalgo	1257	3771	552	305	5310
Cigna-HealthSpring	577	1730	7	263	2339
Molina Healthcare of Texas	615	1960	58	297	2862
Superior Health Plan	970	2695	539	266	4304
Jefferson	3754	13762	568	1176	17100
Amerigroup Texas, Inc.	2426	8350	1	0	9310
Molina Healthcare of Texas	1103	5680	216	1171	7868
United Healthcare	1853	7347	441	365	9841
Lubbock	987	2732	227	170	3503
Amerigroup Texas, Inc.	752	1635	0	0	1898
Superior Health Plan	689	1947	227	170	2963
MRSA Central	2947	9032	377	805	12622
Superior Health Plan	2625	8417	357	792	11938
United Healthcare	984	1970	82	228	3136
MRSA Northeast	1503	3566	82	324	5008
Cigna-HealthSpring	897	1887	4	319	2887
United Healthcare	957	2468	82	315	3674
MRSA West	2564	8129	321	461	9847
Amerigroup Texas, Inc.	1856	4646	2	0	5113
Superior Health Plan	1641	5375	320	461	7625
Nueces	1200	3106	217	292	4579
Superior Health Plan	1006	2861	204	288	4208
United Healthcare	369	774	33	114	1263
Tarrant	2279	9096	13	553	10440
Amerigroup Texas, Inc.	2004	8277	13	0	8942
Cigna-HealthSpring	451	1649	0	553	2559
Travis	1676	4292	54	264	5678

Attachment C2
Provider Network Counts (2018 SFQ1)

Program, SDA and MCO	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
Amerigroup Texas, Inc.	1183	2862	7	0	3615
United Healthcare	824	2580	50	264	3613

Attachment C3 - Provider Termination
(2017 SFQ4)

Program	MCO	SDA	PCP Termination	Specialist Termination
Dental	DentaQuest	Statewide	522	53
	MCNA	Statewide	102	9
STAR	Aetna	Bexar	8	93
		Tarrant	11	75
	Aetna Total		19	230
	Amerigroup	Bexar	8	88
		Dallas	2	57
		Harris	24	82
		Jefferson	0	5
		Lubbock	12	29
		MRSA Central	33	117
		MRSA NE	34	249
		MRSA West	58	160
		Tarrant	7	36
	Amerigroup Total		178	823
	BCBS	Travis	0	0
	Community Health Choice	Harris	4	1
		Jefferson	4	1
	CHC Total		8	2
	Christus	Nueces	5	1
	Community First	Bexar	18	75
	Cook	Tarrant	27	76
	Driscoll	Hidalgo	9	8
		Nueces	1	10
	Driscoll Total		10	18
	El Paso First	El Paso	14	80
	FirstCare	Lubbock	6	9
		MRSA West	5	56
	FirstCare Total		11	65
	Molina	El Paso	0	13
		Dallas	0	17
		Harris	1	231
		Hidalgo	0	14
		Jefferson	1	201
	Molina Total		2	476
	Parkland	Dallas	18	197
	Scott & White	MRSA Central	53	170
	Sendero	Travis	20	44
	Seton	Travis	2	12
	Superior	Bexar	24	163
		El Paso	6	22
		Hidalgo	19	57
		Lubbock	24	45
		MRSA Central	15	69
		MRSA NE	17	70
		MRSA West	19	58
		Nueces	10	17
		Travis	20	90
	Superior Total		154	591
	Texas Children's	Harris	19	50
		Jefferson	1	2
	Texas Children's Total		20	52
	United	Harris	37	23
		Hidalgo	29	18
		Jefferson	5	10
	United Total		71	51

Attachment C3 - Provider Termination
(2017 SFQ4)

Program	MCO	SDA	PCP Termination	Specialist Termination
STAR+PLUS	Amerigroup	Bexar	8	91
		El Paso	1	10
		Harris	23	91
		Jefferson	0	7
		Lubbock	12	28
		MRSA West	45	134
		Tarrant	6	34
		Travis	10	26
	Amerigroup Total		97	330
	Cigna-HealthSpring	Hidalgo	10	23
		MRSA NE	18	9
		Tarrant	10	19
	Cigna-HealthSpring Total		38	51
	Molina	Bexar	0	42
		Dallas	1	34
		El Paso	0	29
		Harris	1	252
		Hidalgo	0	33
		Jefferson	1	279
	Molina Total		3	669
	Superior	Bexar	25	164
		Dallas	19	136
		Hidalgo	18	56
		Lubbock	24	46
		MRSA Central	16	66
		MRSA West	19	58
		Nueces	10	16
	Superior Total		131	542
	United	Harris	24	31
		Jefferson	22	17
		MRSA NE	8	12
		MRSA Central	13	15
		Nueces	3	6
		Travis	15	20
	United Total		85	101
STAR Kids	Aetna	Tarrant	11	63
	Amerigroup	Dallas	0	0
		El Paso	0	0
		Harris	0	0
		Lubbock	0	0
		MRSA West	0	0
	Amerigroup Total		0	0
	BCBS	MRSA Central	4	85
		Travis	4	85
	BCBS Total		8	170
	Children's Medical Center	Dallas	18	69
	Community 1st	Bexar	12	51
	Cook Children's	Tarrant	80	180
	Driscoll	Hidalgo	9	8
		Nueces	1	10
	Driscoll Total		10	18
	Superior	Bexar	22	122
		El Paso	7	19
		Hidalgo	3	45
		Lubbock	20	24

Attachment C3 - Provider Termination
(2017 SFQ4)

Program	MCO	SDA	PCP Termination	Specialist Termination
STAR Kids		MRSA West	19	45
		Nueces	7	19
		Travis	20	69
	Superior Total		98	343
	Texas Children's	Harris	21	56
		Jefferson	0	0
		MRSA Northeast	8	13
	Texas Children's Total		29	69
	United	Harris	33	36
		Hidalgo	4	11
		Jefferson	32	21
		MRSA Central	10	15
		MRSA Northeast	19	21
	United Total		98	104

Attachment C3 - Provider Termination
(2018 SFQ1)

Program	MCO	SDA	PCP Termination	Specialist Termination
Dental	DentaQuest	Statewide	707	74
	MCNA	Statewide	67	19
STAR	Aetna	Bexar	0	70
		Tarrant	0	76
	Aetna Total		0	146
	Amerigroup	Bexar	5	29
		Dallas	7	42
		Harris	28	50
		Jefferson	4	3
		Lubbock	15	23
		MRSA Central	2	49
		MRSA NE	22	59
		MRSA West	16	57
		Tarrant	2	101
	Amerigroup Total		101	413
	BCBS	Travis	30	113
	Community Health Choice	Harris	38	94
		Jefferson	2	3
	CHC Total		40	97
	Christus	Nueces	0	1
	Community First	Bexar	12	40
	Cook	Tarrant	22	126
	Driscoll	Hidalgo	9	15
		Nueces	4	4
	Driscoll Total		13	19
	El Paso First	El Paso	5	42
	FirstCare	Lubbock	4	35
		MRSA West	5	89
	FirstCare Total		9	124
	Molina	El Paso	0	28
		Dallas	0	58
		Harris	0	1,007
		Hidalgo	0	99
		Jefferson	0	948
	Molina Total		0	2,140
	Parkland	Dallas	0	206
	Scott & White	MRSA Central	55	233
	Sendero	Travis	6	17
	Seton	Travis	10	33
	Superior	Bexar	27	282
		El Paso	25	86
		Hidalgo	9	81
		Lubbock	10	60
		MRSA Central	20	100
		MRSA NE	18	96
		MRSA West	19	88
		Nueces	5	46
		Travis	21	135
	Superior Total		154	974
	Texas Children's	Harris	23	23
		Jefferson	2	2
	Texas Children's Total		25	25
	United	Harris	40	86
		Hidalgo	9	21
		Jefferson	40	64

Attachment C3 - Provider Termination
(2018 SFQ1)

Program	MCO	SDA	PCP Termination	Specialist Termination
	United Total		89	171
STAR+PLUS	Amerigroup	Bexar	6	28
		El Paso	2	48
		Harris	28	46
		Jefferson	4	3
		Lubbock	15	22
		MRSA West	13	47
		Tarrant	2	98
		Travis	16	60
	Amerigroup Total		80	324
	Cigna-HealthSpring	Hidalgo	0	5
		MRSA NE	6	17
		Tarrant	6	50
	Cigna-HealthSpring Total		12	72
	Molina	Bexar	0	52
		Dallas	0	47
		El Paso	0	24
		Harris	0	1,087
		Hidalgo	0	84
		Jefferson	0	921
	Molina Total		0	2,215
	Superior	Bexar	25	267
		Dallas	42	185
		Hidalgo	10	74
		Lubbock	9	53
		MRSA Central	20	95
		MRSA West	18	90
		Nueces	5	44
	Superior Total		129	808
	United	Harris	35	115
		Jefferson	36	59
		MRSA NE	20	30
		MRSA Central	38	59
		Nueces	10	13
		Travis	44	30
	United Total		183	306
STAR Kids	Aetna	Tarrant	0	58
	Amerigroup	Dallas	7	42
		El Paso	2	47
		Harris	26	46
		Lubbock	15	21
		MRSA West	12	44
	Amerigroup Total		62	200
	BCBS	MRSA Central	33	143
		Travis	33	143
	BCBS Total		66	286
	Children's Medical Center	Dallas	22	51
	Community 1st	Bexar	6	29
	Cook Children's	Tarrant	12	97
	Driscoll	Hidalgo	9	15
		Nueces	4	4
	Driscoll Total		13	19
		Bexar	29	218
		El Paso	24	69

Attachment C3 - Provider Termination
(2018 SFQ1)

Program	MCO	SDA	PCP Termination	Specialist Termination
STAR Kids	Superior	Hidalgo	4	53
		Lubbock	11	46
		MRSA West	17	56
		Nueces	3	23
		Travis	8	96
	Superior Total		96	561
	Texas Children's	Harris	1	4
		Jefferson	1	1
		MRSA Northeast	1	4
	Texas Children's Total		3	9
	United	Harris	28	100
		Hidalgo	9	21
		Jefferson	29	52
		MRSA Central	35	59
		MRSA Northeast	20	28
	United Total		121	260

Attachment D
Out-of-Network Utilization (2017 Q4)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	OON ER (20% Standard)	OON Outpatient (20% Standard)	Recalculated Inpatient	Recalculated ER	Recalculated Outpatient
Dental	DentaQuest	StateWide	0.00%	0.00%	0.00%			
	MCNA	StateWide	0.00%	0.00%	0.00%			
STAR	Aetna	Bexar	14.96%	25.17%	16.28%			
		Tarrant	4.30%	15.13%	22.03%			
	Amerigroup	Bexar	0.93%	2.43%	10.29%			
		Dallas	10.95%	17.53%	6.77%			
		Harris	6.81%	24.25%	9.74%			
		Jefferson	2.70%	10.19%	13.37%			
		Lubbock	0.34%	2.21%	8.31%			
		MRSA Central	14.60%	28.88%	12.17%			
		MRSA NE	3.05%	5.99%	11.45%			
		MRSA West	1.22%	2.85%	13.95%			
		Tarrant	2.49%	10.03%	6.41%			
	BCBS TX	Travis	3.59%	9.33%	17.70%			
	CHC	Harris	0.42%	6.94%	3.62%			
		Jefferson	0.91%	3.85%	5.36%			
	Christus	Nueces	5.30%	4.57%	29.51%			
	Community 1st	Bexar	0.96%	3.17%	10.92%			
	Cook	Tarrant	2.65%	8.95%	4.50%			
	Driscoll	Hidalgo	2.52%	4.62%	8.11%			
		Nueces	2.00%	3.04%	7.15%			
	El Paso 1st	El Paso	0.37%	1.70%	15.88%			
	First Care	Lubbock	1.62%	2.05%	8.02%			
		MRSA West	3.71%	3.78%	28.53%			
	Molina	Dallas	27.98%	32.50%	15.77%	4%	5%	
		El Paso	4.58%	8.74%	11.50%			
		Harris	2.08%	8.78%	13.50%			
		Hidalgo	5.45%	7.36%	13.99%			
		Jefferson	11.51%	5.35%	20.48%			
	Parkland	Dallas	1.84%	8.58%	16.18%			
	Scott and White	MRSA Central	2.38%	11.64%	6.46%			
	Sendero	Travis	2.98%	5.48%	3.69%			
	Seton	Travis	16.79%	36.52%	11.43%			
	Superior	Bexar	0.58%	0.38%	4.51%			
		El Paso	0.47%	3.46%	3.53%			
		Hidalgo	0.42%	0.59%	3.01%			
		Lubbock	0.99%	0.62%	5.12%			
		MRSA Central	2.77%	1.88%	5.50%			
		MRSA NE	1.36%	1.93%	8.93%			
		MRSA West	1.62%	0.47%	0.00%			

Attachment D
Out-of-Network Utilization (2017 Q4)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	OON ER (20% Standard)	OON Outpatient (20% Standard)	Recalculated Inpatient	Recalculated ER	Recalculated Outpatient
	Texas Children's	Nueces	0.84%	0.27%	3.90%			
		Travis	6.39%	1.28%	3.68%			
		Harris	10.26%	33.29%	2.37%			
		Jefferson	1.65%	3.01%	3.80%			
	United	Harris	2.79%	14.33%	7.49%			
		Hidalgo	1.63%	1.46%	5.64%			
		Jefferson	3.27%	5.10%	9.72%			
STAR+PLUS	Amerigroup	Bexar	3.86%	4.45%	8.72%			
		El Paso	3.86%	4.45%	8.72%			
		Harris	16.73%	18.83%	10.40%			
		Jefferson	14.89%	5.18%	12.62%			
		Lubbock	1.44%	1.66%	10.05%			
		MRSA West	7.36%	4.86%	9.12%			
		Tarrant	15.95%	11.72%	13.54%			
		Travis	3.24%	5.89%	8.16%			
	Cigna- HealthSpring	Hidalgo	20.00%	19.94%	6.02%	13%		
		MRSA NE	8.27%	5.33%	7.54%			
		Tarrant	31.52%	38.70%	20.37%			
	Molina	Bexar	8.54%	7.14%	15.47%			
		Dallas	44.46%	45.86%	15.40%	15%	6%	
		El Paso	2.15%	3.05%	9.70%			
		Harris	4.92%	5.12%	16.27%			
		Hidalgo	7.79%	8.53%	9.49%			
		Jefferson	2.11%	2.96%	12.76%			
	Superior	Bexar	5.13%	0.64%	3.85%			
		Dallas	29.47%	26.81%	8.99%	13%	4%	
		Hidalgo	1.27%	0.37%	1.97%			
		Lubbock	13.30%	1.38%	5.03%			
		MRSA Central	11.48%	2.17%	4.59%			
		MRSA West	15.13%	0.71%	0.00%	14%		
		Nueces	3.17%	0.86%	6.05%			
	United	Harris	26.89%	40.00%	10.80%	2%	4%	
		Jefferson	10.87%	9.07%	13.70%			
		MRSA Central	12.01%	26.18%	9.93%	6%	5%	
		MRSA NE	9.31%	11.66%	10.22%			
		Nueces	3.85%	1.47%	9.15%			
		Travis	1.58%	2.47%	8.15%			
	Aetna	Tarrant	9.52%	17.03%	14.51%			
	Amerigroup	Dallas	7.81%	20.02%	4.92%			
		El Paso	23.53%	18.80%	8.75%			
		Harris	18.55%	24.84%	12.01%			

Attachment D
Out-of-Network Utilization (2017 Q4)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	OON ER (20% Standard)	OON Outpatient (20% Standard)	Recalculated Inpatient	Recalculated ER	Recalculated Outpatient
STAR Kids	BCBS	Lubbock	2.78%	2.11%	2.58%			
		MRSA West	3.26%	9.55%	9.31%			
		MRSA Central	14.73%	17.28%	17.83%			
		Travis	4.22%	5.92%	13.69%			
	Children's Medical Center	Dallas	13.28%	31.03%	4.43%			
	Community 1st	Bexar	6.04%	5.19%	8.46%			
	Cook Children's	Tarrant	3.05%	15.48%	3.81%			
	Driscoll	Hidalgo	9.62%	3.07%	11.20%			
		Nueces	12.07%	1.65%	4.81%			
	Superior	Bexar	1.50%	1.04%	3.47%			
		El Paso	1.69%	3.54%	3.51%			
		Hidalgo	1.12%	0.22%	3.17%			
		Lubbock	15.00%	14.93%	3.64%			
		MRSA West	12.84%	2.25%	0.00%			
		Nueces	12.16%	0.96%	3.83%			
		Travis	10.00%	6.19%	3.51%			
	Texas Children's	Harris	21.21%	5.23%	7.04%			
		Jefferson	21.21%	5.23%	7.04%			
		MRSA Northeast	45.29%	27.35%	4.74%			
	United	Harris	2.33%	15.61%	8.27%			
		Hidalgo	0.67%	0.84%	8.95%			
		Jefferson	2.94%	9.73%	6.53%			
		MRSA Central	8.56%	30.29%	7.90%			
		MRSA Northeast	8.47%	10.99%	7.43%			

Attachment D1
Out-of-Network Utilization (2018 Q1)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	Recalculated Inpatient	OON ER (20% Standard)	Recalculated ER	OON Outpatient (20% Standard)	Recalculated Outpatient
Dental	DentaQuest	StateWide	0.00%		0.00%		0.00%	
	MCNA	StateWide	0.00%		0.00%		0.00%	
STAR	Aetna	Bexar	13.80%		24.90%		16.05%	
		Tarrant	1.94%		14.57%		21.28%	
	Amerigroup	Bexar	0.74%		6.11%		9.69%	
		Dallas	10.63%		16.10%		7.12%	
		Harris	5.85%		25.19%		9.45%	
		Jefferson	3.85%		7.09%		15.35%	
		Lubbock	1.33%		0.83%		12.32%	
		MRSA Central	16.88%		29.32%		17.08%	
		MRSA NE	1.63%		3.69%		12.22%	
		MRSA West	2.02%		1.22%		12.01%	
		Tarrant	2.41%		6.95%		6.30%	
	BCBS TX	Travis	2.73%		8.31%		17.08%	
	CHC	Harris	0.68%		6.55%		2.88%	
		Jefferson	1.90%		3.84%		3.93%	
	Christus	Nueces	2.46%		2.30%		23.07%	
	Community 1st	Bexar	1.16%		2.32%		10.60%	
	Cook	Tarrant	3.03%		7.64%		8.11%	
	Driscoll	Hidalgo	10.18%		6.18%		8.09%	
		Nueces	2.93%		3.97%		7.23%	
	El Paso 1st	El Paso	0.47%		0.96%		15.01%	
	First Care	Lubbock	1.30%		1.52%		9.04%	
		MRSA West	2.82%		2.64%		18.46%	
	Molina	Dallas	21.21%	14%	29.51%	4%	13.91%	
		El Paso	1.85%		1.15%		9.62%	
		Harris	12.50%		19.24%		14.88%	
		Hidalgo	4.32%		6.63%		15.59%	
		Jefferson	11.94%		9.04%		31.27%	
	Parkland	Dallas	3.12%		5.82%		16.10%	
	Scott and White	MRSA Central	2.38%		10.83%		2.90%	
	Sendero	Travis	1.21%		4.62%		0.77%	
	Seton	Travis	14.45%		34.77%		10.00%	
		Bexar	0.11%		0.17%		2.98%	
		El Paso	0.97%		0.25%		4.43%	

Attachment D1
Out-of-Network Utilization (2018 Q1)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	Recalculated Inpatient	OON ER (20% Standard)	Recalculated ER	OON Outpatient (20% Standard)	Recalculated Outpatient
	Superior	Hidalgo	2.14%		0.33%		3.00%	
		Lubbock	1.42%		0.25%		4.43%	
		MRSA Central	2.42%		1.99%		5.86%	
		MRSA NE	1.60%		1.38%		8.46%	
		MRSA West	3.28%		0.47%		0.00%	
		Nueces	1.27%		0.37%		3.45%	
		Travis	3.11%		0.89%		3.43%	
	Texas Children's	Harris	10.00%		32.00%		0.00%	
		Jefferson	3.00%		5.00%		0.00%	
	United	Harris	3.38%		12.01%		9.11%	
		Hidalgo	2.58%		2.96%		5.89%	
		Jefferson	5.36%		8.30%		10.96%	
STAR+PLUS	Amerigroup	Bexar	0.50%		5.85%		17.86%	
		El Paso	1.08%		0.85%		8.94%	
		Harris	13.35%		20.04%		14.65%	
		Jefferson	7.83%		5.08%		16.30%	
		Lubbock	1.47%		2.73%		18.74%	
		MRSA West	5.90%		4.83%		19.63%	
		Tarrant	9.94%		8.97%		14.31%	
		Travis	2.82%		5.00%		9.11%	
	Cigna-HealthSpring	Hidalgo	14.85%		20.78%	2%	7.37%	
		MRSA NE	9.51%		6.40%		9.32%	
		Tarrant	38.22%		43.05%		20.79%	
	Molina	Bexar	8.06%		6.99%		13.82%	
		Dallas	35.05%	6%	43.70%	5%	13.80%	
		El Paso	0.00%		0.31%		9.16%	
		Harris	19.10%		19.46%		17.70%	
		Hidalgo	9.13%		9.89%		8.08%	
		Jefferson	12.86%		13.75%		15.47%	
	Superior	Bexar	6.71%		0.50%		3.73%	
		Dallas	22.18%	10%	24.56%	3%	8.56%	
		Hidalgo	4.44%		0.62%		1.44%	
		Lubbock	12.25%		0.19%		5.12%	
		MRSA Central	8.41%		2.11%		4.95%	
		MRSA West	14.25%		0.55%		0.00%	

Attachment D1
Out-of-Network Utilization (2018 Q1)

Program	MCO Name	Service Area	OON Inpatient (15% Standard)	Recalculated Inpatient	OON ER (20% Standard)	Recalculated ER	OON Outpatient (20% Standard)	Recalculated Outpatient
	United	Nueces	5.38%		0.56%		3.85%	
		Harris	25.99%	2%	37.59%	7%	15.14%	
		Jefferson	17.82%		11.90%		19.12%	
		MRSA Central	10.18%		18.04%		11.35%	
		MRSA NE	11.74%		9.32%		8.77%	
		Nueces	9.29%		10.58%		8.63%	
		Travis	2.87%		3.50%		7.86%	
STAR Kids	Aetna	Tarrant	13.98%		14.02%		17.61%	
	Amerigroup	Dallas	5.35%		18.51%		13.42%	
		El Paso	8.43%		1.96%		5.96%	
		Harris	10.45%		25.93%		27.15%	
		Lubbock	0.00%		1.65%		31.92%	
		MRSA West	1.79%		3.49%		17.24%	
	BCBS	MRSA Central	8.56%		5.85%		15.62%	
		Travis	2.31%		4.22%		15.01%	
	Children's Medical Center	Dallas	5.91%		23.91%		4.29%	
	Community 1st	Bexar	3.05%		1.66%		6.46%	
	Cook Children's	Tarrant	3.94%		13.84%		5.09%	
	Driscoll	Hidalgo	16.18%		5.26%		5.52%	
		Nueces	6.03%		3.18%		3.14%	
	Superior	Bexar	1.10%		0.63%		2.41%	
		El Paso	0.53%		0.46%		1.71%	
		Hidalgo	8.64%		0.52%		2.83%	
		Lubbock	11.29%		1.44%		1.48%	
		MRSA West	20.55%		0.99%		0.00%	
		Nueces	4.55%		0.58%		3.34%	
		Travis	4.17%		5.71%		4.50%	
	Texas Children's	Harris	11.00%		28.00%		0.00%	
		Jefferson	4.00%		5.00%		0.00%	
		MRSA Northeast	27.00%		25.00%		0.00%	
	United	Harris	2.72%		13.75%		10.10%	
		Hidalgo	1.46%		0.84%		9.70%	
		Jefferson	8.11%		28.18%		14.06%	
		MRSA Central	7.69%		22.96%		16.45%	
		MRSA Northeast	14.52%		10.59%		11.78%	

ATTACHMENT D2
Out-of-Network Utilization (2017)

Program	MCO	Service Area	Out of Network (OON)											
			Inpatient (15%)				ER (20%)				Outpatient (20%)			
			17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4
Dental	DentaQuest	StateWide	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	MCNA	StateWide	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
STAR	Aetna	Bexar	14.22%	14.08%	13.86%	14.96%	28.11%	25.84%	27.46%	25.17%	16.67%	16.93%	18.95%	16.28%
		Tarrant	3.29%	4.21%	3.66%	4.30%	15.23%	15.46%	14.34%	15.13%	21.70%	22.34%	21.43%	22.03%
	Amerigroup	Bexar	8.00%	2.00%	1.00%	0.93%	3.00%	1.00%	1.00%	2.43%	8.00%	6.00%	6.00%	10.29%
		Dallas	11.00%	10.00%	12.00%	10.95%	27.00%	22.00%	27.00%	17.53%	15.00%	12.00%	10.00%	6.77%
		Harris	9.00%	8.00%	8.00%	6.81%	22.00%	24.00%	27.00%	24.25%	16.00%	14.00%	19.00%	9.74%
		Jefferson	5.00%	3.00%	6.00%	2.70%	7.00%	10.00%	10.00%	10.19%	10.00%	8.00%	7.00%	13.37%
		Lubbock	1.00%	3.00%	1.00%	34.00%	2.00%	1.00%	1.00%	2.21%	7.00%	9.00%	8.00%	8.31%
		MRSA Central	15.00%	17.00%	17.00%	14.60%	22.00%	20.00%	24.00%	28.88%	16.00%	17.00%	18.00%	12.17%
		MRSA NE	7.00%	8.00%	7.00%	3.05%	8.00%	8.00%	5.00%	5.99%	16.00%	17.00%	9.00%	11.45%
		MRSA West	2.00%	3.00%	2.00%	1.22%	3.00%	3.00%	2.00%	2.85%	11.00%	15.00%	12.00%	13.95%
		Tarrant	4.00%	5.00%	4.00%	2.49%	14.00%	11.00%	15.00%	10.03%	14.00%	11.00%	8.00%	6.41%
	BCBS TX	Travis	1.99%	6.37%	2.53%	3.59%	7.07%	11.29%	9.74%	9.33%	17.59%	19.23%	19.85%	17.70%
	CHC	Harris	0.60%	0.47%	0.55%	0.42%	3.47%	5.84%	7.62%	6.94%	4.94%	3.98%	3.54%	3.62%
		Jefferson	0.57%	0.94%	0.45%	0.91%	1.89%	2.50%	2.96%	3.85%	5.46%	5.12%	5.20%	5.36%
	Christus	Nueces	2.46%	6.44%	9.39%	5.30%	2.30%	1.84%	3.67%	4.57%	23.07%	28.01%	33.41%	29.51%
	Community 1st	Bexar	2.60%	1.63%	2.11%	0.96%	2.44%	2.82%	2.47%	3.17%	11.27%	11.15%	12.21%	10.92%
	Cook	Tarrant	3.11%	2.95%	2.92%	2.65%	12.61%	10.63%	8.37%	8.95%	5.10%	4.27%	4.08%	4.50%
	Driscoll	Hidalgo	2.00%	82.00%	1.60%	2.52%	3.00%	2.91%	2.32%	4.62%	7.00%	6.32%	8.12%	8.11%
		Nueces	1.86%	2.04%	1.67%	2.00%	2.81%	2.53%	2.50%	3.04%	6.29%	4.51%	6.44%	7.15%
	El Paso 1st	El Paso	0.79%	0.55%	NA	0.37%	1.52%	1.07%	NA	1.70%	18.23%	18.37%	NA	15.88%
	First Care	Lubbock	0.98%	0.97%	75.00%	1.62%	3.73%	4.10%	3.32%	2.05%	7.83%	8.34%	11.50%	8.02%
		MRSA West	2.37%	3.52%	4.28%	3.71%	2.66%	2.89%	3.20%	3.78%	15.82%	19.91%	26.61%	28.53%
	Molina	Dallas	29.44%	26.71%	21.77%	27.98%	37.09%	31.26%	28.08%	32.50%	13.00%	14.08%	15.41%	15.77%
		El Paso	7.14%	4.08%	9.52%	4.58%	11.36%	14.74%	18.89%	8.74%	15.45%	11.19%	15.60%	11.50%
		Harris	3.17%	4.59%	2.76%	2.08%	3.85%	9.75%	10.65%	8.78%	12.52%	11.54%	13.31%	13.50%
		Hidalgo	0.47%	4.83%	4.77%	5.45%	1.06%	9.96%	7.36%	7.36%	14.46%	13.71%	15.14%	13.99%
		Jefferson	10.81%	6.78%	5.15%	11.51%	12.26%	14.88%	4.25%	5.35%	20.90%	20.44%	20.24%	20.48%
	Parkland	Dallas	2.74%	2.24%	1.59%	1.84%	10.00%	12.36%	7.19%	8.58%	15.91%	17.29%	16.23%	16.18%
	Scott and White	MRSA Central	4.70%	3.89%	4.08%	2.38%	17.37%	13.04%	12.00%	11.64%	3.92%	4.58%	4.17%	6.46%
	Sendero	Travis	4.98%	2.00%	3.42%	2.98%	6.70%	5.69%	6.17%	5.48%	3.06%	2.75%	3.40%	3.69%
	Seton	Travis	13.44%	13.25%	17.84%	16.79%	37.33%	31.66%	37.09%	36.52%	6.94%	14.00%	18.01%	11.43%
	Superior	Bexar	5.74%	1.40%	2.00%	0.58%	0.47%	1.45%	0.25%	0.38%	4.79%	6.33%	4.26%	4.51%

ATTACHMENT D2
Out-of-Network Utilization (2017)

Program	MCO	Service Area	Out of Network (OON)											
			Inpatient (15%)				ER (20%)				Outpatient (20%)			
			17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4
		El Paso	0.44%	0.68%	0.28%	0.47%	0.69%	0.63%	0.39%	3.46%	3.24%	3.06%	3.22%	3.53%
		Hidalgo	0.45%	0.68%	0.45%	0.42%	0.73%	0.63%	0.41%	0.59%	3.40%	3.06%	3.44%	3.01%
		Lubbock	0.55%	0.68%	0.66%	0.99%	0.65%	0.63%	0.72%	0.62%	6.81%	3.06%	5.33%	5.12%
		MRSA Central	1.42%	1.40%	1.38%	2.77%	1.62%	1.45%	2.18%	1.88%	5.47%	6.33%	5.68%	5.50%
		MRSA NE	3.92%	2.12%	1.37%	1.36%	3.00%	3.56%	2.38%	1.93%	12.21%	12.03%	10.80%	8.93%
		MRSA West	1.99%	1.98%	2.28%	1.62%	1.31%	0.79%	0.53%	0.47%	N/A	0.00%	0.00%	0.00%
		Nueces	1.35%	0.86%	0.53%	0.84%	0.58%	0.52%	0.36%	0.27%	3.39%	4.17%	4.03%	3.90%
		Travis	4.67%	0.86%	2.18%	6.39%	1.23%	0.52%	1.05%	1.28%	4.79%	4.17%	3.87%	3.68%
	Texas Children's	Harris	9.43%	2.83%	9.27%	10.26%	25.36%	4.46%	30.05%	33.29%	1.46%	0.00%	0.00%	2.37%
		Jefferson	2.85%	2.83%	3.47%	1.65%	3.70%	4.46%	4.16%	3.01%	4.09%	0.00%	0.00%	3.80%
	United	Harris	4.14%	3.82%	3.26%	2.79%	14.87%	11.87%	14.45%	14.33%	8.04%	8.71%	7.97%	7.49%
		Hidalgo	1.64%	2.01%	1.23%	1.63%	1.52%	14.38%	1.50%	1.46%	6.64%	6.78%	6.12%	5.64%
		Jefferson	1.78%	1.44%	1.77%	3.27%	4.62%	5.28%	6.44%	5.10%	7.65%	10.75%	11.76%	9.72%
STAR+PLUS	Amerigroup	Bexar	5.30%	2.74%	2.00%	3.86%	4.48%	3.45%	3.00%	4.45%	9.21%	7.24%	8.00%	8.72%
		El Paso	2.01%	2.00%	2.00%	3.86%	1.44%	2.00%	1.00%	4.45%	5.46%	6.00%	5.00%	8.72%
		Harris	21.27%	17.35%	19.00%	16.73%	18.33%	20.00%	21.00%	18.83%	14.20%	14.44%	14.00%	10.40%
		Jefferson	4.93%	8.00%	9.00%	14.89%	4.17%	6.00%	6.00%	5.18%	9.24%	11.00%	9.00%	12.62%
		Lubbock	4.03%	3.00%	6.00%	1.44%	2.28%	3.00%	2.00%	1.66%	6.66%	4.00%	7.00%	10.05%
		MRSA West	8.24%	13.00%	7.00%	7.36%	6.69%	7.00%	5.00%	4.86%	9.36%	10.00%	8.00%	9.12%
		Tarrant	15.07%	14.77%	14.00%	15.95%	12.68%	12.88%	13.00%	11.72%	14.25%	14.23%	14.00%	13.54%
		Travis	6.70%	5.31%	6.00%	3.24%	4.70%	5.84%	7.00%	5.89%	5.33%	4.49%	6.00%	8.16%
	Cigna-HealthSpring	Hidalgo	23.81%	15.63%	13.30%	20.00%	16.67%	17.71%	18.78%	19.94%	10.32%	9.78%	5.11%	6.02%
		MRSA NE	8.57%	7.66%	7.57%	8.27%	7.75%	8.59%	5.87%	5.33%	9.12%	9.46%	5.55%	7.54%
		Tarrant	25.31%	35.16%	33.23%	31.52%	44.83%	48.97%	42.64%	38.70%	32.76%	39.83%	16.23%	20.37%
	Molina	Bexar	7.49%	3.55%	7.88%	8.54%	11.33%	7.36%	7.16%	7.14%	14.23%	16.91%	17.75%	15.47%
		Dallas	42.90%	5.61%	36.35%	44.46%	45.92%	5.70%	41.32%	45.86%	13.04%	16.32%	16.05%	15.40%
		El Paso	8.09%	0.00%	0.36%	2.15%	2.28%	1.10%	0.58%	3.05%	7.97%	9.23%	9.42%	9.70%
		Harris	6.11%	5.61%	4.19%	4.92%	4.27%	5.70%	4.39%	5.12%	14.84%	16.32%	16.96%	16.27%
		Hidalgo	1.63%	8.09%	5.97%	7.79%	0.99%	11.34%	11.10%	8.53%	7.23%	9.14%	9.20%	9.49%
		Jefferson	2.81%	1.45%	4.59%	2.11%	1.87%	6.42%	2.71%	2.96%	14.60%	13.62%	14.36%	12.76%
	Superior	Bexar	9.53%	6.20%	4.51%	5.13%	0.49%	0.60%	0.54%	0.64%	7.55%	8.42%	4.49%	3.85%
		Dallas	21.30%	25.53%	25.31%	29.47%	28.27%	33.42%	28.39%	26.81%	13.35%	13.61%	11.91%	8.99%
		Hidalgo	0.96%	8.04%	0.44%	1.27%	0.48%	1.27%	0.45%	0.37%	4.11%	4.17%	3.60%	1.97%
		Lubbock	12.59%	7.11%	13.14%	13.30%	0.94%	1.21%	1.77%	1.38%	6.14%	5.49%	5.53%	5.03%

ATTACHMENT D2
Out-of-Network Utilization (2017)

Program	MCO	Service Area	Out of Network (OON)											
			Inpatient (15%)				ER (20%)				Outpatient (20%)			
			17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4
		MRSA Central	3.84%	5.22%	8.45%	11.48%	3.42%	1.97%	2.39%	2.17%	7.61%	8.81%	6.77%	4.59%
		MRSA West	6.15%	8.04%	16.61%	15.13%	1.88%	1.27%	0.73%	0.71%	N/A	0.00%	0.00%	0.00%
		Nueces	3.06%	3.99%	4.19%	3.17%	0.87%	0.43%	0.29%	0.86%	13.87%	10.99%	8.56%	6.05%
	United	Harris	25.81%	26.76%	27.44%	26.89%	41.26%	39.15%	36.28%	40.00%	13.92%	11.74%	13.64%	10.80%
		Jefferson	13.85%	12.01%	12.86%	10.87%	6.67%	7.72%	7.69%	9.07%	15.51%	14.65%	18.50%	13.70%
		MRSA Central	11.67%	14.61%	14.05%	12.01%	22.51%	20.40%	21.21%	26.18%	9.78%	9.20%	11.81%	9.93%
		MRSA NE	7.65%	9.31%	8.50%	9.31%	10.67%	10.88%	10.64%	11.66%	9.92%	9.11%	8.75%	10.22%
		Nueces	4.74%	2.55%	1.76%	3.85%	1.27%	1.51%	1.02%	1.47%	8.30%	5.38%	7.57%	9.15%
		Travis	3.31%	2.83%	1.78%	1.58%	3.46%	2.48%	2.78%	2.47%	6.65%	6.38%	7.21%	8.15%
STAR Kids	Aetna	Tarrant	N/A	18.00%	8.47%	9.52%	N/A	15.00%	15.11%	17.03%	N/A	24.00%	20.09%	14.51%
	Amerigroup	Dallas	N/A	9.00%	10.00%	7.81%	N/A	19.00%	27.00%	20.02%	N/A	6.00%	5.00%	4.92%
		El Paso	N/A	3.00%	47.00%	23.53%	N/A	1.00%	33.00%	18.80%	N/A	6.00%	17.00%	8.75%
		Harris	N/A	18.25%	34.00%	18.55%	N/A	15.52%	31.00%	24.84%	N/A	24.38%	31.00%	12.01%
		Lubbock	N/A	4.00%	4.00%	2.78%	N/A	0.00%	1.00%	2.11%	N/A	3.00%	5.00%	2.58%
		MRSA West	N/A	1.00%	NA	3.26%	N/A	1.00%	NA	9.55%	N/A	8.00%	NA	9.31%
	BCBS	MRSA Central	N/A	13.26%	13.29%	14.73%	N/A	15.94%	11.00%	17.28%	N/A	21.63%	20.42%	17.83%
		Travis	N/A	1.82%	3.03%	4.22%	N/A	1.32%	3.59%	5.92%	N/A	25.05%	27.13%	13.69%
	Children's Medical Center	Dallas	N/A	0.00%	9.79%	13.28%	N/A	4.94%	35.58%	31.03%	N/A	2.02%	3.95%	4.43%
	Community 1st	Bexar	N/A	4.64%	5.54%	6.04%	N/A	5.47%	5.62%	5.19%	N/A	6.42%	6.40%	8.46%
	Cook Children's	Tarrant	N/A	0.76%	2.90%	3.05%	N/A	8.99%	10.00%	15.48%	N/A	5.40%	3.78%	3.81%
	Driscoll	Hidalgo	N/A	3.77%	8.33%	9.62%	N/A	1.83%	2.02%	3.07%	N/A	85.57%	83.78%	11.20%
		Nueces	N/A	10.00%	16.94%	12.07%	N/A	3.20%	2.20%	1.65%	N/A	74.54%	74.92%	4.81%
	Superior	Bexar	N/A	7.83%	8.65%	1.50%	N/A	0.68%	0.18%	1.04%	N/A	6.37%	9.22%	3.47%
		El Paso	N/A	0.75%	NA	1.69%	N/A	0.32%	NA	3.54%	N/A	8.32%	NA	3.51%
		Hidalgo	N/A	3.13%	1.93%	1.12%	N/A	0.56%	0.57%	0.22%	N/A	3.09%	4.19%	3.17%
		Lubbock	N/A	6.90%	9.72%	15.00%	N/A	12.80%	10.63%	14.93%	N/A	7.08%	5.89%	3.64%
		MRSA West	N/A	18.92%	19.42%	12.84%	N/A	1.62%	1.98%	2.25%	N/A	0.00%	0.00%	0.00%
		Nueces	N/A	4.62%	1.08%	12.16%	N/A	1.07%	0.63%	0.96%	N/A	5.36%	6.96%	3.83%
		Travis	N/A	11.69%	4.02%	10.00%	N/A	5.96%	4.65%	6.19%	N/A	6.38%	6.06%	3.51%
	Texas Children's	Harris	N/A	25.64%	13.92%	21.21%	N/A	17.50%	31.97%	5.23%	N/A	0.00%	0.00%	7.04%
		Jefferson	N/A	25.64%	26.36%	21.21%	N/A	17.50%	21.64%	5.23%	N/A	0.00%	0.00%	7.04%
		MRSA NE	N/A	20.00%	42.86%	45.29%	N/A	23.30%	22.76%	27.35%	N/A	0.00%	0.00%	4.74%
	United	Harris	N/A	5.21%	6.29%	2.33%	N/A	14.81%	16.94%	15.61%	N/A	10.57%	13.71%	8.27%
		Hidalgo	N/A	3.69%	1.91%	0.67%	N/A	1.06%	1.13%	0.84%	N/A	10.77%	10.06%	8.95%
		Jefferson	N/A	3.13%	7.69%	2.94%	N/A	16.67%	12.84%	9.73%	N/A	9.30%	16.23%	6.53%

ATTACHMENT D2
Out-of-Network Utilization (2017)

Program	MCO	Service Area	Out of Network (OON)											
			Inpatient (15%)				ER (20%)				Outpatient (20%)			
			17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4	17Q1	17Q2	17Q3	17Q4
		MRSA Central	N/A	13.01%	12.18%	8.56%	N/A	16.29%	21.80%	30.29%	N/A	11.29%	12.62%	7.90%
		MRSA NE	N/A	21.54%	13.75%	8.47%	N/A	11.92%	12.53%	10.99%	N/A	11.69%	11.40%	7.43%

		Distance in Miles			Travel Time in Minutes		
		Metro	Micro	Rural	Metro	Micro	Rural
Behavioral Health-outpatient		30	30	75	45	45	80
Hospital- Acute Care		30	30	30	45	45	45
Prenatal		10	20	30	15	30	40
Primary Care Provider¹		10	20	30	15	30	40
Specialty Care Provider²	Cardiovascular Disease	20	35	60	30	50	75
	ENT (otolaryngology)	30	60	75	45	80	90
	General Surgeon	20	35	60	30	50	75
	OB/GYN	30	60	75	45	80	90
	Ophthalmologist	20	35	60	30	50	75
	Orthopedist	20	35	60	30	50	75
	Pediatric Sub-Specialists (Informational Only)	20	35	60	30	50	75
	Psychiatrist	30	45	60	45	60	75
	Urologist	30	45	60	45	60	75
Occupational, Physical, or Speech Therapy		30	60	60	45	80	75
Nursing Facility		75	75	75	N/A	N/A	N/A
Main Dentist (general or pediatric)		30	30	75	45	45	90
Dental Specialists	Pediatric Dental	30	30	75	45	45	90
	Endodontist, Periodontist, or Prosthodontist	75	75	75	90	90	90
	Orthodontist	75	75	75	90	90	90
	Oral Surgeons	75	75	75	90	90	90

¹ Primary care provider services include acute, chronic, preventive, routine, or urgent care for adults and children.

² Specialty care provider services include acute, chronic, preventive, routine, or urgent care for adults and children.

2017 SFY Q4 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Cardiovascular Disease	3,026,871	2,970,699	2,961,097	98.14%	97.83%
STAR	2,691,990	2,642,281	2,633,501	98.15%	97.83%
Metro	2,329,792	2,302,392	2,301,017	98.82%	98.76%
Micro	151,705	141,257	140,181	93.11%	92.40%
Rural	210,493	198,632	192,303	94.37%	91.36%
STAR Kids	135,545	130,815	130,314	96.51%	96.14%
Metro	119,768	116,251	115,921	97.06%	96.79%
Micro	7,078	6,437	6,422	90.94%	90.73%
Rural	8,699	8,127	7,971	93.42%	91.63%
STAR Plus	199,336	197,603	197,282	99.13%	98.97%
Metro	166,903	166,347	166,195	99.67%	99.58%
Micro	13,704	13,295	13,243	97.02%	96.64%
Rural	18,729	17,961	17,844	95.90%	95.27%
ENT	3,026,871	2,979,552	2,977,433	98.44%	98.37%
STAR	2,691,990	2,651,745	2,650,250	98.51%	98.45%
Metro	2,329,792	2,308,813	2,307,895	99.10%	99.06%
Micro	151,705	146,976	146,565	96.88%	96.61%
Rural	210,493	195,956	195,790	93.09%	93.01%
STAR Kids	135,545	133,862	133,598	98.76%	98.56%
Metro	119,768	118,688	118,595	99.10%	99.02%
Micro	7,078	6,973	6,805	98.52%	96.14%
Rural	8,699	8,201	8,198	94.28%	94.24%
STAR Plus	199,336	193,945	193,585	97.30%	97.11%
Metro	166,903	162,935	162,814	97.62%	97.55%
Micro	13,704	13,234	13,183	96.57%	96.20%
Rural	18,729	17,776	17,588	94.91%	93.91%
Hospital Acute Care	3,026,871	2,784,234	2,760,836	91.98%	91.21%
STAR	2,691,990	2,460,301	2,440,514	91.39%	90.66%
Metro	2,329,792	2,169,424	2,158,084	93.12%	92.63%
Micro	151,705	133,753	130,157	88.17%	85.80%
Rural	210,493	157,124	152,273	74.65%	72.34%

2017 SFY Q4 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
STAR Kids	135,545	126,724	123,403	93.49%	91.04%
Metro	119,768	111,708	108,753	93.27%	90.80%
Micro	7,078	7,027	6,794	99.28%	95.99%
Rural	8,699	7,989	7,856	91.84%	90.31%
STAR Plus	199,336	197,209	196,919	98.93%	98.79%
Metro	166,903	166,277	166,152	99.62%	99.55%
Micro	13,704	13,325	13,272	97.23%	96.85%
Rural	18,729	17,607	17,495	94.01%	93.41%
Nursing Facility	210,306	189,386	-	90.05%	n/a
STAR	-	-	-	n/a	n/a
Metro	-	-	-	n/a	n/a
Micro	-	-	-	n/a	n/a
Rural	-	-	-	n/a	n/a
STAR Kids	-	-	-	n/a	n/a
Metro	-	-	-	n/a	n/a
Micro	-	-	-	n/a	n/a
Rural	-	-	-	n/a	n/a
STAR Plus	210,306	189,386	-	90.05%	n/a
Metro	171,665	156,444	-	91.13%	n/a
Micro	16,048	12,082	-	75.29%	n/a
Rural	22,593	20,860	-	92.33%	n/a
OBGYN	668,917	649,969	644,500	97.17%	96.35%
STAR	543,795	527,551	522,733	97.01%	96.13%
Metro	467,727	458,433	455,978	98.01%	97.49%
Micro	31,669	30,953	29,895	97.74%	94.40%
Rural	44,399	38,165	36,860	85.96%	83.02%
STAR Kids	25,151	25,093	24,678	99.77%	98.12%
Metro	22,168	22,143	21,732	99.89%	98.03%
Micro	1,299	1,283	1,279	98.77%	98.46%
Rural	1,684	1,667	1,667	98.99%	98.99%
STAR Plus	99,971	97,325	97,089	97.35%	97.12%

2017 SFY Q4 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Metro	82,738	81,004	80,880	97.90%	97.75%
Micro	7,255	6,670	6,637	91.94%	91.48%
Rural	9,978	9,651	9,572	96.72%	95.93%
Prenatal Care	420,471	409,110	403,952	97.30%	96.07%
STAR	363,640	354,033	349,617	97.36%	96.14%
Metro	311,468	305,321	302,154	98.03%	97.01%
Micro	21,631	20,916	20,415	96.69%	94.38%
Rural	30,541	27,796	27,048	91.01%	88.56%
STAR Kids	16,016	15,313	14,723	95.61%	91.93%
Metro	14,059	13,475	12,889	95.85%	91.68%
Micro	851	785	783	92.24%	92.01%
Rural	1,106	1,053	1,051	95.21%	95.03%
STAR Plus	40,815	39,764	39,612	97.42%	97.05%
Metro	34,504	33,739	33,639	97.78%	97.49%
Micro	2,706	2,600	2,572	96.08%	95.05%
Rural	3,605	3,425	3,401	95.01%	94.34%
Psychiatrist	3,026,871	2,942,689	2,928,829	97.22%	96.76%
STAR	2,691,990	2,614,412	2,603,458	97.12%	96.71%
Metro	2,329,792	2,304,950	2,300,203	98.93%	98.73%
Micro	151,705	134,738	133,258	88.82%	87.84%
Rural	210,493	174,724	169,997	83.01%	80.76%
STAR Kids	135,545	133,239	130,614	98.30%	96.36%
Metro	119,768	119,026	117,141	99.38%	97.81%
Micro	7,078	6,284	6,017	88.78%	85.01%
Rural	8,699	7,929	7,456	91.15%	85.71%
STAR Plus	199,336	195,038	194,757	97.84%	97.70%
Metro	166,903	165,718	165,580	99.29%	99.21%
Micro	13,704	12,990	12,936	94.79%	94.40%
Rural	18,729	16,330	16,241	87.19%	86.72%
Therapy OT PT ST	3,026,871	2,986,951	2,972,855	98.68%	98.22%
STAR	2,691,990	2,652,983	2,641,808	98.55%	98.14%

2017 SFY Q4 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Metro	2,329,792	2,313,720	2,309,043	99.31%	99.11%
Micro	151,705	148,401	147,776	97.82%	97.41%
Rural	210,493	190,862	184,989	90.67%	87.88%
STAR Kids	135,545	135,247	132,639	99.78%	97.86%
Metro	119,768	119,695	117,711	99.94%	98.28%
Micro	7,078	7,077	6,755	99.99%	95.44%
Rural	8,699	8,475	8,173	97.42%	93.95%
STAR Plus	199,336	198,721	198,408	99.69%	99.53%
Metro	166,903	166,875	166,737	99.98%	99.90%
Micro	13,704	13,704	13,657	100.00%	99.66%
Rural	18,729	18,142	18,014	96.87%	96.18%
Grand Total	16,434,049	15,912,590	15,649,502	96.83%	95.23%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
STAR	2733749	2709518	2707914	99.11%	99.05%
Metro	2362989	2340504	2339417	99.05%	99.00%
Aetna Better Health	67907	66787	66707	98.35%	98.23%
Bexar	21415	20842	20827	97.32%	97.25%
Tarrant	46492	45945	45880	98.82%	98.68%
Amerigroup	450320	448139	447876	99.52%	99.46%
Bexar	9132	9059	9047	99.20%	99.07%
Dallas	189541	189016	188985	99.72%	99.71%
Harris	95351	95134	95084	99.77%	99.72%
Jefferson	3081	3076	3049	99.84%	98.96%
Lubbock	6079	5950	5911	97.88%	97.24%
MRSA Central Texas	9216	9012	8990	97.79%	97.55%
MRSA Northeast Texas	21874	21460	21424	98.11%	97.94%
MRSA West Texas	10581	10483	10461	99.07%	98.87%
Tarrant	105465	104949	104925	99.51%	99.49%
Blue Cross and Blue Shield of Texas	20927	20419	20403	97.57%	97.50%
Travis	20927	20419	20403	97.57%	97.50%
CHRISTUS Health Plan	2916	2875	2862	98.59%	98.15%
Nueces	2916	2875	2862	98.59%	98.15%
Community First Health Plans	94636	92859	92848	98.12%	98.11%
Bexar	94636	92859	92848	98.12%	98.11%
Community Health Choice	216551	215638	215625	99.58%	99.57%
Harris	205745	204876	204874	99.58%	99.58%
Jefferson	10806	10762	10751	99.59%	99.49%
Cook Children's Health Plan	98387	97212	97182	98.81%	98.78%
Tarrant	98387	97212	97182	98.81%	98.78%
Driscoll Children's Health Plan	105268	104597	104580	99.36%	99.35%
Hidalgo	68464	68047	68034	99.39%	99.37%
Nueces	36804	36550	36546	99.31%	99.30%
El Paso First Premier Plan	59914	59848	59843	99.89%	99.88%
El Paso	59914	59848	59843	99.89%	99.88%
FirstCare STAR	44665	43135	43073	96.57%	96.44%
Lubbock	26230	25611	25590	97.64%	97.56%
MRSA West Texas	18435	17524	17483	95.06%	94.84%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Molina Healthcare of Texas	82720	81751	81625	98.83%	98.68%
Dallas	21634	21200	21160	97.99%	97.81%
El Paso	3140	3135	3116	99.84%	99.24%
Harris	12011	11910	11869	99.16%	98.82%
Hidalgo	44277	43852	43829	99.04%	98.99%
Jefferson	1658	1654	1651	99.76%	99.58%
Parkland HEALTHfirst	158575	156597	156562	98.75%	98.73%
Dallas	158575	156597	156562	98.75%	98.73%
Right Care from Scott and White Health Plans	30075	29402	29372	97.76%	97.66%
MRSA Central Texas	30075	29402	29372	97.76%	97.66%
Sendero Health Plans	11790	11670	11647	98.98%	98.79%
Travis	11790	11670	11647	98.98%	98.79%
Seton Health Plan	15277	15149	15120	99.16%	98.97%
Travis	15277	15149	15120	99.16%	98.97%
Superior HealthPlan	481593	474832	474662	98.60%	98.56%
Bexar	105234	104320	104314	99.13%	99.13%
El Paso	50119	50054	50038	99.87%	99.84%
Hidalgo	117186	116644	116640	99.54%	99.53%
Lubbock	21206	20702	20671	97.62%	97.48%
MRSA Central Texas	37539	36734	36734	97.86%	97.86%
MRSA Northeast Texas	43983	41730	41680	94.88%	94.76%
MRSA West Texas	26311	25751	25712	97.87%	97.72%
Nueces	11055	10863	10857	98.26%	98.21%
Travis	68960	68034	68016	98.66%	98.63%
Texas Children's Health Plan	314825	313245	313207	99.50%	99.49%
Harris	299224	297806	297780	99.53%	99.52%
Jefferson	15601	15439	15427	98.96%	98.88%
UnitedHealthcare Community Plan	106643	106349	106223	99.72%	99.61%
Harris	50582	50474	50417	99.79%	99.67%
Hidalgo	49066	48899	48874	99.66%	99.61%
Jefferson	6995	6976	6932	99.73%	99.10%
Micro	155295	155150	154956	99.91%	99.78%
Aetna Better Health	1011	1007	1007	99.60%	99.60%
Bexar	351	348	348	99.15%	99.15%
Tarrant	660	659	659	99.85%	99.85%
Amerigroup	26110	26106	26044	99.98%	99.75%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Bexar	186	186	174	100.00%	93.55%
Harris	549	549	548	100.00%	99.82%
Jefferson	1882	1879	1866	99.84%	99.15%
MRSA Central Texas	1244	1244	1239	100.00%	99.60%
MRSA Northeast Texas	18664	18663	18639	99.99%	99.87%
MRSA West Texas	2323	2323	2323	100.00%	100.00%
Tarrant	1262	1262	1255	100.00%	99.45%
Blue Cross and Blue Shield of Texas	2382	2382	2375	100.00%	99.71%
Travis	2382	2382	2375	100.00%	99.71%
CHRISTUS Health Plan	514	512	505	99.61%	98.25%
Nueces	514	512	505	99.61%	98.25%
Community First Health Plans	1882	1882	1878	100.00%	99.79%
Bexar	1882	1882	1878	100.00%	99.79%
Community Health Choice	6328	6324	6310	99.94%	99.72%
Harris	1208	1208	1202	100.00%	99.50%
Jefferson	5120	5116	5108	99.92%	99.77%
Cook Children's Health Plan	2714	2714	2714	100.00%	100.00%
Tarrant	2714	2714	2714	100.00%	100.00%
Driscoll Children's Health Plan	11232	11208	11208	99.79%	99.79%
Hidalgo	4484	4460	4460	99.46%	99.46%
Nueces	6748	6748	6748	100.00%	100.00%
FirstCare STAR	3285	3250	3250	98.93%	98.93%
MRSA West Texas	3285	3250	3250	98.93%	98.93%
Molina Healthcare of Texas	3118	3111	3089	99.78%	99.07%
Harris	66	62	62	93.94%	93.94%
Hidalgo	2389	2386	2383	99.87%	99.75%
Jefferson	663	663	644	100.00%	97.13%
Right Care from Scott and White Health Plans	3138	3138	3135	100.00%	99.90%
MRSA Central Texas	3138	3138	3135	100.00%	99.90%
Sendero Health Plans	1137	1137	1132	100.00%	99.56%
Travis	1137	1137	1132	100.00%	99.56%
Seton Health Plan	1441	1441	1431	100.00%	99.31%
Travis	1441	1441	1431	100.00%	99.31%
Superior HealthPlan	74345	74304	74274	99.94%	99.90%
Bexar	2045	2045	2038	100.00%	99.66%
Hidalgo	8947	8921	8921	99.71%	99.71%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
MRSA Central Texas	3746	3746	3743	100.00%	99.92%
MRSA Northeast Texas	40932	40919	40905	99.97%	99.93%
MRSA West Texas	8212	8210	8210	99.98%	99.98%
Nueces	1796	1796	1790	100.00%	99.67%
Travis	8667	8667	8667	100.00%	100.00%
Texas Children's Health Plan	8353	8340	8325	99.84%	99.66%
Harris	1881	1880	1880	99.95%	99.95%
Jefferson	6472	6460	6445	99.81%	99.58%
UnitedHealthcare Community Plan	8305	8294	8279	99.87%	99.69%
Harris	433	433	426	100.00%	98.38%
Hidalgo	3340	3333	3329	99.79%	99.67%
Jefferson	4532	4528	4524	99.91%	99.82%
Rural	215465	213864	213541	99.26%	99.11%
Aetna Better Health	1081	1081	1079	100.00%	99.81%
Bexar	1081	1081	1079	100.00%	99.81%
Amerigroup	40079	40050	39996	99.93%	99.79%
Bexar	416	416	416	100.00%	100.00%
Dallas	4312	4312	4312	100.00%	100.00%
Harris	1701	1701	1701	100.00%	100.00%
Jefferson	1211	1211	1211	100.00%	100.00%
Lubbock	1748	1743	1735	99.71%	99.26%
MRSA Central Texas	8689	8689	8684	100.00%	99.94%
MRSA Northeast Texas	9009	9009	9002	100.00%	99.92%
MRSA West Texas	12993	12969	12935	99.82%	99.55%
Blue Cross and Blue Shield of Texas	1237	1237	1237	100.00%	100.00%
Travis	1237	1237	1237	100.00%	100.00%
CHRISTUS Health Plan	1121	1120	1108	99.91%	98.84%
Nueces	1121	1120	1108	99.91%	98.84%
Community First Health Plans	4389	4389	4389	100.00%	100.00%
Bexar	4389	4389	4389	100.00%	100.00%
Community Health Choice	6950	6950	6950	100.00%	100.00%
Harris	3420	3420	3420	100.00%	100.00%
Jefferson	3530	3530	3530	100.00%	100.00%
Driscoll Children's Health Plan	13795	13792	13784	99.98%	99.92%
Hidalgo	1791	1788	1784	99.83%	99.61%
Nueces	12004	12004	12000	100.00%	99.97%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
El Paso First Premier Plan	21	14	14	66.67%	66.67%
El Paso	21	14	14	66.67%	66.67%
FirstCare STAR	29820	29662	29623	99.47%	99.34%
Lubbock	9245	9245	9234	100.00%	99.88%
MRSA West Texas	20575	20417	20389	99.23%	99.10%
Molina Healthcare of Texas	2914	2799	2792	96.05%	95.81%
Dallas	394	394	394	100.00%	100.00%
El Paso	0	0	0	-	-
Harris	292	292	292	100.00%	100.00%
Hidalgo	784	669	669	85.33%	85.33%
Jefferson	1444	1444	1437	100.00%	99.52%
Parkland HEALTHfirst	547	544	544	99.45%	99.45%
Dallas	547	544	544	99.45%	99.45%
Right Care from Scott and White Health Plans	8003	7997	7975	99.93%	99.65%
MRSA Central Texas	8003	7997	7975	99.93%	99.65%
Sendero Health Plans	209	208	206	99.52%	98.56%
Travis	209	208	206	99.52%	98.56%
Seton Health Plan	609	609	609	100.00%	100.00%
Travis	609	609	609	100.00%	100.00%
Superior HealthPlan	92099	90821	90654	98.61%	98.43%
Bexar	4021	4020	4019	99.98%	99.95%
El Paso	20	2	2	10.00%	10.00%
Hidalgo	2237	1430	1430	63.92%	63.92%
Lubbock	5250	5250	5243	100.00%	99.87%
MRSA Central Texas	22355	22355	22323	100.00%	99.86%
MRSA Northeast Texas	17859	17859	17847	100.00%	99.93%
MRSA West Texas	31847	31395	31318	98.58%	98.34%
Nueces	4480	4480	4453	100.00%	99.40%
Travis	4030	4030	4019	100.00%	99.73%
Texas Children's Health Plan	8847	8847	8843	100.00%	99.95%
Harris	4214	4214	4210	100.00%	99.91%
Jefferson	4633	4633	4633	100.00%	100.00%
UnitedHealthcare Community Plan	3744	3744	3738	100.00%	99.84%
Harris	957	957	952	100.00%	99.48%
Hidalgo	905	905	905	100.00%	100.00%
Jefferson	1882	1882	1881	100.00%	99.95%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
STAR Kids	141511	140360	139302	99.19%	98.44%
Metro	124949	123835	123148	99.11%	98.56%
Aetna Better Health	4500	4450	4411	98.89%	98.02%
Tarrant	4500	4450	4411	98.89%	98.02%
Amerigroup	22463	22270	22119	99.14%	98.47%
Dallas	10738	10594	10534	98.66%	98.10%
El Paso	1249	1249	1238	100.00%	99.12%
Harris	7875	7852	7820	99.71%	99.30%
Lubbock	1219	1216	1203	99.75%	98.69%
MRSA West Texas	1382	1359	1324	98.34%	95.80%
Blue Cross and Blue Shield of Texas	5278	5199	5170	98.50%	97.95%
MRSA Central Texas	2613	2564	2549	98.12%	97.55%
Travis	2665	2635	2621	98.87%	98.35%
Children's Medical Center Health Plan	8636	8536	8500	98.84%	98.43%
Dallas	8636	8536	8500	98.84%	98.43%
Community First Health Plans	6865	6706	6689	97.68%	97.44%
Bexar	6865	6706	6689	97.68%	97.44%
Cook Children's Health Plan	8049	7910	7862	98.27%	97.68%
Tarrant	8049	7910	7862	98.27%	97.68%
Driscoll Health Plan	7579	7561	7508	99.76%	99.06%
Hidalgo	5270	5260	5228	99.81%	99.20%
Nueces	2309	2301	2280	99.65%	98.74%
Superior HealthPlan	21243	21090	21000	99.28%	98.86%
Bexar	5870	5834	5827	99.39%	99.27%
El Paso	3161	3158	3143	99.91%	99.43%
Hidalgo	6080	6029	5997	99.16%	98.63%
Lubbock	1123	1120	1116	99.73%	99.38%
MRSA West Texas	1254	1240	1225	98.88%	97.69%
Nueces	885	881	867	99.55%	97.97%
Travis	2870	2828	2825	98.54%	98.43%
Texas Children's Health Plan	19828	19696	19629	99.33%	99.00%
Harris	16541	16485	16461	99.66%	99.52%
Jefferson	1502	1494	1486	99.47%	98.93%
MRSA Northeast Texas	1785	1717	1682	96.19%	94.23%
UnitedHealthcare	20508	20417	20260	99.56%	98.79%
Harris	8171	8157	8103	99.83%	99.17%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Hidalgo	5784	5781	5757	99.95%	99.53%
Jefferson	1159	1155	1154	99.65%	99.57%
MRSA Central Texas	2633	2592	2564	98.44%	97.38%
MRSA Northeast Texas	2761	2732	2682	98.95%	97.14%
Micro	7471	7465	7144	99.92%	95.62%
Aetna Better Health	39	39	36	100.00%	92.31%
Tarrant	39	39	36	100.00%	92.31%
Amerigroup	307	307	292	100.00%	95.11%
Harris	36	36	30	100.00%	83.33%
MRSA West Texas	271	271	262	100.00%	96.68%
Blue Cross and Blue Shield of Texas	592	592	571	100.00%	96.45%
MRSA Central Texas	288	288	282	100.00%	97.92%
Travis	304	304	289	100.00%	95.07%
Community First Health Plans	93	92	81	98.92%	87.10%
Bexar	93	92	81	98.92%	87.10%
Cook Children's Health Plan	113	113	104	100.00%	92.04%
Tarrant	113	113	104	100.00%	92.04%
Driscoll Health Plan	492	491	467	99.80%	94.92%
Hidalgo	172	171	158	99.42%	91.86%
Nueces	320	320	309	100.00%	96.56%
Superior HealthPlan	1301	1298	1254	99.77%	96.39%
Bexar	120	120	113	100.00%	94.17%
Hidalgo	351	348	342	99.15%	97.44%
MRSA West Texas	366	366	350	100.00%	95.63%
Nueces	140	140	135	100.00%	96.43%
Travis	324	324	314	100.00%	96.91%
Texas Children's Health Plan	1643	1642	1570	99.94%	95.56%
Harris	87	87	85	100.00%	97.70%
Jefferson	379	379	368	100.00%	97.10%
MRSA Northeast Texas	1177	1176	1117	99.92%	94.90%
UnitedHealthcare	2891	2891	2769	100.00%	95.78%
Harris	49	49	41	100.00%	83.67%
Hidalgo	223	223	207	100.00%	92.83%
Jefferson	474	474	444	100.00%	93.67%
MRSA Central Texas	232	232	222	100.00%	95.69%
MRSA Northeast Texas	1913	1913	1855	100.00%	96.97%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Rural	9091	9060	9010	99.66%	99.11%
Amerigroup	1762	1761	1757	99.94%	99.72%
Dallas	186	186	186	100.00%	100.00%
El Paso	0	0	0	-	-
Harris	117	117	117	100.00%	100.00%
Lubbock	237	237	237	100.00%	100.00%
MRSA West Texas	1222	1221	1217	99.92%	99.59%
Blue Cross and Blue Shield of Texas	758	745	745	98.28%	98.28%
MRSA Central Texas	628	615	615	97.93%	97.93%
Travis	130	130	130	100.00%	100.00%
Children's Medical Center Health Plan	119	119	112	100.00%	94.12%
Dallas	119	119	112	100.00%	94.12%
Community First Health Plans	214	214	208	100.00%	97.20%
Bexar	214	214	208	100.00%	97.20%
Driscoll Health Plan	647	647	647	100.00%	100.00%
Hidalgo	120	120	120	100.00%	100.00%
Nueces	527	527	527	100.00%	100.00%
Superior HealthPlan	2099	2082	2074	99.19%	98.81%
Bexar	174	174	174	100.00%	100.00%
El Paso	0	0	0	-	-
Hidalgo	60	60	60	100.00%	100.00%
Lubbock	294	294	294	100.00%	100.00%
MRSA West Texas	1147	1130	1122	98.52%	97.82%
Nueces	316	316	316	100.00%	100.00%
Travis	108	108	108	100.00%	100.00%
Texas Children's Health Plan	1049	1049	1049	100.00%	100.00%
Harris	214	214	214	100.00%	100.00%
Jefferson	354	354	354	100.00%	100.00%
MRSA Northeast Texas	481	481	481	100.00%	100.00%
UnitedHealthcare	2443	2443	2418	100.00%	98.98%
Harris	161	161	161	100.00%	100.00%
Hidalgo	94	94	94	100.00%	100.00%
Jefferson	312	312	308	100.00%	98.72%
MRSA Central Texas	1002	1002	996	100.00%	99.40%
MRSA Northeast Texas	874	874	859	100.00%	98.28%
STAR Plus	202280	200226	199402	98.98%	98.58%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Metro	169351	167474	166892	98.89%	98.55%
Amerigroup	46894	46680	46544	99.54%	99.25%
Bexar	3782	3754	3748	99.26%	99.10%
El Paso	4224	4222	4216	99.95%	99.81%
Harris	16860	16799	16790	99.64%	99.58%
Jefferson	1452	1452	1439	100.00%	99.10%
Lubbock	1510	1509	1497	99.93%	99.14%
MRSA West Texas	1867	1844	1813	98.77%	97.11%
Tarrant	13435	13385	13345	99.63%	99.33%
Travis	3764	3715	3696	98.70%	98.19%
Cigna-HealthSpring	11611	11250	11181	96.89%	96.30%
Hidalgo	3740	3709	3684	99.17%	98.50%
MRSA Northeast Texas	3480	3261	3230	93.71%	92.82%
Tarrant	4391	4280	4267	97.47%	97.18%
Molina Healthcare of Texas	29651	29199	29079	98.48%	98.07%
Bexar	2246	2205	2204	98.17%	98.13%
Dallas	15764	15453	15424	98.03%	97.84%
El Paso	2662	2660	2654	99.92%	99.70%
Harris	4752	4694	4680	98.78%	98.48%
Hidalgo	2879	2849	2809	98.96%	97.57%
Jefferson	1348	1338	1308	99.26%	97.03%
Superior HealthPlan	44840	44275	44147	98.74%	98.45%
Bexar	13874	13789	13773	99.39%	99.27%
Dallas	12845	12586	12561	97.98%	97.79%
Hidalgo	6901	6861	6853	99.42%	99.30%
Lubbock	2385	2378	2354	99.71%	98.70%
MRSA Central Texas	3929	3849	3839	97.96%	97.71%
MRSA West Texas	2770	2700	2659	97.47%	95.99%
Nueces	2136	2112	2108	98.88%	98.69%
UnitedHealthcare Community Plan	36355	36070	35941	99.22%	98.86%
Harris	21756	21713	21693	99.80%	99.71%
Jefferson	1404	1399	1383	99.64%	98.50%
MRSA Central Texas	2559	2500	2480	97.69%	96.91%
MRSA Northeast Texas	3321	3194	3146	96.18%	94.73%
Nueces	2539	2525	2515	99.45%	99.05%
Travis	4776	4739	4724	99.23%	98.91%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Micro	13935	13894	13780	99.71%	98.89%
Amerigroup	1643	1642	1604	99.94%	97.63%
Bexar	63	62	57	98.41%	90.48%
Harris	83	83	80	100.00%	96.39%
Jefferson	536	536	522	100.00%	97.39%
MRSA West Texas	274	274	266	100.00%	97.08%
Tarrant	232	232	232	100.00%	100.00%
Travis	455	455	447	100.00%	98.24%
Cigna-HealthSpring	3596	3590	3571	99.83%	99.30%
Hidalgo	285	282	282	98.95%	98.95%
MRSA Northeast Texas	3198	3195	3181	99.91%	99.47%
Tarrant	113	113	108	100.00%	95.58%
Molina Healthcare of Texas	673	671	646	99.70%	95.99%
Bexar	45	45	31	100.00%	68.89%
Harris	10	10	10	100.00%	100.00%
Hidalgo	205	203	196	99.02%	95.61%
Jefferson	413	413	409	100.00%	99.03%
Superior HealthPlan	2732	2726	2721	99.78%	99.60%
Bexar	240	240	235	100.00%	97.92%
Hidalgo	569	563	563	98.95%	98.95%
MRSA Central Texas	431	431	431	100.00%	100.00%
MRSA West Texas	1011	1011	1011	100.00%	100.00%
Nueces	481	481	481	100.00%	100.00%
UnitedHealthcare Community Plan	5291	5265	5238	99.51%	99.00%
Harris	126	126	119	100.00%	94.44%
Jefferson	736	736	734	100.00%	99.73%
MRSA Central Texas	301	301	300	100.00%	99.67%
MRSA Northeast Texas	3264	3262	3252	99.94%	99.63%
Nueces	335	311	304	92.84%	90.75%
Travis	529	529	529	100.00%	100.00%
Rural	18994	18858	18730	99.28%	98.61%
Amerigroup	3433	3426	3413	99.80%	99.42%
Bexar	171	171	164	100.00%	95.91%
El Paso	2	1	1	50.00%	50.00%
Harris	233	233	228	100.00%	97.85%
Jefferson	614	614	614	100.00%	100.00%

2018 SFY Q1 PCP Network Access Distance and Travel Time Analysis

Program and MCO	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard from Provider	Percent Within Distance Standard	Percent Within Travel Standard
Lubbock	399	399	399	100.00%	100.00%
MRSA West Texas	1842	1836	1835	99.67%	99.62%
Travis	172	172	172	100.00%	100.00%
Cigna-HealthSpring	1635	1610	1600	98.47%	97.86%
Hidalgo	64	39	39	60.94%	60.94%
MRSA Northeast Texas	1571	1571	1561	100.00%	99.36%
Molina Healthcare of Texas	1208	1171	1167	96.94%	96.61%
Bexar	156	156	156	100.00%	100.00%
Dallas	237	237	237	100.00%	100.00%
El Paso	0	0	0	-	-
Harris	218	218	216	100.00%	99.08%
Hidalgo	89	53	53	59.55%	59.55%
Jefferson	508	507	505	99.80%	99.41%
Superior HealthPlan	8209	8142	8079	99.18%	98.42%
Bexar	524	524	524	100.00%	100.00%
Dallas	262	262	262	100.00%	100.00%
Hidalgo	231	231	228	100.00%	98.70%
Lubbock	606	606	594	100.00%	98.02%
MRSA Central Texas	2435	2435	2408	100.00%	98.89%
MRSA West Texas	3278	3211	3191	97.96%	97.35%
Nueces	873	873	872	100.00%	99.89%
UnitedHealthcare Community Plan	4509	4509	4471	100.00%	99.16%
Harris	330	330	330	100.00%	100.00%
Jefferson	600	600	594	100.00%	99.00%
MRSA Central Texas	1156	1156	1146	100.00%	99.13%
MRSA Northeast Texas	1629	1629	1614	100.00%	99.08%
Nueces	556	556	549	100.00%	98.74%
Travis	238	238	238	100.00%	100.00%
Grand Total	3077540	3050104	3046618	99.11%	99.00%

2018 SFY Q1 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Behavioral Health-Outpatient	3,077,540	3,049,944	3,049,465	99.10%	99.09%
STAR	2,733,749	2,706,363	2,706,039	99.00%	98.99%
Metro	2,362,989	2,348,971	2,348,768	99.41%	99.40%
Micro	155,295	151,822	151,818	97.76%	97.76%
Rural	215,465	205,570	205,453	95.41%	95.35%
STAR Kids	141,511	141,314	141,244	99.86%	99.81%
Metro	124,949	124,792	124,739	99.87%	99.83%
Micro	7,471	7,431	7,422	99.46%	99.34%
Rural	9,091	9,091	9,083	100.00%	99.91%
STAR Plus	202,280	202,267	202,182	99.99%	99.95%
Metro	169,351	169,342	169,312	99.99%	99.98%
Micro	13,935	13,931	13,916	99.97%	99.86%
Rural	18,994	18,994	18,954	100.00%	99.79%
General Surgeon	3,077,540	3,045,107	3,038,839	98.95%	98.74%
STAR	2,733,749	2,705,888	2,701,833	98.98%	98.83%
Metro	2,362,989	2,349,148	2,347,619	99.41%	99.35%
Micro	155,295	148,614	147,936	95.70%	95.26%
Rural	215,465	208,126	206,278	96.59%	95.74%
STAR Kids	141,511	138,818	137,805	98.10%	97.38%
Metro	124,949	122,734	122,096	98.23%	97.72%
Micro	7,471	7,155	6,974	95.77%	93.35%
Rural	9,091	8,929	8,735	98.22%	96.08%
STAR Plus	202,280	200,401	199,201	99.07%	98.48%
Metro	169,351	167,938	167,533	99.17%	98.93%
Micro	13,935	13,896	13,624	99.72%	97.77%
Rural	18,994	18,567	18,044	97.75%	95.00%
Opthamologist	3,077,540	2,955,373	2,943,317	96.03%	95.64%
STAR	2,733,749	2,634,902	2,626,833	96.38%	96.09%
Metro	2,362,989	2,299,748	2,296,724	97.32%	97.20%
Micro	155,295	145,217	143,781	93.51%	92.59%
Rural	215,465	189,937	186,328	88.15%	86.48%
STAR Kids	141,511	125,125	123,249	88.42%	87.09%

2018 SFY Q1 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Metro	124,949	110,684	109,532	88.58%	87.66%
Micro	7,471	6,354	6,109	85.05%	81.77%
Rural	9,091	8,087	7,608	88.96%	83.69%
STAR Plus	202,280	195,346	193,235	96.57%	95.53%
Metro	169,351	164,386	163,377	97.07%	96.47%
Micro	13,935	13,341	12,851	95.74%	92.22%
Rural	18,994	17,619	17,007	92.76%	89.54%
Orthopedist	3,077,540	3,017,585	3,007,191	98.05%	97.71%
STAR	2,733,749	2,685,318	2,678,776	98.23%	97.99%
Metro	2,362,989	2,342,731	2,340,134	99.14%	99.03%
Micro	155,295	138,696	137,440	89.31%	88.50%
Rural	215,465	203,891	201,202	94.63%	93.38%
STAR Kids	141,511	137,799	135,866	97.38%	96.01%
Metro	124,949	122,363	121,229	97.93%	97.02%
Micro	7,471	6,676	6,419	89.36%	85.92%
Rural	9,091	8,760	8,218	96.36%	90.40%
STAR Plus	202,280	194,468	192,549	96.14%	95.19%
Metro	169,351	164,067	163,391	96.88%	96.48%
Micro	13,935	12,313	11,777	88.36%	84.51%
Rural	18,994	18,088	17,381	95.23%	91.51%
Pediatric Subspecialties	2,563,869	2,473,815	2,471,467	96.49%	96.40%
STAR	2,443,155	2,356,946	2,355,218	96.47%	96.40%
Metro	2,115,727	2,064,512	2,063,612	97.58%	97.54%
Micro	137,344	111,465	111,245	81.16%	81.00%
Rural	190,084	180,969	180,361	95.20%	94.88%
STAR Kids	120,712	116,867	116,248	96.81%	96.30%
Metro	106,735	104,052	103,879	97.49%	97.32%
Micro	6,332	5,270	5,202	83.23%	82.15%
Rural	7,645	7,545	7,167	98.69%	93.75%
STAR Plus	2	2	1	100.00%	50.00%
Metro	2	2	1	100.00%	50.00%
Micro	-	-	-	n/a	n/a

2018 SFY Q1 Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Time Standard from One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Rural	-	-	-	n/a	n/a
Urologist	3,077,540	2,866,571	2,861,519	93.14%	92.98%
STAR	2,733,749	2,547,921	2,544,415	93.20%	93.07%
Metro	2,362,989	2,238,148	2,236,498	94.72%	94.65%
Micro	155,295	132,527	131,968	85.34%	84.98%
Rural	215,465	177,246	175,949	82.26%	81.66%
STAR Kids	141,511	126,422	125,649	89.34%	88.79%
Metro	124,949	113,335	112,870	90.71%	90.33%
Micro	7,471	5,770	5,665	77.23%	75.83%
Rural	9,091	7,317	7,114	80.49%	78.25%
STAR Plus	202,280	192,228	191,455	95.03%	94.65%
Metro	169,351	162,556	162,154	95.99%	95.75%
Micro	13,935	12,944	12,854	n/a	n/a
Rural	18,994	16,728	16,447	n/a	n/a
Grand Total	17,951,569	17,408,395	17,371,798	96.97%	96.77%

2017 SFY Q4 Dental Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Standard of One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Endodontist	2,401,372	2,214,455	2,213,382	92.22%	92.17%
Medicaid Dental	2,401,372	2,214,455	2,213,382	92.22%	92.17%
Metro	2,080,970	1,966,826	1,967,796	94.51%	94.56%
DentaQuest	1,183,588	1,107,268	1,106,767	93.55%	93.51%
MCNA Dental	897,382	859,558	861,029	95.79%	95.95%
Micro	134,908	115,218	114,206	85.40%	84.65%
DentaQuest	77,831	66,270	65,832	85.15%	84.58%
MCNA Dental	57,077	48,948	48,374	85.76%	84.75%
Rural	185,494	132,411	131,380	71.38%	70.83%
DentaQuest	105,428	73,734	73,123	69.94%	69.36%
MCNA Dental	80,066	58,677	58,257	73.29%	72.76%
Oral Surgeon	2,701,131	2,595,668	2,595,624	96.10%	96.09%
Medicaid Dental	2,701,131	2,595,668	2,595,624	96.10%	96.09%
Metro	2,339,059	2,286,364	2,286,352	97.75%	97.75%
DentaQuest	1,328,832	1,296,935	1,296,924	97.60%	97.60%
MCNA Dental	1,010,227	989,429	989,428	97.94%	97.94%
Micro	152,138	136,700	136,680	89.85%	89.84%
DentaQuest	87,418	76,018	76,005	86.96%	86.94%
MCNA Dental	64,720	60,682	60,675	93.76%	93.75%
Rural	209,934	172,604	172,592	82.22%	82.21%
DentaQuest	119,067	93,899	93,890	78.86%	78.85%
MCNA Dental	90,867	78,705	78,702	86.62%	86.61%
Orthodontist	2,701,131	2,653,762	2,653,454	98.25%	98.23%
Medicaid Dental	2,701,131	2,653,762	2,653,454	98.25%	98.23%
Metro	2,339,059	2,324,600	2,324,587	99.38%	99.38%
DentaQuest	1,328,832	1,324,305	1,324,298	99.66%	99.66%
MCNA Dental	1,010,227	1,000,295	1,000,289	99.02%	99.02%
Micro	152,138	137,125	137,094	90.13%	90.11%
DentaQuest	87,418	79,443	79,424	90.88%	90.86%
MCNA Dental	64,720	57,682	57,670	89.13%	89.11%
Rural	209,934	192,037	191,773	91.47%	91.35%
DentaQuest	119,067	109,784	109,654	92.20%	92.09%
MCNA Dental	90,867	82,253	82,119	90.52%	90.37%

2017 SFY Q4 Dental Network Access Distance and Travel Time Analysis

Provider Type and Program	Total Member Count	Total Members Within Distance Standard of One Provider	Total Members Within Travel Standard of One Provider	Percent Within Distance Standard	Percent Within Travel Standard
Pediatric Dentist	2,587,264	1,462,501	1,461,970	56.53%	56.51%
Medicaid Dental	2,587,264	1,462,501	1,461,970	56.53%	56.51%
Metro	2,241,287	1,271,452	1,271,112	56.73%	56.71%
DentaQuest	1,271,465	1,271,452	1,271,112	100.00%	99.97%
MCNA Dental	969,822	-	-	0.00%	0.00%
Micro	145,482	79,398	79,324	54.58%	54.52%
DentaQuest	83,491	79,398	79,324	95.10%	95.01%
MCNA Dental	61,991	-	-	0.00%	0.00%
Rural	200,495	111,651	111,534	55.69%	55.63%
DentaQuest	113,707	111,651	111,534	98.19%	98.09%
MCNA Dental	86,788	-	-	0.00%	0.00%
Periodontist	2,701,131	2,271,408	2,271,084	84.09%	84.08%
Medicaid Dental	2,701,131	2,271,408	2,271,084	84.09%	84.08%
Metro	2,339,059	2,079,719	2,079,610	88.91%	88.91%
DentaQuest	1,328,832	1,181,224	1,181,178	88.89%	88.89%
MCNA Dental	1,010,227	898,495	898,432	88.94%	88.93%
Micro	152,138	85,717	85,649	56.34%	56.30%
DentaQuest	87,418	48,261	48,230	55.21%	55.17%
MCNA Dental	64,720	37,456	37,419	57.87%	57.82%
Rural	209,934	105,972	105,825	50.48%	50.41%
DentaQuest	119,067	57,198	57,111	48.04%	47.97%
MCNA Dental	90,867	48,774	48,714	53.68%	53.61%
Grand Total	13,092,029	11,197,794	11,195,514	85.53%	85.51%

2018 SFY Q1 Main Dentist Network Access Distance and Travel Time Analysis

Program	Total Member Count	Total Members Within Distance Standard of Two Providers	Total Members Within Travel Time Standard From Provider	Percent Within Distance Standard	Percent Within Travel Distance
Metro	2,330,876	2330733	2330667	99.99%	99.99%
DentaQuest	1,328,161	1328156	1328118	100.00%	100.00%
MCNA Dental	1,002,715	1002577	1002549	99.99%	99.98%
Micro	152,173	152169	152149	100.00%	99.98%
DentaQuest	87,887	87884	87878	100.00%	99.99%
MCNA Dental	64,286	64285	64271	100.00%	99.98%
Rural	209,822	209741	209516	99.96%	99.85%
DentaQuest	119,499	119454	119354	99.96%	99.88%
MCNA Dental	90,323	90287	90162	99.96%	99.82%
Grand Total	2,692,871	2692643	2692332	99.99%	99.98%

ATTACHMENT J
Pharmacy GeoMapping
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MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
Aetna	STAR	Bexar	N/A	N/A	N/A	90.30%	67.90%	100.00%
	STAR	Tarrant	N/A	N/A	98.50%	93.50%	84.50%	100.00%
	STAR Kids	Tarrant	N/A	N/A	96.20%	93.20%	89.20%	100.00%
Amerigroup	STAR	Bexar	N/A	N/A	100.00%	90.00%	66.00%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	100.00%	92.00%	75.00%	100.00%
	STAR	Dallas	N/A	N/A	97.00%	91.00%	88.00%	100.00%
	STAR Kids	Dallas	N/A	N/A	97.00%	88.00%	87.00%	100.00%
	STAR Kids	El Paso	N/A	N/A	0.00%	83.00%	0.00%	100.00%
	STAR+PLUS	Nueces	N/A	N/A	0.00%	84.00%	0.00%	100.00%
	STAR	Harris	N/A	N/A	95.00%	95.00%	86.00%	100.00%
	STAR Kids	Harris	N/A	N/A	97.00%	94.00%	89.00%	100.00%
	STAR+PLUS	Harris	N/A	N/A	96.00%	95.00%	88.00%	100.00%
	STAR	Jefferson	N/A	N/A	95.00%	81.00%	65.00%	100.00%
	STAR+PLUS	Jefferson	N/A	N/A	94.00%	83.00%	73.00%	100.00%
	STAR	Lubbock	N/A	N/A	93.00%	84.00%	84.00%	100.00%
	STAR Kids	Lubbock	N/A	N/A	91.00%	83.00%	83.00%	100.00%
	STAR+PLUS	Lubbock	N/A	N/A	91.00%	87.00%	83.00%	100.00%
	STAR	MRSA Central	77.00%	70.00%	95.00%	N/A	N/A	100.00%
	STAR	MRSA Northeast	66.00%	52.00%	97.00%	N/A	N/A	99.00%
	STAR	MRSA West	71.00%	34.00%	85.00%	N/A	N/A	79.00%
	STAR Kids	MRSA West	80.00%	50.00%	88.00%	N/A	N/A	83.00%
	STAR+PLUS	MRSA West	82.00%	44.00%	83.00%	N/A	N/A	75.00%
	STAR	Tarrant	N/A	N/A	97.00%	94.00%	88.00%	100.00%
	STAR+PLUS	Tarrant	N/A	N/A	99.00%	95.00%	86.00%	100.00%
	STAR+PLUS	Travis	N/A	N/A	93.00%	84.00%	81.00%	100.00%
BCBS	STAR Kids	MRSA West	N/A	N/A	96.40%	73.40%	77.20%	99.00%
	STAR	Travis	N/A	N/A	92.90%	78.00%	79.50%	99.90%
	STAR Kids	Travis	N/A	N/A	89.80%	79.90%	83.90%	99.90%
Children's Medical Center	STAR Kids	Dallas	N/A	N/A	98.90%	95.80%	93.20%	99.90%
Christus	STAR	Nueces	N/A	N/A	97.10%	84.70%	85.00%	89.80%
Community Health Choice	STAR	Harris	N/A	N/A	99.00%	96.70%	92.70%	99.90%
	STAR	Jefferson	N/A	N/A	98.80%	90.40%	74.80%	99.90%
Cigna-HealthSpring	STAR+PLUS	Hidalgo	N/A	N/A	97.10%	82.20%	N/A	83.20%
	STAR+PLUS	MRSA Northeast	N/A	N/A	98.90%	76.10%	55.10%	98.10%
	STAR+PLUS	Tarrant	N/A	N/A	N/A	96.00%	85.50%	100.00%
Community 1st	STAR	Bexar	N/A	N/A	89.30%	93.10%	76.70%	99.90%
	STAR Kids	Bexar	N/A	N/A	85.70%	93.40%	75.80%	99.50%
Cook Children's	STAR	Tarrant	N/A	N/A	98.10%	96.60%	87.60%	99.90%
	STAR Kids	Tarrant	N/A	N/A	95.30%	100.00%	100.00%	100.00%
Driscoll	STAR	Hidalgo	N/A	N/A	93.20%	77.60%	85.70%	76.10%
	STAR Kids	Hidalgo	N/A	N/A	92.60%	76.90%	85.70%	78.10%
	STAR	Nueces	N/A	N/A	99.00%	87.20%	87.90%	87.40%
	STAR Kids	Nueces	N/A	N/A	98.60%	89.40%	87.50%	86.60%
El Paso 1st	STAR	El Paso	N/A	N/A	4.70%	82.30%	100.00%	99.90%
	STAR	Lubbock	N/A	N/A	95.80%	90.30%	83.60%	99.90%

ATTACHMENT J
Pharmacy GeoMapping
17SFQ4

MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
FirstCare	STAR	MRSA West	82.30%	51.20%	91.00%	N/A	N/A	87.40%
Molina	STAR+PLUS	Bexar	N/A	N/A	N/A	91.70%	63.10%	100.00%
	STAR	Dallas	N/A	N/A	97.20%	90.80%	90.90%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	97.80%	89.40%	85.00%	100.00%
	STAR	El Paso	N/A	N/A	N/A	81.00%	0.00%	99.80%
	STAR+PLUS	El Paso	N/A	N/A	N/A	84.10%	0.00%	99.90%
	STAR	Harris	N/A	N/A	96.50%	96.10%	90.70%	100.00%
	STAR+PLUS	Harris	N/A	N/A	98.10%	95.40%	90.00%	100.00%
	STAR	Hidalgo	N/A	N/A	96.60%	68.80%	N/A	74.80%
	STAR+PLUS	Hidalgo	N/A	N/A	96.30%	76.10%	N/A	78.00%
Parkland	STAR	Jefferson	N/A	N/A	91.60%	83.20%	69.20%	100.00%
	STAR+PLUS	Jefferson	N/A	N/A	96.40%	88.00%	70.20%	100.00%
Parkland	STAR	Dallas	N/A	N/A	97.40%	91.20%	82.90%	99.90%
Sendero	STAR	Travis	N/A	N/A	98.40%	84.50%	78.20%	100.00%
Scott & White	STAR	MRSA Central	78.40%	76.10%	98.60%	N/A	N/A	99.90%
Seton	STAR	Travis	N/A	N/A	98.00%	85.30%	85.30%	99.90%
Superior	STAR	Bexar	N/A	N/A	N/A	87.90%	63.90%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	N/A	88.30%	66.00%	100.00%
	STAR Kids	Bexar	N/A	N/A	N/A	88.80%	64.20%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	97.60%	85.10%	83.10%	100.00%
	STAR	El Paso	N/A	N/A	0.00%	79.50%	N/A	99.90%
	STAR Kids	El Paso	N/A	N/A	0.00%	83.60%	N/A	100.00%
	STAR	Hidalgo	N/A	N/A	94.40%	66.40%	N/A	81.70%
	STAR+PLUS	Hidalgo	N/A	N/A	90.00%	74.50%	N/A	79.30%
	STAR Kids	Hidalgo	N/A	N/A	88.00%	70.50%	N/A	76.30%
	STAR	Lubbock	N/A	N/A	91.70%	86.20%	84.80%	99.90%
	STAR+PLUS	Lubbock	87.00%	N/A	93.30%	87.30%	87.10%	100.00%
	STAR Kids	Lubbock	N/A	N/A	96.20%	85.80%	85.60%	100.00%
	STAR	Nueces	N/A	N/A	96.20%	83.80%	85.40%	82.80%
	STAR+PLUS	Nueces	N/A	N/A	95.70%	83.80%	83.30%	82.90%
	STAR Kids	Nueces	N/A	N/A	97.30%	85.70%	88.50%	85.00%
	STAR	MRSA Central	75.30%	70.80%	95.80%	N/A	N/A	98.90%
	STAR+PLUS	MRSA Central	74.20%	66.20%	95.40%	N/A	N/A	99.10%
	STAR	MRSA Northeast	56.40%	43.20%	97.00%	N/A	N/A	96.20%
	STAR	MRSA West	75.30%	50.00%	88.60%	N/A	N/A	76.00%
Superior	STAR+PLUS	MRSA West	81.50%	45.00%	88.20%	N/A	N/A	79.60%
	STAR Kids	MRSA West	82.30%	45.30%	94.00%	N/A	N/A	78.30%
	STAR	Travis	N/A	N/A	93.60%	71.00%	75.90%	100.00%
	STAR Kids	Travis	N/A	N/A	97.70%	74.50%	82.00%	100.00%
TCHP	STAR	Harris	N/A	N/A	98.50%	97.40%	92.30%	99.90%
	STAR Kids	Harris	N/A	N/A	N/A	N/A	N/A	N/A
	STAR	Jefferson	N/A	N/A	98.40%	90.60%	75.50%	99.90%
	STAR Kids	Jefferson	N/A	N/A	99.30%	95.70%	89.60%	99.70%
	STAR Kids	MRSA Northeast	N/A	N/A	N/A	N/A	N/A	N/A

ATTACHMENT J
Pharmacy GeoMapping
17SFQ4

MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
United	STAR	Harris	N/A	N/A	95.80%	94.80%	89.90%	99.90%
	STAR+PLUS	Harris	N/A	N/A	96.70%	95.00%	89.80%	99.90%
	STAR Kids	Harris	N/A	N/A	95.90%	95.30%	92.00%	100.00%
	STAR	Hidalgo	N/A	N/A	96.50%	71.80%	N/A	84.00%
	STAR Kids	Hidalgo	N/A	N/A	97.10%	72.00%	N/A	84.40%
	STAR	Jefferson	N/A	N/A	96.10%	87.50%	71.40%	100.00%
	STAR+PLUS	Jefferson	N/A	N/A	96.10%	88.20%	72.60%	99.90%
	STAR Kids	Jefferson	N/A	N/A	96.30%	88.60%	75.20%	99.90%
	STAR+PLUS	Nueces	N/A	N/A	97.80%	88.80%	81.90%	91.00%
	STAR Kids	Travis	78.30%	79.50%	95.30%	N/A	N/A	99.00%
	STAR+PLUS	Travis	N/A	N/A	94.50%	84.00%	82.30%	100.00%
	STAR+PLUS	MRSA Central	76.70%	77.40%	96.20%	N/A	N/A	98.70%
	STAR+PLUS	MRSA Northeast	70.40%	49.90%	97.30%	N/A	N/A	92.60%
	STAR Kids	MRSA Northeast	69.90%	47.40%	97.30%	N/A	N/A	93.90%

ATTACHMENT J
Pharmacy GeoMapping
18SFQ1

MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
Aetna	STAR	Bexar	N/A	N/A	N/A	89.90%	68.20%	100.00%
	STAR	Tarrant	N/A	N/A	97.80%	93.50%	84.90%	100.00%
	STAR Kids	Tarrant	N/A	N/A	94.40%	93.10%	89.60%	100.00%
Amerigroup	STAR	Bexar	N/A	N/A	100.00%	90.00%	65.00%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	100.00%	92.00%	75.00%	100.00%
	STAR	Dallas	N/A	N/A	97.00%	91.00%	88.00%	100.00%
	STAR Kids	Dallas	N/A	N/A	97.00%	91.00%	88.00%	100.00%
	STAR Kids	El Paso	N/A	N/A	0.00%	85.00%	0.00%	100.00%
	STAR+PLUS	El Paso	N/A	N/A	0.00%	86.00%	0.00%	100.00%
	STAR	Harris	N/A	N/A	94.00%	95.00%	87.00%	100.00%
	STAR Kids	Harris	N/A	N/A	98.00%	94.00%	87.00%	100.00%
	STAR+PLUS	Harris	N/A	N/A	95.00%	95.00%	89.00%	100.00%
	STAR	Jefferson	N/A	N/A	96.00%	82.00%	63.00%	100.00%
	STAR+PLUS	Jefferson	N/A	N/A	94.00%	85.00%	72.00%	100.00%
	STAR	Lubbock	N/A	N/A	92.00%	84.00%	81.00%	100.00%
	STAR Kids	Lubbock	N/A	N/A	90.00%	84.00%	80.00%	100.00%
	STAR+PLUS	Lubbock	N/A	N/A	92.00%	87.00%	82.00%	100.00%
	STAR	MRSA Central	77.00%	69.00%	95.00%	N/A	N/A	100.00%
	STAR	MRSA Northeast	67.00%	49.00%	97.00%	N/A	N/A	99.00%
	STAR	MRSA West	73.00%	43.00%	85.00%	N/A	N/A	80.00%
	STAR Kids	MRSA West	80.00%	50.00%	88.00%	N/A	N/A	83.00%
	STAR+PLUS	MRSA West	82.00%	45.00%	84.00%	N/A	N/A	75.00%
	STAR	Tarrant	N/A	N/A	96.00%	94.00%	87.00%	100.00%
	STAR+PLUS	Tarrant	N/A	N/A	99.00%	95.00%	85.00%	100.00%
	STAR+PLUS	Travis	N/A	N/A	92.00%	83.00%	82.00%	100.00%
BCBS	STAR Kids	MRSA Central	N/A	N/A	96.30%	73.40%	77.90%	99.20%
	STAR	Travis	N/A	N/A	93.10%	77.30%	80.50%	99.90%
	STAR Kids	Travis	N/A	N/A	88.50%	79.80%	84.30%	99.90%
Children's Medical Center	STAR Kids	Dallas	N/A	N/A	99.30%	95.60%	89.90%	99.80%
Christus	STAR	Nueces	N/A	N/A	97.30%	84.30%	85.60%	89.60%
Community Health Choice	STAR	Harris	N/A	N/A	98.80%	97.00%	93.70%	99.90%
	STAR	Jefferson	N/A	N/A	97.60%	89.50%	74.90%	99.90%
Cigna-HealthSpring	STAR+PLUS	Hidalgo	N/A	N/A	96.90%	82.20%	N/A	82.90%
	STAR+PLUS	MRSA Northeast	N/A	N/A	98.90%	75.60%	54.50%	98.00%
	STAR+PLUS	Tarrant	N/A	N/A	N/A	96.20%	84.70%	100.00%

ATTACHMENT J
Pharmacy GeoMapping
18SFQ1

MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
Community 1st	STAR	Bexar	N/A	N/A	94.90%	93.90%	78.60%	99.90%
	STAR Kids	Bexar	N/A	N/A	83.30%	94.30%	77.10%	99.50%
Cook Children's	STAR	Tarrant	N/A	N/A	98.20%	96.70%	85.00%	99.90%
	STAR Kids	Tarrant	N/A	N/A	97.00%	100.00%	100.00%	100.00%
Driscoll	STAR	Hidalgo	N/A	N/A	93.20%	78.80%	97.10%	76.30%
	STAR Kids	Hidalgo	N/A	N/A	94.70%	78.90%	75.00%	78.60%
	STAR	Nueces	N/A	N/A	98.90%	87.00%	88.00%	87.40%
	STAR Kids	Nueces	N/A	N/A	98.60%	88.80%	87.70%	86.30%
El Paso 1st	STAR	El Paso	N/A	N/A	2.80%	83.60%	100.00%	99.90%
FirstCare	STAR	Lubbock	N/A	N/A	95.70%	90.00%	83.30%	99.90%
	STAR	MRSA West	81.90%	52.40%	90.90%	N/A	N/A	87.60%
Molina	STAR+PLUS	Bexar	N/A	N/A	N/A	91.60%	62.90%	100.00%
	STAR	Dallas	N/A	N/A	97.40%	90.60%	90.80%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	97.80%	89.40%	85.10%	100.00%
	STAR	El Paso	N/A	N/A	N/A	81.10%	0.00%	99.80%
	STAR+PLUS	El Paso	N/A	N/A	N/A	84.50%	0.00%	99.90%
	STAR	Harris	N/A	N/A	96.70%	95.80%	91.30%	99.80%
	STAR+PLUS	Harris	N/A	N/A	97.80%	95.20%	89.80%	99.80%
	STAR	Hidalgo	N/A	N/A	96.60%	68.80%	N/A	75.00%
	STAR+PLUS	Hidalgo	N/A	N/A	96.40%	76.50%	N/A	77.80%
	STAR	Jefferson	N/A	N/A	91.10%	83.70%	68.50%	99.90%
	STAR+PLUS	Jefferson	N/A	N/A	96.00%	88.30%	69.80%	100.00%
Parkland	STAR	Dallas	N/A	N/A	97.10%	91.30%	83.00%	99.90%
Sendero	STAR	Travis	N/A	N/A	2.80%	83.60%	100.00%	99.90%
Scott & White	STAR	MRSA Central	78.70%	76.30%	98.60%	N/A	N/A	99.90%
Seton	STAR	Travis	N/A	N/A	98.70%	85.60%	85.90%	100.00%
	STAR	Bexar	N/A	N/A	N/A	87.90%	63.80%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	N/A	88.30%	66.90%	100.00%
	STAR Kids	Bexar	N/A	N/A	N/A	89.00%	64.80%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	97.90%	84.50%	83.10%	100.00%
	STAR	El Paso	N/A	N/A	0.00%	80.40%	N/A	99.90%
	STAR Kids	El Paso	N/A	N/A	0.00%	84.40%	N/A	100.00%
	STAR	Hidalgo	N/A	N/A	94.30%	66.30%	N/A	81.60%
	STAR+PLUS	Hidalgo	N/A	N/A	89.90%	74.50%	N/A	79.40%
	STAR Kids	Hidalgo	N/A	N/A	87.70%	70.30%	N/A	76.40%

ATTACHMENT J
Pharmacy GeoMapping
18SFQ1

MCO	Program	SDA	STAR MRSA			STAR+PLUS and Non-MRSA STAR		All Programs and SDAs
			Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (75% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (55% standard)	Percent of Members in Rural Counties Residing w/in 15 Miles of One Pharmacy (90% standard)	Percent of Members in Urban Counties Residing w/in 2 Miles of One Pharmacy (80% standard)	Percent of Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy (75% standard)	Percent of Members Residing w/in 75 Miles of One 24-Hour Pharmacy (90% standard)
Superior	STAR	Lubbock	N/A	N/A	91.70%	86.30%	84.10%	99.90%
	STAR+PLUS	Lubbock	N/A	N/A	93.40%	87.10%	87.10%	100.00%
	STAR Kids	Lubbock	N/A	N/A	95.20%	85.20%	84.80%	100.00%
	STAR	Nueces	N/A	N/A	95.90%	83.70%	84.40%	82.70%
	STAR+PLUS	Nueces	N/A	N/A	96.10%	84.50%	83.50%	83.40%
	STAR Kids	Nueces	N/A	N/A	97.10%	85.90%	89.90%	84.80%
	STAR	MRSA Central	75.30%	70.90%	95.80%	N/A	N/A	97.60%
	STAR+PLUS	MRSA Central	73.90%	66.30%	95.30%	N/A	N/A	98.30%
	STAR	MRSA Northeast	56.30%	4.90%	97.00%	N/A	N/A	95.30%
	STAR	MRSA West	74.90%	47.70%	86.60%	N/A	N/A	76.30%
	STAR+PLUS	MRSA West	81.60%	44.70%	88.10%	N/A	N/A	79.80%
	STAR Kids	MRSA West	81.40%	42.60%	84.00%	N/A	N/A	78.10%
	STAR	Travis	N/A	N/A	93.60%	70.50%	76.10%	100.00%
	STAR Kids	Travis	N/A	N/A	97.80%	74.50%	81.00%	100.00%
TCHP	STAR	Harris	N/A	N/A	98.80%	97.40%	93.50%	99.90%
	STAR Kids	Harris	N/A	N/A	N/A	N/A	N/A	N/A
	STAR	Jefferson	N/A	N/A	96.80%	90.20%	74.80%	99.90%
	STAR Kids	Jefferson	N/A	N/A	99.40%	95.80%	92.80%	99.90%
	STAR Kids	MRSA Northeast	N/A	N/A	N/A	N/A	N/A	N/A
United	STAR	Harris	N/A	N/A	96.00%	95.00%	90.00%	100.00%
	STAR+PLUS	Harris	N/A	N/A	96.70%	95.00%	89.10%	99.90%
	STAR Kids	Harris	N/A	N/A	95.00%	95.00%	91.00%	100.00%
	STAR	Hidalgo	N/A	N/A	97.00%	71.00%	N/A	84.00%
	STAR Kids	Hidalgo	N/A	N/A	97.00%	70.00%	N/A	84.00%
	STAR	Jefferson	N/A	N/A	96.00%	88.00%	71.00%	100.00%
	STAR+PLUS	Jefferson	N/A	N/A	96.30%	88.40%	73.80%	99.90%
	STAR Kids	Jefferson	N/A	N/A	97.00%	89.00%	75.00%	100.00%
	STAR+PLUS	Nueces	N/A	N/A	97.70%	88.80%	81.40%	90.90%
	STAR Kids	Travis	80.00%	80.00%	95.00%	N/A	N/A	99.00%
	STAR+PLUS	Travis	N/A	N/A	93.20%	84.10%	83.40%	100.00%
	STAR+PLUS	MRSA Central	78.20%	78.00%	96.60%	N/A	N/A	98.50%
	STAR+PLUS	MRSA Northeast	72.20%	47.80%	96.90%	N/A	N/A	96.80%
	STAR Kids	MRSA Northeast	70.00%	45.00%	97.00%	N/A	N/A	98.00%

EB 744 (Q) CMS QUARTERLY NARRATIVE SUMMARY REPORT



Helping Government Serve the People.®



July 2017 – September 2017 (CMS 3rd Quarter)

1.1.1 Operations

Enrollment Broker Medicaid Managed Care STAR, STAR+PLUS and STAR Kids Programs reported an average of 3,622,157 unduplicated enrollments for the months of July, August and September 2017 for August 1st, September 1st, and October 1st effective dates.

The Dental Program reported an average of 2,903,120 total enrollments in July, August, and September 2017 for August 1st, September 1st, and October 1st effective dates.

In July, the English Call Center queues had an AB Rate of 4.0% and an ASA of 53 seconds – meeting both performance requirements. The Spanish Call Center queues had an AB Rate of 3.4% and an ASA of 61 seconds in July, also meeting both performance requirements. In August, the English Call Center queues had an AB Rate of 2.9% and an ASA of 42 seconds while the Spanish Call Center queues had an AB Rate of 2.4% and an ASA of 48 seconds. The AB Rate and ASA performance standards were met by both queues for August. In September, the English Call Center queues had an AB Rate of 1.7% and an ASA of 23 seconds – meeting both performance requirements. The Spanish Call Center queues had an AB Rate of 1.5% and an ASA of 26 seconds in September, also meeting both performance requirements.

The Call Center Quality Assurance rate for the June 2017 QA sample results reported in August is 100% for EB KPR 47 - Language Access Plan Accuracy/Quality Assurance and 96.5% for EB KPR 50 – Call Handling Accuracy. The Call Center Quality Assurance rate for the July 2017 QA sample results reported in September is 100% for EB KPR 47 and 97.3% for EB KPR 50. The Call Center Quality Assurance rate for the August 2017 QA sample results reported in October is 100% for EB KPR 47 and 96.5% for EB KPR 50.

The Enrollment Broker Mail House continued its efforts throughout the quarter to inform Managed Care recipients about their medical and dental enrollment options in Managed Care areas. The Enrollment Broker Mail House mailed out 290,080 enrollment mailings for the Medicaid Managed Care Program and 199,249 enrollment mailings for the Dental Program.

During July and August, Outreach and Special Populations staff continued their outreach efforts to obtain enrollments for the Adoption Assistance and Permanency Care Assistance (AAPCA) and Medicaid Breast and Cervical Cancer (MBCC) expansion eligible clients through outbound calls, home visits and enrollment events.

Throughout the quarter, outreach staff members completed a total of 30,276 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 234,372 phone call attempts this quarter. In addition, field staff members completed a total of 5,723 field events for the Medicaid Managed Care Program in the third quarter. Field events include enrollment events, community contacts, presentations, and health fairs.

1.1.1.1 Mail Summary

Monthly Ongoing Mailings					
Mail Type	Jul-17	Aug-17	Sep-17	Quarterly Totals	Average per Month
Mandatory Medical Enrollment Kits/Requests (STAR, STAR Kids, STAR+PLUS, SNS, NS, & TP40's)	84,115	106,163	99,343	289,621	96,540
STAR, STAR Kids, & STAR+PLUS Voluntary Letters	83	229	147	459	153
Mandatory Dental Enrollment Kits/Requests	57,888	72,965	68,396	199,249	66,416

(Table 1.1.1.1A) Mail Summary: The table shows the total and average volumes mailed during the quarter.

1.1.1.2 Field Operations Summary

Throughout the quarter, outreach staff members completed a total of 30,276 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 234,372 phone call attempts this quarter. In addition, field staff members completed a total of 5,723 field events for the Medicaid Managed Care Program in the third quarter. Field events include enrollment events, community contacts, presentations, and health fairs.

Outreach Activities					
Task	Jul-17	Aug-17	Sep-17	Quarterly Totals	Avg Per Month
MMC Phone Calls	109,432	62,022	62,918	234,372	78,124
MMC Home Visits	12,902	10,245	7,129	30,276	10,092
*Enrollments processed	15,366	15,052	16,998	47,416	15,805
Plan Changes processed	747	902	1,053	2,702	901
MMC Enrollment Events	254	387	216	857	286
MMC Presentations (non-enrollment event)	72	65	57	194	65
MMC Community Meetings (non-enrollment event)	1,553	1,473	1,597	4,623	1,541
MMC Health Fairs (non-enrollment event)	11	27	11	49	16

(Table 1.1.1.2A) Outreach Activity: The table shows the Outreach activity for the quarter.

*These totals reflect the number of enrollment actions performed by field outreach.

1.1.1.3 Enrollments Summary

Tables 1.1.1.3A, 1.1.1.3B, 1.1.1.3C, and 1.1.1.3D give an overview of the enrollment activity in the Enrollment Broker Medicaid Managed Care and Dental Programs reported for the months of July, August and September 2017 for August 1st, September 1st, and October 1st effective dates. This quarter, the STAR, STAR+PLUS, and STAR Kids Programs reported an average of 3,622,157 unduplicated enrollments per month.

The Dental Program reported an average of 2,903,120 total enrollments in July, August, and September 2017 for August 1st, September 1st, and October 1st effective dates.

Total Unduplicated Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated Enrollments
Jul-17	2,895,518	525,062	160,639	3,581,219
Aug-17	2,952,096	524,596	159,396	3,636,088
Sep-17	2,961,988	527,006	160,171	3,649,165
Average per Month	2,936,534	525,555	160,069	3,622,157

*(Table 1.1.1.3A) Total Unduplicated Enrollments by Program.
Enrollment totals are reported from the monthly Confirmed Eligibles Report.*

Total Unduplicated New Monthly Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated Enrollments
Jul-17	162,096	12,991	4,917	180,004
Aug-17	213,731	17,174	5,258	236,163
Sep-17	153,495	13,555	5,663	172,713
Average per Month	176,441	14,573	5,279	196,293

*(Table 1.1.1.3B) Total Unduplicated New Monthly Enrollments by Program.
Enrollment totals are reported from the monthly Confirmed Eligibles Report.*

Dental Enrollments		
State Cutoff Month	New Monthly Enrollment	Total Enrollment
Jul-17	162,690	2,895,363
Aug-17	167,141	2,900,632
Sep-17	154,312	2,913,365
Average per Month	161,381	2,903,120

(Table 1.1.1.3C) Dental Enrollments as reported from the monthly Confirmed Eligibles Report.

Total Voluntary Choice Enrollment Rate by Program								
State Cutoff Month	STAR Choice Enrollment	Default STAR	STAR+PLUS Choice Enrollment	Default STAR+PLUS	STAR Kids Choice Enrollment	Default STAR Kids	Dental Choice Enrollment	Default Dental
Jul-17	76.4%	23.6%	64.8%	35.2%	66.6%	33.4%	75.9%	24.1%
Aug-17	72.2%	27.8%	68.0%	32.0%	66.4%	33.6%	76.1%	23.9%
Sep-17	75.5%	24.5%	67.3%	32.7%	65.5%	34.5%	75.2%	24.8%
Average per Month	74.7%	25.3%	66.7%	33.3%	66.2%	33.8%	75.7%	24.3%

(Table 1.1.1.3D) The table above shows an overview of the voluntary choice rates and default rates for each Program by month for the current fiscal year. The enrollment totals are reported from the monthly Confirmed Eligibles Report.

1.1.2 Call Center

The section below summarizes the Call Center performance for all English and Spanish queues for the quarter. A daily average of 280 staff handled English inbound calls during the third quarter of 2017. A daily average of 167 staff handled Spanish inbound calls during the third quarter of 2017.

English Call Center Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
July	2017	128,179	125,589	120,412	165	610	53	5,010	4.0%
August	2017	150,154	143,978	139,451	292	596	42	4,234	2.9%
September	2017	129,238	126,086	123,757	172	578	23	2,157	1.7%
AVG		135,857	131,884	127,873	210	595	39	3,800	2.9%
Totals		407,571	395,653	383,620	629			11,401	
KPR							< 90		≤ 8%

(Table 1.1.2A) English Call Center Production.

Spanish Call Center Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
July	2017	34,834	34,049	32,829	65	693	61	1,155	3.4%
August	2017	39,533	37,561	36,559	86	686	48	916	2.4%
September	2017	37,422	36,552	35,943	63	667	26	546	1.5%
AVG		37,263	36,054	35,110	71	682	45	872	2.4%
Totals		111,789	108,162	105,331	214			2,617	
KPR							< 90		≤ 8%

(Table 1.1.2B) Spanish Call Center Production.

CMS QUARTERLY SUMMARY NARRATIVE REPORT



Helping Government Serve the People.®



October 2017 – December 2017 (CMS 4th Quarter)

1.1.1 Operations

Enrollment Broker Medicaid Managed Care STAR, STAR+PLUS and STAR Kids Programs reported an average of 3,671,832 unduplicated enrollments for the months of October, November, and December 2017 for November 1st, December 1st, and January 1st effective dates.

The Dental Program reported an average of 2,935,259 total enrollments in October, November, and December 2017 for November 1st, December 1st, and January 1st effective dates.

In October, the English Call Center queues had an AB Rate of 1.2% and an ASA of 15 seconds – meeting both performance requirements. The Spanish Call Center queues had an AB Rate of 1.0% and an ASA of 18 seconds in October, also meeting both performance requirements. In November, the English Call Center queues had an AB Rate of 3.6% and an ASA of 55 seconds while the Spanish Call Center queues had an AB Rate of 2.9% and an ASA of 63 seconds. The AB Rate and ASA performance standards were met by both queues for November. In December, the English Call Center queues had an AB Rate of 1.1% and an ASA of 14 seconds – meeting both performance requirements. The Spanish Call Center queues had an AB Rate of 1.0% and an ASA of 17 seconds in December, also meeting both performance requirements.

The Call Center Quality Assurance rate for the September 2017 QA sample results reported in November is 100% for EB KPR 47 - Language Access Plan Accuracy/Quality Assurance and 97.5% for EB KPR 50 – Call Handling Accuracy. The Call Center Quality Assurance rate for the October 2017 QA sample results reported in December is 100% for EB KPR 47 and 98.4% for EB KPR 50. The Call Center Quality Assurance rate for the November 2017 QA sample results reported in January 2018 is 100% for EB KPR 47 and 97.5% for EB KPR 50.

The Enrollment Broker Correspondence and Materials Development (CMD) unit continued its efforts throughout the quarter to inform Managed Care recipients about their medical and dental enrollment options in Managed Care areas. The Enrollment Broker CMD mailed out 267,667 enrollment mailings for the Medicaid Managed Care Program and 187,689 enrollment mailings for the Dental Program.

Throughout the quarter, outreach staff members completed a total of 23,874 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 127,784 phone call attempts this quarter. In addition, field staff members completed a total of 6,485 field events for the Medicaid Managed Care Program in the fourth quarter. Field events include enrollment events, community contacts, presentations, and health fairs.

1.1.1.1 Mail Summary

Monthly Ongoing Mailings					
Mail Type	Oct-17	Nov-17	Dec-17	Quarterly Totals	Average per Month
Mandatory Medical Enrollment Kits/Requests (STAR, STAR Kids, STAR+PLUS, SNS, NS, & TP40's)	96,539	87,425	83,318	267,282	89,094
STAR, STAR Kids, & STAR+PLUS Voluntary Letters	125	107	153	385	128
Mandatory Dental Enrollment Kits/Requests	68,740	59,602	59,347	187,689	62,563

(Table 1.1.1.1A) Mail Summary: The table shows the total and average volumes mailed during the quarter.

1.1.1.2 Field Operations Summary

Throughout the quarter, outreach staff members completed a total of 23,874 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 127,784 phone call attempts this quarter. In addition, field staff members completed a total of 6,485 field events for the Medicaid Managed Care Program in the fourth quarter. Field events include enrollment events, community contacts, presentations, and health fairs.

Outreach Activities					
Task	Oct-17	Nov-17	Dec-17	Quarterly Totals	Avg Per Month
MMC Phone Calls	48,178	40,674	38,932	127,784	42,595
MMC Home Visits	8,005	8,580	7,289	23,874	7,958
*Enrollments processed	16,733	13,831	13,881	44,445	14,815
Plan Changes processed	727	600	552	1,879	626
MMC Enrollment Events	372	235	164	771	257
MMC Presentations (non-enrollment event)	89	67	68	224	75
MMC Community Meetings (non-enrollment event)	1,886	1,906	1,677	5,469	1,823
MMC Health Fairs (non-enrollment event)	9	7	5	21	7

(Table 1.1.1.2A) Outreach Activity: The table shows the Outreach activity for the quarter.

*These totals reflect the number of enrollment actions performed by field outreach.

1.1.1.3 Enrollments Summary

Tables 1.1.1.3A, 1.1.1.3B, 1.1.1.3C, and 1.1.1.3D give an overview of the enrollment activity in the Enrollment Broker Medicaid Managed Care and Dental Programs reported for the months of October, November, and December 2017 for November 1st, December 1st, and January 1st effective dates. This quarter, the STAR, STAR+PLUS, and STAR Kids Programs reported an average of 3,671,832 unduplicated enrollments per month.

The Dental Program reported an average of 2,935,259 total enrollments in October, November, and December 2017 for November 1st, December 1st, and January 1st effective dates.

Total Unduplicated Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated Enrollments
Oct-17	2,999,031	527,985	161,822	3,688,838
Nov-17	3,001,922	528,821	161,189	3,691,932
Dec-17	2,951,376	521,646	161,704	3,634,726
Average per Month	2,984,110	526,151	161,572	3,671,832

*(Table 1.1.1.3A) Total Unduplicated Enrollments by Program.
Enrollment totals are reported from the monthly Confirmed Eligibles Report.*

Total Unduplicated New Monthly Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated Enrollments
Oct-17	185,785	15,406	7,294	208,485
Nov-17	146,453	13,536	5,016	165,005
Dec-17	120,417	11,822	5,179	137,418
Average per Month	150,885	13,588	5,830	170,303

*(Table 1.1.1.3B) Total Unduplicated New Monthly Enrollments by Program.
Enrollment totals are reported from the monthly Confirmed Eligibles Report.*

Dental Enrollments		
State Cutoff Month	New Monthly Enrollment	Total Enrollment
Oct-17	179,840	2,948,985
Nov-17	143,694	2,952,021
Dec-17	122,357	2,904,770
Average per Month	148,630	2,935,259

(Table 1.1.1.3C) Dental Enrollments as reported from the monthly Confirmed Eligibles Report.

Total Voluntary Choice Enrollment Rate by Program								
State Cutoff Month	STAR Choice Enrollment	Default STAR	STAR+PLUS Choice Enrollment	Default STAR+PLUS	STAR Kids Choice Enrollment	Default STAR Kids	Dental Choice Enrollment	Default Dental
Oct-17	75.5%	24.5%	64.2%	35.8%	58.7%	41.3%	74.6%	25.4%
Nov-17	77.6%	22.4%	65.8%	34.2%	64.4%	35.6%	76.4%	23.6%
Dec-17	74.9%	25.1%	67.2%	32.8%	62.8%	37.2%	74.7%	25.3%
Average per Month	76.0%	24.0%	65.7%	34.3%	62.0%	38.0%	75.2%	24.8%

(Table 1.1.1.3D) The table above shows an overview of the voluntary choice rates and default rates for each Program by month for the current fiscal year. The enrollment totals are reported from the monthly Confirmed Eligibles Report.

1.1.2 Call Center

The section below summarizes the Call Center performance for all English and Spanish queues for the quarter. A daily average of 278 staff handled English inbound calls during the fourth quarter of 2017. A daily average of 172 staff handled Spanish inbound calls during the fourth quarter of 2017.

English Call Center Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
October	2017	130,290	130,014	128,273	191	576	15	1,549	1.2%
November	2017	118,429	118,638	114,170	175	576	55	4,292	3.6%
December	2017	108,215	105,295	103,988	174	545	14	1,133	1.1%
AVG		118,978	117,982	115,477	180	567	28	2,325	2.0%
Totals		356,934	353,947	346,431	540			6,974	
KPR							< 90		≤ 8%

(Table 1.1.2A) English Call Center Production.

Spanish Call Center Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
October	2017	38,909	38,798	38,343	56	688	18	399	1.0%
November	2017	34,460	34,606	33,529	69	703	63	1,008	2.9%
December	2017	30,963	30,197	29,851	43	660	17	303	1.0%
AVG		34,777	34,534	33,908	56	685	33	570	1.7%
Totals		104,332	103,601	101,723	168			1,710	
KPR							< 90		≤ 8%

(Table 1.1.2B) Spanish Call Center Production.

Attachment M1
Combined Member Hotline Performance
STAR, STAR+PLUS and CHIP (2017 SFQ4)

	Member Hotline Performance								
MCO	2017 SFQ3 Total Calls	2017 SFQ4 Total Calls	2017 SFQ3 to 2017 SFQ4 Net Change	2017 SFQ3 to 2017 SFQ4 % Inc. or Dec	2017 SFQ4 % Answered by 4th Ring (99%)	2017 SFQ4 % Busy Signal Rate (≤1%)	2017 SFQ4 % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ4 % Calls Abandoned (≤7%)	2017 SFQ4 Avg. Hold Time (≤2 Minutes)
Aetna	34,643	33,878	-765	-2.21%	100.00%	0.12%	91.80%	1.89%	:14
Amerigroup	127,504	124,940	-2,564	-2.01%	100.00%	0.00%	84.13%	0.80%	:16
BCBS TX	9,017	9,041	24	0.27%	100.00%	0.00%	92.25%	3.26%	:07
CHC	44,356	40,805	-3,551	-8.01%	100.00%	0.00%	94.90%	0.77%	:11
Christus	5,323	5,228	-95	-1.78%	100.00%	0.00%	95.96%	0.06%	:06
Cigna-HealthSpring	24,462	25,370	908	3.71%	100.00%	0.00%	92.78%	1.07%	:12
Community 1st	33,928	27,597	-6,331	-18.66%	100.00%	0.00%	89.07%	3.70%	:14
Cook	26,399	26,496	97	0.37%	100.00%	0.00%	84.60%	3.67%	:40
Driscoll	21,966	20,794	-1,172	-5.34%	100.00%	0.00%	88.80%	1.85%	:19
El Paso 1st	10,436	10,548	112	1.07%	100.00%	0.00%	100.00%	0.69%	:06
First Care	9,896	9,581	-315	-3.18%	100.00%	0.00%	93.08%	1.04%	:07
Molina	93,733	89,557	-4,176	-4.46%	100.00%	0.00%	98.99%	0.16%	:00
Parkland	38,075	39,260	1,185	3.11%	100.00%	0.09%	91.10%	1.41%	:17
Scott and White	6,744	6,652	-92	-1.36%	100.00%	0.00%	91.27%	1.00%	:16
Sendero	4,065	4,684	619	15.23%	100.00%	0.00%	83.07%	2.90%	:21
Seton	3,901	3,742	-159	-4.08%	99.78%	0.00%	89.77%	0.36%	:27
Superior	199,300	220,182	20,882	10.48%	100.00%	0.00%	88.66%	1.31%	:18
Texas Children's	45,368	41,417	-3,951	-8.71%	100.00%	0.00%	100.00%	1.11%	:21
United	87,998	95,990	7,992	9.08%	100.00%	0.00%	89.59%	1.22%	:32
Total	827,114	835,762	8,648	1.05%					

Attachment M2
Combined Behavioral Health Hotline Performance
STAR, STAR+PLUS and CHIP (2017 SFQ4)

MCO	Behavioral Health Hotline Performance								
	2017 SFQ3 Total Calls	2017 SFQ4 Total Calls	2017 SFQ3 to 2017 SFQ4 Net Change	2017 SFQ3 to 2017 SFQ4 % Inc. or Dec	2017 SFQ4 % Answered by 4th Ring (99%)	2017 SFQ4 % Busy Signal Rate (≤1%)	2017 SFQ4 % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ4 % Calls Abandoned (≤7%)	2017 SFQ4 Avg. Hold Time (≤2 Minutes)
Aetna	657	655	-2	-0.30%	100.00%	0.00%	95.73%	5.65%	:14
Amerigroup	1,413	1,088	-325	-23.00%	100.00%	0.00%	99.76%	0.72%	:07
BCBS TX	168	158	-10	-5.95%	100.00%	0.00%	96.55%	0.00%	:12
CHC	1,391	1,157	-234	-16.82%	100.00%	0.00%	91.28%	1.08%	:14
Christus	142	143	1	0.70%	100.00%	0.00%	n/a	0.00%	:04
Cigna-HealthSpring	262	328	66	25.19%	100.00%	0.00%	97.25%	0.00%	:12
Community 1st	218	231	13	5.96%	100.00%	0.00%	100.00%	2.50%	:11
Cook	321	275	-46	-14.33%	100.00%	0.00%	93.69%	0.89%	:03
Driscoll	14	111	97	692.86%	100.00%	0.00%	100.00%	0.00%	:04
El Paso 1st	62	69	7	11.29%	100.00%	0.00%	100.00%	0.00%	:09
First Care	405	494	89	21.98%	100.00%	0.00%	99.38%	1.82%	:15
Molina	32	220	188	587.50%	100.00%	0.00%	98.33%	2.17%	:02
Parkland	407	342	-65	-15.97%	100.00%	0.00%	92.19%	2.29%	:06
Scott and White	8	6	-2	-25.00%	100.00%	0.00%	100.00%	0.00%	:01
Sendero	95	62	-33	-34.74%	100.00%	0.00%	93.33%	0.00%	:04
Seton	123	93	-30	-24.39%	100.00%	0.00%	100.00%	0.00%	:04
Superior	6,414	6,499	85	1.33%	100.00%	0.00%	96.51%	0.35%	:02
Texas Children's	778	620	-158	-20.31%	100.00%	0.00%	76.92%	2.50%	:35
United	681	2,244	1563	229.52%	100.00%	0.00%	93.14%	1.39%	:33
Total	13,591	14,795	1204	8.86%					

Attachment M3
Combined Provider Hotline Performance
STAR, STAR+PLUS and CHIP (2017 SFQ4)

	Provider Hotline Performance							
MCO	2017 SFQ3 Total Calls	2017 SFQ4 Total Calls	2017 SFQ3 to 2017 SFQ4 Net Change	2017 SFQ3 to 2017 SFQ4 % Inc. or Dec	2017 SFQ4 % Answered by 4th Ring (99%)	2017 SFQ4 % Busy Signal Rate (≤1%)	2017 SFQ4 % Calls Abandoned (≤7%)	2017 SFQ4 Avg. Hold Time (≤2 Minutes)
Aetna	13,812	14,175	363	2.63%	100.00%	0.09%	2.89%	:47
Amerigroup	126,988	118,281	-8707	-6.86%	100.00%	0.00%	1.17%	:32
BCBS TX	17,752	15,116	-2636	-14.85%	100.00%	0.00%	2.95%	:11
CHC	12,298	37,502	25204	204.94%	100.00%	0.06%	2.81%	:30
Christus	908	980	72	7.93%	100.00%	0.00%	0.00%	:08
Cigna-HealthSpring	29,022	27,728	-1294	-4.46%	100.00%	0.00%	1.74%	:24
Community 1st	19,291	12,383	-6908	-35.81%	100.00%	0.00%	0.86%	:09
Cook	29,457	28,039	-1418	-4.81%	100.00%	0.00%	3.13%	:19
Driscoll	37,963	33,765	-4198	-11.06%	100.00%	0.00%	0.78%	:16
El Paso 1st	16,722	15,032	-1690	-10.11%	100.00%	0.00%	0.13%	:05
First Care	14,758	13,121	-1637	-11.09%	100.00%	0.00%	0.84%	:09
Molina	94,141	101,728	7587	8.06%	100.00%	0.00%	0.52%	:00
Parkland	9,124	10,792	1668	18.28%	100.00%	0.08%	4.05%	0:01:08
Scott and White	1,066	9,509	8443	792.03%	100.00%	0.00%	0.53%	:13
Sendero	4,722	4,592	-130	-2.75%	100.00%	0.00%	0.91%	:30
Seton	6,100	4,902	-1198	-19.64%	100.00%	0.00%	0.32%	:12
Superior	122,031	120,099	-1932	-1.58%	100.00%	0.00%	2.68%	:56
Texas Children's	14,217	8,734	-5483	-38.57%	100.00%	0.00%	5.70%	:19
United	141,206	127,780	-13426	-9.51%	100.00%	0.00%	1.89%	:53
Total	711,578	704,258	-7320	-1.03%				

Attachment M4
Consolidated Children's CHIP and Medicaid Dental (2017 SFQ4)

Member Provider Performance									
MCO	2017 SFQ3 Total Calls	2017 SFQ4 Total Calls	2017 SFQ3 to 2017 SFQ4 Net Change	2017 SFQ3 to 2017 SFQ4 % Inc. or Dec	2017 SFQ4 % Answered by 4th Ring (99%)	2017 SFQ4 % Busy Signal Rate (≤1%)	2017 SFQ4 % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ4 % Calls Abandoned (≤7%)	2017 SFQ4 Avg. Hold Time (≤2 Minutes)
DentaQuest	126,410	134,838	8,428	6.67%	100.00%	0.00%	87.16%	0.43%	:18
MCNA	124,221	132,863	8,642	6.96%	100.00%	0.00%	95.63%	1.16%	:04
Total	250,631	267,701	17,070	6.81%					

Provider Hotline Performance								
MCO	2017 SFQ3 Total Calls	2017 SFQ4 Total Calls	2017 SFQ3 to 2017 SFQ4 Net Change	2017 SFQ3 to 2017 SFQ4 % Inc. or Dec	2017 SFQ4 % Busy Signal Rate (≤1%)	2017 SFQ4 % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ4 % Calls Abandoned (≤7%)	2017 SFQ4 Avg. Hold Time (≤2 Minutes)
DentaQuest	80,572	86,451	5,879	7.30%	100.00%	0.00%	2.08%	1:07:00
MCNA	25,935	30,229	4,294	16.56%	100.00%	0.00%	0.58%	:06
Total	106,507	116,680	10,173	9.55%				

Attachment M1
Combined Member Hotline Performance
STAR, STAR+PLUS and CHIP (2018 SFQ1)

STAR and STAR+PLUS Member Hotline Performance									
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
Aetna	33,878	37,833	3,955	11.67%	100.00%	0.20%	82.21%	6.09%	:43
Amerigroup	124,940	126,739	1,799	1.44%	100.00%	0.00%	82.98%	1.17%	:22
BCBS TX	9,041	9,229	188	2.08%	100.00%	0.00%	96.23%	1.32%	:05
CHC	40,805	43,494	2,689	6.59%	100.00%	0.00%	83.94%	1.43%	:00
Christus	5,228	5,601	373	7.13%	100.00%	0.00%	98.37%	0.86%	:05
Cigna-HealthSpring	25,370	25,783	413	1.63%	100.00%	0.00%	86.13%	1.76%	:23
Community 1st	27,597	24,267	-3,330	-12.07%	100.00%	0.00%	85.07%	2.37%	:21
Cook	26,496	25,385	-1,111	-4.19%	100.00%	0.00%	80.18%	4.02%	:44
Driscoll	20,794	23,168	2,374	11.42%	100.00%	0.00%	82.08%	2.78%	:24
El Paso 1st	10,548	11,008	460	4.36%	100.00%	0.00%	100.00%	0.83%	:07
First Care	9,581	10,191	610	6.37%	100.00%	0.00%	85.25%	1.39%	:47
Molina	89,557	93,988	4,431	4.95%	100.00%	0.00%	96.61%	0.00%	:00
Parkland	39,260	44,733	5,473	13.94%	100.00%	0.18%	79.68%	4.93%	:53
Scott and White	6,652	7,014	362	5.44%	100.00%	0.00%	85.63%	2.65%	:16
Sendero	4,684	4,185	-499	-10.65%	100.00%	0.00%	86.38%	2.35%	:52
Seton	3,742	3,228	-514	-13.74%	100.00%	0.00%	89.77%	1.19%	:14
Superior	220,182	217,133	-3,049	-1.38%	100.00%	0.00%	80.94%	2.41%	:38
Texas Children's	41,417	50,855	9,438	22.79%	100.00%	0.00%	100.00%	1.28%	:23
United	95,990	94,700	-1,290	-1.34%	100.00%	0.00%	92.04%	0.87%	:18
Total	835,762	858,534	22,772	2.72%					

STAR Kids Member Hotline Performance									
MCO (STAR Kids)	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
CMC	3,693	3,391	-302	-8.18%	100.00%	0.00%	86.24%	4.45%	:05
Aetna	3,708	3,002	-706	-19.04%	100.00%	0.10%	93.47%	1.83%	:10
Amerigroup	5,377	5,365	-12	-0.22%	100.00%	0.00%	91.04%	4.60%	:29
BCBS TX	2,040	743	-1,297	-63.58%	100.00%	0.00%	99.53%	0.47%	:00
Community 1st	2,405	2,487	82	3.41%	100.00%	0.00%	99.31%	0.55%	:04
Cook	11,544	10,432	-1,112	-9.63%	100.00%	0.00%	86.60%	3.03%	:17
Driscoll	2,184	2,620	436	19.96%	100.00%	0.00%	90.60%	2.60%	:12
Superior	664	3,999	3,335	502.26%	100.00%	0.00%	82.59%	3.53%	:41
Texas Children's	6,098	6,024	-74	-1.21%	100.00%	0.00%	100.00%	0.58%	:06
United	6,789	7,488	699	10.30%	100.00%	0.00%	93.40%	2.24%	:34
Total	44,502	45,551	1,049	2.36%					

Attachment M2
Combined Behavioral Health Hotline Performance
STAR, STAR+PLUS, STAR Kids, and CHIP (2018 SFQ1)

STAR, STAR+PLUS, and CHIP Behavioral Health Hotline Performance									
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
Aetna	655	502	-153	-23.36%	100.00%	0.00%	90.12%	8.65%	:20
Amerigroup	1,088	1206	118	10.85%	100.00%	0.00%	98.21%	0.89%	:35
BCBS TX	158	201	43	27.22%	100.00%	0.00%	90.63%	1.54%	:04
CHC	1,157	1378	221	19.10%	100.00%	0.00%	86.41%	7.26%	:11
Christus	143	18	-125	-87.41%	100.00%	0.00%	n/a	0.00%	:01
Cigna-HealthSpring	328	211	-117	-35.67%	100.00%	0.00%	100.00%	4.41%	:29
Community 1st	231	240	9	3.90%	100.00%	0.00%	100.00%	2.67%	:11
Cook	275	389	114	41.45%	100.00%	0.00%	91.40%	9.71%	:05
Driscoll	111	121	10	9.01%	100.00%	0.00%	100.00%	3.45%	:05
El Paso 1st	69	90	21	30.43%	100.00%	0.00%	100.00%	0.00%	:05
First Care	494	457	-37	-7.49%	100.00%	0.00%	99.18%	0.00%	:19
Molina	220	735	515	234.09%	100.00%	0.00%	99.03%	1.90%	:01
Parkland	342	555	213	62.28%	100.00%	0.00%	88.17%	9.14%	:08
Scott and White	6	7	1	16.67%	100.00%	0.00%	100.00%	0.00%	:01
Sendero	62	177	115	185.48%	100.00%	0.00%	98.25%	9.52%	:04
Seton	93	118	25	26.88%	100.00%	0.00%	100.00%	26.67%	:03
Superior	6,499	5321	-1178	-18.13%	100.00%	0.00%	86.21%	4.28%	:11
Texas Children's	620	777	157	25.32%	100.00%	0.00%	88.29%	7.11%	:33
United	2,244	519	-1725	-76.87%	100.00%	0.00%	100.00%	4.48%	:59
Total	14,795	13,022	-1773	-11.98%					

STAR Kids Behavioral Hotline Performance									
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
CMC	221	202	-19	-8.60%	100.00%	0.00%	84.31%	1.92%	:24
Aetna	69	60	-9	-13.04%	100.00%	0.00%	93.55%	3.13%	:07
Amerigroup	134	147	13	9.70%	100.00%	0.00%	100.00%	12.50%	:04
BCBS TX	134	76	-58	-43.28%	100.00%	0.00%	88.24%	0.00%	:22
Community 1st	231	240	9	3.90%	100.00%	0.00%	100.00%	2.67%	:11
Cook	124	253	129	104.03%	100.00%	0.00%	88.41%	6.76%	:14
Driscoll	43	55	12	27.91%	100.00%	0.00%	100.00%	0.00%	:04
Superior	17	169	152	894.12%	100.00%	0.00%	94.62%	0.00%	:18
Texas Children's	49	87	38	77.55%	100.00%	0.00%	99.67%	0.00%	:07
United	113	113	0	0.00%	100.00%	0.00%	100.00%	0.00%	:54
Total	1,135	1,402	267	23.52%					

Attachment M3
Combined Provider Hotline Performance
STAR, STAR Kids, STAR+PLUS and CHIP (2018 SFQ1)

STAR, STAR+PLUS, and CHIP Provider Hotline Performance								
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
Aetna	14,175	13,102	-1073	-7.57%	100.00%	0.12%	1.81%	:27
Amerigroup	118,281	113,923	-4358	-3.68%	100.00%	0.00%	2.58%	0:01:07
BCBS TX	15,116	14,312	-804	-5.32%	100.00%	0.00%	1.26%	:09
CHC	37,502	35,106	-2396	-6.39%	100.00%	0.01%	3.96%	0:01:10
Christus	980	988	8	0.82%	100.00%	0.00%	1.55%	:05
Cigna-HealthSpring	27,728	25,630	-2098	-7.57%	100.00%	0.00%	2.73%	:38
Community 1st	12,383	4,079	-8304	-67.06%	100.00%	0.00%	0.87%	:13
Cook	28,039	26,947	-1092	-3.89%	100.00%	0.00%	3.75%	:22
Driscoll	33,765	34,678	913	2.70%	100.00%	0.00%	0.73%	:20
El Paso 1st	15,032	15,089	57	0.38%	100.00%	0.00%	0.38%	:05
First Care	13,121	12,868	-253	-1.93%	100.00%	0.00%	1.32%	0:01:02
Molina	101,728	94,693	-7035	-6.92%	100.00%	0.00%	2.99%	:00
Parkland	10,792	10,975	183	1.70%	100.00%	0.12%	1.75%	:23
Scott and White	9,509	9,964	455	4.78%	100.00%	0.00%	1.44%	:12
Sendero	4,592	4,804	212	4.62%	100.00%	0.00%	1.77%	:28
Seton	4,902	5,197	295	6.02%	100.00%	0.00%	4.16%	:35
Superior	120,099	114,509	-5590	-4.65%	100.00%	0.00%	14.16%	0:05:37
Texas Children's	8,734	7,396	-1338	-15.32%	100.00%	0.00%	3.71%	:20
United	127,780	137,575	9795	7.67%	100.00%	0.00%	1.45%	:33
Total	704,258	681,835	-22423	-3.18%				

STAR Kids Provider Hotline Performance								
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
CMC	11,834	11,852	18	0.15%	100.00%	0.00%	5.65%	0:01:32
Aetna	1,151	1,071	-80	-6.95%	100.00%	0.00%	3.81%	:32
Amerigroup	118,281	113,923	-4,358	-3.68%	100.00%	0.00%	2.58%	0:01:07
BCBS TX	3,995	1,936	-2,059	-51.54%	100.00%	0.00%	0.60%	:10
Community 1st	2,059	833	-1,226	-59.54%	100.00%	0.00%	0.00%	:06
Cook	3,431	3,213	-218	-6.35%	100.00%	0.00%	1.66%	:22
Driscoll	7,473	7,531	58	0.78%	100.00%	0.00%	1.68%	:16
Superior	665	6,919	6,254	940.45%	100.00%	0.00%	4.46%	0:01:23
Texas Children's	10,315	8,820	-1,495	-14.49%	100.00%	0.00%	3.15%	:20
United	8,015	7,322	-693	-8.65%	100.00%	0.00%	2.03%	:11
Total	167,219	163,420	-3,799	-2.27%				

Attachment M4
Consolidated Children's CHIP and Medicaid Dental (2018 SFQ1)

Member Provider Performance									
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Answered by 4th Ring (99%)	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
DentaQuest	134,838	115,036	-19,802	-14.69%	100.00%	0.00%	85.76%	0.52%	:19
MCNA	132,863	118,098	-14,765	-11.11%	100.00%	0.00%	97.40%	0.99%	:03
Total	267,701	233,134	-34,567	-12.91%					

Provider Hotline Performance								
MCO	2017 SFQ4 Total Calls	2018 SFQ1 Total Calls	2017 SFQ4 to 2018 SFQ1 Net Change	2017 SFQ4 to 2018 SFQ1 % Inc. or Dec	2018 SFQ1 % Busy Signal Rate (≤1%)	2018 SFQ1 % Answered by Live Person (80% w/in 30 Seconds)	2018 SFQ1 % Calls Abandoned (≤7%)	2018 SFQ1 Avg. Hold Time (≤2 Minutes)
DentaQuest	86,451	77,920	-8,531	-9.87%	100.00%	0.00%	1.71%	:58
MCNA	30,229	28,379	-1,850	-6.12%	100.00%	0.00%	0.40%	:04
Total	116,680	106,299	-10,381	-8.90%				

Attachment N
MCO Complaints and Appeals (2017 SFQ4)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
Dental	DentaQuest	Statewide	95	16	96.20%	193	0	100.00%	9	2	100.00%
	MCNA	Statewide	106	1	100.00%	105	0	100.00%	28	7	100.00%
STAR+PLUS	Amerigroup	Bexar	23	0	100.00%	9	0	100.00%	10	0	100.00%
		El Paso	23	0	100.00%	22	0	100.00%	6	0	100.00%
		Harris	94	0	100.00%	68	0	100.00%	13	0	100.00%
		Jefferson	13	0	100.00%	10	0	100.00%	1	0	100.00%
		Lubbock	11	0	100.00%	11	0	100.00%	6	0	100.00%
		MRSA West	16	0	100.00%	28	0	100.00%	2	0	100.00%
		Tarrant	58	0	100.00%	62	0	100.00%	20	0	100.00%
		Travis	19	0	100.00%	34	0	100.00%	1	0	100.00%
	Cigna-HealthSpring	Hidalgo	134	0	99.30%	23	0	100.00%	251	1	100.00%
		MRSA NE	174	0	100.00%	13	0	100.00%	238	0	99.20%
		Tarrant	171	0	99.40%	8	0	100.00%	123	0	100.00%
	Molina	Bexar	18	0	100.00%	40	0	100.00%	2	0	100.00%
		Dallas	92	0	100.00%	291	0	100.00%	20	0	95.00%
		El Paso	19	0	94.74%	56	0	100.00%	5	0	100.00%
		Harris	32	0	100.00%	92	0	100.00%	16	0	100.00%
		Hidalgo	16	0	93.75%	58	0	100.00%	2	0	100.00%
		Jefferson	18	0	94.44%	32	0	100.00%	2	0	100.00%
	Superior	Bexar	87	0	100.00%	211	0	99.50%	79	0	100.00%
		Dallas	69	0	100.00%	199	0	98.80%	55	0	100.00%
		Hidalgo	54	0	100.00%	363	0	99.40%	77	0	98.70%
		Lubbock	12	0	100.00%	38	0	100.00%	25	0	100.00%
		MRSA Central	34	0	100.00%	99	0	98.90%	5	0	100.00%
		MRSA West	35	0	100.00%	143	0	99.20%	10	0	100.00%
		Nueces	19	0	100.00%	71	0	98.50%	26	0	100.00%
		Harris	92	12	100.00%	125	0	100.00%	0	0	0.00%
		Jefferson	7	1	100.00%	14	0	100.00%	0	0	0.00%

Attachment N
MCO Complaints and Appeals (2017 SFQ4)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
STAR	United	MRSA Central	17	1	100.00%	24	0	100.00%	0	0	0.00%
		MRSA NE	18	0	100.00%	36	0	100.00%	0	0	0.00%
		Nueces	5	0	100.00%	11	0	100.00%	0	0	0.00%
		Travis	26	2	100.00%	29	0	100.00%	0	0	0.00%
	Aetna	Bexar	22	6	100.00%	62	0	100.00%	1	0	100.00%
		Tarrant	0	0	100.00%	35	0	100.00%	4	0	100.00%
	Amerigroup	Bexar	2	0	100.00%	8	0	100.00%	1	0	100.00%
		Dallas	54	0	100.00%	60	0	100.00%	6	0	100.00%
		Harris	17	0	100.00%	28	0	100.00%	3	0	100.00%
		Jefferson	4	0	100.00%	1	0	100.00%	0	0	0.00%
		Lubbock	2	0	100.00%	6	0	100.00%	3	0	100.00%
		MRAS WEST	10	0	100.00%	15	0	100.00%	1	0	100.00%
		MRSA Central	1	0	100.00%	11	0	100.00%	1	0	100.00%
		MRSA NE	11	0	100.00%	25	0	100.00%	2	0	100.00%
		Tarrant	32	0	100.00%	48	0	100.00%	6	0	100.00%
	BCBS TX	Travis	2	1	0.00%	8	0	66.70%	42	21	52.40%
	CHC	Harris	41	0	100.00%	8	0	100.00%	6	0	100.00%
		Jefferson	3	0	100.00%	0	0	100.00%	0	0	0.00%
	Christus	Nueces	0	0	0.00%	0	0	0.00%	0	0	0.00%
	Community 1st	Bexar	11	0	100.00%	26	0	95.24%	0	0	0.00%
	Cook	Tarrant	7	0	100.00%	64	0	100.00%	1	0	100.00%
	Driscoll	Hidalgo	7	0	100.00%	27	0	100.00%	5	0	100.00%
		Nueces	3	0	100.00%	20	0	100.00%	3	0	100.00%
	El Paso 1st	El Paso	3	0	100.00%	0	0	0.00%	0	0	0.00%
	First Care	Lubbock	5	0	80.00%	23	0	94.44%	4	0	100.00%
		MRSA West	5	0	100.00%	34	0	0.00%	4	0	100.00%
	Molina	Dallas	25	0	96.00%	48	0	100.00%	5	0	100.00%
		El Paso	2	0	100.00%	9	0	100.00%	2	0	100.00%
		Harris	7	0	100.00%	12	0	100.00%	0	0	0.00%
		Hidalgo	9	0	100.00%	61	0	94.44%	3	0	100.00%

Attachment N
MCO Complaints and Appeals (2017 SFQ4)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
		Jefferson	6	0	100.00%	9	0	100.00%	0	0	0.00%
	Parkland	Dallas	11	1	100.00%	271	0	100.00%	8	0	100.00%
	Scott & White	MRSA Centra	3	0	100.00%	2	0	100.0%	3	0	100.00%
	Sendero	Travis	2	0	100.00%	0	0	0.00%	0	0	0.00%
	Seton	Travis	7	0	100.00%	10	0	10.00%	0	0	0.00%
	Superior	Bexar	70	0	100.00%	110	0	99.00%	32	0	100.00%
		El Paso	33	0	100.00%	0	0	0.00%	3	0	100.00%
		Hidalgo	38	0	100.00%	166	0	100.00%	44	0	100.00%
		Lubbock	14	0	100.00%	0	0	0.00%	6	0	100.00%
		MRSA Centra	25	0	100.00%	50	0	100.00%	35	0	100.00%
		MRSA NE	50	0	100.00%	0	0	0.00%	35	0	100.00%
		MRSA West	35	0	100.00%	51	0	100.00%	33	0	100.00%
		Nueces	11	0	100.00%	14	0	100.00%	10	0	100.00%
		Travis	40	0	100.00%	66	0	100.00%	14	0	100.00%
	Texas Children's	Harris	45	27	61.11%	46	0	97.22%	1	0	100.00%
		Jefferson	3	2	100.00%	12	0	100.00%	0	0	0.00%
	United	Harris	31	5	100.00%	18	0	100.00%	0	0	0.00%
		Hidalgo	7	3	100.00%	5	0	100.00%	5	0	100.00%
		Jefferson	5	0	100.00%	2	0	100.00%	0	0	0.00%
	Aetna	Tarrant	7	0	100.00%	94	0	100.00%	4	0	100.00%
	Amerigroup	Dallas	0	0	0.00%	32	0	100.00%	0	0	0.00%
		El Paso	0	0	0.00%	11	0	100.00%	0	0	0.00%
		Harris	0	0	0.00%	40	0	100.00%	0	0	0.00%
		Lubbock	0	0	0.00%	8	0	100.00%	0	0	0.00%
		MRSA West	0	0	0.00%	10	0	100.00%	0	0	0.00%
	BCBS	MRSA Centra	3	3	100.00%	19	0	90.91%	22	15	42.86%
		Travis	4	4	100.00%	38	0	86.21%	17	8	66.67%
	Children's Medical Center	Dallas	16	0	100.00%	61	0	98.40%	6	0	100.00%
	Community 1st	Bexar	5	0	100.00%	13	0	100.00%	2	0	100.00%

Attachment N
MCO Complaints and Appeals (2017 SFQ4)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
Star Kids	Cook Children's	Tarrant	2	2	100.00%	10	0	100.00%	1	0	100.00%
	Driscoll	Hidalgo	2	0	100.00%	12	0	100.00%	10	0	100.00%
		Nueces	0	0	0.00%	12	0	100.00%	3	0	100.00%
	Superior	Bexar	15	0	100.00%	81	0	100.00%	7	0	100.00%
		El Paso	13	0	100.00%	94	0	100.00%	3	0	100.00%
		Hidalgo	4	0	100.00%	148	0	100.00%	3	0	100.00%
		Lubbock	3	0	100.00%	18	0	100.00%	7	0	100.00%
		MRSA West	2	0	100.00%	32	0	100.00%	0	0	0.00%
		Nueces	0	0	0.00%	23	0	100.00%	1	0	100.00%
		Travis	5	0	100.00%	40	0	97.44%	1	0	100.00%
	Texas Children's	Harris	23	5	55.56%	77	0	93.44%	0	0	0.00%
		Jefferson	0	0	0.00%	0	0	0.00%	0	0	0.00%
		MRSA NE	7	2	80.00%	19	0	100.00%	0	0	0.00%
	United	Harris	7	1	100.00%	9	0	100.00%	0	0	0.00%
		Hidalgo	3	0	100.00%	9	0	100.00%	0	0	0.00%
		Jefferson	0	0	0.00%	1	0	0.00%	0	0	0.00%
		MRSA Central	1	0	100.00%	5	0	66.67%	0	0	0.00%
		MRSA NE	1	0	100.00%	10	0	100.00%	0	0	0.00%

Attachment N
MCO Complaints and Appeals (2018 SFQ1)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
Dental	DentaQuest	Statewide	82	13	100.0%	161	22	100.0%	13	2	90.9%
	MCNA	Statewide	106	1	100.0%	87	5	100.0%	29	8	100.0%
STAR	Aetna	Bexar	23	3	100.0%	62	15	100.0%	2	0	100.0%
		Tarrant	61	8	100.0%	100	20	100.0%	3	0	100.0%
	Amerigroup	Bexar	1	0	100.0%	1	0	100.0%	1	0	100.0%
		Dallas	49	0	100.0%	37	5	100.0%	5	0	100.0%
		Harris	25	0	100.0%	7	0	100.0%	1	0	100.0%
		Jefferson	4	0	100.0%	2	0	100.0%	0	0	0.0%
		Lubbock	1	0	100.0%	6	0	100.0%	5	0	100.0%
		MRSA WEST	7	0	100.0%	16	0	100.0%	2	0	100.0%
		MRSA Central	6	0	100.0%	6	1	100.0%	1	0	100.0%
		MRSA NE	7	0	100.0%	21	1	100.0%	2	0	100.0%
		Tarrant	26	0	100.0%	26	0	100.0%	4	0	100.0%
	BCBS TX	Travis	1	1	n/a	28	12	55.2%	7	6	0.0%
	CHC	Harris	54	0	100.0%	4	0	100.0%	7	0	100.0%
		Jefferson	2	0	100.0%	0	0	0.0%	1	0	100.0%
	Christus	Nueces	2	0	100.0%	0	0	0.0%	0	0	0.0%
	Community 1st	Bexar	6	0	100.0%	33	4	100.0%	9	0	100.0%
	Cook	Tarrant	25	2	100.0%	28	0	100.0%	2	0	100.0%
	Driscoll	Hidalgo	12	0	100.0%	37	3	100.0%	4	0	100.0%
		Nueces	5	0	100.0%	0	0	0.0%	9	0	100.0%
	El Paso 1st	El Paso	12	0	100.0%	0	0	0.0%	0	0	0.0%
	First Care	Lubbock	10	0	100.0%	29	0	100.0%	2	0	100.0%
		MRSA West	10	1	100.0%	15	0	100.0%	6	0	100.0%
	Molina	Dallas	16	0	100.0%	17	0	100.0%	6	0	100.0%
		El Paso	2	0	100.0%	1	0	100.0%	1	0	100.0%
		Harris	13	0	100.0%	8	0	100.0%	8	0	100.0%
		Hidalgo	21	0	100.0%	17	0	100.0%	4	0	100.0%
		Jefferson	1	0	100.0%	3	0	100.0%	0	0	0.0%
	Parkland	Dallas	12	2	100.0%	169	43	114.7%	6	0	100.0%
	Scott & White	MRSA Central	3	0	100.0%	2	0	100.0%	3	0	100.0%
	Sendero	Travis	2	0	100.0%	1	0	100.0%	1	0	100.0%

Attachment N
MCO Complaints and Appeals (2018 SFQ1)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
	Seton	Travis	8	0	100.0%	15	2	100.0%	2	0	100.0%
	Superior	Bexar	91	0	98.9%	67	0	98.5%	380	0	100.0%
		El Paso	24	0	100.0%	38	0	97.4%	11	0	100.0%
		Hidalgo	51	0	100.0%	167	0	100.0%	31	0	100.0%
		Lubbock	24	0	95.8%	85	0	100.0%	34	0	100.0%
		MRSA Central	51	0	100.0%	49	0	100.0%	46	0	100.0%
		MRSA NE	63	0	98.4%	94	0	100.0%	34	0	100.0%
		MRSA West	38	0	100.0%	50	0	98.0%	26	0	100.0%
		Nueces	10	0	100.0%	9	0	100.0%	5	0	100.0%
		Travis	50	1	98.0%	16	1	100.0%	28	0	96.4%
	Texas Children's	Harris	64	5	67.8%	75	0	94.7%	4	0	100.0%
		Jefferson	5	0	40.0%	7	0	100.0%	0	0	0.0%
	United	Harris	31	5	100.0%	9	2	72.7%	0	0	0.0%
		Hidalgo	7	3	100.0%	10	2	100.0%	1	0	100.0%
		Jefferson	5	0	100.0%	4	2	100.0%	0	0	0.0%
STAR+PLUS	Amerigroup	Bexar	18	0	100.0%	9	0	100.0%	16	0	100.0%
		El Paso	21	0	100.0%	8	0	100.0%	5	0	100.0%
		Harris	86	0	100.0%	28	0	100.0%	42	0	100.0%
		Jefferson	10	0	100.0%	2	0	100.0%	1	0	100.0%
		Lubbock	2	0	100.0%	6	1	100.0%	5	0	100.0%
		MRSA West	15	0	100.0%	16	1	100.0%	34	0	100.0%
		Tarrant	54	0	100.0%	26	0	100.0%	101	0	100.0%
		Travis	21	0	100.0%	9	1	100.0%	14	0	100.0%
	Cigna-HealthSpring	Hidalgo	137	0	100.0%	2	0	100.0%	46	0	100.0%
		MRSA NE	139	0	100.0%	15	0	100.0%	66	0	100.0%
		Tarrant	139	0	100.0%	9	0	100.0%	33	0	100.0%
	Molina	Bexar	24	0	100.0%	14	0	100.0%	5	0	100.0%
		Dallas	105	0	100.0%	42	0	100.0%	21	0	100.0%
		El Paso	21	0	100.0%	19	0	100.0%	10	0	100.0%
		Harris	26	0	100.0%	36	0	100.0%	17	0	100.0%
		Hidalgo	21	0	100.0%	29	0	100.0%	7	0	100.0%
		Jefferson	17	0	100.0%	9	0	100.0%	2	0	100.0%
		Bexar	71	0	100.0%	227	1	98.7%	87	0	100.0%
		Dallas	76	2	100.0%	153	0	100.0%	51	0	100.0%

Attachment N
MCO Complaints and Appeals (2018 SFQ1)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
	Superior	Hidalgo	42	2	100.0%	401	2	99.8%	68	0	98.5%
		Lubbock	14	0	100.0%	53	0	100.0%	14	0	100.0%
		MRSA Central	38	0	100.0%	101	0	100.0%	5	0	100.0%
		MRSA West	33	2	100.0%	176	0	99.4%	3	0	100.0%
		Nueces	13	0	100.0%	70	0	98.6%	26	0	100.0%
	United	Harris	93	12	100.0%	61	26	94.8%	5	1	100.0%
		Jefferson	7	1	100.0%	9	2	100.0%	0	0	0.0%
		MRSA Central	17	1	100.0%	17	6	94.1%	1	1	n/a
		MRSA NE	18	1	100.0%	27	14	95.7%	2	0	50.0%
		Nueces	5	0	100.0%	12	2	100.0%	1	0	100.0%
		Travis	26	2	100.0%	21	4	100.0%	0	0	0.0%
STAR Kids	Aetna	Tarrant	8	1	100.0%	65	15	100.0%	7	0	100.0%
	Amerigroup	Dallas	10	0	100.0%	31	1	100.0%	2	0	100.0%
		El Paso	0	0	0.0%	5	0	100.0%	0	0	0.0%
		Harris	6	0	100.0%	15	3	100.0%	0	0	0.0%
		Lubbock	1	0	100.0%	8	0	100.0%	0	0	0.0%
		MRSA West	1	0	100.0%	10	0	100.0%	0	0	0.0%
	BCBS	MRSA Central	4	4	0.0%	24	8	53.3%	1	1	n/a
		Travis	3	2	0.0%	32	11	58.3%	0	0	0.0%
	Children's Medical Center	Dallas	14	0	100.0%	122	0	100.0%	13	0	100.0%
	Community 1st	Bexar	1	0	100.0%	24	4	100.0%	7	0	100.0%
	Cook Children's	Tarrant	18	0	100.0%	31	0	87.1%	1	0	100.0%
	Driscoll	Hidalgo	3	0	100.0%	15	1	100.0%	3	0	100.0%
		Nueces	1	0	100.0%	14	3	100.0%	0	0	0.0%
	Superior	Bexar	7	0	100.0%	34	0	100.0%	8	0	100.0%
		El Paso	20	0	100.0%	89	0	100.0%	4	0	100.0%
		Hidalgo	14	0	100.0%	128	0	99.2%	1	0	100.0%
		Lubbock	5	0	100.0%	16	0	100.0%	7	0	100.0%
		MRSA West	6	0	100.0%	25	0	100.0%	2	0	100.0%
		Nueces	2	0	100.0%	8	0	100.0%	1	0	100.0%
		Travis	4	0	100.0%	36	0	100.0%	2	0	100.0%

Attachment N
MCO Complaints and Appeals (2018 SFQ1)

			Member Complaint			Member Appeal			Provider Complaint		
Program	MCO	SDA	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days	Complaint Count	Pended	Resolved w/in 30 days
	Texas Children's	Harris	0	0	0.0%	62	0	98.4%	0	0	0.0%
		Jefferson	0	0	0.0%	2	0	100.0%	0	0	0.0%
		MRSA NE	1	0	100.0%	8	0	100.0%	0	0	0.0%
	United	Harris	7	1	100.0%	5	1	100.0%	1	1	n/a
		Hidalgo	3	0	100.0%	17	2	94.1%	1	1	n/a
		Jefferson	0	0	0.0%	1	0	100.0%	0	0	0.0%
		MRSA Central	2	0	100.0%	4	0	100.0%	0	0	0.0%
		MRSA NE	1	0	100.0%	15	4	100.0%	3	3	n/a

Attachment O
Complaints to HHSC (2017 SFQ4)

Program / MCO	Disenroll	Legislative Complaints	MMCH Member Complaints	HPM Member Complaints	HPM Provider Complaints
Dental		1	30	5	21
DentaQuest			12	3	16
MCNA		1	18	2	5
STAR		12	227	85	266
Aetna		3	8	6	23
Amerigroup			25	14	65
BCBS		1	2	3	6
Community First			8	2	9
Community Health Choice		1	15	8	12
Cook Children's			13	5	3
Driscoll			4	1	1
El Paso 1st			2		2
FirstCare			6	3	4
Molina			14	1	18
Parkland			14	3	7
Scott & White			4		6
Sendero			2	1	1
Texas Children's			34	8	19
United HealthCare		2	9	4	12
Dell's Children (Seton)			8	2	4
Superior Health		5	59	24	74
STAR Kids	2	34	98	93	110
Aetna		2	2	4	5
Amerigroup		7	8	15	22
BCBS		1	5	10	8
Children's Medical Center		4	6	6	13
Community First		1	3	3	4
Cook Children's	1	2	2	7	2
Driscoll			2		3
Texas Children's		2	26	18	9
United HealthCare	1	4	9	10	16
Superior Health		11	35	20	28
STAR+PLUS	14	45	408	186	275
Amerigroup	1	7	66	31	57
Cigna-HealthSpring	1	5	64	22	37
Molina	3	7	69	24	38
United HealthCare	4	10	84	28	42
Superior Health	5	16	125	81	101

Attachment O
Complaints to HHSC (2018 SFQ1)

Program / MCO	Disenroll	Legislative Complaints	MMCH Member Complaints	HPM Member Complaints	HPM Provider Complaints
Dental		1	24	6	19
DentaQuest			14	5	11
MCNA		1	10	1	8
STAR	5	17	348	133	275
Aetna			12	10	13
Amerigroup	1	1	47	23	57
BCBS		1	7	2	7
Christus			2		
Community First	1		6	6	13
Community Health Choice		1	14	6	9
Cook Children's			23	4	9
Driscoll	1		11		4
El Paso 1st			3	1	2
FirstCare		2	7	3	7
Molina			18	6	17
Parkland			13	1	10
Scott & White			6	6	2
Sendero			2	1	5
Texas Children's			70	20	17
United HealthCare		6	18	6	20
Dell's Children (Seton)			5	1	8
Superior Health	2	6	84	37	75
STAR Kids	3	19	136	100	132
Aetna			4	10	9
Amerigroup	2	3	20	17	27
BCBS		1	6	7	7
Children's Medical Center	1	3	14	6	23
Community First			6	2	6
Cook Children's		1	12	4	2
Driscoll			3		4
Texas Children's		2	22	15	18
United HealthCare		8	15	13	18
Superior Health		1	34	26	18
STAR+PLUS	7	37	500	184	315
Amerigroup	1	8	93	30	55
Cigna-HealthSpring	2	6	60	16	45
Molina	1	7	72	32	91
United HealthCare	3	5	88	42	31
Superior Health		11	187	64	93

Managed Care Hospital Transition 1115 waiver
Quarter Reporting Period
 Q4 (Jul 2017 - Sep 2017)

Medicaid Eligibility Group			Month 1 (Oct 2016)	Month 2 (Nov 2016)	Month 3 (Dec 2016)	Total for Quarter Ending 12/2016	Month 1 (Jan 2017)	Month 2 (Feb 2017)	Month 3 (Mar 2017)	Total for Quarter Ending 03/2017	Month 1 (Apr 2017)	Month 2 (May 2017)	Month 3 (Jun 2017)	Total for Quarter Ending 06/2017	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending 09/2017
Adults	Caseload		287,994	284,015	280,575	852,584	284,430	282,750	283,365	850,545	282,515	285,843	285,260	853,618	288,195	289,184	295,700	873,079
	PMPM	Medical	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87	911.87
		UPL	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00	199.00
		STAR UPL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cost	Medical	262,613,755	258,985,415	255,848,574	777,447,744	259,363,842	257,831,896	258,392,615	775,588,354	257,617,597	260,652,436	260,120,390	778,390,424	262,796,914	263,698,817	269,640,550	796,136,281
		UPL	57,310,140	56,518,328	55,833,776	169,662,244	56,600,912	56,266,596	56,388,962	169,256,470	56,219,830	56,882,122	56,766,014	169,867,965	57,350,111	57,546,933	58,843,596	173,740,640
		STAR UPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		STAR FFSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	Caseload		2,645,537	2,644,566	2,638,045	7,928,148	2,639,140	2,625,037	2,613,507	7,877,684	2,596,685	2,593,623	2,587,533	7,777,840	2,588,365	2,591,953	2,661,419	7,841,737
	PMPM	Medical	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83	317.83
		UPL	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69	26.69
		STAR UPL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cost	Medical	840,840,256	840,531,640	838,459,048	2,519,830,943	838,807,075	834,324,670	830,659,935	2,503,791,680	825,313,402	824,340,153	822,404,616	2,472,058,171	822,669,109	823,809,409	845,887,985	2,492,366,503
		UPL	70,600,151	70,574,239	70,400,216	211,574,606	70,429,438	70,053,078	69,745,373	210,227,888	69,296,457	69,214,740	69,052,225	207,563,422	69,074,432	69,170,176	71,023,978	209,268,587
		STAR UPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		STAR FFSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMR (non MRSA)	Caseload		355,990	355,846	352,662	1,064,498	354,915	354,668	355,048	1,064,631	355,063	355,060	355,136	1,065,260	356,083	356,430	356,325	1,068,838
	PMPM	Medical	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47	1,163.47
		UPL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63
		STAR UPL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cost	Medical	414,182,385	414,014,846	410,310,369	1,238,507,599	412,931,659	412,644,282	413,085,955	1,238,661,896	413,104,268	413,100,359	413,189,198	1,239,393,825	414,291,136	414,693,971	414,571,721	1,243,556,828
		UPL	1,293,544	1,293,021	1,281,451	3,868,016	1,289,638	1,288,740	1,290,120	3,868,498	1,290,177	1,290,165	1,290,442	3,870,784	1,293,884	1,295,142	1,294,760	3,883,786
		STAR UPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		STAR FFSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Disabled	Caseload		422,875	422,210	419,792	1,264,877	420,603	420,863	419,671	1,261,137	420,731	420,169	418,461	1,259,361	419,605	419,344	418,395	1,257,343
	PMPM	Medical	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51	1,581.51
		UPL	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29	174.29
		STAR UPL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cost	Medical	668,783,106	667,731,399	663,907,296	2,000,421,801	665,189,904	665,601,098	663,716,452	1,994,507,454	665,392,225	664,502,991	661,802,499	1,991,697,714	663,611,695	663,198,029	661,697,186	1,988,506,910
		UPL	73,700,819	73,584,919	73,163,498	220,449,236	73,304,843	73,350,157	73,142,467	219,797,467	73,327,139	73,229,144	72,931,546	219,487,830	73,130,922	73,085,336	72,919,941	219,136,199
		STAR UPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		STAR FFSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Caseload		3,712,396	3,706,637	3,691,074	11,110,107	3,699,088	3,683,318	3,671,590	11,053,996	3,654,994	3,654,694	3,646,390	10,956,079	3,652,249	3,656,910	3,731,838	11,040,996
	PMPM	Medical	588.95	588.48	587.51	588.31	588.33	589.25	589.90	589.16	591.36	591.73	591.69	591.59	592.34	592.14	587.32	590.58
		UPL	54.66	54.49	54.37	54.50	54.51	54.56	54.63	54.56	54.76	54.89	54.86	54.84	54.99	54.99	54.69	54.89
		STAR UPL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cost	Medical	2,186,419,502	2,181,263,299	2,168,525,286	6,536,208,087	2,176,292,480	2,170,401,946	2,165,854,957	6,512,549,384	2,161,427,492	2,162,595,940	2,157,516,703	6,481,540,134	2,163,368,854	2,165,400,226	2,191,797,442	6,520,566,522
		UPL	202,904,654	201,970,507	200,678,941	605,554,102	201,624,831	200,958,572	200,566,921	603,150,323	200,133,603	200,616,171	200,040,227	600,790,001	200,849,349	201,097,587	204,082,274	606,029,211
		STAR UPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		STAR FFSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total			2,389,324,156	2,383,233,806	2,369,204,227	7,141,762,189	2,377,917,311	2,371,360,518	2,366,421,878	7,115,699,707	2,361,561,095	2,363,212,111	2,357,556,929	7,082,330,135	2,364,218,203	2,366,497,813	2,395,879,716	7,126,595,732

Other UPL Programs 153,197,544 153,197,544 153,197,544 459,592,631 153,197,544 153,197,544 153,197,544 459,592,631 153,197,544 153,197,544 153,197,544 459,592,631 153,197,544 153,197,544 153,197,544 459,592,631

WOW Grand Total 2,542,521,700 2,536,431,349 2,522,401,771 7,601,354,820 2,531,114,854 2,524,558,061 2,519,619,422 7,575,292,338 2,514,758,638 2,516,409,654 2,510,754,473 7,541,922,765 2,517,415,747 2,519,695,356 2,549,077,260 7,586,188,363

Managed Care Hospital Transition 1115 waiver
Quarter Reporting Period
Q4 (Jul 2017 - Sep 2017)

Medicaid Eligibility Group		Month 1 (Oct 2016)	Month 2 (Nov 2016)	Month 3 (Dec 2016)	Total for Quarter Ending 12/2016	Month 1 (Jan 2017)	Month 2 (Feb 2017)	Month 3 (Mar 2017)	Total for Quarter Ending 03/2017	Month 1 (Apr 2017)	Month 2 (May 2017)	Month 3 (Jun 2017)	Total for Quarter Ending 06/2017	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending 09/2017
Adults	Caseload	287,994	284,015	280,575	852,584	284,430	282,750	283,365	850,545	282,515	285,843	285,260	853,618	288,195	289,184	295,700	873,079
	PMPM	595.37	578.75	583.10	585.80	577.95	562.26	576.40	572.22	563.05	583.15	582.36	576.24	586.87	597.03	608.92	597.70
	Cost	171,462,592	164,374,673	163,604,607	499,441,873	164,387,501	158,978,271	163,330,453	486,696,225	159,071,017	166,690,312	166,123,206	491,884,534	169,131,757	172,650,435	180,058,442	521,840,635
Children	Caseload	2,645,537	2,644,566	2,638,045	7,928,148	2,639,140	2,625,037	2,613,507	7,877,684	2,596,685	2,593,623	2,587,533	7,777,840	2,588,365	2,591,953	2,661,419	7,841,737
	PMPM	247.84	239.59	239.14	242.19	237.53	237.72	240.18	238.47	238.99	241.83	236.38	239.07	235.21	235.52	232.87	234.52
	Cost	655,669,743	633,612,140	630,868,859	1,920,150,742	626,887,271	624,033,386	627,705,982	1,878,626,639	620,569,504	627,215,025	611,643,597	1,859,428,126	608,819,421	610,468,593	619,776,570	1,839,064,585
AMR (non-MRSA)	Caseload	355,990	355,846	352,662	1,064,498	354,915	354,668	355,048	1,064,631	355,063	355,060	355,136	1,065,260	356,083	356,430	356,325	1,068,838
	PMPM	1,009.07	1,012.53	1,022.61	1,014.71	1,055.63	1,018.28	1,011.72	1,028.54	1,002.99	1,006.86	1,008.36	1,006.07	1,012.24	1,017.72	1,063.06	1,031.01
	Cost	359,219,314	360,305,650	360,634,954	1,080,159,918	374,657,398	361,149,807	359,208,101	1,095,015,307	356,123,681	357,497,387	358,106,828	1,071,727,896	360,441,950	362,744,060	378,794,377	1,101,980,387
Disability-Related	Caseload	422,875	422,210	419,792	1,264,877	420,603	420,863	419,671	1,261,137	420,731	420,169	418,461	1,259,361	419,605	419,344	418,395	1,257,343
	PMPM	1,437.42	1,525.36	1,522.26	1,494.93	1,522.63	1,538.24	1,543.86	1,534.90	1,533.67	1,541.13	1,493.74	1,522.89	1,492.82	1,493.17	1,550.88	1,512.26
	Cost	607,848,576	644,021,176	639,030,620	1,890,900,372	640,422,198	647,386,606	647,912,459	1,935,721,263	645,260,622	647,535,537	625,070,303	1,917,866,463	626,394,295	626,151,501	648,881,755	1,901,427,551
Total Medical: without Pool	Caseload	3,712,396	3,706,637	3,691,074	11,110,107	3,699,088	3,683,318	3,671,590	11,053,996	3,654,994	3,654,694	3,646,390	10,956,079	3,652,249	3,656,910	3,731,838	11,040,996
	PMPM	483.30	486.24	486.08	485.20	488.32	486.40	489.75	488.15	487.29	492.23	482.93	487.48	483.21	484.57	489.71	485.85
	Cost	1,794,200,225	1,802,313,640	1,794,139,041	5,390,652,905	1,806,354,369	1,791,548,071	1,798,156,995	5,396,059,434	1,781,024,824	1,798,938,261	1,760,943,934	5,340,907,019	1,764,787,423	1,772,014,589	1,827,511,145	5,364,313,157
Waiver Pool	UC	(8,610,384)	(8,597,027)	(8,560,931)	(25,768,343)	500,271,908	498,139,143	496,553,092	1,494,964,143	(430,257)	(430,222)	(429,245)	(1,289,724)	378,835,337	379,318,855	387,090,857	1,145,245,049
	UC UPL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DSRIP	(1,345,841)	(1,343,754)	(1,338,112)	(4,027,707)	687,409,889	684,479,314	682,299,966	2,054,189,170	(76,474)	(76,468)	(76,294)	(229,235)	264,744,004	265,081,904	270,513,264	800,339,172
Network Access Improvement Project	Total Pool	(9,956,226)	(9,940,781)	(9,899,043)	(29,796,050)	1,187,681,798	1,182,618,457	1,178,853,058	3,549,153,313	(506,731)	(506,690)	(505,538)	(1,518,960)	643,579,341	644,400,758	657,604,121	1,945,584,221
	NAIP	35,716,680	35,693,922	35,717,371	107,127,974	35,509,443	35,572,476	35,443,362	106,525,281	35,262,139	35,222,592	35,347,192	105,831,922	35,255,306	35,305,244	35,016,095	105,576,645
	NF Dir Pymt	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,966,677
With Waiver Grand Total (including Pool)		1,819,960,679	1,828,066,781	1,819,957,369	5,467,984,829	3,029,545,610	3,009,739,003	3,012,453,415	9,051,738,028	1,815,780,231	1,833,654,163	1,795,785,588	5,445,219,982	2,443,622,069	2,451,720,592	2,551,098,037	7,446,440,699

Managed Care Hospital Transition 1115 waiver
Quarter Reporting Period
Q4 (Jul 2017 - Sep 2017)

Cost differences are given are WOW minus WW, so a positive number indicates that the WW is less costly than the WOW.

Medicaid Eligibility Group		Month 1 (Oct 2016)	Month 2 (Nov 2016)	Month 3 (Dec 2016)	Total for Quarter Ending 12/2016	Month 1 (Jan 2017)	Month 2 (Feb 2017)	Month 3 (Mar 2017)	Total for Quarter Ending 03/2017	Month 1 (Apr 2017)	Month 2 (May 2017)	Month 3 (Jun 2017)	Total for Quarter Ending 06/2017	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending 09/2017
Adults	Caseload	287,994	284,015	280,575	852,584	284,430	282,750	283,365	850,545	282,515	285,843	285,260	853,618	288,195	289,184	295,700	873,079
	PMPM	515.50	532.12	527.77	525.07	532.92	548.61	534.47	538.65	547.82	527.72	528.51	534.63	524.00	513.84	501.95	513.17
	Cost	148,461,303	151,129,070	148,077,743	447,668,115	151,577,253	155,120,222	151,451,124	458,148,599	154,766,409	150,844,247	150,763,198	456,373,854	151,015,268	148,595,315	148,425,704	448,036,286
Children	Caseload	2,645,537	2,644,566	2,638,045	7,928,148	2,639,140	2,625,037	2,613,507	7,877,684	2,596,685	2,593,623	2,587,533	7,777,840	2,588,365	2,591,953	2,661,419	7,841,737
	PMPM	96.68	104.93	105.38	102.33	106.99	106.80	104.34	106.05	105.53	102.69	108.14	105.45	109.31	109.00	111.65	110.00
	Cost	255,770,665	277,493,738	277,990,405	811,254,807	282,349,241	280,344,361	272,699,326	835,392,929	274,040,355	266,339,868	279,813,243	820,193,467	282,924,121	282,510,992	297,135,392	862,570,505
AMR (non-MRSA)	Caseload	355,990	355,846	352,662	1,064,498	354,915	354,668	355,048	1,064,631	355,063	355,060	355,136	1,065,260	356,083	356,430	356,325	1,068,838
	PMPM	158.03	154.57	144.49	152.39	111.47	148.82	155.38	138.56	164.11	160.24	158.74	161.03	154.86	149.38	104.04	136.09
	Cost	56,256,615	55,002,216	50,956,866	162,215,698	39,563,898	52,783,215	55,167,973	147,515,087	58,270,764	56,893,137	56,372,812	171,536,713	55,143,071	53,245,052	37,072,104	145,460,227
Disability-Related	Caseload	422,875	422,210	419,792	1,264,877	420,603	420,863	419,671	1,261,137	420,731	420,169	418,461	1,259,361	419,605	419,344	418,395	1,257,343
	PMPM	318.38	230.44	233.54	260.87	233.17	217.56	211.94	220.90	222.13	214.67	262.06	232.91	262.98	262.63	204.92	243.54
	Cost	134,635,349	97,295,142	98,040,173	329,970,664	98,072,550	91,564,649	88,946,460	278,583,659	93,458,742	90,196,597	109,663,742	293,319,081	110,348,322	110,131,864	85,735,372	306,215,558
Total Medical: without Pool	Caseload	3,712,396	3,706,637	3,691,074	11,110,107	3,699,088	3,683,318	3,671,590	11,053,996	3,654,994	3,654,694	3,646,390	10,956,079	3,652,249	3,656,910	3,731,838	11,040,996
	PMPM	160.31	156.72	155.80	157.61	154.51	157.42	154.77	155.57	158.83	154.40	163.62	158.95	164.13	162.56	152.30	159.61
	Cost	595,123,931	580,920,166	575,065,187	1,751,109,284	571,562,942	579,812,447	568,264,884	1,719,640,273	580,536,271	564,273,849	596,612,995	1,741,423,116	599,430,781	594,483,223	568,368,572	1,762,282,576
WOW: Other UPL Programs		153,197,544	153,197,544	153,197,544	459,592,631	153,197,544	153,197,544	153,197,544	459,592,631	153,197,544	153,197,544	153,197,544	459,592,631	153,197,544	153,197,544	153,197,544	459,592,631
WW: UC/DSRIP Pool		9,956,226	9,940,781	9,899,043	29,796,050	(1,187,681,798)	(1,182,618,457)	(1,178,853,059)	(3,549,153,313)	506,731	506,690	505,538	1,518,960	(643,579,341)	(644,400,759)	(657,604,121)	(1,945,584,221)
WW: NAIP/MPAP		(35,716,680)	(35,693,922)	(35,717,371)	(107,127,974)	(35,509,443)	(35,572,476)	(35,443,362)	(106,525,281)	(35,262,139)	(35,222,592)	(35,347,192)	(105,831,922)	(35,255,306)	(35,305,244)	(65,982,772)	(136,543,321)
WW: Dual Demo Savings Removal		(1,050,805)	(1,027,578)	(989,736)	(3,068,120)	(2,035,031)	(1,879,682)	(1,781,910)	(5,696,623)	(1,697,770)	(1,628,152)	(1,567,008)	(4,892,930)	(1,517,512)	(1,557,935)	(1,863,575)	(4,939,021)
With Waiver Grand Total Variance (Including Pool, NAIP and DD adjustment)		721,510,215	707,336,990	701,454,666	2,130,301,871	(500,465,786)	(487,060,624)	(494,615,904)	(1,482,142,313)	697,280,636	681,127,339	713,401,878	2,091,809,853	72,276,166	66,416,829	(3,884,352)	134,808,643

Managed Care Hospital Transition 1115 waiver
Quarter Reporting Period
Q4 (Jul 2017 - Sep 2017)

Medicaid Eligibility Group		Month 1 (Oct 2016)	Month 2 (Nov 2016)	Month 3 (Dec 2016)	Total for Quarter Ending 12/2016	Month 1 (Jan 2017)	Month 2 (Feb 2017)	Month 3 (Mar 2017)	Total for Quarter Ending 03/2017	Month 1 (Apr 2017)	Month 2 (May 2017)	Month 3 (Jun 2017)	Total for Quarter Ending 06/2017	Month 1 (Jul 2017)	Month 2 (Aug 2017)	Month 3 (Sept 2017)	Total for Quarter Ending 09/2017
Adults	Caseload	287,994	284,015	280,575	852,584	284,430	282,750	283,365	850,545	282,515	285,843	285,260	853,618	288,195	289,184	295,700	873,079
	PMPM	595.37	578.75	583.10	585.80	577.95	562.26	576.40	572.22	563.05	583.15	582.36	576.24	586.87	597.03	608.92	597.70
	Cost	171,462,592	164,374,673	163,604,607	499,441,873	164,387,501	158,978,271	163,330,453	486,696,225	159,071,017	166,690,312	166,123,206	491,884,534	169,131,757	172,650,435	180,058,442	521,840,635
Children	Caseload	2,645,537	2,644,566	2,638,045	7,928,148	2,639,140	2,625,037	2,613,507	7,877,684	2,596,685	2,593,623	2,587,533	7,777,840	2,588,365	2,591,953	2,661,419	7,841,737
	PMPM	247.84	239.59	239.14	242.19	237.53	237.72	240.18	238.47	238.99	241.83	236.38	239.07	235.21	235.52	232.87	234.52
	Cost	655,669,743	633,612,140	630,868,859	1,920,150,742	626,887,271	624,033,386	627,705,982	1,878,626,639	620,569,504	627,215,025	611,643,597	1,859,428,126	608,819,421	610,468,593	619,776,570	1,839,064,585
AMR	Caseload	355,990	355,846	352,662	1,064,498	354,915	354,668	355,048	1,064,631	355,063	355,060	355,136	1,065,260	356,083	356,430	356,325	1,068,838
	PMPM	1,009.07	1,012.53	1,022.61	1,014.71	1,055.63	1,018.28	1,011.72	1,028.54	1,002.99	1,006.86	1,008.36	1,006.07	1,012.24	1,017.72	1,063.06	1,031.01
	Cost	359,219,314	360,305,650	360,634,954	1,080,159,918	374,657,398	361,149,807	359,208,101	1,095,015,307	356,123,681	357,497,387	358,106,828	1,071,727,896	360,441,950	362,744,060	378,794,377	1,101,980,387
Disabled and Blind	Caseload	422,875	422,210	419,792	1,264,877	420,603	420,863	419,671	1,261,137	420,731	420,169	418,461	1,259,361	419,605	419,344	418,395	1,257,343
	PMPM	1,437.42	1,525.36	1,522.26	1,494.93	1,522.63	1,538.24	1,543.86	1,534.90	1,533.67	1,541.13	1,493.74	1,522.89	1,492.82	1,493.17	1,550.88	1,512.26
	Cost	607,848,576	644,021,176	639,030,620	1,890,900,372	640,422,198	647,386,606	647,912,459	1,935,721,263	645,260,622	647,535,537	625,070,303	1,917,866,463	626,394,295	626,151,501	648,881,755	1,901,427,551

Managed Care Hospital Transition 1115 waiver

Quarter Reporting Period

Q1 (Oct 2017 - Dec 2017)

Medicaid Eligibility Group			Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending 12/2017
Adults	Caseload		291,809	289,105	288,295	869,209
	PMPM	Medical	1,023.19	1,023.19	1,023.19	1,023.19
		UPL	199.00	199.00	199.00	199.00
		STAR UPL	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00
	Cost	Medical	298,575,666	295,809,656	294,980,576	889,365,898
		UPL	58,069,241	57,531,287	57,370,041	172,970,569
		STAR UPL	0	0	0	-
STAR FFSE		0	0	0	-	
Children	Caseload		2,668,653	2,679,274	2,685,079	8,033,007
	PMPM	Medical	347.08	347.08	347.08	347.08
		UPL	26.69	26.69	26.69	26.69
		STAR UPL	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00
	Cost	Medical	926,236,233	929,922,520	931,937,295	2,788,096,048
		UPL	71,217,048	71,500,482	71,655,395	214,372,925
		STAR UPL	0	0	0	-
STAR FFSE		0	0	0	-	
AMR (non MRSA)	Caseload		357,539	357,627	357,652	1,072,818
	PMPM	Medical	1,253.57	1,253.57	1,253.57	1,253.57
		UPL	3.63	3.63	3.63	3.63
		STAR UPL	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00
	Cost	Medical	448,199,644	448,310,625	448,342,299	1,344,852,568
		UPL	1,299,171	1,299,493	1,299,585	3,898,249
		STAR UPL	0	0	0	-
STAR FFSE		0	0	0	-	
Disabled	Caseload		419,498	419,129	419,029	1,257,656
	PMPM	Medical	1,723.19	1,723.19	1,723.19	1,723.19
		UPL	174.29	174.29	174.29	174.29
		STAR UPL	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00
	Cost	Medical	722,875,169	722,238,680	722,065,776	2,167,179,625
		UPL	73,112,300	73,047,924	73,030,437	219,190,661
		STAR UPL	0	0	0	-
STAR FFSE		0	0	0	-	
Total	Caseload		3,737,499	3,745,136	3,750,055	11,232,690
	PMPM	Medical	641.04	639.84	639.28	640.05
		UPL	54.50	54.30	54.23	54.34
		STAR UPL	0.00	0.00	0.00	0.00
		STAR FFSE	0.00	0.00	0.00	0.00
	Cost	Medical	2,395,886,712	2,396,281,482	2,397,325,946	7,189,494,139
		UPL	203,697,760	203,379,186	203,355,458	610,432,404
		STAR UPL	0	0	0	-
STAR FFSE		0	0	0	-	
Total		2,599,584,472	2,599,660,668	2,600,681,403	7,799,926,542	

Total FFY 16

Other UPL Programs 153,197,544 153,197,544 153,197,544 459,592,631 1,838,370,522

WOW Grand Total	2,752,782,015	2,752,858,211	2,753,878,947	8,259,519,173
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NOTE: PMPM links to BN Detail_2011 09 08 REDUCED UPL AND MANAGED CARE (UPL FFSE OUT) v2.xlsx

Managed Care Hospital Transition 1115 waiver

Quarter Reporting Period

Q1 (Oct 2017 - Dec 2017)

Medicaid Eligibility Group		Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending 12/2017
Adults	Caseload	291,809	289,105	288,295	869,209
	PMPM	608.29	607.36	608.69	608.11
	Cost	177,503,370	175,591,981	175,481,748	528,577,099
Children	Caseload	2,668,653	2,679,274	2,685,079	8,033,007
	PMPM	233.95	232.57	232.72	233.08
	Cost	624,343,026	623,117,369	624,872,064	1,872,332,460
AMR (non-MRSA)	Caseload	357,539	357,627	357,652	1,072,818
	PMPM	1,064.46	1,066.54	1,077.35	1,069.45
	Cost	380,585,597	381,425,300	385,316,446	1,147,327,342
Disability-Related	Caseload	419,498	419,129	419,029	1,257,656
	PMPM	1,557.74	1,557.92	1,562.91	1,559.52
	Cost	653,469,777	652,970,818	654,901,851	1,961,342,446
Total Medical: without Pool	Caseload	3,737,499	3,745,136	3,750,055	11,232,690
	PMPM	491.21	489.46	490.81	490.50
	Cost	1,835,901,770	1,833,105,469	1,840,572,109	5,509,579,347
Waiver Pool	UC	78,803,283	78,964,299	79,068,026	236,835,609
	UC UPL	-	-	-	-
	DSRIP	(1,237,492)	(1,240,020)	(1,241,649)	(3,719,161)
	Total Pool	77,565,792	77,724,279	77,826,377	233,116,448
Network Access Improvement Project	NAIP	35,064,153	35,430,240	35,508,964	106,003,357
	QIPP	33,469,638	33,679,683	33,804,493	100,953,813
With Waiver Grand Total (including Pool)		1,982,001,353	1,979,939,671	1,987,711,942	5,949,652,966

Managed Care Hospital Transition 1115 waiver

Quarter Reporting Period

Q1 (Oct 2017 - Dec 2017)

Cost differences are given are WOW minus WW, so a positive number indicates that the WW is less costly than the WOW.

Medicaid Eligibility Group		Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending 12/2017
Adults	Caseload	291,809	289,105	288,295	869,209
	PMPM	613.90	614.82	613.50	614.07
	Cost	179,141,537	177,748,961	176,868,870	533,759,368
Children	Caseload	2,668,653	2,679,274	2,685,079	8,033,007
	PMPM	139.81	141.20	141.05	140.69
	Cost	373,110,255	378,305,632	378,720,625	1,130,136,513
AMR (non-MRSA)	Caseload	357,539	357,627	357,652	1,072,818
	PMPM	192.74	190.66	179.85	187.75
	Cost	68,913,218	68,184,818	64,325,438	201,423,474
Disability-Related	Caseload	419,498	419,129	419,029	1,257,656
	PMPM	339.73	339.55	334.57	337.95
	Cost	142,517,691	142,315,787	140,194,361	425,027,840
Total Medical: without Pool	Caseload	3,737,499	3,745,136	3,750,055	11,232,690
	PMPM	204.33	204.68	202.69	203.90
	Cost	763,682,702	766,555,199	760,109,295	2,290,347,195

WOW: Other UPL Programs	153,197,544	153,197,544	153,197,544	459,592,631
WW: UC/DSRIP Pool	(77,565,792)	(77,724,279)	(77,826,377)	(233,116,448)
WW: NAIP/QIPP	(68,533,791)	(69,109,922)	(69,313,457)	(206,957,170)
WW: Dual Demo Savings Removal	(1,050,805)	(1,027,578)	(989,736)	(3,068,120)

With Waiver Grand Total Variance (including Pool, NAIP and DD adjustment)	769,729,857	771,890,962	765,177,268	2,306,798,087
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Managed Care Hospital Transition 1115 waiver

Quarter Reporting Period

Q1 (Oct 2017 - Dec 2017)

Medicaid Eligibility Group		Month 1 (Oct 2017)	Month 2 (Nov 2017)	Month 3 (Dec 2017)	Total for Quarter Ending 12/2017
Adults	Caseload	291,809	289,105	288,295	869,209
	PMPM	608.29	607.36	608.69	608.11
	Cost	177,503,370	175,591,981	175,481,748	528,577,099
Children	Caseload	2,668,653	2,679,274	2,685,079	8,033,007
	PMPM	233.95	232.57	232.72	233.08
	Cost	624,343,026	623,117,369	624,872,064	1,872,332,460
AMR	Caseload	357,539	357,627	357,652	1,072,818
	PMPM	1,064.46	1,066.54	1,077.35	1,069.45
	Cost	380,585,597	381,425,300	385,316,446	1,147,327,342
Disabled and Blind	Caseload	419,498	419,129	419,029	1,257,656
	PMPM	1,557.74	1,557.92	1,562.91	1,559.52
	Cost	653,469,777	652,970,818	654,901,851	1,961,342,446

Data Source 201712 reports

Number of members of 11155(c) demonstration budget neutrally reporting purposes, the state reports the following information for 2017 Quarter 1:

- Number of Medicare-Medicaid enrollees served under the 1115(a) dual demonstration for 2016 Q3: 42119
- Number of member months = 126,886
- PMPM savings per dual beneficiary enrolled in the 1115(a) dual demonstration = \$ 42.64

Note: Detail level data available for member served counts are on a 2 quarter delay.

ATTACHMENT Q
Members with Special Health Care Needs
2017 SFQ4

Service Area	MCO	Enrollment	Total MSHCN	Total MSHCN with Service Plan	% MSHCN with Service Plan	% Enrollment Identified as MSHCN
Bexar	Aetna	22,568	73	73	100.00%	0.32%
	Amerigroup	9,303	83	27	32.53%	0.89%
	Community First	102,355	22	0	0.00%	0.02%
	Superior	112,057	584	563	96.40%	0.52%
Bexar Total		246,283	762	663	87.01%	0.31%
Dallas	Amerigroup	201,115	1,171	505	43.13%	0.58%
	Molina	21,231	314	18	5.73%	1.48%
	Parkland	161,008	744	744	100.00%	0.46%
Dallas Total		383,354	2,229	1,267	56.84%	0.58%
El Paso	El Paso First	62,836	33	15	45.45%	0.05%
	Molina	3,367	116	3	2.59%	3.45%
	Superior	53,287	228	224	98.25%	0.43%
El Paso Total		119,490	377	242	64.19%	0.32%
Harris	Amerigroup	100,986	436	216	49.54%	0.43%
	CHC	218,650	2,406	466	19.37%	1.10%
	Molina	12,063	212	8	3.77%	1.76%
	Texas Children's	312,595	15,941	339	2.13%	5.10%
	United	52,682	173	173	100.00%	0.33%
Harris Total		696,976	19,168	1,202	6.27%	2.75%
Hidalgo	Driscoll	86,046	440	293	66.59%	0.51%
	Molina	54,303	4,498	66	1.47%	8.28%
	Superior	148,029	444	434	97.75%	0.30%
	United	60,056	303	303	100.00%	0.50%
Hidalgo Total		348,434	5,685	1,096	19.28%	1.63%
Jefferson	Amerigroup	6,984	47	24	51.06%	0.67%
	CHC	21,961	246	28	11.38%	1.12%
	Molina	4,298	87	3	3.45%	2.02%
	Texas Children's	29,363	1,615	42	2.60%	5.50%
	United	14,746	87	87	100.00%	0.59%
Jefferson Total		77,352	2,082	184	8.84%	2.69%
Lubbock	Amerigroup	8,190	104	19	18.27%	1.27%
	FirstCare	38,325	493	58	11.76%	1.29%
	Superior	27,572	97	93	95.88%	0.35%
Lubbock Total		74,087	694	170	24.50%	0.94%
MRSA Central	Amerigroup	21,255	149	55	36.91%	0.70%
	Scott & White	44,444	6,743	344	5.10%	15.17%
	Superior	68,109	280	272	97.14%	0.41%
MRSA Central Total		133,808	7,172	671	9.36%	5.36%
MRSA Northeast	Amerigroup	55,989	369	149	40.38%	0.66%
	Superior	112,623	386	377	97.67%	0.34%
MRSA Northeast Total		168,612	755	526	69.67%	0.45%
MRSA West	Amerigroup	30,304	228	73	32.02%	0.75%
	FirstCare	48,897	300	54	18.00%	0.61%
	Superior	76,216	330	323	97.88%	0.43%
MRSA West Total		155,417	858	450	52.45%	0.55%
Nueces	CHRISTUS	5,025	1	1	100.00%	0.02%
	Driscoll	63,155	405	290	71.60%	0.64%
	Superior	19,468	113	109	96.46%	0.58%
Nueces Total		87,648	519	400	77.07%	0.59%
Tarrant	Aetna	47,632	201	201	100.00%	0.42%
	Amerigroup	112,101	740	328	44.32%	0.66%
	Cook	102,100	749	744	99.33%	0.73%
Tarrant Total		261,833	1,690	1,273	75.33%	0.65%
Travis	BCBS	25,040	684	263	38.45%	2.73%
	Sendero	12,780	880	9	1.02%	6.89%
	Seton	17,618	121	30	24.79%	0.69%
	Superior	84,868	295	288	97.63%	0.35%
Travis Total		140,306	1,980	590	29.80%	1.41%
STAR Total Statewide		2,893,600	43,971	8,734	19.86%	1.52%

ATTACHMENT R
MCO Referrals to OIG (2017 SFQ1- SFQ4)

MCO	Sep-16	Oct-16	Nov-16	Quarter 1 SFY 2017	Dec-16	Jan-17	Feb-17	Quarter 2 SFY 2017	Q1-2 Totals	Mar-17	Apr-17	May-17	Quarter 3 SFY 2017	Jun-17	Jul-17	Aug-17	Quarter 4 SFY 2017	Q3-4Totals	Totals for FY 17
Total Referrals Received	8	2	12	22	15	31	25	71	93	13	9	14	36	16	19	16	51	87	180
Investigation Category																			
Program non-compliance	1	1	5	7	5	21	21	47	54	7	2	5	14	6	2	3	11	25	79
Non-appropriate billing	3	1	4	8	9	10	3	22	30	3	6	8	17	9	15	13	37	54	84
Billing for Services not Rendered	2		2	4	1		1	2	6		1	1	2				0	2	8
Quality of Care				0				0	0	2			2		1		1	3	3
Solicitation	1			1				0	1				0		1		1	1	2
Upcoding				0				0	0				0	1			1	1	1
Billing for Services After Death				0				0	0				0				0	0	0
Billing unnecessary services	1		1	2				0	2				0				0	0	2
Fraud Kickbacks				0				0	0	1			1				0	1	1
Failure to disclose required info				0				0	0				0				0	0	0
Disposition																			
Returned to MCO to whatever action deemed appropriate	2	1		3	1			1	4	1	2	2	5		2		2	7	11
MPI Full scale investigation	1	1	3	5	1	7		8	13	2	2	1	5	2	8	12	22	27	40
Information transferred to existing full scale case				0				0	0	1	1		2	1	1		2	4	4
Preliminary Status				0				0	0				0				0	0	0
Referred to HHS-OIG(Federal)				0			1	1	1				0		1		1	1	2
Referred to Pharmacy Board			1	1	2	16	14	32	33	3			3	4	1	2	7	10	43
Referred to Medical Board				0				0	0	3			3				0	3	3
Referred to Vendor Drug				0				0	0				0				0	0	0
Closed	7	1	9	17	12	23	23	58	75	2	4	10	16	11	9	4	24	40	115
Pending Preliminary Investigation				0				0	0				0				0	0	0
Referred to MFCU	3		4	7	3		6	9	16				0			1	1	1	17
Transferred to IG Litigation			1	1	1	1		2	3	1	1		2		1		1	3	6

ATTACHMENT R
Dental Plan Referrals to OIG (2017 SFQ1 -SFQ4)

MCO	Sep-16	Oct-16	Nov-16	Quarter 1 SFY 2017	Dec-16	Jan-17	Feb-17	Quarter 2 SFY 2017	Q1-2 Totals	Mar-17	Apr-17	May-17	Quarter 3 SFY 2017	Jun-17	Jul-17	Aug-17	Quarter 4 SFY 2017	Q3-4Totals	Totals for FY 17
Total Referrals Received	7	4	7	18	4	3	3	10	28	1	0	0	1	1	4	2	7	8	36
Investigation Category																			
Program non-compliance	1			1				0	1				0						1
Non-appropriate billing	4	3	1	8	2	3	2	7	15	1			1	1	4	2	7	8	23
Billing for Services not Rendered			1	1			1	1	2				0						2
Solicitation				0	2			2	2				0						2
Billing unnecessary services	2	1	5	8				0	8				0						8
Disposition																			
Returned to MCO to whatever action deemed appropriate	3			3				0	3				0	1	1		2	2	5
MPI Full scale investigation	3	3	6	12	4	2	3	9	21				0		2	2	4	4	25
Information transferred to existing full scale case		1		1				0	1				0		1		1	1	2
Closed	3		1	4		1		1	5				0	1	1		2	2	7
Provider Education	1			1				0	1				0					0	1
Transferred to IG Litigation	1			1				0	1				0					0	1

ATTACHMENT V1
STAR Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Acute Care Claims						Behavioral Health Services Organization's Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)		(98% Std.)		(98% Std.)		(99% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4	17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Bexar	99.24%	97.62%	100.00%	100.00%	99.99%	99.96%	99.68%	99.13%	100.00%	100.00%	100.00%	99.91%
Aetna	Tarrant	99.39%	97.97%	100.00%	100.00%	99.99%	99.98%	99.71%	99.25%	100.00%	100.00%	99.97%	99.95%
Amerigroup	Bexar	99.76%	99.72%	96.25%	99.43%	99.84%	99.96%	99.93%	99.66%	88.89%	100.00%	100.00%	100.00%
Amerigroup	Dallas	99.62%	99.73%	99.66%	99.55%	99.88%	99.96%	99.95%	99.78%	100.00%	100.00%	99.99%	99.95%
Amerigroup	Harris	99.35%	99.62%	99.39%	99.48%	99.77%	99.96%	99.80%	99.67%	100.00%	100.00%	99.97%	99.99%
Amerigroup	Jefferson	99.61%	99.53%	96.02%	100.00%	99.92%	99.92%	99.63%	99.80%	66.67%	100.00%	100.00%	100.00%
Amerigroup	Lubbock	99.70%	99.74%	97.88%	99.43%	99.88%	99.96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Amerigroup	MRSA	98.88%	99.34%	99.33%	98.36%	99.88%	99.90%	99.56%	99.42%	100.00%	100.00%	99.95%	99.70%
Amerigroup	MRSA NE	99.35%	99.61%	98.29%	99.06%	99.88%	99.94%	99.78%	99.62%	100.00%	100.00%	99.95%	99.88%
Amerigroup	MRSA West	99.62%	99.62%	98.60%	99.77%	99.81%	99.93%	99.86%	99.65%	93.94%	100.00%	99.96%	99.97%
Amerigroup	Tarrant	99.58%	99.78%	99.65%	99.41%	99.88%	99.97%	99.75%	99.74%	98.95%	100.00%	99.89%	99.96%
BCBS TX	Travis	95.26%	99.36%	97.94%	95.46%	99.97%	99.96%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
CHC	Harris	99.99%	99.88%	0.00%	0.00%	100.00%	99.99%	99.86%	99.95%	100.00%	0.00%	99.95%	100.00%
CHC	Jefferson	99.99%	99.88%	0.00%	0.00%	100.00%	99.99%	99.86%	99.95%	100.00%	0.00%	99.95%	100.00%
Christus	Nueces	99.60%	98.14%	100.00%	100.00%	100.00%	99.80%	99.51%	97.02%	100.00%	100.00%	100.00%	98.18%
Community	Bexar	88.18%	99.18%	74.89%	57.68%	99.77%	99.74%	91.13%	99.27%	71.22%	60.86%	99.62%	99.81%
Cook	Tarrant	78.96%	87.19%	13.18%	53.23%	99.91%	100.00%	99.89%	99.81%	91.30%	78.57%	99.99%	100.00%
Driscoll	Hidalgo	96.52%	98.80%	91.15%	88.58%	99.99%	99.97%	97.18%	99.19%	100.00%	98.65%	99.99%	100.00%
Driscoll	Nueces	99.28%	98.51%	86.91%	75.25%	99.99%	99.93%	97.45%	98.04%	97.66%	92.06%	100.00%	100.00%
El Paso 1st	El Paso	99.80%	99.85%	100.00%	100.00%	100.00%	100.00%	99.94%	99.95%	100.00%	0.00%	100.00%	100.00%
First Care	Lubbock	100.00%	99.92%	98.18%	98.44%	100.00%	99.99%	100.00%	100.00%	100.00%	66.67%	100.00%	100.00%
First Care	MRSA West	99.98%	99.92%	98.08%	99.14%	99.99%	99.99%	100.00%	99.57%	100.00%	100.00%	100.00%	100.00%
Molina	Dallas	99.94%	99.96%	99.12%	95.98%	100.00%	99.99%	100.00%	99.78%	100.00%	100.00%	100.00%	100.00%
Molina	El Paso	99.89%	99.94%	99.17%	98.13%	99.96%	100.00%	99.89%	99.89%	99.17%	0.00%	100.00%	100.00%
Molina	Harris	99.94%	99.98%	99.66%	96.11%	99.99%	100.00%	99.91%	99.79%	100.00%	100.00%	99.95%	99.84%
Molina	Hidalgo	99.97%	99.90%	98.87%	97.19%	100.00%	100.00%	99.95%	99.97%	100.00%	100.00%	100.00%	100.00%
Molina	Jefferson	99.96%	99.92%	94.66%	93.00%	99.98%	99.98%	100.00%	99.92%	100.00%	100.00%	100.00%	99.82%
Parkland	Dallas	99.67%	98.30%	99.80%	100.00%	99.99%	99.99%	99.65%	99.97%	100.00%	100.00%	100.00%	100.00%
Scott and White	MRSA Central	99.96%	99.76%	99.96%	99.93%	99.98%	99.99%	100.00%	99.82%	100.00%	100.00%	100.00%	99.99%
Sendero	Travis	99.96%	99.98%	52.94%	73.33%	100.00%	99.99%	99.82%	99.66%	100.00%	0.00%	100.00%	100.00%
Seton	Travis	99.36%	99.55%	97.67%	96.17%	99.99%	99.89%	99.84%	99.59%	66.67%	97.30%	100.00%	99.83%
Superior	Bexar	99.00%	99.78%	100.00%	100.00%	99.98%	100.00%	99.86%	99.57%	100.00%	0.00%	99.89%	100.00%
Superior	El Paso	99.49%	99.74%	100.00%	100.00%	99.99%	99.99%	99.96%	99.69%	100.00%	0.00%	100.00%	100.00%
Superior	Hidalgo	99.42%	99.76%	99.40%	100.00%	99.96%	99.99%	99.99%	99.62%	0.00%	100.00%	100.00%	100.00%
Superior	Lubbock	99.34%	99.76%	100.00%	100.00%	99.93%	100.00%	99.95%	99.31%	0.00%	0.00%	99.98%	100.00%
Superior	MRSA	99.26%	99.75%	100.00%	100.00%	99.97%	99.99%	99.95%	99.06%	100.00%	0.00%	100.00%	99.98%
Superior	MRSA NE	99.40%	99.75%	100.00%	100.00%	99.97%	99.99%	99.98%	99.13%	100.00%	0.00%	100.00%	99.96%
Superior	MRSA West	99.44%	99.72%	100.00%	100.00%	99.98%	99.99%	99.91%	99.24%	0.00%	100.00%	100.00%	100.00%
Superior	Nueces	99.39%	99.69%	100.00%	100.00%	99.98%	99.99%	99.97%	99.52%	0.00%	0.00%	99.97%	100.00%
Superior	Travis	99.30%	99.71%	100.00%	100.00%	99.95%	99.99%	99.90%	98.95%	100.00%	0.00%	99.99%	99.99%
Texas Children's	Harris	99.07%	98.21%	100.00%	99.56%	99.98%	99.98%	98.05%	95.93%	96.72%	100.00%	99.98%	99.97%
Texas Children's	Jefferson	98.69%	97.73%	100.00%	99.47%	99.98%	99.98%	99.14%	95.53%	100.00%	94.12%	99.99%	100.00%
United	Harris	99.43%	98.91%	0.00%	100.00%	99.91%	99.96%	99.86%	98.91%	100.00%	100.00%	100.00%	99.27%
United	Hidalgo	99.54%	98.78%	100.00%	100.00%	99.90%	99.87%	99.92%	99.35%	100.00%	100.00%	100.00%	99.60%
United	Jefferson	99.63%	99.00%	100.00%	100.00%	99.98%	99.96%	99.93%	99.44%	100.00%	100.00%	100.00%	99.85%

ATTACHMENT V1
STAR Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Vision Services Organization's Claims						Pharmacy Benefit Manager's Claims			
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Clean Electronic Claims Adj. w/in 18 Days		% Non-Electronic Claims Adj. w/in 21 Days	
		(98% Std.)		(98% Std.)		(99% Std.)		(98% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Bexar	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Aetna	Tarrant	99.07%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Amerigroup	Bexar	97.40%	99.83%	0.00%	0.00%	98.05%	99.83%	100.00%	100.00%	0.00%	0.00%
Amerigroup	Dallas	97.48%	99.99%	0.00%	0.00%	99.02%	100.00%	100.00%	100.00%	100.00%	100.00%
Amerigroup	Harris	95.56%	100.00%	0.00%	0.00%	98.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	Jefferson	92.59%	100.00%	0.00%	0.00%	96.09%	100.00%	100.00%	100.00%	100.00%	0.00%
Amerigroup	Lubbock	96.98%	99.70%	0.00%	0.00%	99.66%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	MRSA	88.38%	100.00%	0.00%	0.00%	94.56%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	MRSA NE	96.71%	99.97%	0.00%	0.00%	98.51%	100.00%	100.00%	100.00%	100.00%	100.00%
Amerigroup	MRSA West	96.15%	99.81%	0.00%	0.00%	98.45%	99.81%	100.00%	100.00%	0.00%	100.00%
Amerigroup	Tarrant	96.63%	99.99%	0.00%	0.00%	99.15%	100.00%	100.00%	100.00%	0.00%	0.00%
BCBS TX	Travis	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	100.00%	0.00%	0.00%
CHC	Harris	99.94%	99.95%	0.00%	0.00%	100.00%	99.95%	100.00%	100.00%	0.00%	0.00%
CHC	Jefferson	99.94%	99.95%	0.00%	0.00%	100.00%	99.95%	100.00%	100.00%	0.00%	0.00%
Christus	Nueces	97.78%	99.71%	0.00%	0.00%	98.73%	99.71%	100.00%	100.00%	0.00%	100.00%
Community	Bexar	99.90%	99.94%	0.00%	100.00%	99.99%	100.00%	100.00%	100.00%	0.00%	100.00%
Cook	Tarrant	100.00%	99.91%	0.00%	0.00%	100.00%	99.96%	100.00%	100.00%	100.00%	100.00%
Driscoll	Hidalgo	99.65%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Driscoll	Nueces	99.97%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
El Paso 1st	El Paso	99.81%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
First Care	Lubbock	100.00%	99.97%	100.00%	98.96%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
First Care	MRSA West	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Molina	Dallas	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Molina	El Paso	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%
Molina	Harris	100.00%	99.83%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Molina	Hidalgo	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	0.00%	0.00%
Molina	Jefferson	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Parkland	Dallas	99.65%	100.00%	0.00%	0.00%	99.97%	100.00%	100.00%	100.00%	100.00%	100.00%
Scott and White	MRSA Central	96.97%	100.00%	0.00%	0.00%	99.26%	100.00%	100.00%	100.00%	0.00%	0.00%
Sendero	Travis	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Seton	Travis	96.02%	100.00%	0.00%	0.00%	98.32%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Bexar	100.00%	99.91%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	El Paso	99.66%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Hidalgo	99.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Lubbock	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	MRSA	99.85%	99.93%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	0.00%	0.00%
Superior	MRSA NE	99.85%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	MRSA West	99.84%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Nueces	99.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Travis	99.93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Texas Children's	Harris	98.40%	100.00%	0.00%	0.00%	99.71%	100.00%	100.00%	100.00%	100.00%	100.00%
Texas Children's	Jefferson	98.24%	100.00%	0.00%	0.00%	99.51%	100.00%	100.00%	100.00%	0.00%	0.00%
United	Harris	95.00%	100.00%	0.00%	0.00%	98.54%	100.00%	100.00%	100.00%	0.00%	0.00%
United	Hidalgo	95.59%	99.97%	0.00%	0.00%	98.85%	100.00%	100.00%	100.00%	0.00%	0.00%
United	Jefferson	95.37%	99.91%	0.00%	0.00%	97.35%	100.00%	100.00%	100.00%	0.00%	0.00%

ATTACHMENT V2
STAR+PLUS Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Acute Care Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Amerigroup	Bexar	100%	100%	100%	99%	100%	100%
Amerigroup	Bexar	99.71%	99.45%	95.54%	99.17%	99.88%	99.86%
Amerigroup	El Paso	99.66%	99.45%	100.00%	99.17%	99.89%	99.86%
Amerigroup	Harris	99.52%	99.40%	99.36%	99.60%	99.84%	99.89%
Amerigroup	Jefferson	99.67%	99.58%	96.54%	97.52%	99.89%	99.94%
Amerigroup	Lubbock	99.73%	99.63%	97.93%	100.00%	99.86%	99.90%
Amerigroup	MRSA West	99.44%	99.46%	98.13%	99.38%	99.79%	99.87%
Amerigroup	Tarrant	99.73%	99.51%	99.45%	99.20%	99.90%	99.95%
Amerigroup	Travis	99.67%	99.66%	99.64%	99.24%	99.89%	99.94%
Cigna-HealthSpring	Hidalgo	99.66%	98.75%	99.51%	98.64%	99.75%	99.98%
Cigna-HealthSpring	MRSA NE	99.74%	98.75%	99.74%	95.91%	99.99%	99.94%
Cigna-HealthSpring	Tarrant	99.91%	98.42%	99.24%	100.00%	100.00%	99.97%
Molina	Bexar	99.87%	99.83%	98.12%	96.00%	99.98%	99.89%
Molina	Dallas	99.90%	99.93%	99.06%	96.96%	99.98%	99.97%
Molina	El Paso	99.85%	99.94%	98.26%	97.31%	99.96%	100.00%
Molina	Harris	99.41%	99.93%	97.88%	95.27%	99.65%	99.99%
Molina	Hidalgo	99.47%	99.98%	99.03%	96.95%	99.97%	100.00%
Molina	Jefferson	99.95%	99.97%	99.03%	97.39%	99.99%	99.99%
Superior	Bexar	98.79%	99.49%	100.00%	100.00%	99.93%	99.95%
Superior	Dallas	98.95%	99.50%	100.00%	100.00%	99.87%	99.93%
Superior	Hidalgo	98.93%	99.58%	100.00%	100.00%	99.86%	99.97%
Superior	Lubbock	99.19%	99.59%	100.00%	100.00%	99.82%	99.97%
Superior	MRSA Central	99.07%	99.60%	100.00%	100.00%	99.92%	99.94%
Superior	MRSA West	99.20%	99.55%	96.97%	100.00%	99.96%	99.93%
Superior	Nueces	99.11%	99.62%	100.00%	100.00%	99.93%	99.98%
United	Harris	98.39%	97.76%	99.53%	99.71%	99.95%	99.96%
United	Jefferson	98.74%	98.16%	100.00%	100.00%	99.96%	99.97%
United	MRSA Central	98.33%	97.80%	100.00%	100.00%	99.99%	99.98%
United	MRSA NE	98.49%	98.07%	100.00%	100.00%	99.97%	99.88%
United	Nueces	98.79%	98.44%	99.39%	100.00%	99.98%	99.92%
United	Travis	98.41%	98.16%	100.00%	100.00%	99.93%	99.85%

ATTACHMENT V2
STAR+PLUS Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Behavioral Health Services Organization's Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Amerigroup	Bexar	100%	100%	100%	100%	100%	100%
Amerigroup	Bexar	99.89%	99.77%	100.00%	100.00%	99.96%	99.98%
Amerigroup	El Paso	99.87%	99.77%	100.00%	100.00%	99.93%	99.98%
Amerigroup	Harris	99.33%	99.56%	100.00%	100.00%	99.93%	99.98%
Amerigroup	Jefferson	99.04%	99.51%	100.00%	100.00%	99.97%	99.97%
Amerigroup	Lubbock	99.62%	99.73%	100.00%	100.00%	99.79%	99.96%
Amerigroup	MRSA West	99.71%	99.27%	100.00%	100.00%	99.98%	99.95%
Amerigroup	Tarrant	99.76%	99.63%	100.00%	100.00%	99.90%	99.92%
Amerigroup	Travis	99.79%	99.28%	100.00%	100.00%	99.96%	99.99%
Cigna-HealthSpring	Hidalgo	98.78%	99.33%	100.00%	0.00%	98.96%	100.00%
Cigna-HealthSpring	MRSA NE	99.77%	99.21%	100.00%	100.00%	100.00%	100.00%
Cigna-HealthSpring	Tarrant	100.00%	99.06%	0.00%	0.00%	100.00%	100.00%
Molina	Bexar	99.96%	99.98%	100.00%	100.00%	100.00%	100.00%
Molina	Dallas	100.00%	99.99%	100.00%	100.00%	100.00%	100.00%
Molina	El Paso	99.95%	99.99%	92.86%	100.00%	99.99%	100.00%
Molina	Harris	99.97%	99.98%	100.00%	100.00%	100.00%	100.00%
Molina	Hidalgo	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%
Molina	Jefferson	100.00%	99.97%	55.56%	100.00%	100.00%	100.00%
Superior	Bexar	99.82%	98.99%	100.00%	100.00%	99.84%	99.99%
Superior	Dallas	99.83%	98.87%	0.00%	100.00%	100.00%	99.95%
Superior	Hidalgo	99.97%	99.39%	100.00%	100.00%	100.00%	100.00%
Superior	Lubbock	99.94%	99.30%	100.00%	0.00%	100.00%	100.00%
Superior	MRSA Central	99.93%	99.38%	100.00%	100.00%	100.00%	99.96%
Superior	MRSA West	99.90%	99.22%	100.00%	0.00%	100.00%	99.98%
Superior	Nueces	99.98%	99.13%	100.00%	100.00%	100.00%	100.00%
United	Harris	99.93%	99.28%	100.00%	100.00%	100.00%	99.83%
United	Jefferson	99.89%	99.35%	100.00%	100.00%	100.00%	100.00%
United	MRSA Central	99.06%	97.51%	100.00%	100.00%	99.97%	99.77%
United	MRSA NE	99.93%	98.28%	100.00%	100.00%	99.99%	99.23%
United	Nueces	99.94%	99.14%	100.00%	100.00%	100.00%	99.63%
United	Travis	99.92%	96.38%	100.00%	100.00%	99.99%	96.87%

ATTACHMENT V2
STAR+PLUS Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Vision Services Organization's Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Amerigroup	Bexar	100%	100%			100%	100%
Amerigroup	Bexar	97.20%	100.00%	0.00%	0.00%	99.38%	100.00%
Amerigroup	El Paso	98.95%	100.00%	0.00%	0.00%	99.47%	100.00%
Amerigroup	Harris	96.08%	100.00%	0.00%	0.00%	98.33%	100.00%
Amerigroup	Jefferson	95.15%	100.00%	0.00%	0.00%	99.03%	100.00%
Amerigroup	Lubbock	91.49%	100.00%	0.00%	0.00%	96.81%	100.00%
Amerigroup	MRSA West	94.04%	100.00%	0.00%	0.00%	98.68%	100.00%
Amerigroup	Tarrant	94.41%	100.00%	0.00%	0.00%	98.21%	100.00%
Amerigroup	Travis	95.00%	100.00%	0.00%	0.00%	97.69%	100.00%
Cigna-HealthSpring	Hidalgo	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
Cigna-HealthSpring	MRSA NE	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
Cigna-HealthSpring	Tarrant	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
Molina	Bexar	99.71%	99.38%	0.00%	100.00%	100.00%	99.69%
Molina	Dallas	99.82%	99.93%	91.67%	100.00%	100.00%	99.96%
Molina	El Paso	99.83%	100.00%	100.00%	100.00%	99.83%	100.00%
Molina	Harris	99.86%	100.00%	100.00%	100.00%	100.00%	100.00%
Molina	Hidalgo	99.02%	100.00%	100.00%	100.00%	99.82%	100.00%
Molina	Jefferson	99.65%	99.74%	100.00%	100.00%	100.00%	100.00%
Superior	Bexar	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	Dallas	99.74%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	Hidalgo	99.39%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	Lubbock	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	MRSA Central	99.92%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	MRSA West	99.86%	99.93%	100.00%	100.00%	100.00%	100.00%
Superior	Nueces	99.50%	100.00%	100.00%	100.00%	100.00%	100.00%
United	Harris	96.16%	99.91%	0.00%	0.00%	99.35%	100.00%
United	Jefferson	96.25%	100.00%	0.00%	0.00%	98.42%	100.00%
United	MRSA Central	87.38%	100.00%	0.00%	0.00%	95.35%	100.00%
United	MRSA NE	93.65%	99.53%	98.33%	99.84%	0.00%	0.00%
United	Nueces	97.14%	99.84%	0.00%	0.00%	100.00%	100.00%
United	Travis	95.23%	100.00%	0.00%	0.00%	98.37%	100.00%

ATTACHMENT V2
STAR+PLUS Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Pharmacy Benefit Manager's Claims			
		% Clean Electronic Claims Adj. w/in 18 Days		% Non-Electronic Claims Adj. w/in 21 Days 2	
		(98% Std.)		(98% Std.)2	
		17Q3	17Q4	17Q3	17Q4
Amerigroup	Bexar	100%	100%	100%	100%
Amerigroup	Bexar	100.00%	100.00%	0.00%	0.00%
Amerigroup	El Paso	100.00%	100.00%	0.00%	0.00%
Amerigroup	Harris	100.00%	100.00%	100.00%	100.00%
Amerigroup	Jefferson	100.00%	100.00%	0.00%	0.00%
Amerigroup	Lubbock	100.00%	100.00%	0.00%	0.00%
Amerigroup	MRSA West	100.00%	100.00%	0.00%	100.00%
Amerigroup	Tarrant	100.00%	100.00%	100.00%	100.00%
Amerigroup	Travis	100.00%	100.00%	0.00%	0.00%
Cigna-HealthSpring	Hidalgo	99.99%	99.99%	0.00%	0.00%
Cigna-HealthSpring	MRSA NE	99.99%	99.99%	0.00%	0.00%
Cigna-HealthSpring	Tarrant	99.94%	99.93%	0.00%	0.00%
Molina	Bexar	100.00%	100.00%	100.00%	0.00%
Molina	Dallas	100.00%	100.00%	0.00%	0.00%
Molina	El Paso	100.00%	100.00%	0.00%	0.00%
Molina	Harris	100.00%	100.00%	0.00%	100.00%
Molina	Hidalgo	100.00%	100.00%	0.00%	0.00%
Molina	Jefferson	100.00%	100.00%	0.00%	0.00%
Superior	Bexar	100.00%	100.00%	0.00%	0.00%
Superior	Dallas	100.00%	100.00%	0.00%	0.00%
Superior	Hidalgo	100.00%	100.00%	0.00%	0.00%
Superior	Lubbock	100.00%	100.00%	0.00%	0.00%
Superior	MRSA Central	100.00%	100.00%	0.00%	0.00%
Superior	MRSA West	100.00%	100.00%	0.00%	0.00%
Superior	Nueces	100.00%	100.00%	0.00%	0.00%
United	Harris	100.00%	100.00%	0.00%	0.00%
United	Jefferson	100.00%	100.00%	0.00%	0.00%
United	MRSA Central	100.00%	100.00%	0.00%	0.00%
United	MRSA NE	100.00%	100.00%	0.00%	0.00%
United	Nueces	100.00%	100.00%	0.00%	0.00%
United	Travis	100.00%	100.00%	0.00%	0.00%

ATTACHMENT V2
STAR+PLUS Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Long Term Care Organization's Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Amerigroup	Bexar	99.92%	99.98%	100%	100%	99.97%	99.99%
Amerigroup	Bexar	99.96%	99.95%	99.40%	100.00%	99.98%	99.98%
Amerigroup	El Paso	99.86%	99.95%	100.00%	100.00%	99.99%	99.98%
Amerigroup	Harris	99.90%	99.88%	100.00%	99.77%	99.95%	99.93%
Amerigroup	Jefferson	99.96%	99.92%	100.00%	100.00%	99.99%	99.63%
Amerigroup	Lubbock	99.87%	99.60%	97.83%	100.00%	99.97%	99.90%
Amerigroup	MRSA West	99.94%	99.95%	95.28%	100.00%	99.99%	100.00%
Amerigroup	Tarrant	99.94%	99.86%	99.25%	99.20%	99.96%	99.95%
Amerigroup	Travis	99.96%	99.82%	100.00%	100.00%	99.98%	99.95%
Cigna-HealthSpring	Hidalgo	99.78%	99.82%	99.54%	99.42%	99.78%	99.95%
Cigna-HealthSpring	MRSA NE	99.82%	99.43%	100.00%	98.82%	99.82%	99.97%
Cigna-HealthSpring	Tarrant	99.73%	99.62%	100.00%	100.00%	99.74%	99.90%
Molina	Bexar	100.00%	99.99%	100.00%	100.00%	100.00%	100.00%
Molina	Dallas	99.99%	99.99%	100.00%	95.70%	100.00%	100.00%
Molina	El Paso	99.95%	100.00%	0.00%	95.02%	99.95%	100.00%
Molina	Harris	99.83%	99.99%	100.00%	92.04%	99.91%	100.00%
Molina	Hidalgo	99.98%	100.00%	100.00%	95.98%	99.99%	100.00%
Molina	Jefferson	100.00%	100.00%	98.68%	91.37%	100.00%	100.00%
Superior	Bexar	99.94%	99.98%	100.00%	0.00%	100.00%	100.00%
Superior	Dallas	99.78%	99.93%	100.00%	100.00%	100.00%	100.00%
Superior	Hidalgo	99.96%	99.90%	100.00%	100.00%	100.00%	100.00%
Superior	Lubbock	99.94%	100.00%	100.00%	0.00%	100.00%	100.00%
Superior	MRSA Central	99.85%	99.99%	100.00%	100.00%	99.93%	100.00%
Superior	MRSA West	99.93%	99.99%	0.00%	100.00%	100.00%	100.00%
Superior	Nueces	99.93%	99.99%	100.00%	0.00%	100.00%	100.00%
United	Harris	98.71%	98.76%	99.71%	99.78%	99.95%	99.96%
United	Jefferson	98.07%	97.73%	100.00%	100.00%	99.96%	99.94%
United	MRSA Central	97.88%	96.62%	100.00%	96.67%	99.99%	99.69%
United	MRSA NE	98.85%	98.33%	100.00%	100.00%	99.91%	99.98%
United	Nueces	99.70%	99.35%	98.91%	100.00%	100.00%	99.99%
United	Travis	98.00%	96.25%	100.00%	100.00%	99.83%	99.13%

ATTACHMENT V3
Dental Claims Adjudication (2017 SFQ3-SFQ4)

DMO	Service Area	Dental Claims					
		% Clean Adj. w/in 30 Days		% Appealed Adj. w/in 30 Days		% Clean Adj. w/in 90 Days	
		(98% Std.)		(98% Std.)		(99% Std.)	
		Q3	Q4	Q3	Q4	Q3	Q4
Dentaquest	Statewide	99.95%	99.99%	100.00%	99.77%	99.97%	100.00%
MCNA	Statewide	100.00%	100.00%	99.87%	100.00%	100.00%	100.00%

ATTACHMENT V4
STAR Kids Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Acute Care Claims					
		% Clean Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Appealed Adj. w/in 30 Days	
		(98% Std.)		(99% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Tarrant	98.74%	95.36%	99.99%	99.94%	100.00%	100.00%
Amerigroup	Dallas	99.59%	99.63%	99.89%	99.88%	99.73%	99.74%
Amerigroup	El Paso	98.34%	99.68%	99.88%	99.98%	100.00%	99.00%
Amerigroup	Harris	99.42%	99.68%	99.83%	99.99%	99.63%	99.90%
Amerigroup	Lubbock	99.83%	99.36%	99.94%	99.79%	99.38%	99.72%
Amerigroup	MRSA West	99.32%	99.63%	99.85%	99.96%	99.50%	98.94%
BCBS	MRSA Central	92.13%	99.42%	100.00%	99.99%	86.96%	98.24%
BCBS	Travis	92.15%	99.49%	100.00%	99.98%	93.53%	97.54%
Children's Medical Center	Dallas	91.19%	99.49%	99.95%	99.85%	100.00%	99.40%
Community 1st	Bexar	80.21%	98.63%	99.90%	99.49%	69.36%	28.61%
Cook Children's	Tarrant	70.93%	92.20%	99.97%	100.00%	42.03%	54.74%
Driscoll	Hidalgo	87.38%	96.66%	99.99%	99.93%	69.08%	80.36%
Driscoll	Nueces	87.68%	96.52%	100.00%	99.93%	82.96%	74.88%
Superior	Bexar	97.68%	99.68%	99.94%	99.98%	100.00%	100.00%
Superior	El Paso	98.74%	99.68%	99.95%	99.99%	100.00%	100.00%
Superior	Hidalgo	98.16%	99.81%	99.95%	100.00%	100.00%	100.00%
Superior	Lubbock	96.65%	99.37%	99.88%	99.97%	100.00%	100.00%
Superior	MRSA West	97.94%	99.52%	99.89%	99.99%	100.00%	100.00%
Superior	Nueces	98.64%	99.79%	99.92%	100.00%	100.00%	100.00%
Superior	Travis	98.70%	99.50%	99.92%	99.98%	100.00%	100.00%
Texas Children's	Harris	96.10%	95.25%	99.99%	99.95%	100.00%	99.63%
Texas Children's	Jefferson	95.37%	94.39%	100.00%	99.91%	0.00%	98.21%
Texas Children's	MRSA NE	92.45%	93.15%	99.95%	99.85%	92.86%	99.52%
United	Harris	98.83%	98.40%	99.98%	99.96%	100.00%	100.00%
United	Hidalgo	98.90%	99.21%	99.95%	99.96%	100.00%	98.44%
United	Jefferson	98.19%	98.27%	99.91%	99.97%	100.00%	100.00%
United	MRSA Central	98.81%	97.98%	99.98%	99.98%	100.00%	100.00%
	MRSA NE	98.77%	98.51%	99.95%	99.96%	100.00%	100.00%

ATTACHMENT V4
STAR Kids Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Behavioral Health Services Organization's Claims					
		% Clean Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Appealed Adj. w/in 30 Days	
		(98% Std.)		(99% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Tarrant	99.54%	99.06%	100.00%	99.94%	100.00%	100.00%
Amerigroup	Dallas	99.92%	99.83%	100.00%	99.89%	100.00%	100.00%
Amerigroup	El Paso	99.89%	99.91%	100.00%	100.00%	100.00%	100.00%
Amerigroup	Harris	99.84%	99.63%	99.98%	99.96%	100.00%	100.00%
Amerigroup	Lubbock	99.94%	99.93%	99.97%	100.00%	100.00%	100.00%
Amerigroup	MRSA West	99.56%	99.78%	99.87%	100.00%	100.00%	100.00%
BCBS	MRSA Central	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
BCBS	Travis	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Children's Medical Center	Dallas	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Community 1st	Bexar	80.19%	99.08%	99.87%	99.68%	62.38%	24.35%
Cook Children's	Tarrant	99.94%	99.91%	100.00%	100.00%	0.00%	100.00%
Driscoll	Hidalgo	98.41%	98.78%	100.00%	99.91%	81.25%	66.67%
Driscoll	Nueces	97.80%	98.39%	100.00%	99.88%	92.00%	73.08%
Superior	Bexar	99.67%	99.44%	99.98%	100.00%	0.00%	0.00%
Superior	El Paso	98.39%	99.75%	100.00%	100.00%	0.00%	0.00%
Superior	Hidalgo	99.59%	99.83%	100.00%	100.00%	0.00%	0.00%
Superior	Lubbock	98.55%	99.06%	100.00%	100.00%	0.00%	0.00%
Superior	MRSA West	99.55%	98.88%	100.00%	99.96%	0.00%	0.00%
Superior	Nueces	99.68%	98.96%	99.94%	100.00%	0.00%	0.00%
Superior	Travis	99.49%	97.36%	99.97%	99.92%	0.00%	0.00%
Texas Children's	Harris	96.85%	95.99%	100.00%	99.98%	100.00%	99.70%
Texas Children's	Jefferson	96.06%	89.52%	100.00%	99.94%	75.00%	100.00%
Texas Children's	MRSA NE	92.53%	90.48%	100.00%	99.90%	100.00%	100.00%
United	Harris	99.89%	99.82%	99.99%	99.99%	100.00%	100.00%
United	Hidalgo	99.92%	99.87%	100.00%	100.00%	0.00%	100.00%
United	Jefferson	99.94%	100.00%	100.00%	100.00%	0.00%	0.00%
United	MRSA Central	99.78%	99.75%	100.00%	100.00%	100.00%	100.00%
	MRSA NE	99.80%	99.82%	100.00%	100.00%	100.00%	100.00%

ATTACHMENT V4
STAR Kids Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Vision Services Organization's Claims					
		% Clean Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Appealed Adj. w/in 30 Days	
		(98% Std.)		(99% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Tarrant	98.92%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	Dallas	97.41%	100.00%	98.28%	100.00%	0.00%	0.00%
Amerigroup	El Paso	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	Harris	86.73%	100.00%	92.92%	100.00%	0.00%	0.00%
Amerigroup	Lubbock	90.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	MRSA West	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
BCBS	MRSA Central	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
BCBS	Travis	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Children's Medical Center	Dallas	98.38%	100.00%	100.00%	100.00%	0.00%	0.00%
Community 1st	Bexar	99.76%	100.00%	100.00%	100.00%	0.00%	0.00%
Cook Children's	Tarrant	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Driscoll	Hidalgo	99.78%	100.00%	100.00%	100.00%	100.00%	100.00%
Driscoll	Nueces	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%
Superior	Bexar	99.54%	99.82%	100.00%	100.00%	100.00%	100.00%
Superior	El Paso	98.57%	100.00%	100.00%	100.00%	0.00%	100.00%
Superior	Hidalgo	99.60%	100.00%	100.00%	100.00%	100.00%	100.00%
Superior	Lubbock	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	MRSA West	99.60%	99.79%	100.00%	100.00%	0.00%	0.00%
Superior	Nueces	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Superior	Travis	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Texas Children's	Harris	98.78%	100.00%	100.00%	100.00%	0.00%	0.00%
Texas Children's	Jefferson	99.48%	100.00%	100.00%	100.00%	0.00%	0.00%
Texas Children's	MRSA NE	99.02%	100.00%	100.00%	100.00%	0.00%	0.00%
United	Harris	98.24%	100.00%	99.62%	100.00%	0.00%	0.00%
United	Hidalgo	97.99%	99.92%	99.54%	100.00%	0.00%	0.00%
United	Jefferson	94.51%	100.00%	9939.00%	100.00%	0.00%	0.00%
United	MRSA Central	94.81%	100.00%	99.13%	100.00%	0.00%	0.00%
	MRSA NE	94.33%	100.00%	98.77%	100.00%	0.00%	0.00%

ATTACHMENT V4
STAR Kids Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Long Term Care Organization's Claims					
		% Clean Adj. w/in 30 Days		% Clean Adj. w/in 90 Days		% Appealed Adj. w/in 30 Days	
		(98% Std.)		(99% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4	17Q3	17Q4
Aetna	Tarrant	98.55%	86.85%	99.96%	99.90%	100.00%	0.00%
Amerigroup	Dallas	100.00%	99.91%	100.00%	100.00%	100.00%	0.00%
Amerigroup	El Paso	98.77%	100.00%	99.59%	100.00%	100.00%	0.00%
Amerigroup	Harris	100.00%	99.83%	100.00%	100.00%	100.00%	100.00%
Amerigroup	Lubbock	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Amerigroup	MRSA West	90.48%	100.00%	100.00%	100.00%	100.00%	0.00%
BCBS	MRSA Central	98.92%	99.97%	100.00%	100.00%	0.00%	100.00%
BCBS	Travis	96.09%	100.00%	100.00%	100.00%	100.00%	100.00%
Children's Medical Center	Dallas	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community 1st	Bexar	80.02%	95.21%	99.86%	97.39%	46.10%	50.84%
Cook Children's	Tarrant	99.84%	99.62%	100.00%	99.95%	33.33%	0.00%
Driscoll	Hidalgo	73.19%	97.70%	99.98%	99.95%	55.72%	71.17%
Driscoll	Nueces	76.99%	95.79%	100.00%	99.96%	68.56%	67.71%
Superior	Bexar	88.35%	99.93%	99.50%	100.00%	0.00%	0.00%
Superior	El Paso	92.22%	99.96%	99.86%	99.96%	100.00%	100.00%
Superior	Hidalgo	97.36%	100.00%	99.90%	100.00%	0.00%	0.00%
Superior	Lubbock	90.04%	99.82%	99.91%	100.00%	0.00%	0.00%
Superior	MRSA West	75.06%	99.80%	99.87%	100.00%	0.00%	0.00%
Superior	Nueces	94.77%	100.00%	100.00%	100.00%	0.00%	0.00%
Superior	Travis	94.18%	99.98%	100.00%	100.00%	0.00%	0.00%
Texas Children's	Harris	95.96%	92.57%	100.00%	99.87%	100.00%	99.21%
Texas Children's	Jefferson	95.04%	90.15%	100.00%	99.39%	0.00%	100.00%
Texas Children's	MRSA NE	96.05%	93.64%	100.00%	99.97%	0.00%	97.26%
United	Harris	97.98%	98.91%	100.00%	99.98%	0.00%	0.00%
United	Hidalgo	98.87%	98.51%	100.00%	99.97%	0.00%	0.00%
United	Jefferson	97.33%	99.27%	100.00%	100.00%	0.00%	0.00%
United	MRSA Central	98.11%	98.80%	100.00%	100.00%	0.00%	0.00%
	MRSA NE	97.37%	98.55%	100.00%	99.98%	0.00%	0.00%

ATTACHMENT V4
STAR Kids Claims Adjudication (2017 SFQ3-SFQ4)

MCO	Service Area	Pharmacy Benefit Manager's Claims			
		% Clean Electronic Claims Adj. w/in 18 Days		% Non-Electronic Claims Adj. w/in 21 Days 2	
		(98% Std.)		(98% Std.)	
		17Q3	17Q4	17Q3	17Q4
Aetna	Tarrant	100.00%	100.00%	0.00%	0.00%
Amerigroup	Dallas	100.00%	100.00%	0.00%	0.00%
Amerigroup	El Paso	100.00%	0.00%	0.00%	0.00%
Amerigroup	Harris	100.00%	0.00%	0.00%	0.00%
Amerigroup	Lubbock	100.00%	0.00%	0.00%	0.00%
Amerigroup	MRSA West	100.00%	0.00%	0.00%	0.00%
BCBS	MRSA Central	100.00%	100.00%	0.00%	0.00%
BCBS	Travis	100.00%	100.00%	0.00%	0.00%
Children's Medical Center	Dallas	100.00%	100.00%	100.00%	0.00%
Community 1st	Bexar	100.00%	100.00%	0.00%	100.00%
Cook Children's	Tarrant	100.00%	100.00%	0.00%	100.00%
Driscoll	Hidalgo	100.00%	100.00%	0.00%	0.00%
Driscoll	Nueces	100.00%	100.00%	0.00%	0.00%
Superior	Bexar	100.00%	100.00%	0.00%	0.00%
Superior	El Paso	100.00%	100.00%	0.00%	0.00%
Superior	Hidalgo	100.00%	100.00%	0.00%	0.00%
Superior	Lubbock	100.00%	100.00%	0.00%	0.00%
Superior	MRSA West	100.00%	100.00%	0.00%	0.00%
Superior	Nueces	100.00%	100.00%	0.00%	0.00%
Superior	Travis	100.00%	100.00%	0.00%	0.00%
Texas Children's	Harris	100.00%	0.00%	100.00%	0.00%
Texas Children's	Jefferson	100.00%	100.00%	0.00%	0.00%
Texas Children's	MRSA NE	100.00%	100.00%	0.00%	0.00%
United	Harris	100.00%	100.00%	0.00%	0.00%
United	Hidalgo	100.00%	100.00%	0.00%	0.00%
United	Jefferson	100.00%	100.00%	0.00%	0.00%
United	MRSA Central	100.00%	100.00%	0.00%	0.00%
	MRSA NE	100.00%	100.00%	0.00%	1.00%

Year 6

RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 1	ETMC Quitman	017624011	\$377,462.60	\$263,624.67
RHP 1	East Texas Medical Center	020812601	\$1,544,252.74	\$1,283,164.98
RHP 1	MHMR SVCS of Texoma	084434201	\$0.00	\$0.00
RHP 1	The Good Shepherd Hospital dba Good Shepherd Medic	094095902	\$193,375.00	\$128,916.67
RHP 1	Mother Frances Hospital Regional Healthcare Center	094108002	\$646,151.50	\$0.00
RHP 1	East Texas Medical Center Carthage	094127002	\$800,560.05	\$348,758.80
RHP 1	East Texas Medical Center Fairfield dba ETMC Fairf	094190802	\$438,000.44	\$168,375.53
RHP 1	Anderson Cherokee Community MHMR Center (ACCESS)	111411803	\$24,429.00	\$0.00
RHP 1	Lakes Regional MHMR Center	121988304	\$0.00	\$0.00
RHP 1	University of Texas Health Center at Tyler	127278302	\$6,855,609.49	\$2,279,419.95
RHP 1	East Texas Medical Center, Jacksonville	130612806	\$87,656.72	\$0.00
RHP 1	Christus Hopkins Health Alliance	366812101	\$882,078.71	\$0.00
RHP 1	Hunt Mem Hosp Dist dba Hunt Reg Med Ctr Greenville	131038504	\$0.00	\$0.00
RHP 1	Burke Center	136367307	\$0.00	\$0.00
RHP 1	Sabine Valley Reg MHMR Ctr dba Community Healthcor	137921608	\$2,307,948.49	\$0.00
RHP 1	Northeast Texas Public Health District	138360606	\$0.00	\$0.00
RHP 1	East Texas Medical Center Pittsburg	138374715	\$1,028,043.69	\$1,228,637.57
RHP 1	Titus County Memorial Hospital dba Titus Regional	138913209	\$1,132,324.57	\$348,848.70
RHP 1	East Texas Medical Center Athens	139173209	\$694,894.03	\$1,083,208.50
RHP 1	Paris Lamar County Health Department	140425362	\$0.00	\$0.00
RHP 1	Fannin County Hosp Auth dba TMC Bonham Hosp	330811601	\$409,534.74	\$125,062.35
RHP 1	East Texas Medical Center Henderson	208843701	\$247,257.76	\$702,811.88
RHP 1	Andrews Center	138365512	\$166,593.08	\$0.00
RHP 1	University of Texas Health Center at Tyler	127278304	\$0.00	\$0.00
RHP 2	Coastal Health Wellness	019053001	\$300,000.00	\$0.00
RHP 2	Tri-County Behavioral Healthcare	081844501	\$0.00	\$0.00
RHP 2	University of Texas Medical Branch - Galveston	094092602	\$8,432,568.41	\$6,627,136.33
RHP 2	Baptist Hosp of SE TX dba Mem Hermann Bapt Beaumon	094148602	\$0.00	\$0.00
RHP 2	Spindletop Center	096166602	\$200,394.50	\$175,345.19
RHP 2	University of Texas Medical Branch - Galveston	109372601	\$2,437,322.98	\$2,519,063.95
RHP 2	Brazosport Regional Health System	112671602	\$887,409.00	\$0.00
RHP 2	Nacogdoches County Hospital District	131030203	\$1,236,841.70	\$508,540.94
RHP 2	The Gulf Coast Center	135222109	\$461,348.50	\$0.00
RHP 2	Burke Center	136367307	\$634,846.11	\$148,790.11
RHP 2	Tyler County Hospital	136381405	\$39,616.00	\$0.00
RHP 2	Christus Hospital (prev St. Elizabeth)	138296208	\$1,443,853.50	\$1,097,138.00
RHP 2	Preferred Hospital Leasing Hemphill Inc	200683501	\$1,002,031.71	\$364,929.17
RHP 2	Liberty-Dayton Regional Medical Center LLC	284333604	\$526,569.50	\$0.00
RHP 3	CHCA Bayshore LP dba Bayshore Medical Center	020817501	\$3,638,710.06	\$0.00
RHP 3	Memorial Hermann Hospital System (The Woodlands)	020834001	\$4,237,840.09	\$2,726,249.70
RHP 3	Texana Center	081522701	\$1,122,216.83	\$0.00
RHP 3	Baylor College of Medicine Grants and Contracts De	082006001	\$49,666.67	\$24,833.34
RHP 3	City of Houston	093774008	\$2,858,541.89	\$627,918.65
RHP 3	CHCA West Houston LP dba West Houston Medical Cent	094187402	\$0.00	\$0.00

Year 6

RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 3	Spindletop Center	096166602	\$0.00	\$0.00
RHP 3	Unv of Tx HSC at Houston-UTHSC Sponsored Projects	111810101	\$30,325,376.29	\$15,601,030.37
RHP 3	UT MD Anderson Cancer Center	112672402	\$1,974,079.00	\$147,592.33
RHP 3	The Harris Center for Mental Health and IDD	113180703	\$11,354,451.41	\$9,879,775.86
RHP 3	St. Luke's Episcopal Hospital	127300503	\$1,556,540.00	\$0.00
RHP 3	Oak Bend Medical Center	127303903	\$1,494,048.33	\$0.00
RHP 3	Matagorda County Hospital District dba Matagorda R	130959304	\$811,149.08	\$652,374.53
RHP 3	El Campo Memorial Hospital	311054601	\$215,524.75	\$46,946.00
RHP 3	Harris County Hospital District	133355104	\$43,692,428.96	\$23,314,428.72
RHP 3	Columbus Community Hospital	135033210	\$90,933.33	\$0.00
RHP 3	Gulf Bend MHMR Center	135254407	\$0.00	\$0.00
RHP 3	Memorial Hermann Hospital Southwest dba Memorial H	137805107	\$3,894,120.47	\$1,288,078.54
RHP 3	Memorial Medical Center	137909111	\$121,542.85	\$37,447.60
RHP 3	Houston Methodist Hospital	137949705	\$2,138,742.60	\$1,120,293.75
RHP 3	Texas Children's Hospital	139135109	\$1,142,417.80	\$1,142,417.80
RHP 3	Methodist Willowbrook	140713201	\$548,820.70	\$548,820.00
RHP 3	Harris County Public Health & Environmental Services	158771901	\$498,186.48	\$0.00
RHP 3	St Joseph Medical Center LLC	181706601	\$1,712,123.40	\$0.00
RHP 3	Rice Medical Center	212060201	\$881,356.93	\$330,577.95
RHP 3	Fort Bend County	296760601	\$191,563.88	\$25,424.91
RHP 4	Christus Spohn Hospital Beeville	020811801	\$284,238.86	\$246,675.82
RHP 4	Corpus Christi Medical Center	020973601	\$3,572,516.68	\$1,305,187.68
RHP 4	Refugio County Memorial Hospital	020991801	\$133,348.00	\$133,348.00
RHP 4	Coastal Plains Community MHMR Center	080368601	\$738,800.00	\$147,760.00
RHP 4	DeTar Hospital (Victoria of Tx)	094118902	\$2,299,193.73	\$1,990,539.09
RHP 4	Christus Spohn Hospital Alice	094222903	\$734,239.32	\$776,946.30
RHP 4	Yoakum Community Hospital	112673204	\$339,704.12	\$139,480.37
RHP 4	Spohn Health System dba Spohn Memorial Hospital	121775403	\$7,493,896.17	\$3,253,886.09
RHP 4	Gonzales County Hospital District DBA Memorial Hos	121785303	\$99,229.42	\$243,652.89
RHP 4	Jackson County Hospital	121808305	\$0.00	\$0.00
RHP 4	Camino Real Community Services	121990904	\$0.00	\$0.00
RHP 4	Bluebonnet Trails Community MHMR Center dba Bluebo	126844305	\$0.00	\$77,446.00
RHP 4	Nueces County	130958511	\$0.00	\$0.00
RHP 4	Driscoll Children's Hospital	132812205	\$3,129,836.39	\$1,108,143.65
RHP 4	Lavaca Medical Center	135233809	\$35,833.55	\$4,134.58
RHP 4	Gulf Bend MHMR Center	135254407	\$1,127,347.08	\$0.00
RHP 4	Karnes County Hospital District dba Otto Kaiser Me	136412710	\$187,500.00	\$53,254.50
RHP 4	CHRISTUS Spohn Hospital Kleberg	136436606	\$387,635.30	\$428,025.40
RHP 4	County of Victoria dba Citizens Medical Center	137907508	\$1,031,175.50	\$168,563.50
RHP 4	Nueces County MHMR Community Ctr dba Behavioral HI	138305109	\$230,567.82	\$0.00
RHP 4	Nueces County Hospital District	000000000	\$0.00	\$0.00
RHP 5	Columbia Valley Regional Medical Center	020947001	\$985,990.51	\$681,774.00
RHP 5	University of Texas Health Science Center SA	085144601	\$265,740.00	\$0.00
RHP 5	McAllen Hospitals LP dba Edinburg Regional Medical	094113001	\$4,725,595.25	\$1,793,471.64

Year 6

RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 5	Unv of Tx HSC at Houston-UTHSC Sponsored Projects	111810101	\$354,851.10	\$0.00
RHP 5	Columbia Rio Grande Healthcare dba Rio Grande Regi	112716902	\$4,073,751.50	\$3,930,905.00
RHP 5	Border Region MHMR Community Center	121989102	\$737,188.59	\$390,155.93
RHP 5	Driscoll Children's Hospital	132812205	\$1,140,000.00	\$448,800.00
RHP 5	Knapp Medical Center	135035706	\$0.00	\$0.00
RHP 5	Starr County Memorial Hospital	136332705	\$1,982,703.98	\$714,246.33
RHP 5	Tropical Texas Behavioral Health	138708601	\$3,731,148.72	\$873,383.30
RHP 5	Doctor's Hospital at Renaissance	160709501	\$11,073,440.04	\$3,623,930.64
RHP 5	University of Tx Rio Grande Valle	343698201	\$5,818,607.86	\$3,543,862.06
RHP 5	Hidalgo County Hidalgo County Treasurer	000000000	\$0.00	\$0.00
RHP 6	CHRISTUS Santa Rosa Hospital	020844901	\$843,082.89	\$421,541.44
RHP 6	CHRISTUS Santa Rosa Health Care (Children's Hospit	020844903	\$0.00	\$0.00
RHP 6	University of Texas Health Science Center SA	085144601	\$2,475,719.22	\$654,092.17
RHP 6	City of San Antonio Health Department	091308902	\$1,166,024.34	\$338,844.68
RHP 6	Community Medicine Associates	092414401	\$0.00	\$0.00
RHP 6	Methodist Hlthcare Sys of SA Southwest Texas Metho	094154402	\$3,983,918.52	\$843,082.50
RHP 6	Nix Hospitals System LLC dba Nix Health Care Syste	297342201	\$607,008.36	\$0.00
RHP 6	Frio Hospital Association Inc dba Frio Regional Ho	112688002	\$518,036.99	\$703,937.41
RHP 6	Dimmit County Memorial Hospital	217884001	\$1,152,264.35	\$1,364,701.77
RHP 6	Southwest Mental Hlth Ctr (Clarity Child Guidance	112742503	\$159,285.75	\$0.00
RHP 6	Val Verde Regional Medical Center	119877204	\$1,824,544.63	\$0.00
RHP 6	Uvalde County Hosp Authority dba Uvalde Memorial H	121782006	\$0.00	\$0.00
RHP 6	Camino Real Community Services	121990904	\$58,415.63	\$0.00
RHP 6	Bluebonnet Trails Community MHMR Center dba Bluebo	126844305	\$88,874.24	\$0.00
RHP 6	Sid Peterson Memorial Hospital dba Peterson Region	127294003	\$93,959.00	\$468,608.67
RHP 6	DSHS (Texas Center for Infectious Disease)	133257904	\$1,070,250.00	\$0.00
RHP 6	Medina County Hospital District dba Medina Regiona	212140201	\$183,762.00	\$183,762.00
RHP 6	Hill Country Community MHMR dba hill Country MHDD	133340307	\$286,087.83	\$1,329,015.56
RHP 6	Wilson County Mem Hosp Floresville dba Conally Mem	135151206	\$0.00	\$0.00
RHP 6	University Health System (Bexar County Hospital D	136141205	\$15,997,017.49	\$9,981,381.85
RHP 6	Hill Country Memorial Hospital	136430906	\$0.00	\$0.00
RHP 6	Southwest General Hospital	136491104	\$0.00	\$0.00
RHP 6	The Center for Health Care Services	137251808	\$990,522.72	\$275,359.89
RHP 6	Guadalupe County Hospital Board dba Guadalupe Regi	138411709	\$442,068.63	\$442,068.63
RHP 6	Baptist Medical Center (VHS San Antonio Partners)	159156201	\$438,403.10	\$164,401.16
RHP 7	St David's Hlthcare Partnership dba South Austin M	112717702	\$667,054.65	\$116,469.75
RHP 7	Central Texas Medical Center	121789503	\$2,813,625.00	\$1,509,750.00
RHP 7	Bluebonnet Trails Community MHMR Center dba Bluebo	126844305	\$0.00	\$0.00
RHP 7	Hill Country Community MHMR dba hill Country MHDD	133340307	\$4,253,630.96	\$1,194,598.00
RHP 7	Austin Travis County MHMR Center	133542405	\$502,283.00	\$0.00
RHP 7	Seton Healthcare dba University Medical Center at	137265806	\$2,085,314.95	\$1,679,277.32
RHP 7	Seton Healthcare dba Dell Children's Medical Cente	186599001	\$0.00	\$0.00
RHP 7	City of Austin	344398801	\$2,572,684.90	\$0.00
RHP 7	Community Care Collaborative	307459301	\$5,921,807.01	\$2,064,928.40

Year 6

RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 7	Travis County Hospital District	000000000	\$0.00	\$0.00
RHP 8	HH Killeen Hlth Sytm LLC dba Seton Med Ctr Harker	312239201	\$309,677.10	\$0.00
RHP 8	Scott & White Hospital - Llano	220798701	\$0.00	\$0.00
RHP 8	St David's Hlthcare Partnership dba Round Rock Med	020957901	\$1,313,433.10	\$0.00
RHP 8	Central Counties Center for MHMR Services	081771001	\$3,295,208.99	\$379,907.40
RHP 8	Bell County Public Health District	088334001	\$0.00	\$0.00
RHP 8	Seton Highland Lakes	094151004	\$590,791.19	\$191,820.30
RHP 8	Bluebonnet Trails Community MHMR Center dba Bluebo	126844305	\$0.00	\$0.00
RHP 8	Williamson County & Cities Health District	126936702	\$70,292.35	\$0.00
RHP 8	Central Texas MHMR	133339505	\$0.00	\$0.00
RHP 8	Hill Country Community MHMR dba hill Country MHDD	133340307	\$0.00	\$162,179.63
RHP 8	Scott & White Memorial Hospital c/o State Comp Dep	137249208	\$191,660.25	\$0.00
RHP 8	Rockdale Blackhawk, LLC dba Little River Healthcar	183086102	\$1,113,960.87	\$722,012.36
RHP 8	TAMUS Health Science Center	198523601	\$0.00	\$0.00
RHP 9	TAMUS Health Science Center dba Baylor College of	009784201	\$2,712,758.04	\$0.00
RHP 9	Presbyterian Hospital Of Dallas (TX Health Resourc	020908201	\$518,971.23	\$43.22
RHP 9	Columbia Hosp at Med City Dallas Subsid dba Medica	020943901	\$1,523,843.32	\$2,132,980.54
RHP 9	Texas Health Presbyterian Hospital Denton Presbyte	020967801	\$11,520.69	\$6.17
RHP 9	Columbia Medical Center of Las Colinas Inc dba Las	020979302	\$3,708.50	\$2,470.49
RHP 9	Texas Health Presbyterian Hospital Kaufman dba Pre	094140302	\$267,562.70	\$82,125.60
RHP 9	Columbia Medical Center of Lewisville dba Medical	094192402	\$19,886.44	\$74,453.73
RHP 9	Tenet Hosp Ltd dba Doctors Hosp at White Rock	364710901	\$354,613.87	\$12.01
RHP 9	Columbia Medical Center of Denton dba Denton Regio	111905902	\$125,655.63	\$51,484.75
RHP 9	Dallas County	121758005	\$31,511.61	\$10,503.88
RHP 9	Baylor Medical Center At Irving	121776204	\$239,010.06	\$69,006.96
RHP 9	BT Garland JV LLP	362293801	\$174,560.90	\$2,210.75
RHP 9	Lakes Regional MHMR Center	121988304	\$0.00	\$0.00
RHP 9	Methodist Hosp of Dallas Methodist Charlton Med Ct	126679303	\$1,542,994.08	\$42.70
RHP 9	UT Southwestern Medical Center at Dallas	126686802	\$6,543,499.59	\$1,061,232.66
RHP 9	Dallas County Hospital District dba Parkland Healt	127295703	\$15,816,429.47	\$2,901,615.84
RHP 9	Methodist Hosp of Dallas Methodist Dallas Med Ctr	135032405	\$2,160,329.92	\$2,026,179.44
RHP 9	Denton County MHMR Center	135234606	\$0.00	\$0.00
RHP 9	Denton County dba Denton County Health Department	136360803	\$141,967.50	\$0.00
RHP 9	Metrocare Services	137252607	\$0.00	\$0.00
RHP 9	Children's Medical Center of Dallas	138910807	\$7,762,881.33	\$4,368,045.01
RHP 9	Baylor University Medical Center	139485012	\$2,557,008.29	\$955,189.36
RHP 9	University of Texas Southwestern St Paul Universit	175287501	\$417,110.80	\$369,904.00
RHP 9	Trinity MC dba Baylor Medical Center at Carrollton	344925801	\$8,238.75	\$37.91
RHP 9	Methodist Hosp of Dallas dba Methodist Richardson	209345201	\$678,202.31	\$657,530.08
RHP 10	Columbia Medical Ctr of Arlington dba Med Ctr Arli	020950401	\$115,476.68	\$137,554.50
RHP 10	Cook-Fort Worth Children's Medical Center	021184901	\$532,035.67	\$0.00
RHP 10	Tarrant County	083149703	\$4,902,220.80	\$2,931,556.20
RHP 10	MHMR of Tarrant County	081599501	\$0.00	\$0.00
RHP 10	Columbia North Hills Hospital dba North Hills Hosp	094105602	\$0.00	\$54,630.50

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RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 10	Columbia Plaza Medical Center of Fort Worth dba PI	094193202	\$0.00	\$57,566.67
RHP 10	Texas Health Huguley INC dba Huguley Memorial Me	314080801	\$185,305.19	\$105,369.62
RHP 10	Harris Methodist Fort Worth Hospital	112677302	\$371,964.99	\$222,948.44
RHP 10	Harris Methodist Southwest Hospital	120726804	\$0.00	\$0.00
RHP 10	Texas Health Harris Mehodist Hospital Stephenville	121794503	\$0.00	\$0.00
RHP 10	PRHC-Ennis, L.P. dba Ennis Regional Medical Center	121822403	\$99,916.50	\$0.00
RHP 10	Lakes Regional MHMR Center	121988304	\$0.00	\$0.00
RHP 10	Tarrant County Hospital District dba JPS Health Ne	126675104	\$8,369,192.72	\$6,822,657.96
RHP 10	UT Southwestern Medical Center at Dallas	126686802	\$0.16	\$0.00
RHP 10	Harris Methodist Northwest Hosp (Azle)	127304703	\$172,735.96	\$131,747.76
RHP 10	Helen Farabee Centers	127373205	\$0.00	\$0.00
RHP 10	Decatur Community Hospital (Wise Reg Health Systm)	130606006	\$598,911.14	\$638,851.89
RHP 10	Texas Health Arlington Memorial Hospital	130614405	\$122,646.45	\$0.00
RHP 10	Pecan Valley MHMR Region dba Pecan Valley Centers	130724106	\$714,522.46	\$378,555.26
RHP 10	Texas Health Harris Methodist Hospital Cleburne	131036903	\$0.00	\$0.00
RHP 10	Baylor All Saints Medical Center	135036506	\$256,373.02	\$152,355.33
RHP 10	Texas Health Harris Methodist HEB	136326908	\$336,359.13	\$0.00
RHP 10	Children's Medical Center of Dallas	138910807	\$778,125.00	\$492,031.25
RHP 10	UNTHSC at Fort Worth	138980111	\$944,393.89	\$559,455.81
RHP 10	Acclaim Physician Group Inc	360106401	\$2,334,117.42	\$1,750,588.07
RHP 10	Methodist Mansfield Medical Center	186221101	\$328,452.00	\$164,226.00
RHP 10	Wise Clinical Care Associates	206106101	\$519,749.70	\$207,899.88
RHP 10	Glen Rose Medical Center	216719901	\$83,749.90	\$15,860.00
RHP 10	Texas Health Harris Methodist Hospital Alliance	316296801	\$185,816.57	\$0.00
RHP 11	Stonewall Memorial Hospital	020992601	\$145,258.00	\$0.00
RHP 11	Hamlin Memorial Hospital	094131202	\$124,711.78	\$169,483.40
RHP 11	Fisher County Hospital	112692202	\$250,587.84	\$211,768.17
RHP 11	Haskell Memorial Hospital	112702904	\$206,046.00	\$82,418.40
RHP 11	Stephens Memorial Hospital dba Stephens County Eme	337991901	\$125,000.01	\$31,303.31
RHP 11	Knox County Hospital District dba Knox County Hosp	121053602	\$124,274.28	\$0.00
RHP 11	Jones County Reg Healthcare Systm Stamford Mem Hos	126842708	\$129,885.75	\$0.00
RHP 11	Helen Farabee Centers	127373205	\$0.00	\$0.00
RHP 11	Pecan Valley MHMR Region dba Pecan Valley Centers	130724106	\$0.00	\$16,561.50
RHP 11	West Texas Centers for MHMR	130725806	\$0.00	\$91,121.00
RHP 11	Rolling Plains Memorial Hospital	133244705	\$518,523.30	\$218,004.05
RHP 11	Abilene Regional MHMR dba Hardwick Center	133338707	\$0.00	\$0.00
RHP 11	Central Texas MHMR	133339505	\$0.00	\$0.00
RHP 11	Mitchell County Hospital District dba Mitchell Cou	136325111	\$303,491.75	\$267,934.00
RHP 11	Eastland Memorial Hospital	137074409	\$398,817.50	\$422,975.00
RHP 11	Hendrick Medical Center	138644310	\$1,156,496.79	\$0.00
RHP 11	Palo Pinto Co Hosp Dist dba Palo Pinto Gen Hosp	138950412	\$0.00	\$0.00
RHP 11	Comanche County Medical Center Company	281406304	\$223,792.56	\$141,399.55
RHP 12	City of Amarillo	065100201	\$707,347.98	\$156,239.23
RHP 12	UMC Physician Network Services	079877902	\$0.00	\$0.00

Year 6

RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 12	Texas Tech University Health Sciences Center AMA	084563802	\$422,482.06	\$311,214.33
RHP 12	Texas Tech University Health Sciences Center Offic	084599202	\$1,623,490.73	\$592,452.65
RHP 12	Lubbock Regional MHMR Ctr dba StarCare Specialty	084897001	\$215,883.68	\$0.00
RHP 12	Hansford County Hospital District	094117105	\$198,134.33	\$0.00
RHP 12	Seminole HD of Gaines Co dba Memorial Hospital	094121303	\$10,519.17	\$199,078.18
RHP 12	Moore County Hospital District dba Memorial Hospit	094129604	\$207,579.55	\$0.00
RHP 12	Lynn County Hospital District	094180903	\$0.00	\$0.00
RHP 12	Hemphill County Hospital District	109588703	\$166,251.26	\$27,884.00
RHP 12	Ochiltree General Hospital	112704504	\$117,667.19	\$0.00
RHP 12	Lockney Gen Hosp Dist (W.J. Mangold Mem Hosp)	126667806	\$121,970.48	\$104,454.32
RHP 12	Preferred Hosp Leasing, Inc. dba Collingsworth Gen	126840107	\$0.00	\$0.00
RHP 12	Lamb Healthcare Center	127313803	\$86,509.00	\$0.00
RHP 12	Methodist Children's Hosp dba Covenant Children's	127319504	\$1,123,988.50	\$0.00
RHP 12	Helen Farabee Centers	127373205	\$0.00	\$0.00
RHP 12	Central Plains Center for Mental Health Mental Ret	127374005	\$292,662.97	\$292,662.97
RHP 12	Texas Panhandle Mental Health Mental Retardation	127378105	\$569,786.76	\$123,197.14
RHP 12	Terry Memorial Hospital District Brownfield Region	130618504	\$82,555.90	\$0.00
RHP 12	Swisher Memorial Healthcare System, dba Swisher Me	316076401	\$91,161.50	\$0.00
RHP 12	West Texas Centers for MHMR	130725806	\$206,824.96	\$324,718.92
RHP 12	Dallam-Hartley Counties Hosp District dba Coon Mem	130826407	\$374,339.57	\$310,850.10
RHP 12	Preferred Hospital Leasing Muleshoe Inc	350190001	\$24,352.68	\$0.00
RHP 12	Childress County Hospital District dba Childress R	133250406	\$390,529.45	\$0.00
RHP 12	Baptist St. Anthony's Health System	322879301	\$272,142.77	\$0.00
RHP 12	Deaf Smith County Hospital District dba Hereford R	133544006	\$491,573.59	\$230,095.21
RHP 12	Plains Memorial Hospital DSH Acct (Castro County)	136142011	\$0.00	\$0.00
RHP 12	D. M. Cogdell Memorial Hospital (Scurry County)	136330112	\$0.00	\$0.00
RHP 12	Lubbock Regional MHMR Center dba Sunrise Canyon Ho	136492909	\$167,867.79	\$16,784.96
RHP 12	Yoakum County dba Yoakum County Hospital	137227806	\$0.00	\$111,866.37
RHP 12	UHS @ Amarillo Inc dba Northwest Texas Healthcare	137245009	\$2,089,326.03	\$1,794,729.51
RHP 12	Parmer County Community Hospital	137343308	\$0.00	\$0.00
RHP 12	Lubbock County Hospital District dba University Me	137999206	\$1,488,265.08	\$0.00
RHP 12	Covenant Health System dba Covenant Medical Center	139461107	\$1,976,826.31	\$3,080,748.25
RHP 12	Prime Healthcare Services - Pampa, LLC dba Pampa R	308032701	\$385,126.10	\$336,985.25
RHP 12	Medical Arts Hospital	189947801	\$385,749.76	\$266,294.38
RHP 12	GPCH LLC dba Golden Plains Community Hospital	197063401	\$612,289.44	\$805,758.44
RHP 12	Lubbock Heritage Hospital dba Grace Medical Center	281514401	\$0.00	\$0.00
RHP 13	North Runnels Hospital	020989201	\$0.00	\$0.00
RHP 13	City of San Angelo	022793601	\$55,555.56	\$0.00
RHP 13	Concho County Hospital	091770005	\$0.00	\$0.00
RHP 13	MHMR Svcs for the Concho Valley	109483102	\$0.00	\$0.00
RHP 13	L M Hudspeth Memorial Hospital	121781205	\$159,459.63	\$212,608.13
RHP 13	Reagan Hosp District dba Reagan Memorial Hosp	121806703	\$188,817.50	\$283,935.00
RHP 13	Ballinger Memorial Hospital	130089906	\$85,097.50	\$0.00
RHP 13	Pecos County Memorial Hospital	130616909	\$516,223.08	\$351,921.32

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RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 13	West Texas Centers for MHMR	130725806	\$0.00	\$0.00
RHP 13	Central Texas MHMR	133339505	\$0.00	\$0.00
RHP 13	Hill Country Community MHMR dba hill Country MHDD	133340307	\$0.00	\$31,948.00
RHP 13	Coleman County Medical Center	316360201	\$236,976.00	\$91,480.50
RHP 13	Shannon Medical Center	137226005	\$0.00	\$0.00
RHP 13	Permian Basin Community Centers	138364813	\$0.00	\$0.00
RHP 13	McCulloch County Hospital District dba Heart of Tx	322916301	\$225,722.80	\$0.00
RHP 13	Preferred Hosp Leasing Eldorado, Inc. dba Schleich	179272301	\$118,126.75	\$0.00
RHP 13	Preferred Hosp Leasing Junction Inc. dba Kimble Ho	206083201	\$0.00	\$0.00
RHP 14	Texas Tech University Health Sciences Center Odess	081939301	\$3,321,243.73	\$2,017,869.36
RHP 14	Winkler County Memorial Hospital	094204701	\$45,683.00	\$0.00
RHP 14	Reeves County Hospital	112684904	\$383,640.25	\$348,674.08
RHP 14	Odessa Regional Medical Center	112711003	\$1,011,995.10	\$869,009.42
RHP 14	Permian Regional Medical Center	127298107	\$1,121,057.76	\$653,950.36
RHP 14	West Texas Centers for MHMR	130725806	\$704,588.24	\$0.00
RHP 14	Ector County Hospital District dba Medical Center	135235306	\$2,996,773.02	\$1,064,292.94
RHP 14	Midland County Hospital District dba Midland Memor	136143806	\$289,596.15	\$341,183.40
RHP 14	Permian Basin Community Centers	138364813	\$0.00	\$0.00
RHP 14	Culberson County Hospital District	176354201	\$35,625.28	\$0.00
RHP 15	City of El Paso dba City of El Paso Department of	065086301	\$1,756,971.26	\$0.00
RHP 15	Texas Tech University Health Sciences Center EL Pa	084597603	\$2,484,394.98	\$607,140.74
RHP 15	El Paso Healthcare System Ltd dba Las Palmas Medic	094109802	\$4,383,221.78	\$2,544,642.84
RHP 15	El Paso Community MHMR dba Emergence Health Networ	127376505	\$4,634,513.38	\$2,728,446.59
RHP 15	Tenet Hospital Limited dba Providence Memorial Hos	130601104	\$2,986,091.69	\$2,256,480.42
RHP 15	El Paso Co Hosp Dist - University Medical Center o	138951211	\$5,768,574.14	\$1,474,994.63
RHP 15	Sierra Providence East Medical Center	196829901	\$2,830,723.88	\$1,464,850.69
RHP 15	El Paso Children's Hospital	291854201	\$227,402.72	\$0.00
RHP 16	Central Counties Center for MHMR Services	081771001	\$868,647.50	\$0.00
RHP 16	Heart of Texas Region MH & MR Center	084859002	\$0.00	\$0.00
RHP 16	Providence Health Services of Waco dba Providence	111829102	\$773,012.25	\$343,561.00
RHP 16	Hamilton County Hospital District dba Family Pract	121792903	\$4,456,826.73	\$972,350.34
RHP 16	Coryell County Memorial Hospital Authority dba Cor	134772611	\$2,163,212.98	\$1,165,313.44
RHP 16	Goodall-Witcher Healthcare Foundation Administrati	137075116	\$0.00	\$0.00
RHP 16	Hillcrest Baptist Medical Center	138962907	\$413,206.78	\$0.00
RHP 16	Limestone Medical Center dba Limestone Medical Cen	140714001	\$407,957.79	\$0.00
RHP 17	Conroe Regional Medical Center	020841501	\$222,370.60	\$97,862.00
RHP 17	College Station Medical Center	020860501	\$227,493.00	\$152,432.00
RHP 17	Tri-County Behavioral Healthcare	081844501	\$0.00	\$0.00
RHP 17	St. Joseph Regional Health Center	127267603	\$86,194.00	\$0.00
RHP 17	Brazos Co Treasurer (Brazos County Health Departme	130982504	\$18,000.00	\$112,200.00
RHP 17	Scott & White Hospital Brenham	135226205	\$53,437.64	\$35,012.25
RHP 17	MHMR Authority of Brazos Valley	136366507	\$109,975.00	\$27,493.75
RHP 17	St. Luke's Community Health Srvs (The Woodlands)	160630301	\$339,954.75	\$0.00
RHP 17	Walker County Hosp Corp. dba Huntsville Memorial	189791001	\$1,202,596.46	\$950,609.96

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RHP	Provider Name	Provider TPI	DY6 Estimated Remaining DSRIP	DY5 Estimated Remaining DSRIP
RHP 17	The TX A&M Univ Systm Hlth Science Cent dba Tx A&M	198523601	\$233,644.13	\$0.00
RHP 17	Montgomery County Public Health District	311035501	\$0.00	\$0.00
RHP 18	Collin County MHMR dba LifePath Systems	084001901	\$6,363,604.39	\$1,075,737.69
RHP 18	MHMR SVCS of Texoma	084434201	\$0.00	\$0.00
RHP 18	Lakes Regional MHMR Center	121988304	\$78,394.48	\$0.00
RHP 18	UT Southwestern Medical Center at Dallas	126686802	\$604,640.02	\$302,320.01
RHP 18	Children's Medical Center of Dallas	138910807	\$2,864,635.65	\$1,481,694.82
RHP 18	Tenet Frisco Ltd dba Centennial Medical Center	169553801	\$129,356.00	\$115,564.50
RHP 18	UHS Texoma, Inc. dba Texoma Medical Center	194997601	\$0.00	\$0.00
RHP 18	Collin County Government	126865802	\$0.00	\$0.00
RHP 19	MHMR SVCS of Texoma	084434201	\$0.00	\$47,333.50
RHP 19	Throckmorton County Memorial Hospital	088189803	\$208,125.47	\$0.00
RHP 19	Clay County Memorial Hospital	094138703	\$105,409.50	\$105,409.50
RHP 19	Olney Hamilton Hospital District dba Hamilton Hosp	110856504	\$134,391.25	\$58,118.50
RHP 19	Wilbarger General Hospital	112707808	\$0.00	\$0.00
RHP 19	Jack County Hospital District dba Faith Community	119874904	\$417,527.89	\$324,955.04
RHP 19	Gainesville Memorial Hospital (North Texas Medical	121777003	\$641,952.36	\$395,892.00
RHP 19	Nocona Hospital District dba Nocona Gen Hosp	127310404	\$23,685.25	\$47,370.50
RHP 19	Helen Farabee Centers	127373205	\$454,488.47	\$0.00
RHP 19	Graham Hospital District	346945401	\$0.00	\$0.00
RHP 19	Electra Memorial Hospital	135034009	\$0.00	\$0.00
RHP 19	United Regional Health Care System	135237906	\$1,128,586.51	\$0.00
RHP 19	Seymour Hospital	138353107	\$240,139.67	\$98,065.25
RHP 20	University of Texas Health Science Center SA	085144601	\$37,675.00	\$0.00
RHP 20	Laredo Reg Med Ctr dba Doctor's Hospital of Laredo	094186602	\$0.00	\$0.00
RHP 20	Border Region MHMR Community Center	121989102	\$749,019.34	\$1,432,220.10
RHP 20	Camino Real Community Services	121990904	\$188,155.30	\$0.00
RHP 20	Driscoll Children's Hospital	132812205	\$0.00	\$0.00
RHP 20	Maverick County Hospital District	137908303	\$250,000.00	\$0.00
RHP 20	City of Laredo	137917402	\$0.00	\$0.00
RHP 20	Laredo Texas Hosp Co dba Laredo Medical Center	162033801	\$1,256,273.35	\$973,649.10
RHP 20	Webb County Clerk	000000000	\$0.00	\$0.00