

Texas Healthcare Transformation and Quality Improvement Program
Section 1115 Quarterly Report for
Managed Care

Texas Health and Human Services Commission

Demonstration Reporting Period:

2017 State Fiscal Quarter 1, September - November

Demonstration Year (DY) 6 Quarter 1, October - December

TABLE OF CONTENTS

I. Introduction	4
A. Managed Care Plans Participating in the Waiver Program	4
B. Monitoring Managed Care Plans	4
II. Enrollment and Benefits Information.....	5
A. Eligibility and Enrollment.....	5
B. Enrollment Counts for the Quarter by Population	14
C. Medicaid Eligibility Changes	14
D. Anticipated Changes in Populations or Benefits	14
III. Delivery Networks and Access.....	16
A. Provider Networks	16
B. GeoAccess.....	17
C. Out-of-Network Utilization	20
IV. Outreach/Innovative Activities to Assure Access	22
A. Enrollment Broker and Plan Activities	22
B. Dental Stakeholder MeetinG	23
C. Medicaid Managed Care Advisory Committee	23
D. Public Forum	23
E. Independent Consumer Supports System Plan	24
F. HHSC Managed Care Initiatives	25
V. Collection and Verification of Encounter Data and Enrollment Data.	27
VI. Action Plans for Addressing Any Issues Identified.....	27
VII. Consumer Issues.....	27
A. Hotline Call Volume and Performance.....	28
B. Complaints and Appeals Received by Plans.....	31

C. Complaints Received by the State	40
VIII. QUALITY Assurance/Monitoring Activity	42
A. DY6 Quarter 1 Update	42
Enclosures/Attachments.....	44
State Contacts.....	46
Acronym list.....	47

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 reporting requirements for the STAR 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, 25(e), 40(a), 41(b) and, 70. These STCs require the State to report on various topics, including: enrollments; anticipated changes in populations or benefits; network adequacy; encounter data; operational, policy, systems, and fiscal issues; action plans for addressing identified issues; consumer issues; and quality assurance and monitoring.

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 SFQ1 (September - November) instead of Demonstration Year (DY) 6, Q1 ("2017 D6," covering October 1, 2016 - December 31, 2016). Throughout the report, the State has identified whether the quarterly data relates to 2017 SFQ1 or 2017 D6.

A. MANAGED CARE PLANS PARTICIPATING IN THE WAIVER PROGRAM

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

- Monetary damages (actual, consequential, direct, indirect, special, and/or liquidated damages (LDs)),
- 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>

II. ENROLLMENT AND BENEFITS INFORMATION

This section addresses STCs 25(e), 40(a) and 70 including quarterly trends and issues related to STAR, 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 reporting period (September - November) instead of 2017 D1 (October - December). Supporting data are located in Attachment B.

A. ELIGIBILITY AND ENROLLMENT

This subsection addresses the quarterly reporting requirements found in STC 25(e) and 70. Attachment B includes enrollment summaries for the three 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 and Dental, increased by 1.77% from 2016 SFQ4 to 2017 SFQ1.

1. STAR

The number of members enrolled in STAR plans increased by 1.95% from 2,860,955 in 2016 SFQ4 to 2,916,671 in 2017 SFQ1. Across the STAR program, four MCOs reported a decrease in

membership of less than 4% from SFQ4 to SFQ1 shown in the following tables. During 2017 SFQ1, the majority of the MCOs and SDAs reported increases in enrollment. The largest increase in member enrollment was reported for Cook Children's MCO (3.36%) and Nueces SDA (3.90%). In contrast, four MCOs reported declines in membership: El Paso (-2.34%), Scott & White (-1.60%), Christus (-1.38%) and First Care (-0.78%) and one SDA El Paso (-0.56%).

Enrollment by STAR MCO (2016 SFQ4 - 2017 SFQ1)

STAR	2016 Q4	2017 Q1	Total Change	Percent Change from 2016 SFQ4 to 2017 SFQ1
Statewide	2,860,955	2,916,671	55,716	1.95%
Aetna	69,712	70,809	1,097	1.57%
Amerigroup	553,043	569,348	16,305	2.95%
BCBS	23,793	24,301	508	2.14%
CHC	234,427	241,810	7,383	3.15%
Christus	5,654	5,576	(78)	-1.38%
Community 1st	104,974	105,857	883	0.84%
Cook Children's	97,601	100,881	3,280	3.36%
Driscoll	141,538	146,029	4,491	3.17%
El Paso 1st	67,986	66,394	(1,592)	-2.34%
FirstCare	93,453	92,724	(729)	-0.78%
Molina	97,192	97,963	771	0.79%
Parkland	164,597	166,708	2,111	1.28%
Scott & White	42,963	42,274	(689)	-1.60%
Sendero	12,730	13,138	408	3.21%
Seton	17,845	18,225	380	2.13%
Superior	682,779	698,927	16,148	2.37%
Texas Children's	331,702	335,434	3,732	1.13%
United	118,966	120,273	1,307	1.10%

STAR Enrollment by SDA (2016 SFQ4 – 2017 SFQ1)

STAR	2016 Q4	2017 Q1	Total Change	Percent Change from 2016 SFQ4 to 2017 SFQ1
Statewide	2,860,955	2,916,671	55,716	1.95%
Bexar	242,534	246,517	3,983	1.64%
Dallas	385,020	394,829	9,809	2.55%
El Paso	123,959	123,265	-694	-0.56%
Harris	681,963	694,229	12,266	1.80%
Hidalgo	350,084	354,101	4,017	1.15%
Jefferson	72,857	75,032	2,175	2.99%
Lubbock	74,783	75,609	826	1.10%
MRSA Central	128,003	129,871	1,868	1.46%
MRSA Northeast	163,735	168,649	4,914	3.00%
MRSA West	153,966	156,718	2,752	1.79%
Nueces	83,887	87,159	3,272	3.90%
Tarrant	259,184	266,744	7,560	2.92%
Travis	140,980	143,948	2,968	2.11%

Market Share by STAR MCO (2016 -2017)

The STAR market share distribution by MCOs fluctuated slightly from the prior quarter, with a maximum percentage point change from 2016 SFQ4 to 2017 SFQ4 of 0.14 percentage points for Texas Children's as shown in the table below.

STAR	2016 Q2	2016Q3	2016Q4	2017Q1	Percentage Point Change from 2016 Q4 to 2017 Q1
Aetna	2.46%	2.46%	2.45%	2.43%	-0.02%
Amerigroup	19.39%	19.40%	19.42%	19.52%	0.10%
BCBS	0.84%	0.85%	0.84%	0.83%	0.01%
CHC	8.13%	8.16%	8.23%	8.29%	0.06%
Christus	0.21%	0.20%	0.20%	0.19%	-0.01%
Community 1st	3.76%	3.73%	3.69%	3.63%	-0.06%
Cook Children's	3.43%	3.41%	3.43%	3.46%	0.03%
Driscoll	4.82%	4.88%	4.97%	5.01%	0.04%
El Paso 1st	2.30%	2.32%	2.39%	2.28%	-0.11%
FirstCare	3.22%	3.27%	3.28%	3.18%	-0.10%
Molina	3.14%	3.44%	3.41%	3.36%	-0.05%
Parkland	6.07%	5.85%	5.78%	5.72%	-0.06%
Scott & White	1.48%	1.49%	1.51%	1.45%	-0.06%
Sendero	0.42%	0.44%	0.45%	0.45%	0.00%
Seton	0.60%	0.62%	0.63%	0.62%	0.00%
Superior	24.05%	23.95%	23.97%	23.96%	-0.01%
Texas Children's	11.57%	11.40%	11.64%	11.50%	-0.14%
United	4.11%	4.13%	4.18%	4.12%	-0.05%

2. STAR+PLUS

The number of members enrolled in STAR+PLUS plans decreased by -2.27% from 542,297 in 2016 SFQ4 to 529,966 in 2017 SFQ1. The enrollment decrease is due to the recent implementation of the STAR Kids program. All of the STAR+PLUS plans reported decreases in enrollment with Superior having the largest enrollment decrease (-3.46%). Among SDAs, Hidalgo (- 4.94%) had the largest decrease in member enrollment. The following tables show the change in enrollment in STAR+PLUS by MCO and SDA from 2016 SFQ4 to 2017 SFQ1.

Enrollment by STAR+PLUS MCO (2016 SFQ4 – 2017 SFQ1)

STAR+PLUS	Sum of 16Q4 Enroll	Sum of 17Q1 Enroll	Total Change	Percentage Change
Statewide	542,297	529,966	-12331	-2.27%
Amerigroup	139,486	136,182	-3304	-2.37%
Cigna-HealthSpring	50,823	50,324	-499	-0.98%
Molina	90,466	88,441	-2025	-2.24%
Superior	145,390	140,356	-5034	-3.46%
United	116,132	114,663	-1469	-1.26%

Enrollment by STAR+PLUS SDA (2016 SFQ4 – 2017 SFQ1)

STAR+PLUS	2016 Q4	2017 Q1	Total Change	Percentage Change
Statewide	542,297	529,966	-12,331	-2.27%
Bexar	47,821	46,286	-1,535	-3.21%
Dallas	62,752	62,454	-298	-0.47%
El Paso	21,062	21,060	-2	-0.01%
Harris	105,835	102,069	-3,766	-3.56%
Hidalgo	68,276	64,903	-3,373	-4.94%
Jefferson	20,295	19,799	-496	-2.44%
Lubbock	13,678	13,342	-336	-2.46%
MRSA Central	29,840	29,506	-334	-1.12%
MRSA Northeast	46,260	46,038	-222	-0.48%
MRSA West	38,162	37,781	-381	-1.00%
Nueces	21,928	21,447	-481	-2.19%
Tarrant	40,516	39,833	-683	-1.69%
Travis	25,872	25,448	-424	-1.64%

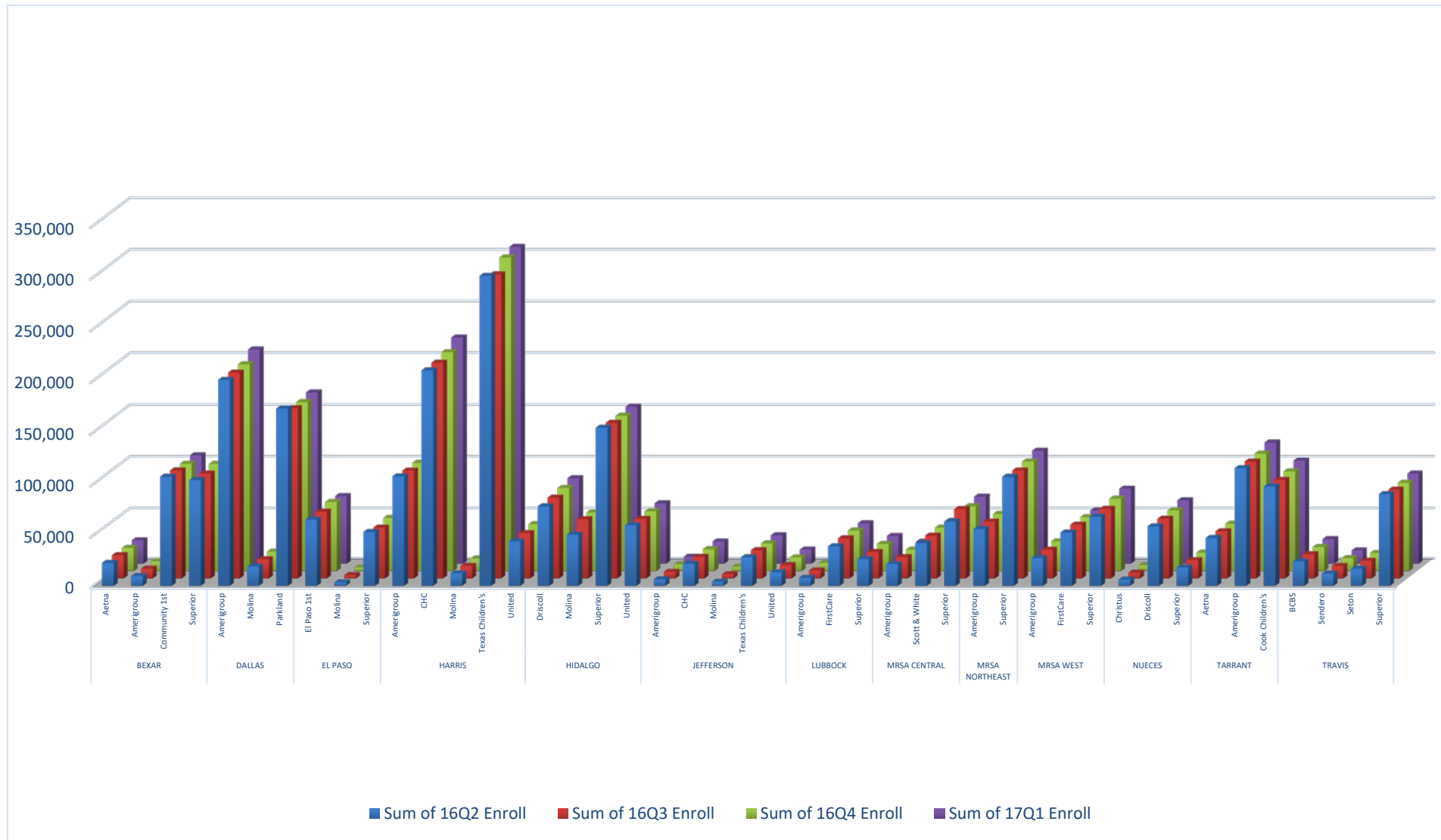
The STAR+PLUS market share remained relatively stable with only slight changes from 2016 SFQ4 to 2017 SFQ1. Superior's market share decreased from the prior quarter (-0.62 percentage points), however Superior still reported the largest STAR+PLUS market share. Despite these changes, the order of MCOs by market share remained consistent as shown in the table below.

Market Share by STAR+PLUS MCO (2016 -2017)

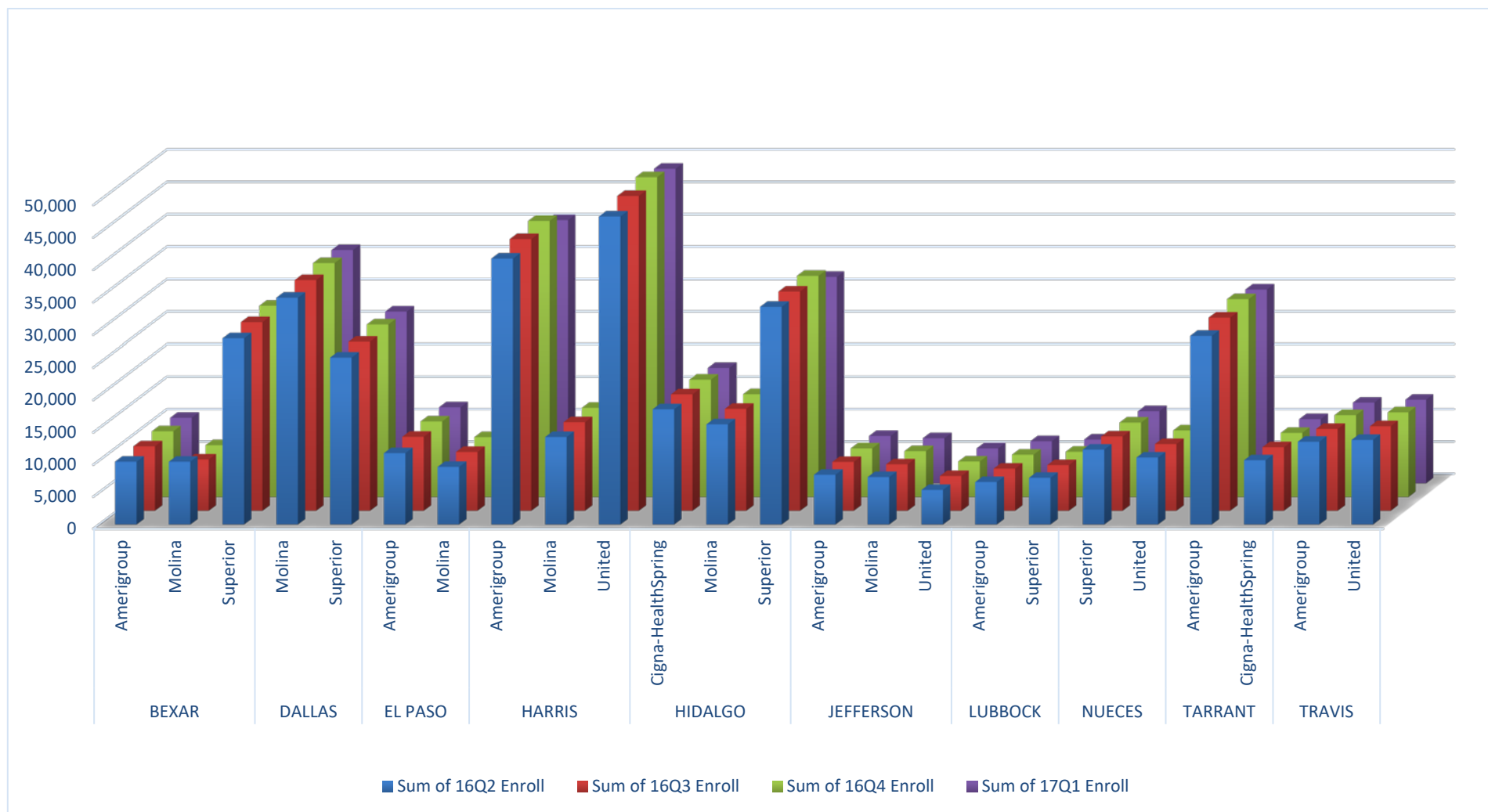
STAR+PLUS	2016 Q2	2016 Q3	2016 Q4	2017 Q1	Percentage Point Change from 2016 Q4 to 2017 Q1
Amerigroup	25.42%	25.65%	26.00%	25.70%	-0.30%
Cigna-HealthSpring	9.49%	9.42%	9.47%	9.50%	0.03%
Molina	16.88%	16.69%	16.86%	16.69%	-0.17%
Superior	26.83%	26.80%	27.10%	26.48%	-0.62%
United	21.39%	21.44%	21.65%	21.64%	-0.01%

The two following graphs show STAR and STAR+PLUS quarterly enrollment by MCO and SDA from SF16Q2 to SF17Q1. The third graph shows STAR+PLUS quarterly enrollment in the MRSA SDAs by MCO since the program has been expanded to the MRSA SDAs.

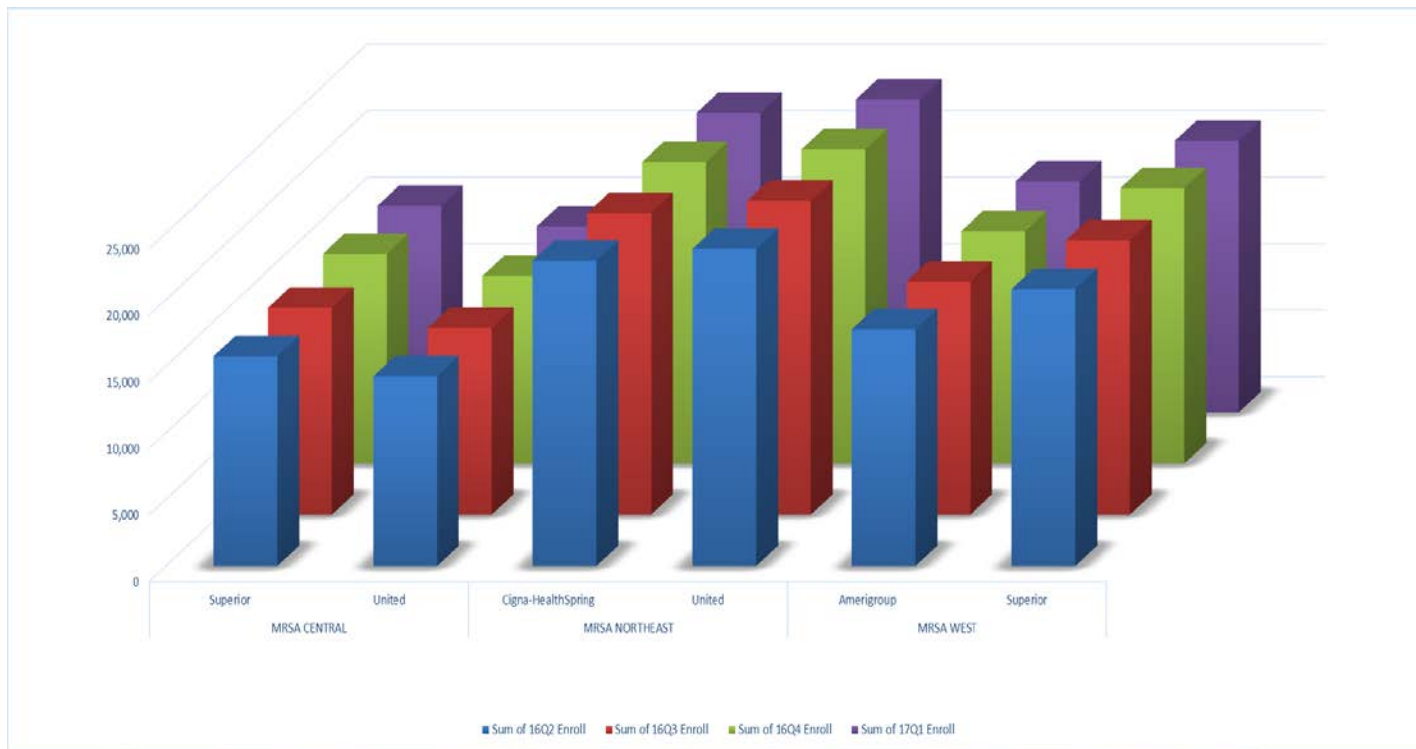
STAR Program Enrollment by MCO and Service Delivery Area (2016 SFQ2 -2017 SFQ1)



STAR+PLUS Non-MRSA Program Enrollment by MCO and Service Delivery Area (2016 SFQ2 -2017 SFQ1)



STAR+PLUS MRSA Program Enrollment by MCO and Service Delivery Area (SFY2016 Q2 through 2017 SFQ1)



3. Dental Program

Total enrollment in the Dental Program increased by 2.36% from 2,872,696 members during 2016 SFQ4 to 2,940,356 members during 2017 SFQ1.

Dental Program Enrollment Statewide (2016 SFQ2 -2017 SFQ1)



Dental Market Share Statewide (2016 SFQ4 - 2017 SFQ1)

Market share in the Dental Program remained steady (within a percentage point): DentaQuest had approximately 56% while MCNA maintained at 44%.

Dental	2016 Q2	2016 Q3	2016 Q4	2017 Q1	Percent Point Change from 2016 Q4 to 2017 Q1
DentaQuest	55.57%	55.86%	56.07%	56.36%	0.29%
MCNA	44.43%	44.14%	43.64%	43.64%	0.00%

B. ENROLLMENT COUNTS FOR THE QUARTER BY POPULATION

This subsection includes quarterly enrollment counts as required by STC 70. Due to the time required for the data collection process, unique member counts per quarter are reported on a two-quarter lag. The following table includes enrollment counts for the 2017 D6. Enrollment counts are based on persons and not member months.

Enrollment Counts (DY6 Q2 April 2016-June 2016)

Demonstration Populations	Total Number Served
Adults	334,628
Children	2,840,491
Aged and Medicare Related (AMR)	384,401
Disabled	423,533

C. MEDICAID ELIGIBILITY CHANGES

No eligibility changes were made to the 1115 waiver populations in 2017 D6.

D. ANTICIPATED CHANGES IN POPULATIONS OR BENEFITS

STAR Kids

On November 1, 2016, children and young adults under the age of 21 who are not in state conservatorship and who receive Supplemental Security Income (SSI) or SSI-related Medicaid, who reside in a community-based intermediate care facility for individuals with an intellectual disability or a related condition (ICF-IID) or a nursing facility (NF), or who are served through one of the Medicaid 1915(c) waivers were transitioned from traditional Medicaid fee-for-service (FFS), STAR, or STAR+PLUS Medicaid managed care to STAR Kids Medicaid managed care for the provision of their 1905(a) state plan services. Children and young adults enrolled in STAR Kids receive a continuum of services, including acute care, behavioral health, and state plan long-term services and supports (LTSS).

Children and young adults who currently receive services through the Medically Dependent Children Program (MDCP) began receiving their MDCP 1915(c) services from either a STAR Kids or STAR Health MCO. Other 1915(c) Home and Community-Based Services (HCBS) waivers, NF services, and ICF-IID services continue to be operated as they have historically been operated and will not be capitated services in the STAR Kids model. STAR Kids MCOs will provide service coordination for all members, including coordination with non-capitated HCBS that exist outside of this section 1115 demonstration. Children in the conservatorship of the Department of Family and Protective Services (DFPS) who have SSI or SSI-related Medicaid, or who are served through one of the 1915(c) waivers, are currently served through the STAR Health 1915(a) program and will continue in STAR Health after implementation of STAR Kids.

Medicaid Breast and Cervical Cancer, Adoption Assistance/Permanency Care Assistance

Currently, Medicaid for Breast and Cervical Cancer (MBCC) and Medicaid services for individuals in Adoption Assistance and Permanency Care Assistance (AAPCA) programs are delivered through traditional, FFS Medicaid. These services will transition from Medicaid FFS to Medicaid managed care. Starting September 1, 2017, MBCC benefits will be delivered through STAR+PLUS Medicaid managed care, and Medicaid benefits for individuals in AAPCA will be delivered through STAR and STAR Kids Medicaid managed care. Clients in AAPCA who have supplemental security income (SSI) or are enrolled in Medicare will be enrolled in STAR Kids. All other clients with AAPCA will be enrolled in STAR with the exception of a few populations.

Under managed care, about 5,000 MBCC clients will have access to unlimited prescriptions and service coordination and access to Long Term Services and Supports as needed through STAR+PLUS (services not available in Medicaid FFS). Additionally, 51,000 AAPCA clients will have access to enhanced service management through STAR and service coordination for those AAPCA children transitioning into STAR Kids (a service not available in Medicaid FFS).

III. DELIVERY NETWORKS AND ACCESS

This subsection addresses the quarterly reporting requirements found in STCs 25(e), 40(a), 41(b) and 70. Supporting data is located in Attachments C through K. HHSC routinely reviews various measures related to network adequacy, including those reported in the following sections 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. The Managed Care Contracts require all MCOs to assign members to a PCP, and for all adult members to have access to at least one PCP and for all children who are members to at least two age appropriate PCPs within established mileage standards.

Across the STAR program statewide, the MCOs reported a total of 19,748 unique PCP providers, an increase of 289 (1.49%) from the prior quarter. The MCOs reported 15,219 unique PCP providers in the STAR+PLUS program statewide, an increase of 401 (2.71%) from the prior quarter.

2. Specialists (non-pharmacy)

Across the STAR program statewide, the MCOs reported 60,336 unique specialty providers, a decrease of 467 (0.78%) from the prior quarter. The MCOs reported 49,495 unique specialty providers in the STAR+PLUS program statewide, a decrease of 1,936 (3.76%) providers from the previous quarter.

3. Provider Terminations

Attachment C3 details data reported by the MCOs regarding the number of PCPs and specialists terminated in 2017 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

Across the STAR program statewide, the MCOs reported a total of 4,947 unique pharmacies, an increase of 39 (0.79%) pharmacies from the prior quarter. The MCOs reported 4,584 unique pharmacies in the STAR+PLUS program statewide, a decrease of 208 (-4.34%) pharmacies from the prior quarter. All MCOs contract with the pharmacies outside their primary SDA to ensure members have access to a pharmacy if they travel outside the SDA.

5. Dental Program Provider Counts

In 2017 SFQ1, DentaQuest reported a total of 5,591 unique dental providers, an increase of 169 (3.12%) dental providers from the prior quarter. MCNA reported 4,827 unique dental providers, an increase of 109 (2.31%) dental providers from the prior quarter.

B. GEOACCESS

This subsection includes quarterly geo-access information based on geo-mapping data provided by HHSC Strategic Decision Support (SDS) and self-reported by MCOs, in accordance with STCs 25(e) and 40(a).

Attachments E, G and H show HHSC geo-mapping results by plan and SDA for the following provider types and populations:

- All STAR and STAR+PLUS members: open panel PCP and pharmacy;
- Children STAR and STAR+PLUS: otolaryngologist (ENT);
- Dental members: main dentists, endodontic, oral surgery, orthodontic, periodontist and prosthodontist

Attachments I, J, and K provide a summary of the plans' self-reported geo-mapping data by plan and SDA for several provider types. The requirements for provider types vary by program and population as described below.

- All STAR and STAR+PLUS members: open panel PCPs, obstetrician/gynecologist for female members, orthopedic surgeon, outpatient behavioral health services, acute care hospitals and pharmacy;
- Adults and children in STAR and children in STAR+PLUS: orthopedic surgery;
- Children in STAR and STAR+PLUS: ENT;
- Adults in STAR+PLUS: urology, ophthalmology, cardiovascular disease specialist;
- Dental members: main dentists, endodontic, oral surgery, orthodontic; periodontist and prosthodontist.

For all STAR and STAR+PLUS SDAs, the following benchmarks were applied for access to PCPs and specialists:

- 90% – two open panel PCPs for children and one open panel PCP for adults; and
- 90% – access to at least one of all other provider types for adults and children.

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

1. Access to PCPs and ENTs

Geoaccess to PCPs and ENTs is reported on Attachment E. In 2017 SFQ1 across the state, all of the STAR and most of the STAR+PLUS programs exceeded the State's 90% benchmarks for access to PCPs and ENTs. Based on the HHSC Geo-Mapping results, most plans met the access standard for children and adult access to a PCP with an open panel in 2017 SFQ1. Most plans met the access standard for children's access to an ENT with an open panel in 2017 SFQ1. The following plans did not meet the 90% ENT access standard:

STAR: MRSA West: Amerigroup, First Care and Superior.

STAR+PLUS: Bexar: Amerigroup, Hidalgo: Cigna-HealthSpring, Lubbock: Amerigroup, MRSA West: Amerigroup and Superior, and Tarrant: Cigna-HealthSpring.

2. Access to Specialty Care

Attachments I1 and I2 show the geo-access measures by MCO for specialty care. The attachments are separated by children and adults and by the STAR and STAR+PLUS programs.

Children

As reflected in attachment I1, most STAR MCOs met the geomapping standards for providing acute care to child members with the exception of the following MCOs listed by SDA: El Paso (Superior), Jefferson (Molina), MRSA West (Amerigroup) and (First Care).

In the STAR+PLUS, program, Amerigroup in MRSA West experienced difficulty with achieving the geomapping standards for providing acute care to children.

Adults

In the adults' category of the STAR program, the majority of the MCOs met the geomapping standards for providing specialty care. However, the following STAR plans failed to meet the standard for adult members residing in rural counties within 75 miles of one behavioral health provider by SDA: El Paso (Superior and El Paso First). Also in the STAR program one MCO failed to meet the geomapping standard for adult members residing within 75 miles of one Urologist: MRSA West (First Care). In the STAR+PLUS program the following plans failed to meet the standard for providing acute care for adults by SDA: MRSA West (Amerigroup).

HHSC granted a special exception request in the children and adult's categories for the following STAR plan(s): First Care MRSA West.

3. Access to Pharmacy

Attachment G provides summaries of HHSC geo-mapping data by plan and SDA for pharmacies. For all STAR and STAR+PLUS SDAs, the following benchmarks applied:

- 80% – access to a network pharmacy in urban counties within 2 miles
- 75% – 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 SFQ1. This information is available in Attachment G. 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.

4. Dental Geo-mapping

Dental geo-mapping results are divided into eleven Texas regions. Within each region, HHSC generates a report on the percentage of members in urban and rural areas with access to main dentists, endodontists, oral surgeons, orthodontists, periodontists and prosthodontists.

Attachment H provides summaries of HHSC geo-mapping information for both dental plans and Attachment K provides DMO reported geo-mapping for both dental plans.

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

- 100% – open practice main dentist in urban areas within 30 miles;
- 100% – open practice main dentist in rural areas within 75 miles; and
- 95% – specialists in urban and rural areas within 75 miles.

In 2017 SFQ1, both DentaQuest and MCNA maintained sufficient provider networks for main dentists in rural and urban counties as well as pediatric dentists statewide. Access to dental specialty providers (periodontists, endodontists and prosthodontists) is limited in some parts of Texas as depicted in Attachment H. It should be noted that statewide data from Attachment H indicates both DMOs have experienced extreme difficulty procuring prosthodontists within 75 miles. 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.

C. OUT-OF-NETWORK UTILIZATION

As required by Texas law,¹ the State monitors health and dental plans' use of out-of-network (OON) facilities and providers.² 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.

1. SFQ1 2017

Attachment D details the OON utilization rates by program, MCO and SDA. The following plans listed below exceeded OON utilization standards in 2017 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: Dallas, Harris and MRSA Central SDAs
- Christus: Nueces SDA
- Molina: Dallas and Jefferson SDAs
- Seton: Travis SDA

¹ Texas Government Code §533.005(a)(11).

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

- Texas Children's: Harris SDA

STAR+PLUS

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

HHSC approved special exception requests from MCOs listed above with the exception of Christus Nueces. The MCO and Methodist Hospital System are in current negotiations and the MCO continues to work with Methodist to encourage a new contract with reasonable contract terms. The State will continue to monitor these plans and will require corrective action or other remedies if appropriate. 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 SFQ1. In the Dental Program, the 20% standard for "other services" applies to out-of-network dental services.

2. Special Exception Request Process

Under certain circumstances, plans may request time-limited exemptions from the OON standards if the plans provide evidence warranting special exception. In order to be granted an exception the plan must demonstrate both that admissions or visits to a single OON facility account for 25% or more of the plan's admissions or visits in a reporting period; and the plan can demonstrate that it made good faith reasonable efforts to contract with an OON facility to no avail. If the State grants the special exception, the non-contracted provider is removed from the plan's OON calculations and the plan recalculates the utilization rate. HHSC evaluates the recalculated OON rates to determine whether OON standards are met. HHSC may grant an exception for the quarter in which the exception was submitted and up to three subsequent state fiscal quarters. MCOs with approved special exceptions are not subject to remedies or assessed liquidated damages (LDs). Attachment D provides utilization data, including recalculated rates, by program, MCO, and SDA.

IV. OUTREACH/INNOVATIVE ACTIVITIES TO ASSURE ACCESS

This section addresses the quarterly requirements for STC 70 regarding outreach and other initiatives to ensure access to care. The Dental Stakeholder Update addresses STC 41(c) and the Medicaid Managed Care Advisory Committee meeting update also addresses STC 70.

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 D6 Demonstration period (October - December 2016) MAXIMUS sent 307,365 enrollment mailings to potential STAR and STAR+PLUS clients, and 209,665 mailings to potential Dental Program clients. MAXIMUS field staff completed 18,817 home visit attempts for these programs and 209,508 phone call attempts. Additionally, MAXIMUS completed 5,192 field events, which included enrollment events, community contacts, presentations, and health fairs. The full report is 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 December 16, 2016, 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. On November 9, 2016, HHSC held a meeting with dental stakeholders to discuss proposed changes to dental anesthesia policy.*

*Note: The dental stakeholder meetings are no longer required by *Frew v. Smith* lawsuit.

C. MEDICAID MANAGED CARE ADVISORY COMMITTEE

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

The Committee held meetings on October 13, 2016. The October meeting was an organizational meeting for the newly reformed Committee. Members received a Medicaid 101 presentation explaining the many facets of managed care. They also received ethics training.

The next meeting was held on February 8, 2017 as the Committee meets quarterly. The outcome of the February 2017 meeting will be outlined in the 2017 SFQ2 report.

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. The Medical Care Advisory Committee (MCAC) met on November 10, 2016. The date, time and location of the MCAC were published on the HHSC website prior to the meeting.

During the November 10, 2016 Managed Care Advisory Committee (MCAC) meeting, highlights included:

Associate Commissioner Snyder for Medicaid and Children's Health Insurance Program (CHIP) Services shared a presentation of the post transformation Medicaid's and CHIP Services Department (MCSD) organization structure to give a sense of the functions integrated into the MCSD and what is being done to maximize the integration opportunities.

Six areas were defined:

- Cultivating employment development and engagement to foster a culture of learning to be extended to stakeholders.

- Facilitating meaningful stakeholder engagement and input into the deliberation processes and ensuring that stakeholder concerns are recognized and incorporated into decision-making within the Medicaid and CHIP Services Department.
- Fostering the expansion of managed care and the advancement of the Texas managed care model. An important component of that is securing the longer term extension of the current 1115 waiver. The waiver acts as the vehicle for managed care in Texas, the uncompensated care pool as well, and the DSRIP program which is an important delivery system vehicle within the Texas Medicaid system.
- Maximizing the use of data to drive decision making. MCS D was legislatively mandated to establish a data analytics team which has fostered the focus on data.
- Ensuring on-going compliance with Federal and State mandates, most notably the full integration of the new Medicaid managed care rules into contracts and policies.
- Stabilizing the Medicaid and CHIP operational and administrative infrastructure. Medicaid/CHIP has moved very aggressively into managed care over the last five to six years, as there is now real opportunity for shoring up the infrastructure around the managed care model.

Members of the MCAC provided comments and questions related to the areas. No members of the public provided comment regarding these areas.

The next meeting was held on February 16, 2017.

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.

1. Office of the Ombudsman

Compared to the fourth quarter of 2016, the Ombudsman Managed Care Assistance Team (OMCAT), the average a call abandonment rate doubled to 16% and a call volume decrease of less than one percent, or 98 fewer calls. The increase in calls abandoned was due to staffing issues. The unit did not experience any significant change in the call volume following the November 1st roll out of the STAR Kids program. 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. The network facilitated three monthly meetings over the first quarter and will continue to hold meetings into the second quarter of

fiscal year (FY17). The Ombudsman Office received Medicare training from the Texas Legal Services Center. Complaints regarding the MCNA DMO not having the Authorized Representative for the member in their system increased by 189% from the previous quarter. The increase in complaints is attributed to the DMO system not showing the name of the authorized representative (AR). This resulted in client complaints when the DMO representative would not discuss client issues with the AR. The OMCAT team assisted several clients by conferencing in MCNA dental and verifying the AR. The issue has been resolved and complaint numbers have stabilized.

2. Aging and Disability Resource Center (ADRC)

Local-level ADRC staff continue to participate in training activities about available resources and referral protocols. Training sessions conducted this quarter included information on Texas A&M Agrilife Research and Extension Center and the Texas Department of Housing and Community Affairs (TDHCA) National Housing Trust Fund. ADRCs also received training on working with nursing facilities and on the impact of the Health and Human Service transformation on the ADRC program. The following are the dates and training topics:

- October 17: Texas A&M Agrilife Research and Extension Center
- October 17: Money Follows the Person: Local Contact Agency Services
- October 17: Health and Human Services Transformation Overview
- November 30: TDHCA – National Housing Trust Fund
- November 30: Texas Homeless Network – Continuum of Care
- December 7: Money Follows the Person: Local Contact Agency How to Work with (and Train) Nursing Facilities

On October 17, 2016, the ADRC Advisory Committee met, and committee members received training on the Texas A&M Agrilife Research and Extension Center. The committee members also received a detailed presentation on Goals 3 and 4 of the ADRC Three-Year Strategic Plan. As outlined in the goals, two subcommittees were formed, including one to review the funding formula used to allocate State General Revenue to the ADRCs and a second to define person-centered assistance for the ADRC program and develop performance metrics to track the Local Contact Agency service.

F. HHSC MANAGED CARE INITIATIVES

Senate Bill 760

During the December 2016 1115 monthly monitoring call, HHSC provided to CMS an overview of the upcoming changes to network adequacy analysis in managed care and how the

changes (CMS rules and Senate Bill (SB)760) will change the 1115 report structure and methodology for the upcoming March - May 2017 SFQ3 1115 report.

SB760 and new rules issued by the CMS require HHSC to establish minimum access standards, including time and distance standards, for MCO provider networks for specific provider types. SB 760 and CMS rules authorize HHSC to establish standards that take Texas' geographic diversity and Medicaid population into account when developing standards. HHSC is also required to monitor MCOs compliance with established standards and to publish standards on the agency's website.

HHSC continues to focus its efforts to address the access requirements of both the CMS rules and SB760 and on completing various activities required prior to the implementation of the SB760 requirements in March 2017.

Mental Health Parity Regulations

The March 30, 2016 final rule applied Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicaid Managed Care and Children's Health Insurance Programs. The rule requires equal treatment of behavioral health conditions (mental health and substance use disorders) to physical health conditions and prevents MCOs from imposing less favorable benefit limitations to behavioral health conditions compared to medical/surgical conditions. State Medicaid agencies are required to demonstrate compliance with MHPAEA by October 2, 2017.

HHSC has established a workgroup of internal stakeholders including Medicaid and CHIP policy and program staff, and staff across the agency with expertise in mental health and substance use disorders, medical policy, data analytics, managed care, and pharmacy benefits. Texas was one of ten states selected to participate in the SAMHSA Parity Academy; several work group members participated in the academy conference in March. Staff continue to use the state's assigned technical assistant as a resource. HHSC provides status updates to external stakeholders through advisory committees, such as the Behavioral Health Advisory Committee.

Medicaid and Chip Managed Care Regulations

On May 6, 2016, CMS published final regulations intended to revise and strengthen existing Medicaid managed care rules. The rule is designed to achieve four key goals: advance state efforts to achieve delivery system reform and improve quality of care; strengthen consumer experience of care and consumer protections; strengthen program integrity, accountability, and transparency; and align rules across health insurance coverage programs. The new managed care regulations have varying effective dates, with some regulations effective immediately, and others effective over a five-year period extending through 2021. Regulations having significant impact on Texas Medicaid include requirements for network adequacy standards; screening, enrollment,

and revalidation of providers; state fair hearings; contract and rate approval process; mental health parity; and care coordination of services for enrollees.

HHSC continues to analyze, develop and implement contractual and programmatic changes necessary to ensure compliance with the rule. The changes will be made on an ongoing basis based on the rule effective dates.

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 SFQ1. 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. 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 70.

1. Managed Care Issues

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

VII. CONSUMER ISSUES

This section addresses quarterly reporting requirements in STCs 23, 40(a) and 70 regarding complaints and calls to HHSC Health Plan Management (HPM) 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. Calls to the MCO member hotlines decreased by -0.62% in 2017 SFQ1. Calls to the MCO provider hotlines decreased by -12.88% and calls to the behavioral health hotline increased by 2.74% in 2017 SFQ1. In the Dental Program, calls to the member hotlines decreased by -7.92% in 2017 SFQ1 and calls to the provider hotline decreased by -6.30%.

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 SFQ1 across most plans.

Member Hotline Calls Received per 1,000 Members (2016 SFQ2 - 2017 SFQ1)

MCO	Member Hotline per 1,000 Members			
	SFY16			SFY17
	Q2	Q3	Q4	Q1
Aetna*	483	529	520	523
Amerigroup*	184	192	254	240
BCBS*	300	280	242	318
CHC*	184	182	176	176
Christus*	651	567	572	721
Cigna-HealthSpring	558	535	710	569
Community 1st*	238	231	234	291
Cook Children's*	120	128	211	222
Dentaquest	71	77	87	72
Driscoll*	174	175	158	159
El Paso 1st*	187	128	164	152
FirstCare*	125	144	129	141
MCNA	105	105	113	109
Molina*	578	488	885	933
Parkland*	244	250	247	246
Scott & White	319	308	312	161
Sendero*	428	365	294	281
Seton*	627	455	505	402
Superior*	204	209	252	257
Texas Children's*	134	83	137	133
United*	376	381	804	700
Statewide (excludes dental program)	237	230	282	275

*Enrollment and Hotline data includes CHIP program

Majority of the MCOs and DMOs met the following hotline performance in 2017 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.

The following MCOs failed to meet the standards listed above.

Member Hotline, Attachment M1

- 68.79% of Aetna's member hotline calls were answered within 30 seconds.

- Also, 7.07% of Aetna's member hotline calls exceeded the $\leq 7\%$ abandoned call rate.
- 72.91% of Driscoll's member hotlines were answered within 30 seconds.
- 66.78% of Parkland's member hotlines calls were answered within 30 seconds.
- 62.39% of Scott & White's member hotline calls were answered within 30 seconds.
- Similarly, 9.81% of Scott & White's calls exceeded the $\leq 7\%$ abandoned calls standard.
- 56.48% of Sendero's member hotline calls were answered within 30 seconds.
- 16.54% of Sendero's member hotline calls exceeded the $\leq 7\%$ abandoned call rate.

Behavior Health Hotline (BH), Attachment M2

- 8.49% of Aetna's BH hotline calls exceeded the 7% call abandoned rate.
- 7.09% of First Care's BH hotlines calls exceeded the 7% call abandoned rate.

Provider Hotline, Attachment M3

- 9.17% of Superior's provider hotlines exceeded the $\leq 7\%$ abandoned calls standard.
- Also, Superior's and Texas Children's provider hotlines exceeded the two minute average hold time.

HHSC staff reached out to MCOs to inquire reason for non-compliance and have documented appropriate remedies for all MCOs in the respective remedy logs.

Member Hotlines

- Aetna reported all hotline issues were due to sudden loss of staffing over a 1-month period which caused the plan to not meet member hotline standards. As a result, the MCO placed all available assistance on the phones to cover the deficiency. Also, Aetna has staffed the lost positions. HHSC recommended liquidated damages for non-compliance with member hotline call abandonment performance standards.
- Driscoll reported the reason for non-compliance was related to the implementation of STAR Kids, and the increased calls received on the STAR and CHIP Member Hotlines that were intended to be STAR Kids calls. There was additional time spent on the phone to answer questions to the callers who called the wrong phone number. HHSC recommended liquidated damages for member hotline non-compliance since this is the third occurrence within 24 months.
- Scott & White reported the reason for non-compliance was related to the subcontractor's (Valence) staffing. The MCO continues to monitor performance weekly and monthly to ensure improvements. Scott & White and Valence senior leadership are engaged in ongoing discussions regarding performance and efforts required to meet the standards. HHSC recommended liquidated damages given this issue is a systemic problem and the second occurrence in 24 months.

- Sendero reported that 291 calls were abandoned for 2017 SFQ1. The MCO reported the increase in the call abandonment rate was due to their marketplace product's (IdealCare) open enrollment and the representatives from the MCO taking calls for both Medicaid and IdealCare.

Behavioral Health Hotlines

- Aetna reported the BH hotline call abandonment rate was non-compliant due to an isolated incident of human error which caused a delayed response time and subsequently a call to be abandoned. Liquidated Damages were recommended due to non-compliance rate for call abandonment performance standard.
- First Care reported that although the BH hotline call abandonment rate was non-compliant it was an improvement from the 11.08% abandonment rate reported in 2016 SFQ4. First Care implemented a workforce management and manage-on-duty roles for more effective and overflow support. Additionally, First Care has begun developing call trends and forecasting models which they are evaluating several items that could contribute to the increased call abandonment rates. HHSC recommended liquidated damages due to non-compliance with BH hotline call abandonment rate.

Provider Hotlines

- Superior reported the reason for non-compliance was due to the MCO experiencing system issues including freezing for short periods of time and losing connection. This was found to be a global issue that affected several states which contributed to higher hold times. The systems issue has since been resolved. HHSC recommended liquidated damages for non-compliance for provider hotline performance standard.
- Texas Children's (TCHP) reported the provider self-service tool/call tree malfunctioned causing provider calls to queue for extended periods resulting in long wait times and abandoned calls. This issue was resolved in December 2016. Additionally, the TCHP reported they will continue to closely monitor so issues can be addressed as they arise.

B. COMPLAINTS AND APPEALS RECEIVED BY PLANS

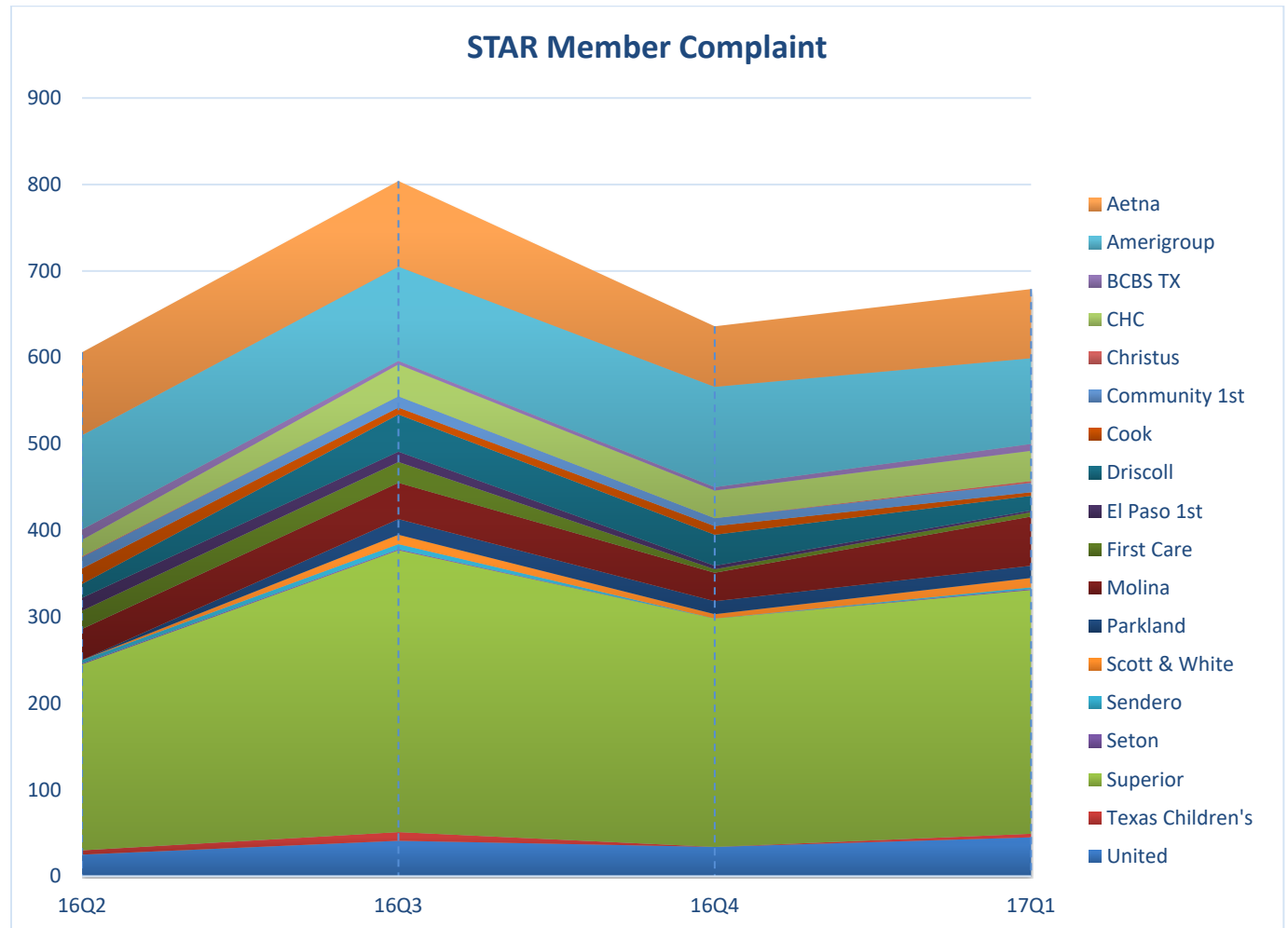
Attachment N shows the number of member complaints and appeals and provider complaints resolved by MCOs and DMOs.

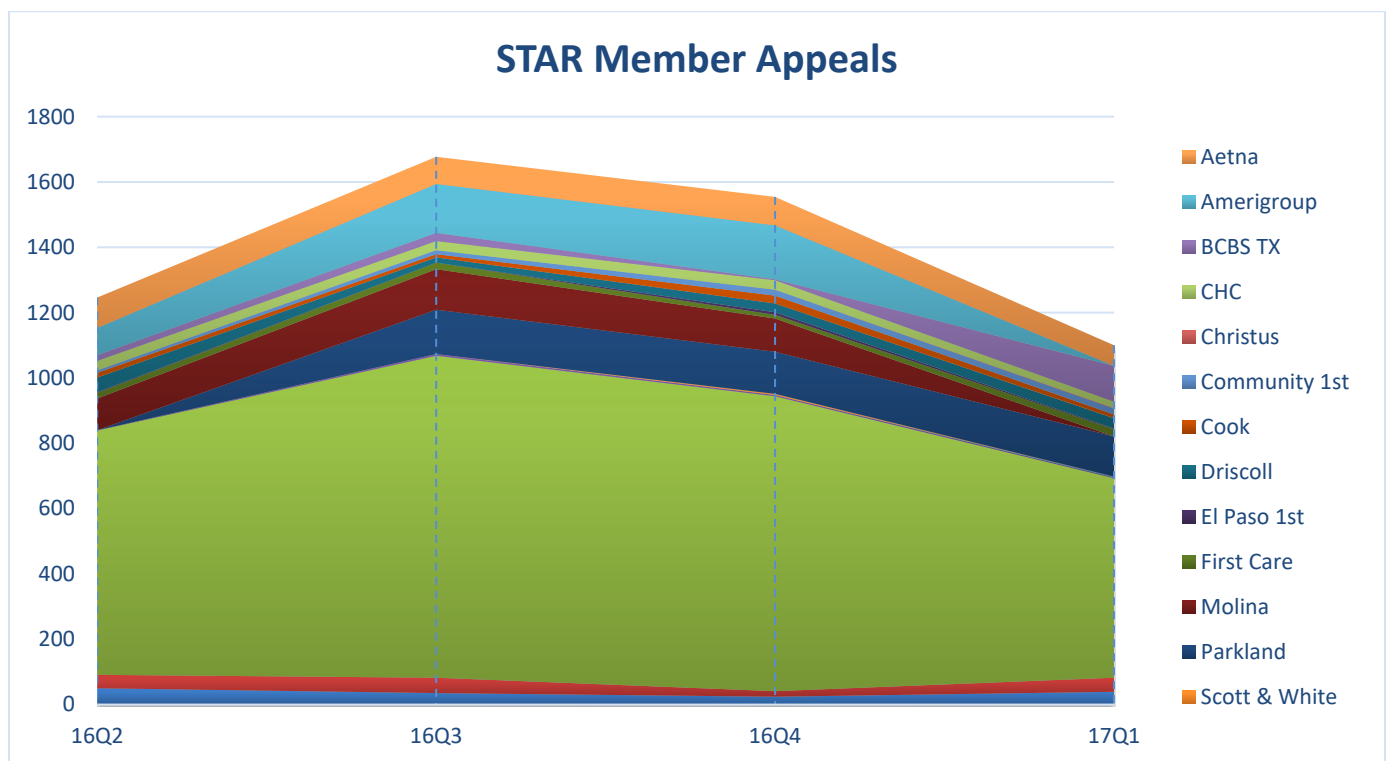
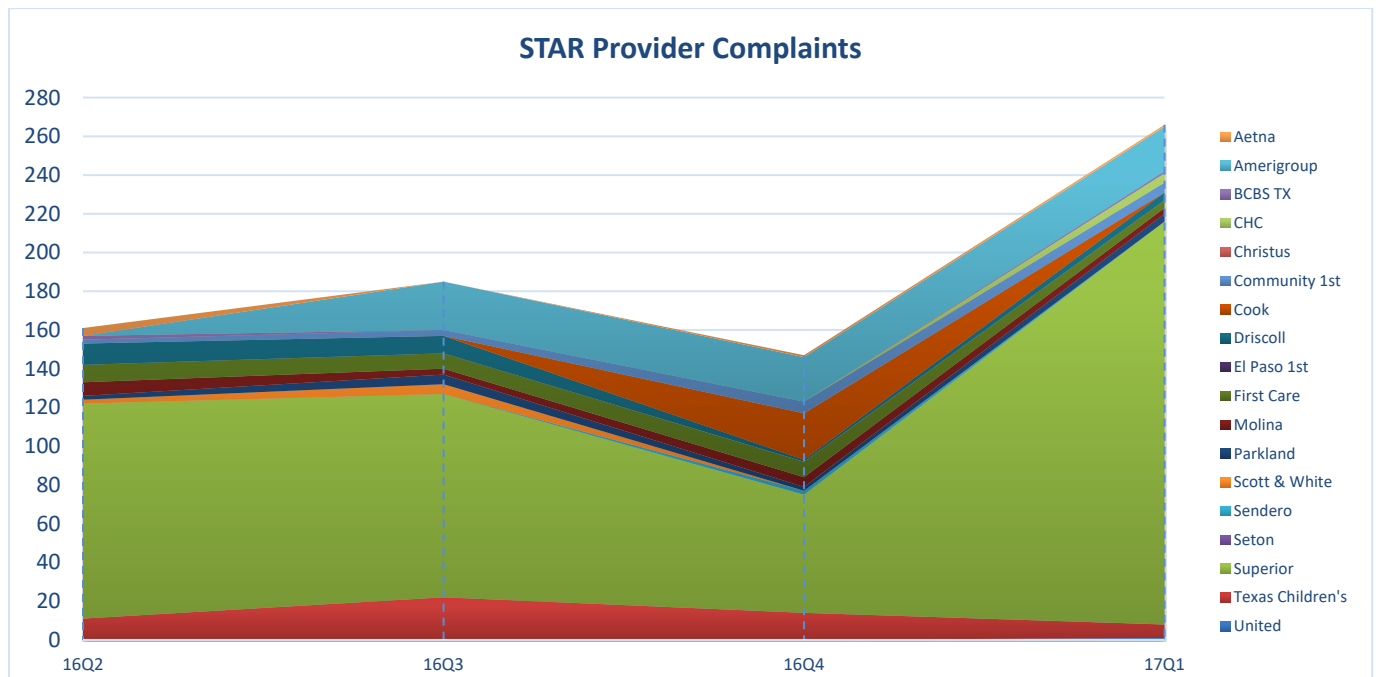
1. STAR and STAR+PLUS

The total number of STAR complaints and appeals received by plans decreased from 2,337 in 2016 SFQ4 to 2,045 in 2017 SFQ41, as shown in the following figures below. STAR plans collectively reported 679 member complaints, 1,100 member appeals and 266 provider complaints in 2017 SFQ1. The total number of STAR+PLUS complaints and appeals decreased

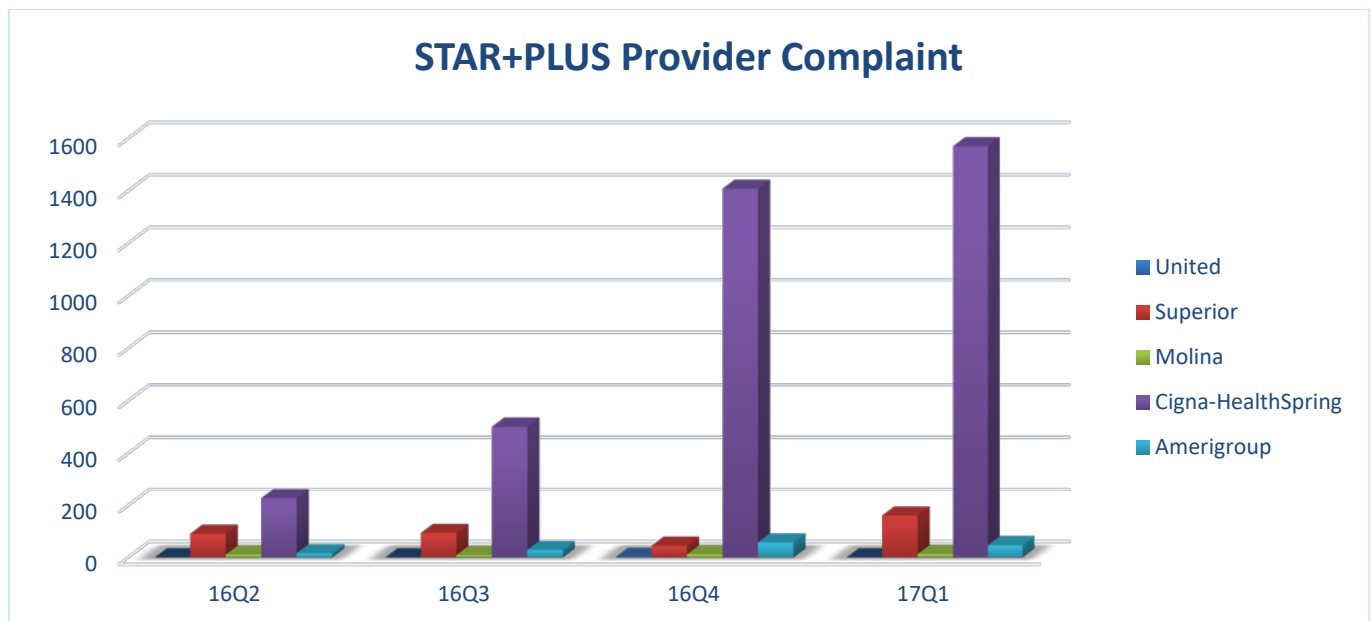
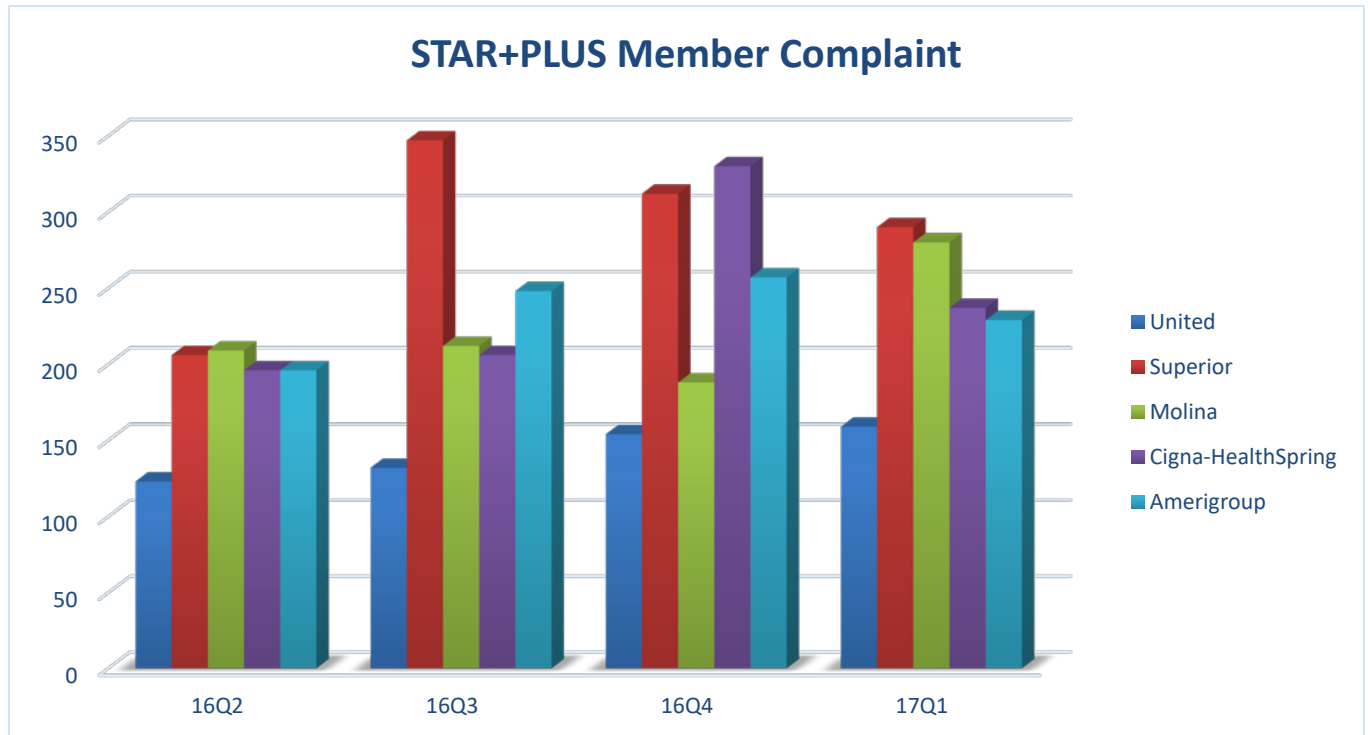
from 4,528 in 2016 SFQ4 to 4,002 in 2017 SFQ1. STAR+PLUS plans reported 1,195 member complaints, 1,016 member appeals and 1,791 provider complaints in 2017 SFQ1. The STAR+PLUS MCOs received significantly more member complaints and appeals per 1,000 members than the STAR MCOs due to the complicated medical needs of the STAR+PLUS population.

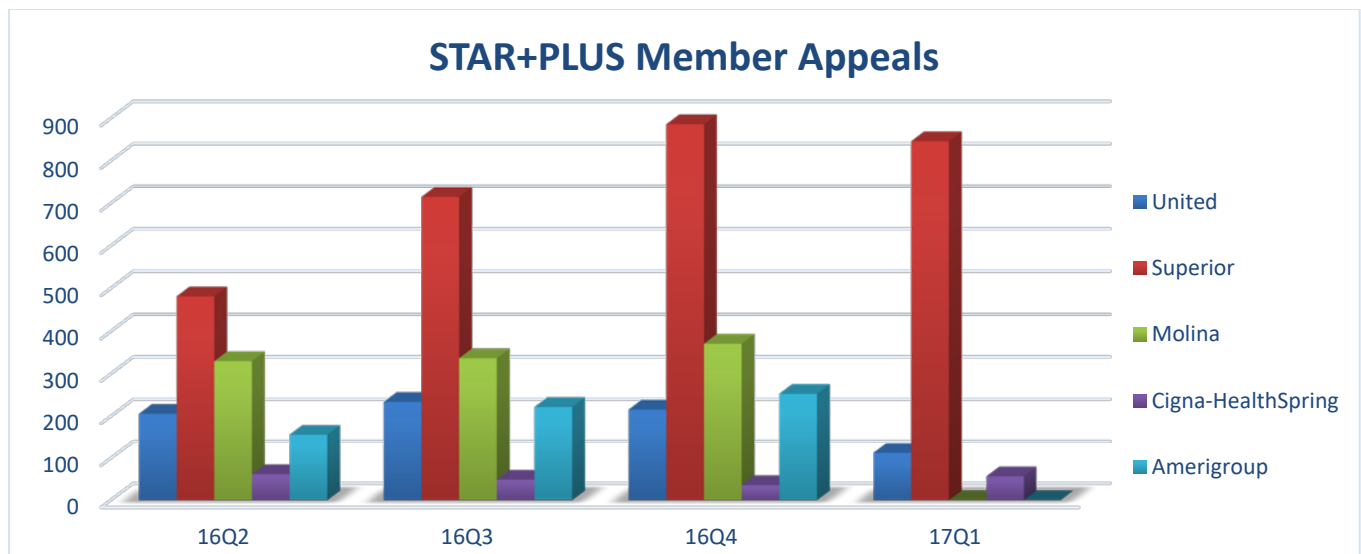
Complaints and Appeals Received by STAR MCOs (2016 SFQ4 – 2017 SFQ1)





Complaints and Appeals Received by STAR+PLUS MCOs (2016 SFQ2 – 2017 SFQ1)





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

Member Complaints

- Most STAR MCOs achieved compliance with the timely resolution of member complaints with the exception of Superior Travis SDA who failed to meet timely resolution of member complaints within 30 days. HHSC recommended liquidated damages for non-compliance with the member complaints performance standard.

Member Appeals

- Aetna Bexar SDA and BCBS Travis SDAs failed to meet the timely resolution standard for member appeals within 30 days in 2017 SFQ1. The non-compliance was the result of a delay, caused by human error, in routing to the appropriate area for processing. This was an isolated incident and the plan conducted the appropriate staff education. HHSC recommended liquidated damages for non-compliance with member appeals performance standard.

Provider Complaints

- Most of the STAR MCOs achieved compliance with provider complaints resolved 100% within 30 days with the exception of Superior Bexar, Lubbock, MRSA Central, MRSA Northeast, and Travis SDAs who did not meet the standard of provider complaints resolved within 30 days. HHSC recommended liquidated damages for non-compliance with the provider complaints performance standard.

STAR+PLUS

Member Complaints

- Most of the STAR+PLUS MCOs achieved compliance with the timely resolution of member complaints with the exception of Superior Dallas SDA who failed to meet the timely resolution standard for member complaints.

Member Appeals

- Most of the STAR+PLUS MCOs achieved compliance with the timely resolution of member appeals with the exception of Cigna-HealthSpring Hidalgo and Tarrant SDAs and United Harris, MRSA Central, Nueces and Travis SDAs.
 - Cigna-HealthSpring Hidalgo did not meet the member appeals standard due to appeals and claims supervisor discovering two cases were closed incompletely. The cases were reopened necessitating untimely resolution. The affected members have been contacted and the appeals were resolved. Additionally, both cases were presented to the Medical Director and overturned.
 - Cigna-HealthSpring Tarrant reported that the complaints were closed timely but the Appeals and Complaints Coordinator failed to ensure the notification letter was attached resulting in no mailed notification. The MCO added a category to the daily error reporting detailing cases closed without resolution notification which will allow for a more robust method of identifying these instances.
 - United: Harris, MRSA Central, Nueces and Travis SDA: MCO stated the reason for noncompliance was due to the deliverable not calculating correctly and that some of the complaints reported in the previous quarter were resolved over 30 days due to a backlog of misrouted BH cases. The cases were triaged and reviewed daily to prevent misrouting. HHSC recommended liquidated damages due to non-compliance with timely resolutions of the member complaints performance standard.

Provider Complaints

- Most of the STAR+PLUS MCOs achieved compliance with the timely resolution of provider complaints with the exception of Superior: Bexar, Dallas and Hidalgo SDAs. HHSC

recommended liquidated damages for the above mentioned SDAs due to non-compliance with provider complaints performance standard.

- Superior Bexar, Dallas and Hidalgo SDAs reported during the reporting period Superior faced challenges which included complaints that required additional information from the provider be submitted before Superior was able to reach a resolution. Additionally there were provider complaints that required input from multiple parties, which caused some delays in the process. Superior is actively working on streamlining processes to make certain that we are able to meet the standard for complaint resolution in the future.

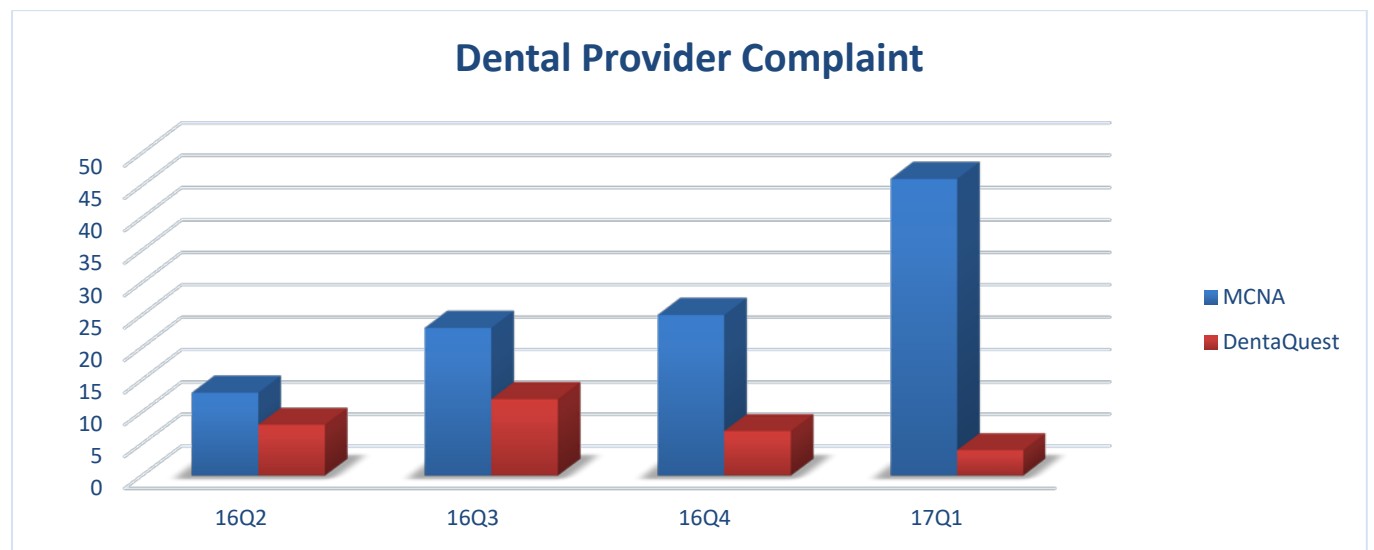
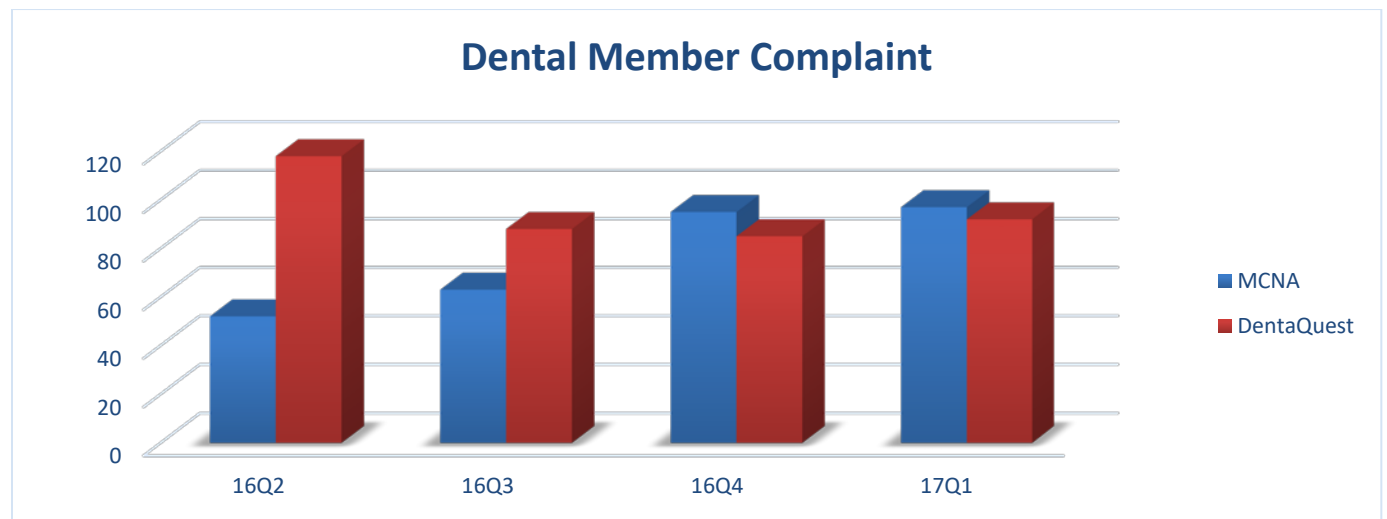
2. Dental Program

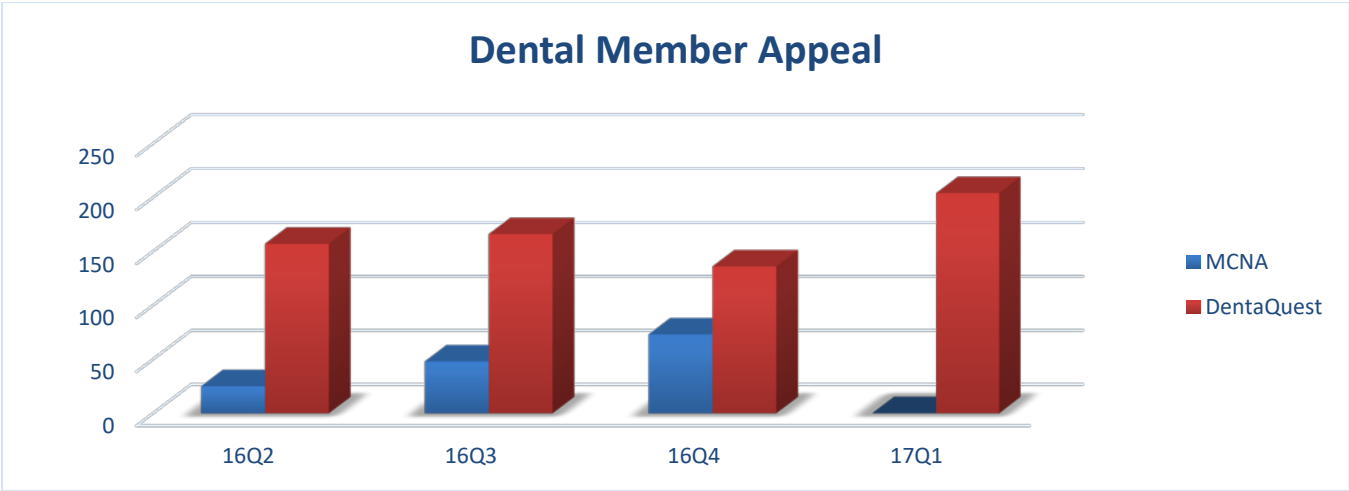
Between 2016 SFQ4 and 2017 SFQ1 dental member complaints increased by 5% (from 180 in 2016 SFQ4 to 189 in 2017 SFQ1), member appeals decreased by 2.39% (from 209 in 2016 SFQ4 to 204 in 2017 SFQ1) and provider complaints increased by 56.25% (from 32 in 2016 SFQ4 to 50 in 2017 SFQ1). The most common member complaint to the dental plans involved either dissatisfaction with the quality of care provided by a treating dental provider or access to or availability of services. Member appeals were primarily related to dental plans utilization review or management such as the denial of prior authorization requests. General complaints by providers were regarding claims processing or plan administration.

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 SFQ1 with the exception of DentaQuest failing to meet timely resolution of member appeals. HHSC recommended liquidated damages due to non-compliance with the member appeals performance standard.

Complaints and Appeals Received by DMOs (2016 SFQ2 – 2017 SFQ1)





C. COMPLAINTS RECEIVED BY THE STATE

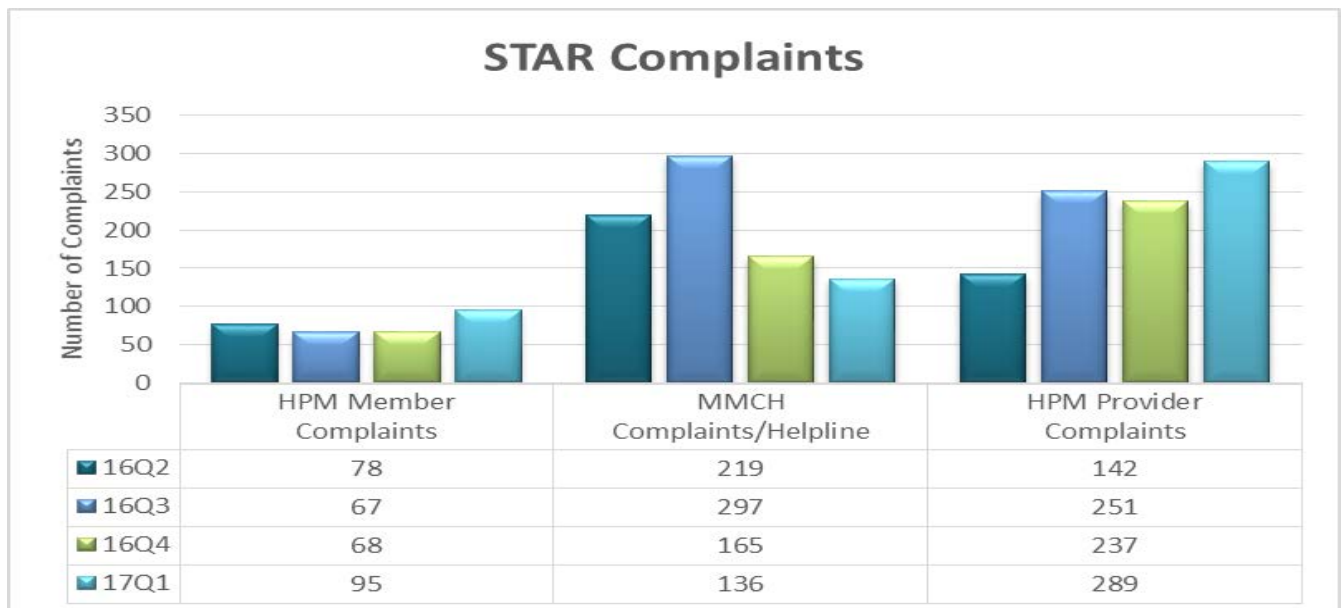
Attachment O includes information concerning Dental, STAR and STAR+PLUS complaints received by the State.

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 Health Plan Management (HPM) team. Members can also call in to submit member and provider complaints through the Office of the Ombudsman via the 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).

1. STAR

In the STAR program, the number of member complaints received by HPM increased by 39.7% from (68 to 95) and the number of member complaints received by MMCH decreased by 17.6% (from 165 to 136) from 2016 SFQ4 to 2017 SFQ1. HPM received nine contacts on behalf of members from legislative representatives. The most common member complaints received by HPM and MMCH were issues with member claims, access to care, member enrollment issues, durable medical equipment, billing and prescription related issues (coverage and inactivity). The number of provider complaints received by HPM increased by 21.9% (from 237 to 289) in 2017 SFQ1. The most common type of provider complaints received by HPM was denial of claim.

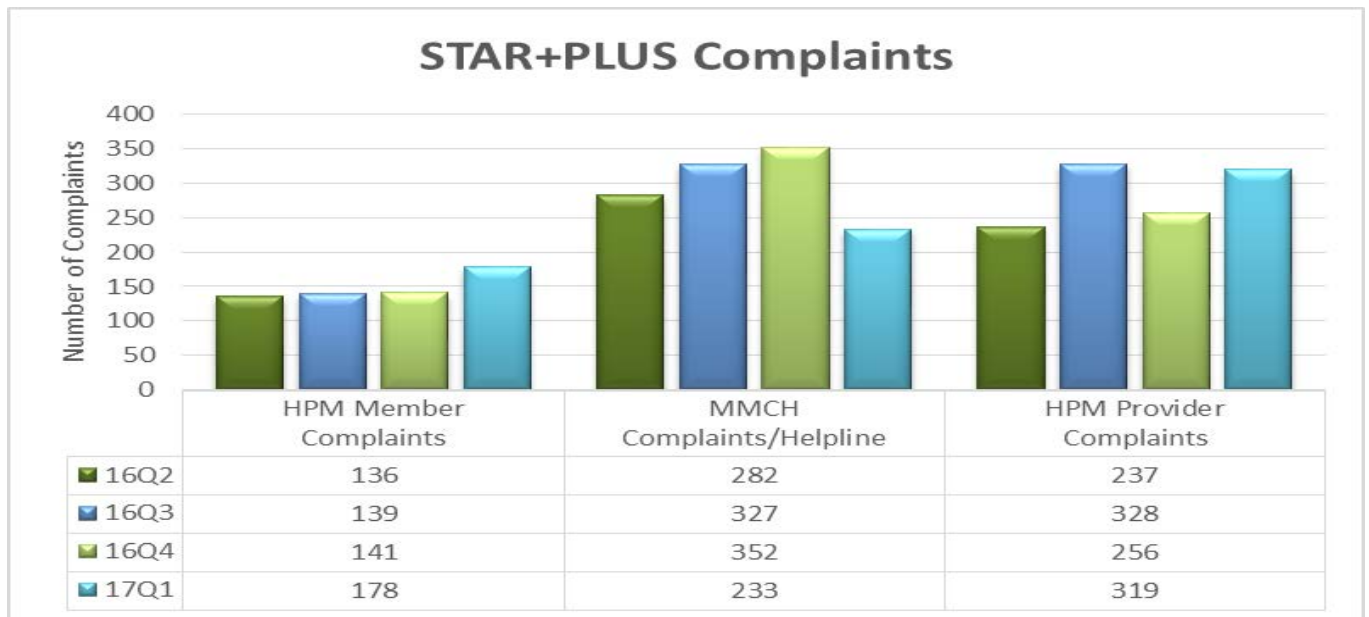
Complaints to the State Regarding STAR (2016 SFQ2 - 2017 SFQ1)



2. STAR+PLUS

Across the STAR+PLUS program, the number of member complaints received by MMCH decreased by 33.8% (from 352 to 233) in 2016 SFQ4 to 2017 SFQ1. The member complaints received by HPM increased by 26.2% (from 141 to 178). HPM received 40 contacts on behalf of members from legislative representatives. The most common issues of member complaints received by MMCH and HPM were issues with benefits, billing, care coordination, durable medical equipment (DME), long term care services, PCP selection or turnover, access to care and prescription related issues (coverage and copayments). The number of provider complaints increased by 24.6% (from 256 to 319) in 2016 SFQ4 to 2017 SFQ1. The most common issues of provider complaints received by HPM were issues with billing, denial of payment, DME, prior authorization and electronic visit verification.

Complaints to the State Regarding STAR+PLUS (2016 SFQ2 - 2017 SFQ1)

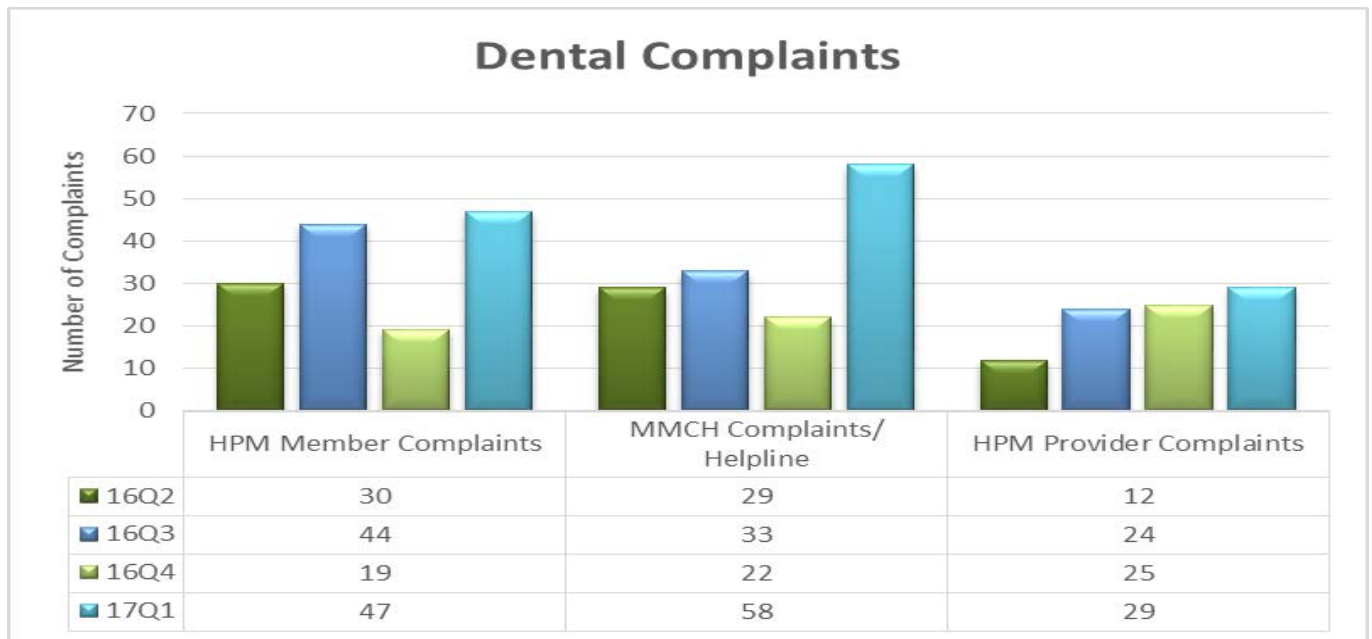


3. Dental Program

Across the Dental Program, the number of member complaints received by MMCH substantially increased by 163.6% (from 22 to 58) in 2017 SFQ1. Also, the number of member complaints received by HPM increased substantially by 147.4% (from 19 to 47) in 2017 SFQ1. The most common member complaint issues received were regarding incorrect eligibility or enrollment information. The most common provider complaint issue received was denied claims. The higher percentage changes account for the relatively small number of complaints that are reported in the

dental program. Provider complaints increased by 16.0% (from 25 to 29) in 2016 SFQ4 to 2017 SFQ1.

Complaints to the State Regarding the Dental Program (2016 SFQ2 - 2017 SFQ1)



VIII. QUALITY ASSURANCE/MONITORING ACTIVITY

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

A. DY6 QUARTER 1 UPDATE

Texas's external quality review organization, the Institute for Child Health Policy (ICHP), reviewed the health plans' 2017 performance improvement project plans and their feedback was shared with the health plans. Technical assistance was provided to plans scoring more than 5 percentage points below average.

Texas implemented financial penalties on Medicaid and CHIP dental maintenance organizations (DMOs) based on quality measure results for calendar year 2014 as part of its dental Pay-for-Quality program. In the Medicaid population, these measure results pertained to the percent of members that received Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) dental checkups, dental sealants, and any preventive service.

In November 2016, Texas received the Administrative Interview reports of the 17 managed care organizations (MCOs) that were interviewed by teleconference. Every year, ICHP conducts Administrative Interviews with each of the MCOs to assess compliance on a variety of measures.

Approximately five interviews are done in person, while the remainder are done by teleconference.

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 (16Q2-17Q1). The attachment includes annual and quarterly Dental, STAR and STAR+PLUS enrollment summaries.

Attachments C1-C3 – Network Summary and Methodology. The attachments summarize STAR 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 D – Out-of-Network Utilization. The attachments summarize Dental, STAR and STAR+PLUS out-of-network utilization.

Attachment E – HHSC GeoMapping Summary PCP and ENT (2017 SFQ1). The attachment shows the State’s GeoMapping analysis for STAR and STAR+PLUS plans.

Attachment G – HHSC Pharmacy GeoMapping Summary. The attachment includes the State’s pharmacy GeoMapping results.

Attachment H – HHSC Dental GeoMapping Summary. The attachment includes the results of the State’s GeoMapping analysis for dental plans.

Attachment I1-I2 –MCO GeoMapping Summary. The attachment includes the STAR and STAR+PLUS plans’ self-reported GeoMapping results for PCP and specialists.

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

Attachment K – DMO Children’s Medicaid Dental Services GeoMapping Summary. The attachment includes the dental plans’ self-reported GeoMapping results.

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 and STAR+PLUS complaints and appeals received by plans.

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

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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
HPM	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
Bexar	Aetna Better Health Amerigroup Community First Health Plans Superior HealthPlan	Amerigroup Molina Healthcare of Texas Superior HealthPlan
Dallas	Amerigroup Molina Healthcare of Texas Parkland Community Health Plan	Molina Healthcare of Texas Superior HealthPlan
El Paso	El Paso First Health Plan Molina Healthcare of Texas Superior HealthPlan	Amerigroup Molina Healthcare of Texas
Harris	Amerigroup Community Health Choice Molina Healthcare of Texas Texas Children's Health Plan UnitedHealthcare Community Plan	Amerigroup Molina Healthcare of Texas UnitedHealthcare Community Plan
Hidalgo	Driscoll Children's Health Plan Molina Healthcare of Texas Superior HealthPlan UnitedHealthcare Community Plan	HealthSpring Life & Health Ins. Co. Molina Healthcare of Texas Superior HealthPlan
Jefferson	Amerigroup Community Health Choice Molina Healthcare of Texas Texas Children's Health Plan UnitedHealthcare Community Plan	Amerigroup Molina Healthcare of Texas UnitedHealthcare Community Plan
Lubbock	Amerigroup FirstCare HealthPlans Superior HealthPlan	Amerigroup Superior HealthPlan
MRSA Central	Amerigroup Right Care from Scott & White Superior HealthPlan	Superior HealthPlan UnitedHealthcare Community Plan
MRSA Northeast	Amerigroup Superior HealthPlan	Cigna-HealthSpring UnitedHealthcare Community Plan
MRSA West	Amerigroup FirstCare HealthPlans Superior HealthPlan	Amerigroup Superior HealthPlan
Nueces	CHRISTUS Health Plan Driscoll Children's Health Plan Superior HealthPlan	Superior HealthPlan UnitedHealthcare Community Plan
Tarrant	Aetna Better Health Amerigroup Cook Children's Health Plan	Amerigroup Cigna-HealthSpring
Travis	Blue Cross and Blue Shield of Texas Sendero Health Plans Seton Health Plan Superior HealthPlan	Amerigroup UnitedHealthcare Community Plan
Service Area	Children's Medicaid Dental Services (Dental Program)	

Attachment A
Managed Care Plans by Service Area

Statewide	Denta Quest USA Insurance Company, Inc. MCNA Insurance Company
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ATTACHMENT B
Enrollment Summary (16Q2 - 17Q1)

Program	Service Area	MCO	16Q2	16Q3	16Q4	17Q1
Dental	Statewide	DentaQuest	1,600,994	1,596,262	1,615,485	1,657,075
		MCNA	1,280,120	1,261,288	1,257,211	1,283,281
	All SDAs	All MCOs	2,881,114	2,857,550	2,872,696	2,940,356
STAR	Bexar	Aetna	22,673	23,073	22,902	23,164
		Amerigroup	9,522	9,694	9,728	9,750
		Community 1st	107,074	105,866	104,974	105,857
		Superior	103,834	102,871	104,930	107,746
	Dallas	Amerigroup	200,736	200,518	201,180	208,227
		Molina	19,060	18,999	19,243	19,894
		Parkland	173,026	165,980	164,597	166,708
	El Paso	El Paso 1st	65,470	65,970	67,986	66,394
		Molina	3,366	3,412	3,407	3,393
		Superior	53,193	50,303	52,566	53,478
	Harris	Amerigroup	107,458	105,697	105,832	107,683
		CHC	209,911	210,069	212,904	219,796
		Molina	12,288	12,373	12,385	12,521
		Texas Children's	301,277	295,522	304,468	307,392
		United	43,846	44,898	46,374	46,837
	Hidalgo	Driscoll	78,428	79,517	81,555	83,703
		Molina	50,507	58,639	58,057	57,952
		Superior	154,422	151,839	151,368	152,958
		United	59,816	58,941	59,104	59,488
	Jefferson	Amerigroup	6,405	6,474	6,512	6,825
		CHC	21,713	21,367	21,523	22,014
		Molina	4,093	4,083	4,100	4,203
		Texas Children's	28,271	27,998	27,234	28,042
		United	13,341	13,231	13,488	13,948
	Lubbock	Amerigroup	7,837	7,893	7,921	8,180
		FirstCare	39,116	39,694	40,103	40,004
		Superior	26,348	26,227	26,759	27,425
	MRSA Central	Amerigroup	21,464	21,190	21,206	21,720
		Scott & White	42,101	42,374	42,963	42,274
		Superior	63,607	68,524	63,834	65,877
	MRSA Northeast	Amerigroup	56,135	56,233	56,548	58,335
		Superior	107,027	105,770	107,187	110,314
	MRSA West	Amerigroup	27,396	28,473	29,343	30,410
		FirstCare	52,701	53,181	53,350	52,720
		Superior	68,273	68,759	71,273	73,588
	Nueces	Christus	6,040	5,719	5,654	5,576
		Driscoll	58,852	59,076	59,983	62,326
		Superior	18,162	18,067	18,250	19,257
	Tarrant	Aetna	47,361	46,687	46,810	47,645
		Amerigroup	115,373	114,463	114,773	118,218
		Cook Children's	97,649	96,733	97,601	100,881
	Travis	BCBS	24,053	24,026	23,793	24,301
		Sendero	12,075	12,350	12,730	13,138
		Seton	16,956	17,526	17,845	18,225
		Superior	90,196	87,361	86,612	88,284
STAR	All SDAs	All MCOs	2,848,452	2,837,660	2,860,955	2,916,671
STAR+PLUS	Bexar	Amerigroup	9,821	10,054	10,222	10,162
		Molina	9,821	8,021	8,075	7,997
		Superior	28,808	29,149	29,524	28,127
	Dallas	Molina	35,056	35,639	36,113	35,977
		Superior	25,894	26,140	26,639	26,477
	El Paso	Amerigroup	11,141	11,519	11,741	11,776
		Molina	9,007	9,178	9,321	9,284
		Amerigroup	41,100	41,959	42,617	40,595

ATTACHMENT B
Enrollment Summary (16Q2 - 17Q1)

Program	Service Area	MCO	16Q2	16Q3	16Q4	17Q1
	Harris	Molina	13,640	13,779	13,849	12,963
		United	47,597	48,609	49,369	48,511
	Hidalgo	Cigna-HealthSpring	17,923	18,081	18,192	17,856
		Molina	15,591	15,830	15,951	15,215
		Superior	33,657	33,866	34,133	31,832
	Jefferson	Amerigroup	7,775	7,638	7,587	7,359
		Molina	7,423	7,261	7,157	7,005
		United	5,409	5,436	5,551	5,435
	Lubbock	Amerigroup	6,642	6,588	6,612	6,541
		Superior	7,301	7,144	7,066	6,801
	MRSA Central	Superior	15,759	15,557	15,750	15,525
		United	14,255	14,036	14,090	13,981
	MRSA Northeast	Cigna-HealthSpring	22,945	22,660	22,652	22,518
		United	23,826	23,590	23,608	23,520
	MRSA West	Amerigroup	17,780	17,523	17,450	17,366
		Superior	20,809	20,626	20,712	20,415
	Nueces	Superior	11,692	11,575	11,566	11,179
		United	10,472	10,397	10,362	10,268
	Tarrant	Amerigroup	29,180	29,844	30,537	29,883
		Cigna-HealthSpring	10,048	9,915	9,979	9,950
	Travis	Amerigroup	12,909	12,741	12,720	12,500
		United	13,195	13,157	13,152	12,948
STAR+PLUS Total	All SDAs	All MCOs	536,476	537,512	542,297	529,966

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 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 pedodontists. The specialist column includes endodontists, periodontists, prosthodontists, oral surgeons, orthodontists, and in limited cases dental anesthesiologists.

Pharmacy Provider Types

Pharmacy counts 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, in 17SFQ1 an annually, terminations are based on self-reported data from the MCOs.

ATTACHMENT C1
Provider Network Count Methodology 17SFQ1

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 17SFQ1

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 17SFQ1

- 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 C
Provider Network Counts (2017 SFQ1)

Program	Service Delivery Area	Managed Care Organization	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
Dental	Statewide	DentaQuest	.	1,006	5,476	.	5,591
		MCNA Dental	.	942	4,209	.	4,827
		Unique NPI Program Count	.	1,006	5,633	.	5,852

Attachment C
Provider Network Counts (2017 SFQ1)

Program	Service Delivery Area	Managed Care Organization	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
STAR	Bexar	Aetna	693	3,844	6	4,720	9,197
		Amerigroup Texas, Inc	1,214	3,765	1	17	4,218
		Community First Health Plan	633	3,635	3	364	4,582
		Superior Health Plan	1,001	5,291	604	395	7,145
		Unique NPI SDA Count	2,039	8,261	605	4,727	14,494
	Dallas	Amerigroup Texas, Inc	2,289	6,314	11	37	7,332
		Molina Healthcare of Texas	631	8,978	783	1,312	11,583
		Parkland Community Health Plan	956	3,062	10	709	4,605
		Unique NPI SDA Count	2,882	13,585	800	1,339	16,883
	El Paso	El Paso First	320	1,102	5	105	1,498
		Molina Healthcare of Texas	216	4,786	471	102	5,537
		Superior Health Plan	374	1,741	227	99	2,363
		Unique NPI SDA Count	507	5,929	669	107	6,957
	Harris	Amerigroup Texas, Inc	2,799	6,127	10	61	7,591
		Community Health Choice	2,320	9,936	23	1,306	12,499
		Molina Healthcare of Texas	1,154	10,594	659	1,334	13,373
		Texas Children's Health Plan	971	4,689	13	1,307	6,968
		United Health Care	2,224	6,789	204	1,213	10,247
		Unique NPI SDA Count	5,078	19,102	815	1,395	22,695
	Hidalgo	Driscoll Children's Health Plan	895	3,488	9	262	3,833
		Molina Healthcare of Texas	614	5,976	483	283	7,153
		Superior Health Plan	944	2,414	479	272	3,949
		United Health Care	1,075	1,783	59	237	2,979
		Unique NPI SDA Count	1,800	9,153	930	302	10,816
	Jefferson	Amerigroup Texas, Inc	2,513	6,043	10	54	7,303
		Community Health Choice	2,285	9,664	23	132	11,051
		Molina Healthcare of Texas	1,153	10,037	659	1,154	12,656
		Texas Children's Health Plan	182	4,689	13	132	5,009
		United Health Care	1,160	7,199	210	408	8,889
		Unique NPI SDA Count	4,430	19,070	819	1,179	22,212
	Lubbock	Amerigroup Texas, Inc	639	34	0	1	663
		FirstCare	1,346	959	2	0	2,285
		Superior Health Plan	704	1,519	199	151	2,504
		Unique NPI SDA Count	1,678	2,325	201	151	4,109
	MRSA Central	Amerigroup Texas, Inc	4,100	4,999	4	28	7,995
		Scott & White RightCare	1,081	5,555	9	228	5,821
		Superior Health Plan	2,511	6,275	268	774	9,562
		Unique NPI SDA Count	5,477	12,044	277	812	16,209
	MRSA Northeast	Amerigroup Texas, Inc	3,298	4,248	9	16	6,326
		Superior Health Plan	1,212	3,857	292	626	5,882
		Unique NPI SDA Count	3,587	6,048	293	634	9,174
	MRSA West	Amerigroup Texas, Inc	3,260	204	2	1	3,440
		FirstCare	1,770	958	2	0	2,701
		Superior Health Plan	1,502	3,166	285	426	5,208
		Unique NPI SDA Count	4,214	3,907	288	427	8,337
	Nueces	Christus	230	3,052	13	2	3,121
		Driscoll Children's Health Plan	892	3,488	9	129	3,714
		Superior Health Plan	921	2,424	182	283	3,680
		Unique NPI SDA Count	1,382	6,934	202	303	7,776
	Tarrant	Aetna	912	3,196	7	4,720	8,716
		Amerigroup Texas, Inc	2,224	6,291	11	39	7,252
		Cook Children's Health Plan	707	2,624	7	4	3,332
		Unique NPI SDA Count	2,664	9,087	13	4,733	14,923
	Travis	BCBS	896	5,260	7	4,611	10,696
		Sendero	549	2,674	12	299	3,069
		Seton Health Plan	1,270	2,477	18	0	3,169
		Superior Health Plan	1,597	5,125	327	391	7,239
		Unique NPI SDA Count	2,969	9,470	354	4,618	16,086

Attachment C
Provider Network Counts (2017 SFQ1)

Program	Service Delivery Area	Managed Care Organization	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
	All SDAs	Unique NPI Program Count	19,748	60,336	3,112	4,947	74,891

Attachment C
Provider Network Counts (2017 SFQ1)

Program	Service Delivery Area	Managed Care Organization	PCP	Specialist	Dentist	Pharmacy	Unique NPI Total
STAR+PLUS	Bexar	Amerigroup Texas, Inc	916	3,375	1	17	3,814
		Molina Healthcare of Texas	394	7,527	554	424	8,766
		Superior Health Plan	1,004	5,418	604	395	7,276
		Unique NPI SDA Count	1,627	10,834	1,088	437	13,144
	Dallas	Molina Healthcare of Texas	671	8,329	759	1,312	10,954
		Superior Health Plan	1,369	7,019	1,039	1,168	10,484
		Unique NPI SDA Count	1,714	12,359	1,587	1,360	16,548
	El Paso	Amerigroup Texas, Inc	316	1,180	1	1	1,265
		Molina Healthcare of Texas	222	4,991	481	102	5,756
		Unique NPI SDA Count	375	5,481	481	102	6,163
	Harris	Amerigroup Texas, Inc	2,350	5,877	10	61	7,262
		Molina Healthcare of Texas	1,080	10,213	667	1,334	12,924
		United Health Care	2,002	6,484	273	1,243	9,808
		Unique NPI SDA Count	3,706	15,611	876	1,376	19,602
	Hidalgo	Cigna-HealthSpring	498	1,809	8	264	2,316
		Molina Healthcare of Texas	616	6,011	483	283	7,194
		Superior Health Plan	943	2,550	479	272	4,085
		Unique NPI SDA Count	1,134	7,503	912	301	9,128
	Jefferson	Amerigroup Texas, Inc	2,111	5,829	10	54	7,021
		Molina Healthcare of Texas	1,062	9,664	665	1,154	12,217
		United Health Care	1,051	6,910	286	438	8,592
		Unique NPI SDA Count	3,069	15,744	881	1,177	19,254
	Lubbock	Amerigroup Texas, Inc	667	1,473	0	6	1,789
		Superior Health Plan	695	1,711	199	151	2,688
		Unique NPI SDA Count	919	2,400	199	154	3,213
	MRSA Central	Superior Health Plan	2,488	7,398	266	774	10,663
		United Health Care	840	235	3	0	1,069
		Unique NPI SDA Count	2,764	7,471	267	774	10,866
	MRSA Northeast	Cigna-HealthSpring	515	253	0	1	764
		United Health Care	867	295	12	0	1,154
		Unique NPI SDA Count	1,090	461	12	1	1,536
	MRSA West	Amerigroup Texas, Inc	1,509	328	2	1	1,775
		Superior Health Plan	1,475	4,297	285	426	6,316
		Unique NPI SDA Count	2,243	4,482	286	427	7,119
	Nueces	Superior Health Plan	919	2,550	182	283	3,803
		United Health Care	325	771	20	114	1,210
		Unique NPI SDA Count	1,101	2,809	193	299	4,198
	Tarrant	Amerigroup Texas, Inc	1,716	6,182	11	39	6,950
		Cigna-HealthSpring	300	1,709	0	550	2,415
		Unique NPI SDA Count	1,849	7,158	11	572	8,417
	Travis	Amerigroup Texas, Inc	1,061	2,296	3	18	3,038
		United Health Care	638	2,263	29	251	3,095
		Unique NPI SDA Count	1,449	3,779	29	260	5,049
	All SDAs	Unique NPI Program Count	15,219	49,495	3,390	4,584	65,386

Attachment C3 - Provider Termination
(2017 SFQ1)

Program	MCO	SDA	PCP Termination	Specialist Termination
Dental	DentaQuest	Statewide	83	10
	MCNA	Statewide	112	7
STAR	Aetna	Bexar	10	45
		Tarrant	19	38
	Aetna Total		29	83
	Amerigroup	Bexar	5	31
		Dallas	7	30
		Harris	29	98
		Jefferson	1	3
		Lubbock	6	20
		MRSA Central	4	14
		MRSA NE	20	38
		MRSA West	18	32
		Tarrant	8	35
	Amerigroup Total		98	301
	BCBS	Travis	13	196
	Community Health Choice	Harris	70	126
		Jefferson	4	7
	CHC Total		74	133
	Christus	Nueces	2	2
	Community First	Bexar	32	85
	Cook	Tarrant	14	22
	Driscoll	Hidalgo	7	11
		Nueces	12	15
	Driscoll Total		19	26
	El Paso First	El Paso	5	43
	FirstCare	Lubbock	2	7
		MRSA West	10	16
	FirstCare Total		12	23
	Molina	El Paso	0	12
		Dallas	0	9
		Harris	0	15
		Hidalgo	0	6
		Jefferson	0	13
	Molina Total		0	55
	Parkland	Dallas	23	64
	Scott & White	MRSA Central	59	102
	Sendero	Travis	11	20
	Seton	Travis	11	53
	Superior	Bexar	22	142
		El Paso	5	17
		Hidalgo	12	40
		Lubbock	13	40
		MRSA Central	13	82
		MRSA NE	14	53
		MRSA West	20	47
		Nueces	6	16
		Travis	20	100
	Superior Total		125	537
	Texas Children's	Harris	11	22
		Jefferson	1	1
	Texas Children's Total		12	23
	United	Harris	12	63
		Hidalgo	10	3

Attachment C3 - Provider Termination
(2017 SFQ1)

Program	MCO	SDA	PCP Termination	Specialist Termination
		Jefferson	8	61
	United Total		30	127
STAR+PLUS	Amerigroup	Bexar	6	31
		El Paso	0	19
		Harris	29	102
		Jefferson	1	3
		Lubbock	6	19
		MRSA West	14	23
		Tarrant	7	36
		Travis	1	19
	Amerigroup Total		64	252
	Cigna-HealthSpring	Hidalgo	1	3
		MRSA NE	1	4
		Tarrant	3	0
	Cigna-HealthSpring Total		5	7
	Molina	Bexar	0	11
		Dallas	0	9
		El Paso	1	12
		Harris	0	22
		Hidalgo	0	8
		Jefferson	0	19
	Molina Total		1	81
	Superior	Bexar	576	140
		Dallas	625	104
		Hidalgo	144	39
		Lubbock	11	41
		MRSA Central	14	80
		MRSA West	361	48
		Nueces	25	19
	Superior Total		1756	471
	United	Harris	10	55
		Jefferson	7	54
		MRSA NE	8	19
		MRSA Central	2	16
		Nueces	2	1
		Travis	6	20
	United Total		35	165

ATTACHMENT D
Out-of-Network Utilization (2017 Q1)

Program	MCO Name	Service Area	Inpatient (15% Standard)	Recalculated Inpatient	ER (20% Standard)	Recalculated ER	Outpatient (20% Standard)	Recalculated Outpatient
Dental	DentaQuest	StateWide	0%		0%		0%	
	MCNA	StateWide	0%		0%		0%	
STAR	Aetna	Bexar	14.22%		28.11%		16.67%	
		Tarrant	3.29%		15.23%		21.70%	
	Amerigroup	Bexar	8.00%		3.00%		8.00%	
		Dallas	11.00%		27.00%		15.00%	
		Harris	9.00%		22.00%		16.00%	
		Jefferson	5.00%		7.00%		10.00%	
		Lubbock	1.00%		2.00%		7.00%	
		MRSA Central	15.00%		22.00%		16.00%	
		MRSA NE	7.00%		8.00%		16.00%	
		MRSA West	2.00%		3.00%		11.00%	
		Tarrant	4.00%		14.00%		14.00%	
	BCBS TX	Travis	1.99%		7.07%		17.59%	
	CHC	Harris	0.57%		1.89%		5.46%	
		Jefferson	0.60%		3.47%		4.94%	
	Christus	Nueces	2.46%		2.30%		23.07%	
	Community 1st	Bexar	2.60%		2.44%		11.27%	
	Cook	Tarrant	3.11%		12.61%		5.10%	
	Driscoll	Hidalgo	2.00%		3.00%		7.00%	
		Nueces	1.86%		2.81%		6.29%	
	El Paso 1st	El Paso	0.79%	3%	1.52%		18.23%	
	First Care	Lubbock	0.98%		3.73%		7.83%	
		MRSA West	2.37%		3%		15.82%	
	Molina	Dallas	29.44%		37.09%		13.00%	
		El Paso	7.14%		11.36%		15.45%	
		Harris	3.17%		3.85%		12.52%	
		Hidalgo	0.47%		1.06%	4.00%	14.46%	
		Jefferson	10.81%		12.26%		20.90%	
	Parkland	Dallas	2.74%		10.00%		15.91%	
	Scott and White	MRSA Central	4.70%		17.37%		3.92%	
	Sendero	Travis	4.98%		6.70%		3.06%	
	Seton	Travis	13.44%		37.33%		6.94%	
	Superior	Bexar	5.74%		0.47%		4.79%	
		El Paso	0.44%		0.69%		3.24%	
		Hidalgo	0.45%		0.73%		3.40%	
		Lubbock	0.55%		0.65%		6.81%	
		MRSA Central	1.42%		1.62%		5.47%	

ATTACHMENT D
Out-of-Network Utilization (2017 Q1)

Program	MCO Name	Service Area	Inpatient (15% Standard)	Recalculated Inpatient	ER (20% Standard)	Recalculated ER	Outpatient (20% Standard)	Recalculated Outpatient
		MRSA NE	3.92%		3.00%		12.21%	
		MRSA West	1.99%		1.31%		N/A	
		Nueces	1.35%		0.58%		3.39%	
		Travis	4.67%		1.23%		4.79%	
	Texas Children's	Harris	9.43%		25.36%		1.46%	
		Jefferson	2.85%		3.70%		4.09%	
	United	Harris	4.14%		14.87%		8.04%	
		Hidalgo	1.64%		1.52%		6.64%	
		Jefferson	1.78%		4.62%		7.65%	
STAR+PLUS	Amerigroup	Bexar	5.30%		4.48%		9.21%	
		El Paso	2.01%		1.44%		5.46%	
		Harris	21.27%		18.33%		14.20%	
		Jefferson	4.93%		4.17%		9.24%	
		Lubbock	4.03%		2.28%		6.66%	
		MRSA West	8.24%		6.69%		9.36%	
		Tarrant	15.07%		12.68%		14.25%	
		Travis	6.70%		4.70%		5.33%	
	Cigna-HealthSpring	Hidalgo	23.81%	14%	16.67%		10.32%	
		MRSA NE	8.57%		7.75%		9.12%	
		Tarrant	25.31%	7.00%	44.83%	12.00%	32.76%	15.00%
	Molina	Bexar	7.49%		11.33%		14.23%	
		Dallas	42.90%	7.00%	45.92%	5.00%	13.04%	13.00%
		El Paso	8.09%		2.28%		7.97%	
		Harris	6.11%		4.27%		14.84%	
		Hidalgo	1.63%		0.99%		7.23%	
		Jefferson	2.81%		1.87%		14.60%	
	Superior	Bexar	9.53%		0.49%		7.55%	
		Dallas	21.30%	12%	28.27%	6.00%	13.35%	
		Hidalgo	0.96%		0.48%		4.11%	
		Lubbock	12.59%		0.94%		6.14%	
		MRSA Central	3.84%		3.42%		7.61%	
		MRSA West	6.15%		1.88%		N/A	
		Nueces	3.06%		0.87%		13.87%	
	United	Harris	25.81%	3%	41.26%	4.00%	13.92%	
		Jefferson	13.85%		6.67%		15.51%	
		MRSA Central	11.67%		22.51%	15.00%	9.78%	
		MRSA NE	7.65%		10.67%		9.92%	

ATTACHMENT D
Out-of-Network Utilization (2017 Q1)

Program	MCO Name	Service Area	Inpatient (15% Standard)	Recalculated Inpatient	ER (20% Standard)	Recalculated ER	Outpatient (20% Standard)	Recalculated Outpatient
		Nueces	4.74%		1.27%		8.30%	
		Travis	3.31%		3.46%		6.65%	

ATTACHMENT E
HHSC GeoMapping
PCP and ENT (2017SFQ1)

Program	Service Area	MCO	Plan Code	Percent of MCO Child Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Adult Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Child Members Residing Within 75 Miles of a E.N.T. Physician
STAR	BEXAR	AETNA Better Health	43	100%	100%	100%
		Amerigroup	44	100%	99%	100%
		Community First Health Plans	42	100%	100%	100%
		Superior HealthPlan	40	100%	100%	100%
	DALLAS	Amerigroup	90	100%	100%	100%
		Molina Healthcare of Texas	95	100%	100%	100%
		Parkland HEALTHfirst	93	100%	100%	100%
	EL PASO	El Paso First Premier Plan	37	100%	100%	100%
		Molina Healthcare of Texas	31	100%	100%	100%
		Superior HealthPlan	36	100%	100%	100%
	HARRIS	Amerigroup	71	100%	100%	100%
		Community Health Choice	79	100%	100%	100%
		Molina Healthcare of Texas	7G	100%	100%	100%
		Texas Children's Health Plan	72	100%	100%	100%
		UnitedHealthcare Community Plan	7H	100%	100%	100%
	HIDALGO	Driscoll Children's Health Plan	H4	100%	100%	97%
		Molina Healthcare of Texas	H3	100%	100%	98%
		Superior Healthplan	H2	100%	99%	100%
		UnitedHealthcare Community Plan	H1	100%	100%	98%
	JEFFERSON	Amerigroup	8G	100%	100%	100%
		Community Health Choice	8H	100%	100%	100%
		Molina Healthcare of Texas	8J	100%	100%	100%
		Texas Children's Health Plan	8K	100%	100%	100%
		UnitedHealthcare Community Plan	8L	100%	100%	100%
	LUBBOCK	Amerigroup	53	99.58%	100%	100%
		FirstCare STAR	50	100.00%	100%	100%
		Superior HealthPlan	52	99.67%	100%	100%
	MRSA Central	RightCare from Scott and White Health Plan	C3	100%	100%	100%
		Superior HealthPlan	C2	100%	100%	100%
		Amerigroup	C1	100%	100%	100%

ATTACHMENT E
HHSC GeoMapping
PCP and ENT (2017SFQ1)

Program	Service Area	MCO	Plan Code	Percent of MCO Child Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Adult Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Child Members Residing Within 75 Miles of a E.N.T. Physician
	MRSA Northeast	Amerigroup	N1	100%	100%	100%
		Superior HealthPlan	N2	100%	100%	100%
	MRSA West	Amerigroup	W2	99.56%	99.44%	80.7%
		FirstCare STAR (MRSA)	W4	99.76%	99.87%	76.2%
		Superior HealthPlan	W3	99.46%	99.41%	85.0%
	NUECES	CHRISTUS Health Plan	88	100.00%	100%	100%
		Driscoll Children's Health Plan	82	99.94%	100%	100%
		Superior HealthPlan	83	99.52%	100%	100%
	TARRANT	AETNA Better Health	67	100%	100%	100%
		Amerigroup	63	100%	100%	100%
		Cook Children's Health Plan	66	100%	100%	100%
	TRAVIS	Blue Cross Blue Shield of Texas	1P	100%	100%	100%
		Sendero Health Plans	1N	100%	100%	100%
		Seton Health Plan	1A	100%	100%	100%
		Superior HealthPlan	10	100%	100%	100%
STAR Plus	BEXAR	Amerigroup	45	89%	99%	89%
		Molina Healthcare of Texas	46	100%	100%	100%
		Superior HealthPlan	47	100%	99%	100%
	DALLAS	Molina Healthcare of Texas	9F	100%	100%	100%
		Superior HealthPlan	9H	100%	100%	100%
	EL PASO	Amerigroup	34	100%	100%	100%
		Molina Healthcare of Texas	33	100%	100%	100%
	HARRIS	Amerigroup	7P	98%	99%	98%
		Molina Healthcare of Texas	7S	100%	100%	100%
		UnitedHealthcare Community Plan	7R	100%	100%	100%
	HIDALGO	HealthSpring	H7	100%	99.7%	88%
		Molina Healthcare of Texas	H6	100%	99.6%	100%
		Superior HealthPlan	H5	100%	99.1%	100%
	JEFFERSON	Amerigroup	8R	100%	99%	100%
		Molina Healthcare of Texas	8T	100%	100%	100%
		UnitedHealthcare Community Plan	8S	100%	99%	100%

ATTACHMENT E
HHSC GeoMapping
PCP and ENT (2017SFQ1)

Program	Service Area	MCO	Plan Code	Percent of MCO Child Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Adult Members Residing Within 30 Miles of 2 PCPs With an Open Panel	Percent of MCO Child Members Residing Within 75 Miles of a E.N.T. Physician
	LUBBOCK	Amerigroup	5A	67%	98%	67%
		Superior HealthPlan	5B	100%	99%	100%
	MRSA Central	Superior HealthPlan	C4	100%	100%	100%
		UnitedHealthcare Community Plan	C5	100%	97%	100%
	MRSA Northeast	Cigna-HealthSpring	N3	100%	100%	100%
		UnitedHealthcare Community Plan	N4	100%	98%	100%
	MRSA West	Amerigroup	W5	100%	99%	75%
		Superior HealthPlan	W6	100%	100%	88%
	NUECES	Superior HealthPlan	86	100%	99%	100%
		UnitedHealthcare Community Plan	85	100%	99%	100%
	TARRANT	Amerigroup	69	100%	99%	100%
		HealthSpring	6C	86%	100%	86%
	TRAVIS	Amerigroup	19	100%	99%	100%
		UnitedHealthcare Community Plan	18	100%	98%	100%

Note:

Children are under age 21; adults are age 21 and older.

ATTACHMENT G
HHSC GeoMapping
Pharmacy (2017SFQ1)

Program	Service Area	MCO	P l a n C o d e	Percent of Child Members in Urban Counties Residing w/in 2 Miles of One Pharmacy	Percent of Child Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy	Percent of Child Members in Rural Counties Residing w/in 15 Miles of One Pharmacy	Percent of Child Members in Urban Counties Residing w/in 2 Miles of Two Pharmacies	Percent of Child Members in Suburban Counties Residing w/in 5 Miles of Two Pharmacies	Percent of Child Members in Rural Counties Residing w/in 15 Miles of Two Pharmacies	Percent of Adult Members in Urban Counties Residing w/in 2 Miles of One Pharmacy	Percent of Adult Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy	Percent of Adult Members in Rural Counties Residing w/in 15 Miles of One Pharmacy	Percent of Adult Members in Urban Counties Residing w/in 2 Miles of Two Pharmacies	Percent of Adult Members in Suburban Counties Residing w/in 5 Miles of Two Pharmacies	Percent of Adult Members in Rural Counties Residing w/in 15 Miles of Two Pharmacies
STAR	BEXAR	AETNA Better Health	43	93.70	71.48	88.89	90.32	63.67	88.89	93.16	74.23	100.00	90.61	62.69	100.00
		Amerigroup	44	93.23	73.96	60.00	89.55	64.64	60.00	92.94	74.29	50.00	89.70	68.57	50.00
		Community First Health Plans	42	93.64	76.18	46.58	90.51	72.79	45.21	93.72	73.88	33.33	90.80	70.06	22.22
		Superior HealthPlan	40	93.67	71.05	59.79	90.33	61.81	48.45	93.47	69.37	66.67	90.28	60.71	52.38
	DALLAS	Amerigroup	90	95.26	91.62	98.15	92.54	86.66	96.24	94.98	90.24	97.65	92.05	85.30	94.63
		Molina Healthcare of Texas	95	95.41	93.38	94.14	95.16	93.05	94.14	95.26	92.25	97.67	94.60	91.91	97.67
		Parkland HEALTHfirst	93	94.28	88.72	86.59	90.20	83.18	86.42	94.37	89.73	83.72	90.20	84.20	81.40
	EL Paso	El Paso First Premier Plan	37	84.34	0.00	0.00	80.31	0.00	0.00	86.59	0.00	NA	82.26	0.00	NA
		Molina Healthcare of Texas	31	87.16	NA	NA	85.54	NA	NA	90.11	NA	NA	88.14	NA	NA
		Superior HealthPlan	36	84.61	0.00	0.00	79.00	0.00	0.00	85.57	NA	NA	79.43	NA	NA
	HARRIS	Amerigroup	71	97.52	89.84	97.49	93.42	84.02	93.89	97.50	91.69	94.12	93.49	86.34	91.18
		Community Health Choice	79	96.83	92.86	96.23	93.11	85.38	91.57	96.68	93.69	94.14	92.82	87.28	87.03
		Molina Healthcare of Texas	7G	97.47	94.50	97.58	97.05	92.15	97.58	96.49	97.82	97.44	96.49	96.73	97.44
		Texas Children's Health Plan	72	96.70	91.94	95.75	93.28	85.55	83.55	96.64	92.70	88.79	92.75	85.89	82.76
		UnitedHealthcare Community Plan	7H	96.05	90.97	97.46	92.77	86.07	80.42	95.46	88.16	96.08	91.53	82.93	86.27
	HIDALGO	Driscoll Children's Health Plan	H4	80.10	0.00	98.67	72.89	0.00	85.12	81.92	0.00	98.54	75.62	0.00	78.95
		Molina Healthcare of Texas	H3	80.90	0.00	99.32	78.96	0.00	99.32	82.43	NA	99.48	80.56	NA	99.48
		Superior Healthplan	H2	75.25	0.00	99.11	68.93	0.00	93.51	79.75	0.00	98.91	73.34	0.00	92.66
		UnitedHealthcare Community Plan	H1	77.41	0.00	99.01	69.33	0.00	86.59	81.35	0.00	96.90	74.21	0.00	80.00
	JEFFERSON	Amerigroup	8G	90.97	78.13	97.78	80.19	72.46	95.37	90.45	78.77	97.13	77.39	73.58	94.25
		Community Health Choice	8H	88.76	69.37	97.57	76.12	64.03	92.57	89.19	70.61	97.13	77.39	64.91	91.17
		Molina Healthcare of Texas	8J	88.50	82.62	98.06	88.50	82.31	97.69	87.66	84.50	98.28	87.66	83.72	98.28
		Texas Children's Health Plan	8K	89.38	75.09	97.37	77.53	70.35	91.99	88.57	76.14	96.61	72.30	71.37	91.53
		UnitedHealthcare Community Plan	8L	90.49	77.16	96.79	77.10	74.53	95.50	88.28	77.09	95.34	76.85	74.08	92.33
	LUBBOCK	Amerigroup	53	90.54	87.61	98.71	82.74	83.03	83.72	91.31	83.33	100.00	86.51	73.33	88.15
		FirstCare STAR	50	90.24	86.86	95.82	84.37	79.54	91.24	90.14	89.83	95.00	85.80	84.62	89.17
		Superior HealthPlan	52	90.22	90.65	95.30	83.52	85.66	77.67	91.21	92.84	96.73	86.07	86.70	75.93

**ATTACHMENT G
HHSC GeoMapping
Pharmacy (2017SFQ1)**

Program	Service Area	MCO	P l a n C o d e	Percent of Child Members in Urban Counties Residing w/in 2 Miles of One Pharmacy	Percent of Child Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy	Percent of Child Members in Rural Counties Residing w/in 15 Miles of One Pharmacy	Percent of Child Members in Urban Counties Residing w/in 2 Miles of Two Pharmacies	Percent of Child Members in Suburban Counties Residing w/in 5 Miles of Two Pharmacies	Percent of Child Members in Rural Counties Residing w/in 15 Miles of Two Pharmacies	Percent of Adult Members in Urban Counties Residing w/in 2 Miles of One Pharmacy	Percent of Adult Members in Suburban Counties Residing w/in 5 Miles of One Pharmacy	Percent of Adult Members in Rural Counties Residing w/in 15 Miles of One Pharmacy	Percent of Adult Members in Urban Counties Residing w/in 2 Miles of Two Pharmacies	Percent of Adult Members in Suburban Counties Residing w/in 5 Miles of Two Pharmacies	Percent of Adult Members in Rural Counties Residing w/in 15 Miles of Two Pharmacies
	MRSA Central	Amerigroup	C1	79.31	79.29	96.02	68.52	66.43	91.03	76.50	76.72	95.56	66.42	67.24	88.79
		RightCare from Scott and White Health Plan	C3	77.01	77.81	96.85	69.49	63.92	89.39	76.27	79.09	95.71	68.64	67.89	87.14
		Superior HealthPlan	C2	79.27	78.21	96.40	68.80	58.17	89.85	76.39	77.33	96.23	65.77	62.35	89.31
	MRSA Northeast	Amerigroup	N1	74.84	60.68	99.32	63.82	53.47	93.46	75.88	59.32	99.47	62.67	51.33	92.33
		Superior HealthPlan	N2	71.62	57.00	98.89	63.52	46.38	95.03	69.68	56.32	98.89	62.68	45.06	94.78
	MRSA West	Amerigroup	W2	76.48	48.94	97.31	70.49	10.90	83.38	79.71	51.16	96.90	72.95	9.30	83.60
		FirstCare STAR (MRSA)	W4	83.09	59.32	92.51	75.83	15.86	79.23	82.10	57.61	91.32	74.54	14.13	81.04
		Superior HealthPlan	W3	80.02	59.18	94.96	71.08	3.96	77.36	83.05	59.02	95.28	72.86	1.64	78.12
	NUECES	CHRISTUS Health Plan	88	89.16	94.29	98.40	86.55	72.24	96.70	92.67	94.44	97.47	90.03	61.11	96.20
		Driscoll Children's Health Plan	82	88.55	93.12	99.19	85.24	67.90	95.71	90.52	91.26	99.16	87.40	67.58	96.65
		Superior HealthPlan	83	89.38	84.42	96.54	81.80	67.70	95.77	88.50	81.17	96.82	80.21	69.96	95.54
	TARRANT	AETNA Better Health	67	96.28	88.66	95.45	92.98	81.60	90.91	96.07	88.79	100.00	92.72	81.74	100.00
		Amerigroup	63	95.43	91.91	63.27	93.14	86.14	56.12	94.86	89.62	41.67	91.71	82.42	41.67
		Cook Children's Health Plan	66	94.37	82.68	11.43	91.27	71.65	7.14	93.82	83.52	0.00	90.38	73.97	0.00
	TRAVIS	Blue Cross Blue Shield of Texas	1P	82.92	80.72	95.89	76.73	77.66	95.61	85.50	85.69	95.96	79.04	82.28	95.96
		Sendero Health Plans	1N	83.80	77.42	97.00	76.75	74.85	96.50	86.06	80.68	95.83	79.22	77.97	95.83
		Seton Health Plan	1A	83.65	83.21	96.15	77.46	81.75	93.90	85.78	85.97	94.87	80.72	84.17	92.31
		Superior HealthPlan	10	82.13	77.50	96.64	74.93	73.20	95.13	84.63	84.68	94.00	79.30	79.37	92.80
STAR Plus	BEXAR	Amerigroup	45	83.33	100.00	NA	66.67	100.00	NA	92.54	71.46	37.50	89.06	60.89	25.00
		Molina Healthcare of Texas	46	100.00	100.00	NA	100.00	100.00	NA	94.27	78.65	20.00	93.66	76.12	20.00
		Superior HealthPlan	47	95.83	75.00	NA	91.67	75.00	NA	93.80	71.49	55.56	90.30	62.65	36.11
	DALLAS	Molina Healthcare of Texas	9F	100.00	75.00	NA	100.00	75.00	NA	94.91	89.64	95.34	94.57	89.03	95.34
		Superior HealthPlan	9H	93.75	100.00	NA	87.50	100.00	NA	93.80	87.90	94.18	89.04	83.90	91.44
	EL Paso	Amerigroup	34	85.71	NA	NA	85.71	NA	NA	88.59	0.00	0.00	85.87	0.00	0.00
		Molina Healthcare of Texas	33	80.00	NA	NA	60.00	NA	NA	90.22	0.00	0.00	89.31	0.00	0.00
	HARRIS	Amerigroup	7P	96.43	100.00	100.00	89.29	100.00	100.00	97.08	90.36	88.65	93.51	83.74	81.62
		Molina Healthcare of Texas	7S	100.00	NA	NA	75.00	NA	NA	96.80	94.04	96.44	96.47	91.63	96.44
		UnitedHealthcare Community Plan	7R	82.35	100.00	NA	76.47	90.00	NA	96.06	91.09	89.15	92.60	85.35	83.39
	HIDALGO	HealthSpring	H7	66.67	NA	100.00	33.33	NA	0.00	72.69	0.00	91.02	44.92	0.00	51.39
		Molina Healthcare of Texas	H6	85.71	NA	100.00	71.43	NA	100.00	84.86	0.00	99.16	83.79	0.00	98.73
		Superior HealthPlan	H5	81.82	NA	66.67	68.18	NA	66.67	82.89	0.00	97.44	76.88	0.00	90.70
	JEFFERSON	Amerigroup	8R	100.00	100.00	100.00	100.00	100.00	100.00	89.25	80.32	97.24	76.12	72.60	94.98
		Molina Healthcare of Texas	8T	100.00	100.00	NA	100.00	100.00	NA	90.53	84.06	98.02	90.44	83.28	97.82
		UnitedHealthcare Community Plan	8S	50.00	NA	100.00	50.00	NA	100.00	88.30	73.02	98.23	73.45	68.64	94.22
	LUBBOCK	Amerigroup	5A	33.33	100.00	100.00	33.33	100.00	100.00	88.24	85.39	97.63	81.59	81.46	77.31
		Superior HealthPlan	5B	50.00	100.00	100.00	50.00	50.00	100.00	89.13	90.21	90.65	82.42	84.79	69.31
	MRSA Central	Superior HealthPlan	C4	66.67	NA	100.00	58.33	NA	100.00	77.64	75.75	96.86	68.49	57.40	90.53
		UnitedHealthcare Community Plan	C5	44.44	0.00	NA	33.33	0.00	NA	77.97	73.36	93.50	68.73	59.37	86.11
	MRSA Northeast	Cigna-HealthSpring	N3	50.00	0.00	60.00	0.00	0.00	40.00	31.55	0.62	36.66	12.33	0.00	10.11
		UnitedHealthcare Community Plan	N4	62.50	100.00	100.00	62.50	100.00	100.00	74.60	53.65	98.87	66.83	47.95	93.90
	MRSA West	Amerigroup	W5	80.00	0.00	100.00	80.00	0.00	80.00	82.91	59.02	97.76	76.97	16.39	82.87
		Superior HealthPlan	W6	77.78	NA	100.00	55.56	NA	100.00	82.87	52.79	94.22	73.08	4.29	76.39
	NUECES	Superior HealthPlan	86	100.00	NA	50.00	100.00	NA	50.00	88.06	83.81	94.67	78.79	67.61	94.29
		UnitedHealthcare Community Plan	85	100.00	NA	NA	100.00	NA	NA	89.13	90.79	65.81	86.12	60.63	50.89
	TARRANT	Amerigroup	69	92.59	75.00	NA	88.89	75.00	NA	95.35	85.59	69.70	93.09	76.98	66.67
		HealthSpring	6C	66.67	66.67	NA	33.33	33.33	NA	76.36	71.44	46.02	50.69	0.00	0.00
	TRAVIS	Amerigroup	19	90.00	100.00	NA	60.00	100.00	NA	84.92	75.20	91.26	77.69	70.83	87.43
		UnitedHealthcare Community Plan	18	100.00	NA	NA	83.33	NA	NA	85.96	62.94	84.43	79.32	56.06	83.61

Notes:

1 - Children are under age 21; adults are age 21 and older.

2 - NA = Not applicable, no plan members in this type of county.

**ATTACHMENT H
HHSC Dental GeoMapping
2017SFQ1**

DMO	Dental Region	Percent of Members in Rural Counties Residing w/in 75 Miles of At least 2 Main/General Dentists	Percent of Members in Urban Counties Residing w/in 30 Miles of At Least 2 Main/General Dentists	Percent of Members Within 75 Miles of At Least 1 Pediatric Dentists	Percent of Members Within 75 Miles of at Least 1 Periodontists	Percent of Members Within 75 Miles of at Least 1 Orthodontist s	Percent of Members Within 75 Miles of at Least 1 Endodontists	Percent of Members Within 75 Miles of At Least 1 Prosthodontist s	Percent of Members Within 75 Miles of At Least 1 Oral Surgeons
DentaQuest	High Plains	99.99%	96%	95.67%	0.00%	95.79%	50.21%	0%	95.68%
	Northwest Texas	100%	99.98%	99.75%	7.63%	99.75%	7.70%	0%	91.84%
	Metroplex	100%	100%	100%	100%	100%	100%	0%	100%
	Upper East Texas	100%	100%	100%	15.23%	100%	39%	0%	100.00%
	Southeast Texas	100%	100%	100%	67.40%	100%	74.97%	0.00%	100%
	Gulf Coast	100%	100%	100%	100%	100%	100%	0.00%	100%
	Central Texas	100%	99.8%	100%	99.62%	100%	100%	0.00%	100%
	Upper South Texas	100%	99.8%	100%	89.06%	90.09%	95.70%	0.00%	94%
	West Texas	100.00%	95.89%	99.80%	0.00%	99.27%	0%	0%	50.45%
	Upper Rio Grande	94.87%	99.98%	99.63%	99.63%	99.63%	99.63%	0%	99.97%
	Lower South Texas	100%	100%	100%	84.68%	100%	84%	68.95%	100%
	Statewide	100.00%	99.8%	99.86%	86.37%	98.84%	89.46%	9.51%	98.12%
MCNA	High Plains	99.96%	94.75%	96.68%	0.00%	96.82%	0.00%	0%	96.68%
	Northwest Texas	100%	90.23%	99.75%	6.25%	66.08%	6.41%	0%	39.46%
	Metroplex	100%	100%	100%	100%	100%	100.00%	0%	100%
	Upper East Texas	100%	100%	100%	15.57%	100%	39%	0%	100.00%
	Southeast Texas	100%	100%	100%	62.82%	96%	100.00%	0.00%	100%
	Gulf Coast	100%	100%	100%	100%	100%	99.9%	0.00%	100%
	Central Texas	100%	99.8%	100%	99.56%	100%	100%	0.00%	100%
	Upper South Texas	100%	99%	100%	90.66%	91.25%	91.03%	0.00%	100%
	West Texas	99.99%	95.82%	99.91%	0.00%	79.61%	0%	0%	5.02%
	Upper Rio Grande	96.08%	99.98%	99.63%	100%	99.63%	99.63%	0%	99.63%
	Lower South Texas	100%	100%	100%	84.15%	100%	100%	0%	100%
	Statewide	100.00%	99.54%	99.87%	86.31%	97.83%	90.28%	0.00%	97.17%

Medicaid Dental Plan Codes:

1M=DentaQuest

1J=DentaQuest

NPPES Taxonomy Codes:

122300000X, 1223G0001X, 1223 General Practice (includes pediatric dentistry)

1223P0221X Pediatric Dentistry

1223P0300X Periodontics

1223E0200X Endodontics

1223X0400X Orthodontics and Dentofacial Orthopedics

1223P0700X Prosthodontics

1223S0112X, 204E00000X, 261C Oral and Maxillofacial Surgery

ATTACHMENT I
STAR MCO GeoMapping (175FQ1)

MCO	SDA	Percent of <i>Child</i> Members Residing w/in 30 Miles of <i>Two</i> Open Panel PCPs	Percent of <i>Female Child</i> Members Residing w/in 75 Miles of <i>One</i> Obstetrician/Gyn	Percent of <i>Child</i> Members Residing w/in 75 Miles of <i>One</i> Orthopedic Surgeon	Percent of <i>Child</i> Members Residing w/in 75 Miles of <i>One</i> ENT	Percent of <i>Child</i> Members in Urban Counties Residing w/in 30 Miles of <i>One</i> Outpatient Behavioral Health Provider	Percent of <i>Child</i> Members in Rural Counties Residing w/in 75 Miles of <i>One</i> Outpatient Behavioral Health Provider	Percent of <i>Child</i> Members Residing w/in 30 Miles of <i>One</i> Acute Care Hospital	Percent of <i>Adult</i> Members Residing w/in 30 Miles of <i>One</i> Open Panel PCP	Percent of <i>Female Adult</i> Members Residing w/in 75 Miles of <i>One</i> Obstetrician/Gynecologist	Percent of <i>Adult</i> Members Residing w/in 75 Miles of <i>One</i> Orthopedic Surgeon	Percent of <i>Adult</i> Members Residing w/in 75 Miles of <i>One</i> Cardiovascular Disease Specialist	Percent of <i>Adult</i> Members Residing w/in 75 Miles of <i>One</i> General Surgeon	Percent of <i>Adult</i> Members Residing w/in 75 Miles of <i>One</i> Urologist	Percent of <i>Adult</i> Members Residing w/in 75 Miles of <i>One</i> Ophthalmologist	Percent of <i>Adult</i> Members in Urban Counties Residing w/in 30 Miles of <i>One</i> Outpatient Behavioral Health Provider	Percent of <i>Adult</i> Members in Rural Counties Residing w/in 75 Miles of <i>One</i> Outpatient Behavioral Health Provider	Percent of <i>Adult</i> Members Residing w/in 30 Miles of <i>One</i> Acute Care Hospital
Aetna	Bear	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.54%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.19%
	Tarrant	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	99.64%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	99.54%
Amerigroup	Bear	100.00%	100.00%	100.00%	100.00%	99.99%	100.00%	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.27%
	Dallas	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Harris	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.97%
	Jefferson	99.81%	100.00%	100.00%	99.29%	100.00%	100.00%	95.16%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.31%
	Lubbock	99.94%	100.00%	100.00%	100.00%	100.00%	100.00%	96.12%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.83%
	MRSA Central	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	99.68%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.65%
	MRSA East	99.94%	100.00%	100.00%	99.94%	99.87%	100.00%	99.00%	100.00%	100.00%	100.00%	99.97%	100.00%	99.82%	100.00%	99.82%	97.10%	97.10%
	MRSA West	97.55%	99.89%	97.67%	95.23%	100.00%	99.57%	93.33%	99.02%	99.02%	98.59%	98.59%	99.72%	96.00%	99.13%	100.00%	99.89%	96.17%
BCBS	Tarrant	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.63%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.50%
	Travis	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.79%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%
CHRISTUS	Nueces	100.00%	100.00%	100.00%	96.20%	100.00%	100.00%	97.60%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.40%	99.40%	100.00%	98.20%
Community First	Bear	99.80%	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%	99.80%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	100.00%	99.80%
	Harris	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	100.00%
Community Health Choice	Jefferson	99.98%	99.98%	100.00%	99.38%	100.00%	100.00%	99.29%	100.00%	99.90%	100.00%	100.00%	100.00%	99.87%	100.00%	99.87%	100.00%	99.29%
Cook Children's	Tarrant	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%
Dorsett Children's	Hidalgo	99.30%	99.30%	95.40%	96.40%	100.00%	98.70%	97.10%	100.00%	99.00%	96.40%	96.40%	99.00%	96.50%	100.00%	99.70%	98.30%	96.00%
	Nueces	100.00%	100.00%	100.00%	99.70%	99.90%	99.90%	98.20%	100.00%	100.00%	100.00%	100.00%	99.80%	100.00%	100.00%	99.90%	100.00%	98.50%
El Paso First	El Paso	99.60%	100.00%	99.90%	99.97%	99.99%	96.80%	99.99%	99.87%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.79%
FirstCare	Lubbock	100.00%	100.00%	100.00%	100.00%	99.60%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	MRSA West	99.69%	96.20%	99.20%	86.40%	99.90%	97.10%	96.00%	100.00%	97.80%	92.80%	98.30%	97.60%	84.80%	94.80%	100.00%	97.20%	97.40%
Molina	Orlando	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.60%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	El Paso	100.00%	100.00%	100.00%	100.00%	N/A	100.00%	99.60%	100.00%	99.90%	99.90%	99.90%	99.80%	99.80%	100.00%	N/A	99.40%	99.40%
	Harris	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Hidalgo	99.80%	100.00%	97.60%	99.80%	100.00%	100.00%	99.40%	99.90%	99.90%	100.00%	100.00%	100.00%	97.70%	100.00%	99.90%	100.00%	98.30%
Packland	Jefferson	100.00%	100.00%	100.00%	74.3%	100.00%	100.00%	94.80%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	99.90%	100.00%	95.30%
	Atlanta	100.00%	100.00%	100.00%	100.00%	94.1%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.80%	100.00%
Scott and White	MRSA Central	99.80%	99.80%	99.80%	95.80%	99.80%	99.80%	96.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%
	Travis	99.70%	99.80%	99.80%	96.70%	100.00%	100.00%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	99.80%	100.00%	100.00%	98.10%
Sutter	Travis	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	100.00%
	Bear	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%
United	El Paso	99.30%	99.30%	99.80%	98.80%	100.00%	99.40%	99.70%	99.00%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	100.00%	99.80%	99.80%
	Hidalgo	99.80%	100.00%	100.00%	99.80%	100.00%	100.00%	99.70%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	99.70%
	Lubbock	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%
	MRSA Central	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%
	MRSA East	100.00%	100.00%	100.00%	99.90%	100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%
	MRSA West	99.00%	99.40%	99.00%	94.20%	99.90%	99.90%	96.40%	99.00%	99.00%	99.10%	99.30%	99.30%	95.70%	97.70%	100.00%	99.00%	95.00%
	Nueces	99.80%	100.00%	100.00%	100.00%	100.00%	100.00%	97.60%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.40%
	Travis	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Texas Children's	Harris	99.77%	99.89%	99.89%	99.98%	99.98%	99.96%	99.98%	99.63%	99.81%	99.80%	99.76%	99.82%	99.77%	99.82%	99.75%	99.84%	99.72%
	Jefferson	99.30%	99.80%	99.80%	99.78%	99.84%	99.80%	99.72%	99.89%	99.82%	99.89%	99.86%	99.86%	99.80%	99.88%	99.88%	99.84%	99.80%
United	Harris	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Jefferson	100.00%	100.00%	99.80%	97.70%	100.00%	100.00%	98.70%	100.00%	100.00%	99.90%	99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	97.90%

ATTACHMENT I
STAR+PLUS MCO Geomapping (17SFQ1)

MCO	Service Area	Percent of Adult Members Residing w/in 30 Miles of One Open Panel PCP	Percent of Adult Members Residing w/in 75 Miles of One Obstetrician/Gynecologist	Percent of Adult Members Residing w/in 75 Miles of One Orthopedic Surgeon	Percent of Adult Members Residing w/in 75 Miles of One Cardiovascular Disease Specialist	Percent of Female Adult Members Residing w/in 75 Miles of One General Surgeon	Percent of Adult Members Residing w/in 75 Miles of One Urologist
Amerigroup	Bexar	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	El Paso	99.3%	100.0%	99.8%	99.8%	99.8%	99.8%
	Harris	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Jefferson	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Lubbock	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MRSA West	98.8%	98.8%	97.5%	96.8%	98.4%	93.7%
	Tarrant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Travis	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cigna-HealthSpring	Hidalgo	99.5%	99.8%	99.9%	93.0%	93.1%	90.2%
	MRSA NE	99.8%	99.8%	99.4%	99.8%	93.8%	90.6%
	Tarrant	99.8%	99.7%	97.9%	99.8%	99.8%	97.9%
Molina	Bexar	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Dallas	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	El Paso	99.7%	99.9%	99.9%	99.9%	99.9%	99.9%
	Harris	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
	Hidalgo	99.8%	100.0%	99.9%	99.9%	99.9%	96.1%
	Jefferson	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%
Superior	Bexar	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Dallas	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Hidalgo	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Lubbock	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%
	MRSA Central	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MRSA West	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Nueces	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
United	Harris	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Jefferson	99.8%	100.0%	98.7%	100.0%	99.9%	97.8%
	MRSA Central	100.0%	100.0%	100.0%	97.8%	97.8%	97.7%
	MRSA NE	99.8%	100.0%	90.8%	99.8%	100.0%	96.5%
	Nueces	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
	Travis	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

ATTACHMENT I
STAR+PLUS MCO Geomapping (17SFQ1)

MCO	Service Area	Percent of Adult Members Residing w/in 75 Miles of One Ophthalmologist	Percent of Adult Members Residing w/in 75 Miles of Percent of Adult Members in Urban Counties Residing w/in 30 Miles of One Outpatient Behavioral Health Provider	Percent of Adult Members in Rural Counties Residing w/in 75 Miles of One Outpatient Behavioral Health Provider	Percent of Adult Members Residing w/in 30 Miles of One Acute Care Hospital
Amerigroup	Bexar	100.0%	100.0%	99.5%	100.0%
	El Paso	99.8%	100.0%	100.0%	99.1%
	Harris	100.0%	100.0%	100.0%	100.0%
	Jefferson	100.0%	100.0%	100.0%	94.3%
	Lubbock	100.0%	100.0%	100.0%	96.5%
	MRSA West	97.5%	100.0%	99.9%	83.0%
	Tarrant	100.0%	100.0%	100.0%	99.2%
	Travis	100.0%	100.0%	100.0%	99.5%
Cigna-HealthSpring	Hidalgo	99.8%	100.0%	99.1%	92.3%
	MRSA NE	93.7%	99.8%	99.8%	100.0%
	Tarrant	97.9%	100.0%	99.1%	92.3%
Molina	Bexar	100.0%	100.0%	100.0%	98.7%
	Dallas	100.0%	100.0%	100.0%	99.7%
	El Paso	99.9%	100.0%	N/A	99.7%
	Harris	100.0%	99.9%	100.0%	99.9%
	Hidalgo	99.9%	99.9%	99.8%	98.2%
	Jefferson	100.0%	100.0%	100.0%	94.2%
Superior	Bexar	100.0%	100.0%	N/A	100.0%
	Dallas	100.0%	100.0%	100.0%	100.0%
	Hidalgo	100.0%	99.9%	100.0%	97.6%
	Lubbock	99.9%	100.0%	100.0%	99.9%
	MRSA Central	100.0%	100.0%	100.0%	99.9%
	MRSA West	100.0%	100.0%	100.0%	97.9%
	Nueces	100.0%	100.0%	100.0%	97.9%
United	Harris	100.0%	100.0%	100.0%	100.0%
	Jefferson	99.9%	96.7%	100.0%	99.2%
	MRSA Central	100.0%	100.0%	100.0%	94.0%
	MRSA NE	99.9%	99.6%	100.0%	95.8%
	Nueces	100.0%	99.5%	100.0%	97.4%
	Travis	100.0%	100.0%	100.0%	100.0%

ATTACHMENT J
Pharmacy GeoMapping
17SFQ1

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	90.20%	66.60%	100.00%
	STAR	Tarrant	N/A	N/A	98.60%	93.30%	86.20%	100.00%
Amerigroup	STAR	Bexar	N/A	N/A	100.00%	89.63%	66.29%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	100.00%	91.68%	74.60%	100.00%
	STAR	Dallas	N/A	N/A	97.21%	91.37%	88.29%	100.00%
	STAR+PLUS	El Paso	N/A	N/A	0.00%	84.10%	0.00%	99.66%
	STAR	Harris	N/A	N/A	95.24%	94.93%	86.32%	100.00%
	STAR+PLUS	Harris	N/A	N/A	95.81%	94.96%	87.75%	100.00%
	STAR	Jefferson	N/A	N/A	94.68%	81.00%	64.94%	99.82%
	STAR+PLUS	Jefferson	N/A	N/A	94.02%	82.80%	72.58%	99.73%
	STAR	Lubbock	N/A	N/A	92.15%	83.93%	83.68%	100.00%
	STAR+PLUS	Lubbock	N/A	N/A	91.38%	87.35%	82.68%	100.00%
	STAR	MRSA Central	77.39%	69.92%	95.42%	N/A	N/A	99.99%
	STAR	MRSA Northeast	66.37%	51.72%	96.88%	N/A	N/A	99.27%
	STAR	MRSA West	71.42%	33.97%	85.09%	N/A	N/A	79.09%
	STAR+PLUS	MRSA West	81.97%	44.41%	82.94%	N/A	N/A	74.75%
	STAR	Tarrant	N/A	N/A	96.68%	94.47%	87.85%	100.00%
	STAR+PLUS	Tarrant	N/A	N/A	98.90%	94.99%	85.54%	100.00%
	STAR+PLUS	Travis	N/A	N/A	93.00%	84.00%	81.00%	100.00%
BCBS	STAR	Travis	N/A	N/A	92.40%	79.30%	79.20%	99.90%
CHC	STAR	Harris	NA	NA	97.20%	97.20%	93.50%	99.90%
	STAR	Jefferson	NA	NA	97.00%	89.50%	75.30%	99.90%
Christus	STAR	Nueces	N/A	N/A	96.60%	84.50%	87.10%	100.00%
Cigna-HealthSpring	STAR+PLUS	Hidalgo	N/A	N/A	97.10%	82.40%	N/A	83.60%
	STAR+PLUS	MRSA Northeast	N/A	N/A	99.00%	77.40%	56.30%	98.10%
	STAR+PLUS	Tarrant	N/A	N/A	N/A	96.90%	86.00%	100.00%
Community 1st	STAR	Bexar	N/A	N/A	73.30%	94.20%	78.70%	99.90%
Cook Children's	STAR	Tarrant	NA	NA	98.70%	97.10%	85.40%	99.90%
Driscoll	STAR	Hidalgo	NA	NA	93.40%	81.90%	69.70%	76.20%
	STAR	Nueces	NA	NA	98.60%	87.50%	88.90%	87.50%
El Paso 1st	STAR	El Paso	NA	NA	14.00%	81.80%	90.90%	99.90%
FirstCare	STAR	Lubbock	NA	NA	95.70%	90.00%	82.00%	99.90%
	STAR	MRSA West	81.10%	53.70%	90.50%	NA	NA	87.20%
Molina	STAR+PLUS	Bexar	N/A	N/A	N/A	91.40%	70.80%	100.00%
	STAR	Dallas	N/A	N/A	97.40%	90.70%	90.30%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	96.80%	89.90%	85.70%	100.00%
	STAR	El Paso	N/A	N/A	N/A	79.80%	0.00%	99.90%
	STAR+PLUS	El Paso	N/A	N/A	N/A	83.70%	0.00%	99.90%
	STAR	Harris	N/A	N/A	96.10%	95.80%	89.90%	100.00%
	STAR+PLUS	Harris	N/A	N/A	96.90%	95.20%	89.10%	100.00%
	STAR	Hidalgo	N/A	N/A	97.30%	70.20%	N/A	74.90%
	STAR+PLUS	Hidalgo	N/A	N/A	96.40%	77.10%	N/A	77.50%
	STAR	Jefferson	N/A	N/A	91.40%	83.80%	72.30%	100.00%

ATTACHMENT J
Pharmacy GeoMapping
17SFQ1

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)
	STAR+PLUS	Jefferson	N/A	N/A	96.70%	86.80%	72.60%	100.00%
Parkland	STAR	Dallas	NA	NA	95.60%	91.10%	82.40%	99.90%
Sendero	STAR	Travis	NA	NA	99.60%	99.90%	100.00%	99.90%
Scott & White	STAR	MRSA Central	78.20%	77.50%	98.10%	NA	NA	99.70%
Seton	STAR	Travis	NA	NA	97.80%	85.20%	85.40%	99.90%
Superior	STAR	Bexar	N/A	N/A	N/A	87.00%	64.00%	100.00%
	STAR+PLUS	Bexar	N/A	N/A	N/A	87.70%	65.40%	100.00%
	STAR+PLUS	Dallas	N/A	N/A	97.60%	85.00%	83.10%	100.00%
	STAR	El Paso	N/A	N/A	0.80%	76.00%	N/A	99.90%
	STAR	Hidalgo	N/A	N/A	94.20%	68.10%	N/A	81.90%
	STAR+PLUS	Hidalgo	N/A	N/A	90.20%	74.60%	N/A	79.30%
	STAR	Lubbock	N/A	N/A	92.40%	85.70%	82.10%	100.00%
	STAR+PLUS	Lubbock	N/A	N/A	93.80%	86.20%	83.80%	100.00%
	STAR	Nueces	N/A	N/A	96.20%	82.50%	86.10%	100.00%
	STAR+PLUS	Nueces	N/A	N/A	95.40%	82.90%	84.70%	100.00%
	STAR	MRSA Central	73.50%	72.00%	94.40%	N/A	N/A	100.00%
	STAR+PLUS	MRSA Central	73.20%	66.70%	94.80%	N/A	N/A	100.00%
	STAR	MRSA Northeast	56.00%	45.30%	97.10%	N/A	N/A	100.00%
	STAR	MRSA West	74.50%	45.60%	87.40%	N/A	N/A	83.90%
	STAR+PLUS	MRSA West	79.60%	46.70%	87.40%	N/A	N/A	88.50%
TCHP	STAR	Travis	N/A	N/A	92.80%	73.20%	75.60%	100.00%
	STAR	Harris	NA	NA	97.90%	97.60%	93.80%	99.90%
	STAR	Jefferson	NA	NA	96.20%	90.20%	76.30%	99.90%
United	STAR	Harris	N/A	N/A	97.20%	94.80%	89.20%	99.80%
	STAR+PLUS	Harris	N/A	N/A	95.50%	94.40%	87.60%	100.00%
	STAR	Hidalgo	N/A	N/A	96.50%	72.60%	N/A	83.60%
	STAR	Jefferson	N/A	N/A	96.70%	86.20%	72.40%	99.80%
	STAR+PLUS	Jefferson	N/A	N/A	96.40%	81.80%	72.60%	99.80%
	STAR+PLUS	Nueces	N/A	N/A	97.50%	88.30%	84.20%	91.70%
	STAR+PLUS	Travis	N/A	N/A	96.00%	84.30%	81.70%	100.00%
	STAR+PLUS	MRSA Central	77.80%	75.90%	96.60%	N/A	N/A	98.50%
	STAR+PLUS	MRSA Northeast	70.60%	51.60%	96.20%	N/A	N/A	92.40%

ATTACHMENT K
DMO Dental GeoMapping
17SFQ1

DMO	Dental Region	Percent of Members in Urban Counties Residing w/in 30 Miles of At Least 2 Main/General Dentists	Percent of Members in Rural Counties Residing w/in 75 Miles of At least 2 Main/General Dentists	Percent of Members Within 75 Miles of at Least 1 Endodontists	Percent of Members Within 75 Miles of At Least 1 Oral Surgeons	Percent of Members Within 75 Miles of at Least 1 Orthodontists	Percent of Members Within 75 Miles of at Least 1 Periodontists	Percent of Members Within 75 Miles of At Least 1 Prosthodontists
DentaQuest	High Plains	98.00%	98.30%	47.60%	48.10%	93.50%	0.00%	42.40%
	Northwest Texas	0.00%	100.00%	7.70%	60.00%	94.60%	5.50%	4.70%
	Metroplex	100.00%	100.00%	99.90%	99.90%	100.00%	99.90%	99.30%
	Upper East Texas	99.90%	100.00%	35.90%	99.90%	99.90%	21.10%	12.70%
	Southeast Texas	98.20%	100.00%	60.40%	100.00%	100.00%	90.90%	32.20%
	Gulf Coast	99.90%	100.00%	99.90%	100.00%	99.90%	100.00%	99.90%
	Central Texas	99.90%	100.00%	99.90%	99.90%	99.70%	99.30%	35.80%
	Upper South Texas	99.90%	100.00%	94.90%	92.90%	88.00%	90.10%	85.30%
	West Texas	0.00%	99.70%	0.10%	21.80%	74.80%	0.10%	0.00%
	Upper Rio Grande	99.70%	87.90%	98.30%	98.30%	98.30%	98.30%	0.00%
	Lower South Texas	99.80%	0.00%	84.90%	99.90%	99.90%	85.40%	85.30%
MCNA	High Plains	100.00%	99.98%	46.81%	95.05%	95.28%	0.00%	0.00%
	Northwest Texas	100.00%	99.96%	8.15%	99.09%	68.81%	8.81%	0.00%
	Metroplex	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
	Upper East Texas	100.00%	99.92%	43.64%	99.95%	99.95%	19.27%	0.00%
	Southeast Texas	99.04%	99.93%	99.28%	99.28%	93.17%	75.33%	22.51%
	Gulf Coast	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	99.87%
	Central Texas	100.00%	99.81%	99.97%	99.97%	99.81%	99.80%	81.70%
	Upper South Texas	100.00%	99.90%	96.44%	94.59%	91.28%	89.24%	86.36%
	West Texas	100.00%	99.48%	0.00%	20.20%	80.95%	0.00%	0.00%
	Upper Rio Grande	99.99%	88.97%	98.27%	98.27%	98.27%	98.27%	0.00%
	Lower South Texas	99.99%	100.00%	100.00%	100.00%	100.00%	85.93%	0.11%

EB 744 (Q) CMS QUARTERLY NARRATIVE SUMMARY REPORT



Helping Government Serve the People.®



October 2016 – December 2016 (CMS 4th Quarter)

1.1.1 Operations

Enrollment Broker Medicaid Managed Care STAR, STAR+PLUS and STAR Kids Programs reported an average of 3,611,740 unduplicated enrollments for the months of October, November and December 2016 for November 1st, December 1st, and January 1st effective dates. STAR Kids enrollments became effective on November 1, 2016. Enrollment is trending within normal and seasonal fluctuations.

The Dental Program reported an average of 2,938,380 total enrollments in October, November and December 2016 for November 1st, December 1st, and January 1st effective dates

In October, The English Call Center queues had an AB Rate of 13.6% and an ASA of 223 seconds – missing both performance requirements. The Spanish Call Center queues had an AB Rate of 12.1% and an ASA of 252 seconds in October, also missing both performance requirements. The EB Call Center experienced high call handle times in October as result of STAR Kids implementation, which attributed to a drastic increase in AB and ASA rates for the month. In November, the English Call Center queues had an AB Rate of 6.8% and an ASA of 106 seconds while the Spanish Call Center queues had an AB Rate of 5.5% and an ASA of 115 seconds. The AB Rate performance standard was met by both queues for November, but the ASA for both queues was above performance standard for November. The continued support for STAR Kids, the implementation of one-call resolution, and office closures due to the holidays in the month of November, as well as higher than average call volume, all impacted MAXIMUS ability to meet the monthly client call handling performance standard for ASA for November. MAXIMUS met all performance standards for AB Rate and ASA for both queues in December. The English Call Center queues had an AB Rate of 3.1% and an ASA of 44 seconds in December, and the Spanish Call Center queues had an AB Rate of 2.5% and an ASA of 51 seconds in December.

The Call Center Quality Assurance rate for the September 2016 QA sample results reported in November is 100% for EB KPR 47 - Language Access Plan Accuracy/Quality Assurance and 97.6% for EB KPR 50 – Call Handling Accuracy. The Call Center Quality Assurance rate for the October 2016 QA sample results reported in December is 100% for EB KPR 47 and 98.1% for EB KPR 50. The Call Center Quality Assurance rate for the November 2016 QA sample results reported in January is 100% for EB KPR 47 and 96.9% 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 307,365 enrollment mailings for the Medicaid Managed Care Program and 209,665 enrollment mailings for the Dental Program.

Throughout the quarter, outreach staff members completed a total of 18,817 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 209,508 phone call attempts this quarter. In addition, field staff members completed a total of 5,192 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-16	Nov-16	Dec-16	Quarterly Totals	Average per Month
Mandatory Medical Enrollment Kits/Requests (STAR, STAR Kids, STAR+PLUS, SNS, NS, & TP40's)	105,672	101,424	99,454	306,550	102,183
STAR, STAR Kids, & STAR+PLUS Voluntary Letters	460	181	174	815	272
Mandatory Dental Enrollment Kits/Requests	71,534	70,299	67,832	209,665	69,888

(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 18,817 home visit attempts for the Enrollment Broker Medicaid Managed Care Program. Outreach staff also completed 209,508 phone call attempts this quarter. In addition, field staff members completed a total of 5,192 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-16	Nov-16	Dec-16	Quarterly Totals	Avg Per Month
MMC Phone Calls	136,978	30,684	41,846	209,508	69,836
MMC Home Visits	4,630	6,843	7,344	18,817	6,272
*Enrollments processed	18,256	11,151	14,913	44,320	14,773
Plan Changes processed	1,603	317	824	2,744	915
MMC Enrollment Events	239	217	180	636	212
MMC Presentations (non-enrollment event)	45	41	41	127	42
MMC Community Meetings (non-enrollment event)	874	1,804	1,717	4,395	1,465
MMC Health Fairs (non-enrollment event)	20	8	6	34	11

(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 2016 for November 1st, December 1st, and January 1st effective dates. This quarter, the STAR, STAR+PLUS, and STAR Kids Programs reported an average of 3,611,740 unduplicated enrollments per month. STAR Kids enrollments became effective on November 1, 2016. Enrollment is trending within normal and seasonal fluctuations.

The Dental Program reported an average of 2,938,380 total enrollments in October, November and December 2016 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-16	2,928,960	529,966	163,662	3,622,588
Nov-16	2,937,509	527,880	160,827	3,626,216
Dec-16	2,914,926	510,086	161,404	3,586,416
Average per Month	2,927,132	522,644	161,964	3,611,740

*(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-16	182,100	14,279	163,662	360,041
Nov-16	171,670	12,662	6,850	191,182
Dec-16	136,964	13,457	6,806	157,227
Average per Month	163,578	13,466	59,106	236,150

*(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-16	181,630	2,940,356
Nov-16	169,906	2,947,703
Dec-16	141,141	2,927,081
Average per Month	164,226	2,938,380

(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-16	72.2%	27.8%	60.5%	39.5%	50.0%	50.0%	70.7%	29.3%
Nov-16	72.9%	27.1%	63.2%	36.8%	74.5%	25.5%	72.0%	28.0%
Dec-16	74.7%	25.3%	71.7%	28.3%	74.2%	25.8%	74.7%	25.3%
Average per Month	73.3%	26.7%	65.1%	34.9%	66.2%	33.8%	72.5%	27.5%

(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. The Average Staff on Phones for October through December 2016 was 153.

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	2016	163,734	160,071	138,068	294	631	223	21,702	13.6%
November	2016	154,422	135,979	126,461	269	588	106	9,247	6.8%
December	2016	148,561	124,526	120,324	387	586	44	3,810	3.1%
AVG		155,572	140,192	128,284	317	603	129	11,586	8.3%
Totals		466,717	420,576	384,853	950			34,759	
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	2016	46,941	46,460	40,745	112	747	252	5,602	12.1%
November	2016	45,823	39,320	37,060	99	722	115	2,161	5.5%
December	2016	42,752	35,821	34,811	130	696	51	880	2.5%
AVG		45,172	40,534	37,539	114	723	145	2,881	7.1%
Totals		135,516	121,601	112,616	341			8,643	
KPR							< 90		≤ 8%

(Table 1.1.2B) Spanish Call Center Production.

Attachment M
Combined Member Hotline Performance
STAR, STAR+PLUS and CHIP (2017 SFQ1)

	Member Hotline Performance								
MCO	SF2016 Q4 Total Calls	2017 SFQ1-- Total Calls	2016 SFQ4 to 2017 SFQ1 -- Net Change	2016 SFQ4 to 2017 SFQ1 -- % Inc. or Dec.	2017 SFQ1 -- % Answered by 4th Ring (99%)	2017 SFQ1 -- % Busy Signal Rate (≤1%)	2017 SFQ1 -- % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ1 -- % Calls Abandoned (≤7%)	2017 SFQ1 -- Avg. Hold Time (≤2 Minutes)
Aetna	36,266	37,044	778	2.15%	100.00%	0.18%	68.79%	7.07%	0:01:08
Amerigroup	140,676	136,831	-3,845	-2.73%	100.00%	0.03%	80.63%	0.64%	0:00:17
BCBS TX	5,748	7,726	1,978	34.41%	100.00%	0.00%	81.02%	2.52%	0:00:30
CHC	41,245	42,471	1,226	2.97%	100.00%	0.00%	93.77%	0.77%	0:00:00
Christus	3,232	4,018	786	24.32%	100.00%	0.00%	95.13%	1.54%	0:00:11
Cigna-HealthSpring	36,089	28,638	-7,451	-20.65%	100.00%	0.00%	92.45%	0.90%	0:00:12
Community 1st	24,527	30,846	6,319	25.76%	100.00%	0.00%	90.13%	3.13%	0:00:17
Cook	20,616	22,402	1,786	8.66%	100.00%	0.00%	94.26%	3.36%	0:00:28
Driscoll	22,412	23,178	766	3.42%	99.73%	0.00%	72.91%	5.26%	0:00:41
El Paso 1st	11,170	10,095	-1,075	-9.62%	100.00%	0.00%	100.00%	0.47%	0:00:06
FirstCare	12,085	13,061	976	8.08%	100.00%	0.00%	86.40%	1.12%	0:00:11
Molina	86,058	91,434	5,376	6.25%	100.00%	0.00%	89.35%	1.53%	0:00:15
Parkland	40,700	40,959	259	0.64%	100.00%	0.21%	66.78%	5.82%	0:01:17
Scott & White	13,390	6,805	-6,585	-49.18%	100.00%	0.00%	62.39%	9.81%	0:00:49
Sendero	3,737	3,695	-42	-1.12%	100.00%	0.00%	56.48%	16.54%	0:01:46
Seton	9,014	7,328	-1,686	-18.70%	100.00%	0.00%	90.78%	0.79%	0:00:57
Superior	172,170	179,841	7,671	4.46%	100.00%	0.00%	84.70%	1.63%	0:00:28
Texas Children's	45,458	44,514	-944	-2.08%	100.00%	0.00%	100.00%	1.06%	0:00:35
United	95,607	84,203	-11,404	-11.93%	100.00%	0.00%	96.37%	0.41%	0:00:22
Total	820,200	815,089	-5,111	-0.62%					

Attachment M
Combined Behavioral Health Hotline Performance
STAR, STAR+PLUS and CHIP (2017 SFQ1)

	Behavioral Health Hotline Performance								
Health Care MCO	2016 SFQ4 -- Total Calls	2017 SFQ1 - Total Calls	2016 SFQ4 to 2017 SFQ1 -- Net Change	2016 SFQ3 to 2017 SFQ1-- % Inc. or Dec.	2017 SFQ1 -- % Answered by 4th Ring (99%)	2017 SFQ1 -- % Busy Signal Rate (≤0%)	2017 SFQ1-- % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ1 -- % Calls Abandoned (≤7%)	2017 SFQ1 -- Avg. Hold Time (≤2 Minutes)
Aetna	528	636	108	20.45%	100.00%	0.00%	81.85%	8.49%	0:00:20
Amerigroup	1189	1456	267	22.46%	100.00%	0.00%	99.80%	0.00%	0:00:03
BCBS TX	68	200	132	194.12%	100.00%	0.00%	90.24%	3.53%	0:00:05
CHC	1111	1217	106	9.54%	100.00%	0.00%	92.22%	0.29%	0:00:32
Christus	66	122	56	84.85%	100.00%	0.00%	94.12%	2.94%	0:00:13
Cigna-HealthSpring	373	318	-55	-14.75%	100.00%	0.00%	93.27%	0.95%	0:00:07
Community 1st	311	253	-58	-18.65%	100.00%	0.00%	100.00%	0.00%	0:00:08
Cook	266	629	363	136.47%	100.00%	0.00%	89.53%	1.15%	0:00:14
Driscoll	18	21	3	16.67%	100.00%	0.00%	100.00%	0.00%	0:00:04
El Paso 1st	51	73	22	43.14%	100.00%	0.00%	100.00%	0.00%	0:00:04
FirstCare	923	442	-481	-52.11%	100.00%	0.00%	87.79%	7.09%	0:00:09
Molina	21	21	0	0.00%	100.00%	0.00%	100.00%	0.00%	0:00:03
Parkland	NA	NA	#VALUE!	#VALUE!	NA	NA	NA	NA	NA
Scott & White	21	15	-6	-28.57%	100.00%	0.00%	100.00%	0.00%	0:00:02
Sendero	44	41	-3	-6.82%	100.00%	0.00%	85.71%	0.00%	0:00:07
Seton	59	95	36	61.02%	100.00%	0.00%	87.50%	0.00%	0:00:05
Superior	4089	3836	-253	-6.19%	100.00%	0.00%	92.64%	0.87%	0:00:04
Texas Children's	713	798	85	11.92%	100.00%	0.00%	93.47%	0.81%	0:00:10
United	714	681	-33	-4.62%	100.00%	0.00%	94.79%	0.94%	0:00:11
Total	10,565	10,854	289	2.74%					

*NA denotes no calls for that category

Attachment M
Combined Provider Hotline Report
STAR, STAR+PLUS and CHIP (2017 SFQ1)

	Provider Hotline Performance							
MCO	2016 SFQ4 -- Total Calls	2017 SFQ1 -- Total Calls	2016 SFQ4 to 2017 SFQ1 -- Net Change	2016 SFQ4 to 2017 SFQ1 -- % Inc. or Dec.	2017 SFQ1-- % Answered by 4th Ring (99%)	2017 SFQ1-- % Busy Signal Rate (≤1%)	2017 SFQ1-- % Calls Abandoned (≤7%)	2017 SFQ1-- Avg. Hold Time (≤2 Minutes)
Aetna	12147	13,995	1,848	15.21%	100.00%	0.18%	1.11%	0:01:06
Amerigroup	113541	106,277	-7,264	-6.40%	100.00%	0.01%	2.13%	0:00:54
BCBS TX	11659	13,502	1,843	15.81%	100.00%	0.00%	2.64%	0:00:43
CHC	14391	14,738	347	2.41%	100.00%	0.00%	2.33%	0:00:01
Christus	2660	2,262	-398	-14.96%	100.00%	0.00%	2.86%	0:00:29
Cigna-HealthSpring	29996	26,286	-3,710	-12.37%	100.00%	0.00%	2.05%	0:00:25
Community 1st	8954	12,422	3,468	38.73%	100.00%	0.00%	1.07%	0:00:22
Cook	22845	23,857	1,012	4.43%	100.00%	0.00%	3.20%	0:00:15
Driscoll	34661	33,849	-812	-2.34%	100.00%	0.00%	1.60%	0:00:43
El Paso 1st	17153	17,171	18	0.10%	100.00%	0.00%	0.33%	0:00:06
FirstCare	15131	14,456	-675	-4.46%	100.00%	0.00%	0.96%	0:00:15
Molina	91611	85,444	-6,167	-6.73%	100.00%	0.00%	0.68%	0:00:09
Parkland	12229	9,544	-2,685	-21.96%	100.00%	0.21%	1.33%	0:01:07
Scott & White	81320	9,977	-71,343	-87.73%	100.00%	0.00%	4.37%	0:00:39
Sendero	4317	4,167	-150	-3.47%	100.00%	0.00%	3.74%	0:01:30
Seton	5277	4,729	-548	-10.38%	100.00%	0.14%	1.52%	0:00:58
Superior	95486	102,043	6,557	6.87%	100.00%	0.00%	9.17%	0:03:37
Texas Children's	9570	6,494	-3,076	-32.14%	100.00%	0.00%	3.69%	0:04:00
United	164565	150,009	-14,556	-8.85%	100.00%	0.00%	0.97%	0:00:51
Total	747,513	651,222	-96,291	-12.88%				

Attachment M
Consolidated Children's CHIP and Medicaid Dental (2017 SFQ1)

Member Hotline Performance

DMO	2016 SFQ4-- Total Calls	2017 SFQ1 -- Total Calls	2016 SFQ4 to 2017 SFQ1 -- Net Change	2016 SFQ4 to 2017 SFQ1 -- % Inc. or Dec.	2017 SFQ1 -- % Answered by 4th Ring (99%)	2017 SFQ1 -- % Busy Signal Rate (≤1%)	2017 SFQ1- % Answered by Live Person (80% w/in 30 Seconds)	2017 SFQ1-- % Calls Abandoned (≤7%)	2017 SFQ1-- Avg. Hold Time (≤2 Minutes)
DentaQuest	139951	119,445	-20,506	-14.65%	100.00%	0.00%	82.49%	1.07%	0:00:33
MCNA	141792	139,998	-1,794	-1.27%	100.00%	0.00%	98.07%	0.28%	0:00:02
Total	281,743	259,443	-22,300	-7.92%					

Provider Hotline Performance

DMO	2016 SFQ4 -- Total Calls	2017 SFQ1 -- Total Calls	2016 SFQ4 to 2017 SFQ1-- Net Change	2016 SFQ4 to 2017 SFQ1 -- % Inc. or Dec.	2017 SFQ1 -- % Answered by 4th Ring (99%)	2017 SFQ1-- % Busy Signal Rate (≤1%)	2017 SFQ1 -- % Calls Abandoned (≤7%)	2017 SFQ1- Avg. Hold Time (≤2 Minutes)
DentaQuest	85,372	77141	-8,231	-8,231	100.00%	0.00%	2.69%	0:01:36
MCNA	26,670	27844	1,174	1,174	100.00%	0.00%	0.15%	0:00:02
Total	112,042	104,985	-7,057	-6.30%				

Attachment N
MCO Complaints and Appeals (2017 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	92	14	100.00%	204	17	85.71%	4	0	100.00%
	MCNA	Statewide	97	1	98.96%	0	0	N/A	46	0	100.00%
STAR+PLUS	Amerigroup	Bexar	21	0	100.00%	0	0	N/A	6	0	100.00%
		El Paso	15	0	100.00%	0	0	N/A	1	0	100.00%
		Harris	91	0	100.00%	0	0	N/A	9	0	100.00%
		Jefferson	10	0	100.00%	0	0	N/A	5	0	100.00%
		Lubbock	3	0	100.00%	0	0	N/A	2	0	100.00%
		MRSA West	17	0	100.00%	0	0	N/A	2	0	100.00%
		Tarrant	48	0	100.00%	0	0	N/A	21	0	100.00%
		Travis	24	0	100.00%	0	0	N/A	1	0	100.00%
	Cigna-HealthSpring	Hidalgo	51	9	100.00%	24	8	86.67%	550	69	100.00%
		MRSA NE	85	11	100.00%	12	0	100.00%	687	68	100.00%
		Tarrant	101	23	98.72%	21	3	94.44%	333	43	100.00%
	Molina	Bexar	22	0	100.00%	0	0	N/A	0	0	N/A
		Dallas	138	0	100.00%	0	0	N/A	5	0	100.00%
		El Paso	17	0	100.00%	0	0	N/A	3	0	100.00%
		Harris	52	0	100.00%	0	0	N/A	2	1	100.00%
		Hidalgo	31	0	100.00%	0	0	N/A	3	0	100.00%
		Jefferson	20	0	100.00%	0	0	N/A	0	0	N/A
	Superior	Bexar	113	0	99.12%	210	0	100.00%	35	0	97.14%
		Dallas	60	0	93.33%	116	0	100.00%	74	0	97.30%
		Hidalgo	39	0	100.00%	203	0	99.48%	31	0	96.77%
		Lubbock	4	0	100.00%	39	0	100.00%	4	0	100.00%
		MRSA Central	31	0	100.00%	121	0	100.00%	5	0	100.00%
		MRSA West	19	0	100.00%	101	0	100.00%	7	0	100.00%
		Nueces	24	0	100.00%	56	0	100.00%	5	1	100.00%
	United	Harris	85	13	100.00%	11	0	66.67%	0	0	N/A
		Jefferson	7	0	100.00%	16	4	100.00%	0	0	N/A
		MRSA Central	10	1	100.00%	20	4	89.47%	0	0	N/A
		MRSA NE	26	5	100.00%	38	4	100.00%	0	0	N/A
		Nueces	9	0	100.00%	11	0	66.67%	0	0	N/A
		Travis	22	2	100.00%	17	3	91.67%	0	0	N/A
STAR	Aetna	Bexar	20	2	100.00%	26	0	95.65%	0	0	N/A
		Tarrant	60	3	100.00%	37	0	100.00%	1	0	100.00%
	Amerigroup	Bexar	2	0	100.00%	0	0	N/A	3	0	100.00%
		Dallas	4	0	100.00%	0	0	N/A	5	0	100.00%
		Harris	27	0	100.00%	0	0	N/A	5	0	100.00%

Attachment N
MCO Complaints and Appeals (2017 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
		Jefferson	3	0	100.00%	0	0	N/A	0	0	N/A
		Lubbock	4	0	100.00%	0	0	100.00%	1	0	100.00%
		MRAS WEST	1	0	100.00%	0	0	N/A	1	0	100.00%
		MRSA Central	17	0	100.00%	0	0	N/A	1	0	100.00%
		MRSA NE	3	0	100.00%	0	0	N/A	0	0	N/A
		Tarrant	38	0	100.00%	0	0	100.00%	7	0	100.00%
	BCBS TX	Travis	8	1	100.00%	110	0	89.66%	1	0	100.00%
	CHC	Harris	30	0	100.00%	19	0	100.00%	4	0	100.00%
		Jefferson	5	0	100.00%	0	0	N/A	1	0	100.00%
	Christus	Nueces	2	0	100.00%	2	0	100.00%	0	0	N/A
	Community 1st	Bexar	11	0	100.00%	18	7	100.00%	5	0	100.00%
	Cook	Tarrant	4	0	100.00%	11	0	100.00%	0	0	N/A
	Driscoll	Hidalgo	12	0	100.00%	21	8	100.00%	4	0	100.00%
		Nueces	5	0	100.00%	11	0	100.00%	0	0	N/A
	El Paso 1st	El Paso	2	0	100.00%	2	0	100.00%	0	0	N/A
	First Care	Lubbock	2	0	100.00%	16	0	100.00%	2	0	100.00%
		MRSA West	3	1	100.00%	0	0	N/A	2	0	100.00%
	Molina	Dallas	26	0	100.00%	0	0	N/A	0	0	N/A
		El Paso	2	0	100.00%	0	0	N/A	0	0	N/A
		Harris	10	0	100.00%	0	0	N/A	1	0	100.00%
		Hidalgo	17	0	100.00%	0	0	N/A	2	0	100.00%
		Jefferson	2	0	100.00%	0	0	N/A	0	0	N/A
	Parkland	Dallas	14	2	100.00%	123	0	100.00%	4	0	100.00%
	Scott & White	MRSA Central	11	1	100.00%	0	0	N/A	0	0	N/A
	Sendero	Travis	2	0	100.00%	2	0	100.00%	0	0	N/A
	Seton	Travis	1	0	100.00%	3	0	100.00%	0	0	N/A
	Superior	Bexar	62	0	100.00%	123	0	100.00%	53	0	92.45%
		El Paso	21	0	100.00%	66	0	100.00%	9	0	100.00%
		Hidalgo	46	0	100.00%	162	0	98.74%	40	0	100.00%
		Lubbock	14	0	100.00%	17	0	100.00%	12	0	91.67%
		MRSA Central	19	0	100.00%	65	0	100.00%	16	0	93.75%
		MRSA NE	47	0	100.00%	96	0	100.00%	31	0	96.77%
		MRSA West	24	0	100.00%	64	0	100.00%	14	0	100.00%
		Nueces	8	0	100.00%	18	0	100.00%	14	0	85.71%
		Travis	41	0	97.56%	0	0	N/A	19	0	100.00%
	Texas Children's	Harris	4	0	100.00%	40	0	100.00%	6	0	100.00%
		Jefferson	0	0	N/A	3	0	100.00%	1	0	100.00%

Attachment N
MCO Complaints and Appeals (2017 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
	United	Harris	25	6	100.00%	14	5	100.00%	0	0	N/A
		Hidalgo	11	3	100.00%	17	5	100.00%	1	0	100.00%
		Jefferson	9	0	100.00%	8	2	100.00%	0	0	N/A

Attachment O
Complaints to HHSC (2017 SFQ1)

Quarter	17Q1
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Program / MCO	Disenroll	MMCH Member Complaints	Legislative Complaints	HPM Member Complaints	HPM Provider Complaints
Dental		58	1	47	29
DentaQuest		10		13	11
MCNA		48	1	34	18
STAR	8	136	9	95	289
Aetna		5		5	17
Amerigroup Texas, Inc.	2	22	3	15	72
Blue Cross Blue Shield		3	1	2	10
Christus				1	1
Community First		4	1	1	7
Community Health Choice	2	6	1	6	7
Cook Children's Health Plan		6		5	5
Driscoll Children's Health Plan		4		1	8
El Paso First Premier		2	1	1	5
FirstCare		5			6
Molina Healthcare of Texas		7		3	11
Parkland Community Health Plan	1	6		5	11
Scott & White		3			2
Sendero				1	2
Seton Health Plan	1	1		1	1
Superior Health Plan	1	45	2	34	83
Texas Children's Health Plan		10		8	18
United HealthCare	1	6		6	23
ValueOptions		1			
STAR+PLUS	20	233	40	178	319
Amerigroup Texas, Inc.	4	46	9	34	70
Cigna-HealthSpring	2	32	3	15	83
Molina Healthcare of Texas	3	49	9	31	36
Superior Health Plan	5	52	13	69	89
United HealthCare	6	54	6	29	41