

Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY8: October 1, 2019 – September 30, 2020  
State Fiscal Year FY20: September 1, 2019 – August 31, 2020  
Submitted on March 1, 2021

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*\*Note: This template is being finalized for review and approval by OMB. Until such time, its use is optional, although it conveys the nature and extent of monitoring information that CMS is seeking on 1115 demonstrations, and the state's comments on its structure and ease of use are helpful in finalizing it. In reporting budget neutrality and evaluation information, the state should report on the entire demonstration.*

*Attachment X provides the draft set of CMS provided 1115 demonstration metrics. The state's project officer will provide the state with the demonstration's budget neutrality workbook.*

## 1. Preface

### 1.1 Transmittal Title Page

<b>State</b>	Texas Health and Human Services Commission
<b>Demonstration Name</b>	Texas Healthcare Transformation and Quality Improvement Program - Section 1115 Demonstration Semi-annual Report
<b>Approval Date</b>	Initial approval date: December 12, 2011
<b>Approval Period</b>	Extension approval date: January 15, 2021 Expiration date: September 30, 2030
<b>Demonstration Goals and Objectives</b>	<p>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:</p> <ul style="list-style-type: none"><li>• Expand risk-based managed care statewide;</li><li>• Support the development and maintenance of a coordinated care delivery system;</li><li>• Improve outcomes while containing cost growth; and</li><li>• Transition to quality-based payment systems across managed care and providers.</li></ul>

## 2. Executive Summary

*This section should be brief and targeted to communicate key achievements, highlights, issues, and/or risks identified during the current reporting period. This section should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and highlight unexpected changes (e.g., unexpected increases or decreases in enrollment or complaints, etc.). Historical background or general descriptions of the waiver components should not be included in this section.*

*The state should embed substantive analytics in the sections that follow; this section is intended for summary level information only. The recommended word count for this section is 500 words or less.*

According to the Special Terms and Conditions (STCs) of the Demonstration, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 9 and State Fiscal Year 2020 (SFY20), from September 1, 2019, through August 31, 2020. This report provides the annual reporting requirements for STAR, STAR Kids, STAR+PLUS, and the Children's Medicaid Dental Services (Dental Program). The STCs require the State to report on various topics, including enrollment and disenrollment, network adequacy, benefits, member issues, quality, operations and policy, budget neutrality, evaluation of the demonstration, the Delivery System Reform Incentive Payment Program (DSRIP), and public forums. During SFY20, COVID-19 created a public health emergency (PHE) impacting the 1115 Transformation Waiver.

During SFY20, the State contracted with 18 managed care organizations (MCOs) and 2 dental maintenance organizations (DMOs): 16 for STAR, 10 for STAR Kids, 5 for STAR+PLUS. Each MCO covers one or more of the 13 STAR service delivery areas (SDAs), while each dental plan provides statewide services (*See Attachment A*). Effective September 1, 2020, Children's Medical Center no longer is contracted for STAR Kids in the Dallas SA.

HHSC staff routinely evaluate MCO and DMO 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 providing the level of quality required, the managed care contract gives HHSC the authority to use a variety of remedies, including:

1. developing corrective action plans (CAPs).
2. assessing monetary damages (actual, consequential, direct, indirect, special, and/or liquidated damages (LDs)).

The information reflected in this report represents the most current information available at the time it was compiled. The sanction process between HHSC and the health and dental plans may not be complete at the time the report is submitted to the Centers for Medicare and Medicaid Services (CMS). 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-chip/provider-information/managed-care-organization-sanctions>.

### 3. Enrollment

*This section incorporates metrics for the relevant demonstration type. At the time of demonstration approval, CMS will work with states to confirm the appropriate set of metrics and measures for reporting. States should report the required enrollment metrics and measures in Appendix X.*

*The state should confirm it has submitted enrollment metrics for the demonstration by marking the checkbox.*

☐ (Required) The state has attached the required enrollment metrics in Appendix X.

☒ (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

This section addresses trends and issues related to STAR, STAR Kids, STAR+PLUS, and Dental Program eligibility and enrollment; enrollment counts for the quarter; Medicaid eligibility changes; anticipated changes in populations and benefits; and disenrollment from managed care. Enrollment growth during the public health emergency has been significant.

In SFY20, from SFY Q3 to SFY Q4 total enrollment increased in STAR (9.06%), increased in STAR Kids (2.67%), and increased in STAR+PLUS (0.94%). The Dental Program increased (5.62%) in enrollment between Q3 to Q4 (See **Attachment B1**). The market share distribution (*Mktshare=Total of each Program QTR data/Program Total*) in STAR, STAR Kids and STAR+PLUS fluctuated 3% or less throughout SFY20. During Q4 the market share for STAR was at 44%, for STAR Kids 2%, and STAR+PLUS 7%. Market share distribution in the Dental Program remained steady as DentaQuest finished Q4 with 58% and MCNA with 42%.

The State's enrollment broker, MAXIMUS, submits monthly and quarterly reports summarizing unduplicated enrollments (See **Attachment L, August 2020, pg. 4**). The averages for each quarter were calculated separately using the data in these reports. Averages in these reports are calculated by the enrollment broker using different months than the reporting quarters required by CMS for this demonstration.

The State's enrollment broker, MAXIMUS, reported unduplicated enrollments for SFY20 Q3, encompassing March 2020, April 2020, May 2020, with effective dates of April 1<sup>st</sup>, May 1<sup>st</sup>, June 1<sup>st</sup> for STAR, STAR+PLUS, and STAR Kids with an average of 3,664,697. The Dental Program reported total enrollments for the same time period with an average of 2,896,370.

Unduplicated enrollments for SFY20 Q4, encompassing June 2020, July 2020, August 2020, with effective dates of July 1<sup>st</sup>, August 1<sup>st</sup>, and September 1<sup>st</sup> for STAR, STAR+PLUS, and STAR Kids with an average of 3,999,180. The Dental Program reported total enrollments for the same time period with an average of 3,159,270.

For SFY20, the four-quarter average for STAR, STAR+PLUS, and STAR Kids is 3,664,323 and the average among all four quarters for The Dental Program is 2,875,282.

### ***Enrollment Counts for the Quarter by Population***

This subsection includes quarterly enrollment counts as required by STC 71. Because of the time required for data collection, unique member counts per quarter are reported on a two-quarter lag. Enrollment counts are based on people served, not member months.

#### **Enrollment Counts (DY9 Q1 October – December 2019)**

<b>Enrollment Counts (Demonstration Populations)</b>	<b>Total Number Served</b>
<b>Adults</b>	307,804
<b>Children</b>	2,707,065
<b>Aged and Medicare Related (AMR) (non-MRSA - pre Sep14)</b>	382,799
<b>Disabled</b>	417,772

#### **Enrollment Counts (DY9 Q2 January – March 2020)**

<b>Enrollment Counts (Demonstration Populations)</b>	<b>Total Number Served</b>
<b>Adults</b>	307,798
<b>Children</b>	2,705,709
<b>AMR (non-MRSA - pre Sep14)</b>	382,105
<b>Disabled</b>	415,785

### ***Enrollment of Members with Special Health Care Needs***

This subsection of the report addresses managed care enrollment of members with special health care needs (MSHCN).

All STAR Kids and STAR+PLUS members are deemed to be MSHCN, and as such, all STAR Kids and STAR+PLUS plans reported 100% MSHCN, as required in the contract. STAR Kids and STAR+PLUS MCOs are required to provide service coordination to all members. STAR MCOs must identify MSHCN based on criteria outlined in the managed care contract. STAR MCOs are required to provide service management to MSHCN, unless the member declines service management or is unable to be reached.

**Attachment Q** outlines details by SDA and MCO. In SFY20 Q4, STAR MCOs reported a total of 85,992 children and adults identified as MSHCN. STAR MCOs reported 20.91% of MSHCN had a service plan and 79.09% did not have a service plan (See **Attachment Q**). The overall percentage of STAR MSHCN with service plans has increased slightly since the last reporting period (SFY20 Q3 17.91%). Four MCOs reported more than 60% of MSHCN had a service plan (Aetna, Driscoll, Parkland, and United). Five MCOs reported less than 10% had a service plan (Amerigroup, Dell Children's, FirstCare, Molina Healthcare, and Texas Children's Health Plan). Harris SDA holds the most MSHCN with 16.61% (23,376) of all reported STAR MSHCN. Dallas SDA holds the second-most reported MSHCN with 16.54% (13,628). HHSC regularly communicates with STAR MCOs on the reported data.

### ***Disenrollment***

The State received no disenrollment requests during SFY20 Q3 or Q4.

### ***Provider Network***

This subsection includes quarterly healthcare provider counts for STAR, STAR+PLUS, STAR Kids, and dental provider counts for the Dental Program (See **Attachment C2**). Provider Network Count Methodology may be found in **Attachment C1**.

Across the STAR program statewide, the MCOs reported an increase (0.7%) in unique PCP providers, between SFY20 Q3 and SFY20 Q4. The MCOs reported an increase (3.4%) for the STAR+PLUS program in unique PCP providers, between SFY20 Q3 and SFY20 Q4. The MCOs reported an increase (2.0%) for the STAR Kids program in unique PCP providers, between SFY20 Q3 and SFY20 Q4.

Across the STAR program statewide, the MCOs reported an increase (4.6%) in unique specialists, between SFY20 Q3 and SFY20 Q4. The MCOs reported an increase (4.1%) for the STAR+PLUS program in unique specialists, between SFY20 Q3 and SFY20 Q4. The MCOs reported an increase (1.2%) for the STAR Kids program in unique specialists, between SFY20 Q3 and SFY20 Q4. There was no change in the dental program in unique specialists.

Across the STAR population statewide, the MCOs reported an increase (1.9%) in unique dental providers, between SFY20 Q3 and SFY20 Q4. The MCOs reported a increase (0.6%) for the STAR+PLUS population in unique dental providers, between SFY20 Q3 and SFY20 Q4. The MCOs reported no change for the STAR Kids program in unique dental providers, between SFY20 Q3 and SFY20 Q4. Across the dental program statewide, the DMOs reported an increase (2.2%) in unique primary dental providers between SFY20 Q3 and SFY20 Q4.

Across the STAR program statewide, the MCOs reported an increase (1.7%) in unique pharmacists, between SFY20 Q3 and SFY20 Q4. The MCOs reported no change for the STAR+PLUS program in unique pharmacists, between SFY20 Q3 and SFY20 Q4. The MCOs reported an increase (1.8%) for the STAR Kids program in unique pharmacists, between SFY20 Q3 and SFY20 Q4.

**Attachment C3** details the data reported by the MCOs regarding the number of PCPs and specialists terminated in SFY20. The MCOs reported a variety of reasons for provider termination for PCPs and specialists. The top three reasons for PCP terminations included provider left group practice, provider moved, and termination requested by provider. The top three reasons for specialist terminations included provider left group practice, termination requested by provider, and program integrity issues.

### ***Accessibility and Language Compliance***

HHSC requires MCOs to ensure PCPs are accessible 24 hours per day, seven days a week. Managed care contracts outline specific criteria for what constitutes full accessibility compliance. For example, providers must offer after-hours telephone availability through an answering service, recorded messages with contact information for the on-call PCP, or call forwarding that routes the caller to the on-call PCP or an alternate provider.

Each MCO is required to systematically, and regularly, verify covered services furnished by PCPs meet the 24/7 access criteria and to enforce accessibility standards if providers are found to be non-compliant. MCOs also survey providers on a quarterly, semiannual, or annual basis to assess compliance with the 24/7 and after-hours provider accessibility requirements. MCOs utilize methods including computer-assisted telephone interviews, telephone surveys (non-computerized), mailed surveys, monthly secret shopper calls, and face-to-face provider visits in order to measure provider accessibility compliance with HHSC contractual standards. Provider compliance rates with 24/7 accessibility ranged from 8.00% to 100%. Providers who are not in compliance with HHSC's contractual standards receive phone calls or letters detailing the contractual requirements and are subject to remediation methods including provider re-education letters outlining the managed care contractual standards, follow-up surveys, face-to-face re-education (e.g. evaluating/coaching provider staff, provider trainings) and unscheduled calls to providers to reassess compliance. MCOs employ contractual remedies for providers until compliance is achieved or the provider contract is terminated.

MCOs submitted the provider's language and accessibility survey results by program and SDA for SFY20. The survey results are as follows: STAR program provider compliance was 31% in accessibility and 43% in language, STAR Kids program provider compliance was 46% in accessibility and 79% in language, and STAR+PLUS program provider compliance was 27% in accessibility and 43% in language.

### ***Network Adequacy***

MCOs are required to provide access for at least 90% of members in each service delivery area (SDA) to each provider type (PCPs, dentist, and specialty services) within the prescribed distance standards (see ***Attachment E***).

***Attachment H1*** provides PCP network access analysis by program and county type. PCP network access ensures PCP access within the distance standard of 90% of two providers. All MCOs met PCP network access standards for the STAR, STAR+PLUS and STAR Kids programs for SFY20 Q4.

***Attachment H2 (included in Attachment H)*** displays specialty provider analysis by program and county designation. Specialist network access ensures specialty provider access within the distance standard of 90% of one provider for each specialty provider. The specialty providers include audiologist, behavioral health outpatient; cardiovascular disease; ear, nose and throat (ENT), Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR), nursing facility, OB/GYN, ophthalmologist, orthopedist, pediatric sub-specialty, prenatal care, psychiatrist, therapy (occupational, physical, and speech), and urologist.

Data for Q1 and Q2 were revised to reflect standards for "Members Within Distance Standard of Two Providers" to "Members Within Distance Standard of One Provider" for Specialist and Dental Specialist. The standard for distance within two providers is for PCP and Main Dentist. The standard for one

provider is specialist and dental specialist. Effective 9.1.2020, HHSC amended the standards to two providers across the board for SFY21.

The following MCOs did not maintain sufficient specialty providers in SFY20 Q4:

Audiologist

- STAR
  - Metro – Cook Children’s Health Plan, FirstCare, Right Care from Scott and White Health Plans, Superior HealthPlan, Texas Children’s Health Plan,
  - Micro – Amerigroup, Cook Children’s Health Plan, Driscoll Health Plan, FirstCare, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, FirstCare, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
- STAR+PLUS
  - Metro – Cigna-HealthSpring, Superior HealthPlan, and UnitedHealthcare Community Plan.
  - Micro – Cigna-HealthSpring, Molina Healthcare of Texas, Superior HealthPlan, and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, Molina Healthcare of Texas, Superior HealthPlan, and UnitedHealthcare Community Plan.
- STAR Kids
  - Metro – Cook Children’s Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Micro – Cook Children’s Health Plan, Driscoll Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.

Behavioral Health – Outpatient

- STAR
  - Metro – FirstCare and Texas Children’s Health Plan.
  - Micro – Cook Children’s Health Plan and Texas Children's Health Plan.
  - Rural – FirstCare and Texas Children’s Health Plan.
- STAR Kids
  - Micro – Cook Children’s.

Cardiovascular Disease

- STAR
  - Metro – Cook Children’s Health Plan, FirstCare and Texas Children’s Health Plan.

- Micro – Cook Children’s Health Plan, Molina Healthcare of Texas, Texas Children’s Health Plan and UnitedHealthcare Community Plan.
  - Rural – FirstCare and Texas Children’s Health Plan.
- STAR+PLUS
  - Micro – Molina Healthcare of Texas.
- STAR Kids
  - Metro – Blue Cross and Blue Shield of Texas and Cook Children’s Health Plan.
  - Micro – Blue Cross and Blue Shield of Texas, Cook Children's Health Plan and Superior HealthPlan.

ENT (Otolaryngology)

- STAR
  - Metro – FirstCare, Right Care from Scott and White Health Plans, and Texas Children’s Health Plan.
  - Micro – Driscoll Health Plan, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Texas Children’s Health Plan, and UnitedHealthcare Community Plan.
  - Rural – FirstCare, Right Care from Scott and White Health Plans, and Texas Children’s Health Plan.
- STAR+PLUS
  - Micro – Molina Healthcare of Texas.
- STAR Kids
  - Micro – Driscoll Health Plan.
  - Rural – Amerigroup.

Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)

- STAR
  - Metro – Cook Children’s Health Plan, Driscoll Health Plan, FirstCare, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Texas Children’s Health Plan, and UnitedHealthcare Community Plan.
  - Micro – Aetna Better Health, Amerigroup, Blue Cross Blue Shield, Community First Health Plans, Community Health Choice, Cook Children's Health Plan, Dell Children's Health Plan, Driscoll Health Plan, FirstCare, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, Driscoll Health Plan, FirstCare, Right Care from Scott and White Health Plans, Superior HealthPlan, and Texas Children’s Health Plan.
- STAR+PLUS
  - Metro – Cigna-HealthSpring, Molina Healthcare of Texas, and UnitedHealthcare Community Plan.
  - Micro – Amerigroup, Cigna-HealthSpring, Molina Healthcare of Texas, Superior HealthPlan, and UnitedHealthcare Community Plan.



- Rural – Amerigroup, Superior HealthPlan, and UnitedHealthcare Community Plan.
- STAR Kids
  - Metro – Aetna Better Health, Cook Children’s Health Plan, Driscoll Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Micro – Aetna Better Health, Blue Cross Blue Shield of Texas, Community First Health Plans, Cook Children’s Health Plan, Driscoll Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural –Amerigroup, Blue Cross Blue Shield of Texas, Driscoll Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.

#### OB/GYN

- STAR
  - Metro – FirstCare and Texas Children’s Health Plan.
  - Micro - Texas Children’s Health Plan.
  - Rural – FirstCare and Texas Children’s Health Plan.

#### Ophthalmologist

- STAR
  - Metro – Cook Children’s Health Plan, FirstCare and Right Care from Scott and White Health Plans.
  - Micro – Amerigroup, Cook Children's Health Plan, FirstCare, Molina Healthcare of Texas, and UnitedHealthcare Community Plan.
  - Rural – FirstCare.
- STAR+PLUS
  - Micro – Cigna-HealthSpring and UnitedHealthcare Community Plan.
- STAR Kids
  - Metro – Cook Children’s Health Plan.
  - Micro – Cook Children's Health Plan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – Superior HealthPlan.

#### Orthopedist

- STAR
  - Metro – Cook Children’s Health Plan, FirstCare and Texas Children's Health Plan.
  - Micro – Cook Children's Health Plan, Molina Healthcare of Texas, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – FirstCare and Texas Children's Health Plan.
- STAR+PLUS
  - Micro – Amerigroup and Molina Healthcare of Texas.
  - Rural – Amerigroup.
- STAR Kids

- Metro – Cook Children’s Health Plan.
- Micro – Cook Children's Health Plan.

#### Pediatric Sub-Specialty

- STAR
  - Metro – Community First Health Plans, Cook Children’s Health Plan, FirstCare, Texas Children's Health Plan.
  - Micro – Amerigroup, Community First Health Plans, Cook Children's Health Plan, Molina Healthcare of Texas, Superior Health Plan, and Texas Children's Health Plan.
  - Rural – Amerigroup, Community First Health Plans, and Texas Children's Health Plan.
- STAR Kids
  - Metro – Community First Health Plans and Cook Children's Health Plan.
  - Micro – Amerigroup, Community First Health Plans, Cook Children's Health Plan, Superior HealthPlan, and Texas Children's Health Plan.
  - Rural –Amerigroup, Community First Health Plans, and Superior HealthPlan.

#### Prenatal

- STAR
  - Metro – Cook Children’s Health Plan and Texas Children's Health Plan.
  - Micro – Cook Children’s Health Plan and Texas Children's Health Plan.
  - Rural - El Paso First, FirstCare, and Texas Children's Health Plan.
- STAR Kids
  - Metro – Cook Children’s Health Plan.
  - Micro – Cook Children’s Health Plan.

#### Psychiatrist

- STAR
  - Metro – Driscoll Health Plan, FirstCare, and Texas Children's Health Plan.
  - Micro – Driscoll Health Plan, FirstCare, Molina Healthcare of Texas, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – FirstCare, Superior HealthPlan, and Texas Children's Health Plan.
- STAR+PLUS
  - Micro – Molina Healthcare of Texas and Superior HealthPlan.
  - Rural – Superior HealthPlan.
- STAR Kids
  - Metro – Driscoll Health Plan.
  - Micro – Driscoll Health Plan and Superior HealthPlan.
  - Rural – Blue Cross and Blue Shield of Texas and Superior HealthPlan.

#### Therapy (Occupational, Physical, and Speech)

- STAR
  - Metro – Texas Children's Health Plan.

- Micro – FirstCare and Texas Children's Health Plan.
- Rural – FirstCare and Texas Children's Health Plan.

#### Urologist

- STAR
  - Metro – FirstCare, Right Care from Scott and White Health Plans and Texas Children's Health Plan.
  - Micro – Community Health Choice, Cook Children's Health Plan, Molina Healthcare of Texas, Right Care from Scott and White Health Plans, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, Community Health Choice, FirstCare, Right Care from Scott and White Health Plans, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.
- STAR+PLUS
  - Rural – Amerigroup, Superior HealthPlan, and UnitedHealthcare Community Plan.
- STAR Kids
  - Micro – Cook Children's Health Plan.
  - Rural – Amerigroup, Superior HealthPlan, and UnitedHealthcare Community Plan.

The DMOs (DentaQuest and MCNA) met the network access standard throughout SFY20. ***Attachment H under the page titled H3*** provides dentist analysis by DMO and county designation.

Access to dental specialty providers, Orthodontist and Pediatric Dental, was limited in micro and rural county types across the state for Q3. DentaQuest met the standards for Pediatric Dental but MCNA Dental did not. ***Attachment H under the page titled H4*** provides dental specialty analysis by provider type and county designation.

#### ***Network Adequacy Standard Exceptions***

HHSC is reviewing its methodology and monitoring processes in an effort to ensure the most precise representation of actual performance with thorough and comprehensive reporting and analysis conducted prior to issuance of liquidated damages. While all MCOs and DMOs are under corrective action for network adequacy, HHSC is focusing its monitoring efforts ensuring implementation strategies of access to care plans and member education initiatives.

MCOs and DMOs may submit an exception request for areas of non-compliance. HHSC approves or denies the exception request based on the review of supporting information that demonstrates the MCO provider contracting efforts and assurance of access to care. As part of the exception, the MCO must implement strategies to proactively contact and provide education to the impacted members on how to access care by approaches such as providing a list of network providers in the area, how to access care outside of the area, how to contact member services and the Member Hotline, what to do in case of an emergency, and how to access non-emergent medical transportation and the MCOs' transportation value-added service, if available. The MCO must ensure continuity of care and offer single case agreements

with a provider to ensure the member's continued care, as necessary. If the exception request is denied, the MCO is subject to remedies such as liquidated damages or a corrective action plan.

The MCCO Network Adequacy team identified discrepancies with the provider network file validation process conducted by MAXIMUS for the P92 PCP Network File, P94 Specialist Network file and the P020 Monthly Provider file that impacted the alternate addresses being reported. The reporting inaccuracies led to the MCCO Network Adequacy team's Corrective Action Plan (CAP) process being put on hold by MCS leadership after Q2 SFY19. CAPs issued for Q4 SFY18 and Q2 SFY19 were closed. The validation process has been updated and was put into production March 2020. The MCCO Network Adequacy team will resume distribution of the Quarterly Performance Reports that capture overall network performance for each MCO/DMO effective Q4 SFY20. MCOs/DMOs will use Q4 SFY20 and Q1 SFY21 reports to address any discrepancies as CAP Requests capturing non-compliances will resume Q2 SFY21.

### ***Access to Pharmacy***

MCOs are required to provide pharmacy access to members in each service delivery area (SDA) within the contractual performance standards. Effective SFY19, the performance standards changed as follows:

For counties included in the Medicaid Rural Service Area (MRSA), the following standards apply to STAR:

- In a Metro County, at least 75% of Members must have access to a Network Pharmacy within 2 miles or 5 minutes of the Member's residence
- In a Micro County, at least 55% of Members must have access to a Network Pharmacy within 5 miles or 10 minutes of the Member's residence
- In a Rural County, at least 90% of Members must have access to a Network Pharmacy within 15 miles or 25 minutes of the Member's residence; and
- At least 90% of Members must have access to a 24-hour pharmacy within 75 miles of the Member's residence.

For all other counties and Programs, the following standards apply:

- In a Metro County, at least 80% of Members must have access to a Network Pharmacy within 2 miles or 5 minutes of the Member's residence
- In a Micro County, at least 75% of Members must have access to a Network Pharmacy within 5 miles or 10 minutes of the Member's residence
- In a Rural County, at least 90% of Members must have access to a Network Pharmacy within 15 miles or 25 minutes of the Member's residence; and
- At least 90% of Members must have access to a 24-hour pharmacy within 75 miles or 90 minutes of the Member's residence.

**Attachment J** details the Geo-distance results for SFY20 Q1 and Q3. The Q2 SFY 2020 results for pharmacy have not been published as overall results are not reliable due to a data transmission and verification glitch. HHSC was able to remedy the issue for Q3; however, there are no remedial actions for Q2 data errors. The Q4 SFY20 results for pharmacy are still under construction and require validation by HHSC and will be available to report in a future monitoring report.

The following MCOs did not meet all pharmacy access performance standards in SFY20 Q3:

- STAR MRSA
  - Metro – Right Care from Scott and White Health Plans and FirstCare.
  - Micro – FirstCare.
  - Rural – Amerigroup.
- STAR All Other Counties:
  - Metro – Molina Healthcare of Texas, UnitedHealthcare Community Plan, and FirstCare.
  - Micro – Molina Healthcare of Texas, Driscoll Health Plan, Superior HealthPlan and UnitedHealthcare Community Plan.
  - Rural – Driscoll Health Plan, El Paso Health, FirstCare Molina Healthcare of Texas, Community Health Choice Superior HealthPlan, Texas Children's Health Plan and UnitedHealthcare Community Plan.
- STAR Kids
  - Metro – Superior HealthPlan and UnitedHealthcare Community Plan.
  - Micro – Driscoll Health Plan, Superior HealthPlan and UnitedHealthcare Community Plan.
  - Rural – Amerigroup, Driscoll Health Plan, Superior HealthPlan, Texas Children's Health Plan, and UnitedHealthcare Community Plan.

No data was provided from STAR+ PLUS MCOs because the capitation rates do not include the costs of Medicaid wrap-around services for outpatient drugs and biological products for STAR+PLUS Members. HHSC makes supplemental payments to the MCO for these Medicaid wrap-around services based on encounter data received by HHSC's Administrative Services Contractor during an encounter reporting period.

### ***Provider Open Panel***

MCOs submit provider files identifying the number of PCPs and main dentists who are accepting new Medicaid patients, which are described here as "open panel" PCPs and "open practice" dentists. HHSC monitors PCPs with an Open Panel at an 80% benchmark. In SFY20 Q4, all MCOs and DMOs, except Cook Children's in STAR (73.46%) and STAR Kids (71.64%) met the 80% benchmark. However, HHSC has not identified access to care concerns, issues, or complaints. Cook Children's contracts with PCPs that elect to maintain a closed panel. The PCPs provide services to a certain number of Medicaid clients as well as other clients not enrolled in these programs. In addition, Cook Children's has the flexibility of working with certain PCPs who have a closed panel to agree to take on new members normally achieved on a case-by-case basis. This arrangement has allowed Cook Children's to maintain these providers in-network. Based on these justifications, HHSC is not pursuing remedial action against Cook Children's.

### ***Out-of-Network (OON) Utilization***

MCOs are required to submit the OON Utilization Report for each service delivery area (SDA) in which the MCO operates. In each SDA, the OON utilization should not exceed the following standards:

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

HHSC continues to work closely with MCOs to ensure compliance with the OON utilization standards. MCOs may submit a Special Exception Request Template (SERT) for areas of non-compliance. HHSC

approves or denies the SERT based on the review of supporting information that demonstrates the MCO was unsuccessful in provider contracting efforts. If approved, the MCO submits a recalculated Out-of-Network Utilization Report, excluding the utilization of the aforementioned provider(s). If the recalculation does not bring the MCO into compliance, the MCO remains out of compliance and is subject to contract action such as assessing monetary damages or implementing a corrective action plan. **Attachment D** provides OON utilization performance summary.

Due to the public health emergency, HHSC waived the OON requirements for Q3 and Q4 2020.

*In this narrative section, the state should discuss any relevant trends that the data shows in enrollment, eligibility, disenrollment, access, and delivery network. Changes (+ or -) greater than two percent should be described here. As an example, the number of beneficiaries enrolled in the last quarter decreased by 5% due to a State Plan Amendment that decreased the FPL levels. The recommended word count for this section is no more than 250 words (1-2 paragraphs). Note that each distinct trend should be described more succinctly via the tables in Section 3.1.*

### **3.1 Enrollment Issues/Trends: New and Continued**

*\*Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

### **3.2 Anticipated Changes to Enrollment**

*The state should use this narrative section to explain any anticipated program changes that may impact enrollment-related metrics. For example, the state projects an x% increase in enrollment due to an increase in the FPL limits which will be effective on X date". The recommended word count for this section is 150 words or less.*

*If no changes are anticipated, this section should be blank and the state should mark the checkbox.*

☒ The state does not anticipate changes to enrollment at this time.

## **4. Benefits**

*This section incorporates metrics for the relevant demonstration type. At the time of demonstration approval, CMS will work with states to confirm the appropriate set of metrics and measures for reporting. States should report these metrics and measures for benefits in Appendix X.*

*Benefit metrics in Appendix X may include the following subsections, depending on the demonstration design:*

- *Use of incentivized services*
- *Use of other services*
- *Healthy behaviors*
- *Other utilization or benefit-related metrics*

*The state should confirm it has submitted benefit metrics for the demonstration by marking the checkbox.*

☐ (Required) The state has attached completed the benefit metrics in Appendix X.

- ☒ (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

*In this narrative, the state should discuss any relevant trends that the data shows in benefit access, utilization, and delivery network. The recommended word count for this section is 150 words (1-2 paragraphs). Note that issues should be described more succinctly in the sections that follow.*

#### **4.1 Benefit Issues: New and Continued**

*The state should use this section to explain any new benefit-related issues and provide updates on previously reported issues. For each issue, the state should provide a brief summary that references the data reported in Appendix X, the estimated number of impacted beneficiaries, the known or suspected cause(s) of the issue, and the plan to remediate the issue, including a timeline for resolution (if applicable). The state should also use this section to provide updates on benefit-related issues identified in previous reports. When applicable, the state should also note when issues are resolved.*

*If the state is not aware of benefit issues, this section should be blank.*

*\*Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

#### **4.2 Anticipated Changes to Benefits**

*The state should use this narrative section to explain any anticipated program changes that may impact benefit-related metrics. For example, new legislation was recently signed by the Governor which will add an adult dental benefit effective X date. The recommended word count for this section is 150 words or less.*

*If none are anticipated, this section should be blank and the state should mark the checkbox.*

- ☐ The State anticipates the following change in benefits.

#### ***Autism Services***

The 2020-21 Texas General Appropriations Act (Rider 32, Article II, House Bill (HB) 1) authorized the implementation of additional services for the treatment of eligible children with autism under the Texas Medicaid program. HHSC plans to submit an amendment to the 1115 Transformation waiver clarifying the coverage of certain early and periodic screening, diagnostic, and treatment (EPSDT) services for children and youth with a diagnosis of autism spectrum disorder (ASD).

#### ***Service Utilization***

**Attachment S** illustrates enrollment and expenditures by program and claim type for SFY19, covering September 1, 2018 through August 31, 2019. The total spending in STAR, STAR+PLUS, and STAR Kids in SFY18 included:

- Professional claims: 36.47%

- Outpatient claims: 23.41%
- Drug claims: 16.23%
- Inpatient claims: 18.86%
- Dental claims: 5.03

### ***Medicaid Managed Care***

#### ***Medical Transportation Managed Care Carve-in - House Bill (HB) 1576***

House Bill (H.B.) 1576, 86th Legislative Session, directs HHSC to require managed care organizations to provide non-emergency medical transportation services, a subset of demand response transportation services, for certain trips requested with less than a 48-hour notice. The bill further transfers coordination of non-emergency medical transportation (NEMT) services from managed transportation organizations (MTOs) to the Medicaid managed care organizations (MCOs) responsible for coordinating medical services. Beginning January 17, 2020, certain MCOs began piloting the delivery of the expanded demand response transportation services using value-added services. HHSC is planning for a June 2021 implementation date for the full carve in of NEMT into managed care. Impacted 1115 programs include STAR, STAR+PLUS, and STAR Kids. The NEMT 1115 Amendment was submitted in January 2021.

#### ***Medically Fragile Individuals – House Bill (HB) 4533***

House Bill (H.B.) 4533, SECTION 32, 86<sup>th</sup> Legislature, Regular Session, 2019 requires HHSC to pursue a benefit for medically fragile individuals. If determined to be cost effective, HHSC plans to submit an amendment to add this benefit to the 1115 Transformation waiver under the STAR+PLUS Home and Community Based Services (HCBS) program. HHSC submitted this amendment to CMS initially on September 1, 2020. HHSC submitted the packet again on February 22, 2021 and included additional information to meet CMS transparency requirements.

#### ***Long-Term Services and Supports for Individuals with Intellectual and Developmental Disabilities (IDD) Transition – House Bill (HB) 4533***

The Texas Legislature directed a change in the approach for the transition of long-term services and supports (LTSS) from a fee-for-service model to a managed care model through House Bill (HB) 4533, 86th Legislature, Regular Session, 2019. HB 4533 amends Government Code Chapter 534 and outlines two stages for implementation. Stage one directs a pilot program through the STAR+PLUS Medicaid managed care program to test person-centered managed care strategies and improvements based on capitation. Stage two delays and staggers the carve-in of waivers and community intermediate care facilities programs to a Medicaid managed care model, or system redesign, beginning with Texas Home Living in 2027.

The Intellectual and Developmental Disabilities System Redesign Advisory Committee (IDD SRAC) will continue to coordinate and collaborate with HHSC throughout the pilot program and carve-ins. HB 4533 also establishes a Pilot Program Workgroup to aid in developing and advising HHSC on the operation of the pilot program.

The pilot program will be implemented September 1, 2023 and operate for at least 24 months. The pilot program is meant to test the delivery of LTSS for people with IDD or similar functional needs through managed care. The information gained through the pilot will be used to inform the final stage of the LTSS



system redesign, ensuring the best possible outcomes for individuals with IDD and the most efficient use of Medicaid resources.

#### *Compliance with Home- and Community-Based Services Settings Regulations*

Texas continues to move toward compliance with the home-and community-based services settings rule put forth in accordance with implementation/effective dates as published in the Federal Register or guidance pertaining to the HCBS settings rule. HHSC continues to work on various aspects of compliance, including rule revisions and updates to managed care guidance documents. Over the next year HHSC will continue work on this initiative, which includes seeking CMS approval of the Texas Statewide Transition Plan.

### **5. Demonstration-related Appeals**

*This Appeals section incorporates metrics for the relevant demonstration type related to both appeals and grievances, as applicable (hereafter referenced as “Appeals”). At the time of demonstration approval, CMS will work with states to confirm the appropriate set of metrics for reporting. States should report these metrics for demonstration-related appeals in Appendix X.*

*Appeals metrics in Appendix X may include the following subsections, depending on the demonstration design. All appeals metrics in this report should be specific to the demonstration, and not the entire Medicaid program:*

- *Medicaid eligibility appeals*
- *Medicaid benefit appeals*
- *System-specific appeal for demonstration (e.g., work requirement appeal)*
- *Other appeal-related metric, depending on the scope of appeals implied in the demonstration (e.g., work system appeals)*

*The state should confirm it has submitted appeals metrics for the demonstration by marking the checkbox.*

☐ (Required) The state has attached completed the appeals metrics in Appendix X.

☒ (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

#### ***Complaints and Appeals Received by MCOs***

The MCOs and DMOs are required to track and monitor the number of member appeals and complaints and provider complaints received, to ensure resolution occurs within 30 days of receipt. A 98% compliance standard is required. Currently, data for SFY20 are still pending MCO corrections due to the switch to TexConnect and changes in deliverables. The transition to the TexConnect Portal required MCOs to make system modifications to generate reporting in a text file submission format rather than complete an Excel spreadsheet and enhance the information provided to include member and/or provider specific data. Significant changes to the complaints reporting caused several MCOs to raise concerns. HHSC heeded these concerns as valid and implemented a soft launch for six months before HHSC would consider remedies for non-compliance. SFY20 data for the Complaints and Appeals section received by MCOs is in the process of revalidation for all quarters. HHSC requested MCO's to re-submit Appeals and Complaints data for all quarters. HHSC will report this data in the next monitoring report.

### ***Complaints Received by the State***

The State monitors complaints received by the Office of the Ombudsman Managed Care Assistance Team (OMCAT) and HHSC Managed Care Compliance and Operations (MCCO). The OMCAT unit continued to direct a managed care support network (MCSN) to better coordinate assistance provided to Medicaid managed care clients as mandated by the state legislature. The network of entities includes the Ombudsman Office, the Long-Term Care Ombudsman, the HHSC Medicaid/CHIP Division, Aging & Disability Resource Centers (ADRCs), and Area Agencies on Aging.

Overall OMCAT and MCCO complaints in SFY20 Q3 were 1,510 and in SFY20 Q4 1,899. ***Attachment O*** provides complaints performance summary.

OMCAT received a total of 668 complaints in SFY20 Q3 showing a 19% increase in complaints as compared to SFY20 Q4 at 798 total complaints. The percentage of change, by each program, between SFY20 Q3 and SFY20 Q4 is as follows: STAR (16% increase), STAR+PLUS (15% increase), STAR Kids (13% increase), and Dental (194% increase). The top three complaint categories for OMCAT complaints in SFY20 Q4 were access to care, prescription services, and claims/payment.

MCCO received a total of 11 legislative complaints in SFY20 Q3 showing a 36% decrease compared to the SFY20 Q4 with 7 complaints. The percentage of change, by each program, between SFY20 Q3 and SFY20 Q4 is as follows: STAR (no change) STAR+PLUS (60% decrease), and STAR Kids (50% decrease). The dental program had zero complaints in SFY20 Q3 and Q4. The primary reason for legislative complaints in SFY20 Q4 was denial or delay of payment.

MCCO received a total of 306 member complaints in SFY20 Q3 with a 2% increase as compared to SFY20 Q4 at 313 total complaints. The percentage of change, by each program, between SFY20 Q3 and SFY20 Q4 is as follows: STAR (60% increase), STAR+PLUS (27% decrease), and STAR Kids (18% increase). The dental program received 1 complaint in SFY20 Q3 and 6 complaints in SFY20 Q4 (500% increase). The top three reasons for member complaints in SFY Q4 were utilization review referrals, denial of claim, and member enrollment issues.

MCCO received a total of 525 provider complaints in SFY20 Q3 with a 49% increase as compared to SFY20 Q4 at 781 total complaints. The percentage of change, by program, between SFY20 Q3 and SFY20 Q4 is as follows: STAR (82% increase), and STAR+PLUS (20% increase), STAR Kids (72% increase). The Dental program had a 78% increase receiving 9 complaints in SFY20 Q3 and 16 complaints in SFY20 Q4. The top three reasons for provider complaints in SFY Q4 were denial of claim, denial or delay of payment, and payment dispute.

### ***Provider Fraud and Abuse***

MCOs and DMOs are required to send referrals regarding Medicaid waste, abuse, or fraud to the HHSC Office of Inspector General (OIG). Please see ***Attachments R1 and R2*** for MCO and DMO provider referral details. The OIG received a total of 92 fraud and abuse referrals from MCOs in SFY20 Q3 and 91 in SFY20 Q4. These attachments reflect the current status of each case and these cases can have multiple dispositions; therefore, the disposition total will not add up to the total number of referrals received.

The OIG received a total of 14 fraud and abuse referrals from DMOs in SFY20 Q3 and 8 in SFY20 Q4.

### ***Hotline Performance***

SFY20 data for Hotline performance is in the process of revalidation for Q3 and Q4. HHSC requested MCO's re-submit Hotline data for Q3 and Q4. HHSC will report this data in a future monitoring report.

**Attachment M** outlines performance standards of MCO and DMO Member and Provider Hotlines for Q1 and Q2, which was provided in the semiannual report.

- The MCOs and DMOs must have a toll-free hotline that members can call 24 hours a day, 7 days a week. The MCOs are required to meet the following hotline performance standards:
  - 99% of calls must be answered by the fourth ring;
  - ≤1% busy signal rate for all calls (for behavioral health (BH), no incoming calls receive a busy signal;
  - 80% of all calls must be answered by a live person within 30 seconds (not applicable for provider hotlines);
  - ≤ 7% call abandonment rate; and
  - ≤ 2 minutes average hold time.

MCOs have been instructed to aggregate totals by program and hotline type for all their STAR, CHIP and STAR+PLUS plans. Because MCOs expressed concerns that the average hold time was not being calculated correctly, MCOs will begin submitting the total hold time as of 9/1/2020. HHSC will use the total hold time values to calculate the average hold time on the back end to monitor MCO compliance. Due to this change HHSC will not produce any breakout by STAR, CHIP or STAR+PLUS alone for any MCO. CHIP and Medicaid Dental within the same DMO are also aggregated. HHSC will also no longer provide a breakout by SDA due to reporting changes and TexConnect data.

At this time the TexConnect deliverables report separates data based on in-house and individual subcontracted call centers. HHSC is working to get information on how MCO's calculate "Average Hold Time" in order to aggregate the in-house and subcontracted call center figures for that measure. The TexConnect deliverables for hotlines no longer collect "Call Pickup Rate" nor "Busy Signal Rate." HHSC began reporting these measures again on September 1, 2020 and plans to include the data in the next monitoring report.

### **5.1 Appeals Issues: New and Continued**

*The state should use this section to explain any new appeals-related issues and provide updates on previously reported issues.*

*For each issue, the state should provide a brief summary that references the data reported in Appendix X, the estimated number of impacted beneficiaries, any known or suspected cause(s) of the issue, and the plan to remediate the issue, including a timeline for resolution (if applicable). The state should also use this section to provide updates on appeals-related issues identified in previous reports. When applicable, the state should also note when issues are resolved.*

*If the state is not aware of appeals issues, this section should be blank.*

*\*Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

### **5.2 Anticipated Changes to Appeals**

*The state should use this narrative section to explain any anticipated program changes that may impact appeals-related metrics. If none are anticipated, this section should be blank, and the state should mark the checkbox. The recommended word count for this section is 150 words or less.*

☐ The state does not anticipate changes to appeals at this time.

☒ HHSC plans to add an External Review Organization to the existing appeal process and is in the beginning stages of planning for this initiative. The State will provide an update in the next annual report.

## 6. Quality

*This Quality section incorporates quality measures for the relevant demonstration type. At the time of demonstration approval, CMS will work with the state to confirm the appropriate quality measures for reporting. States should report these quality measures in Appendix X.*

*Quality measures in Appendix X may include the following subsections, depending on the demonstration design:*

- *Medicaid Adult and Child Core Set Measures*
- *To be determined*
- *To be determined*

*The state should confirm it has submitted quality measures for the demonstration by marking the checkbox.*

- ☐ (Required) The state has attached the quality measures in Appendix X.
- ☐ (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

### 6.1 Quality Issues: New and Continued

*The state should use this narrative section to explain any new quality-related issue and provide updates on previously reported issues.*

*For each issue, the state should provide a brief summary that references the data reported in Appendix X, the estimated number of impacted beneficiaries (if applicable), the known or suspected cause(s) of the issue, and the plan to remediate the issue, including a timeline for resolution (if applicable). The state should also use this section to provide updates on quality-related issues identified in previous reports. When applicable, the state should also note when issues are resolved.*

*If the state is not aware of quality issues, this section should be blank.*

*\* Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

### 6.2 Anticipated Changes to Quality

*The state should use this narrative section to explain any anticipated program changes that may impact quality-related metrics. If none are anticipated, this section should be blank, and the state should mark the checkbox.*

- ☐ The state does not anticipate changes related to quality at this time.

The impact of the public health emergency on quality measures is expected to be significant due to members delaying or avoiding preventive and primary care. There is also the potential for emergency department utilization to increase. Due to these impacts,

- HHSC is unable to compare 2020 quality measure performance, and the benchmarks established based on the prior year's performance, to last year's performance. Therefore, for calendar year 2020 the medical and dental Pay-for-Quality (P4Q) programs will be suspended. No premium recoupments or distributions will occur based on calendar year 2020 performance.
- MCOs had difficulty obtaining enough medical records from providers to meet the minimum sample requirement for Encounter Data Validation (EDV). Texas requires HHSC to use the External Quality Review Organization (EQRO) EDV deliverable to monitor both MCOs and DMOs. HHSC now requires MCOs to meet a minimum sample size of medical records with a 90% compliance rate on the data collected and reviewed from those records. MCOs that do not meet one or both requirements are subject to CAPs. For measurement year 2020, CAPs will be replaced with Plans of Action, which are the lowest level of contract remediation.
- HHSC adjusted the 1115 evaluation design measure 3.5.2. The study's technical specifications were updated to exclude the adult Adoption Assistance (AA)/Permanency Care Assistance (PCA) population due to the small number of AA and PCA clients meeting the age criteria for the corresponding Adult survey. The 1115 evaluation will continue to report customer satisfaction outcomes for AA/PCA and Medicaid for Breast and Cervical Cancer (MBCC) populations, with AA/PCA reported from Consumer Assessment of Healthcare Providers and Systems (CAHPS), STAR Child surveys (2019, 2021), and MBCC reported from CAHPS STAR+PLUS surveys (2020, 2022).
- HHSC extended active performance improvement projects (PIPs) for an additional year.

Another change is occurring. Based on the EQRO's comparative analysis of changes to the Healthcare Effectiveness Data and Information Set (HEDIS) specifications for the prenatal and postpartum care measure, HHSC is using administrative rates for the HEDIS 2020 PPC prenatal sub-measure, which is a departure from prior years where the hybrid specifications were used.

## 7. Other Demo Specific Metrics

*This Other Metrics section incorporates other metrics selected for the demonstration type. States should report these metrics for quality in Appendix X.*

*Other Metrics in Appendix X include the following subsections, depending on the demonstration design:*

- *To be determined*
- *To be determined*
- *To be determined*

*If applicable, the state should confirm it has submitted other metrics for the demonstration by marking the checkbox.*

- ☐ (If applicable) The state has attached completed the other metrics in Appendix X.
- ☒ (If applicable) The state does not have any issues to report related to the other metrics in Appendix X and has not included any narrative.

## 7.1 Other Metric Issues: New and Continued

*The state should use this narrative section to explain any new issues.*

*For each issue, the state should provide a brief summary that references the data reported in Appendix X, the estimated number of impacted beneficiaries (if applicable), the known or suspected cause(s) of the issue, and the plan to remediate the issue, including a timeline for resolution (if applicable). The state should also use this section to provide updates on other issues identified in previous reports. When applicable, the state should also note when issues are resolved.*

*If the state is not aware of other issues, this section should be blank.*

*\* Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

## 7.2 Anticipated Changes to Other Metrics

*The state should use this narrative section to explain any anticipated program changes that may impact other metrics. The recommended word count for this section is 150 words or less. If none are anticipated, this section should be blank, and the state should mark the checkbox.*

- ☒ The state does not anticipate future changes to other metrics at this time.

## 8. Financial/Budget Neutrality

*This Financial/Budget Neutrality section incorporates a budget neutrality workbook for the demonstration. At the time of demonstration approval, CMS will work with states to confirm the appropriate workbook for this demonstration. States should work with the project officer on developing the budget neutrality workbook. States should report its completed workbook as Appendix X.*

- ☒ (Required) The state has attached completed the budget neutrality workbook in Appendix X.

### 8.1 Financial/Budget Neutrality Issues: New and Continued

*The state should use this section to provide an analysis of the budget neutrality to date and to explain any new financial/budget neutrality-related issues. If a SUD component is part of the comprehensive demonstration, the state should provide an analysis of the SUD related budget neutrality and an analysis of budget neutrality as a whole.*

*For each issue, the state should provide a brief summary that references the data reported in Appendix X, including the fiscal impact and impacted Medicaid Eligibility Groups MEG(s), the known or suspected cause(s) of the issue, and the plan to remediate the issue, including a timeline for resolution (if applicable). The state should also use this section to provide updates on issues identified in previous reports. When applicable, the state should also note when issues are resolved.*

This section addresses the quarterly reporting requirements regarding financial and budget neutrality development and issues. **Attachment P** provides the budget neutrality summary. The tables below provide information on eligibility groups in budget neutrality calculations.

**DY9 Q3 April – June 2020**

Eligibility Groups Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Apr 2020)	Month 2 (May 2020)	Month 3 (Jun 2020)	Total for Quarter Ending 6/2020
Adults	290,400	309,043	326,956	926,398
Children	2,625,182	2,683,839	2,737,721	8,046,742
AMR	355,283	356,118	357,330	1,068,731
Disabled	405,156	407,167	408,982	1,221,305

Eligibility Groups Not Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Apr 2020)	Month 2 (May 2020)	Month 3 (Jun 2020)	Total for Quarter Ending 6/2020
Foster Care	34,462	35,225	36,021	105,707
Medically Needy	104	114	131	348
CHIP-Funded	262,602	267,524	270,207	800,333
STAR+PLUS 217-Like HCBS	18,718	18,512	18,425	55,655

**DY9 Q4 July – September 2020**

Eligibility Groups Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Jul 2020)	Month 2 (Aug 2020)	Month 3 (Sep 2020)	Total for Quarter Ending 9/2020
Adults	343,065	359,375	388,147	1,090,587
Children	2,790,476	2,850,531	2,942,031	8,583,038
AMR	357,764	358,833	359,623	1,076,220

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Disabled	410,562	412,689	413,533	1,236,785
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Eligibility Groups Not Used in Budget Neutrality Calculations

Eligibility Group	Month 1 (Jul 2020)	Month 2 (Aug 2020)	Month 3 (Sep 2020)	Total for Quarter Ending 9/2020
Foster Care	36,952	38,190	38,923	114,065
Medically Needy	123	122	122	367
CHIP-Funded	273,711	280,353	289,710	843,774
STAR+PLUS	18,449	18,479	18,687	55,616
217-Like HCBS				

### 8.1 Anticipated Changes to Financial/Budget Neutrality

*The state should use this narrative section to explain any anticipated program changes that may impact financial/budget neutrality metrics. The recommended word count for this section is 150 words or less. If none are anticipated, this section should be blank, and the state should mark the checkbox.*

☒ The state does not anticipate future changes to budget neutrality at this time.

## 9. Demonstration Operations and Policy

*The state should use this section to highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. The state should also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document.*

*Such considerations could include the following, either real or anticipated:*

- Any changes to populations served, benefits, access, delivery systems, or eligibility
- Legislative activities and state policy changes
- Fiscal changes that would result in changes in access, benefits, populations, enrollment, etc.
- Related audit or investigation activity, including findings
- Litigation activity
- Status and/or timely milestones for health plan contracts
- Market changes that may impact Medicaid operations
- Any delays or variance with provisions outlined in STCs
- Systems issues or challenges that might impact the demonstration [i.e. eligibility and enrollment (E&E), Medicaid management information systems (MMIS)]
- Changes in key state personnel or organizational structure



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- *Procurement items that will impact demonstration (i.e. enrollment broker, etc.)*
- *Significant changes in payment rates to providers which will impact demonstration or significant losses for managed care organizations (MCOs) under the demonstration*
- *Emergency Situation/Disaster*
- *Other*

*States should use the table provided below to present this information.*

### **Procurement Activities**

HHSC has created a plan to procure new contracts for STAR+PLUS, STAR, and STAR Kids and will be proceeding in that order. Estimated timelines are:

#### **Star Plus**

- RFP Posting: Q2 FY2022
- Estimated Notice of Award: Q3 FY2022
- Start of Operations: Q1 FY2024

#### **Star**

- RFP Posting: Q1 FY2023
- Estimated Notice of Award: Q2 FY2023
- Start of Operations: Q4 FY2024

#### **Star Kids**

- RFP Posting: Q3 FY2023
- Estimated Notice of Award: Q4 FY2023
- Start of Operations: Q2 FY2025

### **Claims Summary**

The MCOs and DMOs submit monthly claims summary reports (CSR) to HHSC for the following services: acute care, behavioral health (BH), vision services, pharmacy claims, and long-term services and supports (LTSS). The standards for the clean claims and appealed claims follow:

- appealed claims adjudicated within 30 days: >98%
- clean claims adjudicated within 30 days: >98%
- clean claims adjudicated within 90 days: >99%
- clean electronic claims adjudicated within 18 Days: >98%
- clean non-electronic (paper) claims adjudicated within 21 Days: >98%

**Attachment V1** provides claims summary for the STAR program. **Attachment V2** provides claims summary for the STAR+PLUS program. **Attachment V3** provides claims summary for the Dental program. **Attachment V4** provides claims summary for the STAR Kids program.

The MCOs not in compliance with the claim adjudication standards are listed below.

### **STAR (SFY20 Q4 Month 3)**

#### **Acute Care Claims**

% Appealed Adjudicated within 30 Days (98% STD)

- Aetna
- Parkland

### **STAR Kids (SFY20 Q4 Month 3)**

#### Acute Care Claims

% Appealed Adjudicated within 30 Days (98% STD)

- Aetna

#### Long-term Services and Supports Claims

% Appealed Adjudicated within 30 Days (98% STD)

- Aetna

### ***Litigation Summary***

Consideration 1:

Type of Consideration	<i>Ongoing litigation</i>
Summary of Consideration	<p><i>Frew, et al. v. Phillips, et al.</i> (commonly referred to as <i>Frew</i>), was filed in 1993, and was brought on behalf of children under age 21 enrolled in Medicaid and eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. The class action lawsuit alleged that the Texas EPSDT program did not meet the requirements of the Federal Medicaid Act. The lawsuit was settled by a consent decree in 1996. The decree requires numerous state obligations and is monitored by the Court. In 2000, the court found the State defendants in violation of several of the decree's paragraphs. In 2007, the parties agreed to eleven corrective action orders to bring the state into compliance with the consent decree and to increase access to EPSDT benefits.</p> <p>Currently, four of the eleven corrective action orders and their related consent decree paragraphs are fully dismissed: (1) Check-Up Reports and Plans for Lagging Counties, (2) Prescription and Non-Prescription Medications, Medical Equipment, and Supplies, (3) Transportation Program, and (4) Health Care Provider Training.</p> <p>In 2014, the parties jointly agreed to vacate most of the Toll-Free Numbers corrective action</p>

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	<p>order, and the related consent decree paragraphs. One toll-free number remains under the corrective action order and court monitoring.</p> <p>On January 20, 2015, the district court vacated the Adequate Supply of Health Care Providers corrective action order and several paragraphs of the consent decree relating to an adequate supply of healthcare providers. Plaintiffs appealed. On March 28, 2016, the Fifth Circuit affirmed most of the district court's opinion but vacated and remanded to the district court for further proceedings portions of the district court's order regarding provider "shortages."</p> <p>On April 7, 2020, the district court entered an order addressing provider "shortages" based on the Fifth Circuit's decision and denying the defendants' motion to reinstate the order vacating those portions of the Corrective Action Order.</p>
Date and Report in Which Consideration Was First Reported	The lawsuit was filed on September 1, 1993. The consent decree was entered on February 20, 1996. The eleven corrective action orders were entered on April 27, 2007.
Summary of Impact	The consent decree and corrective action orders touch upon many program areas, and generally require the state to take actions intended to ensure access, or measure access, to Medicaid services for children. The Texas Medicaid program must consider these obligations in many policy and program decisions for Medicaid services available for persons under age 21.
Estimated Number of Beneficiaries	Estimated (as of March 2020) at 3,008,214.
If Issue, Remediation Plan and Timeline for Resolution / Updates in Status if Previously Reported	HHSC and DSHS will continue to follow the obligations in the remaining portions of the consent decree and corrective action orders until they are dismissed by the court.

## **10. Implementation Update**

*The state should use this section to provide implementation updates on relevant aspects of the state's demonstration, as identified either during the approval process, in previous monitoring calls, or other implementation reviews or discussions pursuant to 42 CFR 431.420(b). The state should also use this section to report on any changes in implementation plans since the demonstration was approved, either via an amendment to the demonstration, or a change in how the state plans to execute the STCs.*

*In this section, the state should include any relevant trends that the data shows in benefit access, utilization, and delivery network if not already reported elsewhere in this document.*

***NOTE:** If additional information is needed, the state should use the space below for a short narrative. The recommended word count for this section is 150 words.*

***Health IT Strategic Plan Update***

**Health Information Exchange (HIE) Connectivity Project Update**

The HIE Connectivity Project is a Texas Medicaid initiative funded by CMS through the HIE Implementation Advance Planning Document (IAPD). The project's three strategies, one initiative, and associated goals/milestones were described in the Health Information Technology (HIT) Strategic Plan approved by CMS in May of 2020. Successful implementation of the three strategies will result in increased HIE adoption and use by Medicaid providers, creation of new HIE capacity in Texas, and bring clinical information into the Texas Medicaid program through HIE. The following is an update regarding progress made for each strategy, as well as the Patient Unified Lookup System for Emergencies (PULSE) initiative.

**HIE IAPD Strategies 1-3**

The FFY 2020/2021 milestone for Strategy 1 of the HIE Connectivity Project, as listed in the HIT Strategic Plan, is two hundred Medicaid providers (including hospitals and ambulatory providers) connected to Local HIEs. Currently, three Local HIEs have contracted with HHSC to onboard and connect Medicaid providers and hospitals. These connections will facilitate electronic reporting and data exchange between providers and Texas Medicaid. As of 12/11/20, 161 providers from hospitals and ambulatory practices have been approved, through this project, to join with the three Local HIEs.

Strategy 2 includes enhancing Texas' HIE infrastructure to support connectivity with the state's Medicaid system and assisting Local HIEs in implementing connections to HIE Texas, which is a set of state-level shared services managed by the Texas Health Services Authority (THSA). The FFY 2020/2021 milestones for this strategy, as listed in the HIT Strategic Plan, were implementation of a Master Patient Index (MPI) and eight HIEs connected to THSA as an outcome of this project. While the MPI has been implemented and infrastructure is in place to connect to Local HIEs, the original goal of eight HIEs connected to THSA has since been revised, as there are only 5 Local HIEs currently in existence in Texas, with three contracted through this project.

Strategy 3 assists Texas Medicaid in reducing emergency department (ED) utilization and hospital readmissions by enabling better follow-up care through the electronic receipt of Health Level Seven (HL7) Admission, Discharge, Transfer (ADT) data from hospitals. The FFY 2020/2021 milestone for this strategy, as listed in the HIT Strategic Plan, was for eight Local HIEs to contribute hospital emergency department ADT data as an outcome of this project. Currently, one of the three Local HIEs contracted through Strategy 1 has successfully transferred ADT data in near real-time.

**PULSE (Initiative 1)**

HHSC is working with THSA to implement the PULSE Initiative. Texas wants to improve its ability to provide patient medical information to qualified first responders during state and federal disasters, and is building PULSE software, infrastructure, and connectivity to HIEs. The FFY 2020/2021 milestone for this initiative, as described in the HIT Strategic Plan, is to develop a plan and the PULSE application, as well as to test and launch the application and implement the program. In August 2020, THSA began development of the HIE Texas PULSE system in partnership with Audacious Inquiry. The PULSE COVID system is currently in operation and will continue for the remainder of the 2020 hurricane season, after which the system will be upgraded to the PULSE Enterprise Edition (PULSE EE). PULSE EE will provide other capabilities, including additional user capacity, improved operational reporting, and integration with push data sources to support integrated family reunification. It requires additional software and infrastructure build-out and is currently in development.

## 11. Demonstration Evaluation Update

*The state should use this section to highlight relevant updates to the state's demonstration evaluation pursuant to 42 CFR § 431.424 and/or any federal evaluations in which the state is involved [per 42 CFR § 431.420(f) or 42 CFR § 431.400(a) (1) (ii) (C) (4)]. The state should include timely updates on evaluation work and timeline. Depending on when this report is due to CMS and the timing for the demonstration, this might include updates on progress with:*

- *Evaluation design*
- *Evaluation procurement*
- *Evaluation implementation*
- *Evaluation deliverables (information presented in below table)*
- *Data collection, including any issues collecting, procuring, managing, or using data for the state's evaluation or federal evaluation*
- *For annual report per 42 CFR 431.428, the results/impact of any demonstration programmatic area defined by CMS that is unique to the demonstration design or evaluation hypothesis*
- *Results of beneficiary satisfaction surveys, if conducted during the reporting year, grievances and appeals*

*The intent of this section is for the state to provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.*

*Narrative regarding the demonstration should be brief. The recommended word count for any narrative related to the above is about 250 words (1-2 paragraphs).*

*In addition to any status updates on the demonstration evaluation, the state should complete the below table to list anticipated evaluation-related deliverables related to this demonstration and their due dates.*

HHSC completed the following 1115 Waiver evaluation activities during SFY20 Q3:

- HHSC held a quarterly meeting with the Principal Investigator from Texas A&M University (TAMU) on March 2, 2020.
- HHSC analysts completed and transferred ad hoc data requests to TAMU.
- HHSC analysts provided data-related technical assistance as requested by TAMU.
- HHSC submitted an amendment to the CMS-approved 1115 evaluation design on March 10, 2020. The submitted amendment updated the populations surveyed by Consumer Assessment of

Healthcare Providers and Systems (CAHPS) each year for measure 3.5.2. CMS approved the amendment to the evaluation design on March 10, 2020. HHSC submitted the updated evaluation plan, including the approved amendment, to CMS on March 26, 2020.

- TAMU submitted proposed revisions to the DSRIP claims analyses to HHSC on April 21, 2020 (Measures 1.2.1 –1.2.4). The proposed revisions attempted to resolve analytic challenges resulting from an inability to generate a balanced comparison group of Medicaid clients visiting non-DSRIP providers. HHSC reviewed and met with TAMU to discuss their proposed revisions to DSRIP claims analyses. TAMU was still finalizing their proposed revisions based on feedback from HHSC at the end of SFY20 Q3.
- HHSC analysts prepared a narrative describing how the 1115 evaluation design may be modified to incorporate an 1115 waiver amendment allowing children and young adults in Adoption Assistance or Permanency Care Assistance greater flexibility in their choice of Medicaid managed care program. HHSC submitted the 1115 waiver amendment shortly after SFY20 Q3 ended (June 2, 2020).

HHSC completed the following 1115 Waiver evaluation activities during SFY20 Q4:

- HHSC held a quarterly meeting with the Principal Investigator from Texas A&M University (TAMU) on August 27, 2020.
- HHSC analysts completed and transferred ad hoc data requests to TAMU.
- HHSC analysts provided data-related technical assistance as requested by TAMU.
- TAMU submitted proposed revisions to the DSRIP claims analyses to HHSC on April 21, 2020 (Measures 1.2.1 –1.2.4). The proposed revisions attempt to resolve analytic challenges resulting from an inability to generate a balanced comparison group of Medicaid clients visiting non-DSRIP providers. HHSC reviewed and met with TAMU in June 2020 to discuss their proposed revisions to DSRIP claims analyses. TAMU was still finalizing their proposed revisions based on feedback from HHSC at the end of SFY20 Q4.
- HHSC analysts prepared a narrative describing how the 1115 evaluation design may be modified to incorporate an 1115 waiver amendment seeking Medicaid managed care coverage of benefits for medically fragile individuals whose service needs exceed the cost limits of the STAR+PLUS Home and Community Based Services program. HHSC submitted the 1115 waiver amendment shortly after SFY20 Q4 ended (September 1, 2020).
- HHSC submitted a five-part pre-post implementation study of STAR Kids conducted by Texas's External Quality Review Organization (EQRO), and a summary document detailing overlap between CMS-approved evaluation measures and the EQRO deliverables, to CMS on August 13, 2020. HHSC is seeking CMS approval to use the EQRO STAR Kids study to satisfy evaluation components related to managed care expansion among the STAR Kids population, as proposed in the original 1115 evaluation design. CMS approval related to use of the EQRO STAR Kids study was still pending at the end of SFY20.

The table below lists evaluation-related deliverables. There are no anticipated barriers at this time.

Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY8: October 1, 2019 – September 30, 2020  
State Fiscal Year FY20: September 1, 2019 – August 31, 2020  
Submitted on March 1, 2021

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Procurement of Independent External Evaluator	9/1/2019	<i>The contract with TAMU has been executed and initial funds dispersed.</i>	<i>No issues anticipated at this time</i>
Interim Evaluation Report	9/30/2021 (or upon application for renewal)	<i>TAMU is not able to generate a balanced comparison group for DSRIP claims analysis; alternate analytic strategies are being explored.</i>	<i>No issues anticipated at this time</i>
Summative Evaluation Report	3/30/2024		<i>No issues anticipated at this time</i>

## 12. Other Demonstration Reporting

*The state should use this section to cover pertinent information not captured in the above sections or in related appendixes. This includes any of the following, if applicable:*

- *Real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation*

*Narrative should be brief. The recommended word count for any narrative should not exceed 250 words (2-3 paragraphs).*

*In addition to any status updates on the demonstration evaluation, the state should complete the below table to list any other deliverables related to this demonstration and their due dates. Note that deliverables associated with the evaluation should be listed separately in the Demonstration Evaluation Update section.*

### ***Delivery System Reform Incentive Payment Program***

Delivery System Reform Incentive Payment Program (DSRIP) evolved from project-level reporting to provider-level outcome reporting to measure the continued transformation of the Texas healthcare system from DY1-6 to DY7-10. DSRIP providers report on required categories at the provider system level, rather than the project level. Regional Healthcare Partnerships (RHP) updated their RHP Plans during Q1, which HHSC reviewed and approved. This included providers updating their outcome measures and activities for reporting during DY9-10.



Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY8: October 1, 2019 – September 30, 2020  
State Fiscal Year FY20: September 1, 2019 – August 31, 2020  
Submitted on March 1, 2021

Providers continued to report performance achievement of DY7 and DY8 Category C measures and DY9 Category D measures in April 2020. In total for April DY9 reporting and based on available Intergovernmental Transfer (IGT), \$2,366,701,655 was paid for DSRIP in July 2020, for a total of \$19.3 billion in DY1-9 DSRIP payments to date. DSRIP continues to provide technical assistance to correct reported baselines and performance. **Attachment X** includes DSRIP providers' overall status for April DY9 reporting. **Attachment Y** provides estimated remaining payments for DY8-9.

In April DY9 (DY9R1), 2,363 Category C measures were eligible to report Performance Year 2 (PY2, which is 01/01/19 – 12/31/19) to potentially earn payment for the DY8 achievement milestone. Overall, 75.6% of measures eligible to report achievement were reported in April 2020 as fully achieving the DY8 goal in PY2, and an additional 10.5% of measures reported partially achieving the DY8 goal in PY2. Of the 81 measures newly selected for DY9-10, 71.6% reported baseline in April 2020. The remaining 242 Category C measures are eligible to report PY2 in October 2020. For DY7 carried forward measures, 55.6% reported as fully achieving the DY7 goal in PY2 during April 2020 reporting, and an additional 10.9% of measures reported partially achieving the DY7 goal in PY2. The table below provides a summary of reported achievement by measure type and **Attachment Z** includes all Category C reporting and summaries by measure, Measure Bundle, provider type, measure type, and region.

<i>Measure Type</i>	<i>P4P Measures Eligible to Report in DY9R1</i>	<i>P4P Measures that have reported PY2 (CY19) in DY9R1</i>	<i>Carryforward P4P 100% of AM-7.x Goal Achieved in PY2</i>	<i>Carryforward P4P Partial Achievement of AM-7.x Goal in PY2</i>	<i>Carryforward P4P 0% of AM-7.x Goal Achieved in PY2</i>	<i>P4P 100% of AM-8.x Goal Achieved in PY2</i>	<i>P4P Partial Achievement of AM-8.x Goal in PY2</i>	<i>P4P 0% of AM-8.x Goal Achieved in PY2</i>
<i>Cancer Screening</i>	111	98%	53.60%	25.00%	21.40%	76.10%	13.80%	10.10%
<i>Clinical Outcome</i>	510	92.50%	50.00%	4.60%	45.40%	68.20%	12.30%	19.50%
<i>Hospital Safety</i>	234	78.80%	39.00%	1.30%	59.70%	53.80%	8.20%	37.90%
<i>Immunization</i>	250	91.70%	69.40%	8.20%	22.40%	73.80%	16.30%	9.90%
<i>Population Based Clinical Outcome</i>	111	90.20%	29.30%	4.90%	65.90%	56.40%	7.90%	35.60%
<i>Process</i>	1331	92.00%	64.30%	16.40%	19.30%	83.50%	8.80%	7.60%
<i>Quality of Life</i>	19	100.00%	NA	NA	NA	63.20%	21.10%	15.80%
<i>All Measures</i>	2363	91.10%	55.60%	10.90%	33.50%	75.60%	10.50%	13.90%

*\*Data includes only measures with a baseline that ends 12/31/2017 and does not include measures with a delayed baseline.*

### ***DSRIP Transition Plan Update***

As required, HHSC submitted its Transition Plan to CMS by October 1, 2019, and submitted revisions to CMS on February 20, 2020. Due to the public health emergency, CMS offered HHSC the opportunity to amend milestone deliverable due dates. In early August 2020, HHSC requested approval from CMS of new due dates for Transition Plan milestone deliverables. CMS approved the Transition Plan with the amended deliverable due dates on September 2, 2020.

To help Texas sustain DSRIP successes, HHSC completed comprehensive analyses of populations served by DSRIP and interventions associated with improvements in health outcomes within focus areas of the Transition Plan. HHSC has engaged stakeholders and invited input through surveys about telehealth,

advancing value-based payments, the regional healthcare partnership structure of the program, and quality improvement cost guidelines. Data from these surveys will contribute to assessments of these topic areas and relevant policy development. HHSC also created a Best Practices Workgroup of current DSRIP stakeholders to inform transition work through additional data support and expertise. HHSC has used information from this workgroup and provider-specific feedback to craft program options for DY 11 and beyond. HHSC has also contracted for studies regarding social determinants of health, their impact on health care quality measures, findings from environmental scans, and policy considerations from experts in the field.

HHSC has held three quarterly Partner Engagement and Executive Waiver Committee meetings and provided monthly updates to keep all interested stakeholders informed on the transition progress. Texas submitted its first two deliverables under the Transition Plan to CMS at the end of December 2020.

### **12.1 Post Award Public Forum**

*If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428.*

*The state should confirm it has submitted required information for the post-award public forum by marking the checkbox.*

*Narrative should be brief. The recommended word count for any narrative should not exceed 250 words (2-3 paragraphs).*

*The state should confirm it has submitted required information for the post-award public forum by marking the checkbox.*

- ☒ The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- ☐ There was not a post-award public forum held during this reporting period and this is not an annual report.

HHSC hosted a public forum via webinar on June 22, 2020 to provide the public with updates on the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) 1115 waiver. The previous public forum was held on June 24, 2019 and was conducted in person. The date, time, and location of the public forums were published on HHSC's website 30 days in advance of the meetings.

During the June 2020 public forum the public was provided with an update on the following Transformation waiver topics: Health Information Technology (IT) Strategic Plan, Delivery System Reform Incentive Payment program (DSRIP), Uncompensated Care, and Nursing Home Quality Incentive Payment Program. Links to the 1115 DY8 annual report and COVID-19 resource pages was also provided to the public. Public comment was also received and documented at this meeting. Comments received related to identifying external entities involved in the Health IT strategies, the process for creating new Medicaid benefits or programs, DSRIP operations and extension of DSRIP program, Value Based Purchasing, Uncompensated Care pool payments, and the potential to request an extension in light of COVID-19 as some other states are also doing. Requests for the PowerPoint

presentation were received from some stakeholders and the slide deck was provided to those individuals electronically. During the forum, HHSC responded to comments and clarifying questions received.

### **13. Notable State Achievements and/or Innovations**

*This is a section for the state to provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes.*

*Whenever possible, narrative in this section should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.*

*Narrative should be brief. The recommended word count for any narrative should not exceed 250 words (2-3 paragraphs).*

## 14. Report Attachments

**Attachment A - Managed Care Organizations by Service Delivery Area.** The attachment includes a table of the health and dental plans by Service Delivery Area.

**Attachment B1 - Enrollment Summary (SFY20).** The attachment includes annual and quarterly Dental, STAR, STAR Kids and STAR+PLUS enrollment summaries.

**Attachments C1, C2, C3 - Provider Network and Methodology.** The attachments summarize STAR, STAR Kids, and STAR+PLUS network enrollment by MCOs, SDAs, and provider types. It also includes a description of the methodology used for provider counts and terminations.

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

**Attachment E - Distance Standards.** The attachment shows the State's distance standards by provider type and county designation.

**Attachment H1-H4 - Network Access Analysis.** The attachments include the results of the State's analysis for PCPs, main dentists, and specialists.

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

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

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

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

**Attachment P - Budget Neutrality.** The attachment includes actual expenditure and member-month data as available to track budget neutrality.

**Attachment Q - Members with Special Healthcare Needs Report.** The attachment represents total MSHCN enrollment in STAR, STAR Kids, and STAR+PLUS during the prior fiscal year.

**Attachment R1-R2 - Provider Fraud and Abuse.** The attachments represent a summary of the referrals that STAR, STAR Kids, STAR+PLUS, and Dental Program plans sent to the OIG during the biannual reporting period.

**Attachment S - Service Utilization.** This attachment displays Enrollment and Expenditure Graphs for the previous fiscal year.

**Attachments V1-V4 - Claims Summary (SFY 2019).** The attachments are summaries of the MCOs' claims adjudication results.

**Attachment X - DSRIP Provider Summary.**

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

**Attachment Z - DSRIP Category C Summary Workbook.**

Attachment A  
Managed Care Plans by Service Area SFY20  
Annual Report

Service Area	STAR	STAR+PLUS	STAR Kids
<b>Bexar</b>	Aetna Better Health	Amerigroup	Community First Health Plans
	Amerigroup	Molina Healthcare of Texas	Superior HealthPlan
	Community First Health Plans	Superior HealthPlan	
	Superior HealthPlan		
<b>Dallas</b>	Amerigroup	Molina Healthcare of Texas	Amerigroup
	Molina Healthcare of Texas	Superior HealthPlan	Children's Medical Center
	Parkland Community Health Plan		
<b>El Paso</b>	El Paso Health	Amerigroup	Amerigroup
	Molina Healthcare of Texas	Molina Healthcare of Texas	Superior HealthPlan
	Superior HealthPlan		
<b>Harris</b>	Amerigroup	Amerigroup	Amerigroup
	Community Health Choice	Molina Healthcare of Texas	Texas Children's Health Plan
	Molina Healthcare of Texas	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan
	Texas Children's Health Plan		
	UnitedHealthcare Community Plan		
<b>Hidalgo</b>	Driscoll Children's Health Plan	Cigna-HealthSpring	Driscoll Health Plan
	Molina Healthcare of Texas	Molina Healthcare of Texas	Superior HealthPlan
	Superior HealthPlan	Superior HealthPlan	UnitedHealthcare Community Plan
	UnitedHealthcare Community Plan		
<b>Jefferson</b>	Amerigroup	Amerigroup	Texas Children's Health Plan
	Community Health Choice	Molina Healthcare of Texas	UnitedHealthcare Community Plan
	Molina Healthcare of Texas	UnitedHealthcare Community Plan	
	Texas Children's Health Plan		
	UnitedHealthcare Community Plan		
<b>Lubbock</b>	Amerigroup	Amerigroup	Amerigroup
	FirstCare Health Plans	Superior HealthPlan	Superior HealthPlan
	Superior HealthPlan		
<b>MRSA Central</b>	Amerigroup	Superior HealthPlan	Blue Cross Blue Shield of Texas
	Right Care from Scott & White	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan
	Superior HealthPlan		
<b>MRSA Northeast</b>	Amerigroup	Cigna-HealthSpring	Texas Children's Health Plan
	Superior HealthPlan	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan
<b>MRSA West</b>	Amerigroup	Amerigroup	Amerigroup
	FirstCare Health Plans	Superior HealthPlan	Superior HealthPlan
	Superior HealthPlan		
<b>Nueces</b>	Driscoll Health Plan	Superior HealthPlan	Driscoll Health Plan
	Superior HealthPlan	UnitedHealthcare Community Plan	Superior HealthPlan
<b>Tarrant</b>	Aetna Better Health	Amerigroup	Aetna Better Health
	Amerigroup	Cigna-HealthSpring	Cook Children's Health Plan
	Cook Children's Health Plan		
<b>Travis</b>	Blue Cross Blue Shield of Texas	Amerigroup	Blue Cross Blue Shield of Texas
	Dell Children's Medical Center	UnitedHealthcare Community Plan	Superior HealthPlan
	Superior HealthPlan		
<b>Statewide</b>	DentaQuest USA Insurance Company, Inc.		
	MCNA Insurance Company		

**Attachment B1**  
**Enrollment Summary SFY20**  
**Annual Report**

Program	SDA	MCO	Q1 2020	Market Share	Q2 2020	Market Share	% Change Between Quarter 1 & 2	Q3 2020	Market Share	Q4 2020	Market Share	% Change Between Quarter 3 & 4
Dental	Statewide	DentaQuest	1,791,915	58%	1,767,426	58%	-1.37%	1,907,446	58%	2,021,366	58%	5.97%
		MCNA	1,277,913	42%	1,267,032	42%	-0.85%	1,376,366	42%	1,447,110	42%	5.14%
Dental Total			3,069,828	100%	3,034,458	100.00%	-1.15%	3,283,812	100%	3,468,476	100.00%	5.62%
STAR	Bexar	Aetna	20,203	1%	19,921	1%	-1.40%	21,751	1%	23,780	1%	9.33%
		Amerigroup	8,841	0%	8,974	0%	1.50%	9,934	0%	11,153	0%	12.27%
		Community First	103,037	4%	102,161	4%	-0.85%	109,996	4%	119,189	4%	8.36%
		Superior	114,939	4%	115,312	4%	0.32%	126,605	4%	137,175	4%	8.35%
	Dallas	Amerigroup	192,616	7%	190,786	7%	-0.95%	209,774	7%	229,233	7%	9.28%
		Molina	26,836	1%	26,630	1%	-0.77%	29,169	1%	31,948	1%	9.53%
		Parkland	144,869	5%	143,565	5%	-0.90%	156,599	5%	170,145	5%	8.65%
	El Paso	El Paso First	62,018	2%	61,377	2%	-1.03%	65,942	2%	71,169	2%	7.93%
		Molina	3,390	0%	3,343	0%	-1.39%	3,584	0%	3,860	0%	7.70%
		Superior	46,245	2%	45,875	2%	-0.80%	49,254	2%	52,597	2%	6.79%
	Harris	Amerigroup	82,631	3%	80,322	3%	-2.79%	85,979	3%	91,813	3%	6.79%
		CHC	214,373	8%	214,654	8%	0.13%	235,715	8%	258,792	8%	9.79%
		Molina	10,541	0%	10,372	0%	-1.60%	11,277	0%	12,242	0%	8.56%
		Texas Children's	301,506	11%	300,875	11%	-0.21%	327,949	11%	358,729	11%	9.39%
		United	60,077	2%	60,810	2%	1.22%	68,077	2%	78,812	2%	15.77%
	Hidalgo	Driscoll Children's	90,509	3%	91,419	3%	1.01%	99,445	3%	107,943	3%	8.55%
		Molina	42,968	2%	42,266	2%	-1.63%	44,900	1%	47,756	1%	6.36%
		Superior	135,290	5%	135,470	5%	0.13%	145,616	5%	155,949	5%	7.10%
		United	55,390	2%	54,681	2%	-1.28%	57,848	2%	61,335	2%	6.03%
	Jefferson	Amerigroup	6,884	0%	6,834	0%	-0.73%	7,440	0%	8,033	0%	7.97%
		CHC	20,985	1%	20,869	1%	-0.55%	22,722	1%	24,422	1%	7.48%
		Molina	4,030	0%	3,997	0%	-0.82%	4,263	0%	4,529	0%	6.24%
		Texas Children's	28,486	1%	28,844	1%	1.26%	31,841	1%	35,186	1%	10.51%
		United	16,521	1%	16,484	1%	-0.22%	18,024	1%	19,890	1%	10.35%
	Lubbock	Amerigroup	8,650	0%	8,849	0%	2.30%	9,587	0%	10,588	0%	10.44%
		FirstCare	33,024	1%	32,469	1%	-1.68%	34,927	1%	37,271	1%	6.71%
		Superior	29,924	1%	30,487	1%	1.88%	33,732	1%	37,095	1%	9.97%
	MRSA Central	Amerigroup	18,367	1%	18,169	1%	-1.08%	19,760	1%	21,522	1%	8.92%
		Scott & White	41,895	2%	41,137	1%	-1.81%	44,322	1%	47,648	1%	7.50%
		Superior	73,344	3%	74,019	3%	0.92%	80,968	3%	87,718	3%	8.34%
	MRSA Northeast	Amerigroup	56,571	2%	57,389	2%	1.45%	63,070	2%	69,637	2%	10.41%
		Superior	104,620	4%	103,273	4%	-1.29%	112,222	4%	120,774	4%	7.62%
	MRSA West	Amerigroup	29,450	1%	29,362	1%	-0.30%	32,496	1%	37,148	1%	14.32%
		FirstCare	38,248	1%	37,579	1%	-1.75%	40,714	1%	43,749	1%	7.45%
		Superior	75,402	3%	76,115	3%	0.95%	84,126	3%	93,434	3%	11.06%
	Nueces	Driscoll Children's	61,797	2%	62,101	2%	0.49%	67,213	2%	72,905	2%	8.47%
		Superior	19,139	1%	19,227	1%	0.46%	20,789	1%	22,313	1%	7.33%
		United	2,871	0%	2,786	0%	-2.96%	3,051	0%	3,391	0%	11.14%
	Tarrant	Aetna	47,279	2%	47,004	2%	-0.58%	51,875	2%	57,180	2%	10.23%
		Amerigroup	104,433	4%	104,377	4%	-0.05%	115,506	4%	127,768	4%	10.62%
		Cook Children's	98,820	4%	97,975	4%	-0.86%	107,666	4%	118,388	4%	9.96%
	Travis	BCBS	29,966	1%	30,365	1%	1.33%	33,943	1%	38,299	1%	12.83%
		DELL	22,853	1%	22,895	1%	0.18%	25,418	1%	28,407	1%	11.76%
		Superior	85,505	3%	84,794	3%	-0.83%	91,727	3%	99,230	3%	8.18%
STAR Total			2,775,343	80%	2,766,213	80%	-0.33%	3,016,816	81%	3,290,145	44%	9.06%
STAR Kids	Bexar	Community First	7,323	5%	7,312	5%	-0.15%	7,528	5%	7,671	5%	1.90%
		Superior	6,111	4%	6,222	4%	1.82%	6,519	4%	6,765	4%	3.77%
	Dallas	Amerigroup	12,454	8%	12,676	8%	1.78%	13,282	8%	13,936	8%	4.92%
		Children's Medical Center	8,097	5%	8,057	5%	-0.49%	8,105	5%	8,040	5%	-0.80%
	El Paso	Amerigroup	1,339	1%	1,329	1%	-0.75%	1,364	1%	1,395	1%	2.27%
		Superior	3,444	2%	3,449	2%	0.15%	3,527	2%	3,562	2%	0.99%
	Harris	Amerigroup	7,031	5%	6,954	4%	-1.10%	7,071	4%	7,216	4%	2.05%
		Texas Children's	19,690	13%	19,997	13%	1.56%	20,634	13%	21,179	13%	2.64%
		United	9,422	6%	9,431	6%	0.10%	9,707	6%	9,951	6%	2.51%
	Hidalgo	Driscoll Children's	6,052	4%	6,087	4%	0.58%	6,251	4%	6,385	4%	2.14%
		Superior	8,081	5%	8,252	5%	2.12%	8,572	5%	8,822	5%	2.92%
		United	6,891	4%	6,834	4%	-0.83%	6,845	4%	6,959	4%	1.67%
	Jefferson	Texas Children's	2,460	2%	2,447	2%	-0.53%	2,545	2%	2,614	2%	2.71%
		United	2,275	1%	2,277	1%	0.09%	2,345	1%	2,378	1%	1.41%
	Lubbock	Amerigroup	1,557	1%	1,531	1%	-1.67%	1,516	1%	1,541	1%	1.65%
		Superior	1,600	1%	1,630	1%	1.88%	1,734	1%	1,857	1%	7.09%
	MRSA Central	BCBS	3,996	3%	4,131	3%	3.38%	4,270	3%	4,462	3%	4.50%
		United	4,578	3%	4,639	3%	1.33%	4,698	3%	4,795	3%	2.06%
	MRSA Northeast	Texas Children's	4,588	3%	4,720	3%	2.88%	4,969	3%	5,156	3%	3.76%

**Attachment B1**  
**Enrollment Summary SFY20**  
**Annual Report**

Program	SDA	MCO	Q1 2020	Market Share	Q2 2020	Market Share	% Change Between Quarter 1 & 2	Q3 2020	Market Share	Q4 2020	Market Share	% Change Between Quarter 3 & 4	
	MRSA Northeast	United	5,688	4%	5,586	4%	-1.79%	5,648	4%	5,717	3%	1.22%	
		MRSA West	Amerigroup	3,149	2%	3,109	2%	-1.27%	3,152	2%	3,181	2%	0.92%
			Superior	3,493	2%	3,543	2%	1.43%	3,610	2%	3,708	2%	2.71%
	Nueces	Driscoll Children's	3,797	2%	3,877	2%	2.11%	3,940	2%	4,020	2%	2.03%	
		Superior	1,266	1%	1,268	1%	0.16%	1,322	1%	1,328	1%	0.45%	
	Tarrant	Aetna	4,403	3%	4,418	3%	0.34%	4,637	3%	4,897	3%	5.61%	
		Cook Children's	9,095	6%	9,167	6%	0.79%	9,563	6%	9,859	6%	3.10%	
	Travis	BCBS	3,620	2%	3,623	2%	0.08%	3,763	2%	3,876	2%	3.00%	
Superior		3,285	2%	3,316	2%	0.94%	3,451	2%	3,583	2%	3.82%		
STAR Kids Total			154,785	4%	155,882	5%	0.71%	160,568	4%	164,853	2%	2.67%	
STAR+PLUS	Bexar	Amerigroup	9,537	2%	9,443	2%	-0.99%	9,721	2%	9,939	2%	2.24%	
		Molina	7,669	1%	7,566	1%	-1.34%	7,756	1%	7,856	1%	1.29%	
		Superior	28,081	5%	28,036	5%	-0.16%	28,676	5%	29,181	5%	1.76%	
	Dallas	Molina	35,388	7%	35,136	7%	-0.71%	35,896	7%	36,345	7%	1.25%	
		Superior	25,911	5%	26,036	5%	0.48%	26,890	5%	27,269	5%	1.41%	
	El Paso	Amerigroup	11,394	2%	11,359	2%	-0.31%	11,538	2%	11,542	2%	0.03%	
		Molina	9,756	2%	9,828	2%	0.74%	10,090	2%	10,222	2%	1.31%	
	Harris	Amerigroup	38,296	7%	37,852	7%	-1.16%	38,596	7%	38,995	7%	1.03%	
		Molina	11,678	2%	11,581	2%	-0.83%	11,816	2%	11,972	2%	1.32%	
		United	54,468	10%	54,875	10%	0.75%	56,545	11%	57,291	11%	1.32%	
	Hidalgo	Cigna-HealthSpring	16,688	3%	16,474	3%	-1.28%	16,334	3%	16,319	3%	-0.09%	
		Molina	14,516	3%	14,440	3%	-0.52%	14,625	3%	14,592	3%	-0.23%	
		Superior	31,717	6%	31,803	6%	0.27%	32,547	6%	32,616	6%	0.21%	
	Jefferson	Amerigroup	6,029	1%	5,980	1%	-0.81%	6,018	1%	6,037	1%	0.32%	
		Molina	5,897	1%	5,858	1%	-0.66%	5,896	1%	5,833	1%	-1.07%	
		United	6,866	1%	7,053	1%	2.72%	7,314	1%	7,438	1%	1.70%	
	Lubbock	Amerigroup	6,219	1%	6,223	1%	0.06%	6,352	1%	6,397	1%	0.71%	
		Superior	6,861	1%	6,873	1%	0.17%	7,073	1%	7,092	1%	0.27%	
	MRSA Central	Superior	15,370	3%	15,521	3%	0.98%	15,865	3%	16,020	3%	0.98%	
		United	14,240	3%	14,257	3%	0.12%	14,656	3%	14,830	3%	1.19%	
	MRSA Northeast	Cigna-HealthSpring	20,707	4%	20,588	4%	-0.57%	20,716	4%	20,721	4%	0.02%	
		United	24,113	5%	24,463	5%	1.45%	25,171	5%	25,456	5%	1.13%	
	MRSA West	Amerigroup	16,207	3%	16,137	3%	-0.43%	16,226	3%	16,291	3%	0.40%	
		Superior	19,518	4%	19,719	4%	1.03%	20,262	4%	20,424	4%	0.80%	
	Nueces	Superior	10,456	2%	10,431	2%	-0.24%	10,609	2%	10,623	2%	0.13%	
		United	9,957	2%	10,040	2%	0.83%	10,202	2%	10,308	2%	1.04%	
	Tarrant	Amerigroup	29,419	6%	29,186	6%	-0.79%	30,217	6%	30,735	6%	1.71%	
		Cigna-HealthSpring	10,890	2%	11,305	2%	3.81%	11,555	2%	11,622	2%	0.58%	
	Travis	Amerigroup	10,956	2%	10,956	2%	0.00%	11,171	2%	11,134	2%	-0.33%	
		United	14,110	3%	14,356	3%	1.74%	14,833	3%	15,121	3%	1.94%	
STAR PLUS Total			522,914	15%	523,375	15%	0.09%	535,166	14%	540,221	7%	0.94%	
STAR, STAR Kids, and STAR+PLUS Total			3,453,042	100%	3,445,470	100%	-0.22%	3,712,550	100%	7,463,695	100%	101.04%	

## **Attachment C1**

### **Provider Network Count Methodology - FY20**

#### **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 with open panel 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 may include duplications.

Dental provider counts are broken down by main dentists and dental specialists. For DMOs, the PCP column shows the number of main dentists (general or pediatric) with open panel. The specialist column includes endodontists, oral surgeon, orthodontists, pediatric dental, periodontist, and prosthodontists.

Pharmacy counts include the following pharmacy providers: pharmacy, 24 Hour Pharmacy, and Mail Order Pharmacy.

#### **PROVIDER TERMINATIONS**

PCP and Specialists terminations counts are based on self-reported data from the MCOs. 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, and provider retired and provider closed practice.



## Attachment C1

### Provider Network Count Methodology - FY20

#### APPENDIX A: PRIMARY CARE PROVIDER TYPES

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

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

## **Attachment C1**

### **Provider Network Count Methodology - FY20**

#### **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

## **Attachment C1**

### **Provider Network Count Methodology - FY20**

- 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
- Proctology
- Psychiatric Hospital
- Psychiatric Hospital Medicare Crossovers Only
- Psychiatry
- Psychiatry (D.O.)

## **Attachment C1**

### **Provider Network Count Methodology - FY20**

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

**Attachment C2**  
**Provider Network Counts SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program	Primary Care Provider	Specialist	Dentist	Pharmacist	Unique NPI Total
<b>Quarter 1</b>					
Dental (statewide)	17	13	6,184		6,196
STAR	18,928	69,133	3,409	5,257	82,571
STAR+PLUS	14,267	53,534	3,590	4,307	66,292
STAR Kids	16,664	56,636	112	5,128	68,012
<b>Total</b>	<b>49,876</b>	<b>179,316</b>	<b>13,295</b>	<b>14,692</b>	<b>223,071</b>
<b>Quarter 2</b>					
Dental (statewide)		13	6,023		6,027
STAR	16,685	65,794	3,387	4,957	79,003
STAR+PLUS	14,738	61,603	3,740	4,876	74,069
STAR Kids	14,685	55,980	112	5,160	66,383
<b>Total</b>	<b>19,676</b>	<b>73,007</b>	<b>6,348</b>	<b>5,200</b>	<b>87,837</b>

<b>Quarter 3</b>					
Dental (statewide)	3	13	6,045		6,048
STAR	17,266	67,384	3,439	4,968	80,784
STAR+PLUS	15,431	63,712	3,785	4,893	76,248
STAR Kids	16,555	57,721	118	5,193	68,305
<b>Total</b>	<b>21,409</b>	<b>75,068</b>	<b>6,389</b>	<b>5,227</b>	<b>90,034</b>
<b>Quarter 4</b>					
Dental (statewide)	3	124	6,179		6,200
STAR	17,386	70,469	3,506	5,054	83,900
STAR+PLUS	15,958	66,327	3,806	4,893	78,638
STAR Kids	16,892	58,387	118	5,285	69,156
<b>Total</b>	<b>21,682</b>	<b>78,174</b>	<b>6,527</b>	<b>5,326</b>	<b>93,131</b>

<b>% Change from Q3 to Q4</b>					
Program	PCP	Specialist	Dentist	Pharmacist	Unique NPI Total
Dental (statewide)	0.0%	853.8%	2.2%		2.5%
STAR	0.7%	4.6%	1.9%	1.7%	3.9%
STAR+PLUS	3.4%	4.1%	0.6%	0.0%	3.1%
STAR Kids	2.0%	1.2%	0.0%	1.8%	1.2%

**Attachment C3**  
**Primary Care Physicians Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

Program/MCO/SDA	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Medicaid Dental</b>				
DentaQuest	422	992	557	621
MCNA	43	28	78	141
<b>Medicaid Dental</b>	<b>465</b>	<b>1,020</b>	<b>635</b>	<b>762</b>
<b>STAR</b>				
<b>Aetna</b>				
Bexar	7	0	11	4
Tarrant	10	0	32	19
Subtotal	17	0	840	23
<b>Amerigroup</b>				
Bexar	18	4	1	7
Dallas	13	30	10	14
Harris	36	23	34	25
Jefferson	1	2	1	8
Lubbock	2	7	3	0
MRSA Central	5	14	10	6
MRSA Northeast	18	23	12	14
MRSA West	13	17	10	19
Tarrant	11	18	9	7
Subtotal	117	138	90	100
<b>BCBS</b>				
MRSA Central	20			
Travis	20	22	9	21
Subtotal	40	22	9	21
<b>CHC</b>				
Harris	100	85	48	146
Jefferson	9	7	4	7
Subtotal	109	92	52	153
<b>Community First</b>				
Bexar	8	6	17	39
Subtotal	8	6	17	39
<b>Cook Children's</b>				
Tarrant	36	18	12	22
Subtotal	36	18	12	22
<b>DELL</b>				
Travis	14	12	30	24
Subtotal	14	12	30	24
<b>Driscoll Children's</b>				
Hidalgo	11	14	1	3

**Attachment C3**  
**Primary Care Physicians Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

<b>Program/MCO/SDA</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Nueces	3	2	3	6
Subtotal	14	16	4	9
<b>El Paso First</b>				
El Paso	21	72	5	19
Subtotal	21	72	5	19
<b>FirstCare</b>				
Lubbock	4	2	1	10
MRSA West	0	6	5	34
Subtotal	4	8	6	44
<b>Molina</b>				
Dallas	3	23	19	45
El Paso	0	17	17	25
Harris	3	25	28	38
Hidalgo	2	25	17	23
Jefferson	1	26	28	42
Subtotal	9	116	109	173
<b>Parkland</b>				
Dallas	56	0	7	5
Subtotal	56	0	7	5
<b>Scott &amp; White</b>				
MRSA Central	95	19	7	19
Subtotal	95	19	7	19
<b>Superior</b>				
Bexar	86	97	51	11
El Paso	9	29	31	7
Hidalgo	40	111	50	11
Lubbock	43	45	28	6
MRSA Central	40	54	49	6
MRSA Northeast	42	123	38	17
MRSA West	36	61	63	8
Nueces	19	45	16	2
Travis	69	79	40	14
Subtotal	384	644		82
<b>Texas Children's</b>				
Harris	21	1	0	0
Jefferson	0	1	0	
Subtotal	21	2	0	
<b>United</b>				
Harris	57	8	71	25

**Attachment C3**  
**Primary Care Physicians Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

Program/MCO/SDA	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Hidalgo	1	4	5	5
Jefferson	59	9	6	23
Nueces	2	0	1	0
Subtotal	119	21	83	53
<b>STAR</b>	<b>1,036</b>	<b>1,186</b>	<b>840</b>	<b>786</b>
<b>STAR Kids</b>				
<b>Aetna</b>				
Tarrant	11	0	45	19
Subtotal	11	0	45	19
<b>Amerigroup</b>				
Dallas	12	30	10	14
El Paso	0	1	1	2
Harris	35	23	34	29
Lubbock	2	7	3	0
MRSA West	10	16	8	17
Subtotal	59	77	56	62
<b>BCBS</b>				
MRSA Central	20	56	35	57
Travis	20	56	35	57
Subtotal	40	112	70	114
<b>Children's Medical Center</b>				
Dallas	16	0	0	2
Subtotal	16	0	0	2
<b>Community First</b>				
Bexar	7	6	14	11
Subtotal	7	6	14	11
<b>Cook Children's</b>				
Tarrant	32	17	9	28
Subtotal	32	17	9	28
<b>Driscoll Children's</b>				
Hidalgo	11	14	1	3
Nueces	3	2	3	6
Subtotal	14	16	4	9
<b>Superior</b>				
Bexar	44	27	18	9
El Paso	2	10	8	5
Hidalgo	19	19	22	8
Lubbock	17	18	17	6
MRSA West	23	27	8	10



**Attachment C3**  
**Primary Care Physicians Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

<b>Program/MCO/SDA</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Nueces	14	8	2	2
Travis	18	25	20	11
Subtotal	137	134	95	51
<b>Texas Children's</b>				
Harris	20	1	0	0
Jefferson	0	1	0	
MRSA Northeast	5	0	0	0
Subtotal	25	2	0	0
<b>United</b>				
Harris	112	45	83	24
Hidalgo	3	6	5	4
Jefferson	117	45	6	21
MRSA Central	10	13	5	4
MRSA Northeast	27	19	5	13
Subtotal	269	128	104	66
<b>STAR Kids</b>	<b>610</b>	<b>492</b>	<b>397</b>	<b>362</b>
<b>STAR+PLUS</b>				
<b>Amerigroup</b>				
Bexar	18	4	1	7
El Paso	0	1	1	2
Harris	36	23	34	24
Jefferson	1	3	1	7
Lubbock	2	7	3	0
MRSA West	13	17	9	18
Tarrant	11	19	9	6
Travis	3	7	10	6
Subtotal	84	81	68	70
<b>Cigna-HealthSpring</b>				
Hidalgo	28	31	7	9
MRSA Northeast	46	24	21	14
Tarrant	24	40	15	13
Subtotal	98	95	43	36
<b>Molina</b>				
Bexar	2	20	25	37
Dallas	3	0	20	3
El Paso	0	18	20	29
Harris	3	30	30	43
Hidalgo	2	26	17	27
Jefferson	1	31	30	45

**Attachment C3**  
**Primary Care Physicians Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

<b>Program/MCO/SDA</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Subtotal	11	125	142	184
<b>Superior</b>				
Bexar	94	100	64	92
Dallas	102	248	137	130
Hidalgo	46	106	52	76
Lubbock	45	51	31	18
MRSA Central	24	27	28	6
MRSA West	21	21	13	9
Nueces	26	48	12	21
Subtotal	358	601	337	352
<b>United</b>				
Harris	82	6	57	21
Jefferson	86	8	5	18
MRSA Central	9	4	5	3
MRSA Northeast	25	8	5	16
Nueces	3	0	1	0
Travis	6	3	15	5
Subtotal	211	29	88	63
<b>STAR+PLUS</b>	<b>762</b>	<b>931</b>	<b>678</b>	<b>705</b>
<b>Grand Total</b>	<b>2,873</b>	<b>3,629</b>	<b>2,550</b>	<b>2,615</b>

**Attachment C3**  
**Specialist Terminated SFY20**  
**Annual Report**  
**Blanks = No Data Available**

Program/MCO/SDA	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Medicaid Dental</b>				
DentaQuest	30	59	18	40
MCNA	0	4	6	15
<b>Medicaid Dental</b>	<b>30</b>	<b>63</b>	<b>24</b>	<b>55</b>
<b>STAR</b>				
<b>Aetna</b>				
Bexar	143	85	96	109
Tarrant	137	107	139	203
Subtotal	280	192	235	312
<b>Amerigroup</b>				
Bexar	137	78	52	110
Dallas	83	62	51	92
Harris	192	153	103	120
Jefferson	11	12	12	15
Lubbock	25	35	15	7
MRSA Central	49	61	23	44
MRSA Northeast	143	109	43	76
MRSA West	72	74	42	43
Tarrant	47	77	70	55
Subtotal	759	661	411	562
<b>BCBS</b>				
Travis	236	183	110	118
Subtotal	236	183	110	118
<b>CHC</b>				
Harris	131	37	52	80
Jefferson	6	10	0	60
Subtotal	137	47	52	86
<b>Community First</b>				
Bexar	133	67	87	95
Subtotal	133	67	87	95
<b>Cook Children's</b>				
Tarrant	54	87	66	48
Subtotal	54	87	66	48
<b>DELL</b>				
Travis	66	40	89	19
Subtotal	66	40	89	19
<b>Driscoll Children's</b>				
Hidalgo	54	99	39	34
Nueces	52	53	14	21

**Attachment C3**  
**Specialist Terminated SFY20**  
**Annual Report**  
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<b>Program/MCO/SDA</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Subtotal	106	152	53	55
<b>El Paso First</b>				
El Paso	90	374	15	50
Subtotal	90	374	15	50
<b>FirstCare</b>				
Lubbock	27	18	21	353
MRSA West	48	93	70	546
Subtotal	75	111	91	899
<b>Molina</b>				
Dallas	39	4	5	10
El Paso	17	6	1	5
Harris	40	3	6	7
Hidalgo	20	5	6	12
Jefferson	37	3	7	7
Subtotal	153	21	25	41
<b>Parkland</b>				
Dallas	358	84	94	89
Subtotal	358	84	94	89
<b>Scott &amp; White</b>				
MRSA Central	335	121	39	75
Subtotal	335	121	39	75
<b>Superior</b>				
Bexar	145	113	146	94
El Paso	39	34	39	13
Hidalgo	54	53	62	32
Lubbock	56	47	43	10
MRSA Central	110	130	89	28
MRSA Northeast	92	222	80	57
MRSA West	60	69	82	21
Nueces	25	32	21	10
Travis	181	142	163	53
Subtotal	762	842	725	318
<b>Texas Children's</b>				
Harris	81	38	35	26
Jefferson	2	1	3	
Subtotal	83	39	38	26
<b>United</b>				
Harris	38	102	117	151
Hidalgo	1	28	19	7

**Attachment C3**  
**Specialist Terminated SFY20**  
**Annual Report**  
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Program/MCO/SDA	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Jefferson	25	96	2	128
Nueces	0	5	4	9
Subtotal	64	231	142	295
<b>STAR</b>	3,691	3,252	2,272	3,088
<b>STAR Kids</b>				
<b>Aetna</b>				
Tarrant	101	93	183	210
Subtotal	101	93	183	210
<b>Amerigroup</b>				
Dallas	88	59	53	92
El Paso	13	8	12	12
Harris	192	152	102	122
Lubbock	27	37	14	8
MRSA West	63	67	43	48
Subtotal	383	323	224	282
<b>BCBS</b>				
MRSA Central	248	218	124	188
Travis	277	228	138	191
Subtotal	525	446	262	379
<b>Children's Medical Center</b>				
Dallas	46	56	78	81
Subtotal	46	56	78	81
<b>Community First</b>				
Bexar	126	65	65	93
Subtotal	126	65	65	93
<b>Cook Children's</b>				
Tarrant	50	73	59	42
Subtotal	50	73	59	42
<b>Driscoll Children's</b>				
Hidalgo	54	99	39	37
Nueces	52	53	14	24
Subtotal	106	152	53	61
<b>Superior</b>				
Bexar	124	106	138	98
El Paso	28	33	37	15
Hidalgo	50	52	63	33
Lubbock	49	47	36	12
MRSA West	57	62	82	17
Nueces	28	27	19	9

**Attachment C3**  
**Specialist Terminated SFY20**  
**Annual Report**  
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<b>Program/MCO/SDA</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Travis	142	115	141	50
Subtotal	478	442	516	234
<b>Texas Children's</b>				
Harris	83	38	34	26
Jefferson	2	1	3	
MRSA Northeast	22	8	2	5
Subtotal	107	47	39	31
<b>United</b>				
Harris	57	60	125	163
Hidalgo	10	22	18	8
Jefferson	41	53	2	128
MRSA Central	11	24	13	22
MRSA Northeast	11	11	17	27
Subtotal	130	170	175	348
<b>STAR Kids</b>	2,052	1,867	1,654	1,761
<b>STAR+PLUS</b>				
<b>Amerigroup</b>				
Bexar	141	82	53	112
El Paso	13	9	12	13
Harris	195	157	102	127
Jefferson	11	12	14	16
Lubbock	26	36	15	9
MRSA West	73	76	40	47
Tarrant	48	80	70	58
Travis	55	49	29	26
Subtotal	562	501	335	408
<b>Cigna-HealthSpring</b>				
Hidalgo	103	454	105	70
MRSA Northeast	214	433	117	114
Tarrant	160	442	102	98
Subtotal	477	1,329	324	282
<b>Molina</b>				
Bexar	48	14	7	7
Dallas	46	38	12	9
El Paso	40	17	5	5
Harris	64	15	13	10
Hidalgo	43	17	14	16
Jefferson	62	15	13	9
Subtotal	303	116	64	56

**Attachment C3**  
**Specialist Terminated SFY20**  
**Annual Report**  
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Program/MCO/SDA	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Superior</b>				
Bexar	154	127	146	98
Dallas	235	266	209	70
Hidalgo	63	55	69	39
Lubbock	60	48	43	10
MRSA Central	115	132	93	27
MRSA West	70	78	84	23
Nueces	31	33	22	10
Subtotal	728	739	666	277
<b>United</b>				
Harris	44	100	94	158
Jefferson	22	94	2	123
MRSA Central	11	37	14	20
MRSA Northeast	17	26	18	28
Nueces	6	5	5	10
Travis	9	30	22	63
Subtotal	109	292	155	402
<b>STAR+PLUS</b>	2,179	2,977	1,544	1,425
<b>Grand Total</b>	<b>7,952</b>	<b>8,159</b>	<b>5,494</b>	<b>6,329</b>

Attachment D  
Out of Network Utilization SFY20  
Annual Report  
(Blanks = No Data Available)

Program	MCO	SDA	OON ER <20% Standard				OON Inpatient <15% Standard				OON Other Outpatient <20% Standard			
			2020 Q1	2020 Q2	2020 Q3	2020 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4
STAR	Aetna	Bexar	28.15%	4.50%	29.53%	4.11%	12.73%	12.72%	7.72%	5.19%	17.48%	17.08%	20.54%	16.85%
		Tarrant	9.35%	9.61%	9.39%	8.32%	7.58%	6.38%	6.65%	6.67%	21.09%	20.32%	20.02%	18.28%
	Amerigroup	Bexar	0.79%	0.99%	2.45%	1.32%	1.33%	2.76%	3.97%	3.94%	9.30%	8.48%	5.85%	8.07%
		Dallas	14.56%	10.89%	13.95%	7.08%	8.65%	5.70%	6.84%	5.12%	5.72%	5.37%	5.98%	6.83%
		Harris	16.71%	18.35%	18.67%	19.66%	3.92%	6.47%	4.58%	6.33%	10.03%	8.87%	14.34%	8.52%
		Jefferson	8.82%	8.30%	11.60%	12.59%	2.78%	5.10%	3.17%	5.97%	13.01%	9.95%	8.91%	10.54%
		Lubbock	1.36%	1.38%	1.25%	1.91%	1.19%	4.33%	0.00%	1.60%	5.39%	6.95%	6.92%	5.61%
		MRSA Central	19.51%	20.31%	21.55%	23.73%	16.76%	10.61%	10.05%	12.06%	13.12%	9.35%	13.89%	16.69%
		MRSA Northeast	4.10%	2.46%	4.16%	4.39%	2.74%	3.15%	2.17%	3.57%	8.90%	8.20%	8.55%	7.48%
		MRSA West	4.01%	4.13%	4.78%	2.33%	1.78%	2.18%	2.24%	2.46%	9.97%	8.51%	9.85%	8.67%
		Tarrant	8.30%	7.53%	7.59%	6.99%	3.53%	2.12%	3.07%	3.75%	6.79%	6.33%	6.07%	5.54%
	BCBS	Travis	5.71%	6.07%	10.57%	4.91%	1.41%	2.10%	3.19%	1.56%	13.15%	17.15%	16.51%	13.82%
	CHC	Harris	5.05%	7.25%	6.90%	4.73%	0.40%	0.47%	0.49%	0.46%	3.76%	3.88%	4.02%	3.94%
		Jefferson	3.59%	5.58%	4.19%	7.52%	0.00%	1.24%	0.22%	1.46%	3.19%	6.47%	4.20%	3.74%
	Community First	Bexar	1.53%	1.18%	4.73%	9.49%	1.10%	1.55%	2.00%	2.70%	6.63%	23.15%	16.87%	12.64%
	Cook Children's	Tarrant	7.42%	11.51%	11.23%	10.48%	2.04%	3.13%	4.29%	3.51%	9.45%	5.60%	4.26%	4.20%
	Dell Children's Health Plan	Travis	40.13%	41.03%	42.00%	41.42%	20.00%	18.02%	24.69%	21.14%	9.55%	15.80%	12.16%	7.98%
	Driscoll Children's	Hidalgo	2.26%	1.88%	2.01%	1.88%	1.36%	1.00%	1.85%	0.95%	7.69%	6.79%	6.97%	7.02%
		Nueces	2.07%	2.13%	2.54%	1.72%	1.12%	0.95%	1.35%	1.56%	6.29%	5.52%	7.73%	9.91%
	El Paso Health	El Paso	0.69%	0.63%	0.55%	0.69%	0.63%	0.28%	0.51%	0.82%	17.07%	2.32%	2.58%	3.27%
	FirstCare	Lubbock	1.78%	1.37%	3.07%	3.84%	0.97%	1.16%	1.06%	0.63%	6.51%	7.71%	6.42%	6.62%
		MRSA West	3.23%	3.65%	3.62%	3.88%	5.72%	6.06%	4.27%	4.72%	13.21%	17.03%	17.26%	14.35%
	Molina	Dallas	17.43%	18.91%	18.90%	20.94%	16.71%	17.62%	15.46%	16.16%	11.26%	12.79%	10.13%	9.64%
		El Paso	0.78%	0.78%	0.34%	0.00%	4.55%	2.38%	1.92%	10.61%	10.82%	9.95%	10.70%	8.01%
		Harris	37.20%	36.18%	38.66%	34.02%	16.36%	21.54%	20.10%	20.47%	17.02%	16.62%	13.31%	13.66%
		Hidalgo	10.51%	11.42%	13.26%	11.15%	12.77%	12.63%	11.69%	10.76%	11.93%	16.55%	11.55%	9.91%
		Jefferson	9.42%	7.89%	9.07%	10.45%	7.08%	7.78%	7.35%	3.45%	23.43%	19.95%	16.46%	15.28%
	Parkland	Dallas		6.55%	6.31%	6.06%		1.04%	0.51%	1.89%		14.17%	13.03%	13.34%
	Scott & White	MRSA Central	0.88%	3.75%	6.93%	16.97%	0.70%	2.46%	5.00%	4.68%	3.15%	10.40%	19.70%	7.22%
	Superior	Bexar		0.31%	0.34%	0.35%		0.35%	0.48%	0.41%		3.61%	3.52%	3.31%
		El Paso		10.81%	0.68%	15.73%		2.56%	3.77%	1.07%		2.90%	3.75%	3.46%
		Hidalgo		0.46%	2.62%	2.78%		0.28%	0.24%	0.57%		2.42%	3.47%	3.98%
		Lubbock		0.64%	0.71%	0.70%		0.25%	0.17%	0.49%		3.80%	3.30%	3.47%
		MRSA Central		0.83%	5.55%	1.08%		1.61%	3.33%	1.38%		4.61%	4.84%	3.94%
		MRSA Northeast		4.90%	2.63%	2.28%		2.76%	1.76%	3.33%		5.17%	4.81%	6.62%
		MRSA West		2.11%	2.98%	0.95%		1.00%	0.91%	0.50%		9.74%	7.27%	11.79%
		Nueces		0.41%	0.50%	0.32%		0.34%	0.36%	1.28%		4.30%	2.95%	4.46%
	Texas Children's	Travis		0.33%	2.57%	0.62%		0.13%	0.36%	0.22%		2.31%	2.63%	2.39%
		Harris	25.02%	26.37%	26.08%	23.64%	8.87%	7.86%	6.40%	7.62%	2.14%	2.86%	3.63%	3.06%
	United	Jefferson	5.34%	3.98%	3.71%	6.49%	1.52%	1.75%	1.95%	2.38%	3.88%	4.13%	5.60%	5.45%
		Harris		13.18%	21.16%	15.17%		2.33%	2.64%	2.16%		13.77%	8.87%	11.03%
		Hidalgo		0.80%	2.67%	2.51%		1.34%	1.21%	1.18%		14.18%	9.04%	9.99%
		Jefferson		4.78%	5.98%	4.67%		1.71%	1.98%	1.61%		18.30%	10.91%	17.62%
STAR+ PLUS	Amerigroup	Nueces		18.94%	14.29%	15.34%		11.70%	1.52%	3.01%		43.16%	15.52%	31.61%
		Bexar	1.01%	12.84%	9.21%	8.56%	5.36%	5.26%	5.00%	3.23%	8.29%	9.18%	16.19%	16.37%
		El Paso	0.87%	12.73%	12.50%	7.95%	1.56%	9.92%	12.57%	16.71%	3.01%	5.44%	3.77%	4.72%
		Harris	8.95%	0.33%	1.34%	1.77%	5.85%	16.88%	3.13%	0.00%	7.57%	3.58%	3.62%	4.57%
		Jefferson	4.02%	19.40%	17.56%	20.04%	6.50%	9.90%	5.36%	8.78%	16.20%	7.11%	5.20%	3.28%
		Lubbock	2.85%	1.09%	1.39%	1.79%	2.59%	1.89%	1.89%	6.52%	6.04%	11.00%	2.57%	5.96%
		MRSA West	4.21%	4.24%	4.00%	1.86%	3.65%	1.74%	1.96%	0.00%	7.42%	6.47%	6.66%	5.38%
		Tarrant	9.68%	3.54%	1.77%	3.14%	14.34%	6.55%	12.16%	6.56%	10.72%	12.62%	12.13%	10.95%
	Cigna-HealthSpring	Travis	3.13%	2.43%	6.14%	4.12%	2.82%	5.03%	12.75%	7.89%	6.33%	16.29%	16.69%	9.73%
		Hidalgo	22.13%	30.89%	32.73%	35.74%	21.43%	11.02%	23.81%	24.03%	15.14%	8.00%	21.86%	12.53%
		MRSA Northeast	4.14%	1.25%	5.01%	13.10%	14.37%	3.91%	6.53%	4.81%	22.91%	6.27%	5.79%	4.79%
	Molina	Tarrant	15.73%	13.93%	12.71%	12.26%	16.67%	3.42%	5.03%	3.19%	25.70%	1.94%	1.28%	1.51%
		Bexar	2.33%	1.03%	4.23%	3.72%	1.87%	5.91%	10.70%	9.14%	7.39%	3.66%	5.33%	5.32%
		Dallas	26.46%	1.38%	2.64%	2.39%	32.59%	0.73%	8.51%	8.49%	9.58%	2.62%	4.94%	4.56%
		El Paso	3.06%	0.55%	0.65%	0.81%	2.74%	0.00%	0.36%	0.77%	4.43%	1.96%	2.83%	2.74%
		Harris	13.28%	6.65%	0.67%	10.09%	12.69%	5.00%	10.00%	3.74%	11.57%	1.33%	2.53%	2.44%
		Hidalgo	12.27%	0.64%	2.70%	2.84%	13.81%	0.30%	0.81%	4.37%	4.29%	2.47%	3.18%	3.45%
		Jefferson	3.15%	0.34%	0.00%	1.86%	6.12%	0.00%	1.64%	6.00%	8.81%	2.58%	1.28%	1.00%
		Bexar		2.20%	4.07%	0.26%		0.70%	2.08%	2.20%		4.07%	3.84%	3.59%
	Superior	Dallas		0.00%	1.02%	0.55%		1.96%	2.08%	2.56%		2.15%	2.95%	2.10%
		Hidalgo		4.72%	6.10%	8.93%		1.10%	0.92%	0.79%		1.21%	0.74%	1.26%
		Lubbock		21.65%	20.83%	19.57%		7.52%	5.27%	8.28%		2.07%	2.59%	2.98%
		MRSA Central		4.64%	5.72%	6.83%		4.00%	6.86%	8.79%		2.70%	2.87%	4.83%
		MRSA West		6.04%	4.46%	4.34%		11.03%	8.54%	12.82%		3.37%	3.47%	3.18%
		Nueces		13.06%	20.94%	13.53%		5.06%	3.95%	4.31%		3.63%	3.42%	4.24%
	United	Harris		7.97%	9.29%	7.47%		10.76%	8.64%	7.73%		7.19%	5.77%	4.71%
		Jefferson		5.36%	5.86%	7.46%		2.17%	5.81%	3.88%		5.76%	8.85%	7.64%
		MRSA Central		5.90%	4.99%	3.03%		5.36%	1.37%	2.38%		5.44%	3.75%	3.96%
		MRSA Northeast		5.96%	7.65%	7.07%		13.07%	16.76%	13.29%		4.93%	4.73%	3.53%
		Nueces		1.05%	0.70%	1.14%		7.05%	3.50%	2.45%		8.91%	8.44%	7.49%
STAR Kids	Aetna	Travis		0.48%	0.48%	0.63%		2.43%	0.95%	1.83%		4.81%	4.54%	4.27%
		Tarrant	11.17%	9.95%	10.27%	11.34%	8.00%	5.01%	4.52%	9.15%	8.11%	11.15%	11.09%	9.18%
	Amerigroup	Dallas	16.73%	3.81%	7.67%	9.36%	12.83%	4.48%	2.51%	8.71%	5.80%	15.38%	13.76%	13.22%
		El Paso	0.38%	1.55%	1.93%	1.99%	5.63%	3.54%	1.49%	3.91%	6.38%	4.95%	5.53%	5.40%
		Harris	20.92%	3.90%	3.89%	1.30%	6.44%	3.35%	4.38%	1.83%	9.03%	8.17%	9.82%	7.78%
		Lubbock	0.42%	8.54%	7.94%	4.71%	4.44%	8.81%	7.68%	5.23%	11.15%	11.02%	10.92%	8.83%
		MRSA West	4.26%	2.73%	2.81%	4.50%	0.77%	2.82%	2.01%	3.53%	10.38%	8.30%	7.94%	11.72%
	BCBS	MRSA Central	4.62%	24.74%	22.96%	20.27%	9.20%	18.88%	13.50%	19.89%	16.74%	17.98%	13.57%	15.23%
		Travis	3.16%	6.55%	6.21%	4.97%	4.76%	7.01%	6.94%	6.27%	19.20%	23.73%	20.59%	19.72%
	Children's Medical Center	Dallas	34.71%	16.20%	15.16%	14.45%	19.87%	13.93%	12.05%	17.20%	2.11%	23.87%	23.24%	24.49%
	Community First	Bexar	2.57%	3.81%	3.00%	4.65%	6.80%	4.52%	2.63%	3.23%	2.45%	8.07%	7.83%	7.31%
	Cook Children's	Tarrant	8.36%	26.30%	25.96%	25.35%	3.37%	24.58%	26.76%	24.67%	2.53%	10.46%	9.99%	9.09%
	Driscoll Children's	Hidalgo	2.08%	0.63%	1.14%	1.06%	4.74%	3.30%	4.17%	3.66%	6.43%	5.79%	4.06%	5.19%
		Nueces	2.42%	16.32%	11.65%	13.16%	1.92%	14.25%	11.69%	12.02%	1.87%	9.63%	9.93%	10.00%
	Superior	Bexar		14.95%	18.18%	14.99%		15.04%	20.98%	19.80%		5.14%	4.51%	4.47%
		El Paso												



**Attachment E**  
**Distance Standards SFY20**  
**(Metro, Micro, Rural)**

Provider Type		Distance in Miles		
		Metro	Miro	Rural
<b>Primary Care Provider*</b>		10	20	30
<b>Specialty Care Provider**</b>	Audiologist	30	60	75
	Behavioral Health - Outpatient	30	30	75
	Cardiovascular Disease	20	35	60
	ENT (Otolaryngology)	30	60	75
	Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)	30	30	75
	Nursing Facility	75	75	75
	OB/GYN	30	60	75
	Ophthalmologist	20	35	60
	Orthopedist	20	35	60
	Pediatric Sub-Specialists	20	35	60
	Prenatal	10	20	30
	Psychiatrist	30	45	60
	Occupational, Physical, or Speech Therapy	30	60	60
	Urologist	30	45	60
<b>Main Dentist (general or pediatric)</b>		30	30	75
<b>Dental Specialists</b>	Orthodontist	75	75	75
	Pediatric Dental	30	30	75
	Prosthodontist	75	75	75

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

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

**Attachment H1**  
**Primary Care Provider Network Access SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)
<b>STAR</b>												
Metro												
Aetna Better Health	64,107	63,254	99%	63,470	62,649	99%	62,017	60,950	98%	71,036	70,601	99%
Amerigroup	419,975	416,087	99%	419,424	416,335	99%	410,044	405,023	99%	468,093	466,140	100%
Blue Cross and Blue Shield of Texas				24,588	24,438	99%	24,284	24,105	99%	28,536	28,444	100%
Community First Health Plans	94,159	92,242	98%	93,334	91,395	98%	91,541	88,785	97%	102,198	101,370	99%
Community Health Choice	213,515	213,028	100%	215,133	214,343	100%	212,712	211,594	99%	242,951	242,550	100%
Cook Children's Health Plan	94,153	93,049	99%	93,287	92,080	99%	91,022	89,997	99%	104,823	103,907	99%
Dell Children's Health Plan	19,616	19,512	99%	19,611	19,501	99%	19,171	19,042	99%	22,247	22,112	99%
Driscoll Health Plan	112,627	112,090	100%	113,107	112,583	100%	113,511	112,503	99%	126,939	126,753	100%
El Paso First	58,805	58,775	100%	58,120	58,095	100%	57,044	57,015	100%	63,444	63,441	100%
FirstCare	37,858	37,689	100%	36,895	36,724	100%	35,904	35,190	98%	40,448	40,168	99%
Molina Healthcare of Texas	78,100	77,591	99%	77,185	76,753	99%	75,136	74,447	99%	83,897	83,550	100%
Parkland	142,860	141,370	99%	140,989	139,513	99%	138,158	135,087	98%	156,792	155,278	99%
Right Care from Scott and White Health Plans	29,597	29,054	98%	29,163	28,623	98%	28,366	27,213	96%	31,685	31,093	98%
Superior HealthPlan	468,072	460,590	98%	467,746	460,525	98%	463,291	454,429	98%	519,901	513,538	99%
Texas Children's Health Plan	303,191	302,147	100%	305,078	304,056	100%	299,547	298,532	100%	341,439	340,806	100%
UnitedHealthcare Community Plan	112,720	112,603	100%	112,837	112,729	100%	111,259	110,901	100%	127,169	127,043	100%
<b>Subtotal</b>	<b>2,249,355</b>	<b>2,229,081</b>	<b>99%</b>	<b>2,269,967</b>	<b>2,250,342</b>	<b>99%</b>	<b>2,233,007</b>	<b>2,204,813</b>	<b>99%</b>	<b>2,531,598</b>	<b>2,516,794</b>	<b>99%</b>
Micro												
Aetna Better Health	1,003	1,003	100%	991	991	100%	940	938	100%	1,086	1,086	100%
Amerigroup	26,451	26,444	100%	26,701	26,694	100%	26,595	26,581	100%	30,559	30,555	100%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,851	1,843	100%	1,807	1,800	100%	1,776	1,770	100%	1,959	1,959	100%
Community Health Choice	6,464	6,461	100%	6,504	6,497	100%	6,474	6,471	100%	7,241	7,238	100%
Cook Children's Health Plan	2,553	2,553	100%	2,502	2,502	100%	2,465	2,465	100%	2,795	2,795	100%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,761	10,750	100%	10,802	10,792	100%	10,832	10,822	100%	12,367	12,357	100%
FirstCare	2,569	2,547	99%	2,575	2,550	99%	2,495	2,472	99%	2,853	2,815	99%
Molina Healthcare of Texas	2,395	2,393	100%	2,391	2,389	100%	2,357	2,356	100%	2,599	2,598	100%
Right Care from Scott and White Health Plans	2,963	2,963	100%	2,949	2,949	100%	2,964	2,964	100%	3,396	3,396	100%
Superior HealthPlan	73,302	73,254	100%	73,535	73,489	100%	72,727	72,568	100%	82,327	82,287	100%
Texas Children's Health Plan	8,824	8,716	99%	8,995	8,967	100%	9,098	9,086	100%	10,213	10,199	100%
UnitedHealthcare Community Plan	8,874	8,853	100%	8,856	8,839	100%	8,563	8,557	100%	9,613	9,611	100%
<b>Subtotal</b>	<b>149,891</b>	<b>149,661</b>	<b>100%</b>	<b>153,642</b>	<b>153,493</b>	<b>100%</b>	<b>152,248</b>	<b>152,012</b>	<b>100%</b>	<b>172,692</b>	<b>172,580</b>	<b>100%</b>
Rural												
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	38,781	100%	39,013	38,996	100%	38,447	38,413	100%	44,056	44,049	100%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,275	100%	7,167	7,167	100%	8,101	8,101	100%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,285	14,281	100%	14,337	14,333	100%	14,399	14,395	100%	16,054	16,054	100%
El Paso First	12	11	92%	14	13	93%	14	13	93%	19	18	95%
FirstCare	24,123	23,662	98%	23,795	23,764	100%	23,387	22,982	98%	25,960	25,947	100%
Molina Healthcare of Texas	2,737	2,669	98%	2,728	2,653	97%	2,712	2,647	98%	3,006	3,004	100%
Parkland	486	483	99%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health Plans	7,521	7,521	100%	7,355	7,353	100%	7,010	6,977	100%	7,927	7,908	100%
Superior HealthPlan	90,338	90,078	100%	91,195	90,970	100%	90,807	89,845	99%	103,788	103,584	100%
Texas Children's Health Plan	8,089	8,089	100%	8,218	8,218	100%	8,261	8,261	100%	9,413	9,413	100%
UnitedHealthcare Community Plan	4,838	4,838	100%	4,905	4,905	100%	4,895	4,842	99%	5,676	5,676	100%
<b>Subtotal</b>	<b>204,261</b>	<b>203,442</b>	<b>100%</b>	<b>206,305</b>	<b>205,950</b>	<b>100%</b>	<b>204,564</b>	<b>203,007</b>	<b>99%</b>	<b>232,410</b>	<b>232,164</b>	<b>100%</b>
<b>STAR Total</b>	<b>2,603,507</b>	<b>2,582,184</b>	<b>99%</b>	<b>2,629,914</b>	<b>2,609,785</b>	<b>99%</b>	<b>2,589,819</b>	<b>2,559,832</b>	<b>99%</b>	<b>2,936,700</b>	<b>2,921,538</b>	<b>99%</b>
<b>STAR+PLUS</b>												
Metro												
Amerigroup	46,480	46,097	99%	46,287	34,784	75%	45,920	45,333	99%	46,843	46,641	100%
Cigna-HealthSpring	11,279	11,097	98%	11,291	0	0%	11,168	10,868	97%	11,330	11,135	98%
Molina Healthcare of Texas	29,612	29,270	99%	29,587	2,954	10%	29,373	28,754	98%	29,965	29,786	99%
Superior HealthPlan	45,305	44,715	99%	45,512	44,779	98%	45,360	44,366	98%	46,649	46,270	99%
UnitedHealthcare Community Plan	39,785	39,501	99%	40,340	40,100	99%	40,468	39,973	99%	41,613	41,446	100%
<b>Subtotal</b>	<b>172,461</b>	<b>170,680</b>	<b>99%</b>	<b>173,017</b>	<b>122,617</b>	<b>71%</b>	<b>172,289</b>	<b>169,294</b>	<b>98%</b>	<b>176,400</b>	<b>175,278</b>	<b>99%</b>
Micro												
Amerigroup	1,625	1,623	100%	1,619	871	54%	1,581	1,579	100%	1,649	1,648	100%
Cigna-HealthSpring	3,582	3,575	100%	3,556	0	0%	3,478	3,470	100%	3,511	3,510	100%
Molina Healthcare of Texas	643	640	100%	632	229	36%	612	611	100%	611	610	100%
Superior HealthPlan	2,735	2,732	100%	2,767	2,764	100%	2,782	2,706	97%	2,850	2,846	100%
UnitedHealthcare Community Plan	5,814	5,810	100%	5,902	5,899	100%	5,988	5,985	100%	6,192	6,191	100%
<b>Subtotal</b>	<b>14,399</b>	<b>14,380</b>	<b>100%</b>	<b>14,476</b>	<b>9,763</b>	<b>67%</b>	<b>14,441</b>	<b>14,351</b>	<b>99%</b>	<b>14,813</b>	<b>14,805</b>	<b>100%</b>
Rural												
Amerigroup	3,460	3,455	100%	3,427	928	27%	3,381	3,377	100%	3,458	3,457	100%
Cigna-HealthSpring	1,606	1,579	98%	1,606	0	0%	1,568	1,553	99%	1,604	1,592	99%
Molina Healthcare of Texas	1,080	1,069	99%	1,065	67	6%	1,040	1,027	99%	1,064	1,063	100%
Superior HealthPlan	7,843	7,826	100%	7,874	7,856	100%	7,890	7,844	99%	8,153	8,143	100%
UnitedHealthcare Community Plan	4,972	4,972	100%	4,998	4,998	100%	5,050	5,050	100%	5,267	5,267	100%
<b>Subtotal</b>	<b>18,961</b>	<b>18,901</b>	<b>100%</b>	<b>18,970</b>	<b>13,849</b>	<b>73%</b>	<b>18,929</b>	<b>18,851</b>	<b>100%</b>	<b>19,546</b>	<b>19,522</b>	<b>100%</b>
<b>STAR+PLUS Total</b>	<b>205,821</b>	<b>203,961</b>	<b>99%</b>	<b>206,463</b>	<b>146,229</b>	<b>71%</b>	<b>205,659</b>	<b>202,496</b>	<b>98%</b>	<b>210,759</b>	<b>209,605</b>	<b>99%</b>
<b>STAR Kids</b>												
Metro												
Aetna Better Health	4,139	4,109	99%	4,054	4,028	99%	4,038	3,997	99%	4,234	4,225	100%
Amerigroup	21,642	21,499	99%	21,655	21,509	99%	21,548	21,316	99%	22,318	22,250	100%
Blue Cross and Blue Shield of Texas	5,619	5,526	98%	5,625	5,567	99%	5,650	5,567	99%	5,887	5,827	99%
Children's Medical Center Health Plan	7,631	7,507	98%	7,559	7,431	98%	7,399	7,292	99%	7,454	7,424	100%
Community First Health Plans	6,628	6,332	96%	6,549	6,256	96%	6,500	6,232	96%	6,676	6,622	99%
Cook Children's Health Plan	8,342	8,213	98%	8,412	8,282	98%	8,359	8,239	99%	8,721	8,651	99%
Driscoll Health Plan	7,516	7,496	100%	7,506	7,489	100%	7,516	7,462	99%	7,746	7,739	100%
Superior HealthPlan	20,892	20,683	99%	21,004	20,769	99%	21,162	20,904	99%	21,952	21,810	99%
Texas Children's Health Plan	21,437	21,302	99%	21,738	21,595	99%	21,868	21,714	99%	22,686	22,583	100%
UnitedHealthcare Community Plan	20,997	20,904	100%	20,899	20,808	100%	20,597	20,437	99%	21,049	20,996	100%
<b>Subtotal</b>	<b>124,843</b>	<b>123,571</b>	<b>99%</b>	<b>125,001</b>	<b>123,734</b>	<b>99%</b>	<b>124,637</b>	<b>123,160</b>	<b>99%</b>	<b>128,723</b>	<b>128,127</b>	<b>100%</b>
Micro												
Aetna Better Health	34	34	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	102	64	63%	99								

Attachment H1  
Primary Care Provider Network Access SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)
Superior HealthPlan	1,369	1,369	100%	1,378	1,378	100%	1,370	1,363	99%	1,432	1,432	100%
Texas Children's Health Plan	1,909	1,909	100%	1,972	1,972	100%	2,017	2,017	100%	2,095	2,095	100%
UnitedHealthcare Community Plan	2,836	2,832	100%	2,751	2,749	100%	2,706	2,703	100%	2,754	2,751	100%
<b>Subtotal</b>	<b>7,662</b>	<b>7,620</b>	99%	<b>7,647</b>	<b>7,605</b>	99%	<b>7,637</b>	<b>7,592</b>	99%	<b>7,880</b>	<b>7,876</b>	100%
Rural												
Amerigroup	1,739	1,737	100%	1,723	1,721	100%	1,734	1,730	100%	1,762	1,762	100%
Blue Cross and Blue Shield of Texas	765	765	100%	771	771	100%	785	784	100%	816	816	100%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	218	100%	230	228	99%	228	227	100%	230	230	100%
Driscoll Health Plan	694	694	100%	700	700	100%	721	721	100%	765	765	100%
Superior HealthPlan	2,081	2,072	100%	2,110	2,103	100%	2,137	2,115	99%	2,224	2,219	100%
Texas Children's Health Plan	1,174	1,174	100%	1,181	1,181	100%	1,194	1,190	100%	1,265	1,265	100%
UnitedHealthcare Community Plan	2,291	2,291	100%	2,275	2,275	100%	2,263	2,263	100%	2,319	2,319	100%
<b>Subtotal</b>	<b>9,059</b>	<b>9,047</b>	100%	<b>9,087</b>	<b>9,076</b>	100%	<b>9,146</b>	<b>9,114</b>	100%	<b>9,467</b>	<b>9,462</b>	100%
<b>STAR Kids Total</b>	<b>141,564</b>	<b>140,238</b>	99%	<b>141,735</b>	<b>140,415</b>	99%	<b>141,420</b>	<b>139,866</b>	99%	<b>146,070</b>	<b>145,465</b>	100%
<b>Grand Total</b>	<b>2,950,892</b>	<b>2,926,383</b>	99%	<b>2,978,112</b>	<b>2,896,429</b>	97%	<b>2,936,898</b>	<b>2,902,194</b>	99%	<b>3,293,529</b>	<b>3,276,608</b>	99%

Attachment H2  
Specialist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
<b>Audiologist</b>												
<b>STAR</b>												
Metro	2,269,967	2,260,090	100%	2,269,967	2,260,090	100%	2,233,007	1,810,926	81%	2,531,598	1,808,701	71%
Aetna Better Health	63,470	63,470	100%	63,470	63,470	100%	62,017	60,601	98%	71,036	69,973	99%
Amerigroup	419,424	415,595	99%	419,424	415,595	99%	410,044	360,272	88%	468,093	426,181	91%
Blue Cross and Blue Shield of Texas	24,588	24,558	100%	24,588	24,558	100%	24,284	24,266	100%	28,536	28,536	100%
Community First Health Plans	93,334	93,334	100%	93,334	93,334	100%	91,541	91,502	100%	102,198	102,198	100%
Community Health Choice	215,133	212,223	99%	215,133	212,223	99%	212,712	195,376	92%	242,951	242,869	100%
Cook Children's Health Plan	93,287	93,278	100%	93,287	93,278	100%	91,022	88,506	97%	104,823	0	0%
Dell Children's Health Plan	19,611	19,611	100%	19,611	19,611	100%	19,171	19,147	100%	22,247	22,247	100%
Driscoll Health Plan	113,107	113,090	100%	113,107	113,090	100%	113,511	107,256	94%	126,939	119,825	94%
El Paso First	58,120	58,114	100%	58,120	58,114	100%	57,044	57,038	100%	63,444	63,438	100%
FirstCare	36,895	36,895	100%	36,895	36,895	100%	35,904	0	0%	40,448	0	0%
Molina Healthcare of Texas	77,185	75,192	97%	77,185	75,192	97%	75,136	60,666	81%	83,897	80,526	96%
Parkland	140,989	140,850	100%	140,989	140,850	100%	138,158	128,737	93%	156,792	146,310	93%
Right Care from Scott and White Healthcare	29,163	29,163	100%	29,163	29,163	100%	28,366	17,416	61%	31,685	19,346	61%
Superior HealthPlan	467,746	467,452	100%	467,746	467,452	100%	463,291	247,254	53%	519,901	370,579	71%
Texas Children's Health Plan	305,078	305,078	100%	305,078	305,078	100%	299,547	271,263	91%	341,439	0	0%
United Healthcare Community Plan	112,837	112,187	99%	112,837	112,187	99%	111,259	81,626	73%	127,169	116,673	92%
Micro	153,642	149,910	98%	153,642	149,910	98%	152,248	83,912	55%	172,692	122,946	71%
Aetna Better Health	991	991	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,701	26,701	100%	26,701	26,701	100%	26,595	9,749	37%	30,559	24,356	80%
Blue Cross and Blue Shield of Texas	3,093	3,093	100%	3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,807	1,807	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,504	6,504	100%	6,504	6,504	100%	6,474	4,910	76%	7,241	7,241	100%
Cook Children's Health Plan	2,502	2,502	100%	2,502	2,502	100%	2,465	2,465	100%	2,795	0	0%
Dell Children's Health Plan	1,941	1,941	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,802	8,745	81%	10,802	8,745	81%	10,832	8,783	81%	12,367	10,068	81%
FirstCare	2,575	2,574	100%	2,575	2,574	100%	2,495	0	0%	2,853	0	0%
Molina Healthcare of Texas	2,391	1,625	68%	2,391	1,625	68%	2,357	1,368	58%	2,599	1,582	61%
Right Care from Scott and White Healthcare	2,949	2,949	100%	2,949	2,949	100%	2,964	2,184	74%	3,396	2,487	73%
Superior HealthPlan	73,535	73,535	100%	73,535	73,535	100%	72,727	34,367	47%	82,327	60,907	74%
Texas Children's Health Plan	8,995	8,995	100%	8,995	8,995	100%	9,098	7,356	81%	10,213	0	0%
United Healthcare Community Plan	8,856	7,948	90%	8,856	7,948	90%	8,563	5,052	59%	9,613	7,576	79%
Rural	206,305	198,529	96%	206,305	198,529	96%	204,564	136,030	66%	232,410	165,279	71%
Aetna Better Health	832	832	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	39,013	36,599	94%	39,013	36,599	94%	38,447	25,681	67%	44,056	31,285	71%
Blue Cross and Blue Shield of Texas	1,216	1,216	100%	1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,354	4,354	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,275	7,271	100%	7,275	7,271	100%	7,167	6,011	84%	8,101	8,101	100%
Dell Children's Health Plan	547	547	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,337	14,326	100%	14,337	14,326	100%	14,399	13,428	93%	16,054	14,984	93%
El Paso First	14	14	100%	14	14	100%	14	14	100%	19	19	100%
FirstCare	23,795	19,932	84%	23,795	19,932	84%	23,387	0	0%	25,960	0	0%
Molina Healthcare of Texas	2,728	2,701	99%	2,728	2,701	99%	2,712	1,681	62%	3,006	2,328	77%
Parkland	521	521	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Healthcare	7,355	7,341	100%	7,355	7,341	100%	7,010	4,691	67%	7,927	5,266	66%
Superior HealthPlan	91,195	89,853	99%	91,195	89,853	99%	90,807	67,826	75%	103,788	90,314	87%
Texas Children's Health Plan	8,218	8,218	100%	8,218	8,218	100%	8,261	5,763	70%	9,413	0	0%
United Healthcare Community Plan	4,905	4,804	98%	4,905	4,804	98%	4,895	3,470	71%	5,676	4,572	81%
<b>STAR Total</b>	<b>2,629,914</b>	<b>2,608,529</b>	<b>99%</b>	<b>2,629,914</b>	<b>2,608,529</b>	<b>99%</b>	<b>2,589,819</b>	<b>2,030,868</b>	<b>78%</b>	<b>2,936,700</b>	<b>2,096,926</b>	<b>71%</b>
<b>STAR+PLUS</b>												
Metro	173,017	123,539	71%	173,017	123,539	71%	172,289	123,693	77%	176,400	153,645	87%
Amerigroup	46,287	35,056	76%	46,287	35,056	76%	45,920	38,132	83%	46,843	44,643	95%
Cigna-HealthSpring	11,291	0	0%	11,291	0	0%	11,168	5,718	51%	11,330	7,823	69%
Molina Healthcare of Texas	29,587	2,968	10%	29,587	2,968	10%	29,373	23,237	79%	29,965	27,728	93%
Superior HealthPlan	45,512	45,459	100%	45,512	45,459	100%	45,360	33,584	74%	46,649	36,402	78%
United Healthcare Community Plan	40,340	40,056	99%	40,340	40,056	99%	40,468	32,022	79%	41,613	37,049	89%
Micro	14,476	9,663	67%	14,476	9,663	67%	14,441	6,693	46%	14,813	11,403	77%
Amerigroup	1,619	872	54%	1,619	872	54%	1,581	1,250	79%	1,649	1,558	94%
Cigna-HealthSpring	3,556	0	0%	3,556	0	0%	3,478	589	17%	3,511	2,437	69%
Molina Healthcare of Texas	632	122	19%	632	122	19%	612	334	55%	611	412	67%
Superior HealthPlan	2,767	2,767	100%	2,767	2,767	100%	2,782	2,149	77%	2,850	2,218	78%
United Healthcare Community Plan	5,902	5,902	100%	5,902	5,902	100%	5,988	2,371	40%	6,192	4,778	77%
Rural	18,970	13,625	72%	18,970	13,625	72%	18,929	13,623	72%	19,546	15,894	81%
Amerigroup	3,427	924	27%	3,427	924	27%	3,381	2,176	64%	3,458	2,380	69%
Cigna-HealthSpring	1,606	0	0%	1,606	0	0%	1,568	1,003	64%	1,604	1,463	91%
Molina Healthcare of Texas	1,065	74	7%	1,065	74	7%	1,040	802	77%	1,064	882	83%
Superior HealthPlan	7,874	7,737	98%	7,874	7,737	98%	7,890	6,287	80%	8,153	7,076	87%
United Healthcare Community Plan	4,998	4,890	98%	4,998	4,890	98%	5,050	3,355	66%	5,267	4,093	78%
<b>STAR+PLUS Total</b>	<b>206,463</b>	<b>146,827</b>	<b>71%</b>	<b>206,463</b>	<b>146,827</b>	<b>71%</b>	<b>205,659</b>	<b>153,009</b>	<b>74%</b>	<b>210,759</b>	<b>180,942</b>	<b>86%</b>
<b>STAR Kids</b>												
Metro	125,001	124,630	100%	125,001	124,630	100%	124,637	100,586	81%	128,723	104,731	81%
Aetna Better Health	4,054	4,054	100%	4,054	4,054	100%	4,038	3,941	98%	4,234	4,135	98%
Amerigroup	21,655	21,655	100%	21,655	21,655	100%	21,548	18,527	86%	22,318	20,547	92%
Blue Cross and Blue Shield of Texas	5,625	5,625	100%	5,625	5,625	100%	5,650	5,087	90%	5,887	5,887	100%
Children's Medical Center	7,559	7,332	97%	7,559	7,332	97%	7,399	7,078	96%	7,454	7,122	96%
Community Health Choice	6,549	6,549	100%	6,549	6,549	100%	6,500	6,497	100%	6,676	6,676	100%
Cook Children's Health Plan	8,412	8,389	100%	8,412	8,389	100%	8,359	8,186	98%	8,721	0	0%
Driscoll Health Plan	7,506	7,504	100%	7,506	7,504	100%	7,516	7,126	95%	7,746	7,351	95%
Superior HealthPlan	21,004	21,000	100%	21,004	21,000	100%	21,162	12,964	61%	21,952	15,653	71%
Texas Children's Health Plan	21,738	21,721	100%	21,738	21,721	100%	21,868	17,560	80%	22,686	18,921	83%
United Healthcare Community Plan	20,899	20,801	100%	20,899	20,801	100%	20,597	13,620	66%	21,049	18,439	88%
Micro	7,647	7,603	99%	7,647	7,603	99%	7,637	3,827	50%	7,880	5,104	65%
Aetna Better Health	32	32	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	265	265	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	588	588	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	99	99	100%	99	99	100%	96	96	100%	104	104	100%
Cook Children's Health Plan	111	111	100%	111	111	100%	110	110	100%	119	0	0%
Driscoll Health Plan	451	407	90%	451	407	90%	455	404	89%	470	418	89%
Superior HealthPlan	1,378	1,378	100%	1,378	1,378	100%	1,370	896	65%	1,432	933	65%
Texas Children's Health Plan	1,972	1,972	100%	1,972	1,972	100%	2,017	519	26%	2,095	533	25%
United Healthcare Community Plan	2,751	2,751	100%	2,751	2,751	100%	2,706	919	34%	2,754	2,210	80%
Rural	9,087	8,762	96%	9,087	8,762	96%	9,146	6,638	73%	9,467	7,429	78%
Amerigroup	1,723	1,505	87%	1,723	1,505	87%	1,734	1,201	69%	1,762	1,171	66%
Blue Cross and Blue Shield of Texas	771	768	100%	771	768	100%	785</					

Attachment H2  
Specialist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Superior HealthPlan	2,110	2,076	98%	2,110	2,076	98%	2,137	1,478	69%	2,224	1,786	80%
Texas Children's Health Plan	1,181	1,181	100%	1,181	1,181	100%	1,194	708	59%	1,265	812	64%
UnitedHealthcare	2,275	2,205	97%	2,275	2,205	97%	2,263	1,556	69%	2,319	1,827	79%
STAR Kids Total	141,735	140,995	99%	141,735	140,995	99%	141,420	111,051	79%	146,070	117,264	80%
Audiologist Total	2,978,112	2,896,351	97%	2,978,112	2,896,351	97%	2,936,898	2,294,928	78%	3,293,529	2,395,132	73%
Behavioral Health - Outpatient												
STAR												
Metro	2,269,967	2,269,938	100%	2,269,967	2,269,938	100%	2,233,007	1,810,926	81%	2,531,598	2,179,226	86%
Aetna Better Health	63,470	63,470	100%	63,470	63,470	100%	62,017	60,601	98%	71,036	71,036	100%
Amerigroup	419,424	419,424	100%	419,424	419,424	100%	410,044	360,272	88%	468,093	468,020	100%
Blue Cross and Blue Shield of Texas	24,588	24,588	100%	24,588	24,588	100%	24,284	24,266	100%	28,536	28,536	100%
Community First Health Plans	93,334	93,334	100%	93,334	93,334	100%	91,541	91,502	100%	102,198	102,198	100%
Community Health Choice	215,133	215,133	100%	215,133	215,133	100%	212,712	195,376	92%	242,951	242,951	100%
Cook Children's Health Plan	93,287	93,287	100%	93,287	93,287	100%	91,022	88,506	97%	104,823	104,823	100%
Dell Children's Health Plan	19,611	19,611	100%	19,611	19,611	100%	19,171	19,147	100%	22,247	22,247	100%
Driscoll Health Plan	113,107	113,107	100%	113,107	113,107	100%	113,511	107,256	94%	126,939	126,939	100%
El Paso First	58,120	58,120	100%	58,120	58,120	100%	57,044	57,038	100%	63,444	63,444	100%
FirstCare	36,895	36,895	100%	36,895	36,895	100%	35,904	0	0%	40,448	29,796	74%
Molina Healthcare of Texas	77,185	77,185	100%	77,185	77,185	100%	75,136	60,666	81%	83,897	83,897	100%
Parkland	140,989	140,989	100%	140,989	140,989	100%	138,158	128,737	93%	156,792	156,792	100%
Right Care from Scott and White Health	29,163	29,163	100%	29,163	29,163	100%	28,366	17,416	61%	31,685	31,685	100%
Superior HealthPlan	467,746	467,717	100%	467,746	467,717	100%	463,291	247,254	53%	519,901	519,693	100%
Texas Children's Health Plan	305,078	305,078	100%	305,078	305,078	100%	299,547	271,263	91%	341,439	0	0%
UnitedHealthcare Community Plan	112,837	112,837	100%	112,837	112,837	100%	111,259	81,626	73%	127,169	127,169	100%
Micro	153,642	153,018	100%	153,642	153,018	100%	152,248	83,912	55%	172,692	161,677	94%
Aetna Better Health	991	991	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,701	26,689	100%	26,701	26,689	100%	26,595	9,749	37%	30,559	30,544	100%
Blue Cross and Blue Shield of Texas	3,093	3,093	100%	3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,807	1,807	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,504	6,504	100%	6,504	6,504	100%	6,474	4,910	76%	7,241	7,241	100%
Cook Children's Health Plan	2,502	1,891	76%	2,502	1,891	76%	2,465	2,465	100%	2,795	2,083	75%
Dell Children's Health Plan	1,941	1,941	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,802	10,802	100%	10,802	10,802	100%	10,832	8,783	81%	12,367	12,367	100%
FirstCare	2,575	2,575	100%	2,575	2,575	100%	2,495	0	0%	2,853	2,815	99%
Molina Healthcare of Texas	2,391	2,391	100%	2,391	2,391	100%	2,357	1,368	58%	2,599	2,599	100%
Right Care from Scott and White Health	2,949	2,949	100%	2,949	2,949	100%	2,964	2,184	74%	3,396	3,359	99%
Superior HealthPlan	73,535	73,535	100%	73,535	73,535	100%	72,727	34,367	47%	82,327	82,327	100%
Texas Children's Health Plan	8,995	8,995	100%	8,995	8,995	100%	9,098	7,356	81%	10,213	0	0%
UnitedHealthcare Community Plan	8,856	8,855	100%	8,856	8,855	100%	8,563	5,052	59%	9,613	9,613	100%
Rural	206,305	206,297	100%	206,305	206,297	100%	204,564	136,030	66%	232,410	217,886	94%
Aetna Better Health	832	832	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	39,013	39,005	100%	39,013	39,005	100%	38,447	25,681	67%	44,056	44,051	100%
Blue Cross and Blue Shield of Texas	1,216	1,216	100%	1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,354	4,354	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,275	7,275	100%	7,275	7,275	100%	7,167	6,011	84%	8,101	8,101	100%
Dell Children's Health Plan	547	547	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,337	14,337	100%	14,337	14,337	100%	14,399	13,428	93%	16,054	16,054	100%
El Paso First	14	14	100%	14	14	100%	14	14	100%	19	19	100%
FirstCare	23,795	23,795	100%	23,795	23,795	100%	23,387	0	0%	25,960	21,135	81%
Molina Healthcare of Texas	2,728	2,728	100%	2,728	2,728	100%	2,712	1,681	62%	3,006	3,006	100%
Parkland	521	521	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health	7,355	7,355	100%	7,355	7,355	100%	7,010	4,691	67%	7,927	7,927	100%
Superior HealthPlan	91,195	91,195	100%	91,195	91,195	100%	90,807	67,826	75%	103,788	103,507	100%
Texas Children's Health Plan	8,218	8,218	100%	8,218	8,218	100%	8,261	5,763	70%	9,413	0	0%
UnitedHealthcare Community Plan	4,905	4,905	100%	4,905	4,905	100%	4,895	3,470	71%	5,676	5,676	100%
STAR Total	2,629,914	2,629,253	100%	2,629,914	2,629,253	100%	2,589,819	2,030,868	78%	2,936,700	2,558,789	87%
STAR+PLUS												
Metro	173,017	123,882	72%	173,017	123,882	72%	172,289	132,693	77%	176,400	176,397	100%
Amerigroup	46,287	35,062	76%	46,287	35,062	76%	45,920	38,132	83%	46,843	46,843	100%
Cigna-HealthSpring	11,291	0	0%	11,291	0	0%	11,168	5,718	51%	11,330	11,328	100%
Molina Healthcare of Texas	29,587	2,968	10%	29,587	2,968	10%	29,373	23,237	79%	29,965	29,964	100%
Superior HealthPlan	45,512	45,512	100%	45,512	45,512	100%	45,360	33,584	74%	46,649	46,649	100%
UnitedHealthcare Community Plan	40,340	40,340	100%	40,340	40,340	100%	40,468	32,022	79%	41,613	41,613	100%
Micro	14,476	9,770	67%	14,476	9,770	67%	14,441	6,693	46%	14,813	14,813	100%
Amerigroup	1,619	872	54%	1,619	872	54%	1,581	1,250	79%	1,649	1,649	100%
Cigna-HealthSpring	3,556	0	0%	3,556	0	0%	3,478	589	17%	3,511	3,511	100%
Molina Healthcare of Texas	632	232	37%	632	232	37%	612	334	55%	611	611	100%
Superior HealthPlan	2,767	2,767	100%	2,767	2,767	100%	2,782	2,149	77%	2,850	2,850	100%
UnitedHealthcare Community Plan	5,902	5,899	100%	5,902	5,899	100%	5,988	2,371	40%	6,192	6,192	100%
Rural	18,970	13,879	73%	18,970	13,879	73%	18,929	13,623	72%	19,546	19,519	100%
Amerigroup	3,427	930	27%	3,427	930	27%	3,381	2,176	64%	3,458	3,458	100%
Cigna-HealthSpring	1,606	0	0%	1,606	0	0%	1,568	1,003	64%	1,604	1,604	100%
Molina Healthcare of Texas	1,065	77	7%	1,065	77	7%	1,040	802	77%	1,064	1,064	100%
Superior HealthPlan	7,874	7,874	100%	7,874	7,874	100%	7,890	6,287	80%	8,153	8,126	100%
UnitedHealthcare Community Plan	4,998	4,998	100%	4,998	4,998	100%	5,050	3,355	66%	5,267	5,267	100%
STAR+PLUS Total	206,463	147,531	71%	206,463	147,531	71%	205,659	153,009	74%	210,759	210,729	100%
STAR Kids												
Metro	125,001	124,998	100%	125,001	124,998	100%	124,637	100,586	81%	128,723	128,719	100%
Aetna Better Health	4,054	4,054	100%	4,054	4,054	100%	4,038	3,941	98%	4,234	4,234	100%
Amerigroup	21,655	21,655	100%	21,655	21,655	100%	21,548	18,527	86%	22,318	22,318	100%
Blue Cross and Blue Shield of Texas	5,625	5,625	100%	5,625	5,625	100%	5,650	5,087	90%	5,887	5,887	100%
Children's Medical Center Health Plan	7,559	7,559	100%	7,559	7,559	100%	7,399	7,078	96%	7,454	7,454	100%
Community First Health Plans	6,549	6,549	100%	6,549	6,549	100%	6,500	6,497	100%	6,676	6,676	100%
Cook Children's Health Plan	8,412	8,412	100%	8,412	8,412	100%	8,359	8,186	98%	8,721	8,721	100%
Driscoll Health Plan	7,506	7,506	100%	7,506	7,506	100%	7,516	7,126	95%	7,746	7,746	100%
Superior HealthPlan	21,004	21,004	100%	21,004	21,004	100%	21,162	12,964	61%	21,952	21,952	100%
Texas Children's Health Plan	21,738	21,735	100%	21,738	21,735	100%	21,868	17,560	80%	22,686	22,682	100%
UnitedHealthcare Community Plan	20,899	20,899	100%	20,899	20,899	100%	20,597	13,620	66%	21,049	21,049	100%
Micro	7,647	7,618	100%	7,647	7,618	100%	7,637	3,827	50%	7,880	7,856	100%
Aetna Better Health	32	32	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	265	265	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	588	588	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	99	99	100%	99	99	100%	96	96	100%	104	104	100%
Cook Children's Health Plan	111	86	77%									

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Driscoll Health Plan	451	450	100%	451	450	100%	455	404	89%	470	470	100%
Superior HealthPlan	1,378	1,378	100%	1,378	1,378	100%	1,370	896	65%	1,432	1,432	100%
Texas Children's Health Plan	1,972	1,971	100%	1,972	1,971	100%	2,017	519	26%	2,095	2,095	100%
UnitedHealthcare Community Plan	2,751	2,749	100%	2,751	2,749	100%	2,706	919	34%	2,754	2,754	100%
Rural	9,087	9,087	100%	9,087	9,087	100%	9,146	6,638	73%	9,467	9,463	100%
Amerigroup	1,723	1,723	100%	1,723	1,723	100%	1,734	1,201	69%	1,762	1,762	100%
Blue Cross and Blue Shield of Texas	771	771	100%	771	771	100%	785	707	90%	816	816	100%
Children's Medical Center Health Plan	97	97	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	230	230	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	700	700	100%	700	700	100%	721	676	94%	765	765	100%
Superior HealthPlan	2,110	2,110	100%	2,110	2,110	100%	2,137	1,478	69%	2,224	2,220	100%
Texas Children's Health Plan	1,181	1,181	100%	1,181	1,181	100%	1,194	708	59%	1,265	1,265	100%
UnitedHealthcare Community Plan	2,275	2,275	100%	2,275	2,275	100%	2,263	1,556	69%	2,319	2,319	100%
STAR Kids Total	141,735	141,703	100%	141,735	141,703	100%	141,420	111,051	79%	146,070	146,038	100%
BH - Outpatient Total	2,978,112	2,918,487	98%	2,978,112	2,918,487	98%	2,936,898	2,912,554	99%	3,293,529	2,915,556	89%
Cardiovascular Disease												
STAR												
Metro	2,269,967	2,258,387	99%	2,269,967	2,258,387	99%	2,233,007	2,121,598	95%	2,531,598	2,131,743	84%
Aetna Better Health	63,470	63,430	100%	63,470	63,430	100%	62,017	60,873	98%	71,036	70,883	100%
Amerigroup	419,424	418,268	100%	419,424	418,268	100%	410,044	402,113	98%	468,093	463,061	99%
Blue Cross and Blue Shield of Texas	24,588	24,541	100%	24,588	24,541	100%	24,284	23,406	96%	28,536	28,461	100%
Community First Health Plans	93,334	92,972	100%	93,334	92,972	100%	91,541	91,158	100%	102,198	101,848	100%
Community Health Choice	215,133	215,115	100%	215,133	215,115	100%	212,712	212,620	100%	242,951	242,890	100%
Cook Children's Health Plan	93,287	93,285	100%	93,287	93,285	100%	91,022	90,336	99%	104,823	90,992	87%
Dell Children's Health Plan	19,611	19,513	100%	19,611	19,513	100%	19,171	18,046	94%	22,247	20,878	94%
Driscoll Health Plan	113,107	112,956	100%	113,107	112,956	100%	113,511	93,517	82%	126,939	126,768	100%
El Paso First	58,120	58,097	100%	58,120	58,097	100%	57,044	57,020	100%	63,444	63,418	100%
FirstCare	36,895	35,670	97%	36,895	35,670	97%	35,904	9,342	26%	40,448	16,509	41%
Molina Healthcare of Texas	77,185	77,012	100%	77,185	77,012	100%	75,136	74,533	99%	83,897	83,667	100%
Parkland	140,989	135,547	96%	140,989	135,547	96%	138,158	127,058	92%	156,792	153,618	98%
Right Care from Scott and White Health	29,163	29,093	100%	29,163	29,093	100%	28,366	14,852	52%	31,685	24,784	78%
Superior HealthPlan	467,746	465,617	100%	467,746	465,617	100%	463,291	443,757	96%	519,901	517,197	99%
Texas Children's Health Plan	305,078	304,708	100%	305,078	304,708	100%	299,547	298,322	100%	341,439	0	0%
UnitedHealthcare Community Plan	112,837	112,563	100%	112,837	112,563	100%	111,259	104,645	94%	127,169	126,769	100%
Micro	153,642	143,133	93%	153,642	143,133	93%	152,248	122,663	81%	172,692	148,769	86%
Aetna Better Health	991	991	100%	991	991	100%	940	917	98%	1,086	1,060	98%
Amerigroup	26,701	25,513	96%	26,701	25,513	96%	26,595	25,014	94%	30,559	29,346	96%
Blue Cross and Blue Shield of Texas	3,093	3,093	100%	3,093	3,093	100%	3,051	2,904	95%	3,508	3,508	100%
Community First Health Plans	1,807	1,805	100%	1,807	1,805	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,504	6,504	100%	6,504	6,504	100%	6,474	6,417	99%	7,241	7,241	100%
Cook Children's Health Plan	2,502	2,502	100%	2,502	2,502	100%	2,465	2,262	92%	2,795	2,131	76%
Dell Children's Health Plan	1,941	1,904	98%	1,941	1,904	98%	1,911	1,715	90%	2,176	1,971	91%
Driscoll Health Plan	10,802	10,776	100%	10,802	10,776	100%	10,832	8,787	81%	12,367	12,367	100%
FirstCare	2,575	2,550	99%	2,575	2,550	99%	2,495	0	0%	2,853	2,815	99%
Molina Healthcare of Texas	2,391	2,391	100%	2,391	2,391	100%	2,357	767	33%	2,599	1,698	65%
Right Care from Scott and White Health	2,949	2,949	100%	2,949	2,949	100%	2,964	2,642	89%	3,396	3,086	91%
Superior HealthPlan	73,535	66,040	90%	73,535	66,040	90%	72,727	55,153	76%	82,327	73,785	90%
Texas Children's Health Plan	8,995	8,905	99%	8,995	8,905	99%	9,098	8,619	95%	10,213	0	0%
UnitedHealthcare Community Plan	8,856	7,210	81%	8,856	7,210	81%	8,563	5,690	66%	9,613	7,802	81%
Rural	206,305	194,868	94%	206,305	194,868	94%	204,564	162,467	79%	232,410	194,602	84%
Aetna Better Health	832	832	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	39,013	37,005	95%	39,013	37,005	95%	38,447	35,378	92%	44,056	41,245	94%
Blue Cross and Blue Shield of Texas	1,216	1,216	100%	1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,354	4,354	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,275	7,227	99%	7,275	7,227	99%	7,167	7,139	100%	8,101	8,071	100%
Dell Children's Health Plan	547	547	100%	547	547	100%	555	512	92%	634	584	92%
Driscoll Health Plan	14,337	14,316	100%	14,337	14,316	100%	14,399	14,399	100%	16,054	16,054	100%
El Paso First	14	13	93%	14	13	93%	14	13	93%	19	18	95%
FirstCare	23,795	18,772	79%	23,795	18,772	79%	23,387	3,172	14%	25,960	6,791	26%
Molina Healthcare of Texas	2,728	2,728	100%	2,728	2,723	100%	2,712	2,674	99%	3,006	2,961	99%
Parkland	521	521	100%	521	521	100%	517	514	99%	593	593	100%
Right Care from Scott and White Health	7,355	7,298	99%	7,355	7,298	99%	7,010	5,663	81%	7,927	7,377	93%
Superior HealthPlan	91,195	87,076	95%	91,195	87,076	95%	90,807	74,068	82%	103,788	98,160	95%
Texas Children's Health Plan	8,218	8,153	99%	8,218	8,153	99%	8,261	8,201	99%	9,413	0	0%
UnitedHealthcare Community Plan	4,905	4,815	98%	4,905	4,815	98%	4,895	4,341	89%	5,676	5,565	98%
STAR Total	2,603,507	2,577,438	99%	2,629,914	2,596,388	99%	2,589,819	2,406,728	93%	2,936,700	2,475,114	84%
STAR+PLUS												
Metro	172,461	171,956	100%	173,017	172,532	71%	172,289	168,475	98%	176,400	175,524	100%
Amerigroup	46,480	46,445	100%	46,287	35,045	76%	45,920	45,607	99%	46,843	46,573	99%
Cigna-HealthSpring	11,279	11,156	99%	11,291	0	0%	11,168	10,510	94%	11,330	11,214	99%
Molina Healthcare of Texas	29,612	29,539	100%	29,587	2,966	10%	29,373	28,954	99%	29,965	29,918	100%
Superior HealthPlan	45,305	45,172	100%	45,512	45,341	100%	45,360	43,165	95%	46,649	46,417	100%
UnitedHealthcare Community Plan	39,785	39,644	100%	40,340	40,180	100%	40,468	40,239	99%	41,613	41,402	99%
Micro	14,399	14,025	97%	14,476	9,519	66%	14,441	12,807	89%	14,813	14,233	96%
Amerigroup	1,625	1,625	100%	1,619	872	54%	1,581	1,520	96%	1,649	1,624	98%
Cigna-HealthSpring	3,582	3,467	97%	3,556	0	0%	3,478	2,819	81%	3,511	3,444	98%
Molina Healthcare of Texas	643	639	99%	632	232	37%	612	413	67%	611	513	84%
Superior HealthPlan	2,735	2,484	91%	2,767	2,513	91%	2,782	2,223	80%	2,850	2,586	91%
UnitedHealthcare Community Plan	5,814	5,810	100%	5,902	5,902	100%	5,988	5,832	97%	6,192	6,066	98%
Rural	18,961	18,228	96%	18,970	13,368	70%	18,929	16,833	89%	19,546	18,695	96%
Amerigroup	3,460	3,176	92%	3,427	881	26%	3,381	2,930	87%	3,458	3,142	91%
Cigna-HealthSpring	1,606	1,606	100%	1,606	0	0%	1,568	1,530	98%	1,604	1,595	99%
Molina Healthcare of Texas	1,080	1,080	100%	1,065	77	7%	1,040	1,029	99%	1,064	1,054	99%
Superior HealthPlan	7,843	7,516	96%	7,874	7,530	96%	7,890	6,485	82%	8,153	7,738	95%
UnitedHealthcare Community Plan	4,972	4,850	98%	4,998	4,880	98%	5,050	4,859	96%	5,267	5,166	98%
STAR+PLUS Total	205,821	204,209	99%	206,463	146,419	71%	205,659	198,115	96%	210,759	208,452	99%
STAR Kids												
Metro	124,843	122,884	98%	125,001	123,937	99%	124,637	117,078	94%	128,723	125,899	98%
Aetna Better Health	4,139	4,139	100%	4,054	4,054	100%	4,038	3,946	98%	4,234	4,215	100%
Amerigroup	21,642	21,624	100%	21,655	21,636	100%	21,548	21,384	99%	22,318	22,208	100%
Blue Cross and Blue Shield of Texas	5,619	4,942	88%	5,625	5,116	91%	5,650	4,140	73%	5,887	5,046	86%
Children's Medical Center Health Plan	7,631	7,575	99%	7,559	7,503	99%	7,399	7,187	97%	7,454	7,402	99%
Community First Health Plans	6,628	6,300	95%	6,549	6,531	100%	6,500	6,153	95%	6,676	6,661	100%
Cook Children's Health Plan	8,342	8,177	98%	8,412	8,259	98%	8,359	8,102	97%	8,721	7,269	83%

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Driscoll Health Plan	7,516	7,512	100%	7,506	7,502	100%	7,516	6,202	83%	7,746	7,741	100%
Superior HealthPlan	20,892	20,853	100%	21,004	20,961	100%	21,162	19,093	90%	21,952	21,900	100%
Texas Children's Health Plan	21,437	20,979	98%	21,738	21,686	100%	21,868	21,342	98%	22,686	22,625	100%
UnitedHealthcare Community Plan	20,997	20,783	99%	20,899	20,689	99%	20,597	19,529	95%	21,049	20,832	99%
Micro	7,662	7,061	92%	7,647	6,972	91%	7,637	6,681	87%	7,880	7,027	89%
Aetna Better Health	34	34	100%	32	32	100%	34	33	97%	40	38	95%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	569	97%	588	487	83%	596	532	89%	612	541	88%
Community First Health Plans	102	100	98%	99	99	100%	96	95	99%	104	104	100%
Cook Children's Health Plan	116	116	100%	111	111	100%	110	95	86%	119	94	79%
Driscoll Health Plan	448	447	100%	451	450	100%	455	404	89%	470	470	100%
Superior HealthPlan	1,369	938	69%	1,378	943	68%	1,370	923	67%	1,432	965	67%
Texas Children's Health Plan	1,909	1,897	99%	1,972	1,962	99%	2,017	1,876	93%	2,095	1,976	94%
UnitedHealthcare Community Plan	2,836	2,698	95%	2,751	2,623	95%	2,706	2,470	91%	2,754	2,585	94%
Rural	9,059	8,732	96%	9,087	8,767	96%	9,146	8,020	88%	9,467	9,030	95%
Amerigroup	1,739	1,587	91%	1,723	1,568	91%	1,734	1,538	89%	1,762	1,594	90%
Blue Cross and Blue Shield of Texas	765	750	98%	771	759	98%	785	761	97%	816	815	100%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	693	100%	700	700	100%	721	721	100%	765	765	100%
Superior HealthPlan	2,081	1,988	96%	2,110	2,023	96%	2,137	1,447	68%	2,224	2,026	91%
Texas Children's Health Plan	1,174	1,152	98%	1,181	1,158	98%	1,194	1,184	99%	1,265	1,258	99%
UnitedHealthcare Community Plan	2,291	2,247	98%	2,275	2,232	98%	2,263	2,057	91%	2,319	2,256	97%
STAR Kids Total	141,564	138,677	98%	141,735	139,676	99%	141,420	131,779	93%	146,070	141,956	97%
Cardiovascular Disease Total	2,950,892	2,920,324	99%	2,978,112	2,882,483	97%	2,936,898	2,736,622	93%	3,293,529	2,825,522	86%
ENT (Otolaryngology)												
STAR												
Metro	2,249,355	2,239,122	100%	2,269,967	2,260,090	100%	2,233,007	2,115,414	95%	2,531,598	2,096,808	83%
Aetna Better Health	64,107	64,106	100%	63,470	63,470	100%	62,017	61,537	99%	71,036	70,987	100%
Amerigroup	419,975	415,858	99%	419,424	415,595	99%	410,044	404,490	99%	468,093	462,916	99%
Blue Cross and Blue Shield of Texas				24,588	24,558	100%	24,284	24,206	100%	28,536	28,489	100%
Community First Health Plans	94,159	94,159	100%	93,334	93,334	100%	91,541	89,518	98%	102,198	102,198	100%
Community Health Choice	213,515	210,803	99%	215,133	212,223	99%	212,712	209,069	98%	242,951	239,578	99%
Cook Children's Health Plan	94,153	93,935	100%	93,287	93,278	100%	91,022	90,971	100%	104,823	99,876	95%
Dell Children's Health Plan	19,616	19,616	100%	19,611	19,611	100%	19,171	19,149	100%	22,247	22,247	100%
Driscoll Health Plan	112,627	112,611	100%	113,107	113,090	100%	113,511	113,492	100%	126,939	126,903	100%
El Paso First	58,805	58,804	100%	58,120	58,114	100%	57,044	57,038	100%	63,444	63,438	100%
FirstCare	37,858	37,858	100%	36,895	36,895	100%	35,904	0	0%	40,448	0	0%
Molina Healthcare of Texas	78,100	76,051	97%	77,185	75,192	97%	75,136	72,588	97%	83,897	81,739	97%
Parkland	142,860	142,720	100%	140,989	140,850	100%	138,158	135,278	98%	156,792	156,640	100%
Right Care from Scott and White Health	29,597	29,597	100%	29,163	29,163	100%	28,366	17,416	61%	31,685	26,636	84%
Superior HealthPlan	468,072	467,775	100%	467,746	467,452	100%	463,291	417,295	90%	519,901	495,516	95%
Texas Children's Health Plan	303,191	303,191	100%	305,078	305,078	100%	299,547	299,545	100%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	112,038	99%	112,837	112,187	99%	111,259	103,822	93%	127,169	119,645	94%
Micro	149,891	146,074	97%	153,642	149,910	98%	152,248	140,217	92%	172,692	157,196	91%
Aetna Better Health	1,003	1,003	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,451	26,413	100%	26,701	26,701	100%	26,595	26,595	100%	30,559	30,559	100%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,851	1,851	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,464	6,464	100%	6,504	6,504	100%	6,474	6,474	100%	7,241	7,241	100%
Cook Children's Health Plan	2,553	2,553	100%	2,502	2,502	100%	2,465	2,465	100%	2,795	2,795	100%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,761	8,658	80%	10,802	8,745	81%	10,832	8,787	81%	12,367	10,068	81%
FirstCare	2,569	2,547	99%	2,575	2,574	100%	2,495	0	0%	2,853	2,815	99%
Molina Healthcare of Texas	2,395	1,642	69%	2,391	1,625	68%	2,357	1,430	61%	2,599	1,596	61%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,949	100%	2,964	2,184	74%	3,396	2,487	73%
Superior HealthPlan	73,302	73,298	100%	73,535	73,535	100%	72,727	67,836	93%	82,327	82,327	100%
Texas Children's Health Plan	8,824	8,824	100%	8,995	8,995	100%	9,098	9,098	100%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	7,977	90%	8,856	7,948	90%	8,563	7,670	90%	9,613	8,579	89%
Rural	204,261	196,380	96%	206,305	198,529	96%	204,564	167,614	82%	232,410	192,811	83%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	36,383	94%	39,013	36,599	94%	38,447	34,896	91%	44,056	41,362	94%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,271	100%	7,167	7,167	100%	8,101	8,101	100%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,285	14,273	100%	14,337	14,326	100%	14,399	14,387	100%	16,054	16,046	100%
El Paso First	12	12	100%	14	14	100%	14	14	100%	19	19	100%
FirstCare	24,123	20,147	84%	23,795	19,932	84%	23,387	0	0%	25,960	1,875	7%
Molina Healthcare of Texas	2,737	2,707	99%	2,728	2,701	99%	2,712	2,663	98%	3,006	2,957	98%
Parkland	486	486	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health	7,521	7,504	100%	7,355	7,341	100%	7,010	5,496	78%	7,927	6,668	84%
Superior HealthPlan	90,338	89,026	99%	91,195	89,853	99%	90,807	82,943	91%	103,788	102,207	98%
Texas Children's Health Plan	8,089	8,089	100%	8,218	8,218	100%	8,261	8,261	100%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	4,724	98%	4,905	4,804	98%	4,895	4,322	88%	5,676	5,166	91%
STAR Total	2,603,507	2,581,576	99%	2,629,914	2,608,529	99%	2,589,819	2,423,245	94%	2,936,700	2,446,815	83%
STAR+PLUS												
Metro	172,461	170,699	99%	173,017	173,539	71%	172,289	165,048	96%	176,400	172,318	98%
Amerigroup	46,480	46,429	100%	46,287	35,056	76%	45,920	45,822	100%	46,843	46,832	100%
Cigna-HealthSpring	11,279	11,228	100%	11,291	0	0%	11,168	9,925	89%	11,330	11,274	100%
Molina Healthcare of Texas	29,612	28,273	95%	29,587	2,968	10%	29,373	27,728	94%	29,965	28,617	96%
Superior HealthPlan	45,305	45,254	100%	45,512	45,459	100%	45,360	41,576	92%	46,649	44,287	95%
UnitedHealthcare Community Plan	39,785	39,515	99%	40,340	40,056	99%	40,468	39,997	99%	41,613	41,308	99%
Micro	14,399	14,286	99%	14,476	9,663	67%	14,441	13,837	96%	14,813	14,622	99%
Amerigroup	1,625	1,625	100%	1,619	872	54%	1,581	1,581	100%	1,649	1,649	100%
Cigna-HealthSpring	3,582	3,582	100%	3,556	0	0%	3,478	3,371	97%	3,511	3,511	100%
Molina Healthcare of Texas	643	534	83%	632	122	19%	612	402	66%	611	420	69%
Superior HealthPlan	2,735	2,734	100%	2,767	2,767	100%	2,782	2,495	90%	2,850	2,850	100%
UnitedHealthcare Community Plan	5,814	5,811	100%	5,902	5,902	100%	5,988	5,988	100%	6,192	6,192	100%
Rural	18,961	18,356	97%	18,970	13,625	72%	18,929	17,430	92%	19,546	18,853	96%
Amerigroup	3,460	3,121	90%	3,427	924	27%	3,381	2,873	85%	3,458	3,130	91%
Cigna-HealthSpring	1,606	1,604	100%	1,606	0	0%	1,568	1,547	99%	1,604	1,601	100%
Molina Healthcare of Texas	1,080	1,058	98%	1,065	74	7%	1,040	1,009	97%	1,064	1,036	97%
Superior HealthPlan	7,843	7,704	98%	7,874	7,737	98%	7,890	7,252	92%	8,153	7,997	98%

Attachment H2  
Specialist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
UnitedHealthcare Community Plan	4,972	4,869	98%	4,998	4,890	98%	5,050	4,749	94%	5,267	5,089	97%
<b>STAR+PLUS Total</b>	<b>205,821</b>	<b>203,341</b>	<b>99%</b>	<b>206,463</b>	<b>146,827</b>	<b>71%</b>	<b>205,659</b>	<b>196,315</b>	<b>95%</b>	<b>210,759</b>	<b>205,793</b>	<b>98%</b>
<b>STAR Kids</b>												
Metro	124,843	124,481	100%	125,001	124,630	100%	124,637	119,580	96%	128,723	125,179	97%
Aetna Better Health	4,139	4,139	100%	4,054	4,054	100%	4,038	4,012	99%	4,234	4,227	100%
Amerigroup	21,642	21,642	100%	21,655	21,655	100%	21,548	21,509	100%	22,318	22,310	100%
Blue Cross and Blue Shield of Texas	5,619	5,619	100%	5,625	5,625	100%	5,650	5,650	100%	5,887	5,887	100%
Children's Medical Center Health Plan	7,631	7,411	97%	7,559	7,332	97%	7,399	7,073	96%	7,454	7,231	97%
Community First Health Plans	6,628	6,628	100%	6,549	6,549	100%	6,500	6,388	98%	6,676	6,676	100%
Cook Children's Health Plan	8,342	8,317	100%	8,412	8,389	100%	8,359	8,323	100%	8,721	8,041	92%
Driscoll Health Plan	7,516	7,514	100%	7,506	7,504	100%	7,516	7,514	100%	7,746	7,744	100%
Superior HealthPlan	20,892	20,889	100%	21,004	21,000	100%	21,162	17,622	83%	21,952	20,267	92%
Texas Children's Health Plan	21,437	21,422	100%	21,738	21,721	100%	21,868	21,850	100%	22,686	22,668	100%
UnitedHealthcare Community Plan	20,997	20,900	100%	20,899	20,801	100%	20,597	19,639	95%	21,049	20,128	96%
Micro	7,662	7,611	99%	7,647	7,603	99%	7,637	7,271	95%	7,880	7,786	99%
Aetna Better Health	34	34	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	102	102	100%	99	99	100%	96	96	100%	104	104	100%
Cook Children's Health Plan	116	116	100%	111	111	100%	110	110	100%	119	119	100%
Driscoll Health Plan	448	399	89%	451	407	90%	455	404	89%	470	418	89%
Superior HealthPlan	1,369	1,369	100%	1,378	1,378	100%	1,370	1,097	80%	1,432	1,432	100%
Texas Children's Health Plan	1,909	1,909	100%	1,972	1,972	100%	2,017	2,017	100%	2,095	2,095	100%
UnitedHealthcare Community Plan	2,836	2,834	100%	2,751	2,751	100%	2,706	2,664	98%	2,754	2,712	98%
Rural	9,059	8,743	97%	9,087	8,762	96%	9,146	8,012	88%	9,467	9,027	95%
Amerigroup	1,739	1,525	88%	1,723	1,505	87%	1,734	1,456	84%	1,762	1,550	88%
Blue Cross and Blue Shield of Texas	765	762	100%	771	768	100%	785	715	91%	816	813	100%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	694	100%	700	700	100%	721	721	100%	765	765	100%
Superior HealthPlan	2,081	2,049	98%	2,110	2,076	98%	2,137	1,666	78%	2,224	2,189	98%
Texas Children's Health Plan	1,174	1,174	100%	1,181	1,181	100%	1,194	1,194	100%	1,265	1,265	100%
UnitedHealthcare Community Plan	2,291	2,224	97%	2,275	2,205	97%	2,263	1,948	86%	2,319	2,129	92%
<b>STAR Kids Total</b>	<b>141,564</b>	<b>140,835</b>	<b>99%</b>	<b>141,735</b>	<b>140,995</b>	<b>99%</b>	<b>141,420</b>	<b>134,863</b>	<b>95%</b>	<b>146,070</b>	<b>141,992</b>	<b>97%</b>
<b>ENT Total</b>	<b>2,950,892</b>	<b>2,925,752</b>	<b>99%</b>	<b>2,978,112</b>	<b>2,896,351</b>	<b>97%</b>	<b>2,936,898</b>	<b>2,754,423</b>	<b>94%</b>	<b>3,293,529</b>	<b>2,794,600</b>	<b>85%</b>
<b>Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)</b>												
<b>STAR</b>												
Metro	2,249,355	1,867,395	83%	2,269,967	1,893,449	83%	2,233,007	1,567,952	70%	2,531,598	1,847,316	73%
Aetna Better Health	64,107	57,278	89%	63,470	56,660	89%	62,017	21,366	34%	71,036	63,962	90%
Amerigroup	419,975	382,039	91%	419,424	381,011	91%	410,044	344,947	84%	468,093	440,867	94%
Blue Cross and Blue Shield of Texas				24,588	24,040	98%	24,284	24,206	100%	28,536	28,448	100%
Community First Health Plans	94,159	89,234	95%	93,334	88,465	95%	91,541	68,323	75%	102,198	96,993	95%
Community Health Choice	213,515	193,379	91%	215,133	206,035	96%	212,712	198,472	93%	242,951	238,780	98%
Cook Children's Health Plan	94,153	0	0%	93,287	0	0%	91,022	0	0%	104,823	0	0%
Dell Children's Health Plan	19,616	19,495	99%	19,611	19,489	99%	19,171	19,110	100%	22,247	22,172	100%
Driscoll Health Plan	112,627	56,394	50%	113,107	56,533	50%	113,511	0	0%	126,939	85,570	67%
El Paso First	58,805	58,805	100%	58,120	58,120	100%	57,044	57,044	100%	63,444	63,444	100%
FirstCare	37,858	13,258	35%	36,895	12,958	35%	35,904	0	0%	40,448	0	0%
Molina Healthcare of Texas	78,100	48,112	62%	77,185	48,100	62%	75,136	36,764	49%	83,897	52,871	63%
Parkland	142,860	138,900	97%	140,989	137,161	97%	138,158	133,846	97%	156,792	152,684	97%
Right Care from Scott and White Health	29,597	23,010	78%	29,163	22,600	77%	28,366	0	0%	31,685	0	0%
Superior HealthPlan	468,072	390,765	83%	467,746	391,274	84%	463,291	312,281	67%	519,901	490,789	94%
Texas Children's Health Plan	303,191	286,154	94%	305,078	288,209	94%	299,547	264,791	88%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	110,572	98%	112,837	102,794	91%	111,259	86,802	78%	127,169	110,736	87%
Micro	149,891	74,569	50%	153,642	78,150	51%	152,248	53,301	35%	172,692	77,146	45%
Aetna Better Health	1,003	530	53%	991	525	53%	940	11	1%	1,086	640	59%
Amerigroup	26,451	17,741	67%	26,701	17,748	66%	26,595	10,715	40%	30,559	19,609	64%
Blue Cross and Blue Shield of Texas				3,093	3,069	99%	3,051	2,369	78%	3,508	2,710	77%
Community First Health Plans	1,851	1,189	64%	1,807	1,139	63%	1,776	48	3%	1,959	1,231	63%
Community Health Choice	6,464	3,370	52%	6,504	4,212	65%	6,474	3,288	51%	7,241	4,768	66%
Cook Children's Health Plan	2,553	0	0%	2,502	0	0%	2,465	0	0%	2,795	0	0%
Dell Children's Health Plan	1,881	1,530	81%	1,941	1,590	82%	1,911	1,516	79%	2,176	1,721	79%
Driscoll Health Plan	10,761	47	0%	10,802	47	0%	10,832	0	0%	12,367	65	1%
FirstCare	2,569	2,547	99%	2,575	2,550	99%	2,495	0	0%	2,853	0	0%
Molina Healthcare of Texas	2,395	1,140	48%	2,391	1,156	48%	2,357	360	15%	2,599	313	12%
Right Care from Scott and White Health	2,963	313	11%	2,949	310	11%	2,964	0	0%	3,396	0	0%
Superior HealthPlan	73,302	41,535	57%	73,535	42,086	57%	72,727	32,613	45%	82,327	44,576	54%
Texas Children's Health Plan	8,824	2,805	32%	8,995	2,831	31%	9,098	2,232	25%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	1,822	21%	8,856	887	10%	8,563	149	2%	9,613	1,513	16%
Rural	204,261	164,872	81%	206,305	166,403	81%	204,564	125,587	61%	232,410	158,567	68%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	35,340	91%	39,013	35,489	91%	38,447	28,108	73%	44,056	39,113	89%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,271	100%	7,167	7,164	100%	8,101	8,101	100%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,285	2,577	18%	14,337	3,280	23%	14,399	772	5%	16,054	3,721	23%
El Paso First	12	12	100%	14	14	100%	14	14	100%	19	19	100%
FirstCare	24,123	15,591	65%	23,795	15,359	65%	23,387	0	0%	25,960	0	0%
Molina Healthcare of Texas	2,737	2,449	89%	2,728	2,487	91%	2,712	1,985	73%	3,006	2,711	90%
Parkland	486	486	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health	7,521	6,833	91%	7,355	6,644	90%	7,010	0	0%	7,927	0	0%
Superior HealthPlan	90,338	76,428	85%	91,195	77,066	85%	90,807	69,246	76%	103,788	91,303	88%
Texas Children's Health Plan	8,089	7,706	95%	8,218	7,806	95%	8,261	7,556	91%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	4,421	91%	4,905	3,517	72%	4,895	3,277	67%	5,676	5,189	91%
<b>STAR Total</b>	<b>2,603,507</b>	<b>2,106,836</b>	<b>81%</b>	<b>2,629,914</b>	<b>2,138,002</b>	<b>81%</b>	<b>2,589,819</b>	<b>1,746,840</b>	<b>67%</b>	<b>2,936,700</b>	<b>2,083,029</b>	<b>71%</b>
<b>STAR+PLUS</b>												
Metro	172,461	151,802	88%	173,017	105,945	61%	172,289	134,635	78%	176,400	160,415	91%
Amerigroup	46,480	41,287	89%	46,287	30,478	66%	45,920	36,958	80%	46,843	44,076	94%
Cigna-HealthSpring	11,279	9,941	88%	11,291	0	0%	11,168	7,614	68%	11,330	9,830	87%
Molina Healthcare of Texas	29,612	25,586	86%	29,587	602	2%	29,373	24,164	82%	29,965	26,289	88%
Superior HealthPlan	45,305	39,917	88%	45,512	40,231	88%	45,360	34,842	77%	46,649	45,440	97%
UnitedHealthcare Community	39,785	35,071	88%	40,340	34,634	86%	40,468	31,057	77%	41,613	34,780	84%
Micro	14,399	7,767	54%	14,476	5,397	37%	14,441	6,091	42%	14,813	7,761	52%



**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Amerigroup	1,625	1,019	63%	1,619	388	24%	1,581	661	42%	1,649	877	53%
Cigna-HealthSpring	3,582	1,780	50%	3,556	0	0%	3,478	1,695	49%	3,511	1,752	50%
Molina Healthcare of Texas	643	384	60%	632	110	17%	612	214	35%	611	183	30%
Superior HealthPlan	2,735	1,619	59%	2,767	1,661	60%	2,782	1,594	57%	2,850	1,682	59%
UnitedHealthcare Community	5,814	2,965	51%	5,902	3,238	55%	5,988	1,927	32%	6,192	3,267	53%
Rural	18,961	16,528	87%	18,970	11,532	61%	18,929	14,446	76%	19,546	17,147	88%
Amerigroup	3,460	3,033	88%	3,427	922	27%	3,381	2,261	67%	3,458	3,039	88%
Cigna-HealthSpring	1,606	1,548	96%	1,606	0	0%	1,568	1,456	93%	1,604	1,535	96%
Molina Healthcare of Texas	1,080	1,022	95%	1,065	32	3%	1,040	950	91%	1,064	1,012	95%
Superior HealthPlan	7,843	6,587	84%	7,874	6,612	84%	7,890	6,201	79%	8,153	7,203	88%
UnitedHealthcare Community	4,972	4,338	87%	4,998	3,966	79%	5,050	3,578	71%	5,267	4,358	83%
<b>STAR+PLUS Total</b>	<b>205,821</b>	<b>176,097</b>	<b>86%</b>	<b>206,463</b>	<b>122,874</b>	<b>60%</b>	<b>205,659</b>	<b>155,172</b>	<b>75%</b>	<b>210,759</b>	<b>185,323</b>	<b>88%</b>
<b>STAR Kids</b>												
Metro	124,843	97,954	78%	125,001	97,593	78%	124,637	83,038	67%	128,723	106,322	83%
Aetna Better Health	4,139	3,386	82%	4,054	3,318	82%	4,038	784	19%	4,234	3,454	82%
Amerigroup	21,642	20,908	97%	21,655	20,915	97%	21,548	18,753	87%	22,318	21,382	96%
Blue Cross and Blue Shield of Texas	5,619	5,567	99%	5,625	5,569	99%	5,650	5,581	99%	5,887	5,810	99%
Children's Medical Center Health Plan	7,631	7,536	99%	7,559	7,459	99%	7,399	7,269	98%	7,454	7,307	98%
Community First Health Plans	6,628	6,376	96%	6,549	6,292	96%	6,500	4,955	76%	6,676	6,420	96%
Cook Children's Health Plan	8,342	0	0%	8,412	0	0%	8,359	0	0%	8,721	0	0%
Driscoll Health Plan	7,516	3,619	48%	7,506	3,600	48%	7,516	0	0%	7,746	5,300	68%
Superior HealthPlan	20,892	13,210	63%	21,004	13,245	63%	21,162	13,143	62%	21,952	19,373	88%
Texas Children's Health Plan	21,437	19,009	89%	21,738	19,246	89%	21,868	17,236	79%	22,686	20,070	88%
UnitedHealthcare Community	20,997	18,343	87%	20,899	17,949	86%	20,597	15,317	74%	21,049	17,206	82%
Micro	7,662	3,399	44%	7,647	3,517	46%	7,637	1,972	26%	7,880	3,476	44%
Aetna Better Health	34	16	47%	32	15	47%	34	0	0%	40	16	40%
Amerigroup	262	244	93%	265	247	93%	253	204	81%	254	231	91%
Blue Cross and Blue Shield of Texas	586	307	52%	588	311	53%	596	241	40%	612	244	40%
Community First Health Plans	102	56	55%	99	51	52%	96	1	1%	104	62	60%
Cook Children's Health Plan	116	0	0%	111	0	0%	110	0	0%	119	0	0%
Driscoll Health Plan	448	6	1%	451	6	1%	455	0	0%	470	7	1%
Superior HealthPlan	1,369	728	53%	1,378	732	53%	1,370	799	58%	1,432	845	59%
Texas Children's Health Plan	1,909	601	31%	1,972	637	32%	2,017	137	7%	2,095	670	32%
UnitedHealthcare Community	2,836	1,441	51%	2,751	1,518	55%	2,706	590	22%	2,754	1,401	51%
Rural	9,059	7,119	79%	9,087	7,020	77%	9,146	5,649	62%	9,467	7,490	79%
Amerigroup	1,739	1,452	83%	1,723	1,433	83%	1,734	1,095	63%	1,762	1,489	85%
Blue Cross and Blue Shield of Texas	765	694	91%	771	771	100%	785	645	82%	816	673	82%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	131	19%	700	163	23%	721	29	4%	765	175	23%
Superior HealthPlan	2,081	1,427	69%	2,110	1,450	69%	2,137	1,446	68%	2,224	1,805	81%
Texas Children's Health Plan	1,174	1,034	88%	1,181	1,032	87%	1,194	576	48%	1,265	1,103	87%
UnitedHealthcare Community	2,291	2,066	90%	2,275	1,844	81%	2,263	1,546	68%	2,319	1,929	83%
<b>STAR Kids Total</b>	<b>141,564</b>	<b>108,472</b>	<b>77%</b>	<b>141,735</b>	<b>108,130</b>	<b>76%</b>	<b>141,420</b>	<b>90,659</b>	<b>64%</b>	<b>146,070</b>	<b>117,288</b>	<b>80%</b>
<b>TCM and MHR Total</b>	<b>2,950,892</b>	<b>2,391,405</b>	<b>81%</b>	<b>2,978,112</b>	<b>2,369,006</b>	<b>80%</b>	<b>2,936,898</b>	<b>1,992,671</b>	<b>68%</b>	<b>3,293,529</b>	<b>2,385,640</b>	<b>72%</b>
<b>Nursing Facility</b>												
<b>STAR+PLUS</b>												
Metro	177,202	177,202	100%	179,297	119,712	67%	177,200	177,200	100%	181,009	181,009	100%
Amerigroup	47,031	47,031	100%	47,310	32,609	69%	46,549	46,549	100%	47,449	47,449	100%
Cigna-HealthSpring	15,388	15,388	100%	15,634	0	0%	15,521	15,521	100%	15,583	15,583	100%
Molina Healthcare of Texas	36,273	36,273	100%	36,634	7,384	20%	36,066	36,066	100%	36,654	36,654	100%
Superior HealthPlan	41,212	41,212	100%	41,737	41,737	100%	41,236	41,236	100%	42,366	42,366	100%
UnitedHealthcare Community Plan	37,298	37,298	100%	37,982	37,982	100%	37,828	37,828	100%	38,957	38,957	100%
Micro	16,176	16,175	100%	16,257	10,718	66%	16,139	16,139	100%	16,491	16,491	100%
Amerigroup	1,960	1,959	100%	1,924	876	46%	1,912	1,912	100%	1,928	1,928	100%
Cigna-HealthSpring	3,970	3,970	100%	3,966	0	0%	3,877	3,877	100%	3,918	3,918	100%
Molina Healthcare of Texas	1,529	1,529	100%	1,514	989	65%	1,523	1,523	100%	1,538	1,538	100%
Superior HealthPlan	3,822	3,822	100%	3,868	3,868	100%	3,853	3,853	100%	3,963	3,963	100%
UnitedHealthcare Community Plan	4,895	4,895	100%	4,985	4,985	100%	4,974	4,974	100%	5,144	5,144	100%
Rural	22,104	22,031	100%	22,212	14,778	67%	22,101	21,831	99%	22,521	22,249	99%
Amerigroup	5,538	5,496	99%	5,533	1,119	20%	5,458	5,219	96%	5,509	5,265	96%
Cigna-HealthSpring	1,600	1,600	100%	1,608	0	0%	1,566	1,566	100%	1,580	1,580	100%
Molina Healthcare of Texas	1,577	1,577	100%	1,575	194	12%	1,559	1,559	100%	1,581	1,581	100%
Superior HealthPlan	8,081	8,050	100%	8,123	8,092	100%	8,143	8,112	100%	8,365	8,337	100%
UnitedHealthcare Community Plan	5,308	5,308	100%	5,373	5,373	100%	5,375	5,375	100%	5,486	5,486	100%
<b>STAR+PLUS Total</b>	<b>215,482</b>	<b>215,408</b>	<b>100%</b>	<b>217,766</b>	<b>145,208</b>	<b>67%</b>	<b>215,440</b>	<b>215,170</b>	<b>100%</b>	<b>220,021</b>	<b>219,749</b>	<b>100%</b>
<b>Nursing Facility Total</b>	<b>215,482</b>	<b>215,408</b>	<b>100%</b>	<b>217,766</b>	<b>145,208</b>	<b>67%</b>	<b>215,440</b>	<b>215,170</b>	<b>100%</b>	<b>220,021</b>	<b>219,749</b>	<b>100%</b>
<b>OB/GYN</b>												
<b>STAR</b>												
Metro	471,899	471,712	100%	475,662	475,506	100%	468,701	464,599	99%	566,317	492,637	87%
Aetna Better Health	14,250	14,250	100%	13,909	13,909	100%	13,398	13,398	100%	16,526	16,526	100%
Amerigroup	89,283	89,269	100%	89,032	89,016	100%	87,003	86,982	100%	105,519	105,496	100%
Blue Cross and Blue Shield of Texas				5,218	5,218	100%	5,202	5,202	100%	6,598	6,598	100%
Community First Health Plans	21,578	21,540	100%	21,209	21,209	100%	20,688	20,688	100%	24,519	24,519	100%
Community Health Choice	42,796	42,796	100%	43,007	43,007	100%	42,562	42,562	100%	52,631	52,631	100%
Cook Children's Health Plan	17,567	17,567	100%	17,586	17,586	100%	17,316	17,316	100%	21,315	20,142	94%
Dell Children's Health Plan	3,447	3,447	100%	3,470	3,470	100%	3,434	3,434	100%	4,224	4,224	100%
Driscoll Health Plan	22,683	22,671	100%	22,760	22,760	100%	22,955	22,955	100%	27,513	27,513	100%
El Paso First	13,269	13,269	100%	12,991	12,991	100%	12,768	12,768	100%	14,878	14,878	100%
FirstCare	7,944	7,944	100%	7,679	7,679	100%	7,540	4,230	56%	9,164	5,172	56%
Molina Healthcare of Texas	18,285	18,283	100%	17,885	17,881	100%	17,223	17,202	100%	20,221	20,200	100%
Parkland	28,252	28,252	100%	28,293	28,293	100%	27,787	27,720	100%	33,822	33,739	100%
Right Care from Scott and White Health	6,445	6,445	100%	6,331	6,331	100%	6,176	6,171	100%	7,413	7,407	100%
Superior HealthPlan	103,443	103,323	100%	103,091	102,956	100%	102,466	101,789	99%	122,117	121,964	100%
Texas Children's Health Plan	55,670	55,670	100%	56,542	56,542	100%	56,223	56,223	100%	68,228	0	0%
UnitedHealthcare Community Plan	26,987	26,986	100%	26,659	26,658	100%	25,960	25,959	100%	31,629	31,628	100%
Micro	32,246	32,246	100%	33,092	33,092	100%	32,813	32,716	100%	39,646	37,478	95%
Aetna Better Health	213	213	100%	220	220	100%	231	231	100%	274	274	100%
Amerigroup	5,915	5,915	100%	5,970	5,970	100%	5,859	5,770	98%	7,179	7,081	99%
Blue Cross and Blue Shield of Texas				677	677	100%	680	680	100%	816	816	100%
Community First Health Plans	411	411	100%	386	386	100%	362	362	100%	424	424	100%
Community Health Choice	1,325	1,325	100%	1,332	1,332	100%	1,331	1,331	100%	1,626	1,626	100%
Cook Children's Health Plan	504	504	100%	496	496	100%	483	483	100%	580	580	100%
Dell Children's Health Plan	320	320	100%	342	342	100%	333	333	100%	407	407	100%

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Driscoll Health Plan	2,295	2,295	100%	2,321	2,321	100%	2,310	2,310	100%	2,770	2,770	100%
FirstCare	544	544	100%	564	564	100%	543	535	99%	650	641	99%
Molina Healthcare of Texas	563	563	100%	560	560	100%	561	561	100%	653	653	100%
Right Care from Scott and White Health	670	670	100%	661	661	100%	673	673	100%	821	821	100%
Superior HealthPlan	15,786	15,786	100%	15,809	15,809	100%	15,765	15,765	100%	19,032	19,032	100%
Texas Children's Health Plan	1,627	1,627	100%	1,690	1,690	100%	1,724	1,724	100%	2,061	0	0%
UnitedHealthcare Community Plan	2,073	2,073	100%	2,064	2,064	100%	1,958	1,958	100%	2,353	2,353	100%
Rural	44,630	44,308	99%	45,047	44,748	99%	44,731	42,276	95%	54,122	49,562	92%
Aetna Better Health	216	216	100%	209	209	100%	222	222	100%	255	255	100%
Amerigroup	8,236	8,143	99%	8,226	8,146	99%	8,173	8,083	99%	10,016	9,928	99%
Blue Cross and Blue Shield of Texas				275	275	100%	282	282	100%	363	363	100%
Community First Health Plans	1,034	1,034	100%	1,012	1,012	100%	1,011	1,011	100%	1,189	1,189	100%
Community Health Choice	1,500	1,500	100%	1,524	1,522	100%	1,470	1,470	100%	1,809	1,809	100%
Dell Children's Health Plan	111	111	100%	108	108	100%	111	111	100%	137	137	100%
Driscoll Health Plan	2,984	2,984	100%	3,030	3,030	100%	3,047	3,047	100%	3,605	3,605	100%
El Paso First	2	2	100%	2	2	100%	3	3	100%	4	4	100%
FirstCare	5,030	4,927	98%	4,982	4,903	98%	4,901	2,903	59%	5,709	3,559	62%
Molina Healthcare of Texas	644	644	100%	624	624	100%	623	620	100%	735	735	100%
Parkland	113	113	100%	119	119	100%	112	112	100%	134	134	100%
Right Care from Scott and White Health	1,559	1,559	100%	1,508	1,508	100%	1,440	1,417	98%	1,791	1,789	100%
Superior HealthPlan	20,216	20,092	99%	20,418	20,281	99%	20,300	19,959	98%	24,685	24,409	99%
Texas Children's Health Plan	1,633	1,633	100%	1,658	1,658	100%	1,693	1,693	100%	2,044	0	0%
UnitedHealthcare Community Plan	1,352	1,350	100%	1,351	1,351	100%	1,343	1,343	100%	1,646	1,646	100%
STAR Total	548,775	548,266	100%	553,801	553,346	100%	546,245	539,591	99%	660,085	579,677	88%
STAR+PLUS												
Metro	85,195	85,162	100%	85,271	61,334	72%	84,646	84,228	100%	86,480	86,395	100%
Amerigroup	22,945	22,945	100%	22,829	17,146	75%	22,572	22,572	100%	22,943	22,943	100%
Cigna-HealthSpring	5,563	5,548	100%	5,556	0	0%	5,450	5,415	99%	5,502	5,483	100%
Molina Healthcare of Texas	14,237	14,237	100%	14,174	1,495	11%	14,032	13,968	100%	14,254	14,203	100%
Superior HealthPlan	23,182	23,166	100%	23,210	23,192	100%	23,032	22,769	99%	23,659	23,644	100%
UnitedHealthcare Community Plan	19,268	19,266	100%	19,502	19,501	100%	19,560	19,504	100%	20,122	20,122	100%
Micro	7,526	7,526	100%	7,566	5,095	67%	7,494	7,455	99%	7,669	7,628	99%
Amerigroup	812	812	100%	806	436	54%	781	742	95%	812	771	95%
Cigna-HealthSpring	1,903	1,903	100%	1,906	0	0%	1,836	1,836	100%	1,852	1,852	100%
Molina Healthcare of Texas	307	307	100%	299	104	35%	286	286	100%	287	287	100%
Superior HealthPlan	1,507	1,507	100%	1,527	1,527	100%	1,517	1,517	100%	1,531	1,531	100%
UnitedHealthcare Community Plan	2,997	2,997	100%	3,028	3,028	100%	3,074	3,074	100%	3,187	3,187	100%
Rural	10,052	9,921	99%	10,004	7,296	73%	9,956	9,785	98%	10,262	10,175	99%
Amerigroup	1,810	1,778	98%	1,784	469	26%	1,752	1,719	98%	1,790	1,772	99%
Cigna-HealthSpring	834	834	100%	838	0	0%	815	815	100%	821	821	100%
Molina Healthcare of Texas	543	543	100%	538	33	6%	528	527	100%	539	539	100%
Superior HealthPlan	4,303	4,252	99%	4,278	4,229	99%	4,276	4,170	98%	4,403	4,340	99%
UnitedHealthcare Community Plan	2,562	2,514	98%	2,566	2,565	100%	2,585	2,554	99%	2,709	2,703	100%
STAR+PLUS Total	102,773	102,609	100%	102,841	73,725	72%	102,096	101,468	99%	104,411	104,198	100%
STAR Kids												
Metro	23,936	23,929	100%	23,962	23,953	100%	23,898	23,843	100%	24,894	24,867	100%
Aetna Better Health	854	854	100%	845	845	100%	835	835	100%	889	889	100%
Amerigroup	4,151	4,151	100%	4,143	4,143	100%	4,132	4,132	100%	4,311	4,311	100%
Blue Cross and Blue Shield of Texas	1,051	1,051	100%	1,067	1,067	100%	1,046	1,046	100%	1,119	1,119	100%
Children's Medical Center Health Plan	1,556	1,556	100%	1,567	1,567	100%	1,556	1,553	100%	1,579	1,579	100%
Community First Health Plans	1,281	1,280	100%	1,261	1,261	100%	1,250	1,250	100%	1,287	1,287	100%
Cook Children's Health Plan	1,565	1,565	100%	1,582	1,582	100%	1,578	1,578	100%	1,676	1,652	99%
Driscoll Health Plan	1,435	1,434	100%	1,421	1,421	100%	1,421	1,421	100%	1,467	1,467	100%
Superior HealthPlan	4,193	4,189	100%	4,232	4,227	100%	4,262	4,220	99%	4,472	4,470	100%
Texas Children's Health Plan	3,841	3,840	100%	3,896	3,893	100%	3,943	3,943	100%	4,108	4,108	100%
UnitedHealthcare Community Plan	4,009	4,009	100%	3,948	3,947	100%	3,875	3,865	100%	3,986	3,985	100%
Micro	1,469	1,469	100%	1,483	1,483	100%	1,480	1,480	100%	1,529	1,529	100%
Aetna Better Health	8	8	100%	7	7	100%	7	7	100%	11	11	100%
Amerigroup	51	51	100%	58	58	100%	55	55	100%	55	55	100%
Blue Cross and Blue Shield of Texas	120	120	100%	123	123	100%	130	130	100%	128	128	100%
Community First Health Plans	18	18	100%	18	18	100%	19	19	100%	22	22	100%
Cook Children's Health Plan	31	31	100%	31	31	100%	28	28	100%	34	34	100%
Driscoll Health Plan	92	92	100%	93	93	100%	89	89	100%	89	89	100%
Superior HealthPlan	261	261	100%	268	268	100%	261	261	100%	269	269	100%
Texas Children's Health Plan	333	333	100%	347	347	100%	355	355	100%	372	372	100%
UnitedHealthcare Community Plan	555	555	100%	538	538	100%	536	536	100%	549	549	100%
Rural	1,789	1,780	99%	1,773	1,765	100%	1,811	1,794	99%	1,872	1,865	100%
Amerigroup	335	330	99%	336	332	99%	354	347	98%	363	361	99%
Blue Cross and Blue Shield of Texas	153	153	100%	160	160	100%	161	161	100%	168	168	100%
Children's Medical Center Health Plan	18	18	100%	15	15	100%	12	12	100%	11	11	100%
Community First Health Plans	42	42	100%	45	45	100%	42	42	100%	45	45	100%
Driscoll Health Plan	122	122	100%	121	121	100%	122	122	100%	130	130	100%
Superior HealthPlan	431	427	99%	411	408	99%	424	414	98%	441	436	99%
Texas Children's Health Plan	213	213	100%	204	204	100%	211	211	100%	225	225	100%
UnitedHealthcare Community Plan	475	475	100%	481	480	100%	485	485	100%	489	489	100%
STAR Kids Total	27,194	27,178	100%	27,218	27,201	100%	27,189	27,117	100%	28,295	28,261	100%
OB/GYN Total	678,742	678,053	100%	683,860	654,272	96%	675,530	668,176	99%	792,791	712,136	90%
Ophthalmologist												
STAR												
Metro	2,249,355	2,207,781	98%	2,269,967	2,231,495	98%	2,233,007	2,126,797	95%	2,531,598	2,450,008	97%
Aetna Better Health	64,107	61,921	97%	63,470	61,334	97%	62,017	57,471	93%	71,036	68,461	96%
Amerigroup	419,975	409,715	98%	419,424	411,764	98%	410,044	395,551	96%	468,093	456,869	98%
Blue Cross and Blue Shield of Texas				24,588	24,116	98%	24,284	24,231	100%	28,536	28,480	100%
Community First Health Plans	94,159	90,732	96%	93,334	89,931	96%	91,541	88,263	96%	102,198	101,761	100%
Community Health Choice	213,515	213,432	100%	215,133	215,040	100%	212,712	212,536	100%	242,951	242,839	100%
Cook Children's Health Plan	94,153	89,716	95%	93,287	89,028	95%	91,022	84,939	93%	104,823	88,004	84%
Dell Children's Health Plan	19,616	19,584	100%	19,611	19,566	100%	19,171	19,106	100%	22,247	22,168	100%
Driscoll Health Plan	112,627	111,705	99%	113,107	112,182	99%	113,511	112,626	99%	126,939	125,970	99%
El Paso First	58,805	58,803	100%	58,120	58,118	100%	57,044	57,023	100%	63,444	63,420	100%
FirstCare	37,858	37,741	100%	36,895	36,782	100%	35,904	0	0%	40,448	13,919	34%
Molina Healthcare of Texas	78,100	77,449	99%	77,185	76,558	99%	75,136	74,072	99%	83,897	82,993	99%
Parkland	142,860	131,948	92%	140,989	130,781	93%	138,158	124,986	90%	156,792	149,640	95%
Right Care from Scott and White Health	29,597	23,271	79%	29,163	22,903	79%	28,366	10,326	36%	31,685	19,808	63%
Superior HealthPlan	468,072	466,060	100%	467,746	465,759	100%	463,291	455,263	98%	519,901	517,417	100%

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Texas Children's Health Plan	303,191	303,077	100%	305,078	304,953	100%	299,547	299,375	100%	341,439	341,246	100%
UnitedHealthcare Community Plan	112,720	112,627	100%	112,837	112,680	100%	111,259	111,029	100%	127,013	127,013	100%
Micro	149,891	138,626	92%	153,642	138,521	90%	152,248	122,711	81%	172,692	152,638	88%
Aetna Better Health	1,003	938	94%	991	930	94%	940	808	86%	1,086	978	90%
Amerigroup	26,451	23,958	91%	26,701	24,392	91%	26,595	19,691	74%	30,559	24,574	80%
Blue Cross and Blue Shield of Texas				3,093	2,868	93%	3,051	2,842	93%	3,508	3,508	100%
Community First Health Plans	1,851	1,837	99%	1,807	1,795	99%	1,776	1,764	99%	1,959	1,953	100%
Community Health Choice	6,464	6,464	100%	6,504	6,504	100%	6,474	6,426	99%	7,241	7,186	99%
Cook Children's Health Plan	2,553	2,178	85%	2,502	2,128	85%	2,465	1,877	76%	2,795	1,316	47%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,802	94%	2,176	2,176	100%
Driscoll Health Plan	10,761	10,737	100%	10,802	9,835	91%	10,832	10,457	97%	12,367	11,958	97%
FirstCare	2,569	2,547	99%	2,575	2,550	99%	2,495	0	0%	2,853	0	0%
Molina Healthcare of Texas	2,395	2,319	97%	2,391	2,329	97%	2,357	1,024	43%	2,599	2,025	78%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,949	100%	2,964	2,818	95%	3,396	3,287	97%
Superior HealthPlan	73,302	66,133	90%	73,535	63,465	86%	72,727	56,767	78%	82,327	75,063	91%
Texas Children's Health Plan	8,824	8,824	100%	8,995	8,995	100%	9,098	9,032	99%	10,213	10,136	99%
UnitedHealthcare Community Plan	8,874	7,847	88%	8,856	7,840	89%	8,563	7,403	86%	9,613	8,478	88%
Rural	204,261	190,563	93%	206,305	192,539	93%	204,564	166,984	82%	232,410	204,367	88%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	36,672	95%	39,013	36,862	94%	38,447	35,350	92%	44,056	40,950	93%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,275	100%	7,167	7,108	99%	8,101	8,061	100%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	520	94%	634	634	100%
Driscoll Health Plan	14,285	14,263	100%	14,337	14,179	99%	14,399	14,306	99%	16,054	15,953	99%
El Paso First	12	12	100%	14	14	100%	14	13	93%	19	18	95%
FirstCare	24,123	19,312	80%	23,795	18,982	80%	23,387	0	0%	25,960	7,279	28%
Molina Healthcare of Texas	2,737	2,699	99%	2,728	2,691	99%	2,712	2,673	99%	3,006	2,962	99%
Parkland	486	481	99%	521	521	100%	517	509	98%	593	592	100%
Right Care from Scott and White Health	7,521	7,184	96%	7,355	7,248	99%	7,010	5,904	84%	7,927	7,383	93%
Superior HealthPlan	90,338	84,038	93%	91,195	84,800	93%	90,807	81,163	89%	103,788	98,306	95%
Texas Children's Health Plan	8,089	8,089	100%	8,218	8,166	99%	8,261	8,213	99%	9,413	9,413	100%
UnitedHealthcare Community Plan	4,838	4,784	99%	4,905	4,852	99%	4,895	4,832	99%	5,676	5,633	99%
STAR Total	2,603,507	2,536,970	97%	2,629,914	2,562,555	97%	2,589,819	2,416,492	93%	2,936,700	2,807,013	96%
STAR+PLUS												
Metro	172,461	171,415	99%	173,017	173,178	71%	172,289	168,554	98%	176,400	174,313	99%
Amerigroup	46,480	46,176	99%	46,287	34,783	75%	45,920	45,240	99%	46,843	46,523	99%
Cigna-HealthSpring	11,279	11,105	98%	11,291	0	0%	11,168	10,475	94%	11,330	11,052	98%
Molina Healthcare of Texas	29,612	29,465	100%	29,587	2,967	10%	29,373	28,751	98%	29,965	29,493	98%
Superior HealthPlan	45,305	45,058	99%	45,512	45,261	99%	45,360	44,359	98%	46,649	46,340	99%
UnitedHealthcare Community Plan	39,785	39,611	100%	40,340	40,167	100%	40,468	39,729	98%	41,613	40,905	98%
Micro	14,399	13,453	93%	14,476	9,400	65%	14,441	11,936	83%	14,813	13,124	89%
Amerigroup	1,625	1,585	98%	1,619	846	52%	1,581	1,414	89%	1,649	1,529	93%
Cigna-HealthSpring	3,582	3,027	85%	3,556	0	0%	3,478	2,592	75%	3,511	2,945	84%
Molina Healthcare of Texas	643	630	98%	632	221	35%	612	445	73%	611	553	91%
Superior HealthPlan	2,735	2,585	95%	2,767	2,619	95%	2,782	2,308	83%	2,850	2,685	94%
UnitedHealthcare Community Plan	5,814	5,626	97%	5,902	5,714	97%	5,988	5,177	86%	6,192	5,412	87%
Rural	18,961	18,020	95%	18,970	13,223	70%	18,929	17,489	92%	19,546	18,677	96%
Amerigroup	3,460	3,156	91%	3,427	900	26%	3,381	3,071	91%	3,458	3,150	91%
Cigna-HealthSpring	1,606	1,602	100%	1,606	0	0%	1,568	1,484	95%	1,604	1,599	100%
Molina Healthcare of Texas	1,080	1,069	99%	1,065	73	7%	1,040	1,029	99%	1,064	1,054	99%
Superior HealthPlan	7,843	7,269	93%	7,874	7,302	93%	7,890	7,086	90%	8,153	7,689	94%
UnitedHealthcare Community Plan	4,972	4,924	99%	4,998	4,948	99%	5,050	4,819	95%	5,267	5,185	98%
STAR+PLUS Total	205,821	202,888	99%	206,463	145,801	71%	205,659	197,979	96%	210,759	206,114	98%
STAR Kids												
Metro	124,843	120,854	97%	125,001	121,126	97%	124,637	119,369	96%	128,723	124,902	97%
Aetna Better Health	4,139	3,904	94%	4,054	3,860	95%	4,038	3,568	88%	4,234	4,005	95%
Amerigroup	21,642	21,152	98%	21,655	21,202	98%	21,548	20,835	97%	22,318	21,660	97%
Blue Cross and Blue Shield of Texas	5,619	4,893	87%	5,625	4,913	87%	5,650	5,008	89%	5,887	5,868	100%
Children's Medical Center Health Plan	7,631	7,444	98%	7,559	7,379	98%	7,399	7,110	96%	7,454	7,206	97%
Community First Health Plans	6,628	6,445	97%	6,549	6,366	97%	6,500	6,172	95%	6,676	6,657	100%
Cook Children's Health Plan	8,342	7,783	93%	8,412	7,915	94%	8,359	7,595	91%	8,721	7,091	81%
Driscoll Health Plan	7,516	7,463	99%	7,506	7,455	99%	7,516	7,465	99%	7,746	7,693	99%
Superior HealthPlan	20,892	20,866	100%	21,004	20,974	100%	21,162	21,113	100%	21,952	21,918	100%
Texas Children's Health Plan	21,437	20,425	95%	21,738	20,675	95%	21,868	20,782	95%	22,686	22,179	98%
UnitedHealthcare Community Plan	20,997	20,479	98%	20,899	20,387	98%	20,597	19,721	96%	21,049	20,625	98%
Micro	7,662	7,033	92%	7,647	6,968	91%	7,637	6,175	81%	7,880	6,918	88%
Aetna Better Health	34	31	91%	32	29	91%	34	31	91%	40	37	93%
Amerigroup	262	262	100%	265	265	100%	253	231	91%	254	254	100%
Blue Cross and Blue Shield of Texas	586	533	91%	588	537	91%	596	569	95%	612	612	100%
Community First Health Plans	102	99	97%	99	95	96%	96	92	96%	104	101	97%
Cook Children's Health Plan	116	102	88%	111	96	86%	110	61	55%	119	62	52%
Driscoll Health Plan	448	447	100%	451	403	89%	455	441	97%	470	458	97%
Superior HealthPlan	1,369	1,276	93%	1,378	1,279	93%	1,370	964	70%	1,432	1,314	92%
Texas Children's Health Plan	1,909	1,568	82%	1,972	1,625	82%	2,017	1,501	74%	2,095	1,702	81%
UnitedHealthcare Community Plan	2,836	2,715	96%	2,751	2,639	96%	2,706	2,285	84%	2,754	2,378	86%
Rural	9,059	8,412	93%	9,087	8,411	93%	9,146	8,367	91%	9,467	8,790	93%
Amerigroup	1,739	1,578	91%	1,723	1,557	90%	1,734	1,556	90%	1,762	1,581	90%
Blue Cross and Blue Shield of Texas	765	712	93%	771	723	94%	785	731	93%	816	766	94%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	693	100%	700	696	99%	721	719	100%	765	763	100%
Superior HealthPlan	2,081	1,883	90%	2,110	1,897	90%	2,137	1,806	85%	2,224	1,924	87%
Texas Children's Health Plan	1,174	1,044	89%	1,181	1,050	89%	1,194	1,149	96%	1,265	1,222	97%
UnitedHealthcare Community Plan	2,291	2,187	95%	2,275	2,161	95%	2,263	2,094	93%	2,319	2,218	96%
STAR Kids Total	141,564	136,299	96%	141,735	136,505	96%	141,420	133,911	95%	146,070	140,610	96%
Optomologist Total	2,950,892	2,876,157	97%	2,978,112	2,844,861	96%	2,936,898	2,748,382	94%	3,293,529	3,153,737	96%
Orthopedist												
STAR												
Metro	2,249,355	2,228,586	99%	2,269,967	2,249,568	99%	2,233,007	2,126,797	95%	2,531,598	2,128,686	84%
Aetna Better Health	64,107	63,178	99%	63,470	62,449	98%	62,017	57,471	93%	71,036	70,141	99%
Amerigroup	419,975	413,993	99%	419,424	413,924	99%	410,044	395,551	96%	468,093	462,645	99%
Blue Cross and Blue Shield of Texas				24,588	24,541	100%	24,284	24,231	100%	28,536	28,449	100%
Community First Health Plans	94,159	93,696	100%	93,334	93,090	100%	91,541	88,263	96%	102,198	102,002	100%

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Community Health Choice	213,515	213,338	100%	215,133	214,951	100%	212,712	212,536	100%	242,951	242,915	100%
Cook Children's Health Plan	94,153	93,513	99%	93,287	92,652	99%	91,022	84,939	93%	104,823	91,724	88%
Dell Children's Health Plan	19,616	19,571	100%	19,611	19,562	100%	19,171	19,106	100%	22,247	22,231	100%
Driscoll Health Plan	112,627	111,923	99%	113,107	112,398	99%	113,511	112,626	99%	126,939	126,139	99%
El Paso First	58,805	58,801	100%	58,120	58,112	100%	57,044	57,023	100%	63,444	63,429	100%
FirstCare	37,858	37,708	100%	36,895	36,744	100%	35,904	0	0%	40,448	13,919	34%
Molina Healthcare of Texas	78,100	77,435	99%	77,185	76,220	99%	75,136	74,072	99%	83,897	83,167	99%
Parkland	142,860	134,793	94%	140,989	133,074	94%	138,158	124,986	90%	156,792	148,736	95%
Right Care from Scott and White Health	29,597	29,580	100%	29,163	29,162	100%	28,366	10,326	36%	31,685	31,601	100%
Superior HealthPlan	468,072	466,257	100%	467,746	465,940	100%	463,291	455,263	98%	519,901	514,928	99%
Texas Children's Health Plan	303,191	302,602	100%	305,078	304,462	100%	299,547	299,375	100%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	112,198	100%	112,837	112,287	100%	111,259	111,029	100%	127,169	126,660	100%
Micro	149,891	142,480	95%	153,642	144,751	94%	152,248	122,711	81%	172,692	152,800	88%
Aetna Better Health	1,003	945	94%	991	938	95%	940	808	86%	1,086	1,043	96%
Amerigroup	26,451	24,971	94%	26,701	23,878	89%	26,595	19,691	74%	30,559	27,723	91%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	2,842	93%	3,508	3,508	100%
Community First Health Plans	1,851	1,833	99%	1,807	1,806	100%	1,776	1,764	99%	1,959	1,959	100%
Community Health Choice	6,464	6,464	100%	6,504	6,504	100%	6,474	6,426	99%	7,241	7,241	100%
Cook Children's Health Plan	2,553	2,553	100%	2,502	2,502	100%	2,465	1,877	76%	2,795	1,258	45%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,802	94%	2,176	2,176	100%
Driscoll Health Plan	10,761	9,521	88%	10,802	9,538	88%	10,832	10,457	97%	12,367	12,367	100%
FirstCare	2,569	2,569	100%	2,575	2,575	100%	2,495	0	0%	2,853	2,815	99%
Molina Healthcare of Texas	2,395	2,356	98%	2,391	2,349	98%	2,357	1,024	43%	2,599	1,994	77%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,880	98%	2,964	2,818	95%	3,396	3,392	100%
Superior HealthPlan	73,302	70,263	96%	73,535	70,457	96%	72,727	56,767	78%	82,327	78,836	96%
Texas Children's Health Plan	8,824	8,312	94%	8,995	8,603	96%	9,098	9,032	99%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	7,849	88%	8,856	7,687	87%	8,563	7,403	86%	9,613	8,488	88%
Rural	204,261	197,280	97%	206,305	199,898	97%	204,564	166,984	82%	232,410	199,632	86%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	37,250	96%	39,013	37,637	96%	38,447	35,350	92%	44,056	41,987	95%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,130	99%	7,275	7,186	99%	7,167	7,108	99%	8,101	7,988	99%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	520	94%	634	634	100%
Driscoll Health Plan	14,285	14,194	99%	14,337	14,249	99%	14,399	14,306	99%	16,054	16,040	100%
El Paso First	12	11	92%	14	13	93%	14	13	93%	19	18	95%
FirstCare	24,123	22,829	95%	23,795	22,397	94%	23,387	0	0%	25,960	9,851	38%
Molina Healthcare of Texas	2,737	2,659	97%	2,728	2,649	97%	2,712	2,673	99%	3,006	2,965	99%
Parkland	486	480	99%	521	511	98%	517	509	98%	593	587	99%
Right Care from Scott and White Health	7,521	7,446	99%	7,355	7,284	99%	7,010	5,904	84%	7,927	7,902	100%
Superior HealthPlan	90,338	87,745	97%	91,195	88,894	97%	90,807	81,163	89%	103,788	98,929	95%
Texas Children's Health Plan	8,089	7,085	88%	8,218	7,418	90%	8,261	8,213	99%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	4,636	96%	4,905	4,711	96%	4,895	4,832	99%	5,676	5,548	98%
STAR Total	2,603,507	2,568,346	99%	2,629,914	2,594,217	99%	2,589,819	2,416,492	93%	2,936,700	2,481,118	84%
STAR+PLUS												
Metro	172,461	168,953	98%	173,017	121,448	70%	172,289	168,554	98%	176,400	173,235	98%
Amerigroup	46,480	44,916	97%	46,287	33,593	73%	45,920	45,240	99%	46,843	45,563	97%
Cigna-HealthSpring	11,279	10,831	96%	11,291	0	0%	11,168	10,475	94%	11,330	10,942	97%
Molina Healthcare of Texas	29,612	29,124	98%	29,587	2,967	10%	29,373	28,751	98%	29,965	29,681	99%
Superior HealthPlan	45,305	44,756	99%	45,512	44,966	99%	45,360	44,359	98%	46,649	45,955	99%
UnitedHealthcare Community Plan	39,785	39,326	99%	40,340	39,922	99%	40,468	39,729	98%	41,613	41,094	99%
Micro	14,399	13,918	97%	14,476	9,379	65%	14,441	11,936	83%	14,813	14,238	96%
Amerigroup	1,625	1,474	91%	1,619	723	45%	1,581	1,414	89%	1,649	1,453	88%
Cigna-HealthSpring	3,582	3,519	98%	3,556	0	0%	3,478	2,592	75%	3,511	3,399	97%
Molina Healthcare of Texas	643	604	94%	632	232	37%	612	445	73%	611	530	87%
Superior HealthPlan	2,735	2,520	92%	2,767	2,549	92%	2,782	2,308	83%	2,850	2,680	94%
UnitedHealthcare Community Plan	5,814	5,801	100%	5,902	5,875	100%	5,988	5,177	86%	6,192	6,176	100%
Rural	18,961	18,213	96%	18,970	13,348	70%	18,929	17,489	92%	19,546	18,672	96%
Amerigroup	3,460	3,105	90%	3,427	643	19%	3,381	3,071	91%	3,458	3,045	88%
Cigna-HealthSpring	1,606	1,601	100%	1,606	0	0%	1,568	1,484	95%	1,604	1,598	100%
Molina Healthcare of Texas	1,080	1,057	98%	1,065	73	7%	1,040	1,029	99%	1,064	1,054	99%
Superior HealthPlan	7,843	7,612	97%	7,874	7,676	97%	7,890	7,086	90%	8,153	7,775	95%
UnitedHealthcare Community Plan	4,972	4,838	97%	4,998	4,956	99%	5,050	4,819	95%	5,267	5,200	99%
STAR+PLUS Total	205,821	201,084	98%	206,463	144,175	70%	205,659	197,979	96%	210,759	206,145	98%
STAR Kids												
Metro	124,843	123,595	99%	125,001	123,714	99%	124,637	119,369	96%	128,723	126,131	98%
Aetna Better Health	4,139	4,085	99%	4,054	3,998	99%	4,038	3,568	88%	4,234	4,194	99%
Amerigroup	21,642	21,538	100%	21,655	21,546	99%	21,548	20,835	97%	22,318	22,249	100%
Blue Cross and Blue Shield of Texas	5,619	5,609	100%	5,625	5,616	100%	5,650	5,008	89%	5,887	5,744	98%
Children's Medical Center Health Plan	7,631	7,415	97%	7,559	7,176	95%	7,399	7,110	96%	7,454	7,077	95%
Community First Health Plans	6,628	6,608	100%	6,549	6,543	100%	6,500	6,172	95%	6,676	6,673	100%
Cook Children's Health Plan	8,342	8,200	98%	8,412	8,266	98%	8,359	7,595	91%	8,721	7,506	86%
Driscoll Health Plan	7,516	7,470	99%	7,506	7,464	99%	7,516	7,465	99%	7,746	7,701	99%
Superior HealthPlan	20,892	20,864	100%	21,004	20,971	100%	21,162	21,113	100%	21,952	21,795	99%
Texas Children's Health Plan	21,437	20,982	98%	21,738	21,408	98%	21,868	20,782	95%	22,686	22,353	99%
UnitedHealthcare Community Plan	20,997	20,824	99%	20,899	20,726	99%	20,597	19,721	96%	21,049	20,839	99%
Micro	7,662	7,358	96%	7,647	7,356	96%	7,637	6,175	81%	7,880	7,490	95%
Aetna Better Health	34	30	88%	32	28	88%	34	31	91%	40	38	95%
Amerigroup	262	262	100%	265	265	100%	253	231	91%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	569	95%	612	612	100%
Community First Health Plans	102	102	100%	99	99	100%	96	92	96%	104	104	100%
Cook Children's Health Plan	116	116	100%	111	111	100%	110	61	55%	119	65	55%
Driscoll Health Plan	448	407	91%	451	411	91%	455	441	97%	470	470	100%
Superior HealthPlan	1,369	1,229	90%	1,378	1,232	89%	1,370	964	70%	1,432	1,292	90%
Texas Children's Health Plan	1,909	1,865	98%	1,972	1,943	99%	2,017	1,501	74%	2,095	1,968	94%
UnitedHealthcare Community Plan	2,836	2,761	97%	2,751	2,679	97%	2,706	2,285	84%	2,754	2,687	98%
Rural	9,059	8,769	97%	9,087	8,860	98%	9,146	8,367	91%	9,467	9,133	96%
Amerigroup	1,739	1,657	95%	1,723	1,558	90%	1,734	1,556	90%	1,762	1,678	95%
Blue Cross and Blue Shield of Texas	765	765	100%	771	771	100%	785	731	93%	816	816	100%
Children's Medical Center Health Plan	96	96	100%	97	94	97%	84	84	100%	86	83	97%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	691	100%	700	697	100%	721	719	100%	765	764	100%
Superior HealthPlan	2,081	2,022	97%	2,110	2,063	98%	2,137	1,806	85%	2,224	2,088	94%
Texas Children's Health Plan	1,174	1,081	92%	1,181	1,107	94%	1,194	1,149	96%	1,265	1,232	97%

**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
UnitedHealthcare Community Plan	2,291	2,238	98%	2,275	2,260	99%	2,263	2,094	93%	2,319	2,242	97%
<b>STAR Kids Total</b>	<b>141,564</b>	<b>139,722</b>	<b>99%</b>	<b>141,735</b>	<b>139,930</b>	<b>99%</b>	<b>141,420</b>	<b>133,911</b>	<b>95%</b>	<b>146,070</b>	<b>142,754</b>	<b>98%</b>
<b>Orthopedist Total</b>	<b>2,950,892</b>	<b>2,909,152</b>	<b>99%</b>	<b>2,978,112</b>	<b>2,878,322</b>	<b>97%</b>	<b>2,936,898</b>	<b>2,748,382</b>	<b>94%</b>	<b>3,293,529</b>	<b>2,830,017</b>	<b>86%</b>
<b>Pediatric Sub-Specialty</b>												
<b>STAR</b>												
Metro	2,015,519	1,972,207	98%	2,038,493	2,003,127	98%	2,004,147	1,883,048	94%	2,224,285	1,658,865	75%
Aetna Better Health	54,678	53,616	98%	54,474	53,286	98%	53,499	52,433	98%	59,745	58,607	98%
Amerigroup	378,372	367,665	97%	378,839	366,993	97%	370,297	340,585	92%	413,996	389,679	94%
Blue Cross and Blue Shield of Texas				21,485	21,459	100%	21,165	21,076	100%	24,248	24,222	100%
Community First Health Plans	83,380	76,903	92%	82,850	82,194	99%	81,450	75,404	93%	88,904	0	0%
Community Health Choice	190,218	190,136	100%	192,170	192,082	100%	189,775	189,686	100%	211,879	211,879	100%
Cook Children's Health Plan	86,636	84,270	97%	85,904	83,561	97%	83,761	80,391	96%	94,722	26,064	28%
Dell Children's Health Plan	18,186	18,170	100%	18,208	18,190	100%	17,749	17,736	100%	20,255	20,236	100%
Driscoll Health Plan	101,268	101,265	100%	101,840	101,835	100%	102,025	102,020	100%	111,655	111,652	100%
El Paso First	52,411	52,411	100%	51,976	51,976	100%	50,976	50,976	100%	55,493	55,493	100%
FirstCare	33,626	33,524	100%	32,896	32,796	100%	31,965	13,528	42%	35,167	15,257	43%
Molina Healthcare of Texas	68,306	68,148	100%	68,000	67,843	100%	66,398	65,764	99%	72,589	72,396	100%
Parkland	130,285	126,505	97%	128,466	124,765	97%	125,667	120,552	96%	139,635	135,847	97%
Right Care from Scott and White Health	25,891	25,891	100%	25,586	25,585	100%	24,850	24,838	100%	27,071	27,070	100%
Superior HealthPlan	414,420	399,263	96%	415,160	400,192	96%	410,915	354,688	86%	450,886	404,742	90%
Texas Children's Health Plan	282,374	278,987	99%	284,452	284,199	100%	278,606	278,337	100%	312,301	0	0%
UnitedHealthcare Community Plan	95,468	95,453	100%	96,187	96,171	100%	95,049	95,034	100%	105,739	105,721	100%
Micro	133,058	117,062	88%	136,725	115,949	85%	135,348	95,830	71%	150,056	104,259	69%
Aetna Better Health	844	844	100%	833	802	96%	786	765	97%	888	888	100%
Amerigroup	23,456	22,229	95%	23,754	19,639	83%	23,662	13,935	59%	26,559	18,811	71%
Blue Cross and Blue Shield of Texas				2,754	2,581	94%	2,688	2,504	93%	3,030	2,833	93%
Community First Health Plans	1,622	1,610	99%	1,601	1,601	100%	1,594	1,579	99%	1,715	0	0%
Community Health Choice	5,744	5,742	100%	5,814	5,814	100%	5,787	5,787	100%	6,317	6,317	100%
Cook Children's Health Plan	2,308	2,308	100%	2,269	2,269	100%	2,230	1,984	89%	2,482	0	0%
Dell Children's Health Plan	1,752	1,752	100%	1,802	1,802	100%	1,778	1,682	95%	1,986	1,891	95%
Driscoll Health Plan	9,564	9,564	100%	9,635	9,635	100%	9,689	9,689	100%	10,811	10,811	100%
FirstCare	2,310	2,292	99%	2,317	2,297	99%	2,236	2,218	99%	2,497	2,467	99%
Molina Healthcare of Texas	2,116	2,114	100%	2,125	2,122	100%	2,083	1,785	86%	2,247	1,943	86%
Right Care from Scott and White Health	2,563	2,563	100%	2,549	2,549	100%	2,546	2,544	100%	2,850	2,849	100%
Superior HealthPlan	65,062	50,938	78%	65,429	49,570	76%	64,560	35,708	55%	71,358	47,407	66%
Texas Children's Health Plan	8,128	7,517	92%	8,287	7,712	93%	8,402	8,343	99%	9,274	0	0%
UnitedHealthcare Community Plan	7,589	7,589	100%	7,556	7,556	100%	7,307	7,307	100%	8,042	8,042	100%
Rural	180,507	176,161	98%	182,824	178,214	97%	181,149	150,163	83%	201,159	164,984	82%
Aetna Better Health	771	771	100%	735	735	100%	718	718	100%	799	799	100%
Amerigroup	34,324	31,579	92%	34,669	31,659	91%	34,181	28,359	83%	38,291	33,643	88%
Blue Cross and Blue Shield of Texas				1,085	1,085	100%	1,126	1,126	100%	1,250	1,250	100%
Community First Health Plans	3,915	3,915	100%	3,878	3,878	100%	3,810	3,810	100%	4,140	0	0%
Community Health Choice	6,434	6,434	100%	6,502	6,502	100%	6,422	6,422	100%	7,095	7,095	100%
Dell Children's Health Plan	501	501	100%	503	503	100%	507	507	100%	571	571	100%
Driscoll Health Plan	12,784	12,784	100%	12,841	12,841	100%	12,877	12,877	100%	14,055	14,055	100%
El Paso First	10	10	100%	13	13	100%	13	13	100%	17	17	100%
FirstCare	21,691	21,303	98%	21,428	20,784	97%	20,992	9,828	47%	22,897	11,264	49%
Molina Healthcare of Texas	2,372	2,362	100%	2,381	2,372	100%	2,348	2,336	99%	2,554	2,542	100%
Parkland	430	430	100%	468	468	100%	464	464	100%	519	519	100%
Right Care from Scott and White Health	6,619	6,619	100%	6,524	6,524	100%	6,212	6,210	100%	6,836	6,836	100%
Superior HealthPlan	79,413	78,221	98%	80,324	79,377	99%	79,946	65,964	83%	89,240	81,931	92%
Texas Children's Health Plan	7,356	7,345	100%	7,485	7,485	100%	7,531	7,527	100%	8,433	0	0%
UnitedHealthcare Community Plan	3,887	3,887	100%	3,988	3,988	100%	4,002	4,002	100%	4,462	4,462	100%
<b>STAR Total</b>	<b>2,329,084</b>	<b>2,265,430</b>	<b>97%</b>	<b>2,358,042</b>	<b>2,297,290</b>	<b>97%</b>	<b>2,320,644</b>	<b>2,129,041</b>	<b>92%</b>	<b>2,575,500</b>	<b>1,928,108</b>	<b>75%</b>
<b>STAR Kids</b>												
Metro	105,944	103,056	97%	106,117	103,554	98%	105,539	100,411	95%	107,926	95,170	88%
Aetna Better Health	3,345	3,271	98%	3,298	3,226	98%	3,258	3,146	97%	3,372	3,264	97%
Amerigroup	18,223	17,705	97%	18,228	17,674	97%	18,178	16,817	93%	18,624	18,409	99%
Blue Cross and Blue Shield of Texas	4,750	4,178	88%	4,751	4,191	88%	4,755	3,619	76%	4,904	4,893	100%
Children's Medical Center Health Plan	6,475	6,372	98%	6,388	6,285	98%	6,197	5,950	96%	6,169	6,108	99%
Community First Health Plans	5,642	5,351	95%	5,572	5,286	95%	5,517	5,268	95%	5,623	0	0%
Cook Children's Health Plan	7,114	6,963	98%	7,188	7,042	98%	7,095	6,937	98%	7,345	1,395	19%
Driscoll Health Plan	6,411	6,411	100%	6,435	6,435	100%	6,445	6,445	100%	6,562	6,562	100%
Superior HealthPlan	17,699	17,634	100%	17,809	17,767	100%	17,899	17,248	96%	18,372	18,180	99%
Texas Children's Health Plan	18,656	17,686	95%	18,883	18,265	97%	18,931	17,906	95%	19,451	19,035	98%
UnitedHealthcare Community Plan	17,629	17,485	99%	17,565	17,383	99%	17,264	17,075	99%	17,504	17,324	99%
Micro	6,426	6,034	94%	6,427	5,972	93%	6,419	5,068	79%	6,544	5,427	83%
Aetna Better Health	21	21	100%	21	18	86%	24	23	96%	26	26	100%
Amerigroup	221	201	91%	222	203	91%	209	21	10%	211	20	9%
Blue Cross and Blue Shield of Texas	481	454	94%	481	454	94%	499	459	92%	500	467	93%
Community First Health Plans	75	74	99%	71	70	99%	73	72	99%	73	0	0%
Cook Children's Health Plan	96	89	93%	93	85	91%	91	83	91%	95	0	0%
Driscoll Health Plan	383	383	100%	380	380	100%	382	382	100%	384	384	100%
Superior HealthPlan	1,161	1,129	97%	1,164	1,039	89%	1,153	442	38%	1,195	809	68%
Texas Children's Health Plan	1,656	1,364	82%	1,725	1,464	85%	1,751	1,402	80%	1,802	1,471	82%
UnitedHealthcare Community Plan	2,332	2,319	99%	2,270	2,259	100%	2,237	2,184	98%	2,258	2,250	100%
Rural	7,599	7,357	97%	7,615	7,380	97%	7,644	6,711	88%	7,857	7,183	91%
Amerigroup	1,480	1,248	84%	1,456	1,229	84%	1,455	1,155	79%	1,468	1,263	86%
Blue Cross and Blue Shield of Texas	637	637	100%	643	643	100%	643	613	95%	658	658	100%
Children's Medical Center Health Plan	77	77	100%	80	80	100%	71	71	100%	71	71	100%
Community First Health Plans	183	183	100%	196	196	100%	195	195	100%	192	0	0%
Driscoll Health Plan	604	604	100%	603	603	100%	627	627	100%	654	654	100%
Superior HealthPlan	1,745	1,740	100%	1,759	1,751	100%	1,782	1,180	66%	1,847	1,570	85%
Texas Children's Health Plan	1,001	996	100%	1,009	1,009	100%	1,024	1,024	100%	1,083	1,083	100%
UnitedHealthcare Community Plan	1,872	1,872	100%	1,869	1,869	100%	1,847	1,846	100%	1,884	1,884	100%
<b>STAR Kids Total</b>	<b>119,969</b>	<b>116,447</b>	<b>97%</b>	<b>120,159</b>	<b>116,906</b>	<b>97%</b>	<b>119,602</b>	<b>112,190</b>	<b>94%</b>	<b>122,327</b>	<b>107,780</b>	<b>88%</b>
<b>Pediatric Sub-specialty Total</b>	<b>2,449,053</b>	<b>2,381,877</b>	<b>97%</b>	<b>2,478,201</b>	<b>2,414,196</b>	<b>97%</b>	<b>2,440,246</b>	<b>2,241,231</b>	<b>92%</b>	<b>2,697,827</b>	<b>2,035,888</b>	<b>75%</b>
<b>Prenatal</b>												
<b>STAR</b>												
Metro	309,282	304,657	99%	309,164	305,167	99%	304,539	296,155	97%	381,351	331,479	87%
Aetna Better Health	10,460	10,353	99%	10,032	9,935	99%	9,602	9,470	99%	12,185	12,049	99%
Amerigroup	56,863	55,735	98%	56,219	55,179	98%	55,053	53,442	97%	69,249	67,668	98%
Blue Cross and Blue Shield of Texas				3,525	3,521	100%	3,526	3,420	97%	4,675</		

Attachment H2  
Specialist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Community Health Choice	29,395	29,355	100%	29,135	29,100	100%	28,865	28,773	100%	36,941	36,866	100%
Cook Children's Health Plan	10,915	10,707	98%	10,769	10,571	98%	10,538	10,251	97%	13,595	11,309	83%
Dell Children's Health Plan	2,025	2,009	99%	2,028	2,013	99%	2,025	2,008	99%	2,578	2,547	99%
Driscoll Health Plan	15,199	15,162	100%	15,174	15,144	100%	15,349	15,304	100%	19,084	19,054	100%
El Paso First	8,795	8,794	100%	8,576	8,574	100%	8,519	8,477	100%	10,256	10,235	100%
FirstCare	5,390	5,365	100%	5,175	5,150	100%	5,080	4,137	81%	6,413	5,795	90%
Molina Healthcare of Texas	12,110	12,042	99%	11,727	11,647	99%	11,204	11,001	98%	13,556	13,475	99%
Parkland	17,980	17,585	98%	18,009	17,591	98%	17,733	16,579	93%	22,502	21,891	97%
Right Care from Scott and White Health	4,498	4,457	99%	4,371	4,329	99%	4,260	4,027	95%	5,311	5,122	96%
Superior HealthPlan	69,226	67,789	98%	68,325	67,089	98%	67,860	65,176	96%	83,661	81,756	98%
Texas Children's Health Plan	33,022	32,713	99%	33,402	33,074	99%	33,367	33,060	99%	42,033	0	0%
UnitedHealthcare Community Plan	19,337	19,315	100%	18,867	18,844	100%	18,235	18,156	100%	22,927	22,869	100%
Micro	21,546	21,290	99%	21,872	21,747	99%	21,653	20,982	97%	27,190	25,284	93%
Aetna Better Health	158	158	100%	164	164	100%	167	166	99%	202	202	100%
Amerigroup	3,877	3,840	99%	3,841	3,807	99%	3,755	3,728	99%	4,768	4,740	99%
Blue Cross and Blue Shield of Texas				434	434	100%	441	441	100%	566	566	100%
Community First Health Plans	278	255	92%	255	253	99%	236	234	99%	291	289	99%
Community Health Choice	886	886	100%	875	874	100%	873	873	100%	1,102	1,102	100%
Cook Children's Health Plan	334	329	99%	327	327	100%	320	314	98%	397	58	15%
Dell Children's Health Plan	188	188	100%	201	201	100%	191	191	100%	239	239	100%
Driscoll Health Plan	1,521	1,519	100%	1,526	1,525	100%	1,500	1,499	100%	1,886	1,885	100%
FirstCare	350	350	100%	365	365	100%	352	345	98%	451	443	98%
Molina Healthcare of Texas	357	357	100%	364	364	100%	364	247	68%	436	435	100%
Right Care from Scott and White Health	467	467	100%	438	438	100%	465	465	100%	588	588	100%
Superior HealthPlan	10,666	10,487	98%	10,611	10,534	99%	10,575	10,088	95%	13,266	13,034	98%
Texas Children's Health Plan	972	972	100%	1,003	1,002	100%	1,025	1,009	98%	1,294	0	0%
UnitedHealthcare Community Plan	1,492	1,482	99%	1,468	1,459	99%	1,389	1,382	99%	1,704	1,703	100%
Rural	30,066	28,930	96%	30,154	29,089	96%	29,895	25,660	86%	37,411	33,301	89%
Aetna Better Health	141	141	100%	142	142	100%	158	158	100%	177	177	100%
Amerigroup	5,560	5,407	97%	5,476	5,304	97%	5,381	5,060	94%	6,848	6,606	96%
Blue Cross and Blue Shield of Texas				182	182	100%	187	186	99%	257	257	100%
Community First Health Plans	673	663	99%	657	657	100%	656	655	100%	789	787	100%
Community Health Choice	1,031	1,031	100%	1,035	1,035	100%	994	994	100%	1,253	1,253	100%
Dell Children's Health Plan	68	68	100%	63	63	100%	66	66	100%	88	86	98%
Driscoll Health Plan	1,981	1,981	100%	2,010	2,010	100%	2,013	2,012	100%	2,445	2,445	100%
El Paso First	2	0	0%	1	0	0%	1	0	0%	2	1	50%
FirstCare	3,247	3,156	97%	3,208	3,170	99%	3,204	1,495	47%	3,794	2,538	67%
Molina Healthcare of Texas	446	430	96%	447	447	100%	444	352	79%	532	532	100%
Parkland	76	76	100%	78	78	100%	74	72	97%	97	96	99%
Right Care from Scott and White Health	1,047	1,047	100%	991	991	100%	930	881	95%	1,217	1,183	97%
Superior HealthPlan	13,757	13,028	95%	13,833	13,040	94%	13,736	11,688	85%	17,337	16,080	93%
Texas Children's Health Plan	1,033	898	87%	1,037	976	94%	1,057	1,057	100%	1,315	0	0%
UnitedHealthcare Community Plan	1,004	1,004	100%	994	994	100%	994	984	99%	1,260	1,260	100%
STAR Total	360,894	354,877	98%	361,190	356,003	99%	356,087	342,797	96%	445,952	390,064	87%
STAR+PLUS												
Metro	35,428	34,989	99%	35,538	25,390	71%	35,383	34,503	98%	36,112	35,614	99%
Amerigroup	9,269	9,175	99%	9,276	6,894	74%	9,183	9,004	98%	9,300	9,199	99%
Cigna-HealthSpring	2,398	2,359	98%	2,405	0	0%	2,347	2,266	97%	2,377	2,326	98%
Molina Healthcare of Texas	5,780	5,747	99%	5,760	635	11%	5,712	5,567	97%	5,765	5,694	99%
Superior HealthPlan	9,873	9,643	98%	9,898	9,702	98%	9,877	9,484	96%	10,142	9,916	98%
UnitedHealthcare Community Plan	8,108	8,065	99%	8,199	8,159	100%	8,264	8,182	99%	8,528	8,479	99%
Micro	2,777	2,755	99%	2,793	1,885	67%	2,749	2,674	97%	2,779	2,742	99%
Amerigroup	287	287	100%	280	160	57%	269	256	95%	276	269	97%
Cigna-HealthSpring	715	715	100%	707	0	0%	679	678	100%	675	674	100%
Molina Healthcare of Texas	114	113	99%	107	38	36%	98	83	85%	101	101	100%
Superior HealthPlan	546	529	97%	560	553	99%	566	524	93%	563	534	95%
UnitedHealthcare Community Plan	1,115	1,111	100%	1,139	1,134	100%	1,137	1,133	100%	1,164	1,164	100%
Rural	3,513	3,377	96%	3,522	2,483	70%	3,494	3,103	89%	3,603	3,432	95%
Amerigroup	632	599	95%	616	136	22%	601	506	84%	628	587	93%
Cigna-HealthSpring	281	274	98%	293	0	0%	280	266	95%	284	276	97%
Molina Healthcare of Texas	182	182	100%	176	16	9%	176	155	88%	176	168	95%
Superior HealthPlan	1,501	1,405	94%	1,511	1,405	93%	1,517	1,256	83%	1,558	1,444	93%
UnitedHealthcare Community Plan	917	917	100%	926	926	100%	920	920	100%	957	957	100%
STAR+PLUS Total	41,718	41,121	99%	41,853	29,758	71%	41,626	40,280	97%	42,494	41,788	98%
STAR Kids												
Metro	15,520	15,256	98%	15,557	15,318	98%	15,580	15,229	98%	16,389	15,941	97%
Aetna Better Health	581	576	99%	563	558	99%	566	558	99%	609	603	99%
Amerigroup	2,689	2,621	97%	2,673	2,606	97%	2,668	2,579	97%	2,818	2,743	97%
Blue Cross and Blue Shield of Texas	698	691	99%	708	700	99%	703	682	97%	757	736	97%
Children's Medical Center Health Plan	996	964	97%	1,010	981	97%	1,015	974	96%	1,043	1,006	96%
Community First Health Plans	827	793	96%	820	802	98%	832	813	98%	855	852	100%
Cook Children's Health Plan	978	967	99%	992	983	99%	999	986	99%	1,066	856	80%
Driscoll Health Plan	928	927	100%	934	933	100%	935	931	100%	981	979	100%
Superior HealthPlan	2,723	2,677	98%	2,753	2,706	98%	2,781	2,696	97%	2,957	2,906	98%
Texas Children's Health Plan	2,455	2,407	98%	2,482	2,443	98%	2,514	2,470	98%	2,631	2,603	99%
UnitedHealthcare Community Plan	2,645	2,633	100%	2,622	2,606	99%	2,567	2,540	99%	2,672	2,657	99%
Micro	952	938	99%	957	953	100%	959	948	99%	1,014	984	97%
Aetna Better Health	5	5	100%	4	4	100%	4	4	100%	8	8	100%
Amerigroup	36	36	100%	39	39	100%	37	37	100%	38	38	100%
Blue Cross and Blue Shield of Texas	75	74	99%	79	78	99%	85	84	99%	85	84	99%
Community First Health Plans	14	14	100%	13	13	100%	15	15	100%	19	19	100%
Cook Children's Health Plan	18	17	94%	19	19	100%	18	17	94%	21	2	10%
Driscoll Health Plan	61	61	100%	62	62	100%	58	58	100%	58	58	100%
Superior HealthPlan	164	164	100%	167	165	99%	170	162	95%	181	171	94%
Texas Children's Health Plan	214	202	94%	218	217	100%	222	221	100%	237	237	100%
UnitedHealthcare Community Plan	365	365	100%	356	356	100%	350	350	100%	367	367	100%
Rural	1,219	1,182	97%	1,187	1,155	97%	1,224	1,163	95%	1,255	1,227	98%
Amerigroup	227	227	100%	226	226	100%	245	230	94%	247	243	98%
Blue Cross and Blue Shield of Texas	100	100	100%	103	103	100%	108	107	99%	115	115	100%
Children's Medical Center Health Plan	14	14	100%	11	11	100%	9	9	100%	8	8	100%
Community First Health Plans	32	32	100%	34	34	100%	29	29	100%	32	32	100%
Driscoll Health Plan	79	79	100%	83	83	100%	85	85	100%	88	88	100%
Superior HealthPlan	311	293	94%	285	263	92%	293	248	85%	298	274	92%



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Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Texas Children's Health Plan	142	123	87%	136	126	93%	133	133	100%	141	141	100%
UnitedHealthcare Community Plan	314	314	100%	309	309	100%	322	322	100%	326	326	100%
STAR Kids Total	17,691	17,376	98%	17,701	17,426	98%	17,763	17,340	98%	18,658	18,152	97%
Prenatal Total	420,303	413,374	98%	420,744	403,187	96%	415,476	400,417	96%	507,104	450,004	89%
Psychiatrist												
STAR												
Metro	2,249,355	2,222,359	99%	2,269,967	2,237,569	99%	2,233,007	2,137,426	96%	2,531,598	2,101,644	83%
Aetna Better Health	64,107	64,102	100%	63,470	63,466	100%	62,017	61,932	100%	71,036	71,036	100%
Amerigroup	419,975	419,846	100%	419,424	419,350	100%	410,044	407,360	99%	468,093	468,005	100%
Blue Cross and Blue Shield of Texas				24,588	24,588	100%	24,284	23,242	96%	28,536	28,536	100%
Community First Health Plans	94,159	93,808	100%	93,334	92,988	100%	91,541	91,195	100%	102,198	102,198	100%
Community Health Choice	213,515	213,515	100%	215,133	215,133	100%	212,712	212,712	100%	242,951	242,951	100%
Cook Children's Health Plan	94,153	93,920	100%	93,287	92,902	100%	91,022	90,561	99%	104,823	102,457	98%
Dell Children's Health Plan	19,616	19,616	100%	19,611	19,611	100%	19,171	19,171	100%	22,247	22,247	100%
Driscoll Health Plan	112,627	112,612	100%	113,107	106,882	94%	113,511	96,491	85%	126,939	108,060	85%
El Paso First	58,805	58,804	100%	58,120	58,114	100%	57,044	57,038	100%	63,444	63,438	100%
FirstCare	37,858	37,858	100%	36,895	36,895	100%	35,904	50	0%	40,448	51	0%
Molina Healthcare of Texas	78,100	78,100	100%	77,185	77,185	100%	75,136	74,917	100%	83,897	83,822	100%
Parkland	142,860	142,239	100%	140,989	140,988	100%	138,158	138,158	100%	156,792	156,792	100%
Right Care from Scott and White Health	29,597	29,597	100%	29,163	29,163	100%	28,366	23,839	84%	31,685	31,685	100%
Superior HealthPlan	468,072	442,432	95%	467,746	442,391	95%	463,291	430,122	93%	519,901	493,400	95%
Texas Children's Health Plan	303,191	303,191	100%	305,078	305,078	100%	299,547	299,547	100%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	112,719	100%	112,837	112,835	100%	111,259	111,091	100%	127,169	126,966	100%
Micro	149,891	135,859	91%	153,642	138,570	90%	152,248	120,155	79%	172,692	140,113	81%
Aetna Better Health	1,003	1,003	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,451	26,404	100%	26,701	26,650	100%	26,595	25,129	94%	30,559	29,618	97%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,851	1,851	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,464	6,464	100%	6,504	6,504	100%	6,474	6,473	100%	7,241	7,241	100%
Cook Children's Health Plan	2,535	2,535	99%	2,502	2,483	99%	2,465	2,448	99%	2,795	2,795	100%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,761	8,658	80%	10,802	8,745	81%	10,832	8,182	76%	12,367	9,374	76%
FirstCare	2,569	2,569	100%	2,575	2,575	100%	2,495	0	0%	2,853	0	0%
Molina Healthcare of Texas	2,395	2,395	100%	2,391	2,391	100%	2,357	1,280	54%	2,599	1,510	58%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,949	100%	2,964	2,184	74%	3,396	3,396	100%
Superior HealthPlan	73,302	61,438	84%	73,535	61,108	83%	72,727	50,558	70%	82,327	69,450	84%
Texas Children's Health Plan	8,824	8,824	100%	8,995	8,994	100%	9,098	9,096	100%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	8,874	100%	8,856	8,339	94%	8,563	7,127	83%	9,613	8,000	83%
Rural	204,261	186,769	91%	206,305	186,571	90%	204,564	157,940	77%	232,410	187,408	81%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	37,378	96%	39,013	37,579	96%	38,447	36,079	94%	44,056	42,043	95%
Blue Cross and Blue Shield of Texas				1,216	1,194	98%	1,258	1,113	88%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,213	100%	7,275	7,275	100%	7,167	7,128	99%	8,101	8,061	100%
Dell Children's Health Plan	546	545	100%	547	547	100%	555	520	94%	634	633	100%
Driscoll Health Plan	14,285	14,166	99%	14,337	13,784	96%	14,399	13,808	96%	16,054	15,368	96%
El Paso First	12	11	92%	14	13	93%	14	13	93%	19	18	95%
FirstCare	24,123	19,830	82%	23,795	18,084	76%	23,387	6,042	26%	25,960	6,721	26%
Molina Healthcare of Texas	2,737	2,714	99%	2,728	2,707	99%	2,712	2,671	98%	3,006	2,972	99%
Parkland	486	486	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health	7,521	7,491	100%	7,355	7,325	100%	7,010	5,891	84%	7,927	7,758	98%
Superior HealthPlan	90,338	78,879	87%	91,195	79,374	87%	90,807	65,981	73%	103,788	90,427	87%
Texas Children's Health Plan	8,089	8,040	99%	8,218	8,173	99%	8,261	8,204	99%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	4,747	98%	4,905	4,809	98%	4,895	4,838	99%	5,676	5,631	99%
STAR Total	2,603,507	2,544,987	98%	2,629,914	2,562,710	97%	2,589,819	2,415,521	93%	2,936,700	2,429,165	83%
STAR+PLUS												
Metro	172,461	170,443	99%	173,017	171,848	70%	172,289	169,219	98%	176,400	174,155	99%
Amerigroup	46,480	46,480	100%	46,287	35,062	76%	45,920	45,822	100%	46,843	46,843	100%
Cigna-HealthSpring	11,279	11,263	100%	11,291	0	0%	11,168	10,606	95%	11,330	11,314	100%
Molina Healthcare of Texas	29,612	29,612	100%	29,587	2,968	10%	29,373	29,237	100%	29,965	29,920	100%
Superior HealthPlan	45,305	43,337	96%	45,512	43,515	96%	45,360	43,231	95%	46,649	44,603	96%
UnitedHealthcare Community Plan	39,785	39,751	100%	40,340	40,303	100%	40,468	40,323	100%	41,613	41,475	100%
Micro	14,399	13,812	96%	14,476	9,218	64%	14,441	13,339	92%	14,813	14,117	95%
Amerigroup	1,625	1,624	100%	1,619	871	54%	1,581	1,580	100%	1,649	1,648	100%
Cigna-HealthSpring	3,582	3,543	99%	3,556	0	0%	3,478	3,216	92%	3,511	3,363	96%
Molina Healthcare of Texas	643	643	100%	632	232	37%	612	427	70%	611	493	81%
Superior HealthPlan	2,735	2,393	87%	2,767	2,414	87%	2,782	2,216	80%	2,850	2,481	87%
UnitedHealthcare Community Plan	5,814	5,609	96%	5,902	5,701	97%	5,988	5,900	99%	6,192	6,132	99%
Rural	18,961	17,727	93%	18,970	12,805	68%	18,929	16,228	86%	19,546	18,147	93%
Amerigroup	3,460	3,248	94%	3,427	923	27%	3,381	3,101	92%	3,458	3,219	93%
Cigna-HealthSpring	1,606	1,592	99%	1,606	0	0%	1,568	1,461	93%	1,604	1,530	95%
Molina Healthcare of Texas	1,080	1,073	99%	1,065	77	7%	1,040	1,015	98%	1,064	1,056	99%
Superior HealthPlan	7,843	6,904	88%	7,874	6,914	88%	7,890	5,951	75%	8,153	7,159	88%
UnitedHealthcare Community Plan	4,972	4,910	99%	4,998	4,891	98%	5,050	4,700	93%	5,267	5,183	98%
STAR+PLUS Total	205,821	201,982	98%	206,463	143,871	70%	205,659	198,786	97%	210,759	206,419	98%
STAR Kids												
Metro	124,843	123,209	99%	125,001	122,969	98%	124,637	116,069	93%	128,723	125,634	98%
Aetna Better Health	4,139	4,139	100%	4,054	4,054	100%	4,038	4,037	100%	4,234	4,234	100%
Amerigroup	21,642	21,641	100%	21,655	21,655	100%	21,548	21,511	100%	22,318	22,318	100%
Blue Cross and Blue Shield of Texas	5,619	5,619	100%	5,625	5,625	100%	5,650	0	0%	5,887	5,813	99%
Children's Medical Center Health Plan	7,631	7,631	100%	7,559	7,559	100%	7,399	7,399	100%	7,454	7,454	100%
Community First Health Plans	6,628	6,605	100%	6,549	6,525	100%	6,500	6,467	99%	6,676	6,649	100%
Cook Children's Health Plan	8,342	8,332	100%	8,412	8,394	100%	8,359	8,342	100%	8,721	8,598	99%
Driscoll Health Plan	7,516	7,514	100%	7,506	7,125	95%	7,516	6,436	86%	7,746	6,627	86%
Superior HealthPlan	20,892	19,323	92%	21,004	19,427	92%	21,162	19,503	92%	21,952	20,300	92%
Texas Children's Health Plan	21,437	21,422	100%	21,738	21,721	100%	21,868	21,850	100%	22,686	22,668	100%
UnitedHealthcare Community Plan	20,997	20,983	100%	20,899	20,884	100%	20,597	20,524	100%	21,049	20,973	100%
Micro	7,662	6,978	91%	7,647	6,985	91%	7,637	6,163	81%	7,880	7,213	92%
Aetna Better Health	34	34	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	0	0%	612	612	100%
Community First Health Plans	102	102	100%	99	99	100%	96	96	100%	104	104	100%
Cook Children's Health Plan	116	115	99%	111	110	99%	110	109	99%	119	119	100%
Driscoll Health Plan	448	399	89%	451	407	90%	455	384	84%	470	399	85%

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Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Superior HealthPlan	1,369	1,055	77%	1,378	1,063	77%	1,370	919	67%	1,432	1,091	76%
Texas Children's Health Plan	1,909	1,635	86%	1,972	1,745	88%	2,017	1,794	89%	2,095	1,928	92%
UnitedHealthcare Community Plan	2,836	2,790	98%	2,751	2,676	97%	2,706	2,574	95%	2,754	2,666	97%
Rural	9,059	8,330	92%	9,087	8,383	92%	9,146	7,163	78%	9,467	8,513	90%
Amerigroup	1,739	1,657	95%	1,723	1,638	95%	1,734	1,585	91%	1,762	1,664	94%
Blue Cross and Blue Shield of Texas	765	719	94%	771	728	94%	785	0	0%	816	627	77%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	690	99%	700	680	97%	721	699	97%	765	740	97%
Superior HealthPlan	2,081	1,689	81%	2,110	1,703	81%	2,137	1,379	65%	2,224	1,772	80%
Texas Children's Health Plan	1,174	1,145	98%	1,181	1,157	98%	1,194	1,182	99%	1,265	1,253	99%
UnitedHealthcare Community Plan	2,291	2,115	92%	2,275	2,150	95%	2,263	2,006	89%	2,319	2,141	92%
STAR Kids Total	141,564	138,517	98%	141,735	138,337	98%	141,420	129,395	91%	146,070	141,360	97%
Psychiatrist Total	2,950,892	2,885,486	98%	2,978,112	2,844,918	96%	2,936,898	2,743,702	93%	3,293,529	2,776,944	84%
Therapies - Occupational, Physical, or Speech Therapy												
STAR												
Metro	2,249,355	2,249,274	100%	2,269,967	2,269,886	100%	2,233,007	2,217,038	99%	2,531,598	2,186,513	86%
Aetna Better Health	64,107	64,102	100%	63,470	63,465	100%	62,017	61,998	100%	71,036	71,033	100%
Amerigroup	419,975	419,975	100%	419,424	419,366	100%	410,044	409,817	100%	468,093	468,015	100%
Blue Cross and Blue Shield of Texas				24,588	24,588	100%	24,284	24,284	100%	28,536	28,536	100%
Community First Health Plans	94,159	94,159	100%	93,334	93,334	100%	91,541	91,541	100%	102,198	102,198	100%
Community Health Choice	213,515	213,515	100%	215,133	215,133	100%	212,712	212,712	100%	242,951	242,951	100%
Cook Children's Health Plan	94,153	94,152	100%	93,287	93,287	100%	91,022	91,022	100%	104,823	104,766	100%
Dell Children's Health Plan	19,616	19,616	100%	19,611	19,611	100%	19,171	19,171	100%	22,247	22,247	100%
Driscoll Health Plan	112,627	112,627	100%	113,107	113,107	100%	113,511	113,510	100%	126,939	126,939	100%
El Paso First	58,805	58,805	100%	58,120	58,120	100%	57,044	57,044	100%	63,444	63,444	100%
FirstCare	37,858	37,858	100%	36,895	36,895	100%	35,904	30,323	57%	40,448	36,942	91%
Molina Healthcare of Texas	78,100	78,100	100%	77,185	77,170	100%	75,136	75,123	100%	83,897	83,897	100%
Parkland	142,860	142,860	100%	140,989	140,989	100%	138,158	138,114	100%	156,792	156,792	100%
Right Care from Scott and White Health	29,597	29,597	100%	29,163	29,163	100%	28,366	28,366	100%	31,685	31,685	100%
Superior HealthPlan	468,072	467,997	100%	467,746	467,743	100%	463,291	463,211	100%	519,901	519,899	100%
Texas Children's Health Plan	303,191	303,191	100%	305,078	305,078	100%	299,547	299,547	100%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	112,720	100%	112,837	112,837	100%	111,259	111,255	100%	127,169	127,169	100%
Micro	149,891	149,888	100%	153,642	153,637	100%	152,248	149,753	98%	172,692	159,626	92%
Aetna Better Health	1,003	1,003	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,451	26,451	100%	26,701	26,701	100%	26,595	26,595	100%	30,559	30,559	100%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,851	1,851	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,464	6,464	100%	6,504	6,504	100%	6,474	6,474	100%	7,241	7,241	100%
Cook Children's Health Plan	2,553	2,553	100%	2,502	2,502	100%	2,465	2,465	100%	2,795	2,795	100%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,761	10,761	100%	10,802	10,802	100%	10,832	10,832	100%	12,367	12,367	100%
FirstCare	2,569	2,566	100%	2,575	2,570	100%	2,495	0	0%	2,853	0	0%
Molina Healthcare of Texas	2,395	2,395	100%	2,391	2,391	100%	2,357	2,357	100%	2,599	2,599	100%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,949	100%	2,964	2,964	100%	3,396	3,396	100%
Superior HealthPlan	73,302	73,302	100%	73,535	73,535	100%	72,727	72,727	100%	82,327	82,327	100%
Texas Children's Health Plan	8,824	8,824	100%	8,995	8,995	100%	9,098	9,098	100%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	8,874	100%	8,856	8,856	100%	8,563	8,563	100%	9,613	9,613	100%
Rural	204,261	199,502	98%	206,305	201,492	98%	204,564	188,190	92%	232,410	208,535	90%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	37,550	97%	39,013	37,736	97%	38,447	36,807	96%	44,056	42,191	96%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,258	100%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,275	100%	7,167	7,167	100%	8,101	8,101	100%
Dell Children's Health Plan	546	546	100%	547	547	100%	555	555	100%	634	634	100%
Driscoll Health Plan	14,285	14,285	100%	14,337	14,337	100%	14,399	14,389	100%	16,054	16,054	100%
El Paso First	12	11	92%	14	13	93%	14	13	93%	19	18	95%
FirstCare	24,123	21,759	90%	23,795	21,707	91%	23,387	12,300	53%	25,960	16,861	65%
Molina Healthcare of Texas	2,737	2,737	100%	2,728	2,728	100%	2,712	2,712	100%	3,006	3,006	100%
Parkland	486	486	100%	521	521	100%	517	517	100%	593	593	100%
Right Care from Scott and White Health	7,521	7,521	100%	7,355	7,355	100%	7,010	6,614	94%	7,927	7,918	100%
Superior HealthPlan	90,338	89,197	99%	91,195	89,748	98%	90,807	87,663	97%	103,788	100,361	97%
Texas Children's Health Plan	8,089	8,089	100%	8,218	8,218	100%	8,261	8,225	100%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	4,838	100%	4,905	4,905	100%	4,895	4,835	99%	5,676	5,615	99%
STAR Total	2,603,507	2,598,664	100%	2,629,914	2,625,015	100%	2,589,819	2,554,981	99%	2,936,700	2,554,674	87%
STAR+PLUS												
Metro	172,461	172,460	100%	173,017	173,017	100%	172,289	172,244	100%	176,400	176,381	100%
Amerigroup	46,480	46,480	100%	46,287	46,287	100%	45,920	45,908	100%	46,843	46,843	100%
Cigna-HealthSpring	11,279	11,279	100%	11,291	0	0%	11,168	11,145	100%	11,330	11,312	100%
Molina Healthcare of Texas	29,612	29,612	100%	29,587	2,968	10%	29,373	29,363	100%	29,965	29,965	100%
Superior HealthPlan	45,305	45,304	100%	45,512	45,512	100%	45,360	45,360	100%	46,649	46,649	100%
UnitedHealthcare Community Plan	39,785	39,785	100%	40,340	40,336	100%	40,468	40,468	100%	41,613	41,612	100%
Micro	14,399	14,397	100%	14,476	9,773	68%	14,441	14,440	100%	14,813	14,813	100%
Amerigroup	1,625	1,625	100%	1,619	872	54%	1,581	1,581	100%	1,649	1,649	100%
Cigna-HealthSpring	3,582	3,580	100%	3,556	0	0%	3,478	3,477	100%	3,511	3,511	100%
Molina Healthcare of Texas	643	643	100%	632	232	37%	612	612	100%	611	611	100%
Superior HealthPlan	2,735	2,735	100%	2,767	2,767	100%	2,782	2,782	100%	2,850	2,850	100%
UnitedHealthcare Community Plan	5,814	5,814	100%	5,902	5,902	100%	5,988	5,988	100%	6,192	6,192	100%
Rural	18,961	18,544	98%	18,970	13,664	72%	18,929	18,379	97%	19,546	19,047	97%
Amerigroup	3,460	3,317	96%	3,427	930	27%	3,381	3,161	93%	3,458	3,280	95%
Cigna-HealthSpring	1,606	1,598	100%	1,606	0	0%	1,568	1,559	99%	1,604	1,599	100%
Molina Healthcare of Texas	1,080	1,080	100%	1,065	77	7%	1,040	1,040	100%	1,064	1,064	100%
Superior HealthPlan	7,843	7,597	97%	7,874	7,676	97%	7,890	7,595	96%	8,153	7,863	96%
UnitedHealthcare Community Plan	4,972	4,952	100%	4,998	4,981	100%	5,050	5,024	99%	5,267	5,241	100%
STAR+PLUS Total	205,821	205,401	100%	206,463	147,315	71%	205,659	205,063	100%	210,759	210,241	100%
STAR Kids												
Metro	124,843	124,829	100%	125,001	124,980	100%	124,637	124,611	100%	128,723	128,707	100%
Aetna Better Health	4,139	4,139	100%	4,054	4,054	100%	4,038	4,033	100%	4,234	4,234	100%
Amerigroup	21,642	21,642	100%	21,655	21,655	100%	21,548	21,548	100%	22,318	22,318	100%
Blue Cross and Blue Shield of Texas	5,619	5,619	100%	5,625	5,625	100%	5,650	5,650	100%	5,887	5,887	100%
Children's Medical Center Health Plan	7,631	7,631	100%	7,559	7,556	100%	7,399	7,387	100%	7,454	7,451	100%
Community First Health Plans	6,628	6,628	100%	6,549	6,549	100%	6,500	6,500	100%	6,676	6,676	100%
Cook Children's Health Plan	8,342	8,342	100%	8,412	8,412	100%	8,359	8,359	100%	8,721	8,716	100%
Driscoll Health Plan	7,516	7,5										



**Attachment H2**  
**Specialist Network Access Analysis SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
Superior HealthPlan	20,892	20,892	100%	21,004	21,004	100%	21,162	21,162	100%	21,952	21,952	100%
Texas Children's Health Plan	21,437	21,423	100%	21,738	21,722	100%	21,868	21,860	100%	22,686	22,679	100%
UnitedHealthcare Community Plan	20,997	20,997	100%	20,899	20,897	100%	20,597	20,596	100%	21,049	21,048	100%
Micro	7,662	7,662	100%	7,647	7,647	100%	7,637	7,637	100%	7,880	7,880	100%
Aetna Better Health	34	34	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	102	102	100%	99	99	100%	96	96	100%	104	104	100%
Cook Children's Health Plan	116	116	100%	111	111	100%	110	110	100%	119	119	100%
Driscoll Health Plan	448	448	100%	451	451	100%	455	455	100%	470	470	100%
Superior HealthPlan	1,369	1,369	100%	1,378	1,378	100%	1,370	1,370	100%	1,432	1,432	100%
Texas Children's Health Plan	1,909	1,909	100%	1,972	1,972	100%	2,017	2,017	100%	2,095	2,095	100%
UnitedHealthcare Community Plan	2,836	2,836	100%	2,751	2,751	100%	2,706	2,706	100%	2,754	2,754	100%
Rural	9,059	8,962	99%	9,087	8,985	99%	9,146	8,943	98%	9,467	9,314	98%
Amerigroup	1,739	1,667	96%	1,723	1,651	96%	1,734	1,639	95%	1,762	1,684	96%
Blue Cross and Blue Shield of Texas	765	765	100%	771	771	100%	785	785	100%	816	816	100%
Children's Medical Center Health Plan	96	96	100%	97	97	100%	84	84	100%	86	86	100%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	694	100%	700	700	100%	721	721	100%	765	765	100%
Superior HealthPlan	2,081	2,057	99%	2,110	2,081	99%	2,137	2,046	96%	2,224	2,156	97%
Texas Children's Health Plan	1,174	1,174	100%	1,181	1,181	100%	1,194	1,185	99%	1,265	1,265	100%
UnitedHealthcare Community Plan	2,291	2,290	100%	2,275	2,274	100%	2,263	2,255	100%	2,319	2,312	100%
STAR Kids Total	141,564	141,453	100%	141,735	141,612	100%	141,420	141,191	100%	146,070	145,991	100%
Therapies - OT PT ST Total	2,950,892	2,945,518	100%	2,978,112	2,913,942	98%	2,936,898	2,901,235	99%	3,293,529	2,910,816	88%
Urologist												
STAR												
Metro	2,249,355	2,178,061	97%	2,269,967	2,200,005	97%	2,233,007	2,101,658	94%	2,531,598	2,126,724	84%
Aetna Better Health	64,107	63,811	100%	63,470	63,325	100%	62,017	61,145	99%	71,036	70,097	99%
Amerigroup	419,975	412,148	98%	419,424	415,265	99%	410,044	397,956	97%	468,093	464,328	99%
Blue Cross and Blue Shield of Texas				24,588	24,588	100%	24,284	23,939	99%	28,536	28,533	100%
Community First Health Plans	94,159	94,002	100%	93,334	93,334	100%	91,541	89,563	98%	102,198	102,198	100%
Community Health Choice	213,515	203,569	95%	215,133	205,269	95%	212,712	203,033	95%	242,951	232,116	96%
Cook Children's Health Plan	94,153	92,135	98%	93,287	90,925	97%	91,022	89,049	98%	104,823	98,080	94%
Dell Children's Health Plan	19,616	19,404	99%	19,611	19,386	99%	19,171	18,905	99%	22,247	22,235	100%
Driscoll Health Plan	112,627	112,611	100%	113,107	113,088	100%	113,511	113,490	100%	126,939	126,902	100%
El Paso First	58,805	58,805	100%	58,120	58,120	100%	57,044	57,029	100%	63,444	63,444	100%
FirstCare	37,858	37,858	100%	36,895	36,895	100%	35,904	15,447	43%	40,448	31,655	78%
Molina Healthcare of Texas	78,100	77,969	100%	77,185	77,168	100%	75,136	72,657	97%	83,897	83,737	100%
Parkland	142,860	133,429	93%	140,989	131,798	93%	138,158	128,697	93%	156,792	151,909	97%
Right Care from Scott and White Health	29,597	29,597	100%	29,163	29,163	100%	28,366	23,809	84%	31,685	26,636	84%
Superior HealthPlan	468,072	450,135	96%	467,746	449,674	96%	463,291	422,254	91%	519,901	506,739	97%
Texas Children's Health Plan	303,191	288,693	95%	305,078	287,978	94%	299,547	282,084	94%	341,439	0	0%
UnitedHealthcare Community Plan	112,720	103,895	92%	112,837	104,029	92%	111,259	102,601	92%	127,169	118,115	93%
Micro	149,891	142,662	95%	153,642	146,336	95%	152,248	129,798	85%	172,692	156,368	91%
Aetna Better Health	1,003	1,003	100%	991	991	100%	940	940	100%	1,086	1,086	100%
Amerigroup	26,451	25,377	96%	26,701	25,885	97%	26,595	24,694	93%	30,559	30,556	100%
Blue Cross and Blue Shield of Texas				3,093	3,093	100%	3,051	3,051	100%	3,508	3,508	100%
Community First Health Plans	1,851	1,851	100%	1,807	1,807	100%	1,776	1,776	100%	1,959	1,959	100%
Community Health Choice	6,464	6,135	95%	6,504	6,171	95%	6,474	5,726	88%	7,241	6,435	89%
Cook Children's Health Plan	2,553	2,553	100%	2,502	2,213	88%	2,465	2,465	100%	2,795	2,383	85%
Dell Children's Health Plan	1,881	1,881	100%	1,941	1,941	100%	1,911	1,911	100%	2,176	2,176	100%
Driscoll Health Plan	10,761	9,952	92%	10,802	9,976	92%	10,832	8,787	81%	12,367	12,367	100%
FirstCare	2,569	2,547	99%	2,575	2,550	99%	2,495	0	0%	2,853	2,815	99%
Molina Healthcare of Texas	2,395	2,394	100%	2,391	2,390	100%	2,357	1,091	46%	2,599	2,246	86%
Right Care from Scott and White Health	2,963	2,963	100%	2,949	2,949	100%	2,964	2,158	73%	3,396	2,458	72%
Superior HealthPlan	73,302	71,684	98%	73,535	71,871	98%	72,727	64,616	89%	82,327	80,378	98%
Texas Children's Health Plan	8,824	6,973	79%	8,995	7,168	80%	9,098	6,556	72%	10,213	0	0%
UnitedHealthcare Community Plan	8,874	7,349	83%	8,856	7,331	83%	8,563	6,027	70%	9,613	8,001	83%
Rural	204,261	180,213	88%	206,305	179,324	87%	204,564	145,181	71%	232,410	185,111	80%
Aetna Better Health	861	861	100%	832	832	100%	827	827	100%	935	935	100%
Amerigroup	38,803	34,454	89%	39,013	35,091	90%	38,447	30,043	78%	44,056	38,918	88%
Blue Cross and Blue Shield of Texas				1,216	1,216	100%	1,258	1,135	90%	1,460	1,460	100%
Community First Health Plans	4,408	4,408	100%	4,354	4,354	100%	4,308	4,308	100%	4,788	4,788	100%
Community Health Choice	7,214	7,214	100%	7,275	7,275	100%	7,167	5,800	81%	8,101	6,609	82%
Dell Children's Health Plan	546	510	93%	547	509	93%	555	514	93%	634	587	93%
Driscoll Health Plan	14,285	14,068	98%	14,337	14,116	98%	14,399	14,169	98%	16,054	15,809	98%
El Paso First	12	11	92%	14	13	93%	14	13	93%	19	18	95%
FirstCare	24,123	20,530	85%	23,795	19,820	83%	23,387	5,686	24%	25,960	13,396	52%
Molina Healthcare of Texas	2,737	2,679	98%	2,728	2,668	98%	2,712	2,540	94%	3,006	2,938	98%
Parkland	486	476	98%	521	505	97%	517	500	97%	593	593	100%
Right Care from Scott and White Health	7,521	7,277	97%	7,355	6,577	89%	7,010	4,568	65%	7,927	5,453	69%
Superior HealthPlan	90,338	78,185	87%	91,195	78,314	86%	90,807	65,398	72%	103,788	88,936	86%
Texas Children's Health Plan	8,089	5,702	70%	8,218	4,240	52%	8,261	5,837	71%	9,413	0	0%
UnitedHealthcare Community Plan	4,838	3,838	79%	4,905	3,794	77%	4,895	3,843	79%	5,676	4,671	82%
STAR Total	2,603,507	2,500,936	96%	2,629,914	2,525,665	96%	2,589,819	2,376,637	92%	2,936,700	2,468,203	84%
STAR+PLUS												
Metro	172,461	168,360	98%	173,017	120,490	70%	172,289	162,689	94%	176,400	172,374	98%
Amerigroup	46,480	45,842	99%	46,287	35,022	76%	45,920	45,018	98%	46,843	46,150	99%
Cigna-HealthSpring	11,279	11,100	98%	11,291	0	0%	11,168	10,046	90%	11,330	11,268	99%
Molina Healthcare of Texas	29,612	29,528	100%	29,587	2,968	10%	29,373	27,586	94%	29,965	29,873	100%
Superior HealthPlan	45,305	44,067	97%	45,512	44,257	97%	45,360	42,116	93%	46,649	45,191	97%
UnitedHealthcare Community Plan	39,785	37,823	95%	40,340	38,243	95%	40,468	37,923	94%	41,613	39,892	96%
Micro	14,399	13,835	96%	14,476	9,485	66%	14,441	12,538	87%	14,813	14,343	97%
Amerigroup	1,625	1,529	94%	1,619	871	54%	1,581	1,492	94%	1,649	1,557	94%
Cigna-HealthSpring	3,582	3,394	95%	3,556	0	0%	3,478	2,992	86%	3,511	3,449	98%
Molina Healthcare of Texas	643	641	100%	632	232	37%	612	360	59%	611	578	95%
Superior HealthPlan	2,735	2,644	97%	2,767	2,677	97%	2,782	2,398	86%	2,850	2,755	97%
UnitedHealthcare Community Plan	5,814	5,627	97%	5,902	5,705	97%	5,988	5,296	88%	6,192	6,004	97%
Rural	18,961	16,610	88%	18,970	12,162	64%	18,929	14,480	76%	19,546	17,026	87%
Amerigroup	3,460	2,785	80%	3,427	866	25%	3,381	2,307	68%	3,458	2,806	81%
Cigna-HealthSpring	1,606	1,508	94%	1,606	0	0%	1,568	1,345	86%	1,604	1,512	94%
Molina Healthcare of Texas	1,080	1,059	98%	1,065	73	7%	1,040	963	93%	1,064	1,048	98%
Superior HealthPlan	7,843	6,915	88%	7,874	6,880	87%	7,890	5,743	73%	8,153	6,999	86%
UnitedHealthcare Community Plan	4,972	4,343	87%	4,998	4,343	87%	5,050	4,122	82%	5,267	4,661	88%

Attachment H2  
Specialist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Program County Type MCO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
<b>STAR+PLUS Total</b>	<b>205,821</b>	<b>198,805</b>	97%	<b>206,463</b>	<b>142,137</b>	69%	<b>205,659</b>	<b>189,707</b>	92%	<b>210,759</b>	<b>203,743</b>	97%
<b>STAR Kids</b>												
Metro	124,843	118,385	95%	125,001	117,388	94%	124,637	115,510	93%	128,723	122,742	95%
Aetna Better Health	4,139	4,114	99%	4,054	4,048	100%	4,038	3,956	98%	4,234	4,148	98%
Amerigroup	21,642	21,210	98%	21,655	21,214	98%	21,548	20,675	96%	22,318	21,918	98%
Blue Cross and Blue Shield of Texas	5,619	5,619	100%	5,625	5,625	100%	5,650	5,612	99%	5,887	5,887	100%
Children's Medical Center Health Plan	7,631	7,488	98%	7,559	7,415	98%	7,399	7,084	96%	7,454	7,321	98%
Community First Health Plans	6,628	6,615	100%	6,549	6,549	100%	6,500	6,373	98%	6,676	6,676	100%
Cook Children's Health Plan	8,342	8,226	99%	8,412	8,252	98%	8,359	8,247	99%	8,721	8,167	94%
Driscoll Health Plan	7,516	7,514	100%	7,506	7,504	100%	7,516	7,514	100%	7,746	7,744	100%
Superior HealthPlan	20,892	18,672	89%	21,004	18,785	89%	21,162	18,637	88%	21,952	21,074	96%
Texas Children's Health Plan	21,437	19,203	90%	21,738	19,237	88%	21,868	19,142	88%	22,686	20,781	92%
UnitedHealthcare Community Plan	20,997	19,724	94%	20,899	18,759	90%	20,597	18,270	89%	21,049	19,026	90%
Micro	7,662	7,038	92%	7,647	7,026	92%	7,637	6,391	84%	7,880	7,513	95%
Aetna Better Health	34	34	100%	32	32	100%	34	34	100%	40	40	100%
Amerigroup	262	262	100%	265	265	100%	253	253	100%	254	254	100%
Blue Cross and Blue Shield of Texas	586	586	100%	588	588	100%	596	596	100%	612	612	100%
Community First Health Plans	102	102	100%	99	99	100%	96	95	99%	104	104	100%
Cook Children's Health Plan	116	116	100%	111	101	91%	110	110	100%	119	105	88%
Driscoll Health Plan	448	421	94%	451	426	94%	455	404	89%	470	470	100%
Superior HealthPlan	1,369	1,310	96%	1,378	1,315	95%	1,370	1,031	75%	1,432	1,358	95%
Texas Children's Health Plan	1,909	1,531	80%	1,972	1,601	81%	2,017	1,626	81%	2,095	1,969	94%
UnitedHealthcare Community Plan	2,836	2,676	94%	2,751	2,599	94%	2,706	2,242	83%	2,754	2,601	94%
Rural	9,059	7,678	85%	9,087	7,654	84%	9,146	6,704	73%	9,467	8,206	87%
Amerigroup	1,739	1,431	82%	1,723	1,441	84%	1,734	1,181	68%	1,762	1,471	83%
Blue Cross and Blue Shield of Texas	765	709	93%	771	717	93%	785	724	92%	816	808	99%
Children's Medical Center Health Plan	96	89	93%	97	91	94%	84	79	94%	86	84	98%
Community First Health Plans	219	219	100%	230	230	100%	228	228	100%	230	230	100%
Driscoll Health Plan	694	688	99%	700	695	99%	721	716	99%	765	761	99%
Superior HealthPlan	2,081	1,707	82%	2,110	1,722	82%	2,137	1,141	53%	2,224	1,787	80%
Texas Children's Health Plan	1,174	960	82%	1,181	949	80%	1,194	968	81%	1,265	1,205	95%
UnitedHealthcare Community Plan	2,291	1,875	82%	2,275	1,809	80%	2,263	1,667	74%	2,319	1,860	80%
<b>STAR Kids Total</b>	<b>141,564</b>	<b>133,101</b>	94%	<b>141,735</b>	<b>132,068</b>	93%	<b>141,420</b>	<b>128,605</b>	91%	<b>146,070</b>	<b>138,461</b>	95%
<b>Urologist Total</b>	<b>2,950,892</b>	<b>2,832,842</b>	96%	<b>2,978,112</b>	<b>2,799,870</b>	94%	<b>2,936,898</b>	<b>2,694,949</b>	92%	<b>3,293,529</b>	<b>2,810,407</b>	85%
<b>Grand Total</b>	<b>36,277,832</b>	<b>35,099,338</b>	97%	<b>36,559,803</b>	<b>34,739,776</b>	95%	<b>36,052,570</b>	<b>32,801,224</b>	91%	<b>37,153,033</b>	<b>31,216,148</b>	84%

Attachment H3  
Main Dentist Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

County Type DMO	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (90%)
<b>Metro</b>	<b>2,247,516</b>	<b>2,247,244</b>	<b>100%</b>	<b>2,248,444</b>	<b>2,248,175</b>	<b>100%</b>	<b>2,211,496</b>	<b>2,211,247</b>	<b>100%</b>	<b>12,208,750</b>	<b>8,685,325</b>	<b>71%</b>
DentaQuest	1,289,777	1,289,649	100%	1,291,776	1,291,653	100%	1,268,003	1,267,888	100%	7,002,974	5,629,811	80%
MCNA Dental	957,739	957,595	100%	956,668	956,522	100%	943,493	943,359	100%	5,205,776	3,055,514	59%
<b>Micro</b>	<b>150,533</b>	<b>150,528</b>	<b>100%</b>	<b>151,475</b>	<b>151,470</b>	<b>100%</b>	<b>150,011</b>	<b>150,007</b>	<b>100%</b>	<b>827,033</b>	<b>510,860</b>	<b>62%</b>
DentaQuest	87,696	87,692	100%	88,269	88,265	100%	87,373	87,370	100%	481,932	338,750	70%
MCNA Dental	62,837	62,836	100%	63,206	63,205	100%	62,638	62,637	100%	345,101	172,110	50%
<b>Rural</b>	<b>200,132</b>	<b>200,096</b>	<b>100%</b>	<b>201,287</b>	<b>201,261</b>	<b>100%</b>	<b>199,740</b>	<b>199,719</b>	<b>100%</b>	<b>1,103,448</b>	<b>685,520</b>	<b>62%</b>
DentaQuest	115,331	115,309	100%	116,109	116,091	100%	114,722	114,708	100%	634,534	448,150	71%
MCNA Dental	84,801	84,787	100%	85,178	85,170	100%	85,018	85,011	100%	468,914	237,370	51%
<b>Grand Total</b>	<b>2,598,181</b>	<b>2,597,868</b>	<b>100%</b>	<b>2,601,206</b>	<b>2,600,906</b>	<b>100%</b>	<b>2,561,247</b>	<b>2,560,973</b>	<b>100%</b>	<b>14,139,231</b>	<b>9,881,705</b>	<b>70%</b>

Attachment H4  
Dental Specialty Network Access Analysis SFY20  
Annual Report  
(Blanks = No Data Available)

Provider Type DMO County Type	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)	Member Count	Members Within Distance Standard of One Provider	% Within Distance Standard (90%)
<b>Orthodontist</b>												
DentaQuest	1,492,804	1,455,717	98%	1,496,154	1,455,275	97%	1,470,098	1,371,612	93%	1,641,341	1,596,058	97%
Metro	1,289,777	1,276,042	99%	1,291,776	1,274,096	99%	1,268,003	1,227,104	97%	1,415,601	1,396,066	99%
Micro	87,696	76,962	88%	88,269	77,461	88%	87,373	56,059	64%	97,461	85,352	88%
Rural	115,331	102,713	89%	116,109	103,718	89%	114,722	88,449	77%	128,279	114,640	89%
MCNA Dental	1,105,377	1,046,071	95%	1,105,052	1,045,400	95%	1,091,149	1,015,582	93%	1,216,379	1,150,248	95%
Metro	957,739	932,861	97%	956,668	931,656	97%	943,493	911,994	97%	1,051,807	1,023,991	97%
Micro	62,837	41,960	67%	63,206	42,345	67%	62,638	41,280	66%	69,750	46,769	67%
Rural	84,801	71,250	84%	85,178	71,399	84%	85,018	62,308	73%	94,822	79,488	84%
<b>Subtotal</b>	<b>2,598,181</b>	<b>2,501,788</b>	96%	2,601,206	2,500,675	96%	2,561,247	2,387,194	93%	2,857,720	2,746,306	96%
<b>Pediatric Dental</b>												
DentaQuest	1,424,936	1,419,011	100%	1,429,207	1,423,455	100%	1,403,602	1,395,273	99%	1,554,076	1,550,915	100%
Metro	1,231,320	1,231,160	100%	1,234,021	1,234,016	100%	1,210,806	1,209,259	100%	1,340,570	1,340,562	100%
Micro	83,594	79,513	95%	84,288	80,246	95%	83,294	78,198	94%	92,088	90,785	99%
Rural	110,022	108,338	98%	110,898	109,193	98%	109,502	107,816	98%	121,418	119,568	98%
MCNA Dental	1,058,314	0	0%	1,058,597	0	0%	1,044,826	0	0%	1,154,275	0	0%
Metro	917,280	0	0%	916,776	0	0%	903,749	0	0%	998,548	0	0%
Micro	60,090	0	0%	60,467	0	0%	59,941	0	0%	66,101	0	0%
Rural	80,944	0	0%	81,354	0	0%	81,136	0	0%	89,626	0	0%
<b>Subtotal</b>	<b>2,483,250</b>	<b>1,419,011</b>	57%	<b>2,487,804</b>	<b>1,423,455</b>	57%	<b>2,448,428</b>	<b>1,395,273</b>	57%	<b>2,708,351</b>	<b>1,550,915</b>	57%
<b>Grand Total</b>	<b>5,081,431</b>	<b>3,920,799</b>	77%	<b>5,089,010</b>	<b>3,924,130</b>	77%	<b>5,009,675</b>	<b>3,782,467</b>	76%	<b>5,566,071</b>	<b>4,297,221</b>	77%

**Attachment J**  
**Pharmacy Access SFY20 Q1**  
**Annual Report**

**STAR Medicaid Rural Service Area (MRSA) Counties**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	STAR MRSA Metro % Within Distance Standard (75%)	STAR MRSA Micro % Within Distance Standard (55%)	STAR MRSA Rural % Within Distance Standard (90%)
<b>STAR</b>					
<b>Metro</b>	<b>175,907</b>	<b>99,788</b>	57%		
MRSA Central Texas	71,122	46,229	65%		
Amerigroup	7,335	1,108	15%		
Right Care from Scott and White Health Plans	26,807	18,660	70%		
Superior HealthPlan	36,980	26,461	72%		
MRSA Northeast Texas	58,877	26,005	44%		
Amerigroup	21,008	3,334	16%		
Superior HealthPlan	37,869	22,671	60%		
MRSA West Texas	45,908	27,554	60%		
Amerigroup	9,649	1,800	19%		
FirstCare	13,685	10,138	74%		
Superior HealthPlan	22,574	15,616	69%		
<b>Micro</b>	<b>72,929</b>	<b>39,305</b>		54%	
MRSA Central Texas	7,389	5,613		76%	
Amerigroup	764	43		6%	
Right Care from Scott and White Health Plans	2,651	2,212		83%	
Superior HealthPlan	3,974	3,358		84%	
MRSA Northeast Texas	53,902	24,176		45%	
Amerigroup	18,086	1,622		9%	
Superior HealthPlan	35,816	22,554		63%	
MRSA West Texas	11,638	9,516		82%	
Amerigroup	1,949	1,019		52%	
FirstCare	2,406	2,188		91%	
Superior HealthPlan	7,283	6,309		87%	
<b>Rural</b>	<b>113,912</b>	<b>74,368</b>			80%
MRSA Central Texas	34,753	25,389			83%
Amerigroup	7,276	564			25%
Right Care from Scott and White Health Plans	6,887	6,291			98%
Superior HealthPlan	20,590	18,534			99%
MRSA Northeast Texas	24,458	13,779			76%
Amerigroup	8,667	114			35%
Superior HealthPlan	15,791	13,665			97%
MRSA West Texas	54,701	35,200			79%
Amerigroup	11,360	356			18%
FirstCare	15,236	11,700			95%
Superior HealthPlan	28,105	23,144			96%
<b>STAR MRSA Total</b>	<b>362,748</b>	<b>213,461</b>			

**STAR All Other Counties**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	All other Metro % Within Distance Standard (80%)	All other Micro % Within Distance Standard (75%)	All other Rural % Within Distance Standard (90%)
<b>STAR</b>					
<b>Metro</b>			72%		
Bexar	205,232	167,609	82%		
Aetna Better Health	16,724	14,480	87%		
Amerigroup	7,246	1,999	28%		
Community First Health Plans	86,882	71,767	83%		
Superior HealthPlan	94,380	79,363	84%		
Dallas	331,205	188,322	57%		
Amerigroup	173,405	51,674	30%		
Molina Healthcare of Texas	22,738	20,142	89%		
Parkland	135,062	116,506	86%		
El Paso	98,419	76,328	78%		
El Paso First	54,824	43,934	80%		
Molina Healthcare of Texas	2,718	2,236	82%		
Superior HealthPlan	40,877	30,158	74%		
Harris	597,315	484,079	81%		
Amerigroup	74,097	23,569	32%		
Community Health Choice	187,392	163,574	87%		
Molina Healthcare of Texas	9,232	8,179	89%		
Texas Children's Health Plan	278,549	246,721	89%		
UnitedHealthcare Community Plan	48,045	42,036	87%		

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Hidalgo	255,914	173,346	68%		
Driscoll Health Plan	71,358	50,086	70%		
Molina Healthcare of Texas	35,359	25,098	71%		
Superior HealthPlan	105,451	69,006	65%		
UnitedHealthcare Community Plan	43,746	29,156	67%		
Jefferson	33,484	22,843	68%		
Amerigroup	2,610	118	5%		
Community Health Choice	9,190	6,732	73%		
Molina Healthcare of Texas	1,471	1,081	73%		
Texas Children's Health Plan	13,356	9,915	74%		
UnitedHealthcare Community Plan	6,857	4,997	73%		
Lubbock	46,858	36,164	77%		
Amerigroup	5,704	1,398	25%		
FirstCare	21,213	18,029	85%		
Superior HealthPlan	19,941	16,737	84%		
Nueces	44,677	37,796	85%		
Driscoll Health Plan	33,962	29,085	86%		
Superior HealthPlan	9,642	7,804	81%		
UnitedHealthcare Community Plan	1,073	907	85%		
Tarrant	221,874	140,888	63%		
Aetna Better Health	39,899	34,405	86%		
Amerigroup	92,415	28,023	30%		
Cook Children's Health Plan	89,560	78,460	88%		
Travis	82,633	58,772	71%		
Dell Children's Health Plan	18,741	14,243	76%		
Superior HealthPlan	63,892	44,529	70%		
<b>Micro</b>	65,535	37,204	57%		
Bexar	4,061	1,841		53%	
Aetna Better Health	325	171		0%	
Amerigroup	167	0		49%	
Community First Health Plans	1,702	829		45%	
Superior HealthPlan	1,867	841		44%	
Harris	3,720	1,649		2%	
Amerigroup	454	9		43%	
Community Health Choice	1,024	438		51%	
Molina Healthcare of Texas	35	18		51%	
Texas Children's Health Plan	1,728	884		63%	
UnitedHealthcare Community Plan	479	300		85%	
Hidalgo	17,210	14,670		87%	
Driscoll Health Plan	4,126	3,574		87%	
Molina Healthcare of Texas	1,671	1,447		85%	
Superior HealthPlan	8,654	7,317		85%	
UnitedHealthcare Community Plan	2,759	2,332		49%	
Jefferson	18,366	8,964		1%	
Amerigroup	1,752	18		49%	
Community Health Choice	4,923	2,412		72%	
Molina Healthcare of Texas	509	365		53%	
Texas Children's Health Plan	6,698	3,552		58%	
UnitedHealthcare Community Plan	4,484	2,617		68%	
Nueces	7,550	5,158		67%	
Driscoll Health Plan	5,855	3,930		72%	
Superior HealthPlan	1,468	1,057		75%	
UnitedHealthcare Community Plan	227	171		35%	
Tarrant	4,182	1,458		39%	
Aetna Better Health	552	213		2%	
Amerigroup	1,216	28		50%	
Cook Children's Health Plan	2,414	1,217		33%	
Travis	10,446	3,464		33%	
Dell Children's Health Plan	1,811	657		33%	
Superior HealthPlan	8,635	2,807		85%	
<b>Rural</b>	74,071	63,158			85%
Bexar	8,923	8,758			98%
Aetna Better Health	811	811			100%
Amerigroup	369	218			59%
Community First Health Plans	4,100	4,094			100%
Superior HealthPlan	3,643	3,635			100%
Dallas	4,696	4,500			96%
Amerigroup	3,876	3,683			95%
Molina Healthcare of Texas	375	374			100%
Parkland	445	443			100%
El Paso	22	0			0%
El Paso First	11	0			0%
Molina Healthcare of Texas	0	0			0%

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Superior HealthPlan	11	0			0%
Harris	9,404	7,484			80%
Amerigroup	1,375	111			8%
Community Health Choice	3,147	2,967			94%
Molina Healthcare of Texas	207	180			87%
Texas Children's Health Plan	3,422	3,083			90%
UnitedHealthcare Community Plan	1,253	1,143			91%
Hidalgo	5,257	2,459			47%
Driscoll Health Plan	1,837	552			30%
Molina Healthcare of Texas	653	587			90%
Superior HealthPlan	2,074	986			48%
UnitedHealthcare Community Plan	693	334			48%
Jefferson	11,777	10,116			86%
Amerigroup	1,202	88			7%
Community Health Choice	3,508	3,333			95%
Molina Healthcare of Texas	1,237	1,187			96%
Texas Children's Health Plan	4,228	3,990			94%
UnitedHealthcare Community Plan	1,602	1,518			95%
Lubbock	13,821	10,906			79%
Amerigroup	1,601	152			9%
FirstCare	7,342	6,472			88%
Superior HealthPlan	4,878	4,282			88%
Nueces	15,877	14,839			93%
Driscoll Health Plan	11,421	10,799			95%
Superior HealthPlan	3,899	3,638			93%
UnitedHealthcare Community Plan	557	402			72%
Travis	4,294	4,096			95%
Dell Children's Health Plan	522	489			94%
Superior HealthPlan	3,772	3,607			96%
<b>STAR Other Counties Total</b>	<b>2,057,217</b>	<b>1,486,509</b>			<b>72%</b>

**All Other Programs**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	All other Metro % Within Distance Standard (80%)	All other Micro % Within Distance Standard (75%)	All other Rural % Within Distance Standard (90%)
<b>STAR Kids</b>					
<b>Metro</b>	<b>112,235</b>	<b>62,363</b>	56%		
Bexar	12,017	10,281	86%		
Community First Health Plans	6,627	5,655	85%		
Superior HealthPlan	5,390	4,626	86%		
Dallas	19,007	9,845	52%		
Amerigroup	11376	3,183	28%		
Children's Medical Center Health Plan	7,631	6,662	87%		
El Paso	4,504	2,838	63%		
Amerigroup	1,251	299	24%		
Superior HealthPlan	3,253	2,539	78%		
Harris	33,333	9,535	29%		
Amerigroup	6,546	1,773	27%		
Texas Children's Health Plan	18,161	0	0%		
UnitedHealthcare Community Plan	8,626	7,762	90%		
Hidalgo	17,488	12,164	70%		
Driscoll Health Plan	5,096	3,544	70%		
Superior HealthPlan	6,557	4,605	70%		
UnitedHealthcare Community Plan	5,835	4,015	69%		
Jefferson	2,512	850	34%		
Texas Children's Health Plan	1,354	0	0%		
UnitedHealthcare Community Plan	1,158	850	73%		
Lubbock	2,294	1,323	58%		
Amerigroup	1,122	290	26%		
Superior HealthPlan	1,172	1,033	88%		
Nueces	3,125	2,696	86%		
Driscoll Health Plan	2,418	2,107	87%		
Superior HealthPlan	707	589	83%		
Tarrant	12,480	10,959	88%		
Aetna Better Health	4,138	3,573	86%		
Cook Children's Health Plan	8,342	7,386	89%		
Travis	5,475	1,872	34%		
Blue Cross and Blue Shield of Texas	2,902	0	0%		
Superior HealthPlan	2,573	1,872	73%		
<b>Micro</b>	<b>3,271</b>	<b>1,564</b>		48%	
Bexar	200	70		35%	

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Community First Health Plans	102	49		48%	
Superior HealthPlan	98	21		21%	
Harris	176	44		25%	
Amerigroup	25	0		0%	
Texas Children's Health Plan	86	0		0%	
UnitedHealthcare Community Plan	65	44		68%	
Hidalgo	808	695		86%	
Driscoll Health Plan	147	124		84%	
Superior HealthPlan	454	398		88%	
UnitedHealthcare Community Plan	207	173		84%	
Jefferson	919	334		36%	
Texas Children's Health Plan	412	0		0%	
UnitedHealthcare Community Plan	507	334		66%	
Nueces	400	260		65%	
Driscoll Health Plan	301	197		65%	
Superior HealthPlan	99	63		64%	
Tarrant	150	63		42%	
Aetna Better Health	34	13		38%	
Cook Children's Health Plan	116	50		43%	
Travis	618	98		16%	
Blue Cross and Blue Shield of Texas	306	0		0%	
Superior HealthPlan	312	98		31%	
<b>Rural</b>	<b>3,716</b>	<b>2,357</b>			63%
Bexar	364	364			100%
Community First Health Plans	219	219			100%
Superior HealthPlan	145	145			100%
Dallas	323	301			93%
Amerigroup	227	208			92%
Children's Medical Center Health Plan	96	93			97%
El Paso	1	0			0%
Amerigroup	1	0			0%
Superior HealthPlan	0	0			0%
Harris	465	131			28%
Amerigroup	97	1			1%
Texas Children's Health Plan	233	0			0%
UnitedHealthcare Community Plan	135	130			96%
Hidalgo	295	134			45%
Driscoll Health Plan	102	40			39%
Superior HealthPlan	85	37			44%
UnitedHealthcare Community Plan	108	57			53%
Jefferson	678	276			41%
Texas Children's Health Plan	396	0			0%
UnitedHealthcare Community Plan	282	276			98%
Lubbock	510	246			48%
Amerigroup	252	24			10%
Superior HealthPlan	258	222			86%
Nueces	870	824			95%
Driscoll Health Plan	592	563			95%
Superior HealthPlan	278	261			94%
Travis	210	81			39%
Blue Cross and Blue Shield of Texas	125	0			0%
Superior HealthPlan	85	81			95%
<b>STAR Kids Total</b>	<b>119,222</b>	<b>66,284</b>			56%
<b>Grand Total</b>	<b>2,539,187</b>	<b>1,766,254</b>			70%



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**STAR Medicaid Rural Service Area (MRSA) Counties**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	STAR MRSA Metro % Within Distance Standard (75%)	STAR MRSA Micro % Within Distance Standard (55%)	STAR MRSA Rural % Within Distance Standard (90%)
<b>STAR</b>					
<b>Metro</b>	<b>2,869,465</b>	<b>2,255,635</b>	79%		
MRSA Central Texas	1,165,797	962,632	83%		
Amerigroup	118,661	93,324	79%		
Right Care from Scott and White Health Plans	429,825	314,617	73%		
Superior HealthPlan	617,311	554,691	90%		
MRSA Northeast Texas	950,961	755,798	79%		
Amerigroup	349,110	290,915	83%		
Superior HealthPlan	601,851	464,883	77%		
MRSA West Texas	752,707	537,205	71%		
Amerigroup	159,222	141,226	89%		
FirstCare	214,163	48,719	23%		
Superior HealthPlan	379,322	347,260	92%		
<b>Micro</b>	<b>1,187,730</b>	<b>946,896</b>		80%	
MRSA Central Texas	123,077	108,018		88%	
Amerigroup	11,688	10,319		88%	
Right Care from Scott and White Health Plans	44,863	36,468		81%	
Superior HealthPlan	66,526	61,231		92%	
MRSA Northeast Texas	873,319	683,128		78%	
Amerigroup	301,745	240,503		80%	
Superior HealthPlan	571,574	442,625		77%	
MRSA West Texas	191,334	155,750		81%	
Amerigroup	31,977	27,944		87%	
FirstCare	37,894	12,624		33%	
Superior HealthPlan	121,463	115,182		95%	
<b>Rural</b>	<b>1,860,714</b>	<b>1,413,444</b>			80%
MRSA Central Texas	561,651	510,534			83%
Amerigroup	116,575	103,694			25%
Right Care from Scott and White Health Plans	106,175	84,286			98%
Superior HealthPlan	338,901	322,554			99%
MRSA Northeast Texas	399,499	376,587			76%
Amerigroup	144,517	136,863			35%
Superior HealthPlan	254,982	239,724			97%
MRSA West Texas	899,564	526,323			79%
Amerigroup	186,387	141,532			18%
FirstCare	241,234	58,685			95%
Superior HealthPlan	471,943	326,106			96%
<b>STAR MRSA Total</b>	<b>5,917,909</b>	<b>4,615,975</b>			96%

**STAR All Other Counties**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	All other Metro % Within Distance Standard (80%)	All other Micro % Within Distance Standard (75%)	All other Rural % Within Distance Standard (90%)
<b>STAR</b>					
<b>Metro</b>	<b>31,017,763</b>	<b>29,203,076</b>	94%		
Bexar	3,365,547	3,275,744	97%		
Aetna Better Health	270,653	261,844	97%		
Amerigroup	119,767	115,920	97%		
Community First Health Plans	1,390,393	1,337,361	96%		
Superior HealthPlan	1,584,734	1,560,619	98%		
Dallas	5,180,429	4,998,108	96%		
Amerigroup	2,706,932	2,638,346	97%		
Molina Healthcare of Texas	376,034	363,259	97%		
Parkland	2,097,463	1,996,503	95%		
El Paso	1,567,442	1,541,685	98%		
El Paso Health+A20	867,132	855,943	99%		
Molina Healthcare of Texas	47,217	43,208	92%		
Superior HealthPlan	653,093	642,534	98%		
Harris	9,558,611	9,374,603	98%		
Amerigroup	1,142,435	1,123,567	98%		
Community Health Choice	3,075,917	3,025,514	98%		
Molina Healthcare of Texas	146,936	139,771	95%		
Texas Children's Health Plan	4,338,280	4,249,243	98%		
UnitedHealthcare Community Plan	855,043	836,508	98%		

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Hidalgo	4,083,674	3,497,776	86%		
Driscoll Health Plan	1,163,302	1,027,329	88%		
Molina Healthcare of Texas	547,119	486,289	89%		
Superior HealthPlan	1,683,455	1,349,924	80%		
UnitedHealthcare Community Plan	689,798	634,234	92%		
Jefferson	543,995	448,528	82%		
Amerigroup	42,338	35,413	84%		
Community Health Choice	146,689	123,387	84%		
Molina Healthcare of Texas	23,722	17,813	75%		
Texas Children's Health Plan	212,188	179,582	85%		
UnitedHealthcare Community Plan	119,058	92,333	78%		
Lubbock	767,135	501,921	65%		
Amerigroup	95,537	85,765	90%		
FirstCare	330,347	111,402	34%		
Superior HealthPlan	341,251	304,754	89%		
Nueces	741,842	674,328	91%		
Driscoll Health Plan	558,687	507,497	91%		
Superior HealthPlan	162,327	148,748	92%		
UnitedHealthcare Community Plan	20,828	18,083	87%		
Tarrant	3,542,635	3,314,034	94%		
Aetna Better Health	667,458	616,187	92%		
Amerigroup	1,493,688	1,439,310	96%		
Cook Children's Health Plan	1,381,489	1,258,537	91%		
Travis	1,666,453	1,576,349	95%		
Blue Cross and Blue Shield of Texas	367,513	357,357	97%		
Dell Children's Health Plan	290,721	283,235	97%		
Superior HealthPlan	1,008,219	935,757	93%		
<b>Micro</b>	1,122,075	902,529		80%	
Bexar	66,858	61,853		90%	
Aetna Better Health	4,890	4,399		91%	
Amerigroup	2,335	2,120		90%	
Community First Health Plans	26,932	24,267		95%	
Superior HealthPlan	32,701	31,067		91%	
Harris	58,965	53,520		91%	
Amerigroup	6,517	5,904		93%	
Community Health Choice	16,911	15,766		91%	
Molina Healthcare of Texas	624	567		89%	
Texas Children's Health Plan	27,439	24,386		92%	
UnitedHealthcare Community Plan	7,474	6,897		53%	
Hidalgo	282,812	149,963		67%	
Driscoll Health Plan	66,127	44,219		51%	
Molina Healthcare of Texas	26,944	13,742		44%	
Superior HealthPlan	145,559	64,444		62%	
UnitedHealthcare Community Plan	44,182	27,558		87%	
Jefferson	303,603	263,535		87%	
Amerigroup	29,449	25,704		90%	
Community Health Choice	81,216	72,731		85%	
Molina Healthcare of Texas	8,263	7,019		87%	
Texas Children's Health Plan	110,672	96,330		83%	
UnitedHealthcare Community Plan	74,003	61,751		92%	
Nueces	128,833	118,541		91%	
Driscoll Health Plan	98,261	89,468		96%	
Superior HealthPlan	26,587	25,416		92%	
UnitedHealthcare Community Plan	3,985	3,657		85%	
Tarrant	66,648	56,395		87%	
Aetna Better Health	9,345	8,110		88%	
Amerigroup	19,904	17,456		82%	
Cook Children's Health Plan	37,399	30,829		93%	
Travis	214,356	198,722		92%	
Blue Cross and Blue Shield of Texas	46,258	42,675		92%	
Dell Children's Health Plan	28,990	26,699		93%	
Superior HealthPlan	139,108	129,348		93%	
<b>Rural</b>	1,242,961	1,093,778			88%
Bexar	148,769	146,956			99%
Aetna Better Health	12,604	12,441			99%
Amerigroup	6,510	6,426			99%
Community First Health Plans	65,474	64,746			99%
Superior HealthPlan	64,181	63,343			99%
Dallas	74,926	73,795			98%
Amerigroup	60,179	59,605			99%
Molina Healthcare of Texas	6,896	6,800			99%
Parkland	7,851	7,390			94%
El Paso	348	257			74%

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El Paso Health	213	176			83%
Superior HealthPlan	213	176			83%
Harris	151,323	148,346			98%
Amerigroup	21,559	20,851			97%
Community Health Choice	52,125	51,192			98%
Molina Healthcare of Texas	3,406	3,321			98%
Texas Children's Health Plan	53,752	53,015			99%
UnitedHealthcare Community Plan	20,481	19,967			97%
Hidalgo	86,296	69,091			80%
Driscoll Health Plan	30,638	26,158			85%
Molina Healthcare of Texas	10,493	8,678			83%
Superior HealthPlan	33,466	24,517			73%
UnitedHealthcare Community Plan	11,699	9,738			83%
Jefferson	200,796	176,418			88%
Amerigroup	20,906	18,827			90%
Community Health Choice	56,586	50,391			89%
Molina Healthcare of Texas	20,330	17,236			85%
Texas Children's Health Plan	71,734	63,489			89%
UnitedHealthcare Community Plan	31,240	26,475			85%
Lubbock	226,036	144,880			64%
Amerigroup	26,438	24,564			93%
FirstCare	113,796	43,071			38%
Superior HealthPlan	85,802	77,245			90%
Nueces	264,362	246,973			93%
Driscoll Health Plan	187,859	173,882			93%
Superior HealthPlan	65,749	63,439			96%
UnitedHealthcare Community Plan	10,754	9,652			90%
Travis	90,105	87,062			97%
Blue Cross and Blue Shield of Texas	19,114	17,871			93%
Dell Children's Health Plan	8,434	7,857			93%
Superior HealthPlan	62,557	61,334			98%
<b>STAR Other Counties Total</b>	<b>33,382,799</b>	<b>31,199,383</b>			93%

**All Other Programs**

Program/County Type/MCO	Sum of Member Count	Sum of Number of Members Within Distance Standard of One Provider	All other Metro % Within Distance Standard (80%)	All other Micro % Within Distance Standard (75%)	All other Rural % Within Distance Standard (90%)
<b>STAR Kids</b>					
<b>Metro</b>	<b>1,697,968</b>	<b>1,575,655</b>	93%		
Bexar	181,123	176,091	97%		
Community First Health Plans	98,599	94,743	96%		
Superior HealthPlan	82,524	81,348	99%		
Dallas	287,613	278,566	97%		
Amerigroup	175,259	169,901	97%		
Children's Medical Center Health Plan	112,354	108,665	97%		
El Paso	67,520	65,363	97%		
Amerigroup	18,485	17,070	92%		
Superior HealthPlan	49,035	48,293	98%		
Harris	506,526	479,495	95%		
Amerigroup	96,606	94,859	98%		
Texas Children's Health Plan	280,133	257,427	92%		
UnitedHealthcare Community Plan	129,787	127,209	98%		
Hidalgo	266,123	226,667	85%		
Driscoll Health Plan	77,965	68,835	88%		
Superior HealthPlan	102,786	79,949	78%		
UnitedHealthcare Community Plan	85,372	77,883	91%		
Jefferson	37,118	29,030	78%		
Texas Children's Health Plan	19,732	15,759	80%		
UnitedHealthcare Community Plan	17,386	13,271	76%		
Lubbock	34,456	30,647	89%		
Amerigroup	16,381	14,756	90%		
Superior HealthPlan	18,075	15,891	88%		
Nueces	46,776	42,388	91%		
Driscoll Health Plan	36,059	32,780	91%		
Superior HealthPlan	10,717	9,608	90%		
Tarrant	187,886	171,503	91%		
Aetna Better Health	61,189	56,273	92%		
Cook Children's Health Plan	126,697	115,230	91%		
Travis	82,827	75,905	92%		
Blue Cross and Blue Shield of Texas	43,820	39,726	91%		
Superior HealthPlan	39,007	36,179	93%		

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<b>Micro</b>	<b>49,792</b>	<b>38,896</b>		78%	
Bexar	2,848	2,553		90%	
Community First Health Plans	1,451	1,246		86%	
Superior HealthPlan	1,397	1,307		94%	
Harris	2,733	2,396		88%	
Amerigroup	403	364		90%	
Texas Children's Health Plan	1,359	1,157		85%	
UnitedHealthcare Community Plan	971	875		90%	
Hidalgo	12,435	6,562		53%	
Driscoll Health Plan	2,157	1,549		72%	
Superior HealthPlan	7,175	3,084		43%	
UnitedHealthcare Community Plan	3,103	1,929		62%	
Jefferson	14,158	11,784		83%	
Texas Children's Health Plan	6,641	5,453		82%	
UnitedHealthcare Community Plan	7,517	6,331		84%	
Nueces	6,133	5,631		92%	
Driscoll Health Plan	4,742	4,306		91%	
Superior HealthPlan	1,391	1,325		95%	
Tarrant	2,188	1,817		83%	
Aetna Better Health	511	450		88%	
Cook Children's Health Plan	1,677	1,367		82%	
Travis	9,297	8,153		88%	
Blue Cross and Blue Shield of Texas	4,546	3,807		84%	
Superior HealthPlan	4,751	4,346		91%	
<b>Rural</b>	<b>57,753</b>	<b>53,098</b>			92%
Bexar	5,849	5,796			99%
Community First Health Plans	3,458	3,428			99%
Superior HealthPlan	2,391	2,368			99%
Dallas	5,014	4,906			98%
Amerigroup	3,746	3,724			99%
Children's Medical Center Health Plan	1,268	1,182			93%
El Paso	14	11			79%
Amerigroup	14	11			79%
Harris	7,033	6,762			96%
Amerigroup	1,354	1,349			100%
Texas Children's Health Plan	3,558	3,308			93%
UnitedHealthcare Community Plan	2,121	2,105			99%
Hidalgo	4,560	3,698			81%
Driscoll Health Plan	1,551	1,333			86%
Superior HealthPlan	1,381	989			72%
UnitedHealthcare Community Plan	1,628	1,376			85%
Jefferson	10,472	8,695			83%
Texas Children's Health Plan	6,079	4,992			82%
UnitedHealthcare Community Plan	4,393	3,703			84%
Lubbock	7,923	7,382			93%
Amerigroup	3,910	3,726			95%
Superior HealthPlan	4,013	3,656			91%
Nueces	13,703	12,900			94%
Driscoll Health Plan	9,377	8,693			93%
Superior HealthPlan	4,326	4,207			97%
Travis	3,185	2,948			93%
Blue Cross and Blue Shield of Texas	1,772	1,603			90%
Superior HealthPlan	1,413	1,345			95%
<b>STAR Kids Total</b>	<b>1,805,513</b>	<b>1,667,649</b>			92%
<b>Grand Total</b>	<b>41,106,221</b>	<b>37,483,007</b>			91%

*CMS MONTHLY SUMMARY NARRATIVE REPORT*



Helping Government Serve the People.®



*AUGUST 2020*



# The Texas Enrollment Broker

## 1.1.1 Operations

Enrollment Broker Medicaid Managed Care STAR, STAR+PLUS, and STAR Kids Programs reported 4,065,911 enrollments in August for a September 1<sup>st</sup> effective date, representing a 1.7% increase in enrollments from last month.

The Dental Program reported 3,213,425 enrollments in August for a September 1<sup>st</sup> effective date, which is a 1.8% increase from last month.

In August, the English Call Center queues had an Abandonment (AB) Rate of 0.9% and an Average Speed of Answer (ASA) of 13 seconds— meeting both performance requirements. The Spanish Call Center queues had an AB Rate of 0.9% and an ASA of 15 seconds in August, also meeting both performance requirements.

MAXIMUS communicated via MAXIMUS Initiated Memorandum (MIM) entitled “03262020B EB Project COVID-19 Impact to Operations MIM-SAR Response” that due to the technical issues with audio and video call recordings not being captured in Verint for call center staff working from home, no quality assurance audits can be performed. Both HHSC and MAXIMUS stakeholders agreed that these activities could not be completed for the April, May, June, and July 2020 samples, as well as subsequent sample months until the Verint recording issue is resolved, yielding a statistically valid sample for audit activities to resume. On July 21, 2020, HHSC communicated that audio and video recordings are functional for work at home (WAH) staff. However, MAXIMUS is working with TTEC to confirm that the QA call population report yields a statistically valid sample to include WAH recordings. MAXIMUS communicated via MIM 08202020C entitled “KPR 29 Client Call Accuracy – Quality Assurance Monitoring and Performance Standard” that MAXIMUS is working with HHSC, AT&T, and TTEC to resolve issues with retrieving a statistically valid QA call population report that includes WAH staff therefore, no audits were conducted for the July and August 2020 samples for EB Call Center Operations - Integrated.

The Enrollment Broker Correspondence and Materials Development (CMD) unit continued its efforts in August to inform Managed Care recipients about their medical and dental enrollment options in Managed Care areas. The Enrollment Broker CMD mailed out 70,013 enrollment mailings for the Medicaid Managed Care Program and 57,985 enrollment mailings for the Dental Program.

To mitigate the spread of COVID-19 and to protect the health and welfare of Texans, EB Outreach suspended face to face/in-person community and client outreach - including home visits, presentations, community contacts, and enrollment events - on March 17, 2020 until further notice. During this suspension, outreach will increase their phone call attempts to clients, make community contacts by phone, and attend meetings remotely when possible.

During August, outreach staff members completed 74,039 phone call attempts compared to 78,264 phone call attempts completed in July. In August, outreach staff members completed a total of 1,555 field events for the Medicaid Managed Care Program, compared to 1,257 completed in July. Field events include enrollment events, community meetings, presentations, and health fairs.

### 1.1.1.1 Mail Summary

Monthly Ongoing Mailings						
Task	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Mandatory Medical Enrollment Kits/Requests (STAR, STAR Kids, STAR+PLUS, SNS, NS, & TP40's)	91,458	104,195	89,363	75,813	72,836	69,926
STAR, STAR Kids, & STAR+PLUS Voluntary Letters	112	134	112	90	83	87
Mandatory Dental Enrollment Kits/Requests	70,155	76,658	68,647	58,125	55,355	57,985

(Table 1.1.1.1A) Mail Summary: The table shows the total volumes mailed for the MMC Medical and Dental programs during each month.

### 1.1.1.2 Field Operations Summary

To mitigate the spread of COVID-19 and to protect the health and welfare of Texans, EB Outreach suspended face to face/in-person community and client outreach - including home visits, presentations, community contacts, and enrollment events - on March 17, 2020 until further notice. During this suspension, outreach will increase their phone call attempts to clients, make community contacts by phone, and attend meetings remotely when possible.

During August, outreach staff members completed 74,039 phone call attempts compared to 78,264 phone call attempts completed in July. In August, outreach staff members completed a total of 1,555 field events for the Medicaid Managed Care Program, compared to 1,257 completed in July. Field events include enrollment events, community meetings, presentations, and health fairs.

Outreach Activities						
Task	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Medicaid Managed Care Phone Calls	56,590	65,633	60,638	72,587	78,264	74,039
Medicaid Managed Care Home Visits	4,613	0	0	0	0	0
*Enrollments processed	12,758	16,322	14,865	17,653	17,620	16,105
Plan Changes processed	734	837	718	820	1,065	1,084
Medicaid Managed Care Enrollment Events	149	0	0	0	0	0
Medicaid Managed Care Presentations (non-enrollment event)	46	5	11	11	8	17
Medicaid Managed Care Community Meetings (non-enrollment event)	1,482	330	479	1,179	1,248	1,538
Medicaid Managed Care Health Fairs (non-enrollment event)	1	0	0	1	1	0

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

\*These totals reflect the number of enrollment actions performed by 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 in August for a September 1<sup>st</sup> effective date. Medicaid Managed Care STAR, STAR+PLUS, and STAR Kids Programs reported 4,065,911 enrollments in August for a September 1<sup>st</sup> effective date, representing a 1.7% increase in enrollments from last month.

The Dental Program reported 3,213,425 enrollments in August for a September 1<sup>st</sup> effective date, which is a 1.8% increase from last month.

Total Unduplicated Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated Enrollments
Mar-20	2,759,800	524,175	155,443	3,439,418
Apr-20	3,023,738	535,350	160,051	3,719,139
May-20	3,136,355	538,009	161,171	3,835,535
Jun-20	3,231,697	539,292	162,931	3,933,920
Jul-20	3,292,452	540,385	164,871	3,997,708
Aug-20	3,361,048	538,687	166,176	4,065,911

*(Table 1.1.1.3A) Total Unduplicated Enrollments by Program as reported in EB 100.1 - Confirmed Eligibles - Summary MMC.*

Total Unduplicated New Monthly Enrollments by Program				
State Cutoff Month	STAR	STAR + PLUS	STAR Kids	Total Unduplicated New Monthly Enrollments
Mar-20	184,335	14,814	4,762	203,911
Apr-20	283,304	17,073	6,105	306,482
May-20	136,781	9,658	3,347	149,786
Jun-20	131,136	8,938	3,501	143,575
Jul-20	88,005	6,714	3,237	97,956
Aug-20	103,927	6,865	10,872	121,664

*(Table 1.1.1.3B) Total Unduplicated New Monthly Enrollments by Program as reported in EB 100.1 - Confirmed Eligibles - Summary MMC.*

Dental Enrollments		
State Cutoff Month	New Monthly Enrollment	Total Enrollment
Mar-20	150,389	2,716,276
Apr-20	232,663	2,939,718
May-20	105,111	3,033,117
Jun-20	95,213	3,108,339
Jul-20	65,430	3,156,045
Aug-20	104,407	3,213,425

*(Table 1.1.1.3C) Dental Enrollments as reported in EB 100.1 - Confirmed Eligibles - Summary MMC.*



Total Voluntary Choice Enrollment Rate by Program						
State Cutoff Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
STAR HHSC Enrolled	57.1%	75.1%	46.2%	35.3%	35.4%	34.7%
STAR Elective Enrollment	21.7%	11.7%	26.0%	34.8%	37.3%	38.5%
STAR Default Enrollment	21.2%	13.2%	27.8%	29.9%	27.3%	26.8%
STAR+PLUS HHSC Enrolled	41.6%	58.1%	26.0%	29.0%	24.7%	23.1%
STAR+PLUS Elective Enrollment	28.1%	17.4%	31.6%	33.2%	35.1%	36.6%
STAR+PLUS Default Enrollment	30.3%	24.5%	42.4%	37.8%	40.2%	40.3%
STAR Kids HHSC Enrolled	56.6%	72.7%	51.7%	51.4%	55.2%	11.0%
STAR Kids Elective Enrollment	19.2%	10.8%	19.8%	22.5%	20.8%	80.4%
STAR Kids Default Enrollment	24.3%	16.5%	28.5%	26.1%	24.0%	8.6%
Medicaid Dental HHSC Dental Enrolled	48.6%	70.6%	35.5%	15.9%	11.2%	11.2%
Medicaid Dental Elective Enrollment	20.1%	11.6%	25.3%	38.2%	43.9%	57.4%
Medicaid Dental Default Enrollment	31.2%	17.8%	39.9%	45.9%	44.9%	31.4%

*(Table 1.1.1.3D) The table above shows an overview of the HHSC Enrolled, Elective, and Default rates for each program by month. As of May 2019, New Enrollment rates will be reported in this manner, per SAR# 12212018J001 Draft Medicaid Default Methodology and Confirmed Eligibles Report Updates. The enrollment rates 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. A daily average of 188 staff handled English inbound calls during the month of August. A daily average of 96 staff handled Spanish inbound calls during the month of August.

English Call Center Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
December	2019	81,714	91,276	83,755	188	571	140	7,332	8.0%
January	2020	126,688	127,670	115,100	282	585	176	12,287	9.6%
February	2020	112,478	105,609	95,524	286	594	166	9,799	9.3%
March	2020	113,636	98,336	93,055	285	569	82	4,995	5.1%
April	2020	101,498	72,028	71,206	170	549	8	651	0.9%
May	2020	91,560	69,629	69,275	180	588	3	174	0.2%
June	2020	94,053	86,783	84,447	688	588	29	1,645	1.9%
July	2020	103,383	89,051	88,345	467	547	3	236	0.3%
August	2020	89,170	92,717	91,146	739	551	13	829	0.9%
AVG		101,576	92,567	87,984	365	572	76	4,216	4.6%
Totals		914,180	833,099	791,853	3,285			37,948	
KPR							< 140		≤ 10%

(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
December	2019	21,398	23,979	22,290	47	670	144	1,642	6.8%
January	2020	34,701	35,009	32,104	60	679	173	2,845	8.1%
February	2020	32,299	30,339	27,848	89	711	168	2,402	7.9%
March	2020	33,542	29,021	27,667	72	707	86	1,282	4.4%
April	2020	26,020	18,361	18,066	66	710	13	229	1.2%
May	2020	25,000	19,491	19,309	67	740	7	115	0.6%
June	2020	26,766	25,429	24,701	213	758	33	515	2.0%
July	2020	29,600	24,724	24,468	132	719	6	124	0.5%
August	2020	24,627	25,696	25,242	215	725	15	239	0.9%
AVG		28,217	25,783	24,633	107	712	79	1,044	4.0%
Totals		253,953	232,049	221,695	961			9,393	
KPR							< 140		≤ 10%

(Table 1.1.2B) Spanish Call Center Production.

**Attachment M4  
Dental SFY20  
Annual Report  
(Blanks = No Data Available)**

Program	DMO	Hotline	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)		Hold Rate (80%)	
			Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter		Quarter	
			1	2		1	2	1	2	1	2
Dental	DentaQuest	Member	125,624	120,156	-4%	1%	1%	99%	99%	90%	94%
		Provider	68,395	66,793	-2%	3%	2%	97%	98%		
	MCNA	Member	113,842	110,019	-3%	2%	4%	98%	96%	95%	91%
		Provider	26,348	26,036	-1%	1%	2%	99%	98%		
Total			334,209	323,004	-3%						

\*The only MCO reporting CHIP hotline calls seperately is Texas Children's.

**Attachment M1**  
**Member Hotline Performance SFY20**  
**STAR, STAR+PLUS, and CHIP**  
**Annual Report**

Program	MCO	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)		Call Hold Rate (80% within 30 seconds)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter		Quarter	
		1	2		1	2	1	2	1	2
STAR, STAR+PLUS, & CHIP	Aetna	22,561	23,092	2%	1%	1%	99%	99%	90%	92%
	Amerigroup	148,459	130,739	-12%	2%	1%	98%	100%	88%	92%
	BCBS	8,023	9,719	21%	1%	1%	99%	99%	92%	93%
	Children's Medical Center	39,555	37,160	-6%	2%	3%	98%	97%	85%	87%
	Cigna-HealthSpring	27,977	21,939	-22%	3%	1%	97%	99%	91%	95%
	Community First	33,146	25,463	-23%	5%	4%	95%	96%	82%	90%
	Cook Children's	38,717	34,312	-11%	4%	4%	96%	96%	88%	91%
	Dell Seton	3,657	3,626	-1%	1%	0%	99%	100%	92%	93%
	Driscoll Health Plan	19,088	18,008	-6%	1%	1%	99%	99%	92%	93%
	El Paso Health	9,548	9,463	-1%	2%	3%	98%	97%	100%	100%
	FirstCare	8,298	7,709	-7%	2%	1%	98%	99%	78%	91%
	Molina	77,541	82,658	7%	0%	1%	100%	99%	85%	98%
	Parkland	28,608	27,875	-3%	1%	1%	99%	99%	90%	92%
	Scott & White	6,926	6,033	-13%	6%	1%	94%	99%	78%	92%
	Superior	149,986	137,241	-8%	1%	3%	99%	97%	89%	81%
	Texas Children's*	74,556	67,598	-9%	2%	2%	98%	98%	62%	67%
	United	104,022	108,144	4%	1%	1%	99%	99%	84%	93%
	<b>Total</b>	<b>800,668</b>	<b>750,779</b>	-6%						

\*The only MCO reporting CHIP hotline calls separately is Texas Children's.

\*\*It is not possible to calculate the STAR and CHIP average hold time together without the raw data

**Attachment M1**  
**Member Hotline Performance SFY20**  
**STAR Kids**  
**Annual Report**

Program	MCO	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)		Call Hold Rate (80% within 30 seconds)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter		Quarter	
		1	2		1	2	1	2	1	2
STAR Kids	Aetna	1,688	1,646	-2%	1%	0%	99%	100%	97%	98%
	Amerigroup	6,174	5,186	-16%	1%	1%	99%	99%	94%	93%
	BCBS	4,402	9,719	121%	1%	1%	99%	99%	93%	93%
	Children's Medical Center	2,807	2,739	-2%	1%	1%	100%	99%	92%	94%
	Community First	1,796	1,408	-22%	5%	1%	95%	98%	91%	97%
	Cook Children's	4,203	3,461	-18%	3%	3%	97%	97%	98%	94%
	Driscoll Childrens	1,467	1,272	-13%	1%	1%	99%	99%	94%	93%
	Superior	11,543	9,551	-17%	2%	2%	98%	98%	91%	93%
	Texas Children's	11,490	10,319	-10%	3%	4%	97%	97%	63%	68%
	United	5,567	5,456	-2%	3%	2%	98%	98%	87%	93%
	<b>Total</b>	<b>51,137</b>	<b>50,757</b>	-1%						

**Attachment M2**  
**Behavior Health Hotline Performance SFY19**  
**STAR, STAR+PLUS, and CHIP**  
**Annual Report**

Program	MCO	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)		Hold Rate (80%)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter		Quarter	
		1	2		1	2	1	2	1	2
STAR, STAR+PLUS, & CHIP	Aetna	538	562	4%	1%	1%	99%	100%	99%	99%
	Amerigroup	2,194	4,035	84%	0%	0%	100%	100%	99%	100%
	BCBS	466	661	42%	2%	1%	98%	99%	90%	90%
	Children's Medical Center	3,584	2,255	-37%	3%	3%	97%	97%	93%	95%
	Cigna-HealthSpring	94	83	-12%	0%	1%	100%	99%	99%	100%
	Community First	266	159	-40%	5%	5%	95%	95%	93%	88%
	Cook Children's	540	477	-12%	1%	0%	99%	100%	98%	98%
	Dell Seton	109	143	31%	0%	0%	100%	100%	100%	100%
	Driscoll Health Plan	187	186	-1%	0%	0%	100%	100%	100%	98%
	El Paso Health	90	70	-22%	0%	0%	100%	100%	100%	100%
	FirstCare	1,183	1,662	40%	7%	1%	93%	99%	78%	94%
	Molina	481	443	-8%	1%	1%	99%	99%	91%	91%
	Parkland	522	574	10%	1%	0%	99%	100%	99%	98%
	Scott & White	73	162	122%	12%	1%	88%	99%	72%	93%
	Superior	5,977	5,694	-5%	1%	2%	99%	98%	94%	91%
	Texas Children's	914	985	8%	5%	5%	95%	95%	86%	87%
	United	2,017	2,128	6%	3%	2%	97%	98%	99%	100%
	<b>Total</b>	<b>19,235</b>	<b>20,279</b>	5%						

\*The only MCO reporting CHIP hotline calls separately is Texas Children's.

\*\*It is not possible to calculate the STAR and CHIP average hold time together without the raw data

Attachment M2  
Behavioral Health Hotline Performance SFY20  
STAR Kids  
Annual Report  
(Blanks = No Data Available)

Program	MCO	Total Calls			Abandoned Calls (<7%)		Member Pickup Rate (99%)		Hold Rate (80%)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter		Quarter	
		1	2		1	2	1	2	1	2
STAR Kids	Aetna	29	99	241%	3%	3%	97%	97%	100%	97%
	Amerigroup*	93	58	-38%	2%	0%	98%	100%	99%	98%
	BCBS	341	661	94%	2%	1%	98%	99%	92%	90%
	Children's Medical Center	147	103	-30%	0%	1%	100%	99%	99%	100%
	Community First**	266	102	-62%	5%	4%	95%	96%	93%	90%
	Cook Children's	95	67	-29%	0%	0%	100%	100%	99%	100%
	Driscoll Health Plan	34	19	-44%	0%	0%	100%	100%	100%	100%
	Superior	378	270	-29%	5%	3%	96%	97%	95%	94%
	Texas Children's	131	155	18%	8%	6%	92%	94%	81%	87%
	United	143	123	-14%	2%	0%	98%	100%	100%	94%
Total		1,657	1,657	0%						

\*Amerigroup does not break out STARKids Behavioral Health calls.

\*\*Community First did not separate provider calls by program.

**Attachment M3**  
**Provider Hotline Performance SFY20**  
**STAR and STAR+PLUS**  
**Annual Report**

Program	MCO	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter	
		1	2		1	2	1	2
STAR & STAR+PLUS	Aetna	16,529	17,993	9%	2%	1%	98%	99%
	Amerigroup	118,977	111,171	-7%	4%	1%	96%	99%
	BCBS	10,977	13,173	20%	1%	1%	99%	99%
	Children's Medical Center	26,208	30,592	17%	1%	2%	99%	98%
	Cigna-HealthSpring	39,128	32,538	-17%	3%	3%	97%	97%
	Community First	6,438	4,271	-34%	3%	2%	97%	98%
	Cook Children's	10,666	9,672	-9%	2%	2%	98%	98%
	Dell Seton	4,300	3,775	-12%	3%	0%	97%	100%
	Driscoll Health Plan	27,277	24,747	-9%	1%	0%	100%	100%
	El Paso Health	10,651	9,438	-11%	1%	2%	99%	98%
	FirstCare	11,772	12,449	6%	3%	1%	97%	99%
	Molina	70,197	80,191	14%	9%	3%	91%	97%
	Parkland	9,535	9,187	-4%	2%	1%	98%	99%
	Scott & White	8,307	8,566	3%	3%	1%	97%	99%
	Superior	86,108	77,950	-9%	2%	2%	98%	98%
	Texas Children's	69,281	64,083	-8%	4%	3%	96%	71%
	United	94,038	95,326	1%	2%	1%	98%	100%
	<b>Total</b>	<b>620,389</b>	<b>605,122</b>	<b>-2%</b>				

\*The only MCO reporting CHIP hotline calls separately is Texas Children's.



**Attachment M3**  
**Provider Hotline Performance SFY20**  
**STAR Kids**  
**Annual Report**  
(Blanks = No Data Available)

Program	MCOs	Total Calls			Abandoned Calls (≤7%)		Member Pickup Rate (99%)	
		Quarter		% Change Between Quarter 1 and 2	Quarter		Quarter	
		1	2		1	2	1	2
STAR Kids	Aetna	712	939	32%	1%	0%	99%	100%
	Amerigroup*	118,977	111,171	-7%	4%	1%	96%	99%
	BCBS	7,106	13,173	85%	1%	1%	99%	99%
	Children's Medical Center	7,265	7,289	0%	3%	3%	97%	97%
	Community First	564	436	-23%	4%	1%	97%	99%
	Cook Children's	3,464	2,089	-40%	5%	1%	87%	99%
	Driscoll Health Plan	4,739	4,569	-4%	0%	0%	100%	100%
	Superior	5,206	9,299	79%	1%	1%	99%	99%
	Texas Children's	65,922	60,471	-8%	4%	4%	96%	69%
	United	7,155	6,328	-12%	2%	1%	98%	99%
	Total	221,110	215,764	-2%				
*Amerigroup does not break out STARKids Provider calls.								

**Attachment O**  
**Complaints to HHSC SFY20**  
**Quarter 1 - Annual Report**  
**(Blanks = No Data Available)**

Program/MCO	OMCAT Member Complaints	MCCO Legislative Complaints	MCCO Member Complaints	MCCO Provider Complaints
<b>Dental</b>				
DentaQuest	13	1	4	26
MCNA	7	1	3	5
<b>Dental Total</b>	<b>20</b>	<b>2</b>	<b>7</b>	<b>31</b>
<b>STAR</b>				
Aetna	10		1	14
Amerigroup Texas, Inc.	25	1	5	58
Blue Cross and Blue Shield	3	1		5
Community First Health Plans	11			19
Community Health Choice	8			12
Cook Children's Health Plan	11			8
Dell's Children	2			1
Driscoll Health Plan	6	2	1	6
El Paso Health	2			2
Firstcare	3		1	19
Molina Healthcare of Texas	11		1	33
Parkland Community Health Plan	7	1	5	16
Scott and White	1	1	1	8
Superior HealthPlan	44	4		61
Texas Children's Health Plan	25			21
UHC Community Plan of Texas	15			35
<b>STAR Total</b>	<b>184</b>	<b>10</b>	<b>15</b>	<b>318</b>
<b>STAR+PLUS</b>				
Amerigroup Texas, Inc.	78	1	1	59
Cigna-HealthSpring	41			56
Molina Healthcare of Texas	83	3		86
Superior HealthPlan	116	1	3	45
UHC Community Plan of Texas	78	2		44
<b>STAR+PLUS Total</b>	<b>396</b>	<b>7</b>	<b>4</b>	<b>290</b>
<b>STAR Kids</b>				
Aetna	4			1
Amerigroup Texas, Inc.	11			25
Blue Cross and Blue Shield	2		2	5
Children's Medical Center	4			9
Community First Health Plans	6			10
Cook Children's Health Plan	8	1		1
Driscoll Health Plan				3
Superior HealthPlan	8			14
Texas Children's Health Plan	7		3	6
UHC Community Plan of Texas	20		2	23
<b>STAR Kids Total</b>	<b>70</b>	<b>1</b>	<b>7</b>	<b>97</b>
<b>Grand Total</b>	<b>670</b>	<b>20</b>	<b>33</b>	<b>736</b>

**Attachment O**  
**Complaints to HHSC SFY20**  
**Quarter 2 - Annual Report**  
**(Blanks = No Data Available)**

Program/MCO	OMCAT Member Complaints	MCCO Legislative Complaints	MCCO Member Complaints	MCCO Provider Complaints
<b>Dental</b>				
DentaQuest	16		2	19
MCNA	21			27
<b>Dental Total</b>	<b>37</b>	<b>0</b>	<b>2</b>	<b>46</b>
<b>STAR</b>				
Aetna	13	1		26
Amerigroup Texas, Inc.	57			45
Blue Cross and Blue Shield	9		1	2
Community First Health Plans	14	1	1	20
Community Health Choice	31			11
Cook Children's Health Plan	18			2
Dell's Children	1			3
Driscoll Health Plan	17		2	14
El Paso Health	1			
Firstcare	12			4
Molina Healthcare of Texas	15			44
Parkland Community Health Plan	15		1	6
Scott and White	6			5
Superior HealthPlan	75			31
Texas Children's Health Plan	46	1		57
UHC Community Plan of Texas	27	2		35
<b>STAR Total</b>	<b>357</b>	<b>5</b>	<b>5</b>	<b>305</b>
<b>STAR+PLUS</b>				
Amerigroup Texas, Inc.	83	3	1	71
Cigna-HealthSpring	50	1		48
Molina Healthcare of Texas	78	3		75
Superior HealthPlan	125	2	2	40
UHC Community Plan of Texas	90		3	50
<b>STAR+PLUS Total</b>	<b>426</b>	<b>9</b>	<b>6</b>	<b>284</b>
<b>STAR Kids</b>				
Aetna			6	3
Amerigroup Texas, Inc.	13		10	18
Blue Cross and Blue Shield	3	1	11	1
Children's Medical Center	6	1	14	9
Community First Health Plans	8	1	7	1
Cook Children's Health Plan	5		9	3
Driscoll Health Plan	5		9	2
Superior HealthPlan	11	1	17	4
Texas Children's Health Plan	24		9	9
UHC Community Plan of Texas	21	1	11	12
<b>STAR Kids Total</b>	<b>96</b>	<b>5</b>	<b>103</b>	<b>62</b>
<b>Grand Total</b>	<b>916</b>	<b>19</b>	<b>116</b>	<b>697</b>

**Attachment O**  
**Complaints to HHSC SFY20**  
**Quarter 3 - Annual Report**  
**(Blanks = No Data Available)**

Program/MCO	OMCAT Member Complaints	MCCO Legislative Complaints	MCCO Member Complaints	MCCO Provider Complaints
<b>Dental</b>				
DentaQuest	8		1	6
MCNA	8			3
<b>Dental Total</b>	<b>16</b>		<b>1</b>	<b>9</b>
<b>STAR</b>				
Aetna	15	1		12
Amerigroup Texas, Inc.	51	2		30
Blue Cross and Blue Shield	5			1
Community First Health Plans	5	1	1	6
Community Health Choice	24		1	16
Cook Children's Health Plan	6			3
Dell's Children	5			1
Driscoll Health Plan	8			6
El Paso Health	1			1
Firstcare	4		1	9
Molina Healthcare of Texas	15		1	24
Parkland Community Health Plan	20			9
Scott and White				1
Superior HealthPlan	50		1	39
Texas Children's Health Plan	29			20
UHC Community Plan of Texas	26			15
<b>STAR Total</b>	<b>264</b>	<b>4</b>	<b>5</b>	<b>193</b>
<b>STAR+PLUS</b>				
Amerigroup Texas, Inc.	60		36	40
Cigna-HealthSpring	29		6	43
Molina Healthcare of Texas	51	5	55	94
Superior HealthPlan	79		8	51
UHC Community Plan of Texas	87		18	45
<b>STAR+PLUS Total</b>	<b>306</b>	<b>5</b>	<b>123</b>	<b>273</b>
<b>STAR Kids</b>				
Aetna	5	1	8	6
Amerigroup Texas, Inc.	15		14	7
Blue Cross and Blue Shield	2		11	
Children's Medical Center	8		30	3
Community First Health Plans	10		19	2
Cook Children's Health Plan	6		21	2
Driscoll Health Plan	5	1	12	3
Superior HealthPlan	14		11	12
Texas Children's Health Plan	10		37	4
UHC Community Plan of Texas	7		14	11
<b>STAR Kids Total</b>	<b>82</b>	<b>2</b>	<b>177</b>	<b>50</b>
<b>Grand Total</b>	<b>668</b>	<b>11</b>	<b>306</b>	<b>525</b>

**Attachment O**  
**Complaints to HHSC SFY20**  
**Quarter 4 - Annual Report**  
**(Blanks = No Data Available)**

Program/MCO	OMCAT Member Complaints	MCCO Legislative Complaints	MCCO Member Complaints	MCCO Provider Complaints
<b>Dental</b>				
DentaQuest	21		3	13
MCNA	26		3	3
<b>Dental Total</b>	<b>47</b>		<b>6</b>	<b>16</b>
<b>STAR</b>				
Aetna	11			34
Amerigroup Texas, Inc.	55	1	1	59
Blue Cross and Blue Shield	10		1	4
Community First Health Plans	6		1	5
Community Health Choice	23		1	16
Cook Children's Health Plan	22			11
Dell's Children	6		1	1
Driscoll Health Plan	10		1	23
El Paso Health	2	1		2
Firstcare	11			5
Molina Healthcare of Texas	11			55
Parkland Community Health Plan	11			17
Scott and White	6			4
Superior HealthPlan	70	1	1	65
Texas Children's Health Plan	24			13
UHC Community Plan of Texas	27	1	1	37
<b>STAR Total</b>	<b>305</b>	<b>4</b>	<b>8</b>	<b>351</b>
<b>STAR+PLUS</b>				
Amerigroup Texas, Inc.	54		17	49
Cigna-HealthSpring	37	1	11	30
Molina Healthcare of Texas	68	1	35	115
Superior HealthPlan	113		13	90
UHC Community Plan of Texas	81		14	44
<b>STAR+PLUS Total</b>	<b>353</b>	<b>2</b>	<b>90</b>	<b>328</b>
<b>STAR Kids</b>				
Aetna	3		10	12
Amerigroup Texas, Inc.	16		15	14
Blue Cross and Blue Shield	4		9	2
Children's Medical Center	10		12	2
Community First Health Plans	5		46	5
Cook Children's Health Plan	6		15	1
Driscoll Health Plan	4		12	3
Superior HealthPlan	11		21	11
Texas Children's Health Plan	17		47	16
UHC Community Plan of Texas	17	1	22	20
<b>STAR Kids Total</b>	<b>93</b>	<b>1</b>	<b>209</b>	<b>86</b>
<b>Grand Total</b>	<b>798</b>	<b>7</b>	<b>313</b>	<b>781</b>

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## Closure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the

Budget neutrality is a Federal policy that governs the Federal expenditures for 1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and

Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
--

Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
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Information automatically populated based on the input from other worksheets
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view and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to be the list of active waivers for the demonstration.

Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry

### **ated values in the downloaded Budget Neutrality workbook template**

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for

### **g With Waiver (WW) numbers**

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the

### **g Without Waiver (WOW) numbers**

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

**the definitions for the tabs of the workbook which require data entries from State User.**

**the C Report tab, enter data in the following highlighted cells:**

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled

'For the Time Period Through : ' - enter the date through which the source file data was pulled

Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with

Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

**Notes:**

- Dates must be entered in the following format: mm/dd/yyyy

- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as

- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

**r enters information on the following tabs:**

**Tab**

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.

From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that

**adjustments tab**

reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.

**Note:** Any adjustments that reduce expenditures must be entered as negative numbers (for example, -\$10,000).

**Updating Projected tab**

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.

For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

**1st Actual tab**

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months

**11th Projected tab**

future DY numbers as needed.

For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

**12th TC tab**

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings

In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.

Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net

uild the dropdowns menus throughout the workbook,

th DYs from the DY Def tab.

Attachment Q  
Members with Special Health Care Needs SFY20  
Annual Report  
(Blanks = No Data Available)

SDA	MCO	Q1										Q2					STAR					Q3					Q4											
		Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**	Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**	Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**	Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**	Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**	Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*	Declined Service Management**	Unable to Reach**							
Bexar	Aetna	41	29	70.73%	12	29.27%	1	8.33%	11	91.67%	53	38	71.70%	15	28.30%	0	0.00%	15	100.00%	40	19	47.50%	21	52.50%	1	4.76%	20	95.24%	37	23	62.16%	14	37.84%	1	7.14%	13	92.86%	
	Amerigroup	898	38	4.23%	860	95.77%	95	11.05%	765	88.95%	872	34	3.90%	838	96.10%	112	13.37%	726	86.63%	1,031	61	5.92%	970	94.08%	134	13.81%	836	86.19%	1,085	68	6.27%	1,017	93.73%	153	15.04%	864	84.96%	
	Community First	481	115	23.91%	366	76.09%	34	9.29%	139	37.98%	471	118	25.05%	353	74.95%	32	9.07%	321	90.93%	470	138	29.36%	332	70.64%	27	8.13%	305	91.87%	481	141	29.31%	340	70.69%	29	8.53%	311	91.47%	
	Superior	649	42	6.47%	607	93.53%	279	45.96%	325	53.54%	810	50	6.17%	760	93.83%	344	45.26%	378	49.74%	1,658	477	28.77%	1,181	71.23%	549	46.49%	632	53.51%	2,039	683	33.50%	1,356	66.50%	692	51.03%	664	48.97%	
	SDA Total	2,069	224	10.83%	1,845	89.17%	409	19.77%	1,240	59.93%	2,206	240	10.88%	1,966	89.12%	488	22.12%	1,440	65.28%	3,199	695	21.73%	2,504	78.27%	711	22.23%	1,793	56.05%	3,642	915	25.12%	2,727	74.88%	875	24.03%	1,852	50.85%	
Dallas	Amerigroup	8,389	1,009	12.03%	7,380	87.97%	899	12.18%	6,481	87.82%	7,845	924	11.78%	6,921	88.22%	1,067	15.42%	5,854	84.58%	10,866	1,359	12.51%	9,507	87.49%	1,527	16.06%	7,980	83.94%	11,780	1,589	13.49%	10,191	86.51%	1,798	17.64%	8,393	82.36%	
	Molina	221	39	17.65%	182	82.35%	4	2.20%	57	31.32%	210	16	7.62%	194	92.38%	15	7.73%	107	55.15%	182	34	18.68%	148	81.32%	3	2.03%	93	62.84%	1,056	79	7.48%	977	92.52%	13	1.33%	233	23.85%	
	Perkland	917	647	70.56%	270	29.44%	4	1.48%	266	98.52%	803	564	70.24%	239	29.76%	4	1.67%	235	98.33%	767	586	76.40%	181	23.60%	9	4.97%	172	95.03%	732	586	73.98%	206	26.01%	4	1.94%	202	98.06%	
	SDA Total	9,527	1,695	17.79%	7,832	82.21%	907	9.52%	6,804	71.42%	8,858	1,504	16.98%	7,354	83.02%	1,086	12.26%	6,196	69.95%	11,815	1,979	16.75%	9,836	83.25%	1,539	13.03%	8,245	69.78%	13,628	2,254	16.54%	11,374	83.46%	1,815	13.32%	8,828	64.78%	
	El Paso First	273	57	20.88%	216	79.12%	17	7.87%	197	91.20%	365	59	16.16%	306	83.84%	3	0.98%	303	99.02%	422	89	21.09%	333	78.91%	36	10.81%	300	90.09%	498	135	27.11%	363	72.89%	40	11.02%	323	88.98%	
El Paso	United	46	7	15.22%	39	84.78%	2	5.13%	12	30.77%	39	3	7.69%	36	92.31%	5	13.89%	15	41.67%	37	7	18.92%	30	81.08%	3	10.00%	19	63.33%	98	14	14.29%	84	85.71%	2	2.38%	38	45.24%	
	Superior	354	20	5.65%	334	94.35%	172	51.50%	159	47.60%	314	13	4.14%	301	95.86%	142	47.18%	147	48.84%	520	157	30.19%	363	69.81%	196	53.99%	167	46.01%	659	173	26.25%	486	73.75%	259	53.29%	227	46.71%	
	SDA Total	673	84	12.48%	589	87.52%	191	28.38%	368	54.68%	718	75	10.45%	643	89.55%	150	20.89%	465	64.76%	979	253	25.84%	726	74.16%	235	24.00%	486	49.64%	1,255	322	25.66%	933	74.34%	301	23.98%	588	46.85%	
	Amerigroup	3,474	393	11.31%	3,081	88.69%	504	16.36%	2,577	83.64%	3,200	365	11.41%	2,835	88.59%	477	16.83%	2,358	83.17%	3,927	467	11.89%	3,460	88.11%	598	17.28%	2,862	82.72%	4,141	512	12.36%	3,629	87.64%	660	18.19%	2,969	81.81%	
	CHC	1,952	716	36.68%	1,236	63.32%	56	4.53%	433	35.03%	117	52	44.44%	65	55.56%	6	9.23%	36	55.38%	1,448	603	41.64%	845	58.36%	121	14.32%	421	49.82%	1,233	682	55.31%	551	44.69%	129	23.41%	422	76.59%	
Harris	Molina	124	13	10.48%	111	89.52%	3	2.70%	21	18.92%	118	3	2.54%	115	97.46%	6	5.22%	55	47.83%	98	14	14.29%	84	85.71%	4	4.76%	38	45.24%	627	37	5.90%	590	94.10%	13	2.20%	135	22.88%	
	Texas Children's	25,779	1,148	4.45%	24,631	95.55%	114	0.46%	604	2.45%	28,206	1,422	5.04%	26,784	94.96%	173	0.65%	20,121	692	3.44%	19,429	96.56%	853	4.39%	7,808	40.18%	16,127	1,557	9.65%	14,570	90.35%	4,695	32.22%	8,143	55.89%			
	United	1,184	940	79.39%	244	20.61%	38	15.57%	201	82.38%	1,101	304	82.11%	197	17.89%	123	26	13.20%	770	86.29%	1,223	1,035	84.63%	188	15.37%	24	12.77%	150	79.79%	1,248	1,095	87.74%	153	12.26%	25	16.34%	128	83.66%
	SDA Total	32,513	3,210	9.87%	29,303	90.13%	715	2.20%	3,838	11.80%	32,742	2,746	8.39%	29,996	91.61%	688	2.10%	3,607	11.02%	26,817	2,811	10.48%	24,006	89.52%	1,600	5.97%	11,277	42.05%	23,376	3,883	16.61%	19,493	83.39%	5,522	23.62%	11,797	50.47%	
	Discoill Children's	2,271	785	34.57%	1,486	65.43%	5	0.34%	476	32.03%	3,073	861	28.02%	2,212	71.98%	7	0.32%	407	18.40%	4,090	1,468	35.89%	2,622	64.11%	25	0.95%	2,597	99.05%	2,810	1,406	50.04%	1,404	49.96%	642	45.73%	762	54.27%	
Hidalgo	Molina	1,180	45	3.81%	1,135	96.19%	15	1.32%	296	26.08%	1,180	11	0.93%	1,169	99.07%	30	2.57%	447	38.24%	1,174	96	8.18%	1,078	91.82%	21	1.95%	649	60.20%	2,332	105	7.88%	1,227	92.12%	33	2.69%	778	63.41%	
	Superior	798	58	7.27%	740	92.73%	375	50.68%	363	49.05%	859	87	10.13%	772	89.87%	388	50.26%	370	47.93%	1,549	462	29.83%	1,087	70.17%	554	50.97%	533	49.03%	1,694	403	23.79%	1,291	76.21%	713	55.23%	578	44.77%	
	United	885	730	82.49%	155	17.51%	21	13.55%	132	85.16%	843	715	84.82%	128	15.18%	17	13.28%	111	86.72%	932	797	85.52%	135	14.48%	14	10.37%	116	85.93%	878	762	86.79%	116	13.21%	17	14.66%	99	85.34%	
	SDA Total	5,134	1,618	31.52%	3,516	68.48%	416	8.10%	1,267	24.68%	5,955	1,674	28.11%	4,281	71.89%	442	7.42%	1,335	22.42%	7,745	2,823	36.45%	4,922	63.55%	614	7.93%	3,895	50.29%	6,714	2,676	39.86%	4,038	60.14%	1,405	20.93%	2,217	33.02%	
	Amerigroup	340	46	13.53%	294	86.47%	48	16.33%	246	83.67%	314	33	10.51%	281	89.49%	43	15.30%	238	84.70%	388	39	10.05%	349	89.95%	55	15.76%	294	84.24%	406	44	10.84%	362	89.16%	68	18.78%	294	81.22%	
Jefferson	CHC	185	64	34.59%	121	65.41%	5	4.13%	49	40.50%	11	3	27.27%	8	72.73%	0	0.00%	6	75.00%	132	44	33.33%	88	66.67%	10	11.36%	46	52.27%	111	51	45.95%	60	54.05%	12	20.00%	48	80.00%	
	Molina	51	4	7.84%	47	92.16%	1	2.13%	13	27.66%	44	1	2.27%	43	97.73%	1	2.33%	17	39.53%	36	3	8.33%	33	91.67%	0	0.00%	16	48.48%	161	19	11.80%	142	88.20%	3	2.11%	33	23.24%	
	Texas Children's	2,224	134	6.03%	2,090	93.97%	11	0.53%	90	4.31%	2,396	146	6.09%	2,250	93.91%	14	0.62%	121	5.38%	2,208	76	3.44%	2,132	96.56%	151	7.08%	1,012	47.47%	1,988	174	8.75%	1,814	91.25%	506	27.89%	1,076	59.32%	
	United	1,184	940	79.39%	244	20.61%	38	15.57%	201	82.38%	1,101	304	82.11%	197	17.89%	123	26	13.20%	770	86.29%	1,223	1,035	84.63%	188	15.37%	24	12.77%	150	79.79%	1,248	1,095	87.74%	153	12.26%	25	16.34%	128	83.66%
	SDA Total	3,114	314	10.12%	2,800	90.88%	55	1.77%	479	15.73%	3,049	400	13.12%	2,649	86.88%	62	2.03%	445	14.59%	3,084	409	13.26%	2,675	86.74%	224	7.26%	1,423	46.14%	2,966	541	18.12%	2,445	81.88%	599	20.06%	1,508	50.50%	
Lubbock	Amerigroup	738	48	6.50%	690	93.50%	88	12.75%	602	87.25%	676	49	7.25%	627	92.75%	79	12.60%	548	87.40%	873	75	8.58%	798	91.41%	107	13.41%	691	86.59%	908	91	10.02%	817	89.98%	127	15.54%	690	84.46%	
	FirstCare	905	121	13.37%	784	86.63%	204	26.02%	576	73.47%	786	55	7.00%	731	93.00%	97	13.27%	624	85.36%	1,554	162	10.42%	1,392	89.58%	144	10.34%	1,237	88.86%	1,024	108	10.55%	916	89.45%	73	7.97%	843	92.03%	
	Superior	177	9	5.08%	168	94.92%	57	33.93%	108	64.29%	237	15	6.33%	222	93.67%	95	42.79%	114	51.35%	528	144	27.27%	384	72.73%	159	41.41%	225	58.59%	525	150	28.57%	375	71.43%	176	46.93%	199	53.07%	
	SDA Total	1,820	178	9.78%	1,642	90.22%	349	19.18%	1,286	70.66%	1,699	119	7.00%	1,580	93.00%	271	15.95%	1,286	75.69%	2																		

Attachment R1  
MCO Referrals to IG SFY20  
Annual Report  
(Blanks = No Data Available)

MCO	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Annual Total
	Sep-19	Oct-19	Nov-19	Total	Dec-19	Jan-20	Feb-20	Total	Mar-20	Apr-20	May-20	Total	Jun-20	Jul-20	Aug-20	Total	
Investigation Category																	
Program non-compliance	3	4	2	9	3	5	6	14	3	4	5	12	2		5	7	42
Non-appropriate billing	21	21	16	58	6	21	36	63	16	22	32	70	26	11	39	76	267
Billing for Services not Rendered	1			1				0							1	1	2
Quality of Care				0			1	1					2			2	3
Solicitation				0				0								0	0
Upcoding				0				0								0	0
Billing for Services After Death				0				0								0	0
Billing unnecessary services				0				0			1	1				0	1
Failure to disclose required info				0				0								0	0
Attendant Care FWA	2	4	3	9	1	6	4	11	5	1	3	9	3		1	4	33
Physical /Sexual Abuse of an Individual				0				0							1	1	1
Total Referrals Received	27	29	21	77	10	32	47	89	24	27	41	92	33	11	47	91	349
Disposition Category																	
Returned to MCO to whatever action deemed appropriate				0				0				0				0	0
MPI Full scale investigation	8	5	7	20	1	7	9	17	3	4	5	12	9	1	4	14	63
Information transferred to existing full scale case			1	1				0				0				0	1
Preliminary Status				0				0				0				0	0
Referred to HHS-OIG (Federal)				0		1		1				0	1			1	2
Referred to Pharmacy Board	1	4	1	6	3	2	5	10	1	2	2	5	1		4	5	26
Referred to Medical Board				0				0	1		1	2	1			1	3
Referred to Vendor Drug				0				0				0				0	0
Closed	19	25	15	59	9	26	40	75	22	23	38	83	25	10	43	78	295
Pending Preliminary Investigation				0				0				0				0	0
Referred to MFCU	11	8	8	27	2	12	14	28	6	4	8	18	10	1	6	17	90
Transferred to IG Litigation				0				0				0				0	0
Transferred to IG Medical Services Division	5	6	4	15		3	1	4	1	3	4	8	4	2	4	10	37
Referred to Board of Psychologists				0								0	1			1	1
Referred to Board of Nurse Examiners				0								0				0	0

Attachment R2  
Dental Plan Referrals to IG SFY20  
Annual Report  
(Blanks = No Data Available)

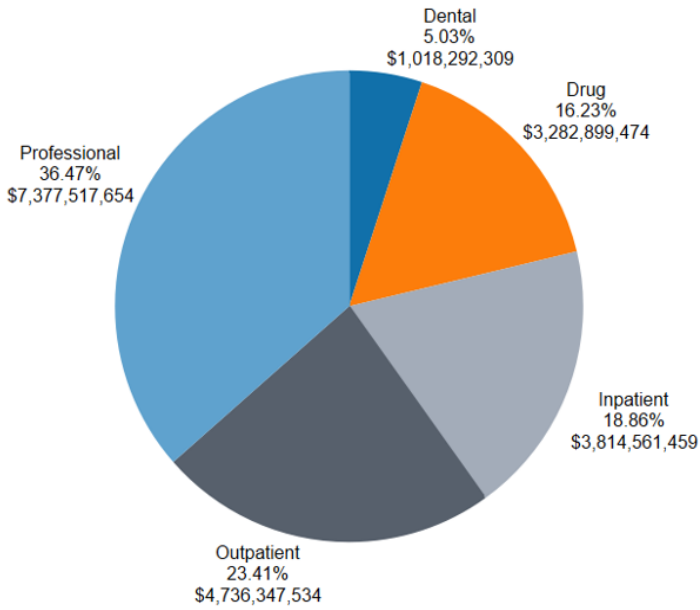
DMO	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Annual Total
	Sep-19	Oct-19	Nov-19	Total	Dec-19	Jan-20	Feb-20	Total	Mar-20	Apr-20	May-20	Total	Jun-20	Jul-20	Aug-20	Total	
Investigation Category																	
Program non-compliance								0				0				0	0
Non-appropriate billing		1	1		5	2	2	9	3	8	3	14	2	2	3	7	30
Billing for Services not Rendered								0				0				0	0
Billing unnecessary services								0				0				0	0
Solicitation								0				0				0	0
Quality of Care															1	1	1
Total Referrals Received	0	1	1	2	5	2	2	9	3	8	3	14	2	2	4	8	33
Disposition Category																	
Returned to MCO to whatever action deemed appropriate								0				0				0	0
MPI Full scale investigation					2	1	1	4		2	2	4		1		1	9
Information transferred to existing full scale case								0				0				0	0
Closed		1	1		3	1	1	5	3	6	1	10	2	1	4	7	22
Provider Education								0				0				0	0
Transferred to IG Litigation								0				0				0	0
Transferred to OIG Medical Services Division					1	1		2				0				0	2
Referred to MFCU					2	1	2	5		2	2	4		2		2	11

DMO = Dental maintenance organization  
MFCU = Medicaid Fraud Control Unit  
OIG = Office of Inspector General



**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**Expenditures by Claim Type**



**Expenditures by Program and Claim Type**

Claim Type	Program	Amount
<b>Professional</b>	STAR	\$2,527,213,674
	STAR Kids	\$1,548,405,697
	STAR+PLUS	\$3,301,898,283
<b>Inpatient</b>	STAR	\$2,406,718,111
	STAR Kids	\$449,385,409
	STAR+PLUS	\$958,457,939
<b>Outpatient</b>	STAR	\$1,639,134,262
	STAR Kids	\$348,839,646
	STAR+PLUS	\$2,748,373,625
<b>Drug</b>	STAR	\$1,224,654,215
	STAR Kids	\$584,307,313
	STAR+PLUS	\$1,473,937,947
<b>Dental</b>	Medicaid Dental	\$995,219,284
	STAR	\$1,537,586
	STAR+PLUS	\$21,535,439

**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

STAR, STAR+PLUS, and STAR Kids Total Expenditures by SDA

SDA	Total Expenditures	
Harris	\$4,264,036,456	22.17%
Hidalgo	\$2,459,992,919	12.79%
Dallas	\$2,438,556,963	12.68%
Bexar	\$1,713,015,691	8.91%
Tarrant	\$1,616,768,678	8.41%
MRSA Northeast	\$1,354,331,552	7.04%
MRSA West	\$1,043,350,564	5.42%
Travis	\$964,911,278	5.02%
MRSA Central	\$964,701,019	5.02%
Nueces	\$715,007,136	3.72%
El Paso	\$642,877,729	3.34%
Jefferson	\$602,422,549	3.13%
Lubbock	\$454,426,612	2.36%

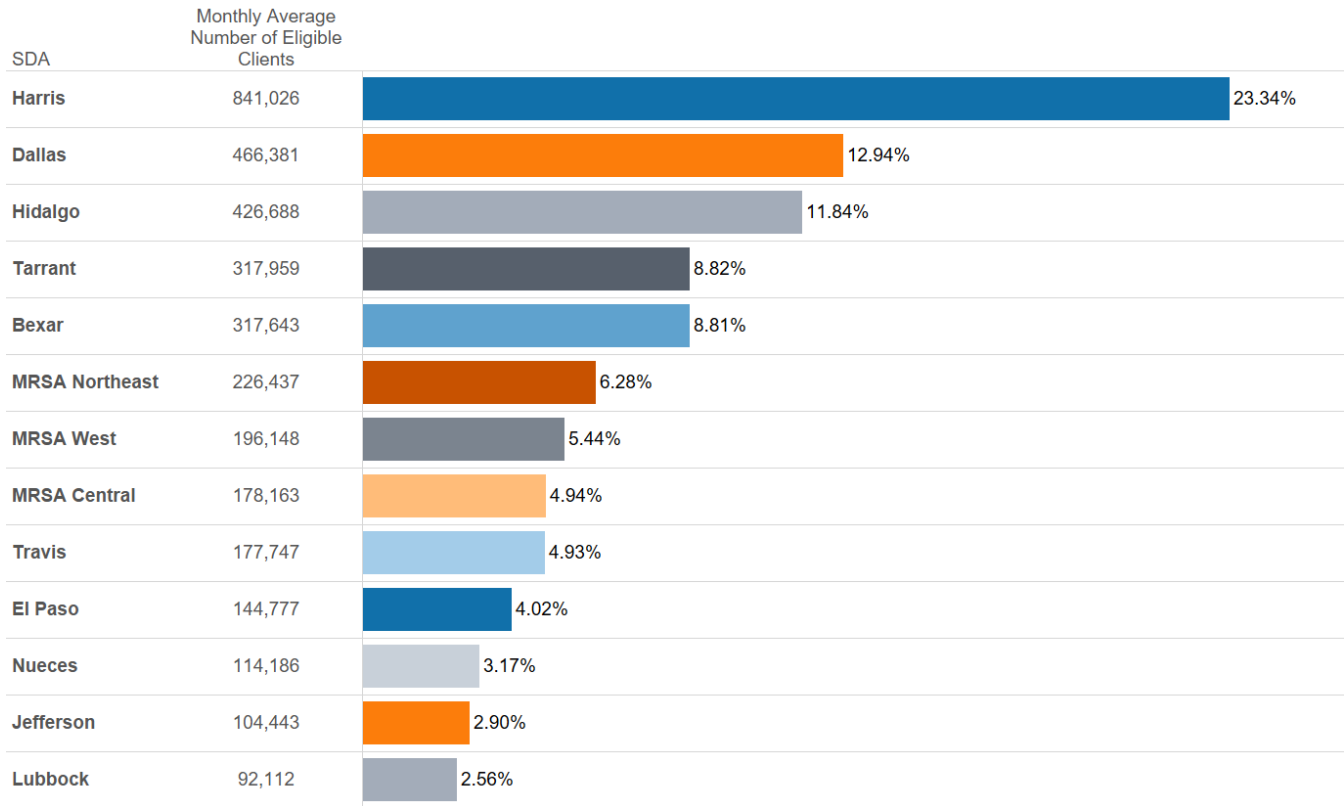
**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**STAR, STAR+PLUS, and STAR Kids Average Monthly Enrollment by SDA**







SDA	Program	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Harris	STAR	700,355	19.43%	\$159,986,129	9.98%
	STAR+PLUS	104,000	2.89%	\$133,875,702	8.35%
	STAR Kids	36,672	1.02%	\$61,474,541	3.84%
Hidalgo	STAR	341,441	9.47%	\$73,304,337	4.57%
	STAR+PLUS	63,741	1.77%	\$99,765,836	6.22%
	STAR Kids	21,505	0.60%	\$31,929,237	1.99%
Dallas	STAR	383,231	10.63%	\$85,062,994	5.31%
	STAR+PLUS	61,825	1.72%	\$84,948,039	5.30%
	STAR Kids	21,325	0.59%	\$33,202,047	2.07%
Bexar	STAR	257,800	7.15%	\$56,533,750	3.53%
	STAR+PLUS	45,737	1.27%	\$63,177,107	3.94%
	STAR Kids	14,106	0.39%	\$23,040,450	1.44%
Tarrant	STAR	263,494	7.31%	\$56,653,692	3.53%
	STAR+PLUS	40,438	1.12%	\$56,314,282	3.51%
	STAR Kids	14,027	0.39%	\$21,762,749	1.36%
MRSA Northeast	STAR	170,165	4.72%	\$36,803,294	2.30%
	STAR+PLUS	45,589	1.27%	\$59,443,611	3.71%
	STAR Kids	10,683	0.30%	\$16,614,058	1.04%
MRSA West	STAR	152,898	4.24%	\$34,787,252	2.17%
	STAR+PLUS	36,367	1.01%	\$43,757,820	2.73%
	STAR Kids	6,882	0.19%	\$8,400,808	0.52%
MRSA Central	STAR	139,256	3.86%	\$30,201,824	1.88%
	STAR+PLUS	30,052	0.83%	\$39,632,057	2.47%
	STAR Kids	8,855	0.25%	\$10,557,871	0.66%
Travis	STAR	145,100	4.03%	\$33,013,779	2.06%
	STAR+PLUS	25,464	0.71%	\$34,867,206	2.18%
	STAR Kids	7,184	0.20%	\$12,528,289	0.78%
El Paso	STAR	118,700	3.29%	\$22,848,051	1.43%
	STAR+PLUS	21,139	0.59%	\$23,984,517	1.50%
	STAR Kids	4,938	0.14%	\$6,740,576	0.42%
Nueces	STAR	88,209	2.45%	\$23,152,292	1.44%
	STAR+PLUS	20,739	0.58%	\$29,759,364	1.86%
	STAR Kids	5,238	0.15%	\$6,672,271	0.42%
Jefferson	STAR	80,427	2.23%	\$19,935,526	1.24%
	STAR+PLUS	19,104	0.53%	\$23,602,779	1.47%
	STAR Kids	4,912	0.14%	\$6,663,573	0.42%
Lubbock	STAR	75,612	2.10%	\$17,655,234	1.10%
	STAR+PLUS	13,242	0.37%	\$15,555,282	0.97%
	STAR Kids	3,258	0.09%	\$4,658,369	0.29%

**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

STAR, STAR+PLUS, and STAR Kids Average Monthly Number of Eligible Clients by SDA



**Enrollment and Expenditures by DMO**

MCO Name	Monthly Average Number of Util Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
DentaQuest	 197,474	 \$48,568,071	 58.56%
MCNA	 137,494	 \$34,366,869	 41.44%

**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**STAR Enrollment and Expenditures by MCO**





















MCO Name	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Superior	720,053	24.69%	\$163,940,284	25.22%
Amerigroup	532,179	18.25%	\$111,643,427	17.18%
Texas Children's	344,085	11.80%	\$68,127,286	10.48%
CHC	244,450	8.38%	\$62,328,544	9.59%
United	139,490	4.78%	\$40,716,064	6.26%
Parkland	157,803	5.41%	\$37,751,818	5.81%
Driscoll Children's	158,205	5.42%	\$36,091,608	5.55%
Community First	107,762	3.69%	\$22,313,364	3.43%
Cook Children's	104,380	3.58%	\$21,454,391	3.30%
Molina	93,014	3.19%	\$18,133,496	2.79%
FirstCare	79,637	2.73%	\$17,859,654	2.75%
Aetna	71,737	2.46%	\$16,325,156	2.51%
El Paso Health	65,346	2.24%	\$12,245,323	1.88%
Scott & White	44,609	1.53%	\$9,696,424	1.49%
BCBS	30,979	1.06%	\$7,651,235	1.18%
Dell	22,958	0.79%	\$3,660,082	0.56%

**STAR Enrollment and Expenditures by SDA**































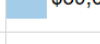







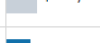













SDA	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Harris	700,355	24.01%	\$159,986,129	24.62%
Dallas	383,231	13.14%	\$85,062,994	13.09%
Hidalgo	341,441	11.71%	\$73,304,337	11.28%
Tarrant	263,494	9.03%	\$56,653,692	8.72%
Bexar	257,800	8.84%	\$56,533,750	8.70%
MRSA Northeast	170,165	5.83%	\$36,803,294	5.66%
MRSA West	152,898	5.24%	\$34,787,252	5.35%
Travis	145,100	4.97%	\$33,013,779	5.08%
MRSA Central	139,256	4.77%	\$30,201,824	4.65%
Nueces	88,209	3.02%	\$23,152,292	3.56%
El Paso	118,700	4.07%	\$22,848,051	3.52%
Jefferson	80,427	2.76%	\$19,935,526	3.07%
Lubbock	75,612	2.59%	\$17,655,234	2.72%

**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**STAR+PLUS Enrollment and Expenditures by MCO**









































MCO Name	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Superior	 138,778	 26.31%	 \$196,823,030	 27.77%
United	 122,387	 23.20%	 \$165,268,202	 23.32%
Amerigroup	 130,658	 24.77%	 \$162,124,972	 22.88%
Molina	 86,485	 16.40%	 \$117,382,932	 16.56%
Cigna-HealthSpring	 49,129	 9.31%	 \$67,084,466	 9.47%

**STAR+PLUS Enrollment and Expenditures by SDA**

SDA	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Harris	 104,000	 19.72%	 \$133,875,702	 18.89%
Hidalgo	 63,741	 12.09%	 \$99,765,836	 14.08%
Dallas	 61,825	 11.72%	 \$84,948,039	 11.99%
Bexar	 45,737	 8.67%	 \$63,177,107	 8.91%
MRSA Northeast	 45,589	 8.64%	 \$59,443,611	 8.39%
Tarrant	 40,438	 7.67%	 \$56,314,282	 7.95%
MRSA West	 36,367	 6.90%	 \$43,757,820	 6.17%
MRSA Central	 30,052	 5.70%	 \$39,632,057	 5.59%
Travis	 25,464	 4.83%	 \$34,867,206	 4.92%
Nueces	 20,739	 3.93%	 \$29,759,364	 4.20%
El Paso	 21,139	 4.01%	 \$23,984,517	 3.38%
Jefferson	 19,104	 3.62%	 \$23,602,779	 3.33%
Lubbock	 13,242	 2.51%	 \$15,555,282	 2.19%





















































**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**STAR Kids Enrollment and Expenditures by MCO**

MCO Name	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Texas Children's	 26,240	 16.44%	 \$48,695,823	 19.94%
United	 30,276	 18.97%	 \$46,434,169	 19.01%
Superior	 27,894	 17.48%	 \$39,063,683	 15.99%
Amerigroup	 26,505	 16.61%	 \$30,778,377	 12.60%
Children's Medical Center	 8,814	 5.52%	 \$18,258,869	 7.48%
Cook Children's	 9,321	 5.84%	 \$16,742,382	 6.85%
Community First	 7,709	 4.83%	 \$14,445,277	 5.91%
BCBS	 7,908	 4.96%	 \$12,435,239	 5.09%
Driscoll Children's	 10,213	 6.40%	 \$12,370,652	 5.06%
Aetna	 4,706	 2.95%	 \$5,020,367	 2.06%

**Attachment S**  
**Service Utilization for SFY 2019**  
**Annual Report SFY 2020**

**STAR Kids Enrollment and Expenditures by SDA**

SDA	Monthly Average Number of Eligible Clients	% of Total Monthly Average Number of Eligible Clients	Monthly Average Expenditure	% of Total Monthly Average Expenditure
Harris	 36,672	 22.98%	 \$61,474,541	 25.17%
Dallas	 21,325	 13.36%	 \$33,202,047	 13.59%
Hidalgo	 21,505	 13.48%	 \$31,929,237	 13.07%
Bexar	 14,106	 8.84%	 \$23,040,450	 9.43%
Tarrant	 14,027	 8.79%	 \$21,762,749	 8.91%
MRSA Northeast	 10,683	 6.69%	 \$16,614,058	 6.80%
Travis	 7,184	 4.50%	 \$12,528,289	 5.13%
MRSA Central	 8,855	 5.55%	 \$10,557,871	 4.32%
MRSA West	 6,882	 4.31%	 \$8,400,808	 3.44%
El Paso	 4,938	 3.09%	 \$6,740,576	 2.76%
Nueces	 5,238	 3.28%	 \$6,672,271	 2.73%
Jefferson	 4,912	 3.08%	 \$6,663,573	 2.73%
Lubbock	 3,258	 2.04%	 \$4,658,369	 1.91%



Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
(Blanks = No Data Available)

MCO	Acute Care Claims											
	% Appealed Adjudicated within 30 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Aetna	100%	100%	100%	100%	100%	100%	100%	99%	93%	97%	94%	81%
Amerigroup	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	99%
BCBS	100%	100%	100%	100%	99%	100%	100%	100%		100%	100%	
Community First	85%	76%	76%	97%	93%	100%	100%	91%	96%	98%	100%	100%
Cook Children's	100%	100%	100%		100%	100%	100%	100%	100%		100%	100%
Dell	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Driscoll Children's	71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
El Paso Health	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FirstCare	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Molina	66%	81%	99%	100%	99%	100%	100%	99%	100%	100%	100%	100%
Parkland	100%	100%	100%	100%	100%	100%	100%	100%	66%	90%	90%	85%
Scott & White	100%	99%					100%	94%	100%	100%	99%	100%
Superior	96%	93%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Texas Children's	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
United	100%	100%	100%	99%	100%	100%	100%	100%	100%	99%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication SFY20**  
**Annual Report**  
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**Attachment V1**  
**STAR Claims Adjudication SFY20**  
**Annual Report**  
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**Attachment V1**  
**STAR Claims Adjudication SFY20**  
**Annual Report**  
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**Attachment V1**  
**STAR Claims Adjudication SFY20**  
**Annual Report**  
**(Blanks = No Data Available)**

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**Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
(Blanks = No Data Available)**

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Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
(Blanks = No Data Available)

MCO	Vision Services Claims											
	% Appealed Adjusted within 30 Days (98% SDT)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
CHC	100%	100%		100%	100%	100%	100%	100%		100%		100%
Community First						100%	100%	100%	100%		100%	
Cook Children's												100%
Driscoll Children's	100%	100%		100%	100%	100%			100%	100%	100%	100%
El Paso Health										100%	100%	100%
FirstCare	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Molina	56%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Superior	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Texas Children's	100%		100%		100%	100%	100%		100%	100%	100%	

**Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
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**Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
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**Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
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Attachment V1  
STAR Claims Adjudication SFY20  
Annual Report  
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MCO	Pharmacy Benefit Manager's Claims											
	% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Aetna			100%	100%	100%	100%	100%	100%				
Amerigroup		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BCBS	100%			100%		100%		100%			100%	
CHC				100%	100%	100%	100%	100%		100%	100%	
Community First					100%		100%					
Cook Children's				100%			100%				100%	
Dell							100%		100%			
FirstCare							100%					
Driscoll Children's	100%					100%					100%	100%
Molina	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%
Scott & White							100%					
Parkland	100%		100%		100%							
Texas Children's				100%		100%	100%	100%		100%		

**Attachment V2**  
**STAR+PLUS Claims Adjudication SFY20**  
**Annual Report**  
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**STAR+PLUS Claims Adjudication SFY20**  
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Attachment V2  
STAR+PLUS Claims Adjudication SFY20  
Annual Report  
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MCO	Behavioral Health Services Claims											
	% Clean Adjudicated within 30 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Amerigroup	100%	99%	99%	99%	99%	100%	99%	100%	99%	99%	96%	100%
Cigna-HealthSpring	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Molina	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%
Superior	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	98%	99%
United	99%	99%	100%				100%	100%	100%	100%	100%	100%



Attachment V2  
STAR+PLUS Claims Adjudication SFY20  
Annual Report  
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MCO	Behavioral Health Services Claims											
	% Clean Adjudicated within 90 Days (99% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Amerigroup	100%	100%	100%	100%	100%	100%				100%	100%	100%
Cigna-HealthSpring	100%	100%	100%							100%	100%	100%
Molina	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Superior	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
United	99%	99%	100%	100%	100%	100%				100%	100%	100%

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Annual Report  
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MCO	Pharmacy Benefit Manager's Claims											
	% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Amerigroup	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cigna-HealthSpring							100%	100%	100%	100%	100%	
Molina	100%	100%	100%			100%	100%	100%	100%	100%		100%

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**Attachment V4**  
**STAR Kids Claims Adjudication SFY20**  
**Annual Report**  
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**Attachment V4**  
**STAR Kids Claims Adjudication SFY20**  
**Annual Report**  
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**Annual Report**  
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**Annual Report**  
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Attachment V4  
STAR Kids Claims Adjudication SFY20  
Annual Report  
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MCO	Vision Services Claims											
	% Appealed Adjusted within 30 Days (98% SDT)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Driscoll Children's		100%			100%	100%					100%	
Superior	100%	100%			100%				100%	100%		100%
Texas Children's	100%	100%	100%	100%								

**Attachment V4**  
**STAR Kids Claims Adjudication SFY20**  
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**Annual Report**  
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Attachment V4  
STAR Kids Claims Adjudication SFY20  
Annual Report  
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MCO	Pharmacy Benefit Manager's Claims											
	% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Amerigroup				99%	100%	100%		100%	100%	100%		100%
BCBS						100%		100%	100%	100%	100%	100%
Children's Medical Center						100%						
Cook Children's		100%					100%		100%			
Driscoll Children's							100%	100%	100%			
Texas Children's									100%			

Attachment V4  
STAR Kids Claims Adjudication SFY20  
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MCO	Long-term Services and Supports											
	% Appealed Adjudicated within 30 Days (98% STD)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Aetna								100%				0%
Amerigroup	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BCBS	100%	100%	100%	100%	100%		100%	100%	100%	100%		
Children's Medical Center										100%	100%	100%
Community First	79%	86%	78%		100%	100%	100%	91%	90%	99%	100%	100%
Cook Children's			100%	98%	96%	100%	100%	100%	100%			100%
Driscoll Children's	97%	99%	100%	100%	100%		100%	100%	100%	100%	100%	100%
Superior	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Texas Children's	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%







**Attachment X**  
**DSRIP Provider Summary SFY20**  
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<b>DSRIP Provider Summary - April DY9</b>					
<b>RHP</b>	<b>TPI</b>	<b>Provider Name</b>	<b>Provider Type</b>	<b>Year</b>	<b>Round</b>
1	111411803	Anderson Cherokee Community MHMR Center (	Community M	9	1
1	138365512	Andrews Center	Community M	9	1
1	387515501	Athens Hospital LLC	Hospital	9	1
1	136367307	Burke Center	Community M	9	1
1	387663301	Carthage Hospital LLC	Hospital	9	1
1	366812101	Christus Hopkins Health Alliance	Hospital	9	1
1	130862905	East Texas Medical Center Clarksville	Hospital	9	1
1	168447401	East Texas Medical Center Gilmer	Hospital	9	1
1	136140407	East Texas Medical Center Mount Vernon	Hospital	9	1
1	121817401	East Texas Medical Center Trinity	Hospital	9	1
1	137319306	East Texas Medical Center- Crockett	Hospital	9	1
1	376537203	Fairfield Hospital District dba Freestone Medical	Hospital	9	1
1	330811601	Fannin County Hosp Auth dba TMC Bonham Hos	Hospital	9	1
1	387377001	Henderson Hospital LLC	Hospital	9	1
1	131038504	Hunt Mem Hosp Dist dba Hunt Reg Med Ctr Gree	Hospital	9	1
1	387381201	Jacksonville Hospital LLC	Hospital	9	1
1	121988304	Lakes Regional MHMR Center	Community M	9	1
1	084434201	MHMR SVCS of Texoma	Community M	9	1
1	094108002	Mother Frances Hospital Regional Healthcare Ce	Hospital	9	1
1	138360606	Northeast Texas Public Health District	Local Health D	9	1
1	140425362	Paris Lamar County Health Department	Local Health D	9	1
1	388696201	Pittsburg Hospital LLC	Hospital	9	1
1	388701003	Quitman Hospital LLC	Hospital	9	1
1	137921608	Sabine Valley Reg MHMR Ctr dba Community He	Community M	9	1
1	112667403	The Good Shepherd Hospital dba Good Shepherc	Hospital	9	1
1	138913209	Titus County Memorial Hospital dba Titus Region	Hospital	9	1
1	388347201	Tyler Regional Hospital LLC	Hospital	9	1
1	127278302	University of Texas Health Center at Tyler	Physician Prac	9	1
2	130983309	Angelina County & Cities Health District	Local Health D	9	1
2	121805903	Angleton Danbury Medical Center	Hospital	9	1
2	094148602	Baptist Hosp of SE TX dba Mem Hermann Bapt B	Hospital	9	1
2	112671602	Brazosport Regional Health System	Hospital	9	1
2	136367307	Burke Center	Community M	9	1
2	138296208	Christus Health Southeast Tx dba Christus St. Eliz	Hospital	9	1
2	019053001	Coastal Health Wellness	Local Health D	9	1
2	284333604	Liberty-Dayton Regional Medical Center LLC	Hospital	9	1
2	139172412	Memorial Medical Center Lufkin	Hospital	9	1
2	131030203	Nacogdoches County Hospital District	Hospital	9	1
2	200683501	Preferred Hospital Leasing Hemphill Inc	Hospital	9	1
2	096166602	Spindletop Center	Community M	9	1
2	135222109	The Gulf Coast Center	Community M	9	1
2	081844501	Tri-County Behavioral Healthcare	Community M	9	1

**Attachment X**  
**DSRIP Provider Summary SFY20**  
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2	136381405	Tyler County Hospital	Hospital	9	1
2	094092602	University of Texas Medical Branch - Galveston	Hospital	9	1
2	109372601	University of Texas Medical Branch - Galveston	Physician Prac	9	1
2	094164302	Woodland Heights Medical Center	Hospital	9	1
3	082006001	Baylor College of Medicine Grants and Contracts	Physician Prac	9	1
3	020993401	Bayside Community Hospital	Hospital	9	1
3	020817501	CHCA Bayshore LP dba Bayshore Medical Center	Hospital	9	1
3	094187402	CHCA West Houston LP dba West Houston Medi	Hospital	9	1
3	093774008	City of Houston	Local Health D	9	1
3	135033210	Columbus Community Hospital	Hospital	9	1
3	311054601	El Campo Memorial Hospital	Hospital	9	1
3	296760601	Fort Bend County	Local Health D	9	1
3	135254407	Gulf Bend MHMR Center	Community M	9	1
3	133355104	Harris County Hospital District	Hospital	9	1
3	158771901	Harris County Public Health & Environmental Ser	Local Health D	9	1
3	137949705	Houston Methodist Hospital	Hospital	9	1
3	130959304	Matagorda County Hospital District dba Matagor	Hospital	9	1
3	137805107	Memorial Hermann Hospital Southwest dba Mer	Hospital	9	1
3	020834001	Memorial Hermann Hospital System (The Woodl	Hospital	9	1
3	137909111	Memorial Medical Center	Hospital	9	1
3	140713201	Methodist Willowbrook	Hospital	9	1
3	377705401	North Houston-TRMC LLC dba Tomball Reg Med	Hospital	9	1
3	127303903	Oak Bend Medical Center	Hospital	9	1
3	212060201	Rice Medical Center	Hospital	9	1
3	096166602	Spindletop Center	Community M	9	1
3	181706601	St Joseph Medical Center LLC	Hospital	9	1
3	127300503	St. Luke's Episcopal Hospital	Hospital	9	1
3	081522701	Texana Center	Community M	9	1
3	139135109	Texas Children's Hospital	Hospital	9	1
3	113180703	The Harris Center for Mental Health and IDD	Community M	9	1
3	112672402	UT MD Anderson Cancer Center	Hospital	9	1
3	111810101	Unv of Tx HSC at Houston-UTHSC Sponsored Proj	Physician Prac	9	1
4	126844305	Bluebonnet Trails Community MHMR Center dba	Community M	9	1
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	9	1
4	121990904	Camino Real Community Services	Community M	9	1
4	094222903	Christus Spohn Hospital Alice	Hospital	9	1
4	020811801	Christus Spohn Hospital Beeville	Hospital	9	1
4	130958505	City of Corpus Christi Nueces County Public Heal	Local Health D	9	1
4	080368601	Coastal Plains Community MHMR Center	Community M	9	1
4	020973601	Corpus Christi Medical Center	Hospital	9	1
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	9	1
4	138911619	Cuero Community Hospital	Hospital	9	1
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	9	1
4	132812205	Driscoll Children's Hospital	Hospital	9	1
4	121785303	Gonzales County Hospital District DBA Memorial	Hospital	9	1
4	135254407	Gulf Bend MHMR Center	Community M	9	1

**Attachment X**  
**DSRIP Provider Summary SFY20**  
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4	121808305	Jackson County Hospital	Hospital	9	1
4	136412710	Karnes County Hospital District dba Otto Kaiser M	Hospital	9	1
4	135233809	Lavaca Medical Center	Hospital	9	1
4	130958511	Nueces County	Local Health D	9	1
4	138305109	Nueces County MHMR Community Ctr dba Beha	Community M	9	1
4	020991801	Refugio County Memorial Hospital	Hospital	9	1
4	121775403	Spohn Health System dba Spohn Memorial Hosp	Hospital	9	1
4	112673204	Yoakum Community Hospital	Hospital	9	1
5	121989102	Border Region MHMR Community Center	Community M	9	1
5	112716902	Columbia Rio Grande Healthcare dba Rio Grande	Hospital	9	1
5	020947001	Columbia Valley Regional Medical Center	Hospital	9	1
5	160709501	Doctor's Hospital at Renaissance	Hospital	9	1
5	132812205	Driscoll Children's Hospital	Hospital	9	1
5	154504801	Harlingen Medical Center	Hospital	9	1
5	135035706	Knapp Medical Center	Hospital	9	1
5	094113001	McAllen Hospitals LP dba Edinburg Regional Mec	Hospital	9	1
5	136332705	Starr County Memorial Hospital	Hospital	9	1
5	138708601	Tropical Texas Behavioral Health	Community M	9	1
5	085144601	University of Texas Health Science Center SA	Physician Prac	9	1
5	343698201	University of Tx Rio Grande Valle	Physician Prac	9	1
5	111810101	Unv of Tx HSC at Houston-UTHSC Sponsored Proj	Physician Prac	9	1
6	159156201	Baptist Medical Center (VHS San Antonio Partner	Hospital	9	1
6	126844305	Bluebonnet Trails Community MHMR Center dba	Community M	9	1
6	020844903	CHRISTUS Santa Rosa Health Care (Children's Ho	Hospital	9	1
6	020844901	CHRISTUS Santa Rosa Hospital	Hospital	9	1
6	121990904	Camino Real Community Services	Community M	9	1
6	091308902	City of San Antonio Health Department	Local Health D	9	1
6	092414401	Community Medicine Associates	Physician Prac	9	1
6	133257904	DSHS (Texas Center for Infectious Disease)	Hospital	9	1
6	217884004	Dimmit County Memorial Hospital	Hospital	9	1
6	112688004	Frio Regional Hospital	Hospital	9	1
6	138411709	Guadalupe County Hospital Board dba Guadalup	Hospital	9	1
6	133340307	Hill Country Community MHMR dba hill Country	Community M	9	1
6	136430906	Hill Country Memorial Hospital	Hospital	9	1
6	212140201	Medina County Hospital District dba Medina Reg	Hospital	9	1
6	094154402	Methodist Hlthcare Sys of SA Southwest Texas M	Hospital	9	1
6	297342201	Nix Hospitals System LLC dba Nix Health Care Sys	Hospital	9	1
6	127294003	Sid Peterson Memorial Hospital dba Peterson Re	Hospital	9	1
6	136491104	Southwest General Hospital	Hospital	9	1
6	112742503	Southwest Mental Hlth Ctr (Clarity Child Guidanc	Hospital	9	1
6	137251808	The Center for Health Care Services	Community M	9	1
6	136141205	University Health System (Bexar County Hospita	Hospital	9	1
6	085144601	University of Texas Health Science Center SA	Physician Prac	9	1
6	121782006	Uvalde County Hosp Authority dba Uvalde Mem	Hospital	9	1
6	119877204	Val Verde Regional Medical Center	Hospital	9	1
6	135151206	Wilson County Mem Hosp Floresville dba Conally	Hospital	9	1

**Attachment X**  
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7 133542405	Austin Travis County MHMR Center	Community M	9	1
7 126844305	Bluebonnet Trails Community MHMR Center dba	Community M	9	1
7 121789503	Central Texas Medical Center	Hospital	9	1
7 344398801	City of Austin	Local Health D	9	1
7 307459301	Community Care Collaborative	Physician Prac	9	1
7 133340307	Hill Country Community MHMR dba hill Country	Community M	9	1
7 137265806	Seton Family of Hospitals Dell Seton Med Ctr @L	Hospital	9	1
7 186599001	Seton Healthcare dba Dell Children's Medical Cer	Hospital	9	1
7 112717702	St David's Hlthcare Partnership dba South Austin	Hospital	9	1
7 176692501	St. Mark's Medical Center	Hospital	9	1
8 088334001	Bell County Public Health District	Local Health D	9	1
8 126844305	Bluebonnet Trails Community MHMR Center dba	Community M	9	1
8 192622201	Cedar Park Health System, LP dba Cedar Park Reç	Hospital	9	1
8 081771001	Central Counties Center for MHMR Services	Community M	9	1
8 133339505	Central Texas MHMR	Community M	9	1
8 312239201	HH Killeen Hlth Sytm LLC dba Seton Med Ctr Harl	Hospital	9	1
8 133340307	Hill Country Community MHMR dba hill Country	Community M	9	1
8 094119702	Metroplex Health System	Hospital	9	1
8 183086102	Rockdale Blackhawk, LLC dba Little River Healthc	Hospital	9	1
8 220798701	Scott & White Hospital - Llano	Hospital	9	1
8 353712801	Scott & White Hospital - Marble Falls	Hospital	9	1
8 137249208	Scott & White Memorial Hospital c/o State Comç	Hospital	9	1
8 094151004	Seton Highland Lakes	Hospital	9	1
8 020957901	St David's Hlthcare Partnership dba Round Rock I	Hospital	9	1
8 126936702	Williamson County & Cities Health District	Local Health D	9	1
9 362293801	BT Garland JV LLP	Hospital	9	1
9 121776205	Baylor Medical Center At Irving	Hospital	9	1
9 344925801	Baylor Medical Center at Carrollton	Hospital	9	1
9 139485012	Baylor University Medical Center	Hospital	9	1
9 138910807	Children's Medical Center of Dallas	Hospital	9	1
9 020943901	Columbia Hosp at Med City Dallas Subsid dba Me	Hospital	9	1
9 111905902	Columbia Medical Center of Denton dba Denton	Hospital	9	1
9 020979302	Columbia Medical Center of Las Colinas Inc dba L	Hospital	9	1
9 094192402	Columbia Medical Center of Lewisville dba Mediç	Hospital	9	1
9 121758005	Dallas County	Local Health D	9	1
9 127295703	Dallas County Hospital District dba Parkland Heal	Hospital	9	1
9 135234606	Denton County MHMR Center	Community M	9	1
9 136360803	Denton County dba Denton County Health Depar	Local Health D	9	1
9 121988304	Lakes Regional MHMR Center	Community M	9	1
9 126679303	Methodist Hosp of Dallas Methodist Charlton Mç	Hospital	9	1
9 135032405	Methodist Hosp of Dallas Methodist Dallas Med	Hospital	9	1
9 209345201	Methodist Hosp of Dallas dba Methodist Richard	Hospital	9	1
9 137252607	Metrocare Services	Community M	9	1
9 020908201	Presbyterian Hospital Of Dallas (TX Health Resou	Hospital	9	1
9 009784201	TAMUS Health Science Center dba Baylor Collegç	Physician Prac	9	1
9 391575301	Tenet Hosp Ltd dba Doctors Hosp at White Rock	Hospital	9	1

**Attachment X**  
**DSRIP Provider Summary SFY20**  
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9	020967802	Texas Health Presbyterian Hospital Denton Presk Hospital	9	1
9	094140302	Texas Health Presbyterian Hospital Kaufman dba Hospital	9	1
9	094379701	Timberlawn Mental Health System Hospital	9	1
9	126686802	UT Southwestern Medical Center at Dallas Physician Prac	9	1
9	175287501	University of Texas Southwestern St Paul Univer Hospital	9	1
10	360106401	Acclaim Physician Group Inc Physician Prac	9	1
10	135036506	Baylor All Saints Medical Center Hospital	9	1
10	138910807	Children's Medical Center of Dallas Hospital	9	1
10	020950401	Columbia Medical Ctr of Arlington dba Med Ctr A Hospital	9	1
10	094105602	Columbia North Hills Hospital dba North Hills Ho Hospital	9	1
10	094193202	Columbia Plaza Medical Center of Fort Worth db Hospital	9	1
10	021184901	Cook-Fort Worth Children's Medical Center Hospital	9	1
10	130606006	Decatur Community Hospital (Wise Reg Health S Hospital	9	1
10	216719901	Glen Rose Medical Center Hospital	9	1
10	112677302	Harris Methodist Fort Worth Hospital Hospital	9	1
10	127304703	Harris Methodist Northwest Hosp (Azle) Hospital	9	1
10	120726804	Harris Methodist Southwest Hospital Hospital	9	1
10	127373205	Helen Farabee Centers Community M	9	1
10	121988304	Lakes Regional MHMR Center Community M	9	1
10	081599501	MHMR of Tarrant County Community M	9	1
10	186221101	Methodist Mansfield Medical Center Hospital	9	1
10	121822403	PRHC-Ennis, L.P. dba Ennis Regional Medical Cen Hospital	9	1
10	130724106	Pecan Valley MHMR Region dba Pecan Valley Ce Community M	9	1
10	083149703	Tarrant County Local Health D	9	1
10	126675104	Tarrant County Hospital District dba JPS Health N Hospital	9	1
10	130614405	Texas Health Arlington Memorial Hospital Hospital	9	1
10	121794503	Texas Health Harris Mehodist Hospital Stephenvi Hospital	9	1
10	136326908	Texas Health Harris Methodist HEB Hospital	9	1
10	316296801	Texas Health Harris Methodist Hospital Alliance Hospital	9	1
10	131036903	Texas Health Harris Methodist Hospital Cleburne Hospital	9	1
10	314080801	Texas Health Huguley INC dba Huguley Memori Hospital	9	1
10	138980111	UNTHSC at Fort Worth Physician Prac	9	1
10	126686802	UT Southwestern Medical Center at Dallas Physician Prac	9	1
10	206106101	Wise Clinical Care Associates Physician Prac	9	1
11	133338707	Abilene Regional MHMR dba Hardwick Center Community M	9	1
11	364187001	Anson General Hospital Hospital	9	1
11	133339505	Central Texas MHMR Community M	9	1
11	281406304	Comanche County Medical Center Company Hospital	9	1
11	137074409	Eastland Memorial Hospital Hospital	9	1
11	112692202	Fisher County Hospital Hospital	9	1
11	094131202	Hamlin Memorial Hospital Physician Prac	9	1
11	112702904	Haskell Memorial Hospital Hospital	9	1
11	127373205	Helen Farabee Centers Community M	9	1
11	138644310	Hendrick Medical Center Hospital	9	1
11	121053602	Knox County Hospital District dba Knox County H Hospital	9	1
11	136325111	Mitchell County Hospital District dba Mitchell Co Hospital	9	1

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11	138950412	Palo Pinto Co Hosp Dist dba Palo Pinto Gen Hosp	Hospital	9	1
11	130724106	Pecan Valley MHMR Region dba Pecan Valley Ce	Community M	9	1
11	133244705	Rolling Plains Memorial Hospital	Hospital	9	1
11	406583101	Stamford Hosp Dist dba Stamford Family Health	Physician Prac	9	1
11	337991901	Stephens Memorial Hospital dba Stephens Count	Hospital	9	1
11	020992601	Stonewall Memorial Hospital	Hospital	9	1
11	130725806	West Texas Centers for MHMR	Community M	9	1
12	322879301	Baptist St. Anthony's Health System	Hospital	9	1
12	127374005	Central Plains Center for Mental Health Mental R	Community M	9	1
12	133250406	Childress County Hospital District dba Childress R	Hospital	9	1
12	065100201	City of Amarillo	Local Health D	9	1
12	139461107	Covenant Health System dba Covenant Medical (	Hospital	9	1
12	136330112	D. M. Cogdell Memorial Hospital (Scurry County)	Hospital	9	1
12	130826407	Dallam-Hartley Counties Hosp District dba Coon	Hospital	9	1
12	133544006	Deaf Smith County Hospital District dba Hereforc	Hospital	9	1
12	197063401	GPCH LLC dba Golden Plains Community Hospita	Hospital	9	1
12	094117105	Hansford County Hospital District	Hospital	9	1
12	127373205	Helen Farabee Centers	Community M	9	1
12	109588703	Hemphill County Hospital District	Hospital	9	1
12	127313803	Lamb Healthcare Center	Hospital	9	1
12	126667806	Lockney Gen Hosp Dist (W.J. Mangold Mem Hos	Hospital	9	1
12	137999206	Lubbock County Hospital District dba University I	Hospital	9	1
12	281514401	Lubbock Heritage Hospital dba Grace Medical Ce	Hospital	9	1
12	136492909	Lubbock Regional MHMR Center dba Sunrise Car	Hospital	9	1
12	084897001	Lubbock Regional MHMR Ctr dba StarCare Specia	Community M	9	1
12	094180903	Lynn County Hospital District	Hospital	9	1
12	189947801	Medical Arts Hospital	Hospital	9	1
12	127319504	Methodist Children's Hosp dba Covenant Childre	Hospital	9	1
12	094129604	Moore County Hospital District dba Memorial Hc	Hospital	9	1
12	112704504	Ochiltree General Hospital	Hospital	9	1
12	137343308	Parmer County Community Hospital	Hospital	9	1
12	136142011	Plains Memorial Hospital DSH Acct (Castro Count	Hospital	9	1
12	126840107	Preferred Hosp Leasing, Inc. dba Collingsworth G	Hospital	9	1
12	350190001	Preferred Hospital Leasing Muleshoe Inc	Hospital	9	1
12	308032701	Prime Healthcare Services - Pampa, LLC dba Pam	Hospital	9	1
12	094121303	Seminole HD of Gaines Co dba Memorial Hospita	Hospital	9	1
12	316076401	Swisher Memorial Healthcare System, dba Swish	Hospital	9	1
12	130618504	Terry Memorial Hospital District Brownfield Regi	Hospital	9	1
12	127378105	Texas Panhandle Mental Health Mental Retardat	Community M	9	1
12	084563802	Texas Tech University Health Sciences Center AM	Physician Prac	9	1
12	084599202	Texas Tech University Health Sciences Center Off	Physician Prac	9	1
12	137245009	UHS @ Amarillo Inc dba Northwest Texas Health	Hospital	9	1
12	079877902	UMC Physician Network Services	Physician Prac	9	1
12	130725806	West Texas Centers for MHMR	Community M	9	1
12	137227806	Yoakum County dba Yoakum County Hospital	Hospital	9	1
13	130089906	Ballinger Memorial Hospital	Hospital	9	1

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13	133339505	Central Texas MHMR	Community M	9	1
13	022793601	City of San Angelo	Local Health D	9	1
13	316360201	Coleman County Medical Center	Hospital	9	1
13	091770005	Concho County Hospital	Hospital	9	1
13	133340307	Hill Country Community MHMR dba hill Country	Community M	9	1
13	121781205	L M Hudspeth Memorial Hospital	Hospital	9	1
13	109483102	MHMR Svcs for the Concho Valley	Community M	9	1
13	322916301	McCulloch County Hospital District dba Heart of	Hospital	9	1
13	020989201	North Runnels Hospital	Hospital	9	1
13	130616909	Pecos County Memorial Hospital	Hospital	9	1
13	138364813	Permian Basin Community Centers	Community M	9	1
13	179272301	Preferred Hosp Leasing Eldorado, Inc. dba Schleic	Hospital	9	1
13	206083201	Preferred Hosp Leasing Junction Inc. dba Kimble	Hospital	9	1
13	121806703	Reagan Hosp District dba Reagan Memorial Hosp	Hospital	9	1
13	137226005	Shannon Medical Center	Hospital	9	1
13	130725806	West Texas Centers for MHMR	Community M	9	1
14	176354201	Culberson Hospital	Hospital	9	1
14	135235306	Ector County Hospital District dba Medical Cente	Hospital	9	1
14	136145310	Martin County Hospital District	Hospital	9	1
14	094172602	McCamey Hospital and Convalesent Center	Hospital	9	1
14	136143806	Midland County Hospital District dba Midland M	Hospital	9	1
14	112711003	Odessa Regional Medical Center	Hospital	9	1
14	138364813	Permian Basin Community Centers	Community M	9	1
14	127298107	Permian Regional Medical Center	Hospital	9	1
14	112684904	Reeves County Hospital	Hospital	9	1
14	081939301	Texas Tech University Health Sciences Center Od	Physician Prac	9	1
14	130725806	West Texas Centers for MHMR	Community M	9	1
14	402628801	Winkler County Memorial Hospital	Hospital	9	1
15	065086301	City of El Paso dba City of El Paso Department of	Local Health D	9	1
15	291854201	El Paso Children's Hospital	Hospital	9	1
15	138951211	El Paso Co Hosp Dist - University Medical Center	Hospital	9	1
15	127376505	El Paso Community MHMR dba Emergence Healt	Community M	9	1
15	094109802	El Paso Healthcare System Ltd dba Las Palmas M	Hospital	9	1
15	196829901	Sierra Providence East Medical Center	Hospital	9	1
15	130601104	Tenet Hospital Limited dba Providence Memoria	Hospital	9	1
15	084597603	Texas Tech University Health Sciences Center EL	Physician Prac	9	1
16	401736001	Bosque County Hospital District	Hospital	9	1
16	081771001	Central Counties Center for MHMR Services	Community M	9	1
16	134772611	Coryell County Memorial Hospital Authority dba	Hospital	9	1
16	121792903	Hamilton County Hospital District dba Family Pra	Hospital	9	1
16	084859002	Heart of Texas Region MH & MR Center	Community M	9	1
16	138962907	Hillcrest Baptist Medical Center	Hospital	9	1
16	140714001	Limestone Medical Center dba Limestone Medic	Hospital	9	1
16	111829102	Providence Health Services of Waco dba Provide	Hospital	9	1
17	130982504	Brazos Co Treasurer (Brazos County Health Depa	Local Health D	9	1
17	020841501	Conroe Regional Medical Center	Hospital	9	1

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17	136366507	MHMR Authority of Brazos Valley	Community M	9	1
17	311035501	Montgomery County Public Health District	Local Health D	9	1
17	135226205	Scott & White Hospital Brenham	Hospital	9	1
17	326725404	Scott & White Hospital College Station	Hospital	9	1
17	020860501	St Joseph Regional Health Center dba CHI St Jose Hospital		9	1
17	127267603	St. Joseph Regional Health Center	Hospital	9	1
17	160630301	St. Luke's Community Health Srvs (The Woodland Hospital		9	1
17	198523601	The TX A&M Univ Systm Hlth Science Cent dba Tx Physician Prac		9	1
17	081844501	Tri-County Behavioral Healthcare	Community M	9	1
17	189791001	Walker County Hosp Corp. dba Huntsville Memo Hospital		9	1
18	283637101	Brock Lawson Pierce MD	Physician Prac	9	1
18	138910807	Children's Medical Center of Dallas	Hospital	9	1
18	084001901	Collin County MHMR dba LifePath Systems	Community M	9	1
18	121988304	Lakes Regional MHMR Center	Community M	9	1
18	084434201	MHMR SVCS of Texoma	Community M	9	1
18	179917301	Rockwall County Helping Hands Inc	Physician Prac	9	1
18	169553801	Tenet Frisco Ltd dba Centennial Medical Center	Hospital	9	1
18	194997601	UHS Texoma, Inc. dba Texoma Medical Center	Hospital	9	1
18	126686802	UT Southwestern Medical Center at Dallas	Physician Prac	9	1
19	127305405	Bowie Memorial Hospital	Hospital	9	1
19	094138703	Clay County Memorial Hospital	Hospital	9	1
19	135034009	Electra Memorial Hospital	Hospital	9	1
19	121777003	Gainesville Memorial Hospital (North Texas Med Hospital		9	1
19	346945401	Graham Hospital District	Hospital	9	1
19	127373205	Helen Farabee Centers	Community M	9	1
19	119874904	Jack County Hospital District dba Faith Communi Hospital		9	1
19	084434201	MHMR SVCS of Texoma	Community M	9	1
19	127310404	Nocona Hospital District dba Nocona Gen Hosp	Hospital	9	1
19	110856504	Olney Hamilton Hospital District dba Hamilton H Hospital		9	1
19	138353107	Seymour Hospital	Hospital	9	1
19	088189803	Throckmorton County Memorial Hospital	Hospital	9	1
19	135237906	United Regional Health Care System	Hospital	9	1
19	112707808	Wilbarger General Hospital	Hospital	9	1
20	121989102	Border Region MHMR Community Center	Community M	9	1
20	121990904	Camino Real Community Services	Community M	9	1
20	137917402	City of Laredo	Local Health D	9	1
20	132812205	Driscoll Children's Hospital	Hospital	9	1
20	094186602	Laredo Reg Med Ctr dba Doctor's Hospital of Lare Hospital		9	1
20	162033801	Laredo Texas Hosp Co dba Laredo Medical Cente Hospital		9	1
20	137908303	Maverick County Hospital District	Local Health D	9	1
20	085144601	University of Texas Health Science Center SA	Physician Prac	9	1



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**Provider Summary**

Prevalence of the two (2) measures selected to address the Core Activity have been found to be higher in RHP1 than in RHP2. Andrews Center continues to improve the delivery of behavioral health care as established in DY 1-8 by sustaining Athens has been very successful with the DSRIP program. Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report. Provider reports under their home region. Please see the Provider Summary Report under RHP 2.

Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report. DY 9 year was a year of wins and challenges. Our hospital and clinic both utilize EPIC as our medical record, and the Provider has withdrawn from DSRIP.

Provider has withdrawn from DSRIP.

Provider has withdrawn from DSRIP.

Provider has withdrawn from DSRIP.

Provider has withdrawn from DSRIP.

Many of the patients seen in Freestone Medical Centers Emergency Department use the ED as their source for primary care. TMC Bonham Hospital has operated a primary care clinic since 2009 providing additional primary care access using telemedicine. Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report.

Hunt Regional Medical Center (HRMC) overarching DSRIP aim is to provide quality driven, patient-centered, cost-effective care. Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report. Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

See Summary Report under RHP-18

Our quality and data management teams have completed a six-month review of our data. We did find several items for improvement. The Northeast Texas Public Health District (NET Health) Center for Healthy Living (Center) is in the sixth year of operation. The Paris-Lamar County Health District continues to increase capacity and access to services by utilizing Community Health Workers.

Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report. Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report.

Our DSRIP system of care transitioned from inpatient to outpatient to focus on preventative care to improve the patient experience. We have worked tirelessly to ensure we are focusing on improving our quality outcome measures for A1. The A1-Titus Regional Medical Center (TRMC) continues to face many transitions. TRMC is challenged in recruiting and retaining staff.

Following is an overview of the program categories: CAT A: During this round of reporting we are not required to report. University of Texas Health Science Center at Tyler (UTHSCT) has transitioned from project level reporting to outcome level reporting. The Angelina County & Cities Health District continues to monitor and evaluate efforts associated with DSRIP performance.

Provider was acquired by University of Texas Medical Branch - Galveston (094092602). Please see the Provider Summary Report under RHP 17. Baptist Hospitals of Southeast Texas (BHSET) provides comprehensive inpatient and outpatient services to Beaumont. At DY9 April Round 1 reporting, we continue to learn from the undertaking of a comprehensive quality program. V

Burke continues efforts to align with a CCBHC model of care, which is our core activity, during Demonstration Year 1. CHRISTUS Hospital St. Elizabeth, a 431-bed hospital in Beaumont, is the regional leader in spine and orthopedics, cardiovascular, and cancer care.

Coastal Health & Wellness has had some staff turnover in 2018 and 2019. A new Medical Director was hired in December. We have been able to maintain and/or improve measures within the bundles for our facility. We have been able to improve our patient experience.

CHI St. Luke's Memorial has used the DY9 April data to further improve throughput related to our Emergency Department. Nacogdoches County Hospital District continues to transform processes and structure in order to better serve the community.

Preferred Hospital Leasing Hemphill, Inc. continues to work to develop capacity to track and improve DSRIP metrics. Spindletop Center continues to analyze the results of our measures and make process changes, as needed. We look forward to continuing our efforts.

The Gulf Coast Center (GCC), a Region 2 provider, is a community-based behavioral health center and government contractor. Provider reports under their home region. Please see the Provider Summary Report under RHP 17.

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Achievement for Category C, K1 bundle is not being reported at this time. Due to the current public health emergency, UTMB has put significant time, effort and resources into building the analytics platform to support all Category C and D. Provider merged with University of Texas Medical Branch - Galveston (094092602) for DY7-10 DSRIP activities. Please see Woodland Heights Medical Center has hired 2.0 FTEs in our Emergency Room to establish a Navigator Program. There has been an increased interest among health care providers around the social determinants of health to address the needs of the community. Provider has withdrawn from DSRIP.

HCA Houston Healthcare Southeast (Southeast) has worked diligently throughout calendar 2019 to improve its care and services. HCA Houston Healthcare West (West) experienced leadership turnover during 2019 and lost its DSRIP Program manager. The City of Houston is fully committed to transforming our service delivery to address the health issues within our community. Columbus Community Hospital (CCH) is a 40-bed hospital in Columbus, Texas serving a 25 square mile area and a population of approximately 10,000.

Executive Summary Fort Bend County continues to improve the delivery and experience of health care and related services. See RHP 4 Summary. Gulf Bend Center's designated primary RHP is 04.

Harris Health's DSRIP goals are to transform healthcare delivery from a disease-focused model of episodic care to a patient-centered model of care. As a safety net provider and local health department for the unincorporated areas of Harris County and for certain incorporated areas, Harris Health has been engaged in DSRIP 2.0 for approximately three years. Unit nurses (RNs) and team social workers are working on various projects. MRMC continues to partner with MEHOP focused to the diabetic population and the utilization of the Emergency Department. Memorial Hermann is one of the largest not-for-profit health systems in Southeast Texas. Our 6,700 affiliated physicians and 6,700 affiliated physicians are working on various projects. Memorial Medical Center has completed CAT C and CAT D reporting for the two objectives, C-1 Healthy Texans and C-2 Healthy Communities. The team has been engaged in DSRIP 2.0 for approximately three years. Unit nurses (RNs) and team social workers are working on various projects. HCA Houston Healthcare Tomball (HHH Tomball) experienced a significant amount of improvement during the last year. Oak Bend Medical Center is the largest full service healthcare facility in Fort Bend County including three full service hospitals. For DY9 Round 1, Rice will be reporting DY8 Carry-Forward Category B, Category C, and Category D. In early March, Provider has completed reporting on all DY2-6 metrics for RHP 03 and is not required to complete the SAR. Providence Saint Joseph Medical Center (SJMC) has completed our second performance year (CY 2019) for reporting in April 2020 for the H2 measure bundle. During DY9, St. Luke's Episcopal Hospital, now Baylor St. Luke's Medical Center (BSLMC), has been working on the Crisis Center project. The Crisis Center project continues to serve over 700 unique individuals a year. The Crisis Center is the only alternative to the hospital for individuals in crisis. Texas Children's Hospital overall DSRIP goals center on implementing delivery system reforms that increase access to health care. Our focus this year has been measuring performance improvement over baseline for the 27 selected Waiver 2.0 measures. April DY9 Summary Report Provider Summary of Reporting for April DY9 Round 1. Of the 27 measures MD Anderson has completed reporting on 13 measures. While we at UT Physicians, like every other healthcare institution, have faced enumerable challenges over the last year, we are committed to providing the best care possible. Bluebonnet Trails Community Services (BTCSS) is a community behavioral health and intellectual and developmental disabilities services provider. 136436606.2.3 SEPSIS This intervention consisted of implementing the Sepsis Management Bundles as treatment bundles. Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

094222902.1.1 EXPAND PRIMARY CARE CAPACITY Spohn designed this project to increase the space, hours, and staff. 020811801.1.3 EXPAND PRIMARY CARE CAPACITY Spohn designed this project to increase primary care access and staff. Provider has withdrawn from DSRIP.

Coastal Plains Community Center operates 7 clinics that provide integrated primary care and substance use disorder services. Overall Approach and Accomplishments: Corpus Christi Medical Center (CCMC) had seven Round I Waiver project sites. The Community Health Worker, CHW, follows up on self-pay, patients without a PCP, via an E.H.R. system report sent to the provider. Provider has withdrawn from DSRIP.

In 2020 DeTar's Family Medicine Residency Program will achieve its long term goal of reaching its full quota of physicians. All Driscoll Health System has continued the following projects into DY9: Expand Specialty Care Capacity Project, Increase Access to Care Project. Provider has withdrawn from DSRIP.

Gulf Bend Center (GBC) strives to maintain and improve upon our five measures through services provided in our community.

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Our overall DSRIP Goal is to continue to serve the rather large Medicaid and LIU population of the county and provide. Provider has withdrawn from DSRIP.

When reporting on our K1 measures for DY9 Round 1, we fell under our All Payer baseline level for our Comprehensive. The Corpus Christi-Nueces County Public Health District (CCNCPHD) provides clinical, laboratory, environmental and All measures continue to show improvement. We have had some changes in our Medication Clinic supervisors, and for DY9 April reporting presented itself with several challenges that our hospital will soon overcome. Some of the patients 121775403.1.1 EXPAND PRIMARY CARE CAPACITY Spohn designed this project to increase the space, hours, and staff. Yoakum Community Hospital has seen challenges and success ruling the Texas Transformation Waiver by participating. Provider reports under their home region. Please see the Provider Summary Report under RHP 20.

Established in 1982, Rio Grande Regional Hospital (RGRH) has been providing quality care to the citizens of the Rio Grande Valley. Columbia Valley Regional Medical Center (CVRMC) licensed by the State of Texas as a 214-bed acute care hospital. All requirements have been completed for DY9 Round 1 April reporting. As we progress through DY9, DHR Health Care. Please refer to RHP4.

Provider has withdrawn from DSRIP.

PROJECT OVERVIEW: ACCOMPLISHMENTS: Knapp Medical Center has seen successes in reducing complications from. At South Texas Health System we continue to improve the integration of our DSRIP measure bundles into the operations. Starr County Memorial Hospital is a 48 bed rural and sole community hospital with a Level 4 Trauma ER designation. Tropical Texas Behavioral Health (TTBH) continues to provide behavioral health services to the Hidalgo, Cameron, and Starr counties. We continue to transform the delivery of care in RHP 5 through our partnership with the UTHealth School of Public Health. The University of Texas Rio Grande Valley (UTRGV) is a school of medicine with a mission to train a new generation of healthcare providers. We continue to transform the delivery of care in RHP 5 through the School of Public Health. Brownsville Regional Catholic Baptist Health System's top priority is patient safety and providing the best quality of care. All hospitals within the system. Bluebonnet Trails Community Services (BTCS) is a community behavioral health and intellectual and developmental disabilities services provider. The Children's Hospital of San Antonio (CHofSA) is a 249 bed academic children's hospital serving San Antonio, New Braunfels, and Bexar County. CHRISTUS Santa Rosa Health System (CSR), a Catholic, non-profit health system, is participating in two Core Activities. Overall, Camino Real Community Services has observed and experienced a true delivery system transformation through. Last year a critical project that was completed was the replacement of our previous electronic health record system. Provider merged with University Health System (136141205) for DY7-8 DSRIP activities. Please see the Provider Summary Report. During the first six months of Demonstration Year 9, Department of State Health Services (DSHS) Public Health Registry. Dimmit Regional Hospital (DRH) continues with the same bundles which consist of ER chronic illness presenting to the hospital. Frio Regional Hospital (FRH) became a critical access hospital (CAH) in September of 2017. It is our mission to improve access. During 2019, Guadalupe Regional Medical Center (GRMC) continued its DSRIP initiatives. GRMC submitted performance data. Hill Country continues to work to improve our system of care and prepare for CCBHC. It is necessary each year to report. Hill Country Memorial continues our commitment to the 1115 Waiver and Delivery System Reform Incentive Payment Program. Medina County Hospital District dba Medina Regional Hospital continues to work to improve on the reported DY2019. Category C Methodists are pleased to report achievement of PY2 goals on the following measures: 12-150. Methodist. Provider has withdrawn from DSRIP.

There have not been significant changes or updates related to Peterson Women's Associates developed bundle. The 1115 Waiver. Performing Provider Response: SWGH is working with local first responders on a project to identify and address the needs of. Clarity CGC continues to focus on process improvements to enhance the quality, access and cost of pediatric behavioral health services. The Center for Health Care Services (CHCS) is a Community Mental Health Center (CMHC) and the state-authorized provider. University Health System DSRIP Program Current Progress for 2020: - Continuing activities to drive Category C measure. We continue to use the DSRIP funds to develop and maintain the infrastructure, workflows and a culture to prepare for. Uvalde Memorial Hospital (UMH) continues its DSRIP successes during the timeframe of October 1, 2019 through September 30, 2020. Val Verde Regional Medical Center (VVRMC) remains fully committed to its participation in the Delivery System Reform Incentive Payment Program. For core activity one, expanding practice access, we were in the process of actively recruiting providers with new credentials.

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In DY9, Integral Care continued to achieve gains through business process improvements and collaborations with Lake County Public Health (LCPH) is a community behavioral health and intellectual and development disabilities center. The core activity analyzed for Costs and Savings purposes is the implementation of a chronic care management (CCM) program. Austin Public Health (APH) continues to make systematic changes, improvements, and adjustments to better serve the community. The CCC continues to work closely with its contracted providers to monitor improvement activities and progress. Hill Country continues to work to improve our system of care and prepare for CCBHC. It is necessary each year to evaluate the system. Performing Provider was able to at least partially achieve 15 of 18 Category C carry forward achievement milestones in PY2. Performing Provider was able to achieve 2 of 4 Category C carry forward achievement milestones in PY2. Provide Since the last reporting period, St. David's South Austin Medical Center has been working to promote and accommodate the needs of the community. Provider has withdrawn from DSRIP.

The Bell County Public Health District (BCPHD) is a local health department that provides public health services to the community. Bluebonnet Trails Community Services (BTCS) is a community behavioral health and intellectual and development disabilities center. Cedar Park Regional Medical Center ("CPRMC") is a 108-bed facility that provides inpatient, outpatient, surgical and emergency services. Bell, Milam, Lampasas, Coryell, and Hamilton Counties have identified many needs within the communities. Center for Health Equity Promotion Our purpose as a provider continues to be to meet the behavioral health needs of the community members in our community. During the first six months of DY9 Seton Medical Center Harker Heights (SMCHH) collaborated with the Greater Killebrew Center. Hill Country continues to work to improve our system of care and prepare for CCBHC. It is necessary each year to evaluate the system. The Care Management department has implemented a full time ED case manager in addition to three ED navigators. Provider has withdrawn from DSRIP.

As we begin DY9, Baylor Scott & White Medical Center El Paso continues to align opportunities that increase efficiency and effectiveness. As we begin DY9, Baylor Scott & White Medical Center Marble Falls continues to align opportunities that increase efficiency and effectiveness. As we begin DY9, Baylor Scott & White Medical Center Temple continues to align opportunities that increase efficiency and effectiveness. Performing Provider was able to achieve 3 of 3 Category C carry forward achievement milestones in PY2. Provide St. David's Round Rock Medical Center (Round Rock) implemented the Access 2 Care program in an effort to expand access to care. "October 2019 to mid-March 2020 was a year of improvement and standardization at our agency. Our DSRIP team continues to work on improving the system. Provider has withdrawn from DSRIP.

In beginning DY9, Baylor Scott & White Medical Center Irving continues to align opportunities that increase efficiency and effectiveness. Baylor Scott & White Medical Center Carrollton will report Category C PY2 to close out DY8 reporting requirements. In beginning DY9, Baylor University Medical Center continues to align opportunities that increase efficiencies and effectiveness. Children's Health has been working with HHSC since the October reporting period to address TA flags and working on improving Hospital Safety. We continue to make progress on improving Hospital Safety. For PY2, we are not reporting CLASBI, CAUTI, SSI, Behavioral Health, or Patient Falls. We continue to make progress on improving Hospital Safety. For PY2, we are not reporting CLASBI, CAUTI or SSI at this time. We continue to make progress on improving Hospital Safety. For PY2, we are not reporting Patient Falls, CLASBI, CAUTI, Behavioral Health, or Patient Falls. Dallas County Health and Human Services continues to educate the public and disseminate health information in the community. RHP09-127295703- Dallas County Hospital District dba Parkland Health and Hospital System Parkland Health and Hospital System Denton County MHMR implemented an EHR this past reporting cycle. This has helped us with tracking and reporting on the system. DSRIP is continuing to change lives through redesign! Without the DSRIP, funding Denton County residents would not have access to care. For DY-9 Lakes Regional Community Center (LRCC) continues our progress in achieving system-wide outcome measures. The first half of DY 9 has proven to be quite eventful due to changes related to the COVID 19 outbreak. Despite the challenges, we have continued to make progress. The first half of DY 9 has proven to be quite eventful due to changes related to the COVID 19 outbreak. Despite the challenges, we have continued to make progress. The first half of DY 9 has proven to be quite eventful due to changes related to the COVID 19 outbreak. Despite the challenges, we have continued to make progress. Metrocare Services has completed the application to become a CCBHC. The Center is continuing to enhance and expand its services. Texas Health Dallas continues to work closely with Healing Hands Ministries (HHM), a local federally qualified health center. We have attached The Category C and Category D Templates. As shown in the Category C Template, we exceeded the goals. The hospital was purchased during the current DY (on 3/1/18) by Pipeline Healthcare out of California and was rebranded.

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Provider was short one NP again for part of 2019 resulting in lower volumes than expected. The HELP program co Healthy Education Lifestyle Program at THK identifies and assists uninsured patients with Diabetes, Congestive He Provider has withdrawn from DSRIP.

During the past six months, UT Southwestern Medical Center has continued to strive to improve population health Provider merged with UT Southwestern Medical Center at Dallas (126686802) for DY7-8 DSRIP activities. Please se Provider merged with Tarrant County Hospital District dba JPS Health Network (126675104) for DY7-8 DSRIP activi In beginning DY9, Baylor Scott and White- All Saints Medical Center continues to align opportunities that increase Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

We continue to make progress on improving Hospital Safety. For PY2, we are not reporting CLASBI, CAUTI or SSI at We continue to make progress on improving Hospital Safety. For PY2, we are not reporting CLASBI, CAUTI or SSI at We continue to make progress on improving Hospital Safety. For PY2, we are not reporting CLASBI, CAUTI or SSI at Category A: Category A reporting is not required this reporting period. Category B: Category B reporting is not requ During DY 8, Wise Health System has continued to change and grow into a delivery system that works to provide k Glen Rose Medical Center continues to report on the same Measures for Category C and D. Category C K2 Measure Texas Health Fort Worth HELP program continues to manage the chronic disease for uninsured patients with diab Healthy Education Lifestyle Program at Texas Health Azle identifies and assists uninsured patients with Diabetes, C Texas Health Southwest HELP program continues to manage chronic disease for uninsured patients with diabetes, Provider reports under their home region. Please see the Provider Summary Report under RHP 19.

Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

MHMR Tarrant's primary DSRIP goal is to provide access to timely and effective whole-person behavioral health ca The first half of DY 9 has proven to be quite eventful due to changes related to the COVID 19 outbreak. Despite th Ennis Regional Medical Center (ERMC) is an acute care general hospital located in Ellis County, Texas. The Ellis Cou Category A was not reported during DY9 Round 1 reporting in accordance with the April DY9 reporting companion IT10.1.h, TCPH has continued to expand the CDSMP-HRQOLs through their educational classes. The class participa Executive Summary JPS Health Network is the \$950 million tax-supported safety net healthcare system serving resi We continue to maintain a holistic approach to providing care, attempting to identify and address the social deterr Texas Health Stephenville HELP program continues to manage chronic disease for uninsured patients with diabete Texas Health HEB HELP program continues to manage chronic disease for uninsured patients with diabetes, conge Healthy Education Lifestyle Program at Texas Health Alliance identifies and assists uninsured patients with Diabete Healthy Education Lifestyle Program at Texas Health Cleburne identifies and assists uninsured patients with Diabe Texas Health Huguley has incorporated elements of HELP within the physician network primary care providers. Ad University of North Texas Health Science Center Overall Provider Executive Summary for Mid-Year DY9 October 1, 21 During the past six months, UT Southwestern Medical Center has continued to strive to improve population health Wise Health Clinics (VHCP) operates family and specialty physician clinics in Wise County and provides employmen Betty Hardwick Center's focus in DY9 has been to continue our improvement for three Category C measures - M1- Provider has withdrawn from DSRIP.

Our purpose as a provider continues to be to meet the behavioral health needs of the community members in our Accomplishments: Comanche County Medical Center (CCMC) continued to improve access to primary care service Eastland Memorial Hospital (EMH) continues to engage in recruitment for physicians in the rural community. The For this reporting period we focused on monitoring compliance of the education that we provided to our provider Before July 31, 2019, Hamlin Hospital District was comprised of Hamlin Memorial Hospital, Hamlin EMS, and Haml Haskell Memorial Hospital chose to do the rural bundle to include monitoring, improving, and educating our patie Provider reports under their home region. Please see the Provider Summary Report under RHP 19.

Hendrick is now ready to report all Category C Measure PY2 outcomes, as well as Category D Potentially Preventa Provider has withdrawn from DSRIP.

Since before the implementation of the DSRIP 1115 Waiver, Mitchell County Hospital has made it a single minded

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Palo Pinto General Hospital is a rural hospital providing obstetrical care to the citizens of Palo Pinto County and su Category A was not reported during DY9 Round 1 reporting in accordance with the April DY9 reporting companion RPMH continues to find opportunities to provide primary care access to its Nolan County population. Two provide We continue to make slow progress in our transition from a hospital based RHC to a freestanding RHC that started Cat C Stephens Memorial Hospital is reporting the entire year of 2019 for the April DY9 reporting period as instruct Stonewall Memorial Hospital has continued to participate in the DSRIP program having selected the rural prevent Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

The BSA patient navigation team continues to focus on patients who present to the ER with chronic and acute ACS CPC continues to provide screenings for BMI and Tobacco Use for each adult patient via our psychiatric clinic. A re Childress Regional Medical Center has made progress/achievements on each of our Category C projects during DY DY8 was successful. It is exciting to see our team continue to improve outcomes each year. Baseline measuremen Covenant Medical Center continues to handle the complexity of our five, wide-ranging measure bundles well. As t Provider has completed reporting on all DY9 reporting. With Cat C we have achieved our goals for PY 2 reporting a In DY9, we continued to experience change and growth within our hospital district, including losing another DSRIP DY9: 133544006.7.1: Cat A: The core activity chosen by DSCHD was Enhancement in coordination between primar GPCH is proud of its participation in the DSRIP program and believes that its DSRIP projects have improved each d Project 0941171051.1- The specialty Clinic space was completed in September 2013. We have been successful in r Provider reports under their home region. Please see the Provider Summary Report under RHP 19.

Our year has been filled with many changes, challenges, and also accomplishments. After extensive education and During 2019, we made great strides in improving our documentation related to our CAT-C measures. Our provide WJ Mangold Memorial Hospital chose to focus on rural preventative care. With that, we make sure to record our Our care coordination program continued to evolve throughout PY2 with our focus being on achieving our DSRIP q Over the course of our initial DSRIP/1115 Waiver project, we have been able to successfully increase access to prin The following Provider Summary Report is submitted in accordance with the April DY9 Reporting Companion Docu The following Provider Summary Report is submitted in accordance with the April DY9 Reporting Companion Docu Lynn County Hospital District is reporting on the following K1 bundles: screening for tobacco use and cessation in Our hospital has undergone major changes in the last few years, starting with the elimination of surgical and obst Measures within our maternal safety bundle continue to perform well. Challenges with some measures in our ped Through continued education with our staff and leadership team we intent to better serve our community and to Executive Summary of Ochiltree General Hospital's DSRIP Projects, We are report our DY9. 1/1/2019 through 12/3 Parmer Medical Center continues to work to develop capacity to track and improve DSRIP metrics in Cat C through Castro County Hospital District, which includes; Medical Center of Dimmitt, Plains Memorial Hospital and Welch R Collingsworth General Hospital continues to work to develop capacity to track and improve DSRIP metrics in Cat C Muleshoe Area Medical Center (MAMC) continues to work to develop capacity to track and improve DSRIP metric: PRMC has worked to continue building a strong patient care team program, team members consist of the hospitali During this round we are reporting on our Cat C K2-355 that was eligible for carry forward. We did not meet achiev We are very fortunate and are proud to continue to be able to participate in the 1115 Waiver Program. The variou Terry Memorial Hospital District, dba Brownfield Regional Medical Center, is reporting achievement on Cat C and Texas Panhandle Centers (TPC), a Community Mental Health Center (CMHC) DSRIP Performing Provider in RHP12, : Project ID: 084563802.7.1 Our institute continues to see increasing numbers in our overall Total Patient Population Provider Summary April 2020 Reporting Texas Tech Physician practice continues to focus on improving patient care Northwest Texas Healthcare System was not permitted to report any activity in Categories A or B. We did report a Provider merged with Lubbock County Hospital District dba University Medical Center (137999206) for DY7-8 DSRI As West Texas Centers has begun Demonstration Year 9, WTC has been fairly successful in its continued participat Yoakum County Hospital (YCH) in Denver City, Texas, is host to two rural health clinics, West Texas Medical Center Ballinger Memorial Hospital District (BMHD) is a rural public hospital district in Runnels County Texas, a Medically

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Our purpose as a provider continues to be to meet the behavioral health needs of the community members in our In CY2020, the San Angelo-Tom Green County Health Department continued its focus of providing a low / no cost Coleman County Medical Center (CCMC) continues to work to develop capacity to track and improve DSRIP metric We have been continuing to collect data on a monthly basis and perfect our reporting processes. We have teams Hill Country continues to work to improve our system of care and prepare for CCBHC. It is necessary each year to We had a new CEO starting May 13, 2019. We no longer have a community outreach nurse. Our RHC staffing has During CY19, MHMR Services for the Concho Valley (MHMRCV) sustained its efforts on the core activities of reduci We continue to work on the Category C bundle to refine our tracking of these measures. Additionally, we think we North Runnels Hospital is a 25-bed Critical Access Hospital. Our Hospital has made progress to expand services to Pecos County Memorial Hospital (PCMH) is a small rural county hospital located in Fort Stockton, Pecos County, T Permian Basin Community Centers d.b.a. PermianCare continues to operate with an extended service array into DY Schleicher County Medical Center (SCMC) continues to work to develop capacity to track and improve DSRIP metri Preferred Hospital Leasing Junction, Inc., dba Kimble Hospital continues to work to develop capacity to track and ir We have corrected the baseline for the All Payor numbers on K1-105. This was a keying error and it now an accurate As the safety net hospital for the region, Shannon treats a number of patients that travel to Tom Green County for Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

Culberson Hospital continues to work to develop capacity to track and improve DSRIP metrics in Cat C through pro Ector County Hospital District continues to focus on its DSRIP initiatives while providing high quality care to the re: Martin County Hospital District is an 18 bed Critical Access Hospital, Rural Health Clinic, Ambulance Service and Hc Provider has withdrawn from DSRIP.

Our fiscal year started off full speed ahead in pursuing our commitment to leading and improving the health of our PY2 has been one of achievement for Odessa Regional Medical Center. We have seen an uptake in our education Permian Basin Community Centers d.b.a. PermianCare continues to operate with an extended service array into DY We are continuing to target our diabetic population. We are struggling to meet achievement on the a couple of m For the April 2020 reporting period Reeves County Hospital District 112684904.7.1 has elected to report in the Oct April 2020 Provider Summary The Permian Basin team continues to focus on improving our patient care and popul Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

Provider has withdrawn from DSRIP.

In 2012, the Texas Healthcare Transformation and Quality Improvement Program enabled the City of El Paso Depa During this reporting period, EPCH continues to see positive outcomes related to our DSRIP project. We have esta University Medical Center of El Paso continues to make strides toward meeting the goals on several carry forward EHN is reporting Categories C and D for the April 2020 reporting period: (Categories A and B were reported during 1 Las Palmas Del Sol carried forward 8 CAT C measures from DY7 that we will be reporting on this round. LPDS is als Sierra Providence East Medical Center (SPEMC) is a 182 bed acute care facility in far East El Paso, Texas. SPEMC pr Providence Memorial Hospital (PMH) is a 508 bed, acute care facility in El Paso, Texas. PMH provides adult and pe Texas Tech University Health Sciences Center El Paso (TTUHSC EP) is participating in the DSRIP extension DY7-10 a This provider feels the measure bundle and core activity we selected will help us meet achieve our overall goal to Bell, Milam, Lampasas, Coryell, and Hamilton Counties have identified many needs within the communities. Centr April DY9 Round 1: Coryell Memorial Healthcare System (CMHS) consists of a critical access hospital, primary and s

Shortly after October reporting was completed, we worked on the DSRIP Transition Partner Engagement Plan by For DY 9 our center has seen continued success and growth in our overall programs. We are pleased with our over As we begin DY9, Baylor Scott & White Medical Center Hillcrest continues to align opportunities that increase effici South Limestone Medical Center- We started an outlier clinic in December 2019 about 30 miles from the main car Performing Provider was able to achieve its Category C carry forward achievement milestone in PY2. Provider con During DY 9, the Brazos County Health District collaborated with Health For All, The REACH Project, Allen Chapel, T HCA Houston Healthcare Conroe (HHH Conroe) formerly known as Conroe Regional Medical Center is a 360-bed, t

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Category C M1-105-Provider currently trending at 100% of this goal with a rate of 0.7855 relative a goal rate of 0.6. At the start of DY9, Montgomery County Public Health District (MCPHD) worked to develop new tools to enhance As we begin DY9, Baylor Scott & White Medical Center – Brenham continues to align opportunities that increase efficiency. As we begin DY9, Baylor Scott & White Medical Center – College Station continues to align opportunities that increase efficiency. College Station Medical Center was acquired by CHI St. Joseph Regional Health in late 2019. College Station Medical Center is a part of CHI St. Joseph Health Regional created at DSRIP project plan in March of 2018. The plan was to create an ED Navigator. April DY9 Provider Summary - 160630301 Category A Core Activities During DY9, St. Luke – Community Health Services. Our focus has been on a team-oriented, whole-person approach to patient care. We have continued to deliver the best care. In DY9, we continued to implement strategies to achieve our six measures with the focus on providing and monitoring patient care. Huntsville Memorial Hospital (HMH) has experienced both successes and challenges during this reporting period. In Collin County Women’s Center is a private, office-based clinic, staffed by Ob/Gyn physicians. We have two McKinney Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

During the first six months of this demonstration year, LifePath Systems transitioned to a new electronic health record. Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

Over the past eight years, Texoma Community Center (TCC) utilized 1115 Medicaid Waiver funds to significantly enhance care. Overall: Rockwall County Helping Hands, Inc. is in its third year of DSRIP reporting. Among its several organizational goals. In beginning DY9, Baylor Scott & White Medical Center – Centennial continues to align opportunities that increase efficiency. Two for-profit hospitals (Texoma Medical Center and Wilson N. Jones Regional Medical Center), the Grayson Courthouse. During the past six months, UT Southwestern Medical Center has continued to strive to improve population health outcomes. Provider has withdrawn from DSRIP.

Clay County Memorial Hospital has been working with the measures K1-105, K1-268, K1-269 and K1-285. The project. At the conclusion of DY8, we continue to make a difference with the MLIU population in western Wichita county. We are continuing to improve upon the significant progress in our measure performance since we last reported. B. GRMC continues to report Performance on Bundle K2, Rural Emergency Care. We continue to use the Meditech system. The Center is focusing on achieving identified outcome measures and continues with staff training regarding measures. In Category A we are continuing our core activity efforts. During the last demonstration year, we completed a Cosmo. See Summary Report under RHP-18

As a participant of the program, Nocona General Hospital is utilizing the information collected while reporting to improve care. Hamilton Hospital had a successful year concerning our project. 110856504.7.1. We have had some changes in our staff. During the first half of DY9 from 10-1-19 to 3-31-20, Baylor County Hospital District/Seymour Hospital continued to improve care. We had a good first half of the year at our hospital. We continue to provide much needed services to our rural population. United Regional continues to participate in DSRIP. As an organization, we identified Chronic Care, Cancer Screening and Patient Engagement. Provider has withdrawn from DSRIP.

The data reporting of these measure bundles will be reported in April 2020 reporting. Included in this reporting for the first time. Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

The City of Laredo Health Department (CLHD) is a public health system that provides essential public health and prevention services. Please refer to RHP4

Doctors Hospital of Laredo is continuing our DSRIP project A1- Chronic Diabetes Management. For the reporting period. Laredo Medical Center was able to complete reporting for DY9 Round 1. Category C Template was uploaded but did not. Provider has withdrawn from DSRIP.

Provider reports under their home region. Please see the Provider Summary Report under RHP 6.



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ian in other parts of the State and initiation of efforts to reduce these chronic conditions to improve the overall l  
; and improving on models of care which support recovery of individuals with behavioral health needs. These mc  
A: During this round of reporting we are not required to report. CAT B: We will next report CATB during the DY9

report. CAT B: We will next report CATB during the DY9 October reporting priod as we do not have a carryforward  
his has allowed our teams to provide continuity of care to our patients. Our team continues to focus on our missi

mary care as a result of the limited access to primary care in the region. Recently, the only other PCP in our area  
g a nurse practitioner in Fannin County. This clinic provides local care for diabetic patients which is the focus of th  
report. CAT B: We will next report CATB during the DY9 October reporting period as we do not have a carryforwar  
effective care. Our DSRIP strategy is to utilize evidence-based practices to improve health outcomes in the Medic  
report. CAT B: We will next report CATB during the DY9 October reporting period as we do not have a carryforwa

ns which we believe needed to be adjusted but did not make significant differences. Even in Category B we found  
eration as a free navigation and chronic disease prevention and self-management resource for the Smith County  
ty Health Workers (CHWs)/promotoras, health coaches, peer specialists and other alternative clinical staff worki  
report. CAT B: We will next report CATB during the DY9 October reporting period as we do not have a carryforwar  
report. CAT B: We will next report CATB during the DY9 October reporting period as we do not have a carry-forwa  
patient experience and improve health outcomes of the population served while reducing the overall cost of car  
112, 115, and 207 elements are tied to both our EPIC and Meditech systems and are only for outpatient service  
aining physician/providers in our area due to its rural nature. We have seen improvements in staffing and provi  
report. CAT B: We will next report CATB during the DY9 October reporting period as we do not have a carry-forwa  
ne reporting while focusing on the quadruple aim: better outcomes, improved patient experience, lower costs ar  
ormance and measure goals. Preventive and screening opportunities for hypertension have resulted in increase  
nmary Report for University of Texas Medical Branch - Galveston (094092602).

ont and the greater Southeast Texas community. BHSET's Inpatient / Hospital service lines include acute and reh  
We did not have any NMI issues from a previous period, and have been able to lock in our data collection and pra  
r 9. Burke has secured HHSC re-certification as a Texas CCBHC, which is valid for three years (March 17, 2020 -M  
ardiology, oncology, general surgery, critical care and trauma, birthing, neonatal care, and bariatrics. CHRISTUS H  
cember 2018. Changes within the clinical group were implemented which made it easier to schedule patients fo  
to move forward with obtaining some specialty services such as Cardiology, Orthopedics, Podiatry and Intervent  
artment initiatives. Staffing challenges and bed capacity issues have further resulted in a decrease in timeliness i  
people of Nacogdoches and the surrounding East Texas areas, especially those who fall within the MLIU populat  
is in Cat C through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Mee  
k for training opportunities and tools to assist our team to improve best practices. In September 2019, the Cent  
al entity that serves as the mental health authority for Galveston and Brazoria Counties. Service areas covered ar

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ency and a manual process for review, performance data collection is not complete. Performance for PY2 will be efforts, which is in alignment with MIPS, ACOs, PCMH, etc. Prior to the COVID-19 outbreak, UTMB had implemented. Please see the Provider Summary Report for University of Texas Medical Branch - Galveston (094092602).

These are clinical FTEs that perform screening and evaluation of Medicaid and low income individuals, as well as address health care disparities among vulnerable populations. Looking at health holistically, mental, physical and social

and while it has made progress with its efforts, it has still been challenged in fully achieving its Acute ambulatory care manager, which has had a negative impact on achievement. On a positive note West hired a new CNO, ACNO, CFO, and community. We can demonstrate this through the innovation utilized in our service delivery, through the continued population of approximately 21,000. CCH's previous DSRIP project was the implementation of telemedicine to provide

services in the county through the 1115 Waiver. The waiver addresses population needs and delivery systems and

a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduce public health services such as vector/mosquito control, Ryan White/Title I HIV funding, and refugee health screening. We still utilize three screening tools to identify patients who either have a psychiatric history, currently show signs of mental illness, or are in the Department and Inpatient unit. The organizations have established a Quality and Process Improvement (QAPI) program. Physicians and 27,000 employees practice the highest standards of safe, evidence-based, quality care to provide a patient-centered experience. Physicians and 27,000 employees practice the highest standards of safe, evidence-based, quality care to provide a patient-centered experience. We were able to overcome our previous reporting obstacles by engaging with a 3rd party. We still utilize three screening tools to identify patients who either have a psychiatric history, currently show signs of mental illness, or are in the Department and Inpatient unit. 2019 was the first full year that HHH Tomball was fully integrated into HCA from a data perspective, which includes the hospital campuses, three emergency rooms, surgery centers, physical therapy clinics, and physician offices. On 1/1/20, Rice received approval to reduce the MLIU goal for its Category B measure. Since the baseline/goal was calculated for Summary for April DY8 reporting. Our RHP 03 projects were merged into our RHP02 projects at the beginning of the year. SJMC is reporting on completed measures for category D as well as the Category C measures H2-259, H2-266, and H2-267, focusing Core Activity efforts to improve performance on outcomes related to Measure Bundle B1 - Care Transitions. We are working to reduce inpatient psychiatric hospitalization in the six county catchment area served by Texana. Not only are we improving patient care, improve quality of care, and enhance the health of the patients and families that we serve. Implementing these measures. Of the measures we selected 10 are tracking health improvement, 10 are tracking social determinants of health. We are eligible to report this round, 13 measures have met the CY19 achievement goal. That leaves fourteen (14) measures. Due to a few months as a result of this global pandemic, we still achieved many of the goals outlined during the last report. We are a regional disability center in Central Texas serving eight rural and suburban counties encircling the growing metropolitan area. We are performing severe sepsis, septic shock, and/or lactate >4mmol/L (36mg/dl), performing lactate tests on sepsis patients, and

staffing of Christus Spohn Alice's Primary Care Clinic, currently located in Freer, Texas in Duval County. As reported in the annual capacity in Bee County and neighboring counties. The project's goals include identification of a clinic space for a

primary care services. We contract with Coastal Bend Wellness Foundation (CBWF) to provide our primary care services as needed, all of which intended to improve access to care, redesign healthcare delivery, and improve patient outcomes. The CHW makes contact with these patients and helps arrange follow up care as needed, all of which intended to improve access to care, redesign healthcare delivery, and improve patient outcomes.

Physicians in the program. The Residency Program was established as a part of DSRIP program DY1-6, with the purpose of providing high Risk Program (Care Transition), Maternal Fetal Medicine program and Telehealth/Telemedicine Project for F

seven-county catchment area. GBC has made many transformational steps towards aligning with CCBHC model of

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vide them with the same services that are offered to all populations regardless of payor source. This has not char

rsive Diabetes Care, and our Advance Care Plan measures. Our Pneumonia vaccination status for older adults did  
id educational outreach services. We primarily serve Nueces county with a population of approximately 360,000  
abetes screenings (M1-182) and BMI readings (M1-147) continue to occur at every psychiatric clinic appointment  
st employees who handled the DSRIP entries are no longer with us, but new individuals are being educated in th  
taffing for Spohn Corpus Christi primary care clinics in order to serve additional patients, improve timely access  
ng in the DSRIP program through our primary and specialty care projects. On specialty care, we have added spec

o Grande Valley for over 30 years. The 320-bed facility boasts a team of more than 500 physicians representing o  
serving Brownsville, Texas and surrounding communities. Our medical staff of more than 200 physicians repres  
continues to improve upon Category A core activities as they support the Category C measure bundles. Progress i

om Diabetes, i.e. amputations, readmissions, and Emergency Room visits. In both our Clinic and the Hospital, we  
rations of our healthcare system. Furthermore we continue to work and collaborate with regional DSRIP particip  
on. The hospital owns and operates the only 911 Land Ambulance EMS provider, 2 rural health clinics, and one in  
and Willacy population focusing on promoting wellness, recovery, and improving outcomes for persons with me  
ic Health Brownsville Regional Campus and two safety-net clinics Su Clinica and Rio Grande State Center. In the D  
n of providers in the Rio Grande Valley area and integrate those providers into the local community, both expan  
Campus and our partnership with two safety-net clinics Brownsville Community Health Center (BCHC) and Hope  
Baptist Health System continue to be honored with achieving straight A for the Spring 2020 Leapfrog Hospital S  
al disability center in Central Texas serving eight rural and suburban counties encircling the growing metropolita  
Braunfels, the Southern and Western borders of Texas, as well as the Central Texas hill country. The following is  
ies and two measurement bundles that focus on Maternal Safety and Hospital Safety. The following is a summar  
roughout the years that 1115 Waiver has been in place. The transformation in our service area has been remark  
m. This new system is now in regular use by most San Antonio Metropolitan Health District (Metro Health) prog  
mmary Report for University Health System (136141205).

gion 8 Waiver Delivery System Reform Incentive Payment (DSRIP) project staff continued to monitor performance  
ER. DRH continues to use the Nurse Advice Line to take care of some of the non-urgent, chronic illnesses cases  
rove the quality of life in our community by providing exceptional healthcare with compassion and respect. This  
nance and reporting data for all Category C and Category D measures in April, without requiring any additional in  
invest more and more dollars into improving our abilities to report outcomes. We are in the process of hiring a  
ient (DSRIP) program. After successfully navigating the transition from Project-based to Measure Bundles we lool  
-6 metrics. The focus of the provider's core activity in DY7 through DY10 is enhancing care coordination through  
ist Quality and Nursing Staff worked with Methodist Medical Staff to reduce the MLIU C-Section rate from .301

templates are in use and monitored for proper documentation and opportunities for improvement. The next rep  
re needs of individuals over-utilizing emergency service resources as a vessel to access mental health services. S  
vioral health services provided to our community. These process improvements include internal process change:  
d Local Mental Health Authority (LMHA) for Bexar County. CHCS operates as the safety net for San Antonio, TX b  
isure performance such as monitoring performance/data quality, generating reports, and completing data  
re the health system to be a leader in Value Based Care and Population Health in the region. DSRIP is having a ma  
March 31, 2020 (DY9 Semi-Annual Reporting). This progress is indicated in the reporting measures detailed withi  
reform Incentive Payment (DSRIP) and overarching triple aim goals: (1) to enhance healthcare access; (2) increase  
vetting and marketing processes in place. This produced several candidates and we hired a new pediatrician that

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ocial clinical, social service, advocacy and commercial organizations to affect health outcomes. Integral Care enhanced its Community Care Manager (CCM) program for diabetic patients receiving care in our primary care clinics. The goal of our CCM program is to enhance our client population. Our E.H.R. continues to be an important tool for system advancement but also requires investment toward successful achievement of targets for each Category C measure. Improvements have been implemented to invest more and more dollars into improving our abilities to report outcomes. We are in the process of hiring additional staff in PY2. Provider continues to apply rigorous quality control measures to all data processes and has corrected data issues to ensure further sustainability in its provider projects and is reporting improved performance in the facility's quality

the men and women residing in Bell County and the surrounding areas. Bell County covers a 106-square mile area and is the only rural hospital-based mental health and substance use disorder treatment center in Central Texas serving eight rural and suburban counties encircling the growing metropolitan area. The hospital-based mental health and substance use disorder treatment center provides emergency care to Central Texas communities in Williamson County as well as the counties of Bell, Burnet, and Gillespie. The hospital-based mental health and substance use disorder treatment center is committed to provide and/or partner with other area agencies to address these needs. Specifically, the hospital-based mental health and substance use disorder treatment center provides services to the rural service area. We have continued to meet this goal in DY8 with the application of Measure M1-147 and M1-160. The hospital-based mental health and substance use disorder treatment center has continued to operate our DSRIP project. During this period the new Executive Director has invested more and more dollars into improving our abilities to report outcomes. We are in the process of hiring additional staff to help navigate patients in the ED. The Care Manager assists with coordinating a plan of care and options for

ncies and support sustainability through common practice processes across participating provider hospitals and  
efficiencies and support sustainability through common practice processes across participating provider hospita  
iciencies and support sustainability through common practice processes across participating provider hospitals and  
r continues to apply rigorous quality control measures to all data processes and has corrected data issues to ens  
d primary care access for the working poor community in Williamson County. To this end, Round Rock establishe  
r continued to meet weekly to review progress on measures, check the status of our service provision and Core

encies and support sustainability through common practice processes across participating provider hospitals and clinics. Due to a change in hospital ownership, Baylor Scott & White Carrollton has ceased DSRIP operations effective 6/30/2020. We continue to support sustainability through common practice processes across participating provider hospitals and clinics. BSHS continues to work with data teams and project groups to ensure all clinical care efforts are being captured appropriately. The report includes Behavioral Health and Antenatal Steroids and some Pediatric asthma measures. At this time in April 2020, with resources re-deployed to COVID-19 in March we were not able to review and validate this time in April 2020. With resources re-deployed to COVID-19 in March, we were not able to review and validate this time in April 2020. With resources re-deployed to COVID-19 in March, we were not able to review and validate UTI or SSI at this time in April 2020. With resources re-deployed to COVID-19 in March, we were not able to review and validate the community through its Health Education and Promotion Program. DCHHS health educators continued participation in the Hospital System will be submitting 2019 performance for 36 Category C measures outcomes and 6 Category C benchmarking metrics. We have been able to pull our outcome metrics much easier. Our projects continue to be successful as we have no diabetic service available. Never in the history of Denton County Public Health (DCPH) has there been an audit measure required of the 2.0 revised 1115 Medicaid Waiver. The Category C measures selected for reporting have a significant impact. As an unanticipated event, the provider's DSRIP team has continued to focus on DSRIP core activities such as Emergency Preparedness. As an unanticipated event, the provider's DSRIP team has continued to focus on DSRIP core activities such as Emergency Preparedness. As an unanticipated event, the provider's DSRIP team has continued to focus on DSRIP core activities such as Emergency Preparedness. We refine our service delivery models and processes to positively impact our alignment with the CCBHC model. We have expanded our health center, to connect patients presenting to the hospital without a PCP to medical homes. TH Dallas works to reach the goals for the following: F1-105, F1-226, F2-224, F2-229, L1-225, and L1-231. We were not permitted to represent City Hospital at White Rock. City Hospital (aka Doctors Hospital at White Rock Lake) is a 218 bed, acute care hospital.

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ntinues to manage chronic diseases with the use of an NP with successful outcomes. With support of the Caring  
art Failure, High Cholesterol, and Hypertension. We offer education in a one on one setting, group setting, and l

i and reduce the cost of care while improving patient outcomes. In the most recent RHP Plan Update, UT Southv  
e the Provider Summary Report for UT Southwestern Medical Center at Dallas (126686802).

ties. Please see the Provider Summary Report for Tarrant County Hospital District dba JPS Health Network (1266  
efficiencies and support sustainability through common practice processes across participating provider hospita

this time in April 2020. With resources re-deployed to COVID-19 in March we were not able to review and valid  
this time in April 2020. With resources re-deployed to COVID-19 in March, we were not able to review and valic  
this time in April 2020. With resources re-deployed to COVID-19 in March, we were not able to review and valic  
ired this reporting period. Category C: For DY9 April 2020 Round 1 reporting: MEASURE 108: Childhood Immuniz  
better care, create higher expectations of how we care for our patients, improve the quality we provide, and be  
s: K2-287 Documentation of Current Medications in the Medical Record: It was decided to move to Sampling for  
etes, congestive heart failure, hypertension, and high cholesterol. The majority of patients are referred from the  
Congestive Heart Failure, High Cholesterol and Hypertension as well as INR patients. We offer education in a one  
congestive heart failure, hypertension and high cholesterol. The program has been without an NP for the first c

re to the residents of Tarrant County in the most appropriate setting. MHMR continues to align with the Certified  
is an anticipated event, the provider DSRIP team has continued to focus on DSRIP core activities such as Emerge  
nty Medicaid and Medicaid-eligible population according to 2009 population statistics was 38,916 residents. Th  
i. Category B was not reported during DY9 Round 1 reporting in accordance with the April DY9 reporting compar  
nts are enrolled in the Stanford Disease Self-Management Program. All of these enrollees attended the traditior  
dents of Fort Worth and surrounding communities in Tarrant County, Texas. The network includes John Peter Sm  
ninants of health that affect a wide range of overall health, functioning, quality of life outcomes, and risks. (Healt  
s, congestive heart failure, hypertension and high cholesterol. The physician assistant serving the patients contin  
stive heart failure, hypertension and high cholesterol. The program moved into a larger, expanded and remodel  
es, High Cholesterol and Hypertension. We offer education in a one on one setting and group setting. Since COV  
tes, High Cholesterol and Hypertension. We offer education in a one on one setting and group settings. A comn  
ditionally, TH Huguley provides a small HELP program for uninsured individuals aw well to provide chronic disea  
019 March 31, 2020 Current Progress During the first half of DY9, The University of North Texas Health Science Ce  
i and reduce the cost of care while improving patient outcomes. In the most recent RHP Plan Update, UT Southv  
t to physicians practicing in the community. The operations of the clinics are comprised of 29 primary care and sp  
-105, M1-147 and M1-160. Since the October report, we have seen sustained improvement for all three, and wil

r service area. We have continued to meet this goal in DY8 with the application of Measure M1-147 and M1-160  
s during the period through strategic planning for the management and operations of the only medical clinic and  
hospital is in the final stages of construction for a rural health clinic, scheduled to open late August of 2020. The  
s and nursing staff. Through our quality assurance program we were able to monitor the advanced directives ed  
lin Medical Clinic. Our hospital was a 25-bed hospital and was certified as a Level-IV Trauma Center designated E  
nts on tobacco cessation, pneumonia vaccinations, and advance directives to improve these areas for the health

ble Events and HCAPS. We start working on Category C reporting right after the first of the year by collecting the

purpose to deliver the appropriate care to our patients in the appropriate setting, all the while being mindful of

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rounding counties with over 300 births per year. This service line provides labor and delivery as well as newborn care. Category B was not reported during DY9 Round 1 reporting in accordance with the April DY9 reporting comparison. Residents are scheduled to finish residency in June and begin practice at the Hospital- owned Rural Health Clinic in July. The clinic opened on August 1, 2018. We have lost patients due to the new clinic being out of network and the credentialing process initiated by HHSC. The process that was used for Category C in October DY8 reporting was continued for April DY9 reporting. The biggest challenges for this round have been staff turnover and extracting data from a new

SC conditions. Our core activity continues to focus on connecting ACSC patients with a primary care provider who referral is given for individuals who have an unhealthy BMI or who are tobacco users. They also refer to our Peer 7 (baseline) and DY8 (performance year) and DY9 (performance year) reporting periods. We chose category C (K for pneumonia vaccination status for older adults is reported at 80.72%, PY1 achievement was 82.76%, and PY targets rise and achievement milestones become more difficult to meet, we rely heavily on regular performance as well as for Cat D. We continue to work on our core activity to expand practice access, we have seen growth in Coordinator. Again, we have met all of our performance goals and have generated a plan to continue to enhance primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for performance year (DY). GPCH continues to see positive impacts with our patient outcomes through DY9, particularly recruiting a new OBGYN and he started seeing patients in our clinic in April 2016. Our General Surgeon started in

I teaching presented to the nursing department and provider base, without much to any turnover this year in fr  
rs documented their conversations about Tobacco Cessation and Advance Care Planning, and we saw that in the  
MLIU% of our total patient population. We continually meet with our physicians on the proper documentation r  
quality metric goals. Effective April 1st of 2020 we moved care coordination efforts, from throughout our system,  
nary care, particularly at our HPSA clinic location. Since inception, not only have our overall primary care visits cc  
ment instructions in order to satisfy Semi-Annual Reporting requirements. The report is an executive summary  
ment instructions in order to satisfy Semi-Annual Reporting requirements. The report is an executive summary  
ervention for patients 18 years and older, pneumonia vaccination status of adults 65 years and older, and adva  
etrical services in December 2017. Since 2017 was the baseline year, the decrease in population, primarily OB, sk  
liatric hospital safety bundle still exist do to low reported baselines which leave little room for error. As an organ  
improve patient quality of care. With staff engagement we continue to increase metrics. Our patients receive cc  
31/2019: Ochiltree General Hospital's selected and approved DSRIP projects for the above-referenced reporting  
project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings have been h  
ehab, continues to work on preventative care measures to meet our performance goal and improve the health c  
through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings have  
s in Cat C through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meet  
ist, charge nurse, case manager, social working, therapy department, dietitian, CNO, and ED director. The care te  
vement on this metric due to workflow changes made in our ED. This will be our final metric to report on as, last  
s projects over the years have expanded healthcare services to our rural community, an area that without the 1  
Cat D for DY9 Round 1. Cat A ☐The core program Chronic Care Management does not have any reporting this rou  
strives to meet and exceed the goals established in each reporting category to help accomplish the initiatives Tri  
and is striving for improvement in Bundle C1 Primary Care Prevention ☐Healthy Texans. By offering screening and  
e through DSRIP. We believe our record of achieving our DSRIP measures, along with positive outcomes in other v  
ctivity in our Category D template. Our Category C activities in Bundles E1 and G1 are reported in the Category C  
IP activities. Please see the Provider Summary Report for Lubbock County Hospital District dba University Medica  
tion in the 1115 Medicaid Waiver. During this April 2020 Reporting, West Texas Center is not required to report  
r in Denver City, Texas and the Plains Clinic in Plains, Texas. It is out of these two clinics that our medical provide  
Under Served, Healthcare Professional Shortage Area with an estimated population of 10,448 (US Census Bureau

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r service area. We have continued to meet this goal in DY8 with the application of Measure M1-147 and M1-160 Sexually Transmitted Disease (STD) Clinic to the citizens of San Angelo, Tom Green County and the counties surrounding Cat C through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings which work on different aspects of the waiver and then come together as needed and during reporting. We are investing more and more dollars into improving our abilities to report outcomes. We are in the process of hiring a physician, we now have one Physician and two midlevel providers. We have made the decision to close the Community Center to reduce tobacco use and utilizing telemedicine for mental health services in our system of care. MHMRCV continued to have identified another area in our system we can utilize for reporting on the K1-105 measure. We did not meet our goal for this measure for PY2. Our community. Our outpatient Physical Therapy Department has steadily increase activity each week. Our Pharmacy. We are licensed for 25 beds: 22 acute inpatient beds and 3 OB beds. Although we are a small facility, we still have a goal for 2023. During the initial waiver period we began projects to provide integrated primary care and specialty behavioral health services in Cat C through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings to improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings to provide a reflection of the data we pulled for this timeframe. We did not meet our goal for this measure for PY2. However, our care. Lack of health resources and healthcare professionals is an ongoing concern for Shannon and other providers.

ject and plans in Cat A. For Cat A, two Quarterly Preferred Management System Wide Meetings have been held with the Presidents of the Permian Basin. During 2019, ECHD made a lot of forward progress with improving its reporting function to the Health Agency. We have been providing services to Martin County and surrounding Counties for over 75 years.

r community. We continued our planning efforts towards developing a more integrated health network in Mic  
courses for diabetes (type 1, type 2, and gestational) with improving outcomes for patients and lowering of A1c'  
'9. During the initial waiver period we began projects to provide integrated primary care and specialty behavior  
easures. The diabetic foot exam has been a struggle because we have a podiatrist on staff but many of our prov  
tober 2020 reporting period. Due to the Public Health Emergency (PHE) we are focusing staff resources on deliv  
ation health outcomes through the utilization of technology and a cross functional DSRIP team that includes our

Department of Public Health (CEDPH) to implement the Medicaid Waiver Program that would expand health services. Published several committees related to improving patient outcomes. Using a multi disciplinary approach has been metrics as well as the 39 outcome measures as reflected by the CY2019 Category C submissions. Foot Exams for the previous reporting period). Category C: The provider is reporting 100 percent achievement for 11/16 measures reporting on DY8 CAT B carry forward, CAT D, and CAT C measures from A2, B2, E1, D3, and J1 Measure Bundles. Provides adult services to the community of El Paso, Texas, which has a population of about 684,000 (2017). SPEN provides pediatric services to the community of El Paso, which has a population of about 684,000 (2017). Approximately 40 and supporting DSRIP goals to: increase access to health care, improve the quality of care, and enhance the health provide excellent quality care to all individuals in our county. Increasing compliance in our patient population by all Counties Services commits to provide and/or partner with other area agencies to address these needs. Specific specialty care clinic, as well as a skilled nursing and assisted living group located in a health professional shortage participating in the stakeholder feedback partner engagement process. We also updated our core activities and saw overall improvement in PY2 throughout the measures as we continue to focus on physical health and wellness-based deficiencies and support sustainability through common practice processes across participating provider hospitals and campus. The category D statewide reporting measures have provided our team with better understanding of how to continue to apply rigorous quality control measures to all data processes and has corrected data issues to ensure all Twin City Mission, Lincoln Center, Project Unity, and the Prenatal Clinic to provide free flu vaccines. These locations: trauma level III, private hospital located in the City of Conroe. HHH Conroe has a primary service area that includes

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5103. M1-147-Provider currently trending at 75% of this goal with a rate of 0.7505 relative to a goal rate of 0.78 current outcome tracking methods. This consists of more detailed documentation describing the nature of efficiencies and support sustainability through common practice processes across participating provider hospitals. The Health Center is now CHI St. Joseph Health College Station Hospital. Due to the acquisition and staffing changes, DSRIP Transition Team to provide care coordination to the DSRIP eligible population, which would result in the reduction of (The Woodlands), now CHI St. Luke's Health - The Woodlands Hospital (SLWH) continues to focus Core Activity of the individual project interventions started as part of DY2-6 DSRIP, focusing many components and resources on transitioning our health care services and improving our data collection methods. Patient compliance is always a challenge. During the DY8 Reporting Period, HMH will be reporting achievement for all Category C Measure Bundles (C3: High-risk clinic sites, one that opened in 2012 at the Baylor Scott & White Medical Center McKinney campus and a new

word (EHR). This transition (from Cerner to Streamline) was a significant challenge to our staff. New workflows have

expanded health care services to individuals in North Texas, and specifically in RHP 1, 18 and 19, by initiating seven additional units is the Health Center of Helping Hands (the clinic), a 501c3 corporation that is not affiliated with or contracted with any efficiencies and support sustainability through common practice processes across participating provider hospitals. The Indigent HealthCare Program, and two local non-profit health foundations (Texoma Health Foundation and Webb County Health Foundation) and reduce the cost of care while improving patient outcomes. In the most recent RHP Plan Update, UT Southwestern

progress in documenting the required screenings has been good. Clinical staff will always complain that there are too many measures. We have achieved all measures in bundles A-1, A-2 and C-1 for the second consecutive year. Our Core Activity in the ER by the end of 2019 we were able to achieve PY1 and PY2 goals on our contraceptive measure, our post-partum follow-up, and our E.H.R. system in our ER and Acute setting. We have made good progress with data collection efficiency and strive to improve our processes. Most measures rely on implementing screenings for tobacco/ alcohol use, depression and suicide risk. Our Savings Analysis and found a forecasted savings for other entities outside of the FCH system, including Medical Center of El Paso

identify areas where there is a need for internal education as well as patient education materials. We are confident that at our clinic we have two nurse practitioners and a new Family OBGYN doctor and are planning to add another OB/GYN. We are working toward accomplishing the milestones and metrics of our DY9 project goals. During the first half of DY9, we have achieved 14 bundle points for the following items: Foot Exam, Blood Pressure Control, Hospital Admissions, and Palliative Care as focus areas to improve performance measures and the health of our target population. During the second half of DY9, we achieved 14 bundle points for the following items: Foot Exam, Blood Pressure Control, Hospital Admissions, and Palliative Care as focus areas to improve performance measures and the health of our target population. During the first half of DY9, we achieved 14 bundle points for the following items: Foot Exam, Blood Pressure Control, Hospital Admissions, and Palliative Care as focus areas to improve performance measures and the health of our target population. During the second half of DY9, we achieved 14 bundle points for the following items: Foot Exam, Blood Pressure Control, Hospital Admissions, and Palliative Care as focus areas to improve performance measures and the health of our target population.

For April will be data from 1/1/19-12/31/19. M1-103: Controlling High Blood Pressure For M1-103: Primary Care for

preventive services as well primary care within the County of Webb. Our clinic and preventive services offer a safe

period of DY9, we achieved 14 bundle points for the following items: Foot Exam, Blood Pressure Control, Hospital Admissions, and Palliative Care as focus areas to improve performance measures and the health of our target population. Due to the unexpected pressures of the COVID-19 virus on all staff resources and its impact on our facility, we de



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health of the region has been identified as a primary imperative and aligns with assessed needs of the region. Models are designed to save health care costs by implementing early interventions such as crisis services, expanded October reporting period as we do not have a carryforward CAT C: Athens is reporting 100% of all the DY8 measure

CAT C: We are reporting achievement for the following DY7 carry-forwards: 25% C1-113, 100% C1-147, 100% C1-150. Mission statement: To extend the healing ministry of Jesus Christ. Our main challenge is still the need for additional

that is not associated with Freestone Medical Center has moved his practice to a larger market in another county. The diabetes measure bundle. A medical home in the community is essential for a diabetic patient to improve and manage their condition. CAT C: We are reporting DY7 carry-forward achievement for C1-113 (25%) and C1-280 (75%). We are forfeiting C1-105, C1-147, and C1-269. Objectives include expanding primary care, providing ED Navigation services, improving patient engagement, and addressing the underserved and uninsured population. CAT C: We are reporting DY7 carry-forward achievement for C1-280 (100%). We are forfeiting DY7 C1-105, C1-147, and C1-269.

and several items in pulling data improving the determination of the correct financial class. As with everyone, as time goes on, we will continue to improve. Community. The Center aligns with NET Health's overall DSRIP goal to reduce health disparities in Smith County by increasing access to primary care. The Paris-Lamar County Health District is currently utilizing Community Health Workers and Nurse Practitioners. CAT C: We are reporting achievement for the following DY7 carry-forwards: 100% C1-105, 100% C1-147, 100% C1-269, and 100% C1-280. CAT C: We are reporting achievement for the following DY7 carry-forwards: 100% C1-147, 100% C1-269, 25% C1-113, and 100% C1-280. Measures were chosen to better understand the physical health and substance use concerns of our SMI population. As part of CHRISTUS Trinity Clinic (CTC), we are engaged in weekly meetings to review our status on these and to develop strategies to improve recruitment at our primary care and specialty care clinics, but have faced challenges in volume most recently due to staffing shortages. CAT C: We are reporting achievement for the following DY7 carry-forwards: 100% A1-111, 100% C1-105, 100% C1-147, and 100% C1-280. We have improved clinician experience. DSRIP allows UTHSC the opportunity to provide its patients with better access to care and education relative to lifestyle modifications and/or medicine adherence for clients who have a pre-hypertensive condition.

rehabilitation care, Emergency Services, Surgical Services, Women & Children's Services, and Emergency Services. Baylor Scott & White Health. A significant effort has been made since DY8, Round 2 towards vertical integration of our DSRIP quality metrics (March 17, 2023). This was a large undertaking and demonstrates that Burke is designated as a CCBHC in Texas. Baylor Scott & White Health. St. Mary is a short-stay surgical center, and provides outpatient and emergency department services, cardiology, and behavioral health services, based on a team-care approach. There is also more focus on engaging the patient's participation in treatment and decision-making. With the addition of these services we are better able to provide for the community and they will continue to grow in both Lufkin and Livingston facilities. Throughput challenges were anticipated due to the newly enlarged ED in Livingston. Similar to 2019, healthcare providers have been added to the provider system in hopes of increasing the patient volume. The following have been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS, and the 2019 MIPS. We had substantial damage from Tropical Storm Imelda. We had damage to 19 buildings, had to replace 30 vehicles, and had damage to those of mental health, substance use, and IDD (individuals with developmental disabilities). The DY8 reporting period was impacted by the damage from Tropical Storm Imelda.

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reported in October during round 2 of reporting. Staff continues to provide patient education targeting tobacco and multiple interventions across the system using a mixed centralized and decentralized approach, which is all

patients without a primary care provider. Patients are assisted in finding follow up care and an assignment to a primary health. According to the social determinants of health model from Healthy People 2020, health is often influenced

are sensitive condition ED measures. Additionally, Southeast has been challenged in achieving its post operative and selected a new individual to manage the DSRIP initiatives at the facility. With such a significant amount of continuous quality improvement of our services, and through the partnerships (internally and externally) we leverage to provide clinical support and patient consultations by a pharmacist after hours and on weekends to reduce medication

changes that have been recognized, discussed and needed for many years. The need for appropriate health care and

is unnecessary or duplicative services and builds on the accomplishments of our existing healthcare system. It is concerning, the Harris County Public Health (HCPH) system encounters first hand core regional issues outlined in the signs or symptoms or patients at high risk of readmission. The tools are incorporated into EPIC, the electronic medical team that focuses on ongoing process improvement efforts to ensure positive changes to the community. The personalized and outcome-oriented experience across our more than 300 care delivery sites. These efforts continue personalized and outcome-oriented experience across our more than 300 care delivery sites. These efforts continue with software company as well as hiring a Clinical Coordinator that drove objective compliance. Both of these address or symptoms or are at risk for readmitting to the hospital. The tools are incorporated into EPIC, the electronic medical which made it much easier to monitor and track quality efforts and drive process changes and education where necessary. Gulf Bend Medical Center is a 231 bed hospital system, which includes over 400 physicians and 1200 employees on staff. In 2017, Rice closed its Maternal Department (June 2018) and Wallis Clinic (July 2019). Due to the closure of the Maternal Department of DY6. Please update the online system and other reporting documents to reflect this change. Provider reports for H2-319, H2-405, and H2-510; SJMC met 100% of PY2 goals for each of these measures. Due to COVID-19 pandemic and Hospital Readmissions and Measure Bundle J1 - Hospital Safety. Category A For Measure Bundle B1 - Care Transitions. Individuals receiving treatment in the local community closer to family and natural supports but the crisis center is re-evaluating these delivery system reforms also aligns with the Institute for Healthcare Improvement's (IHI) triple aim, to improve the quality of healthcare, 2 are tracking access to psychiatric care, and 6 are tracking substance use intervention strategies. Measures below CY19 goal for achievement and eligible for carryforward. MD Anderson is not seeking provisional reporting cycle. The patient-centered, care coordination approach implemented by our clinical teams during DSRIP 1 in areas of Austin and San Antonio from the northwest to the southeast. The counties served by BTCS span four counties and screening med/surg patients for sepsis at Spohn's Kleberg provider facility. Spohn identified Sepsis as a critical

In April 2014, Spohn recruited an additional Nurse Practitioner, a Licensed Vocational Nurse, and additional support for a new Family Health Clinic (FHC) and employment of clinic providers and staff to support operations five days per

and United Connections Counseling (UCC) to provide our substance use disorder services. We will be reporting on CCMC selected four Measure Bundles, had seventeen measures for DY7 and DY8, and has added two new measures to align with the FHQC, a PCP, address prescription needs, transportation, SNAP applications, Medicaid applications, and

the goal of adding access to care to residents of Victoria and surrounding counties. There was a significant and pervasive health problem (HP4). We are continuing to work towards achieving Category C goals and expectations for each performance year

of care in order to enhance our service delivery. Gulf Bend Center continues to establish collaborative relationships

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aged from year to year. We believe that we have accomplished this task and have in no instance discriminated ag

I surpass our All Payer baseline but fell short for our MLIU baseline. Our Preventive Care & Screening for Tobaccc people as well as our neighboring counties such as Kleberg, San Patricio, and Jim Wells. CCNCPHD has the poten : which allows for BMI education as soon as identified by the medical staff. Staff provide vital signs to include gluc e process during this round. We have also experienced a decline in available resources to due to the COVID pan to care, and to increase patients use of primary and preventative care. The CHRISTUS Spohn Hospital Memorial - ialists in all of the target specialties and now have great positive patient impacts as a result. We have added phy

over 35 specialties, a 24-hour emergency room, a Level III Trauma Center, comprehensive cardiovascular care, a ents 25 specialties and together, with the hospital state of the art equipment, provides our community with hig is being made towards completing the QPI metrics for Category B. DHR Health continues to expand services thro

have been proactive in monitoring and controlling patients A1C levels, completing foot exams, monitoring blood ants. In November of 2019, we attended a public stakeholder meeting with hosted by our anchor. At this meeti naging center. Our hospital is ready to provide health care services to its approximately 68,000 residents living ir ental illness. TTBH Behavioral Health Outpatient Services enhances quality of life by empowering clients to achie Y 8 period, both clinics served a total of 33,187 patients, and 85.9% were MLIU. The Category C measures report ding access to and improving quality of care in the region. UTRGV became the sponsoring institution for two exis Family Health Center (Hope Clinic). In the DY 8 period, both clinics served a total of 18,275 patients, and 91.4% v afety Grade which is a national recognition for being one of the safest hospitals. Additionally, Baptist was rated as n areas of Austin and San Antonio from the northwest to the southeast. The counties served by BTCS span four a summary of accomplishments for DY9: Maternal Safety o CHofSA successfully achieved its DY8 target for its ( y of accomplishments for DY9: Maternal Safety o As shared in October 2019, despite making significant progres :able due to the hundreds of Medicaid and low income/uninsured individuals, who have benefited from improve grams. Although data is being captured by the new system a critical issue that has surfaced which affects our 11

on DSRIP Category C (CAT-C) measures, Patient Population by Provider (PPP) and PPP Medicaid Low-Income Uni that present to the ER department. Through the Nurse Advice Line, the nurse does education and sometimes th mission is what we base all our decisions upon. FRH is the only hospital that serves in Frio County and is a resou nformation or follow-up. In October 2019 we submitted our Cost & Savings Analysis and are currently in the pro n CIO to support the ongoing outcome reporting and increased technical requirements. DY 9-10 will bring losses k forward to the transition to DSRIP 3.0, wherever that may take us. This transition was made more difficult due t identifying individuals requiring screenings and improved referrals and follow up. A grant was previously receiv 6 in PY1 to .2883 in PY2. 12-151 Methodist also achieved its PY2 Goals for administration of Antenatal Steroids. (

orting period may have different results as we needed to move toward Telehealth for some visits secondary to th WGH will continue to use patient navigation resources (in-house and community) to track over-utilization but w s and collaboration with other stakeholders along the continuum of care. Focused efforts are ongoing to improve y providing behavioral health and substance use services and treatment to children, adolescent and adult popul analyses- Tracking and evaluating the impact of COVID-19 - Collaborative activities: attend RHP 6 Monthly Webin jor impact on our entire practice plan and affecting deep engagement of both our primary care providers and th n the DSRIP reporting tool. A synopsis of current progress, activities conducted, findings, and outcomes achievec e quality of care; and (3) improve population health. With the continuation of DSRIP, VVRMC Senior Leadership t started in January. Due to the impact of the COVID-19 pandemic and the associated decrease in volume at our

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nced this work in DY9 through the integration of data analytics and population health driving the expansion of s  
 n areas of Austin and San Antonio from the northwest to the southeast. The counties served by BTCS span four  
 ncourage and monitor patient compliance and self-management to improve health outcomes and help reduce p  
 significant maintenance. The department has developed a council of employees that work toward standardizing  
 among the CCC®-contracted providers to update clinical protocols and E.H.R. systems to identify and provide pat  
 n CIO to support the ongoing outcome reporting and increased technical requirements. DY 9-10 will bring losses  
 d data issues to ensure all reported performance complies with measure specifications and is an accurate reflect  
 ure all reported performance complies with measure specifications and is an accurate reflection of clinical pract  
 outcomes. As noted in previous reporting periods, St. David® South Austin Medical Center is continuously workin

ea and has a population of approximately 327,000 residents (DSHS Health Facts, 2013). The BCPHD provides services in areas of Austin and San Antonio from the northwest to the southeast. The counties served by BTCS span four counties including Llano. It is affiliated with over 600 physicians and provides care in 28 different specialties including internal medicine. Central Counties Services has established integrated health models to assist in helping patients navigate the system. We are reporting achievement for DY8 Category C during this reporting period (Round 1 DY9). Both of these models have been successful. The Director of the Greater Killeen Community Clinic has started her new role. SMCHHH looks forward to working with the new CIO to support the ongoing outcome reporting and increased technical requirements. DY 9-10 will bring losses of services to meet an individual's comprehensive needs outside of the ED. The Care navigation staff are available

clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to focus c  
ls and clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to  
d clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to focus  
ure all reported performance complies with measure specifications and is an accurate reflection of clinical pract  
d a collaboration with the Williamson County & Cities Health District (WVCHD) to create a network of local clinic  
Activities, and plan for reporting. Our proactive approach to performance is yielding benefits. Our DSRIP team (v

clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to focus on the RHP for the period 1/1/2020 and has withdrawn from DSRIP for DY9 and DY10.

WH as a system with providers participating in DSRIP projects across several RHPs, continued to focus on preventing team consults with various teams to learn workflows in order to ensure we are able to capture all relevant data. Our resources re-deployed to COVID-19 in March, we were not able to review and validate results of the measure. Our immediate results of the measure. Post-Op Sepsis continue to be a challenge. We had 8 post op sepsis infections, an increase in late results of the measure. Our most challenging area was in patient falls. We had 27 falls in PY2, which is an increase from PY1. We reviewed and validated results of the measure. Post-Operative Sepsis rate did improve and meet goal in PY2 as we had 6 infections compared to 8 in PY1. We have been participating in community events (such as health fairs) and conducting presentations. So far in DY9, we received requests for baseline and 7 PY1 corrections. We will be reporting Category D in DY9 Round 2. We will be submitting the Cat B TQM project and a benefit to both our clients and our community. Denton County MHMR has made a significant shift in service delivery to provide an opportunity to serve the, low income, uninsured (LIU) such as this. DCPH has two DSRIP projects, the Comprehensive Care Model and the Patient Navigation Project. Both have been achieved for performance year 2 and will be successfully reported during this DY-9 first round period. Lallier's role includes managing the Community Department patient navigation and chronic disease education while continuing to test innovative interventions. The Community Department patient navigation and chronic disease education while continuing to test innovative interventions. The Community Department patient navigation and chronic disease education while continuing to test innovative interventions. We have implemented agency wide Trauma Informed Care as required for CCBHC as well as developing new processes for referrals. We have referred uninsured, underinsured and Medicaid patients with chronic disease to a primary care provider that will manage their care. We support for innovative measure F1-T03. We did not exceed the goal of F1-227. We explained that the main campus clinic is located at the UT Southwestern Medical Center campus in East Dallas, Texas. Its primary service area serves a population of approximately 718,000 with a

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Clinic team, the patients receive intensive education and support with all aspects of issues with social determinants of health. We have a Facebook live. We have lunch and learns to teach patients how to cook proper, nutritionally appropriate meals'

Western Medical Center requested and received approval to add the E2: Maternal Safety Bundle to existing bundle 75104).

Is and clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to

late results of the measure. Post-Op Sepsis continue to be a challenge. We had 7 post op sepsis infections, an increase from 2018 to 2019. Our most challenging area was in patient falls, we had 78 falls in 2019, an increase from 65 in 2018. Late results of the measure. Post-Op Sepsis continue to be a challenge. We had 17 post-op sepsis infections, a decrease from 2018 to 2019. A patient's Condition Status (CIS) is being reported at an MLIU performance rate of 39.48% over PY2 goal of 36.89%, resulting in a more efficient use of resources so we can lower cost of care for our patients. We continue to participate in a few programs to improve this measure due to Quality department restructures and staffing changes. With the number of ED visits per year decreasing, we have a care transitions team within the hospital. With the closing of the transitional care clinic and the senior clinic, it is now all in one setting and group settings. Since the COVID-19 pandemic began in Texas, we shifted to visiting with our patients in the quarter of this year. One has been hired and credentialing is in progress but has been slowed by the pandemic. (

Community Behavioral Health Clinic (CCBHC) model, utilizing national and state agreed upon elements to improve Emergency Department patient navigation and chronic disease education while continuing to test innovative interventions. These residents are at risk for utilizing the Emergency Department for non-emergent services due to lack of Primary Care. Category B carryforward reporting for DY8 was not needed due to reporting fiscal year 19 MLIU PPP data during a six-weeks workshop or participated in the Self-Management Resource Center approved tool-kit in a box that was delivered to the hospital. With Hospital, a 573-bed acute care hospital in Fort Worth, home to the county's only Level I Trauma Center and one of the most underserved people (Thy People, 2020). We continue to develop our process to effectively navigate uninsured or underinsured individuals to provide education and chronic disease management for a very difficult patient population in rural Stephenville. We have created space within the hospital to allow the program space for growth. The program has continued to see patients with ID landed in Texas shifted to visiting with our patients via phone calls in order to keep these high-risk patients out of the hospital. A community health worker has been added to provide individualized education and social determinants of health support for chronic disease management, self-management education and social determinants mitigation. Outcomes have improved by 25% in the last year. The center (UNTHSC) continued to implement DSRIP Core Activities across 10 clinic settings. UNTHSC is reporting PY2 results. The Western Medical Center requested and received approval to add the E2: Maternal Safety Bundle to existing bundles for obstetric specialty providers and surgeons with various locations of operation. Due to lack of use, the decision was made in February to not report achievement of PY2 measures. In February we submitted our evidence to HHSC to become a Certified C

I. We are reporting achievement for DY8 Category C during this reporting period (Round 1 DY9). Both of these measures were achieved at the RHC in Dublin, TX, as well as planning for the startup of a new nonprofit retail pharmacy adjacent to the Dublin hospital was successful with recruitment of 2 nurse practitioners and one physician that are currently practicing tobacco cessation education, smoking cessation education, and pneumonia vaccine compliance in real time on a month to month basis. The clinic was previously certified as a Rural Health Clinic by the State of Texas, but that certification was given up as of 01/01/2019. Our clinic is a Provider-Based Rural Health Clinic serving the needs of our patients. Baselines for all three measures were reported in October 2018 and PY1 was reported.

e reports for each of the measure bundles, then where necessary we go through the EMR and pull out the data l

the quality of care we provide. Our DY7 and DY8 goals and beyond are to educate our patients in how to better

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n care for a high population of patients who fall in to the Medicaid, Low income, or Uninsured category. We ant  
ion. Category B carryforward reporting for DY8 was not needed due to reporting fiscal year 19 MLIU PPP data d  
One of the residents is currently finishing residency at the Rural Health Clinic under the Texas Tech Rural Reside  
cess not being as stream-lined as it should be. Every payer requires similar but different information on similar,  
orting. The quality team manually went into each chart to determine if the Tobacco Use: Screening and Cessation  
/ EHR system--the fourth change since the beginning of DSRIP in Texas. This is especially challenging for measure

ere possible. We did not achieve our DY9 Cat C B-242 or B-392 measure goals. In our chronic conditions (B2-242  
-run whole health groups for support services. We are a year and a half into implementing a new electronic hea  
(2-287, K2-355 and K2-359) because we wanted to improve our rural emergency care efforts and provide quality  
2 achievement was 88.10%. Baseline for tobacco screening and cessation intervention was 94.77%, PY1 achieve  
monitoring and monthly huddles to discuss issues and strategies, share knowledge, and celebrate the processes  
our volumes with this, but we continually fight staffing needs for the weekend clinic coverage. On Cat C, we hav  
e coordination between primary care, urgent care, and Emergency Department to improve care transitions for  
atient. Our new electronic health record has an Interfacility Transfer note which allows nursing staff to determin  
larly as GPCH implements its new measure bundles, where GPCH is given an opportunity to positively impact m  
March 2014. He had a total of 89 visits from October 1, 2016 to March 31, 2018. The OBGY started in March 31

ont line nursing staff. We were able to meet goals for measures, K2 355 and K2 359. For K2 359, we were grant  
e data we were able to pull. In 2019, we lost a long time Nurse Practitioner at our clinic which pulled some of our  
outes to help with our data collection. This has been another challenge but we feel they are making more effort  
under one department. This change was made to begin a standardized approach to ambulatory care coordinatio  
ntinued to grow, but so have the volumes of our Medicaid and Low Income Uninsured (LIU) visits. We have also  
of Sunrise Canyon Hospital (SRCH) progress, activities conducted, findings and outcomes achieved during the re  
of StarCare progress, activities conducted, findings and outcomes achieved during the reporting period. StarCar  
nce care planning on patients 65 years and older. We were able to pull all of our data this year (DY9) by the sam  
ewed our numbers in 2018. Going forward into 2019 and 2020 we have seen our "new normal" population sett  
ization, we continue to prioritize DSRIP initiatives to create the safest environment for our patients while delive  
ontinued support by our Utilization Review department which is a team of registered nurses/case managers who  
period included: K1-105 Tobacco Cessation 18 and older K1-268 Pneumonia Vaccination 65 and older K1-285 Adv  
ield to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, an  
of our patients, specifically targeting the MLIU population. The preventative measures we are achieving improv  
e been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS, state sur  
tings have been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS,  
am reviews each patient in detail, addressing discharge barriers such as living arrangements, needed medical sup  
fall, our administration made the choice to withdraw from DSRIP due to recoupments and staff salaries. Throug  
.115 Waiver would have not been possible. We are still offering the Medical Advice Line, but are not tracking it a  
nd. This is program is designed to contribute to better health and care for our patients. The program targets high  
ole Aim of improving outcomes for individuals, improving the health of the population, and lowering costs throug  
d follow up services, this core activity seeks to provide comprehensive, integrated primary care services that are  
value based contracts, is evidence of that. As mentioned in prior reporting periods, we attribute our success to th  
emplate. In 2019, the providers and staff in our Women's and Children's Clinics made remarkable improvemen  
il Center (137999206).

on Category A and Category B as these were achieved during October 2019 Reporting. In Category A, WTC prov  
rs operate their medical practices and YCH offered its two DSRIP programs during DY2 -DY9, a telemedicine prog  
u). Ballinger Memorial Hospital (BMH) is a Critical Access Hospital providing Inpatient and Medicare Swing Bed (

## Annual Report

I. We are reporting achievement for DY8 Category C during this reporting period (Round 1 DY9). Both of these mounding it known as the Concho Valley. While the Health Department offers a flat low / no cost fee, it does not ings have been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS. e still working on category A following up with patients after ER visits and now that we have our own clinic, thing n CIO to support the ongoing outcome reporting and increased technical requirements. DY 9-10 will bring losses nity Paramedic Program. We are pushing forward with our Chronic Care Management program. We are utilizin he process in place to screen individuals served to determine whether or not they used tobacco. During prescrib at the K1-105 or K1-268 bundle for the reporting period as a result of new providers within our clinic. We plan to ysical, Occupational and Speech Therapies are available to inpatients, outpatients and also home-bound patients ay very busy providing both inpatient and outpatient services. Services are provided not just for our community al health care and we we maintained these service array expansions as we we transitioned out of project-based mir etings have been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS. nt System Wide Meetings have been held to date: November 11, 2019 focused on HCAHPS, Waiver metrics (prog ever, we feel we have made progress in this area having made the field required to be completed and have increa ders in Region 13. Shannon continues to seek opportunities to transform healthcare in the total population and t

to date: November 11, 2019 focused on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulations surrounding Category C reporting. With HHSC guidance we were able to improve on our A1/A2 bundle metrics. We provide healthcare to all individuals in our community regardless of their ability to pay. During the last several

land that supports communities across the West Texas region. Our population health improvement activities have focused on blood sugar and cholesterol. This is part of our A1 Bundle for diabetes chronic disease management. We are seeing increased use of health care and we've maintained these service array expansions as we've transitioned out of project-based models. Our providers refer their patients to see Dr. Hada (podiatrist) for the annual foot examination. We are providing the best services to our community during this crisis and that limits the ability to do in depth analysis of the clinics and other support departments. This team's mission is not only focused on achieving our DSRIP goals but also on providing the best care to our community.

s beyond traditional fixed-site clinics and increase access to crucial health services for the population of the boro  
ome an integral part of implementing bundles and tracking compliance. The main task force formed, Patient Out  
r Diabetics; Blood Pressure Control for Diabetics and for Heart Failure Patients; Adult Heart Failure Hospital Adm  
es. Of the remaining measures, M1-400 and M1-146 achieved performance rates at or below 50 percent. M1-12  
les. Of the 24 CAT C measures eligible to report, Las Palmas Del Sol is reporting DY8 performance for 17 measur  
1C primary service area serves a population of approximately 331,000 with approximately 41% of SPENC patient  
% of PMH patient population facility wide is Medicaid eligible or indigent. PMH is an active member of the RHP  
h of patients and families they serve. Based on TTUHSC EP strategic goals, capabilities and the region's needs doc  
assuring they are receiving preventative care and education to help them improve their health allows us to meet  
ically, Central Counties Services has established integrated health models to assist in helping patients navigate to  
: area in Coryell County, Texas. CMHS is also a member of the Caravan Collaborative ACO participating in the Me  
strategies to correlate with Category C measure bundles we plan to continue for the RHP DY9-10 Plan Update su  
d initiatives towards our population. In the M1-103 Controlling Blood Pressure Measure we continued to excec  
nd clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to focu  
tracking trends and the effectiveness of our education and other programs as they relate to our facilities have gi  
ll reported performance complies with measure specifications and is an accurate reflection of clinical practice. Si  
ons all have a target population of low income, Medicaid/uninsured clients, including individuals that are homele  
les Montgomery County, Walker County and San Jacinto County (combined population of 549,991) and a second

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11. Under performance appears to be related to training issues of not providing intervention for low BMIs, back community events that MCPHD either participates in, or self-coordinates. The structure of this new process allows st and clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to fo itals and clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued IP administration is currently assessing the DSRIP project, goals, and processes. The former College Station Medi f both acute and chronic ambulatory care sensitive conditions encounters at our main emergency departments. fforts to improve performance and outcomes related to Measure Bundle B1 (Care Transitions and Hospital Readm he TAMP practice population with specific regard to improving diabetic health outcomes. We offer diabetes edu ge in mental health, but staff was successful in educating, treating, and follow-up contact and care to a successfi epatitis C, E2: Maternal Safety, and J1: Hospital Safety) with the exception of J1-218 (CLABSI) and J1-221 (Patient er location that opened in 2018 at the Medical City McKinney campus. At both clinic sites we see an average of 71

ad to be established and new forms and reports created in the new system to track the Category C measures. W

new programs that now are fully integrated into the current array of behavioral health services being provided. cted by any hospital system. Rockwall County government has supported the clinic for many years. Under new lei ; and clinics. BSWH as a system with providers participating in DSRIP projects across several RHPs, continued to fo Wilson N. Jones Health Foundation) collaborated to create a new primary care clinic in Grayson County, Texas. Th western Medical Center requested and received approval to add the E2: Maternal Safety Bundle to existing bundl

oo many clicks in the Electronic Health Record, that it takes too much time.

DYs 7 and 8 was the provision of navigation services. This has proved to be very beneficial to patients and our req ollow-up measure, and our prenatal behavioral health measure. We were also able to achieve the PY1 goal for tir e to improve measure performance. CAT C Summary: K2 287: 100% goal achieved. K2 355: We failed to meet our g along with follow-up interventions and planning when indicated. We continue to operate DSRIP 1.0 projects usir id and other outside payers, over a 3-year time span for our vaccination core activity. Physicians have been expa

ent the overall health and well being of our patients will be positively impacted.

BGYN this fall as well. Our outpatient programs wound care and pain management programs have been a huge l ve continued to provide healthcare screenings and follow-up services in order to increase the incidence of early ing for hospitals like ours, and we are very proud of our ability to remain viable while other facilities are struggl uring DY8, we continued previously implemented processes, below we highlight the summary from each initiati

ollow-ups and nutritional assessments/services provided to the population of clients served have seen an improv

ety net of healthcare to low income, uninsured and undesired individuals as well as high quality healthcare for N

Admissions, ED visits. We continue to utilize two primary resources to see a treat diabetes patients. Our Mobile cided as a facility to push all reporting to October 2020. LMC did upload Category D, PPA, PPR, PPC, PPV and HC/



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1-146, i.e. Screening for Clinical Depression and Follow-Up Plan, was selected to standardize assessment screening and treatment through children's tele-psychiatry, and by integrating primary care into the behavioral healthcare model goals (A1-111/112/115/207 and C1-105/113/147/268/269/272/280/389). We are also reporting 100% of the

.-272, 25% C1-280 and forfeiting C1-389. We are reporting the following achievement for the DY8 measures (100 primary care providers. The addition of a new PCP in August, 2019, and the addition of two mid-levels mid Octol

ity. This has left more patients in Freestone County without primary care coverage. There is a need for review of maintain a healthy HbA1c and blood pressure and the clinic has been successful in improving diabetic outcomes g DY7 C1-105, C1-147, and C1-269. We are reporting the following achievement for the DY8 measures (25% C1-1 roving care transitions, and expanding access to outpatient Behavioral Health. During demonstration year 9, HRN .-147, and C1-269. We are reporting the following achievement for the DY8 measures (100% C1-113, 100% C1-26

me moves on, we find additional tools to update our systems that improve the data. We will continue to do so by providing free, or affordable, resources to address the social drivers of health. Housed in a former fire station other alternative clinical staff working in primary care to assist in following BAT recommendations for monitorin C1-269, 25% C1-280. We are reporting the following achievement for the DY8 measures (100% C1-105, 75% C1- C1-280. We are reporting the following achievement for the DY8 measures (100% C1-105, 100% C1-113, 100% C lation. The goal is to continue to build a comprehensive system of care that can address those concerns in a mor other metrics. Then as a group across almost 20 counties, we discuss ways to improve and how to better accou / related to the pandemic leading to a reduction in force and furloughs impacting providers in our primary care c % C1-147, 100% C1-269, 75% C1-280. We are reporting the following achievement for the DY8 measures (100% A s to care, which greatly impacts not just the community, but the Northeast Texas Region. UTHSCT remains comi e or hypertensive blood pressure reading. Mid-level providers have noted that clients have increasingly become

ISET's Outpatient service lines include Baptist Regional Cancer Center, Wound Care Center, SmartHealth Clinic and measures and program with system level goals and funding. At this time, we are joined with the participating providers. The network continues to enhance and expand its care coordination activities, which is defined as the linchpin of the CCB program. These include cardiac catheterization, maternal child care, and wound care. These two hospitals (collectively referred to as CHRISTUS Health) implement plans, with an emphasis on more education about health conditions. These efforts help reduce the amount of time patients will not have to go so far out of the service area for these specialties which is difficult for some regarding transportation. Following the closure of the Livingston and closure of the Lufkin Assessment Center in September 2018, but staffing challenges were not anticipated. Access to care. When adding these providers to the system, specified training has also been put into place. In 2019, state surveys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates), and completely closed one building, one drop in center and 38 apartment units due to flooding. Our Spindletop project submittal for October of 2019 was fully approved, with no NMI's (other than the NMI blanketed across providers).

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cessation related to current core activities. Review of patient records and education related to pneumonia vaccination allowing us to test the efficacy of the changes and update our PDSA planning accordingly. Clinical leadership stands

nary care physician if needed. The funds we receive through the DSRIP program and the savings we realize by linnced by neighborhood and built environment, access to health and health care, social and community context, e

sepsis measure, given that the number of post-operative sepsis cases is relatively low, Southeast has not been a change in individuals directly responsible for achievement there has been a learning curve. Nonetheless West is fged to achieve desired outcomes and goals. We successfully met our target MLIU PPP within our system for DY8 on errors. Columbus Community Hospital achieved its goal each project year and has been able to sustain the te

nd related services for those with Medicaid or no health care coverage, and low income within the community r

our goal to promote a culture of ongoing transformation and innovation that maximizes the use of technology a most recent Regional Community Health Needs Assessment. Insufficient Access to Care and Inadequate Transpo:al record (EMR), and our social workers receive notifications on appropriate patients falling under the DSRIP me rganizations are focused to the community and improvements to diabetic health.

e to result in national awards and recognition, including being ranked one of the nation's top large health system e to result in national awards and recognition, including being ranked one of the nation's top large health system itions drove our success in 2019 reporting. Due to our EMR system lacking the capability of reporting the measl medical record (EMR), and our social workers receive notifications on appropriate patients falling under the DSRIP ssary. As a result of both the access to data and the efforts of the new quality team at HHH Tomball, it was succo i staff. OakBend Medical Center is the last remaining independent nonprofit hospital in the Greater Houston are: aternal Department, many physicians began serving their patients in clinics closer to an open open maternale under their home region. Please see the Provider Summary Report under RHP 2.

emic, SJMC has delayed reporting on H2-160 and H2-216 until October 2020 reporting. H2-160 requires data from nsitions and Hospital Readmissions BSLMC has continued to expand upon our Primary Driver of Implementing a :educing emergency room visits, length of stay in the emergency room and diverting individuals from jail. The Cris rove patient experience, enhance population health, and reduce the per capita cost of care. Overall, the experier We present performance data on each of the 27 measures at various Performance Committee meetings on a me approval on any measures this round. MD Anderson has five core activities that are related to each of its five (5) L.O and enhanced throughout DSRIP 2.0, allowed us to easily adapt to combat COVID-19. Our 24/7 nurse triage li Regional Healthcare Partnerships (RHPs): RHP 4, RHP 6, RHP 7 and RHP 8. BTCS completes the 1115 Medicaid T al patient safety initiative and initiated a 90 day rapid cycle improvement process in DY2. The target population in

ort staff. Spohn relocated to a new clinic space in DY3, which resulted in a total of five exam rooms (two more th week. Spohn has repurposed its Existing Women's Clinic in Beeville as a new primary care clinic (pursuant to HHS

n our Category C measures during DY9 R1 reporting as well as Category D measures. We participated in an onlin sures for DY9 and DY10. CCMC reported all of its baselines during the DY7R2 reporting cycle, all of its PY1 rates food, medical or DME supplies, housing needs and utilities assistance. The CHW also receives referrals from Case

asive issue of financially impoverished people being unable to obtain medical services from primary care provide ars. Patients served under the Driscoll Health system consist of all payor types with Medicaid and uninsured as tl

ps with our stakeholders to provide meaningful, integrated services, that include substance use treatment and pl

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ainst any population based on their ability to pay for the services they need. DSRIP projects continue to be a stru

o Use & Cessation Intervention did increase above our baseline with Medicaid and LIU giving us 25% achievement of impacting the MLIU population of approximately 55,000 residents with innovative 1115 waiver service processes readings and BMI information the provider and then individuals may get referred to our peer-run wellness clinic, but are confident that this will not hinder our achievement goals in the future. Also, when we looked at Northside Family Health Center successfully accomplished Spohn's goal of providing extended hours to serve the physician services through these programs and expanded options for patients. In primary care, we now have additional

College of American Pathologist Lab, a 30-bed Neonatal Intensive Care Unit (NICU), and an American Diabetes Association quality inpatient and outpatient services. CVRMC has provided comprehensive health care to the residents of Starr County throughout RHP 5 to ensure that all patients, especially the disenfranchised population, receive access to quality care

and pressure and providing education to Diabetic patients and their families. Our goal is to help Diabetic patients and we were allowed to comment and provide feedback on the RHP5 DY9-10 Plan Update. Despite the fact that Starr County, Texas; which encompasses a 1,223 square mile area. Starr County counts with an estimated 37% of the population live their highest possible potential for dignity, independence, and self-fulfillment. TTBH's Behavioral Health Outcomes reported in this round reflect the health outcome of these patients (Category B and Category C Measures have differed from the previous year's residency programs in 2015 and has since opened seven other residency programs. Along with the growth of the Starr County MLIU. The Category C measures reported in this round reflect the health outcome of these patients (Category C measures). We are a 4 Star Hospital by CMS for the first time since the start of the CMS hospital rating program. Baptist celebrates its 100th anniversary of Regional Healthcare Partnerships (RHPs): RHP 4, RHP 6, RHP 7 and RHP 8. BTCS completes the 1115 Medicaid Title XIX Waiver reporting. CHofSA's actual performance rate for E2-150 was 0.2030 compared to its goal of 0.2888. As we move towards its Maternal Safety goals, CSR had to carry forward its DY7 cesarean section metric because it did not have access to critical services from this provider. The core activities have continued to significantly impact a very diverse population. 15 Waiver reporting is the difficulty of generating accurate data for reporting purposes. The reports we are required

insured (MLIU) numbers, and maintained, modified, or implemented new core activities to improve measure performance. Follow-up education is done at the hospital, like follow-up for diabetes booklet. Anything that the nurse might be able to do to other surrounding counties that have limited access to care. Over the years we have established and continued to improve our success of submitting answers to the follow-up questions requested by HHSC. Our focus continues to be on our core activities and to our outcome measure payments; it was unexpected that centers would not be allowed to select new more activities. Due to changes to Electronic Medical Records, changes with our Medical Group and the growth of our Accountable Care Organization, we had to assist in implementation of the Connected in Care program. During the first half of DY9, the provider has not been able to report. Of the eligible deliveries for PY2, 98.62% received the recommended two doses of Betamethasone prior to delivery.

re COVID-19 disaster.

will add aftercare as key component. We are participating with the Southwest Texas Regional Advisory Council (STARAC) to ensure the continuation and quality of care for our patients through enhanced care coordination. To achieve our goals, STARAC has 14 locations within its 84 programs. CHCS also provides primary medical care at five of its locations. CHCS continues to work with its partners and planning to attend the 2020 RHP 6 Stakeholder Forum- Planning for the 2021 Category A Cost Savings Arrangement. Our implementation strategy is led by an interdisciplinary team of both clinicians and administrators. This is detailed below in each of the corresponding sections. CURRENT PROGRESS Current progress is on track towards our goals. Team support has been maintained throughout the years. Their dedication and involvement has been critical for our success. As clinics recruiting and hiring were halted. For the core activity two, utilization of the enhanced patient portal, as well as

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specialty programs to reduce health disparities. Integral Care also placed a significant focus on sustainability by expanding Regional Healthcare Partnerships (RHPs): RHP 4, RHP 6, RHP 7 and RHP 8. BTCS completes the 1115 Medicaid T potentially preventable complications that could require a higher level of care. We have enlisted the services of a data collection and quality assurance and process improvement. We continue to work with developers to create patients with needed preventive care screenings and exams, in addition to behavioral health and pain management services to our outcome measure payments; it was unexpected that centers would not be allowed to select new more expansion of clinical practice. Standard work processes implemented through core activities have stabilized performance. Increased acuity in the patient population has created challenges in some measures, however clinical and quality improvement to improve the quality of care MLIU mothers receive throughout the continuum of care. South Austin Medical

services in the following divisions: Environmental Health/Food Protection, Bioterrorism, Women, Infants and Children Regional Healthcare Partnerships (RHPs): RHP 4, RHP 6, RHP 7 and RHP 8. BTCS completes the 1115 Medicaid T medicine, cardiology, oncology, women's services, and neonatology. CPRMC operates the Cedar Park Regional Family primary providers and avoid unnecessary emergency room visits by providing health screening and intervention measures fall under the core activity of integrated physical and behavioral health care services. During DY8 these measures a new leader to improve collaboration and performance of the DSRIP related effort.

services to our outcome measure payments; it was unexpected that centers would not be allowed to select new more expansion 7 days a week to assist patients in finding primary care follow-up and ensure that patients have access to primary

on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality focus on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality care. Standard work processes implemented through core activities have stabilized performance for most measures that are willing and able to treat this population. The network Round Rock established includes three local clinics which includes our Medical Director, Clinical Services Director, Nurse Lead, Data Analyst, Technical Writer, and Physician

on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality

on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality measures without impacting efficiencies of the clinical team. This challenge is not unique to Children's Health. Data collection most challenging area was in patient falls, we had 287 falls in 2019, an increase from 263 in PY1 and 239 in baseline increase from 2 in PY1. With increase in cases for level 2 trauma follow-up, we have seen increase in immunocompromised increase of 8 from PY1 and Baseline of 19. We do see a correlation with falls and our other measure to reduce CAUTI ZERO post-operative infection cases. In PY1 we have added a new Division CMO and AVP of Infection Control to help reduce tests from more than 36 entities for us to participate in their events or conduct presentations. Accordingly, we projected Total PPP and Total PPP in DY9 Round 2. We continue our work on all Category A Core Activities identified, Managing service delivery this year due to the Covid 19 threat. It is unclear how this will effect service delivery and metrics ongoing Comprehensive Diabetes Care: Hemoglobin A1C Poor Control (>9%). Promoting Diabetic Education and Case Management for Regional continues its service delivery model, which includes an increased number of licensed clinicians and interventions aimed at the targeted patient population. Examples of these interventions include the further integration of programs aimed at the targeted patient population. Examples of these interventions include the further integration of programs aimed at the targeted patient population. Examples of these interventions include the further integration of programs, procedures and policies to align with the CCBHC model. The Center now has an APM in place with Molina and encourage their disease outside of emergent and urgent care settings. HHM provides education opportunities for chronic reporting has impacted the overall achievement of this measure. We also attached Template D which is pay for approximately 38% of our patient population Medicaid eligible or indigent. CH-WR is an active member of the RHP

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ants of health. Lessons Learned: Serving the needs of each individual requires a flexible model to truly engage and while teaching them portion control. Our pharmacist teaches diabetic education classes monthly, to education c

es. With this approval, the team has devoted the past few months to establishing baselines, reviewing workflow

focus on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall

rease from 3 in PY1. With increase in cases for trauma follow-up and growth in oncology services, we have seen  
om 73 in PY1 and 74 in baseline. P We do see a correlation with falls and our other measure to reduce CAUTI/ur  
crease from 20 in PY1 but increase from baseline of 11. With increase in cases for kidney and liver cases with gr  
a 100% quartile payment this reporting period. Outstanding vaccine needs continue to be centered on flu and rc  
Medicare programs, a track one ACO as well as the new Bundled Payments for Care Improvement Advanced pro  
ar, it was more feasible to go this route to better utilize staff time. Going forward, we will continue to do Samplir  
becomes more important to manage patients within the HELP program. A medical assistant was added to assist  
r patients via phone calls in order to keep these high-risk patients out of the ER. The NP works to ensure they ar  
Credentialing should be complete in June and normal clinic operations will begin then. We anticipate volumes to

ove quality, decrease costs and increase patient satisfaction with care delivery by: 1) Improving access to high-qu  
ns aimed at the targeted patient population. Examples of these interventions include the further integration of p  
y Care availability and accessibility as evidenced in the Regional Community Health Needs Assessment as well as  
uring DY8 Round 2 reporting. Fiscal year 19 MLIU PPP was reported at 90.17% and was within the 3.3% allowabl  
was facilitated by our community health workers when a workshop did not meet the minimum required particip  
ly Psychiatric Emergency Center. JPS also operates more than 40 outpatient clinics and 20 school-based health c  
duals with chronic conditions including heart disease and diabetes who present to the emergency department or  
enville. A community health worker was added to provide individualized education and social determinants of he  
on a limited basis using CDC guidelines and separation for safety during the pandemic. The NP and nurse have st  
out of the ER. Our NP works to ensure they are managing their disease at home and have prescriptions for need  
port for the more at-risk patients. Since the COVID-19 pandemic began in Texas, we shifted to visiting with our p  
adding these processes. The COVID-19 pandemic has derailed in person visits at this time, but normal operations  
achievement for 18 out of 25 Category C patient outcome measures during DY9 April reporting. Achievement is  
es. With this approval, the team has devoted the past few months to establishing baselines, reviewing workflow  
August to discontinue the Immediate Care location in Haslet but a new consolidated office which will offer exter  
Community Behavioral Health Clinic and we believe that will be approved soon. We also applied for and were aw

asures fall under the core activity of integrated physical and behavioral health care services. During DY8 these  
clinic. Four providers in the clinic, which is open 6 days a week, serve an area population of nearly 6,000 rural res  
; in a physician clinic owned by EMH which is increasing clinic visits for the carryforward metric in DY4, but not su  
sis. If there was an area that needed improvement we were able to correct it promptly by educating both the nu  
h Clinic, and our EMS service provides BLS and ALS services. We are in Hamlin, Texas, Jones County, serving a 21-  
ed in April 2019. Data has been gathered from our EMR and patient registries in our clinic to include all patients

being requested from the chart notes or attachments in the medical record for a manual chart review. We did a

or their health whether that is through annual checkups, diabetes education, blood pressure monitoring or in the

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icipate that the selection of the Improved Maternal Care bundle represents a real opportunity to make an impact during DY8 Round 2 reporting. Fiscal year 19 MLIU PPP was reported at 90.17% and was within the 3.3% allowable margin for the Rural Residency Program. Provider has continued with the Rural Residency program and has another resident that started in a different form. We are struggling financially due to the decrease in volumes and consequential lost collections. Sepsis, Pneumonia, and Advanced Care Plan were met and addressed. We tracked each patient's status consistently that use rolling or cumulative records. For the most part, our results have been good. We are able to report in

As we saw increases in our self-pay population. Our biggest increases were in asthma, hypertension, and diabetes. With record and during 2019 we encountered some issues in collecting our data. Our IT Director was able to correct patient care to our community and surrounding community patients. Our core activity and goal within our emergency was 95.42% and PY2 achievement was 96.45%. Baseline for chlamydia testing in sexually active women 16 and older that are working well. Regular interaction with all stakeholders promotes continuous improvement and reinforcement. We continue to do well, but some of the biggest issues we face are the manual process of going through each encounter with patients. DHCHD continues to make vast progress in care transitions by implementing case management in the emergency department that appropriate information was provided to accepting facility. The documentation may be sent with the patient to ensure more outcomes. Please see a summary of GPCHD progress for each of the DSRIP categories below: Category A. As of March 2017. We went live with our new EMR in March 2014 and have been unable to get the referral management fully implemented.

ed a shortened and delayed baseline for this measure, and we were able to achieve in PY 2. For K2 287 we are c  
r patient population away but we were able to add two new physicians and replace the Nurse Practitioner bringi  
to get it done. We will continually evaluate progress during the reporting periods.

in across all quality programs however DSRIP continues to be the priority. Our care coordination team includes 1  
been able to decrease our low acuity visits in our Emergency Department. For our Category C Measure Bundle, w  
reporting period. SRCH is a 30-bed institution of mental disease (IMD) owned and operated by StarCare Specialty H  
e is a community mental health center (CMHC)/local mental health authority/governmental entity/public provid  
e process as last year (DY8) via ad-hoc reports whereas DY7 data was extracted by queries. Last year we were u  
le to around 18,000. The decrease in numbers affected our MLIU numbers somewhat, because of the drop in M  
ring quality care. Involvement in DSRIP continues to bring value to Covenant Children's because we have gained  
help patients with their medical needs after discharge. We have been continuously working with our medical st  
ance Directives 65 and older In Oct DY7 reported but had a TA Flag on our K1-285 and had to have a delayed ba  
d regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates and new goal  
ement on are: tobacco use: screening and cessation, pneumonia vaccinations, and advance care planning. The fi  
veys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates and n  
state surveys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updat  
plies, medications, resources to get medications, rehabilitation services, and post follow up care. PRMC has see  
the lessons learned from our DSRIP projects, we continue to feel confident in our ability to successfully serve al  
ny longer. It has been an invaluable tool during the current pandemic in 2020. We have continued to advertise a  
risk patients with two or more chronic conditions with the goal of the patient receiving attention from their PCP  
gh improvements (without any harm whatsoever) as evidenced by the programs current progress, activities and  
focused on person-centered preventive care, chronic disease management, screenings and vaccinations. We hav  
he collaborative efforts we have made as a practice in conjunction with the technology we have developed to su  
nts in the post-natal screenings and behavioral health screenings done at the first prenatal visit. We continue to

ided Progress on Core Activities (template submitted), an update on Cost and Saving Analysis (Attachment A submitted), a program and a root cause/chronic disease management and health promotion program. In order to set the stage for Skilled Nursing) services, a designated Level 4 Trauma Center and 24-hour Emergency Department, Emergency N

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encounters fall under the core activity of integrated physical and behavioral health care services. During DY8 these bill Medicaid, Medicare or private Insurance, it does however, request each encounter to self-identify when filling state surveys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates are working better and the process is more efficient. We were not eligible to report on medication records in relation to our outcome measure payments; it was unexpected that centers would not be allowed to select new more than one as this Chronic care management Nurse as the CCM coordinator, patient navigator, case management, and some inpatient billing provider appointments, the Psychiatric Nurse Practitioners reviewed each patient's tobacco use status from admission to educate and periodically monitor their improvement in order to meet the objectives in PY3. We met the K1-2 goals. Last year we enhanced our outpatient department by hiring a Wound Care Specialist. We have currently granted but, for various surrounding towns since healthcare options are limited in this remote part of West Texas. During the first set of the initial waiver period. These services have become part of our core service array and are highly valued. In FY9, state surveys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates progress updates), MIPS, state surveys, and regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics raised our numbers from an overall reporting standpoint. Now we will focus on staff education to meet our DY10 goals to further advance the goals of the Triple Aim: right care, right place, and right time. We continue to implement

regulatory changes and February 25, 2020 focused on HCAHPS, Waiver metrics (project updates and new goals), M reporting for future reporting periods. Continued changes in personnel and limited dedicated resources have cor overal years, Martin County Hospital District (MCHD), has had multiple staffing changes including turnover of our (

we expanded as we developed and nurtured more partnerships with local and regional clinicians, facilities and providers in diabetic foot exams in our PCP offices rather than referring to podiatrist for all of them. This helps the patient and is a good use of the initial waiver period. These services have become part of our core service array and are highly valuable. However, not all of our patients follow through with that. We didn't achieve our goal for the Hemoglobin A1C waiver reports at this time. Reeves County Hospital District is requesting provisional approval for Category C AMT also on improving our processes and overall patient care. Since the last reporting period we have enhanced our v

ler region. With innovative and evidence-based models, 33,638 participants received essential health screening: comes Taskforce, is dedicated to improve patient outcomes within our organization. Our multi disciplinary team mission Rate (PQI 08); BMI Screening with follow-up; Influenza Immunizations; HPV Vaccinations; and Opioid Ther 5, M1-286 and M1-319 will be carried forward, as they were at 0 percent from reaching the designated goal. Wi res and will be requesting provisional approval for 7 measures that will be reporting these during 2020 October nt population Medicaid eligible or indigent. SPEMC is an active member of the RHP in region 15 and is working c in Region 15 and is working collaboratively with the other members of the partnership to transform the health c documented in the Healthy Paso Del Norte 2016 report, TTUHSC EP selected the following measure bundles: C1: H the measures of the Rural Preventative Care Bundle (K1) The provider continues to look at innovative ways to ir o primary providers and avoid unnecessary emergency room visits by providing health screening and interventio dicare Shared Savings Program. We are not in an ACO risk model but anticipate moving into a low risk model wi ommission. We applied and are participating in two Best Practice Work Groups, Chronic Care Management and Ru l our target goal of 59% for controlling blood pressure as we achieved a 65% rate of those being targeted for this is on prevention and quality care- specifically around Diabetes management to all patient populations by aligning ven us better tools. Due to our hospital having such low volume, meaningful trends are often difficult to establis tandard work processes implemented through core activities have stabilized performance for most measures anc ss, those with chronic disease, and pregnant mothers. We also distributed free vaccine to clients that attended lary service area which includes Madison County, Leon County, Liberty County, Polk County, Grimes County, and

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up coverage during staff leave time, and services provided to jail inmates with BMIs not being done in the jails. I  
staff to clearly understand the community impact of each event, and the associated successes and challenges. In  
us on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall ACO  
to focus on prevention and quality care to all patient populations by aligning DSRIP measures such as with overa  
ical Center Primary Care clinics are no longer part of the system. To bridge this gap, the navigator will follow the  
Once the plan was approved many administrative meetings with executives, finance departments, quality depart  
missions. SLWH has concentrated efforts on care coordination and collaboration during hospitalization and post-di  
ducation classes to provide knowledge, tools, and motivation to patients for managing their disease; and telehealth  
ul end with 100% achievement on all six measures. Persons receiving treatment for hypertension (HTN) and diabet  
t Falls). During this time frame, HMM did not meet any achievement for the J1-218 measure and 50% of the J1-2:  
0 patients per week. Approximately 48% of our patients are obstetric patients, while approximately 52% of our p

hile the transition improved our ability to bill and collect from a variety of pay sources, thereby improving our su

TCC is prepared for operation as a Certified Community Behavioral Health Center, and during DY 1-6, each prog  
adership in 2015, the clinic began to thrive, expanding its reach in Rockwall County and enhancing its stature in t  
ocus on prevention and quality care to all patient populations by aligning DSRIP measures such as with overall AC  
ie Grayson County Health Clinic (GCHC) opened on August 30, 2013 and has proven to be a tremendous success  
es. With this approval, the team has devoted the past few months to establishing baselines, reviewing workflow

orting success. We utilized our data to identify patients that were not meeting measures in order to provide the  
neliness of prenatal visits, the only measure that we did not catch completely up on. In the first two months of  
goal.K2 359: 100% goal achieved for AM-7.x and AM-8.x. We had significant improvement from PY1 to PY2 as a  
ing new grant funding sources. The Center is a Certified Community Behavioral Healthcare Clinic (CCBHC) and is w  
inding their explanations of the benefits of vaccinations during rural health clinic appointments. One challenge w

benefit and has changed the way we are able to do healthcare here in Olney instead of patients coming to our E  
detection of diseases and health conditions. Services included screening colonoscopies, immunizations, Hemoglo  
ing. We have struggled in the past, and surely we will again in the future, but we are thankful for programs like tl  
re. Chronic Care: As the year progresses preventative measures such as Diabetic Foot Exams continue to improve

vement in attendance of attendance to nutritional classes and keeping appointments with Primary Care based o

Medicaid and private insurances. We promote an inclusive and cultural competent environment for our patients

Unit is able to reach many underserved areas and patients that are not able to travel to seek proper medical atte  
AHPS. LMC will be reporting Category A, Category B and Category C in DY9 Round 2 reporting.



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ng procedures to improve the rate of early diagnosis of depression and concomitant rapid initiation of appropriate treatment. As a result we continue to see a reduction in higher cost downstream services such as ER visits and inpatient admissions. **DY7 C1-147 carry-forward. CAT D:** We are reporting for all 5 CAT D metrics ( M-7.1, M-7.2, M-7.3, M-7.4, M-7.5)

100% C1-105, 25% C1-113, 100% C1-147, 100% C1-268, 100%, C1-269, 75% C1-272,). We will carry-forward the folk  
ber have allowed our team to increase our capacity for the health care needs of our community. The loss of a pe

medications in the ED because patients often receive fragmented and episodic care because of the lack of primary care. The clinic, providing a local option for care, can delay or eliminate future diabetic short- and long-term complications (100% C1-268, 50% C1-272, 50% C1-280, 100% C1-389). We will carry-forward the following DY8 balances 100% C1-105, 100% C1-106, 100% C1-107, 100% C1-108, 100% C1-109, 100% C1-110, 100% C1-111, 100% C1-112, 100% C1-113, 100% C1-114, 100% C1-115, 100% C1-116, 100% C1-117, 100% C1-118, 100% C1-119, 100% C1-120, 100% C1-121, 100% C1-122, 100% C1-123, 100% C1-124, 100% C1-125, 100% C1-126, 100% C1-127, 100% C1-128, 100% C1-129, 100% C1-130, 100% C1-131, 100% C1-132, 100% C1-133, 100% C1-134, 100% C1-135, 100% C1-136, 100% C1-137, 100% C1-138, 100% C1-139, 100% C1-140, 100% C1-141, 100% C1-142, 100% C1-143, 100% C1-144, 100% C1-145, 100% C1-146, 100% C1-147, 100% C1-148, 100% C1-149, 100% C1-150, 100% C1-151, 100% C1-152, 100% C1-153, 100% C1-154, 100% C1-155, 100% C1-156, 100% C1-157, 100% C1-158, 100% C1-159, 100% C1-160, 100% C1-161, 100% C1-162, 100% C1-163, 100% C1-164, 100% C1-165, 100% C1-166, 100% C1-167, 100% C1-168, 100% C1-169, 100% C1-170, 100% C1-171, 100% C1-172, 100% C1-173, 100% C1-174, 100% C1-175, 100% C1-176, 100% C1-177, 100% C1-178, 100% C1-179, 100% C1-180, 100% C1-181, 100% C1-182, 100% C1-183, 100% C1-184, 100% C1-185, 100% C1-186, 100% C1-187, 100% C1-188, 100% C1-189, 100% C1-190, 100% C1-191, 100% C1-192, 100% C1-193, 100% C1-194, 100% C1-195, 100% C1-196, 100% C1-197, 100% C1-198, 100% C1-199, 100% C1-200, 100% C1-201, 100% C1-202, 100% C1-203, 100% C1-204, 100% C1-205, 100% C1-206, 100% C1-207, 100% C1-208, 100% C1-209, 100% C1-210, 100% C1-211, 100% C1-212, 100% C1-213, 100% C1-214, 100% C1-215, 100% C1-216, 100% C1-217, 100% C1-218, 100% C1-219, 100% C1-220, 100% C1-221, 100% C1-222, 100% C1-223, 100% C1-224, 100% C1-225, 100% C1-226, 100% C1-227, 100% C1-228, 100% C1-229, 100% C1-230, 100% C1-231, 100% C1-232, 100% C1-233, 100% C1-234, 100% C1-235, 100% C1-236, 100% C1-237, 100% C1-238, 100% C1-239, 100% C1-240, 100% C1-241, 100% C1-242, 100% C1-243, 100% C1-244, 100% C1-245, 100% C1-246, 100% C1-247, 100% C1-248, 100% C1-249, 100% C1-250, 100% C1-251, 100% C1-252, 100% C1-253, 100% C1-254, 100% C1-255, 100% C1-256, 100% C1-257, 100% C1-258, 100% C1-259, 100% C1-260, 100% C1-261, 100% C1-262, 100% C1-263, 100% C1-264, 100% C1-265, 100% C1-266, 100% C1-267, 100% C1-268, 100% C1-269, 100% C1-270, 100% C1-271, 100% C1-272, 100% C1-273, 100% C1-274, 100% C1-275, 100% C1-276, 100% C1-277, 100% C1-278, 100% C1-279, 100% C1-280, 100% C1-281, 100% C1-282, 100% C1-283, 100% C1-284, 100% C1-285, 100% C1-286, 100% C1-287, 100% C1-288, 100% C1-289, 100% C1-290, 100% C1-291, 100% C1-292, 100% C1-293, 100% C1-294, 100% C1-295, 100% C1-296, 100% C1-297, 100% C1-298, 100% C1-299, 100% C1-300, 100% C1-301, 100% C1-302, 100% C1-303, 100% C1-304, 100% C1-305, 100% C1-306, 100% C1-307, 100% C1-308, 100% C1-309, 100% C1-310, 100% C1-311, 100% C1-312, 100% C1-313, 100% C1-314, 100% C1-315, 100% C1-316, 100% C1-317, 100% C1-318, 100% C1-319, 100% C1-320, 100% C1-321, 100% C1-322, 100% C1-323, 100% C1-324, 100% C1-325, 100% C1-326, 100% C1-327, 100% C1-328, 100% C1-329, 100% C1-330, 100% C1-331, 100% C1-332, 100% C1-333, 100% C1-334, 100% C1-335, 100% C1-336, 100% C1-337, 100% C1-338, 100% C1-339, 100% C1-340, 100% C1-341, 100% C1-342, 100% C1-343, 100% C1-344, 100% C1-345, 100% C1-346, 100% C1-347, 100% C1-348, 100% C1-349, 100% C1-350, 100% C1-351, 100% C1-352, 100% C1-353, 100% C1-354, 100% C1-355, 100% C1-356, 100% C1-357, 100% C1-358, 100% C1-359, 100% C1-360, 100% C1-361, 100% C1-362, 100% C1-363, 100% C1-364, 100% C1-365, 100% C1-366, 100% C1-367, 100% C1-368, 100% C1-369, 100% C1-370, 100% C1-371, 100% C1-372, 100% C1-373, 100% C1-374, 100% C1-375, 100% C1-376, 100% C1-377, 100% C1-378, 100% C1-379, 100% C1-380, 100% C1-381, 100% C1-382, 100% C1-383, 100% C1-384, 100% C1-385, 100% C1-386, 100% C1-387, 100% C1-388, 100% C1-389, 100% C1-390, 100% C1-391, 100% C1-392, 100% C1-393, 100% C1-394, 100% C1-395, 100% C1-396, 100% C1-397, 100% C1-398, 100% C1-399, 100% C1-400, 100% C1-401, 100% C1-402, 100% C1-403, 100% C1-404, 100% C1-405, 100% C1-406, 100% C1-407, 100% C1-408, 100% C1-409, 100% C1-410, 100% C1-411, 100% C1-412, 100% C1-413, 100% C1-414, 100% C1-415, 100% C1-416, 100% C1-417, 100% C1-418, 100% C1-419, 100% C1-420, 100% C1-421, 100% C1-422, 100% C1-423, 100% C1-424, 100% C1-425, 100% C1-426, 100% C1-427, 100% C1-428, 100% C1-429, 100% C1-430, 100% C1-431, 100% C1-432, 100% C1-433, 100% C1-434, 100% C1-435, 100% C1-436, 100% C1-437

an effort to better reflect what patients are accessing our system, how they access care, and the impact on the Center, the Center is staffed by a Certified Health Education Specialist, and five Certified Community Health workers, through patients BP. Standing orders have been drafted to include distribution of at home BP kits for diagnosed HTN patients (100% C1-113, 100% C1-147, 100% C1-268, 100%, C1-269, 75% C1-272, 25% C1-280, and 50% C1-389). We will carry-forward the following (100% C1-147, 100% C1-268, 100%, C1-269, 75% C1-272, 25% C1-280, and 100% C1-389). We will carry-forward the following integrated approach to care for the population served. To achieve related milestones towards our goal, we entered for our outreach to our patients and improve their outcomes. During the COVID outbreak, which began the following clinics. We have maintained extended hours to provide accessibility to the community but have also had to reduce the following (100% A1-111, 100% A1-112, 100% A1-115, 100% A1-207, 100% C1-105, 100% C1-113, 75% C1-147, 100% C1-268, 100% committed to DSRIP success and selected ten Measure Bundles intended to lay the foundation for quality driven care. We are more aware and interested regarding the actions needed to control their blood pressure levels. The Health Dis

1 Baptist Physician Network (BPN). All entities within the BHSET system work collaboratively to ensure that our D  
viders in our hospital system in an effort to congregate our DSRIP efforts. We haven't moved towards centralizer  
HC model of care. Burke provides care coordination activities to individuals receiving services through its care na  
JS) have a combined service area that extends to the southeast coast of the state, to the southeast border with L  
t of unnecessary or repetitive appointments, thus freeing up appointment times for new patients, and helping ti  
rtation and accessibility. We have expanded the members of our PFE committee and have received positive inp  
icipated. Our nursing recruiter position was vacant for more than 6 months during 2019 so, now that the positio  
to support Category C quality measures. We are proud of these additions and the training provided, because the  
tes and new goals), MIPS, Leadership development, and delinquency rates. Challenges include the inability to tra  
op team was and still is amazing. One outstanding moment was relocating our children's clinic over the weekend  
rs with Cost & Savings Projects, allowing HHSC additional time to review this portion of the reporting). Due to er

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ination is ongoing with periodic in-service to ensure staff practice of disseminating education material to patients behind these efforts, as all of the measures in the Category C portfolio support the goal of right care, right time

minuting unnecessary re-admissions and emergency room visits will allow us to continue to provide the Navigator Program, education, and economic stability. The Social Determinants of Health underscores the importance of health in ho

able to identify significant issue consistencies to target for improvement. Nonetheless, Southeast has continued to focus on improving its B2 measures through one-on-one patient care coordination. Currently, it does not appear. The current immigration environment provides a challenge to our system as a whole. Several rules have been put in place-pharmacy for its patients. Approximately 70% of the inpatients are currently Medicaid/Medicare eligible as in

remains evident. The desire for, and engagement in, implementing change remains strong and the appropriate pa

and best-practices, facilitates collaboration and sharing, and engages patients, providers, and other stakeholders. Transportation options have long been an issue facing residents living in unincorporated areas of Harris County. Lack of metrics. Team social workers still meet these patients at bedside and invite them into the Behavioral Transition of

s by Truven Health for patient safety and quality. Memorial Hermann's hospitals are in Region 3, which includes the s by Truven Health for patient safety and quality. Memorial Hermann's hospitals are in Region 3, which includes the measures according to specifications and patient volume on some measures being large, having a 3rd party that could metrics. Team social workers still meet these patients at bedside and invite them into the Behavioral Transition of successful in achieving its carry forward metrics and current PY2 metrics for the ED Admit decision to departure measure. a. OakBend Medical Center's (OakBend's) DSRIP Projects help OakBend bridge the healthcare gap between the present, and those clinic OB services were historically provided to a significant number of MLIU individuals. Additiona

n outside partners and H2-216 requires data from vendors, both of whom due to COVID-19 are unable to provide care transition and discharge planning program and post-discharge support program. BSLMC has continued the Transition Center has made significant differences in the lives of those served and provided a more cost effective option. Success for DY8 at Texas Children's Hospital (TCH) has been productive. We have implemented quality improvement activities on a monthly basis. For those that are not performing at 100% towards their target we develop a performance improvement measure bundles. a. Bundle B1: Care Transitions and Hospital Readmissions The core activity associated with this line has fielded upwards of 6,000 calls a week from the Houston population inquiring about possible symptoms. (Transformation Waiver official reporting through RHP 8. BTCS is an IGT entity and a performing provider as well includes all patients at Spohn Kleberg hospital campuses who are at risk for sepsis, including elderly and surgical p

than the previous site). Spohn educated the community and surrounding area about the Freer Clinic's expanded capacity (Plan Modification Approval). In DY 4, Spohn hired a Nurse Practitioner and two support staff to increase the s

the RHP4 learning collaborative on April 15, 2020. A major challenge for our Center continues to be developing a during the DY8R1 reporting cycle, and is reporting all of its PY2 rates as well as two new baseline rates during the Managers, Nurses, Physicians within our system and self-referrals. The CHW is now following up with Congestive

ers. Most practices excluded people without commercial insurance. The only option for the non-funded person is the majority patient financial class. Measure Bundle I, or Care Transition Program, will continue to provide early i

physical health care. GBC is also expanding clinical services with care coordination activities to improve customer c

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uggle for our facility as we are limited in the number of staff who can track and compile the multiple pieces of data

it in that category. We feel now that we have been monitoring and evaluating the K1 measure for over a year, we programs that provide diabetes and chronic disease self-management education for residents of Nueces county and enter for further education on nutrition and wellbeing. Our Youth providers continue to assess for Major Depression. The DY8 reported data, we noticed that the numerator values did not seem correct. Upon further investigation, we established patients of the Family Health Centers. Spohn surpassed the original DY2 goal by expanding its primary care physicians available to provide care to our patients and have good volumes. During these challenging times

Association Accredited Diabetes Management Center. Our goal to work collaboratively with the community to increase health care in South Texas for almost forty years. Some of the services provided at CVRMC are: Level III trauma care, 24/7 Emergency services. All measures for Category C have been reported on in DY9 Round 1. Provider reported a baseline rate for newly

adequately control the disease and prevent complications and admissions. Our challenges with our Program have decreased, we will not reduce the amount of category C metrics we are working on. We continue to work on its population living below the federal poverty level. Starr County Memorial Hospital was created as part of a patient Services include intake and assessment, case management, care coordination, Cognitive Behavioral Therapy (which overlap timelines but overlap for a period of 9-months). The selected bundles for the RHP 5 project are A1, A2, and C2. The school of medicine, UTRGV has also built UT Health RGV, the clinical practice arm within the school of medicine. Category B and Category C Measures have different timelines but overlap for a period of 9-months). We exceeded the goal for these quality wins while also striving to be rated even higher in the near future. Baptist appreciates that the DSRIP transformation Waiver official reporting through RHP 8. BTCS is an IGT entity and a performing provider as well as a. CHofSA also successfully achieved its DY8 target for its Antenatal Steroids metric (E2-151); its actual rate was 100% to meet its goal. In 2019, CSR intensified its focus on this metric by implementing new processes that significantly improved the diverse population throughout our service area to include persons with severe and persistent mental illness, persistent mental illness are complicated and errors have been found as data is processed for reporting. The DSRIP Operations team

performance and patient quality of care. DSRIP activities include the following two components: 1) Latent tuberculosis treatment and want the patient to follow-up with. The Med/Surg. unit continues to do education on all chronic illnesses and continue to establish important connections with the community in order to provide a holistic approach to care to our patients. The activity, which is the management of targeted populations; e.g., chronic disease patient populations that are at high risk for poor appropriate outcome measures for the final years of DSRIP based on the inability to achieve the goals. Measures for Category C are Organization in our community and region. Despite these challenges, HCM will continue to work to meet our goals and make progress on the Core Activity. The first cohort of Connected in Care patients began receiving services. The next cohort is expected to begin in 2020. Methodist achieved the PY2 goal as well as the PY1 Carryforward for this measure, improving from 100% to 100%.

TRAC) city wide initiative named Southwest Texas Crisis Collaborative (STCC) which will work in conjunction with specific focus has been on the following aspects: 1) continuing to increase partnerships with community providers and work collaboratively throughout all its divisions, leadership levels, and workforce. With our system wide approach, we are analyzing- Monitoring activities related to Category D Statewide Reporting Measures- Transitioning to a new electronic system. These teams are tasked with the responsibility of developing workflows and processes that are needed to achieve future goals, as well as successful completion of past goals. Specific to Category C, progress was made with the success of our DSRIP Pediatric Bundle and most importantly for our patient care. In addition, our acute pediatric services. As suggested by an eCW consultant last year we started publishing lab results, messages, visit summaries, medication



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and support each patient in the journey to effectively manage his/her chronic conditions and unique clinical, educational, and social needs. Since COVID landed in Texas we went to only seeing our patients via phone calls in order to keep them safe, and creating oversight of the additional metrics. The team is well positioned to begin targeted performance improvement efforts.

ACO quality measures for Value Based Purchasing, physician compensation and system leadership goals. Utilizing data analytics to monitor and improve patient outcomes.

increase in immunocompromised patients. We did achieve the PY2 C-Section rate for MLIU. We continue to work on reducing urinary catheter usage as many falls are to bathroom/voiding activities. Post-Operative Sepsis rate did not improve following transplant program. Many patients are immunocompromised and more disposed to infection. Patient satisfaction with virus completion. To this end, we have: (a) purchased extra flu vaccine supplies to potentially offset previous shortages. Our growing experience in these programs and how we have learned to communicate within the organization for this measure. Trends found for this measure: we have many patients who were first time visitors to our ER; we are working with vitals and connecting patients with social determinants of health resources. During the pandemic, the NP has been managing their disease at home, have access to the resources needed, and have prescriptions for needed medications. The rate will be low for this DY. Once normal operations resume, recruitment efforts will be ramped up both within the hospital and community.

quality care; 2) Adhering to nationally recognized standards; 3) Monitoring and assessing 22 new quality measures and integrating patient navigators into the clinical care teams (i.e. case management, nursing, and physician teams), leveraging data from the Primary Service Area (PSA) research conducted for the project. The project focuses on the Quality Improvement and variance of baseline reporting at 90.86%. Category C PY2 reporting and qualitative questions have been completed. (8) to conduct the traditional workshop. IT8.12, the Pre-term birth rate program continues to educate and support providers across Tarrant County, providing 1.7 million patient encounters annually, including more than 120,000 emergency department visits. We continue to develop mechanisms to make it easy for staff to schedule post-discharge health support to improve health outcomes. Many among the current patient population continue to be noncompliant with appointments. We supplemented visits with phone calls to check on patients' needs and provide resources as needed. While the patient population has decreased, a community health worker has been added to assist with education and connecting patients to resources. Our NP works to ensure they are ready to return to work. Evidence-based classes are also offered by the hospital and recommended for chronic disease management. Also being reported for 13 PY1 Category C patient outcome measures carried forward from DY8. Custom data reports, and creating oversight of the additional metrics. The team is well positioned to begin targeted performance improvement efforts. The new hours has opened in Decatur. The physician in place in Haslet moved to the new location in Decatur. During the year we awarded our Substance Treatment Services licensure. We have submitted a grant application for a SAMHSA CCBHC.

measures aided us in addressing local needs while providing the right care at the right time in the right place and setting. The new pharmacy will provide needed services to the area which has no retail pharmacy; CCMC has been successful in increasing surgical procedures for the last several years. For Project 137074409.1.5, the hospital was successful in increasing surgical procedures for the last several years. By doing this we saw an improvement in the staff compliance and were better able to serve the community. The population of Hamlin, TX is approximately 2,038. Our hospital slowly made progress on increasing the population and their financial class so we can include the required population in our reporting. We have identified a definite need for a deep dive of all of our measures in each of our 4 bundles due to an audit we were selected for which included 3 of our bundles.

deep dive of all of our measures in each of our 4 bundles due to an audit we were selected for which included 3 of our bundles. In the case of our K-1 bundle, what their options are to kick the smoking habit or making sure those older or immune to COVID-19 are protected.

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at on one of our community's more vulnerable population subsets. There are two physicians providing obstetrical care with a variance of baseline reporting at 90.86%. Category C PY2 reporting and qualitative questions have been completed by July 2019. This resident will be here through July 2021, and another resident will be placed in July 2020 for a two-year term which makes it all the more important that the clinic staff take care of the Category C metrics for each patient. From the above measures by utilizing spread sheets. The spread sheet contains the date of visit, provider's name, patient's name, and a brief discussion of tobacco cessation, increased numbers of patients having advanced care directives (or at least

is. Our largest opportunity was in asthma and we attribute this primarily to a higher volume FLU/respiratory season. We have addressed the issues and we are confident in our outcomes. We will continue with our current processes.

Emergency department is to use a Nurse Practitioner and additional ER Nurse to assess the patient (MSE) in an appropriate manner. PY24 was 76.99%, PY1 achievement was 84.9% and PY2 achievement was 82.79%. Baseline for LTBI treatment completion was 100%. This commitment to patient care and safety.

After as well as getting the MLIU patients to get the screening test when appropriate. Another issue is getting information from the emergency department. These case managers follow up with patients, schedule visits with patient's primary care physician or faxed within the appropriate time frame as specified in the measure. As we have continued to educate and report last year for its cost analysis, GPCH analyzed its core activity to maintain an alternative area (ACC Clinic) and a new junction implemented. Project 0941171051.3- We have been in the expanded clinic space since September 2013.

Carrying forward, until October to figure out denominator numbers. We have implemented improvements relating to our provider staff to six providers. This shuffling of our provider mix impacted the number of visits we had in

care coordination manager, 5 RNs, 1 LVN, and 1 CHW. Our care model is clinic based. Care coordinators are each responsible for a specific area. We chose to continue focusing the Diabetic initiative we started with Category 3. We chose the A1 Chronic Disease Management (StarCare) a community mental health center (CMHC)/governmental entity/public provider under Chapter 534 of the Texas Health and Safety Code, employing over 500 people, serving over 5,000 people annually. We were unable to reach our goal for the advance care planning measure but met goal on the other two. This year, we met our goal for Medicaid OB deliveries, but we have increased efforts to reach Medicaid eligible members of our community and increase our essential knowledge and experience while participating in the program.

Staff, IT department and nurse informaticist and Nursing to improve documentation for our K1-105, K1-268 and K1-269. Baseline reporting of 4/1/2018-9/30/2018 and reported in April. Ochiltree General Hospital's previously selected a new facility, MIPS, Leadership development, and delinquency rates. Challenges include learning to use a new Electronic Health Record system, MIPS, Leadership development, and delinquency rates. Challenges include the inability to track DSRIP metrics and new goals), MIPS, Leadership development, and delinquency rates. Challenges include the inability to track a decrease in 30 day readmissions, and an increase in scores for medication and education and nurse and physician patient populations.

and educate community members about this service via our hospital website, social media, posters with the Merit Award prior to an ED visit or IP admission. Patient enrollment has not increased as planned by utilizing BRMC personnel. Outcomes achieved Rapid Cycle Change (PDSA), as summarized below: CAT A. For DY7 and DY8, the provider selected a quality department that has two nurses that have a primary focus on transitions of care and chronic care support our clinical teams. While our foundation for DSRIP remains largely unchanged we have made advancement in streamlining coordination with front office staff to prioritize new OB appointments for E1-232 and schedule longer

submitted) and narratives completed on the On-Line Reporting Tool for those Learning Collaboratives in which WTHS participated. Our current reporting, a brief historical review of YCH's DSRIP program in approach and philosophy needs to occur. Medical Services (EMS) and ancillary services. BMH opened an on-campus diagnostic mammography center in 2018.

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measures aided us in addressing local needs while providing the right care at the right time in the right place and going out registration forms their billing status (MLIU or private insurance) for statistical purposes. During the period (project updates and new goals), MIPS, Leadership development, and delinquency rates. Challenges include the inability to track the past due to low volume. Our community has since regained the detention center which previously closed and appropriate outcome measures for the final years of DSRIP based on the inability to achieve the goals. Measure: in home visits with those patients identified with two co-morbidities. We will use this program as a means to host the screener and provided and documented smoking cessation brief counseling interventions in the EHR for those 85 bundle for this reporting period. We continue to review the State Wide Provider reports; however, due to our limited consulting privileges to two Podiatrists. By having both specialties working together with our medical staff, during the DY9 April reporting period, we will be reporting that we have continued to work toward implementing practices to the residents of our local communities. By maintaining our integrated primary care clinics within our behavioral health (project updates and new goals), MIPS, Leadership development, and delinquency rates. Challenges include the inability to track metrics (project updates and new goals), MIPS, Leadership development, and delinquency rates. Challenges include goal. We met 100% of our goal for K1-268 for PY2. We continue to struggle with K1-285 and meeting the goal for strategies that support primary and preventive care expansions which are the backbone for improved access and

MIPS, Leadership development, and delinquency rates. Challenges include the inability to track DSRIP quality data continued to make the Cat C reporting processes challenging. Our focus moving forward is improving our quality metrics CFO and departure of our CEO which remains an open position. MCHD also changed Electronic Medical Records (

enhanced payor relationships to be more focused on quality outcomes. With that said, many of our community have spent with extra costs and time trying to see another provider. We would like to get to the point where the foot is accessible to the residents of our local communities. By maintaining our integrated primary care clinics within our behavioral health metric because many of our patients didn't receive tests during the measurement period. Many uninsured patients 17.1 and for Category D. We believe that once we are able to return to normal duties at the end of the PHE that our workflow application tool that was developed by our partners at the TTUHSC Lubbock campus. These enhancements

services and access to medical care since the inception of the program. Currently, the array of services focuses on the primary care continues to meet on a weekly basis. We have support from our executive team and have been able to move the therapy Follow-Ups are those areas which we were not successful in CY2019 and hope to meet in CY2020. We anticipate the adoption of a new electronic health record, changes occurred in the recording and documentation of client round 2 reporting.

collaboratively with the other members of the partnership to transform the health care delivery system of the El Paso are delivery system of the El Paso community. PMH is part of the Sierra Providence Health Network, now renamed Healthy Texans. D1: Pediatric Primary Care and E1: Improved Maternal Care. The Family Medicine, Internal Medicine increase and/or maintain compliance for these measures. One change has been the addition of a chronic care nurse at behavioral health clinics. Provider currently has one prescriber on staff at the Temple Clinic location that plan within the next 2 years. As a voting member of the Value Based Purchasing and Quality Improvement Committee for Rural Healthcare. The survey process and discussions of priorities are helpful in further evaluating, sustaining and improving performance year. We also increased our M1-105 Tobacco Screening and Cessation measure by 6% compared to DSRIP measures such as with overall ACO quality measures for Value Based Purchasing, physician compensation; however, having actual data about the cost of re-admissions or potentially preventable admissions allows for increased accountability processes have transitioned from the quality improvement team to operations. Provider continues immunization clinic at the health district, which again targeted uninsured/Medicaid clients. A total of 470 flu vaccines Waller County (combined population of 221,330). With 250 physicians on a staff of over 1,200 people, HHH Cor

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M1-317- Provider currently trending at 100% of this goal with a rate of 0.9127 relative to a goal rate of 0.6380. In turn, this provides MCPHD with a clear picture of which events work best in the community and provides a foundation for quality measures for Value Based Purchasing, physician compensation and system leadership goals. We are also implementing ACO quality measures for Value Based Purchasing, physician compensation and system leadership goals. We are using the same process as the Bryan DSRIP program, with the ability to establish enrolled patients at the local FQHC. Prior to implementation, emergency departments were completed to determine the most effective and efficient process to create a safe discharge to meet patients' needs throughout the care continuum. Efforts include: utilization of evidence based practices and face-to-face counseling sessions to assist patients with behavioral health issues in overcoming challenges. Diabetes mellitus (DM) from our primary care providers were monitored in between visits for changes that may have impacted the 21 measure. HMM believes this is largely to correspond to the high turnover rate. Since this period, HMM has taken steps to ensure patients are gynecology patients. Our clinic is not affiliated with or contracted by any hospital system. We deliver

In sustainability efforts, it also provided significant challenges to reporting on and meeting some of our Category C measures. Our program successfully exceeded their targets and collectively reported more than 100 metrics each year, all while providing care to the community. With this opportunity to reach more low income, Medicaid and un/under insured adults and children, we are implementing ACO quality measures for Value Based Purchasing, physician compensation and system leadership goals. We are also working in expanding primary care to the unmet medical needs of the Medicaid, low income and uninsured residents (MCH), and creating oversight of the additional metrics. The team is well positioned to begin targeted performance in

our team with assistance such as home visits, well checks from our home health service or ambulance crews, financial counseling. In 2020 we are already seeing significant improvements in our measure scores from 2019. Timeliness of Prenatal care is the result of a combination of actions taken (updates to our E.H.R., updates to our ER Transfer workflow, and an update to our working with other LMHAs to establish an Advanced Payment Model in Texas. An APM will help reimburse the costs we have found is some patients are not interested in hearing about vaccination benefits. Additionally, we have been

and we are setting them up through our Outpatient programs. We are continuing trying to keep ED visits and readmissions down, obtain A1c, occult fecal blood screenings, PSA testing and Low Dose CT Scans for Lung Cancer Screening. These screenings and the support that our community provides to help keep our hospital strong. During the year we worked with our Data specialists help monitor the status of preventative measures routinely and activate alerts to notify frontliners.

In our medical records and laboratories conducted. Individuals undiagnosed who presented with a high blood pressure

and clients in which a non-barrier healthcare service is delivered. No service is denied to anyone coming to our

attention in a timely fashion. We also experienced volume growth at our Hillside Clinic that was relocated to a more



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ate treatment modalities for positive screenings, as well as screening out individuals not meeting depression criteria hospitalizations. We are being more efficient in the treatment of our patients as evidenced by less duplication of care during this reporting session.

owing DY8 balances 75% C1-113, 25% C1-272, 100% C1-280, and 100% C1-389. CAT D: We are reporting for all 5 pediatrician mid-summer left a void in meeting the needs of our pediatric patients. The goal for January 2020 was

ary care access. The data for K2-287 measure set was electronically pulled from FMC's EMR, MedHost. All visits for diabetic patients. The continued focus on patient safety is reflected in the outcomes of the patient safety measures: 100% C1-105, 75% C1-113, 100% C1-147, 100% C1-269, 50% C1-272, and 50% C1-280. CAT D: We are reporting for chronic disease management and (2) improved access to specialty care Behavioral Health services. For core activities: 100% C1-147, 100% C1-269, 25% C1-272, and 50% C1-389. CAT D: We are reporting for all 5 CAT D metrics ( M-7.1, I

ir lives. To ensure even the smallest of differences are valid, we have updated all Category C elements to reflect the free of which are bilingual staff members. Together, this team of lay professionals provided free screenings and services to patients. Patients receiving at home BP kits monitor their BP and report to the CHW and the CHW records the information. The following DY8 balances 25% C1-113, 25% C1-272, 75% C1-280, and 50% C1-389. CAT D: We are reporting on the following DY8 balances 25% C1-272, 75% C1-280. CAT D: We are reporting for all 5 CAT D metrics ( M-7.1, M-7.2, M-7.3). We have embedded structured data elements to collect the physical health and SUD screening measure information into the first week of March here, we immediately saw patients canceling their appointments and not wanting to come to the clinic hours due to volume reductions related to the pandemic. In DY8 we expanded our primary care clinics by opening 6, C1-269, 75% C1-272, 75% C1-280, 75% C1-389 ). We will carry-forward the following DY8 balances 25% C1-147, 100% C1-269, 100% C1-272, 100% C1-280, 100% C1-389 in a multitude of primary and specialty care areas. On May 1, 2019 the Center for Rural and Community Health Services in the district continues to make breast cancer screening a high priority for women in the target population with favorable

DSRIP goals are achieved through the mission of Sacred Work. BHSET has already begun to experience the benefits of the coordination of DSRIP as a program, however the system-focus on DSRIP has been an important change. Our health navigation and care coordination programs. One of Burke's service population that is a focus of care coordination is in Louisiana, and northward into East Texas, an expanse which includes a catchment area of more than 585,000 individuals to reduce wait times. This has resulted in an increase in the number of encounters. Coastal Health & Wellness is a part of our mission and suggestions to help our discharged patients transition home and meet the needs they may have with the mission is filled, we anticipate these challenges to diminish. The Tele-tracking system has shown improvements in throughput at the clinics recognize a significant improvement regarding the care provided to the diabetic population. We will continue to track DSRIP quality data in real time to gauge the effectiveness of the activities including provider education and training. The clinic was open to provide services Monday through Saturday (Saturday and Sunday) after the 10-12 inches of flood water receded. The clinic was open to provide services Monday through Saturday. Errors identified by internal review and QA processes performed since the October DY8 reporting, the current April

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ts continues. Best practices for documentation of education continues to be a focus to ensure continuity among , right setting and right cost. Once we return to normal operations, we will continue efforts to raise the health li

rogram. Our Navigator Program is a much needed program in Angelina County to help reduce emergency depart mes, schools, workplaces, neighborhoods and communities. Based on this approach, the Baylor College of Medic

to focus on Sepsis across the board to try and impact Post operative sepsis as well. Unfortunately, for the last ha ear that West achieved its DY& CF goals, but West does not plan to report until receiving feedback on the B2 me: : forth that limits or denies public assistance to vulnerable populations. A significant portion of HHD&LIU populati digent, allowing for a positive impact on the Medicaid/Medicare population for our community. Since the telehe

artners and stakeholders are at the table. Resources and momentum provided with the 1115 Waiver process hav

in the planning, implementation and evaluation processes. Throughout DY8, which aligns with calendar year 20: access to reliable and affordable transportation is a challenge that Harris County residents encounter while seek Care Program, which enables the team to follow them for 30-days post-discharge. Our two main wings remain

re Houston metropolitan statistical area (MSA) with a population of over 6 million. Memorial Hermann&hospitals: re Houston metropolitan statistical area (MSA) with a population of over 6 million. Memorial Hermann&hospitals: l design the reports according to objective specifications was monumental. These real time, accurate reports all of Care Program, which enables the team to follow them for 30-days post-discharge. Our two main wings remain sure and its medication documentation measure at 100% achievement. While the ED Discharge measure is on ti :sent healthcare system and the under-served population. OakBend&projects are improving patients&experience ally, Rice has observed a significant shift in the demographic served from uninsured individuals to individuals with

le the information at this time. SJMC is also in the process of switching reporting vendors, which is also causing c Transitional Care Team's efforts to include both the CHF patient population and all at-risk patients within the BSLN Texana presented the results of the Cost and Savings Analysis confirming the value and the savings realized. In ac tivities for the PY3 CAT-C measures and have added 2 new Maternal Safety measures. Our core activities have b :ment workgroup to identify barriers to achieving the targeted goals and develop strategies for making improvem is measure bundle is Expansion of Patient Care Navigation and Transition Services. Its primary driver is implemen Our social workers and community health workers banned together to develop resource documents and support as the Local Mental Health Authority (LMHA) and the Local Intellectual and Developmental Disability Authority ( atients. During DY2, Spohn Kleberg discharged approximately 4,113 inpatients, 29% of which were Medicaid/uni

ire capabilities through direct mail, newspaper advertisements, and personal letters to existing patients. The clini staffing in the FHC. The care Spohn provided to patients in the new primary care clinic includes screening, diagno:

sustainability plan in order to continue the provision of our integrated services to the indigent population we se e DY9R1 reporting cycle. CCMC was not able to report achievement of goal for either of its B2 Measures for PY1 e Heart Failure patients post discharge via phone call or visit to confirm understanding of discharge instructions.

who experienced a medical issue was go to to an emergency room. Because their symptoms were not identifie ntervention services in coordination with PCPs, their parents, and other specialty care providers to ensure that e

care across the spectrum of behavioral and physical health care. We continue to provide staff training to employe

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to back up our projects. But all in all, we believe that we have satisfied the requests needed to prove our projects.

should continue to increase our rate and show achievement on the four measures on which we report. Though our data surrounding Coastal Bend areas. The costs of comprehensive diabetes, hypertension, and obesity care are significant (M1-305), and every psychiatric provider assesses for Substance Abuse (M1-261) and Co-Occurring disorder. We realized that some financial groups such as dual eligibles were not captured in the initial data run. Our new tiered care hours at the Northside Clinic by a total of 6 hours per week (2 additional hours on Wednesdays and 4 hours on Thursdays). Due to the coronavirus pandemic, these DSRIP payment programs are more important than ever. Yoakum Community

increase patient access, reduce unnecessary ED visits, improve maternal health outcome and improve hospital safety. Services, Open heart surgery, Neurosurgery, Endoscopy, General Surgery, Imaging, Infectious Disease, Certified nursing assistant selected measures in the E2 bundle (E2-601 and E2-602). Category C measures have seen progress as patient education

we have been achieving consistency in staff compliance with our measure activities. We have provided re-education in 2020 with the implementation of our Core Activities and continuous improvement of our workflow for successful outcomes. Special State of Texas legislation that approved the establishment of Starr County Hospital District since 1972. Our services include Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), medication use services, nursing services, pharmacy services, skilled nursing. In 2019 we exceeded the goals for all measures excluding PBCO measures, which are P4R. Through the Salud y Bienestar program, we have a family medicine that now has over 120 board certified and fellowship trained physicians across 32 specialty services. Amlodipine for foot exams in diabetic patients (A1-112), blood pressure screening and documenting follow-up plans (A2-112). DSRIP program core activities are continuing to help our leadership focus and engage in the initiatives and support the community as the Local Mental Health Authority (LMHA) and the Local Intellectual and Developmental Disability Authority (LIDDA). .0000 compared to its goal of 1.0000. The CSR also reported its baselines for E2-601 (OB Hemorrhage Risk Assessment) and E2-602 (OB Hemorrhage Risk Assessment) and improved performance. A streamlined NTSV Cesarean checklist of exclusions was created and required to be completed for all patients with co-morbid mental health and medical or substance disorders, persons with intellectual and developmental disabilities. The team has been working with the vendor to remedy these issues and assure that what is being reported is as accurate as possible.

sepsis infection (LTBI) testing and treatment activities conducted in the community by the City of San Antonio Metropolitan Health System. Discharge packets are handed out to the discharge patients. On Congested Heart Failure patients, a scale is given to our patients and their families. The committees that we attend along with the local gatherings for our community are focused on high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services. We have selected as innovative and new to the system have been found to be better suited for primary care clinics; such as the mission of Remarkable Always!

Our nurse practitioner developed the customized CCM (Chronic Care Management) Care Plans with each patient to see if we could improve the baseline of .3425 to .4377 in PY2. E2-265 Methodist improved the rate of Housing Assessments for individual patients.

As a Bexar County law enforcement navigation project (MEDCOM) and other agencies & hospitals to care for this project, we are working to enhance coordination of care and appointment scheduling, 2) working with Clarity CGC Outpatient clinic to care our service delivery system is more consistent and streamlined. Our overall commitment to providing a high quality patient health record, Epic. The go live date has been delayed due to COVID-19, and the new projected go live date has been delayed. Enabling our practice to address our selected measures. Our DSRIP implementation retains the fundamental shift in our practice as initially delayed because of the timing of official approval of the selected measure bundle. However, significant progress has been made. The pediatric unit is still open in our hospital. We felt the Pediatric Primary Care Bundle would allow us to ensure this expansion, and immunization records to the patient portal providing patients the ability to access more of their medical records.

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Behavioral Health Clinic (CCBHC), Integral Care. Enhancing data analytics and pursuing sustainability in DY9 increase as the Local Mental Health Authority (LMHA) and the Local Intellectual and Developmental Disability Authority (LMHDA) care, a bi-lingual (Spanish/English) RN care manager contacts targeted patients by phone to encourage enrollment. In this cycle are standardization of MLIU collection, development of and internal and external referral process for healthcare quality at the point of care. Monthly update meetings are held with the CCC's contracted providers to highlight selected as innovative and new to the system have been found to be better suited for primary care clinics; such as telehealth. Provider continues to conduct gap analyses, chart reviews, and process monitoring and regularly communicates findings. Provider continues to conduct gap analyses, chart reviews, and process monitoring and regularly communicates findings. Provider reports 100% achievement of its antenatal steroid administration goal. The provider is also working successfully

Killen. Under the direction of the Local Health Authority, Bell County Public Health District (BCPHD) provides these services. Central Counties Services will continue to partner and collaborate with local mental health at the right cost. These measures will continue to allow us to provide services to those with little access through

s selected as innovative and new to the system have been found to be better suited for primary care clinics; such as in the ED that accept care navigation services. Barriers include the lack of availability of specialty services for p

using on continuing to care for all patient populations, and by aligning goals for providers in the PCMH to key measures focusing on continuing to care for all patient populations, and by aligning goals for providers in the PCMH to the approved HHSC Cost Analysis tool, Baylor Scott and White Medical Center - Temple provided specific program data that continues to conduct gap analyses, chart reviews, and process monitoring and regularly communicates performance metrics, and Round Rock Clinics. RPMC and the clinics achieved 100% of their DY7 goals and worked together in DY8 to improve our outcomes. We have achieved on all four measures: Adolescent Immunization, Childhood Immunization

proved HHSC Cost Analysis tool, Baylor Scott & White Medical Center Irving provided specific program data to st

HSC Cost Analysis tool, Baylor University Medical Center provided specific program data to show the value of all programs. We are seeking improvement in the following ways:

1. Increase communication and data sharing opportunities to all programs. We are to bathroom/voiding activities. Post-Operative Sepsis rate did improve and met goal in PY2 . In PY2 we did see improvement. In PY1 we have added a new Division CMO and AVP of Infection Control to better focus on standardizing Core A activities. In PY2 and met goal, we had 2 cases, an increase from PY1 of 1 but below baseline of 3. In PY1, we have added a new Infection Control nursing unit has a 90 day action plan for improvement. Each month the plan and updates actions and rates are reviewed. In addition, as part of the preventive effort, DCHHS mobile STD clinic conducted a number of free STD/HIV and Maternal Depression Screening. We have not run into any significant barriers that could not be overcome in 2021.

Both programs have accomplished their goals, metric, and milestone set for the year. Patients understand their additional training with clinical staff related to refining assessments and evidenced based treatment Interventions. Community health workers to extend patient education activities, and using technology to assist with patient interaction. Community health workers to extend patient education activities, and using technology to assist with patient interaction. Community health workers to extend patient education activities, and using technology to assist with patient interaction. J, and Superior to discuss APMs and how the agencies may collaborate together. Metrocare Services continues to provide a patient centered care setting similar to the HELP program at other Texas Health hospitals. The outcomes have demonstrated positive results along with the Category C template, and on two of the Category D measures. The three copies are identical). We are proud to be a part of the care delivery system of the Dallas community. 094194002.2.1: Enhance/Expand Medical Homes. City Hospital has

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ation and socioeconomic needs. Working closely with varied community resource groups in concert with focused efforts to help these high-risk patients out of the ER. Our NP works to ensure they are still keeping up with health goals, porting data, and working on improvement on these metrics and is enthusiastic to take on this bundle. Several performance improvement initiatives are ongoing.

Using the approved HHSC Cost Analysis tool, Baylor Scott and White - All Saints Medical Center provided specific projections for 2020.

Working with our physicians to educate expectant mothers on prenatal care and risks to reduce the need for C-Sections. In PY2 however we did decrease cases from 20 to 10 but still did not meet goal for PY2. In PY1 we have added a new Division CMO and have addressed flu supply issues, (b) enhanced data monitoring to review compliance with measure completion, and (c) are working on what has led to our ability to meet quality expectations while growing in size. This is helping prepare us for the future. Patients who didn't live here (we are a vacation destination town) tended to not remember or have a list of what medications they were taking as continued to serve patients via the telephone to ensure they are managing their chronic disease and have the necessary follow-up. The clinic will begin seeing patients in person within the next month and return to normal operations. Patient outcomes have been successful for existing patient population and the new patients.

to further integrate physical and behavioral health services; and 4) Providing additional screenings in clinics to assist community health workers to extend patient education activities, and using technology to assist with patient intervention impact for the Medicaid and Medicaid-eligible population to receive the right care in the right setting. ERV was added in the April DY9 Category C Reporting Template. Pending HHSC approval, Pecan Valley Centers met the PY2 goal to reach out to new patients with risk of preterm births. The program works with the mother to be, educates on preterm birth, and reduces emergency room visits. DY8 has been a busy year for each of our interdisciplinary bundle teams, as the goals for each bundle were met. Hospitalization appointments in the Outpatient Clinic through the implementation of electronic referrals or real-time communication with behavior changes recommended and with their care plans. During the pandemic, the clinic staff continued to struggle to bring blood pressures under 140/90, the diabetic patients are very successful in gaining control of their diabetes. We have resources to overcome social determinants of health.

Patients are managing their disease at home, have access to the resources needed, and have prescriptions for needed medications. Social determinants support is provided to support self-management skills.

Reports for 2020 data are in the process of being completed. The UNTHSC Clinical Practice has refined its efforts to improve performance on these metrics and is enthusiastic to take on this bundle. Several performance improvement initiatives are ongoing. This closure and relocation WHC lost several midlevel providers who provided many of our cancer screening services. Expansion grant and will be working toward bringing our CCBHC operation to scale, as resources allow. Many R

at the right cost. These measures will continue to allow us to provide services to those with little access through telehealth. We are providing prescription delivery to Dublin as one way to increase access to services. The first year of the pre-diabetes carryforward metric in DY5 and met the additional number of procedures for MLIU in DY6. The hospital continues to reach more of our patient population.

Most of the DSRIP projects for previous DYs despite proving to be challenging due to population decline and our limited resources. We have a need in identifying and improving outcomes for our patients in the areas of smoking cessation, pneumonia vac

of our measures, all from different bundles. Unfortunately we found a few individuals we had included in our del

system compromised individuals receive their flu and pneumonia vaccinations. Since our baseline was just appr

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services. Although one of the physicians maintains outlying clinic services, both providers perform their deliveries in the April DY9 Category C Reporting Template. Pending HHSC approval, Pecan Valley Centers met the PY2 10 year period. The Rural residency program has proven to help the provider increase access, and the possibility frankly, I am disappointed in our performance. Hopefully having a consistent clinic manager that will provide consistent ID, patient name, age, payer type, and three separate columns identifying whether the tobacco, pneumonia, or asthma having had discussed advanced care directives), and we are also finally increasing the number of patients who

on in the later part of 2019. In our acute condition measure (B2-392) we saw increases in both our self-pay and insurance

appropriate setting and continue to improve documentation of current medications and medication reconciliation, a completion at 65.15%, PY1 achievement was 72.07% and PY2 achievement was 75.86%. Achievement for each of our

information back from patients who go elsewhere for some of the screening testing. We have notes in the chart for our providers, make referral suggestions to patient's provider, and educate patients about available resources. This and train staff, we are seeing increased utilization of the tool and receiving less return calls regarding necessary information to provide services to individuals with non-emergent conditions, reducing emergency treatment time for emergency. We were successful in our recruiting efforts to replace the FP. We had 1 pediatrician that came on board in July

and to the measures in several areas in the hospital to achieve better patient care. Those areas where improvement in 2019. However, we saw marked increases in our compliance rates related to the CAT-C measures and hoped that

assigned to one or more of our 18 clinic locations. Our project managers create a patient worklist for each clinic for the Management: Diabetes Care Measure Bundle. Core Activities that we had been working on for the initial waiver Chapter 534 of the Texas Health and Safety Code, serving over 500 people per year with an annual budget in excess of \$47,000,000. The overall DSRIP Program goals StarCare Specialty at our goal on all three. This was achieved by implementing a questionnaire at the clinics. This questionnaire was assisting in getting their enrollments completed. We have hired a Patient Advocate who is heading up that effort

-285 projects. We highly believe these projects will be of great benefit to our community members by improving and approved DSRIP projects for DY2-DY6 reporting periods included: Cat 1.1: Expand the hours of a primary care health Records system and the inability to track DSRIP attributed quality data in real time to gauge the effectiveness of provider proper documentation on when the patient has received the pneumonia vaccine with a documented year of quality data in real time to gauge the effectiveness of the activities including provider education and training. Cat 2: Track DSRIP MLIU and attributed quality data in real time to gauge the effectiveness of the activities including provider communication in the patient satisfaction surveys. The last 2 months of 2019 the urgent care clinic was closed

Medical Advice Line number and information, and distributing magnets with the phone number. We continue to facilitate as the CCM care team. Management is looking for an outside vendor to increase the overall community involvement. We started three Core Activities that impacted each measure selection and implemented change ideas to improve a core care management and a third nurse that has a primary focus on annual wellness visits. The nurses work to help clients in our workflow application. These advancements have allowed us to transition the administrative work related to new OB appointments so all the screenings and education can get done for E1-300. The Timeliness of Prenatal

Our organization participated during Demonstration Year 8 (on 9-30-19 - Region 12 Learning Collaborative in Lubbock, TX and our. During the early phases of the 1115 waiver in 2011, then CEO Chris Ekrim developed the initial plan for YCHD 19. BMHD is reporting achievement in Rural Emergency Care Measure Bundles including, 1) Documentation of C

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at the right cost. These measures will continue to allow us to provide services to those with little access through the end of Jan. 1, 2019 to Dec. 31, 2019, the Health Department logged 1169 encounters to the STD Clinic. Of the 1169, we track DSRIP attributed quality data in real time to gauge the effectiveness of the activities including provider education and the windmill projects have really picked up. However, we are now experiencing a low volume due to the COVID-19 cases selected as innovative and new to the system have been found to be better suited for primary care clinics; such as telemedicine which reduces the unnecessary use of the emergency room and also a means to educate providers and patients, especially those who used tobacco. The interventions utilized the 5A's for individuals ready to make a quit attempt and the 5R's for low volume, the percentages are not always an accurate representation of our performance. Lastly, we utilize telemedicine which has enhanced our ability to provide much needed care to our underserved patients. This has been advantageous in the processes needed to meet our goals. Although we are continuing to make progress towards achieving our metrics, behavioral health clinics we've been able to positively impact the health of our patients dealing with hypertension and diabetes. We track DSRIP quality data in real time to gauge the effectiveness of the activities including provider education and training. Due to the inability to track DSRIP quality data in real time to gauge the effectiveness of the provider education and training for this measure. However, we are going to focus on education of our providers and clinical staff to reach more of our goals and care coordination. Through the implementation of A1, Shannon continues to dedicate efforts to improve diabetes

in real time to gauge the effectiveness of the activities including provider education and training. Cat B was not a metric performance to better maximize achieving our valuation goals.

We implemented the new EMR in September 2018 and continues to work on improving clinical documentation in the new EMR (a Cerner

health outreach initiatives were challenged on a new level as we began facing the COVID-19 pandemic in early March. Screenings can be performed by our Diabetes Education Specialist in the course of the self-management classes we teach. Behavioral health clinics we've been able to positively impact the health of our patients dealing with hypertension and diabetes. Patients had higher levels than 9.0. We will do our best to continue to educate our providers and diabetic population. We can then gather the information that will be needed to complete the reporting requirements.

Patients have eliminated the vast majority of the manual work that was being completed by our Patient Navigation team.

Regional health needs assessment, which includes cancer screenings, immunizations, teen health resources, oral health, and the organization to higher awareness and compliance related to our safety bundles. We continue to push an environment of additional carry-forwards as UMC continues to struggle with compliance of the A2 (Heart Disease) C1 (improving patient care), as a result many of the measures below 100 percent achievement were affected by this change. Additionally,

in the Paso community. SPEMC is part of the Sierra Providence Health Network (SPHN), now renamed The Hospitals of Providence, and is dedicated to improve the delivery of health care services in our community. The General, OB/GYN and Pediatrics clinics continued to provide access to primary care, pre-natal and post-natal services. A new position that was filled with a registered nurse. This is a much needed position and their case load continues to grow. They provide these services. Central Counties Services will continue to partner and collaborate with local mental health services. At HHSC, we try to bring new ideas from the perspective of a rural provider but also solutions to current issues related to re-prioritizing program core activities and drivers as well as outcomes. The sharing of practices is helpful as we achieved more this year than last year as we did an additional screening from last year. For our M1-147 BMI Screenings we saw a 6% increase in and system leadership goals. Utilizing the approved HHSC Cost Analysis tool, Baylor Scott and White Medical Center, we have better collaboration among the various departments, including administration, medical staff and clinic and nursing services to conduct gap analyses, chart reviews, and process monitoring and regularly communicates performance analysis. These services were given from October 1, 2019-March 31, 2020. We continued to collect information on flu shot and additional services. The hospital offers comprehensive services that range from emergency services to the neonatal intensive care unit and intensive

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11-319- Provider had to correct baseline and PY1 performance during this reporting period. The need for the coordination for informed decision making regarding future events. Additionally, this detailed structure helped propel focusing on continuing to care for all patient populations, and by aligning goals for providers in the PCMH to key e also focusing on continuing to care for all patient populations, and by aligning goals for providers in the PCMH to or to the COVID-19 pandemic, the current DSRIP navigator is meeting eligible patient bedside in the ED or bedside the ED Navigation team and program. Meetings with external stakeholders also occurred to ensure eligible ar otocols, clinical best practice across the continuum, comprehensive medication reconciliation, regular quality out of their chronic conditions. Our care coordination services help patients get scheduled for and reminded of PCP e required med changes or referrals to our Wellness Clinic and/or to our nutritionist for healthy maintenance an en active measures to ensure that staff competency and education support the reduction in both CLABSI and Pa newborns and perform other Ob/Gyn services at Medical City McKinney and Medical City Frisco. In the last 2 year

measures. LifePath has been very successful in demonstrating achievement of most of our Category C measures. A

providing evidence-based treatment for individuals who would otherwise not had access to care. As part of this pro dren through the Medicaid Waiver Transformation program the clinic can accomplish so much more. The DSRIP p io focusing on continuing to care for all patient populations, and by aligning goals for providers in the PCMH to ke LIU) of Grayson County. This is in large part to due to expanded hours, clinic resources such as medication assist mprovement on these metrics and is enthusiastic to take on this bundle. Several performance improvement initi

assistance with medications, securing transportation, signing them up for meals on wheels, and various other th r 2019 was .8214, in 2020 so far it is .8333. Postpartum follow-up was .7625 in 2019 and is currently at .8846 in late to our MOT (Memorandum of Transfer).

its associated with providing CCBHC-level care. Four out of our five outcome measures have now met both PY1 a een tracking the percentage of rural health clinic patients identifying as tobacco users receiving cessation counse

missions lowered by our sick time hours at the clinic at both locations and our outpatient programs. We are also eenings have helped to identify, prevent and possibly detect diseases and health conditions, even prior to symp with our RHP and anchor. They keep us very well informed. We have participated in a number of calls with them, re providers of measures to be completed. Although care navigators have improved outcomes of more than half

re at the outpatient clinic, were referred to the on-site Primary Care Clinic at Border Region for thorough assessi

clinic regardless ability to pay, language barriers, pre-existing conditions or any other adverse social determinar

underserved area to provide additional access for patients that fall in the MLIU category. Doctors Hospital plans



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eria to provide additional treatment capacity to the system of care. The PHQ-9 was selected for use as the stand of services. The integration of medical and behavioral health is improving our effectiveness in treating the whole

CAT D metrics ( M-7.1, M-7.2, M-7.3, M-7.4, M-7.5) during this reporting session. We to address this, and we are in the process of recruiting an additional pediatrician. This has been a big loss for ou

where medications should have been addressed (ie: ED visits, clinic visits, etc.) and verified were identified and ty bundle. TMC Bonham Hospital maintains zero negative patient safety events for CLABSI, CAUTI, surgical site in all 5 CAT D metrics ( M-7.1, M-7.2, M-7.3, M-7.4, M-7.5) during this reporting session. We rity 1, chronic disease management, we have restructured our foundational DSRIP projects to focus on diabetes a M-7.2, M-7.3, M-7.4, M-7.5) during this reporting session. We

the quality updates to our data system. All systems are now on EPIC, and we believe that will limit the additional ervices to 448 unduplicated individuals from October 1, 2019, through March 31, 2020. Over the past year, the C orrmation in the Electronic Health Record to assist in increasing adequately controlled BP (Measure L1-103). In ad for all 5 CAT D metrics ( M-7.1, M-7.2, M-7.3, M-7.4, M-7.5) during this reporting session. We

-7.3, M-7.4, M-7.5) during this reporting session. We e clinical workflows and processes. This enables us to capture the data within measure defined qualified visits a o the clinics or ED unless it was an emergency. We became part of the CTC video and virtual clinic visit program ening a new clinic, Family Care Center Daingerfield, which has allowed us to extend our outreach in primary care 7, 25% C1-280, and 25% C1-389. CAT D: We are reporting for all 5 CAT D metrics ( M-7.1, M-7.2, M-7.3, M-7.4, M i transitioned into The Center for Population Health, Analytics, and Quality Advancement (The Center) within the e results that have been achieved through case management efforts. Because of the DSRIP project efforts, the l

; of this care collaborative in DY7 & DY8. Progress on Core Activity Category A BHSET continues to strive toward i ealth system is tracking CATC Measurement performance on a monthly/quarterly basis. This information is shar s individuals who are identified as being at high risk and high need for mental health and primary care services. viduals. NOTE: After 89 years of service, CHRISTUS Hospital-St. Mary closed its doors in July of the prior year, alth also seeking accreditation as a Patient-Centered Medical Home.

hopes of preventing Potentially Preventable Readmissions and Potentially Preventable Admissions. The commit oughput during the latter part of 2019 but not as timely as anticipated. Reporting of ED timeliness measures in th tinue to strive for improvement in the care of all patients, including those who fall within the diabetic or materna aining. Cat B was not completed in this round. Cat C progress: Goal was achieved in PY1 and PY2 for EDTC, Tobac onday morning at 8am. Imelda created challenges in the final four months of the year. Many of our staff and clie I DY9 reporting submittal will include rate corrections for seven measures. PY2 achievements to be reported at tl

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staff. Category D is being reported at this time.

teracy of our patient population so that they can be more proactive in their own care. The efforts to date are rel

ment visits for Medicaid and low income individuals by focusing on primary and preventative care. We refer pati  
cine Teen Health Clinics (BTHC) are in geographic locations across greater Houston of high service need but low

ilf of 2019, Southeast was without a VP of Quality or a CMO. That has since changed and as such Southeast is bel  
asure audits that are occurring at sister facilities. West is newly participating in the E2 measure bundle and has ic  
ion, for many years, have been undocumented and are parents of citizen children with Medicaid/Title V. Howeve  
alth coverage was put into place CCH experienced lower medication errors, having a positive impact on the readi

re made differences in infrastructure, personnel, and provision of care to the Medicaid covered, uninsured and u

19 performance, Harris Health has continued to build upon previous year activities to improve the DSRIP 2.0 met  
ing healthcare services. Issues with transportation lead to missed or rescheduled appointments and lack of any t  
the same: post-discharge follow-up home visits and automated telephone calls. Our aides actually see recently-

s care for more uninsured and Medicaid patients than any other provider in the Houston MSA, including a dispro  
s care for more uninsured and Medicaid patients than any other provider in the Houston MSA, including a dispro  
owed us to offer services to our MLIU population, provide up to date reports to our medical staff during schedul  
n the same: post-discharge follow-up home visits and automated telephone calls. Our aides actually see recently  
rack to achieve fully, the measure requires manual chart reviews and due to COVID-19 resource and time limitat  
of care, streamlining processes, enhancing the development of formal relationships with community providers, a  
i commercial coverage that also factors in to the modification request. Rice continues to provide DSMES services

delays in obtaining H2-216 data. SJMC has also been impacted by COVID-19 which a temporary restricting of the  
VC patient population. The current team structure has allowed growth in volume of post-discharge risk assessme  
ddition, the Crisis Residential Unit is being used as a step down from incarceration from the local county jail. This  
een enhanced through the work of an organization-wide care coordination initiative and the value based care co  
nents. Services created as a part of DSRIP funding has enhanced and expand behavioral, physical health, and subs  
itation of a care transition and discharge planning program - after hospital communication. One of the change ide  
t for those in need. And our case managers and pharmacists worked hand in hand to ensure our patients were u  
LIDDA) under contract with the Texas Health and Human Services Commission (HHSC) for Bastrop, Burnet, Cald  
nsured (approximately 1,173 inpatients). After the start of this program, Spohn implemented the electronic screen

ic opened for business at the new site on March 12, 2014 and twenty-eight patients were treated that day. The b  
sis, and treatment provided by a nurse practitioner (NP) and physician assistant (PA). The primary challenges exp

rve once DSRIP funding ends next year. A unique challenge we encountered in DY9 was that our Center was infe  
L or PY2 and is not tracking well to attain CF goal in PY3. One challenge is that B2-387: Reduce ED visits for BH/S  
This also provides an opportunity to assess for social determinate needs such as medications, transportation and

d and treated early in the illness, they often needed hospitalization that could have been prevented if they had r  
each patient has the best opportunity for a healthy physical and mental development. We will survey the patient

ees initially and at regular intervals to ensure staff are properly documenting measure data. This documentation i

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cts successful. Due to the impact of the COVID-19 virus on the staff resources, we are unable to complete reporti

ver the course of these projects, we have always struggled with developing an electronic tool but we feel confid  
ificant for all populations in our region regardless of whether privately insured or MLIU. The goal of the 1115 Wa  
s. Quality Analysis and Case Management involvement has allowed for improved treatment plans for our individu  
eam will be taking the appropriate measures to correct this, as well as applying new policies and protocols to ca  
urs on Saturdays). The original milestone was to increase hours by 2 additional hours per week. Spohn has maint  
/ Hospital is dedicated to serving patients of the nearby rural communities through additional outreach program:

ety quality. On October 2018 we reported baselines for our DY7/ DY8 projects, RGRH reported progress on its m  
ified Stroke Center, Women's Center, Level III Neonatal Intensive Care, Adult Intensive Care, and Pediatric Intern  
ngagement and standardization continue to improve delivery of care. Category D metrics have shown improvem

2020 for staff and Providers. Another challenge has been with the education and compliance of Diabetic patients  
tcomes. For category C we are reporting achievement of 22 metrics and 2 carryforwards from last year. We are  
r hospital has been in operation since 1975. Being a hospital district allows our hospital to levy and collect Ad Va  
s-training, psychosocial rehabilitation, supported employment services, supported housing services, crisis interve  
/ida program, we are providing continuity care services to enhance chronic care management support for Su Clin  
bulatory locations span three counties in south Texas and aim to provide the highest quality patient care to all (A  
-210), statin therapy for the prevention and treatment of cardiovascular disease (A2-404), cervical cancer screen  
their sustainment even after DSRIP is over. Baptist continues to engage post-acute care partners that are in the Co  
LIDDA) under contract with the Texas Health and Human Services Commission (HHSC) for Bastrop, Burnet, Cald  
sment) and E2-602 (OB Hemorrhage & Quantified Blood Loss). CSR expects these new metrics will inform future p  
pleted for all c-sections. These were then reviewed on a weekly basis by the Chief of OB to ensure compliance a  
ental disabilities, persons in crisis, as well as veterans in our service area. Our major long-term projects address  
ate as possible. Metro Health also took the opportunity last year to review existing projects and decided to disc

opolitan Health District's Tuberculosis Program (SAMHD-TBP); and, 2) tuberculosis (TB) disease treatment provide  
n to the patient, free of charge, so that the patients can monitor their weights at home and report to the Doctor  
r promote a collaborative effort with our healthcare system both locally and at a regional level. We opened a rur  
have been continuing to work to improve clinical management of diabetes, improve care-coordination for these  
h as those relating to rapid reduction in depressive symptoms. The population served by centers is not generally

t health goals and introduced them to their nurse coach. These first enrollees have monthly calls scheduled with  
s with Schizophrenia from .5799 in PY1 to .7082 in PY2. E2-266 Methodist improved the rate of Independent Livi

atient population. SWGH expects cost savings at the facility level in the Emergency Room and Inpatient Psych  
ns to improve in-house access to care, 3) increasing 72-hour post-discharge phone calls to patients to identify an  
g quality patient care, and support and opportunities for our consumers to sustain better outcomes remains our  
as not been established. The impact that this transition will have on DSRIP reporting is unknown at this time, the  
in how we manage and practice within our system. Sustainability has also been incorporated into this plan. We h  
t progress has been made since then in an effort to catch up for the performance year. That progress includes pr  
ansion was paired with quality improvement initiatives that would enhance our pediatric population health alor  
l records instantly via the patient portal. Additionally, we activated the TeleHealth module and have seen over 5

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and the quality of integrated care and supported the achievement of 21 out of 21 Category C metrics. In DY8, 74% LIDDA) under contract with the Texas Health and Human Services Commission (HHSC) for Bastrop, Burnet, Caldwell in our CCM program. Once enrolled, patients are phoned at least once per month to track adherence to their or our new Chronic Care Management Program (CCMP), and system wide adjustments on processes for data collection about the status of these improvement initiatives and to identify opportunities for additional quality improvement such as those relating to rapid reduction in depressive symptoms. The population served by centers is not generally communicates performance and areas of opportunity to staff. Due to the impact of COVID-19 on available resources, communicates performance and areas of opportunity to staff. Progress related to this work will be reported through ally with the statewide TexasAIM program to reduce obstetric hemorrhage and maternal mortality through partic

the following services: preconception counseling, family planning, pregnancy testing and counseling, STD testing and LIDDA) under contract with the Texas Health and Human Services Commission (HHSC) for Bastrop, Burnet, Caldwell by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, American Academy of Child and Adolescent Psychiatry, and has implemented a structure of mental health staff within the jails to assist clients with mental health throughout DY9. We were successfully able to provide options for individuals to make changes in their lives and we have

such as those relating to rapid reduction in depressive symptoms. The population served by centers is not generally patients and compliance to plan of care patients. The Behavioral Health goal was to develop BH outpatient clinics

measures that improve wellness and prevention, BSWH continues to prepare for other VBP opportunities and initial key measures that improve wellness and prevention, BSWH continues to prepare for other VBP opportunities and to show the value of aligning the DSRIP measures to other initiatives and future APM models leading to greater performance and areas of opportunity to staff. Due to the impact of COVID-19 on available resources, the Performing P continue building on that improvement. As demonstrated in RRM's DY9 April reporting, RRM and the clinics and in, LTBI, and BMI screening and counseling. To increase adolescent and childhood immunization, we have provided

to show the value of aligning the DSRIP measures to other initiatives and future APM models leading to greater opportunities

aligning the DSRIP measures to other initiatives and future APM models leading to greater opportunities towards slow providers and care teams to easily assess current progress towards meeting quality goals. Teams are engaged and an increase in cases from PY1 (10 vs 9) however we did decrease cases from baseline of 13. We did achieve the activities for hospital acquired infections. In 2019, for areas such as CAUTI, each nursing unit has a 90 day action plan. A new Division CMO and AVP of Infection Control to better focus on standardizing Core Activities for hospital acquired infections reviewed with Division CMO and AVP of Infection Control. Core Activities are continuing. For CLASBI and CAUTI / testing events in DY9 and tested 1,035 individuals as of March 31 2020. Currently, DCHHS Health Education program 2019, but 2020 is being significantly impacted by the Covid-19 activities. All our Core Activities are supported by the

illness and take control. DECM has empowered the patient, to have control and self-confidence, to live life to a goal. Our selected quality improvement measures have resulted an increase in routine documentation of blood pressure action. This year saw increased collaboration with community partners as evidenced by the successful implementation action. This year, the provider's diabetes-specific collaborative team (spearheaded by the DSRIP team) was able to action. One area of success has been the provider's efforts to further integrate DSRIP activities (chronic disease education) to refine current clinic processes to address gaps in our service delivery. The clinic implemented new procedures for continued improvement. The volumes at HHM continue to increase, particularly with the refugee population: are considered a Physician Practice for reporting purposes. We reported activities which have positively impacted as successfully established medical home criteria and training materials for referrals. Additionally, successfully in

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d clinical providers yield positive patient results, focuses on community health objectives and ultimately reduces  
tion control, exercises, and access to her via telephone. We have been doing Facebook live education and give-

atives undertaken in the last six months are also anticipated to have a significant impact on patient outcomes. M

gram data to show the value of aligning the DSRIP measures to other initiatives and future APM models leading

We achieved our MLIU Antenatal Steroid rate at 100%. We continue to participate state of Texas AIM initiative f  
new Division CMO and AVP of Infection Control to better focus on standardizing Core Activities for hospital acqui  
d AVP of Infection Control to better focus on standardizing Core Activities for hospital acquired infections. In 201  
still exploring how to leverage our new EHR to enhance vaccination provision. MEASURE 211: Weight Assessment  
; for a risk-based payment model. We continue to put processes in place to emulate other Malcolm Baldrige Aw  
ons and supplements they were on or, couldn't remember names and dosages. We utilize a staffing company for  
e resources needed at this time. The program continues to enroll new patients while obtaining vitals and lab dra

provider will work to maintain the chronic disease management and connections to social determinants of health

assess physical and mental health needs, suicide risk, substance use, social determinants of health, and timely acc  
action. One area of success has been the provider's efforts to further integrate DSRIP activities (chronic disease e  
1C's project supports and facilitates the Infrastructure Development of physicians to increase available clinic hou  
! Category C achievement goals for twelve out of thirteen measures. Details regarding each measure and plans fo  
rocess, and benefits of Antenatal Steroids. Collaboration with JPS physicians and TCPH staff has increased the rel  
h metric increased to 10% improvement over baseline. At the beginning of DY8, operational teams performed g  
time appointment scheduling options. We collaborate with physicians, nurses, and care transition managers to e  
nued to manage patients via the telephone beginning with the PA and following up with the CHW to address co  
of their A1cs with many < 8.0. Program staff are developing and implementing plans to be more aggressive at ma

ations. The CHW then follows up with the patient after the NP call and addresses social determinants needs the

focus on aligning quality initiatives across all programs, including DSRIP and MCO agreements. UNTHSC CPG has  
atives undertaken in the last six months are also anticipated to have a significant impact on patient outcomes. M  
rice. This is why WHC has chosen to drop the C2 bundle for DY 9-10. WHC continues to partner with Wise Health  
related Strategies align with the work we already do and with the CCBHC certification criteria that we are followi

hout DY9. We were successfully able to provide options for individuals to make changes in their lives and we ha  
abetes education program reported a group loss of over 440 pounds. The Home Visits program expanded during  
es to recruit specialty surgeons to perform procedures here, with current plans to add pain management and ne

ocation in a rural area. Hamlin Hospital has officially closed on July 31, 2019. Our clinic, which is an extended clir  
inations and advance directives. For the tobaccos cessation and counseling which is measured for MLIU we sho

nominator in our A1 bundle that we could not justify per the measure specifications so this caused us to have to

oved, there is nothing to report at this time. We have implemented a process with our IT and RHC dept to instru

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es exclusively at this facility. One provider is well established and the other has a practice that is steadily growing. Category C achievement goals for twelve out of thirteen measures. Details regarding each measure and plans for recruiting someone to a permanent position. The other resident who will begin practice in July is from Nolan. Persistent reminders to the staff about the metrics will help improve our performance. As of April 1, 2020, Haskell pneumonia vaccines, and advanced care plan were addressed appropriately. We utilized filters within the spread sheet to who have been vaccinated against pneumonia.

Medicaid populations. In self-pay our largest opportunities were in severe ENT infections, cellulitis, and bacterial

admit decision time to ED departure time for admitted patients and continue to improve emergency transfer costs. These outcomes were important to our team. Each of the Category D components for the LHDs was right in line with

nurses to ask, and we make follow up phones, but again a very manual process. For Cat D, we continue to work this year, we increased focus on transitions of care from the inpatient side. We improved the transitions of care by information. Cat B: We are not reporting achievement of the measure at this time Cat C: PY 1 reporting of Measure patient patients and the cost of care for non-emergent patients. GPCH completed the ROI retrospective tool. GPCH 2014, 1 FP that started seeing patients in November 2014, 1 FNP that started seeing patients in January 15th, 2

it and changes have occurred are Emergency Department, Acute, Observation, Swing Bed, Hospice, Physical Therapy. The patient visits pick up in 2020. However, the impact of COVID-19 has shifted a number of visits to telehealth or

that identifies quality metrics the patients are currently falling short on. The care coordinators use this list to prioritize have been evolved and transitioned into processes applicable for the expanded diabetes measures in our Category of \$5,000,000. The overall DSRIP Program goals SRCH worked to achieved during this reporting period align with Health System (StarCare) worked to achieved during this reporting period align with the Centers for Medicare and Medicaid as completed by all patients 18 years and older for tobacco screening and patients 65 years and older for tobacco screening effort and we hope to see a decrease in non-emergent visits to the ED through better utilization of the clinic. In addition

g patient health and providing continuity of care. During the COVID pandemic we have increased staffing in an emergency clinic. P-4, DY2, OGH has expanded its clinic hours by adding two (2) hours on Friday evenings and then on 3/1/20 of the activities including provider education and training. Cat B was not completed in this round. Cat C goals for the documentation of the vaccine being administered at the facility. We continue to work with the staff on this. Cat B was not completed in this round. Cat C metric goals of Tobacco and Advanced Care Planning were all achieved. Provider education and training. Cat B was not completed in this round. Cat C progress shows that we made progress towards the goal. Due to low volume and mis-utilization of clinic, it was found that patients were using the clinic to manage the

the challenges in changing the culture of our population, who primarily utilizes the Emergency Department for non-emergent in this program. Cat B 1) There is no reporting MLIU patient population by provider data in DY9 Round 1. Cat B component of the activity: 1) Utilization of Whole Health Peer Support, 2) Use of Community Health Workers to Improve quality gaps and communicate with area practices to ensure results are received and documented. Two of our goals related to patient intervention notifications to our clinics. This will free up resources to onboard Registered Nurses (RN) and a Care measure is a challenge, but our staff works hard to see all new OB patients as soon as they call for an appointment.

on 9-4-19 2019 HHSC DSRIP Statewide Learning Collaborative Summit in Austin, TX). In Category B, WTC provided the DSRIP program. In collaboration with Plains Clinic nurse practitioner Mark Anna, two projects were selected: Project 1) Current Medications in the Medical Record, 2) Admit Decision Time to ED Departure Time for Admitted Patients,

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hout DY9. We were successfully able to provide options for individuals to make changes in their lives and we have 851 (72.8%) self-identified as MLIU. Further breakdown of the MLIU, 16 of the 851 (1.9%) identified as Medicaid and training. Cat B was not completed in this round. For Cat C, all metrics were achieved for 2019. The facility COVID-19. As this passes, I feel our process will be even more efficient and our clinic volume will increase. Our admission rates as those relating to rapid reduction in depressive symptoms. The population served by centers is not generally Medicaid, Medicare and uninsured or underinsured patients. This program is currently growing. We will continue to work for individuals not ready to make a quit attempt. Providers distributed smoking cessation literature as part of the survey information to ensure we are continually improving and meeting our patient's expectation. We also continue to work for our hospital to provide care for the post-surgery patients to be able to return to our facility to complete the treatment as we continue to face challenges. Financial constraints are always looming and are a heavy strain on our already tight budget. We have selected corresponding Category C measures M1- 103 Controlling High Blood Pressure and M1-104 Diabetes. Cat B was not completed in this round. Cat C metric goals were all achieved for 2019. The facility participated in training. Cat B was not completed in this round. Cat C metric goals were not all achieved for 2019. K1-105 and K1-106 are our MLIU population and increase the number of individuals with an Advance Care Plan. For Category D, we did not achieve diabetes management for patients. Diabetes is identified as a significant need in the community and Shannon plans to

completed in this round. Cat C metrics made many improvements over PY1. Tobacco was not achieved in PY1, but we are working on it (product) and better access information needed for DSRIP reporting requirements. For this reporting round, our results are as follows:

March 2020. Our long term, community health improvement plans have quickly shifted to a short term, disease management plan as well. This would give an extra set of eyes on the matter. Blood pressure control is also improving for our community. We have selected corresponding Category C measures M1- 103 Controlling High Blood Pressure and M1-104 Diabetes. However, it is likely to be a struggle this year due to COVID-19.

team. By enhancing this technology we have created bandwidth for our Patient Navigators to allow them to spend more time with patients.

health care, family planning, mental health, and tobacco cessation. From October 2019 to March 2020, the Medical Department of awareness for all of our clinicians in relation to patient outcomes and how they relate to our DSRIP Performance Bundles (H1 (Hypertension) and H3 (Opioid) bundles. Focused efforts are taking place to tweak those core activities driving our success. Finally, the provider will report for achievement M1-100 Rate 1 and M1-146 as carry forwards from DY 7. Category D metrics are as follows:

Providence, and is dedicated to improve the delivery of health care services in our community. SPEMC is currently working on this. PMH is currently utilizing three Core Activities to supplement its Measure Bundles. Core Activity 1 focuses on the services associated with the selected measure bundles. The DSRIP Project Organization, including Project Sponsor, is working to grow as patients are enrolled in this program. The program started in September 2019 and as already seen improvements in the deputy programs and has implemented a structure of mental health staff within the jails to assist clients with their needs related to healthcare delivery and reimbursement models in rural Texas. We are actively engaged in achieving 25% improvement in the number of overall screenings and follow-ups from the previous year. For the M1-160 Follow-up after H1, Hillcrest provided specific program data to show the value of aligning the DSRIP measures to other initiatives. The patient satisfaction surveys provides the opportunity to show staff how from every department and areas of opportunity to staff. Due to the impact of COVID-19 on available resources, the Performing Provider has not completed the adult immunization statuses for all clients.

include cardiac care, wound care, surgery, wellness and therapy services, women's care, pediatrics, rehabilitation

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corrected baseline was due to a discovery that the algorithm used to electronically calculate the measure was not correct and strengthen current community collaborations. In the first 6 months of DY9, MCPHD helped coordinate several measures that improve wellness and prevention, BSWH continues to prepare for other VBP opportunities and in key measures that improve wellness and prevention, BSWH continues to prepare for other VBP opportunities in the inpatient. During the meeting she will provide the patient with proper ED utilization and the importance of a medical home. Our organization then partnered with a local FQHC facility to provide a home review, collaboration during the evaluation and hand-off process, post-discharge care coordination and support for appointments and labs. This care coordination reaches across the various elements of the complex health care system to recognize and overcome barriers to healthy eating. More persons were seen and treated at the Mobile Client Falls. HMH continues to implement the following three Core Activities: 1) Implementation of evidence-based practices, we continue to see a large number of Medicaid, low-income, and/or uninsured patients in particular. Our self-

We have successfully achieved 100% of the goal for 88% of our PY1 measures and 82% of PY2 measures. We have

process, TCC integrated multiple on-going Core Activities, each with two or more change drivers, that support the program funds, combined with the local IGT dollars, provide more than double the resources to achieve greater community measures that improve wellness and prevention, BSWH continues to prepare for other VBP opportunities and insurance and free/discounted labs and connecting the individual with community resources. Additionally, in July 2019 activities undertaken in the last six months are also anticipated to have a significant impact on patient outcomes. M

ings that insured they followed their medication regimen, ate the right food whenever possible, and got their vaccination. In 2020 and finally prenatal behavioral health was .6491 in 2019 and is .9600 in 2020. We were very disappointed that

and PY2 performance targets. Center staff attended a RHP19 Learning Collaborative on 10/8/2019 at Electra Merrell's leading intervention during rural health clinic visits. One challenge with this core activity is that some patients are not

are experiencing the COVID-19 issue as of right now so we are not sure how this will impact us in future reporting. Outcomes occurring. In addition to these outpatient services, we continued to work on increasing the incidence of adult hypertension, and we routinely get update e-mails. We also participated in the statewide webinars. We have continued to serve the population they follow, we have identified a certain population that still utilizes the ED despite multiple attempts

ments. In the Primary Care Clinic, laboratories were ordered, medication was prescribed and follow-ups requested

of health. Preventive services thru health education, quality healthcare management of chronic disease and other

to continue these project even as the state funding for DSRIP faces the possibility of reduction. We feel this has provided



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standardized screening instrument and is administered by licensed clinical staff. Individuals with a positive screening health of our patient population. Continued collaborative relationships developed as a result of DSRIP and additi

in pediatric population, and the remaining providers continue to work extra hours to meet the needs of these pat

placed in a spreadsheet for concise abstracting. Included in the spreadsheet was all data elements outlined in th infections, and postoperative sepsis. For a critical access hospital in a rural community, it is imperative to provide l

and co-occurring chronic conditions. In this endeavor, we have continued previous DSRIP projects including (1) pr

updates to the system. This is the first reporting period when we do not have multiple EHR systems reporting da enter for Healthy Living provided evidence-based, chronic disease self-management education and support to 16 addition, the Health District has implemented standing orders to assist in ensuring the percentage of patients 50-7

and encounters. Continuous quality improvement processes were implemented utilizing the PDSA cycle to review and were amazed at how many patients wanted to use that service. At the same time we also heard from patie . In DY7 we selected the A2 Bundle with focus on Chronic Care Management. Through this initiative we have bee (-7.5) during this reporting session.■

School of Rural and Community Health. With the new name, came a new Executive Director who brings experie Health District recognizes the value of case management in conjunction with clinical services to improve health i

improving navigation referrals and care coordination for patients discharged from the hospital and ED through a l ed with Senior leadership of the system, and operational goals and finances from DSRIP has been integrated into Burke coordinates primary care services through its integrated care clinic for individuals who primary receive bel ough this OB Clinic, located just adjacent to the Hospital, continues to be open. CHRISTUS is pleased to participa

tee input has brought about some changes to our discharge planning and processes which align with our core ac ne daily safety huddles is still done and lead by the Executive team. The Left without Being Seen■ and Left Against il MLIU populations, in hopes of witnessing the continued upward trend of quality of care. Frequent monitoring c co, Documentation of Current Medications in the Medical Record, and HbA1c. Pneumonia was not achieved in P' nts were displaced because their homes were flooded/damaged. ■ Staff dealing with challenges in their personal li his time are inclusive of full DY8 achievement for all nine Category C measures and full DY7 achievement for the 1

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lected in the relatively high success rate for Category C PY2.

ents to Primary Care services while they are in the Hospital ER. We will also provide much needed patient educational access to adolescents and young adults (AYA) friendly health care, increasing access to primary preventive and re

tter equipped to drive quality and hold everyone accountable. However, Southeast was able to achieve its remaining identified opportunities for improvement, particularly around OB Hemorrhage Risk Assessments and QBL documentation, HHD continues to work to expand partnerships with other providers that will provide services and/or support to improve the success rate. CCH was able to achieve the DY6, CAT 3, carryforward by April Reporting. CCH feels the new measure

nderinsured in the county. Fort Bend County (FBC) Waiver 1.0 transformational healthcare delivery system has un

metrics selected. To facilitate these Performance Improvement efforts, Harris Health System's DSRIP PMO has worked to ensure future attempt to seek care. In order to mitigate this issue and address the goal of Increase Access to Primary Care, we have discharged patients ideally within the first week, and after checking their vitals, use a FaceTime call with the DSRIP

proportionate number of Region 3's Medicaid patients. Memorial Hermann continues working on improving the availability of patient visits, and all around provide services to those that needed it most. We are convinced that we can meet the goal of discharged patients ideally within the first week, and after checking their vitals, use a FaceTime call with the DSRIP. In addition, HHH Tomball was unable to complete the remaining chart reviews and it will plan to report the measure due to the pandemic and promoting healthy lifestyles and disease prevention, all while reducing costs and increasing efficiency. OakBe is providing services to patients free of charge as they continue to work on obtaining certification for the Diabetes Education program

Medi-Psych unit core activity; The unit staff has temporarily been redeployed due to the pandemic, therefore patient care, follow-up plan creation, and ensuring follow-up care provision. By adjusting the team model, the Transition Care Program provides an additional opportunity to engage these individuals into recovery. The Primary Care Integration project committee explores opportunities to engage alternative payment models. We have attended all webinars offered by the state to enhance use services for individuals we serve. As a fulfillment of one of our Core Activities we became a Certified Care Coordination Unit as is contacting 100% of patients after discharge. We are making progress on this measure through our hospital's efforts to date on medication refills and chronic care management. We established drive thru testing centers at some locations in Beeville, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties. In addition, BTCS is designated by HHSC as the best practice tool, workflow process and a metric to monitor the use and efficiency of the modified electronic screening tool.

biggest challenges faced thus far have been staff recruitment due to the fact that the clinic is located in a rural corridor. Challenges experienced thus far include educating patients about the regular availability of primary care services in Beeville and

affected by a computer virus that shut down our Center's network and electronic medical record for two months (N/A). It is difficult to impact due to the inclusion of patients with anxiety as a secondary (non-primary) diagnosis. In addition, we have other medical needs as demonstrated by CHW tracking log. Xsolis software continues to be successful to determine

regular access to primary care management. Upon discharge from the hospital it was difficult to find a doctor to discuss with parents to compare our results over this service. This program has also increased the number of program sites

is used in the tracking of chosen measure specifications in an effort to achieve our 1115 Waiver goals. M1-160 Fc

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ng in April. We will report in October 2020. After the COVID-19 pandemic has subsided, we expect to be able to

ent with the tools we have in place for the K1 measure that we can continue to improve upon our rate and reach  
iver Program is to overcome the high risk of the increasing epidemic of chronic diseases and obesity in our commu-  
uals with dual diagnosis (M1-257). Securing doctor time and including more licensed professional counselors, has  
apture increased metrics for Cat-C K1-268 (Pneumonia vaccination status for older adults).

ained the after-hours access of 10 hours per week that it established in DY3 (Wednesdays, Thursdays until 8pm, and  
s. The greatest challenge we face as a rural provider is providing a wide range of care options for our patients and

measure bundles during April and October DY8 reporting. RGRH's dedication to providing top-notch care led us to  
ediate Care. Our commitment to improve and provide an outstanding level of health care led us to the implementa-  
ent in PPA, PPR, PPC, and PPV metrics from 2017 to 2018. DHR Health aims to continue investing into best practice

s. We now provide information to our patients about additional resources for education provided by our outreach  
carrying-forward 9 metrics that will be reported in 2021 R1 with PY3 data. For Category D we are fully reporting  
more taxes to help pay for hospital maintenance and operations. Our annual tax revenue helps pay hospital expen-  
sation, crisis respite, and other specialized services. In DY9, from October 1, 2019 through March 31, 2020, TTBF  
lica and Rio Grande State Center patients with diabetes and hypertension. Our DSRIP project has expanded the c  
egardless of ability to pay. Along with continued growth of the school of medicine and practice, in late August 20  
ing (C2-106), colorectal cancer screening (C2-107), and breast cancer screening (C2-186). We also met goals for  
ntinuing Care Network and have hosted all facilities each quarter to share best practices and review quality perfor-  
vance, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties. In addition, BTCS is designated by HHSC as the  
process related to these outcomes and reduce the number of hemorrhages during deliveries. CHofSA is requestin  
and to identify fall outs. Additionally, the department held monthly meetings with providers to reinforce the imp  
d the absence of adequate crisis services for our entire region. We have created a continuum of care system tha  
continue one of our measures and replace it with three new measures. Metro Health's DSRIP Operations team co

ed to admitted patients by the Texas Center for Infectious Disease (TCID). TCID is responsible for reporting perform  
s office if they have gained excess weight. Our nurse manager will begin soon to follow-up with phones to mon  
al health urgent care clinic in Dilley Texas April of 2020. We are in our very early stages of patient care with the  
patients, and to increase healthy behaviors. We have been diligently working on our drivers and change idea ini  
/ the "worried well" or those with transitional depression, but those much more seriously affected, and those w

their nurse coach to review medications, clarify issues with current conditions and identify new or worsening sy  
ing Skills Assessments for individuals with Schizophrenia from .6758 in PY1 to .8648 in PY2. 12-305 The rate for s

Unit as we coordinate care with with providers, outpatient programs, clinics, and community leaders to create a  
and mitigate obstacles to successful continuity of care, 4) initiating Care Coordination tracking logs to monitor per  
focus. We look to continuous process improvement to keep our service delivery system aligned to our core acti  
Health System will keep HHSC apprised of any major developments. University Health System DSRIP Activities co  
ave strategically selected bundles that align effectively with Medicare Shared Savings, ACO, and STARS measures.  
processes put into place to impact the numbers toward foot exams, A1c control, and blood pressure control for the  
ing with access. Biweekly meetings have been held with the Clinical Outcomes Manager, Clinic DSRIP nurse, and C  
100 patients via TeleHealth through the patient portal. All of these actions have increased usage on the portal ar

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of clients had one or more comorbid diagnoses and 34% of those individuals had a chronic medical condition. T  
vell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties. In addition, BTCS is designated by HHSC as the  
plan of care. The goal is to help high and moderate risk patients achieve pre-established health goals through ed  
llection. APH looks forward to continued process improvement that will benefit our community's health and stre  
ement activities and initiatives supporting Category A Core Activities. The CCC is reporting performance for Categ  
/ the "worried well" or those with transitional depression, but those much more seriously affected, and those wl  
s, the Performing Provider has chosen to delay reporting of metrics and milestones until DY9 Round 2 where pos  
h Category A in October. Due to the impact of COVID-19 on available resources, the Performing Provider has ch  
icipation in the Initiative's various projects and meetings. This template outlining all implemented processes and p

and treatment, immunizations and tuberculosis testing and treatment. Bell County has approximately 327,000 pe  
vell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties. In addition, BTCS is designated by HHSC as the  
Sleep Medicine (AASM) Accreditation, and Primary Stroke Center Accreditation. CPRMC is a Level IV Designated  
severe and persistent mental health concerns in need of accessing crisis services. Provider continues an execute  
ve been better able to serve our community and be a resource for them in a time that is important. This was dor

/ the "worried well" or those with transitional depression, but those much more seriously affected, and those wl  
and recruit additional providers. A psychiatrist, psychologist, and LCSW were successfully recruited to provide th

tives under decreasing valuations in DY9-10. While the chosen measure bundles continue to show the value of th  
d initiatives under decreasing valuations in DY9-10. While the chosen measure bundles continue to show the val  
opportunities toward sustaining these initiatives. For Baylor Scott & White Medical Center - Temple, with feedba  
rovider has chosen to delay reporting of metrics and milestones until DY9 Round 2 where possible and permitte  
achieved 100% of the DY8 goals. While the clinics have been quite successful in achieving the stated goals, they c  
ed incentives for any child and adolescent that meets measure criteria and completes their vaccination series w

ortunities toward sustaining these initiatives. For Baylor Scott & White Medical Center - Irving, with feedback from

ustaining these initiatives. For Baylor University Medical Center, with feedback from HHSC, the cost and savings  
ged with the intent to identify trends that impact patient care earlier<sup>3</sup>. Exploring options that might be available t  
e PY2 C-Section rate for MLIU. We continue to work with our physicians to educate expectant mothers on prenatal  
plan for improvement. Each month the plan and updates actions and rates are reviewed with Division CMO and  
ired infections. In 2019, for areas such as CAUTI, each nursing unit has a 90 day action plan for improvement. Eac  
l, adherence to standard nursing protocols and evidence based bundle care are key. 100% audits are being done  
rogram is fully focused on combating COVID-19. Accordingly so far, we were able to distribute educational materi  
he 36 measures the system selected.

ompletely new dimension. Patients now know to call the clinic, and/or case manager if they are feeling ill, and ar  
ure, alcohol and tobacco use, as well as BMI analysis. As this documentation has become standard practice, we l  
itation of the YMCA's Blood Pressure Self Monitoring Program at the hospital. Patients with hypertension were of  
o source and hire a Diabetes Care and Education nurse who is solely focused on providing bedside education for  
ducation and ED navigation) into the hospital's regular workflows through increased participation in clinical team  
or medication refills and compliance calls. Metrocare has also moved some of the lab testing in house to address  
s as they provide culturally appropriate care within these vulnerable populations.

ted rates for the following metrics: M-9.1, M-9.3, M-9.4, M-9.5, M-9.6, M-9.11, and M-9.12. We reported for all  
implemented referral process for identified patient population from hospital to community resources. Referral pr

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cost. Texas Health Denton works closely with Health Services of North Texas, a local federally qualified health center, to find ways to keep patients involved.

Most notably, protocols were established for clinical coordination and process improvement activities for the pneumonia bundle.

To gain greater opportunities toward sustaining these initiatives. For Baylor Scott and White - All Saints Medical Center, we have been able to

improve our OB safety improvement. We have attended all required training and meetings. We are working nursing education on central line associated infections. In 2019, for areas such as CAUTI, each nursing unit has a 90 day action plan for improvement. Each month the plan and progress is reported. For areas such as CAUTI, each nursing unit has a 90 day action plan for improvement. Each month the plan and progress is reported. And Counseling for Nutrition and Physical Activity for Children/ Adolescents is being reported at an MLIU performance level. We are award winners and have adopted processes under the Baldrige model in order to drive cultural change towards better patient care. Our ED Providers and some of them may have a subscription to the national database to verify prescribed medications using a drive-through option with staff in full PPE and not requiring patients to enter the hospital or its clinic. Not all patients are able to use this option.

As previously provided.

Access to services. MHMR continues its focus on access to behavioral health services, integration of total wellness, and patient education and ED navigation) into the hospital's regular workflows through increased participation in clinical team meetings. This demonstration year we continue working on meeting with patients presenting to our Emergency Department for improvement are provided in the April DY9 Category C Reporting Template. The RHP10\_130724106\_CatC\_Appeals from JPS, however with high turnover, continuous education and outreach is necessary. 105: TCPH has developed analyses for each measure and bundle to assess performance at the end of DY7 and the gap that had to be closed. Expedite appointments for those identified as high risk for challenges in managing their care. The inability to purchase medical equipment and social determinants needs. Normal operations should resume within a month with patients managing high blood pressure. Normal operations should resume within a month. Prior to the pandemic, the program was successful.

Patients have especially during the pandemic. The clinic will begin seeing patients in person within the next month.

We worked with HHSC to complete all follow-up questions regarding the review of the Category A cost and savings initiative. Most notably, protocols were established for clinical coordination and process improvement activities for the pneumonia bundle. System in participating in various incentive or risk-based payment models. WHC is still in the same Track 1 MSSP program.

We have been better able to serve our community and be a resource for them in a time that is important. This was done during the period. The new family physicians we recruited during the year have brought in new patients. Extended hours of operation. For project 137074409.2.1, PCMH has experienced the most challenges. With the gain of the clinic in 2019, we have been able to

improve our clinic, has the hours of operation from 7:30am - 7pm Monday through Thursday and 7:30am - 2pm on Fridays with a 75% rate in PY1 and a slight decrease in PY2 of 74% which was still higher than our achievement goal but we need to

go back and correct baselines and PY1 reporting for all of our measures in this bundle. We begin with our A1-Inpatient

contact our admissions personnel and our providers to the correct place for our documentation. Our mission is to create a better patient experience.

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. Each provider was approached with the measures included in this bundle. Support was achieved from both pro or improvement are provided in the April DY9 Category C Reporting Template. The RHP10\_130724106\_CatC\_Ap County and the Hospital assisted in her education as her desire was to return to her home and practice. Disease County Hospital District adopted the Stamford clinic. We appreciate the support of both boards and see this as divide the information for Medicaid, and LIU. To improve on these measures, we are pulling quarterly reports an

l pneumonia. In our Medicaid population our largest opportunities were in bacterial pneumonia, cellulitis, and se amunication. An additional use for the Nurse Practitioner is to perform an appropriate MSE and give direction ar with our current Community Health Assessment, Community Health Improvement Plan, and Strategic Plan to im

thru and develop process to help improve in all areas, at times the biggest issue is the low volumes, you miss on running utilization review criteria at the time of the visit as well as each day of the patient's stay. The prescriptio re Bundle K2: Rural Emergency Care reported. K2-287: Documentation of Current Medications in the Medical Re ROI analysis shows that GPCH experienced a negative financial return from the ACC Clinic. The negative financial 015, and 1 FP that started January 30, 2015 and is covering weekend ER an Saturday Clinic hours. We added 1 FI

rapy, and Primary Care setting. Those modifications have been made in regards to our medication reconciliation later in the year, so our 2020 values and compliance rate are still very much unknown to us at this time.

oritize focus and begin communications with the clinic staff and patient to get the patient in for annual wellness, gory C Bundle. For our diabetic patients, this measure bundle now includes not only controlling blood pressure b with the Centers for Medicare and Medicaid Services Triple Aim of improved care for people (including access to d Medicaid Services Triple Aim of improved care for people (including access to care, quality of care and health c o screening, pneumonia vaccination and advance care planning. Once the questionnaire was completed, this wa ddition, our Rural Health Clinic has continued the extended hours Mon-Fri until 8pm daily, which provides all citi

ffort to have more members available to call the home bound COVID patients as well as the PUI patients. We fee 15, DY4 to eight (8) hours per week by remaining open during the lunch hours Mon.-Thur. for a total of six (6) ac r Tobacco, Pneumonia and Advance Care Planning were achieved at 100%. The facility participates in HCAHPS, a ie advance care planning documentation to have the patient provide a current copy of their advance care plan o l again for PY2. Unfortunately, although the facility had been on track to meet the pneumonia vaccination measu o at least partial achievement of all measures. Tobacco was achieved at 100% in both PY1 and PY2. Unfortunate air chronic care conditions and not for urgent care. PRMC worked the Pampa Medical Group to expand its service

n-urgent/non-emergent care outside of normal business hours. We continue to educate these patients that pres t C K2-287 documentation of current medications in the medical record. The data accumulation for this measure prove Prevention Efforts, and 3) Utilization of Telehealth/Telemedicine in Delivering Behavioral Services. Whole H ur primary care departments have partnered with pharmacists and pharmacy students in our School of Pharmac l) that can provide higher level patient navigation for our patients to help them achieve better health outcomes. i nment. Our achievement numbers in E1 have also been aided by provider education and collaboration. Prior to

l the data for MLIU Patient Population by Provider (PPP) via On-Line Reporting Tool which indicated achievement ect Option 2.6.2 (Establishment of a self-management and wellness program using evidence-based designs) and and 3) Emergency Transfer Communication Measure. Ballinger Hospital Clinic (BHC) is a federally-designated Ru

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we been better able to serve our community and be a resource for them in a time that is important. This was done while the remaining 835 (98.1%) identified as low income / un-insured. 27.2%, or 318 of the 1169 encounters by participants in HCAHPS, although not required for Critical Access hospitals, in order to fulfill Cat D and we reviewed our decision time to ED departure time drastically improved over the past two years. We were able to open our doors to the "worried well" or those with transitional depression, but those much more seriously affected, and those who continue to monitor this activity as one of our core measures. We are utilizing the K1- Rural Preventative Care Bundle intervention. In addition, the Psychiatric Nurse Practitioners offered the use of nicotine replacement therapy to assist our internal quarterly quality measures to ensure we are identifying areas for improvement and working as a part of their recovery. We continue to strive to update medical records (medication list, problem list, etc) each time a patient is in the facility on a tight budget. Another issue for our facility has been finding and retaining medical providers particularly since we lost our primary care physician. We will report 100% achievement of these measures for DY8 performance. We are currently participating in HCAHPS, although not required for Critical Access hospitals, in order to fulfill Cat D and we reviewed the patient satisfaction survey. 268 were fully achieved at 100%, but K1-285 was only achieved at 75%. The facility lost a dedicated care coordinator and we engaged with Press Ganey for the HCAPS scores and were hopeful we would have data to report for PY2. However, we are addressing this need by working on the A1 measures primarily in the outpatient setting. Through the implementation of the new care model, we have been able to serve our community and be a resource for them in a time that is important.

measures were impacted by increasing patient volumes across our facility overall and also by operational improvements.

itigation and prevention plan combined with long term management of the health of our community in the face of diabetic patients, which is good to see. There are more of them on blood pressure medications which will help with Comprehensive Diabetes Care and we will report 100% achievement of these measures for DY8 performance.

1 more time with our DSRIP patients and our clinical teams. This time will be spent educating patients on resource

icaid Waiver program served 1,920 participants within multiple clinic locations and 136 outreach events in community-based settings. The program also provided a Patient Safety Bundle.

D: Category D is being reported for achievement. The provider has submitted the Category D template and provided Category C outcomes. Efforts in modifying workflows at our primary care clinics and applying lean six-sigma methodology are being reported for achievement.

ly utilizing three Core Activities to supplement its Measure Bundles. Core Activity 1 focuses on improving the clinical documentation of antenatal steroids for patients at risk of preterm delivery, directly impacting the DSRIP Program Team, Project Leads, Key Stakeholders and Measure Specific Project Teams, continued working to improve the patients enrolled. The implemented processes for screening of pneumonia and influenza vaccine for severe and persistent mental health concerns in need of accessing crisis services. Provider continues to execute outcome measures during DY7 - 11. The impact of all outcome measures and core activities significantly changed and continued and could be useful in sustaining the RHP structure post DSRIP. The post DSRIP era seems ominous. We saw an increase by 2% in the 7 day follow up rate. In our M1-257 Care Plan for Diabetes and future APM models leading to greater opportunities toward sustaining these initiatives. For Baylor Scott & White of the hospital can effect results positively or negatively. The board of directors was not satisfied with the process chosen to delay reporting of metrics and milestones until DY9 Round 2 where possible and permitted by the

ly, and diagnostics. Since its inception, HHH Conroe has been committed to improving the lives of the patients it serves.

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capturing all of the diagnosis of major depression occurring at the time of the encounter. Additionally, we discovered community events through county partnerships. This includes flu shots for Meals on Wheels and a homeless initiatives under decreasing valuations in DY9-10. While the chosen measure bundles continue to show the value of and initiatives under decreasing valuations in DY9-10. While the chosen measure bundles continue to show the value of medical home for non-emergent conditions. The College Station hospital is still working through transition process to provide primary care access for our patients resulting in a long term solution to manage patient care outside of hospital, and patient education. Finally, SLWH has a multidisciplinary committee of primary and specialty care physicians system for our patients with chronic diseases, to increase access, and improve quality and health outcomes. We clinic, staffed with a Physician Assistant and nurse, continued to expand rural health services for our medically underserved strategies to empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions. The selected DSRIP Measure Bundles is E1. A summary of our progress in each of the three measures, 232, 235, and 300

we identified the areas where we are struggling and have a plan for improvement. One area needing improvement

success of the 1115 Medicaid Waiver programs and improves outcomes for the target population. These programs improve outcomes. While our healthcare providers have always established clinic outcome goals, DSRIP not only provides initiatives under decreasing valuations in DY9-10. The chosen measure bundles continue to show the value of the 1115 the clinic became the continuity clinic for the TMC Family Medicine Residency Program. The residency program lost notably, protocols were established for clinical coordination and process improvement activities for the pneumonia

occurrences when needed. For DYs 9 & 10 we will continue navigation services, but also add our hospital pharmacist to ensure that the contraceptive measure initially included in our bundle (Improving Maternal Care) was discontinued in DY

Memorial Hospital. Among the topics covered were DSRIP Transitions, Rural Initiatives, Savings Analysis and Updated not interested in cessation counseling. We have also begun our provision of screening and follow-up service core

administration or documentation of pneumococcal vaccinations and ensuring that advance directives were documented. We serve our MILU population well, and we are working hard to deal with the adjustments brought about by the COVID-19 prompts to instruct these patients to utilize the primary care walk in clinic. Chronic care management has continued

in order to monitor progress. Individuals were also referred to our on-site nutritionist and other programs such

that other public health interventions allows us to solve community health problems, and make good use of our limited

resources provided a great benefit to the community and will continue to do so indefinitely.



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receive follow-up. Screening results and follow-up are entered into the electronic health record to track adherence. Regional collaboratives within and across our regions are helping to ensure an improved and sustained health care delivery.

patients. Our Senior Team negotiated with Carevive to establish a Federally Qualified Health Center (FQHC) in our region.

the K2-287 compendium document. Of the all inclusive charts electronically pulled that met the data element requirements, 85% of patients received high-quality care and prevent hospital-acquired complications.

Primary care, (2) remote patient monitoring, (3) ED Navigation, and (4) care Transitions to work synergistically to improve patient outcomes.

data. Our team is continuing to review and look at the cost based analysis under Category A. We do not have new data on the number of individuals through its accredited diabetes programs and CDC recognized diabetes prevention program. The Center is currently reviewing data on 15 years of age who have had appropriate screening for colorectal cancer (Measure L1-107). Distribution of stool samples for colorectal cancer screening.

we will analyze, validate, and improve the data collection methodology. Our findings indicate that persons with mental health needs that they did not have access to internet or computers mostly in our rural senior populations but also with seniors who are unable to better serve our community and surrounding communities through our efforts to control hypertension and diabetes.

experience in Quality, Informatics, and care delivery as a physician. In October 2019 The Center welcomed a new Deputy Medical Director who will focus on clinical indicators and outcomes and seeks to expand case management efforts in other clinical efforts.

revised system-wide discharge process. Through this process, care coordinators are sending navigation referral requests to our direction as a system. We continue to experience the difficulties of administering a rural hospital quality program. While we provide behavioral health services at Burke but also have needs for primary care services that are not being addressed elsewhere in the Texas Medicaid DSRIP program and looks forward to improving the availability and quality of health care services.

activities. We have worked diligently with our hand hygiene program and have been able to report no HAI within the system. The rate of Medical Advice has increased slightly but are still below 3% across the system which is ongoing improvement over time. Streamlined processes, such as the diabetic foot exams, will be conducted to ensure our patients are receiving the best care. The goal for PY1, but was surpassed in PY2 and the PY2 goal was achieved at 100%. Achievement was lower than anticipated for PY1 and at work by being relocated to different buildings and situations. Some clients evacuated and didn't return in time for their appointments. Two measures that were carried forward. In addition, the baseline rate for M1-105 will be reported, as permission is granted.

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tion and a care plan designed to address their diagnosis. DSRIP funds help to continue this important program in productive health care among vulnerable AYA. BTHC has been serving AYA throughout the greater Houston, TX area.

ining hospital safety carry forward and DY8 measures during PY2 and hospital safety remains a strong component. The antenatal steroids measure does not have 30 records that fall into its all payor denominator and tie to this vulnerable population. The Project Saving Smile outreach activities (oral health screening, fluoride/sealant) measures that were implemented in DY7 also had an impact on the community. The goal of Columbus Community Hospital is to

integrated elements of FBC Health & Human Services, FBC Behavioral Health Services, the FBC criminal justice system

worked very closely with the system Quality Management department to ensure all reports are accurate and actionable. We have Specialty Care Services, with a focus on underserved populations, to ensure patients receive the most appropriate care. We have a DSRIP RN or nurse-practitioner (NP), and the clinical pharmacist (PharmD). EMMI, the automated call series, generates

availability and quality of healthcare provided in Region 3 through its DSRIP Program in the following ways; 1. 378051 availability and quality of healthcare provided in Region 3 through its DSRIP Program in the following ways; 2. 208340 make a positive difference in our patients' lives with following the objectives in the C-1 Healthy Texans and the C-2 DSRIP RN or nurse-practitioner (NP), and the clinical pharmacist (PharmD). EMMI, the automated call series, generated during Oct DY9 reporting. Overall HHH Tomball is pleased with the improvements that it was able to make during 2019 and has completed DSRIP Category C reporting for measure bundles B1- Care Transitions and Hospital Readmission Reduction through NCBDE. In January, the diabetic educator began to schedule patients on Saturdays to accommodate the

patients in need of the Medi-Psych services are being treated in their current admission location in the hospital as a result of the Care Team has been able to focus efforts on increasing care touches for CHF patients, other at-risk patients, and the Care Team continues to help individuals control hypertension and diabetes by providing education and medication management. At the state level, TCH has taken a leadership role in the Texas AIM Collaborative and Texas Collaborative Community Behavioral Health Clinic (CCBHC) in June 2019. As a result of this certification requirement we eliminated the 30-day discharge initiative. One enhancement implemented in the summer of 2019 was predicting patient length of stay. We have 3 of our waiver funded clinics in underserved communities and transformed all of our providers to a telehealth platform. Outreach Screening Assessment and Referral (OSAR) entity serving 30 counties in Central Texas. During 2016, BTHC's Spohn's noteworthy accomplishments in DY4 include improved stakeholder engagement and clinical documentation.

community and educating patients to utilize the clinic instead of the Emergency Department for non-emergent visits. We have seen the benefits of accessing the available care, decreasing Emergency Department utilization for ambulatory sensitive

November 2019 and December 2019). We continue to meet with other Centers in Region 4 to devise possible strategies to reduce the B2-387 Rate 1 numerator, CCMC has 2,600 cases (47%) in the baseline, 4,630 cases (54%) during PY1, and 5,600 cases during PY2. We will continue to ensure appropriate levels of care for admissions, observation stays, or other levels of care. In combination with CCMC's

see that patient for follow-up care and/or patients failed to go when they learned payment was expected prior to the visit. We have seen that patients in Laredo and Harlingen Tx and will continue increasing available program days and staff to patients and continue to

follow-up after Hospitalization for Mental Illness. The GBC team continues to improve relationships with Psychiatrists and

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report achievement in DY9R2 in October 2020.

achievement in comparison with our baseline. The hospital did undergo a transition in April of 2018 to the Cern community by providing the necessary education and tools needed to combat them. Our intent is to assist our clients helped with the success of following up with hospital discharged as well as continuing screening for suicidality f

and Saturdays from 8:00am until 12pm). The 4-West Walk in Clinic -Northside extension site began operations or d recruiting physicians to our community. While we have seen some success through our DSRIP projects, this is a

submit DSRIP projects designed to reduce unnecessary ED visits, improve maternal health outcome and improve ration of three (3) Delivery System Reform Incentive Payment projects. Columbia Valley Regional Medical Center ces that encourage improvements in metric performance in future demonstration years. Reductions in PPA, PPR,

ch Clinic and also A&M University on Diabetes. We have provided education on lifestyle changes, in depth nutriti all of the metrics. The most notable improvement is in Patient Satisfaction HCAHPS Survey with increased result sences for about two and a half months. Our current tax rate is 26.41 cents per \$100 of taxable value and has re l has provided services to approximately 24,847 unique clients. Due to COVID-19, TTBH anticipates a decline in s are teams to include certified Community Health Workers who are providing home and telephone visits to indivi 18 UTRGV implemented Athena as its electronic medical record system across all practice sites not operating in h controlling high blood pressure in diabetic patients (A1-207) and patients with heart disease (A2-103). Although i orrmance data and continues to evaluate this performance biannually and update the network lists. Thi

Outreach Screening Assessment and Referral (OSAR) entity serving 30 counties in Central Texas. During 2016, B ig a shortened baseline for this measure because it was unable to start tracking this measure until May 2019. o importance of this metric. The Chief of OB also conducted deep dives into older cases to help identify where issues t has resulted from the improved initiatives toward patient aftercare and step-down that allows them to return continues to engage department staff working to implement core activities and refine new processes for improve

rance on CAT-C measures selected from the Hospital, Local Health Department, Mental Health Community Cente itor the patient's compliance regimen upon discharge. She will maintain a log and will follow through for 30 day new health clinic but, with this addition to our community this greatly improves barriers to good health. With th itatives. Many of our diabetic patients face barriers including funding, transportation, lack of knowledge about t ho may never be in full remission. This unexpected change will cause millions of dollars in loss to the system and

mptoms, and make attainable action plans to motivate the patient to continue to improve on self-management s uicide risk assessments for children and adolescents diagnosed with Major Depressive Disorder improved from .

process by which patients are not only scheduled for 7-day follow up appointments but that assists the individu formance on specific measures,5) increasing Care Coordination face-to-face contact with patients and their fam itivities and best practices, so that we can provide quality care to our consumers. And as mentioned in our Comm onducted in 2019 to drive Category C measure performance/Core Activities:- Monitored measure performance a We were able to fully realize at 100% all of the 26 pay-for-performance measures last year by implementing str e diabetic population. Also, more recent processes have been put into place for inpatient admissions from diabet linic Nurse Manager. In addition, a monthly DSRIP meeting is held with all Clinic Leaders Team from our Rural Hei and we have already seen a 25% increase in the number of logins over the entire previous year. We continue to c

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Throughout DY9, Integral Care continued to build on the available population health data to understand the needs: Outreach Screening Assessment and Referral (OSAR) entity serving 30 counties in Central Texas. During 2016, B location, lifestyle changes, access to community resources such as transportation and prescription assistance, an ngthen our service delivery.

Category B, all 36 Category C measures and providing responses for each of the Category D PQI measures.

no may never be in full remission. This unexpected change will cause millions of dollars in loss to the system and possible and permitted by the approved reporting schedule. Available resources will continue to work on appropriate to delay reporting of metrics and milestones until DY9 Round 2 where possible and permitted by the appropriate protocols along with meetings and calls attended has been submitted. During April DY9, St. David's South Austin N

ersons residing within the county and has shown to have a sustained increase for positive cases of Gonorrhea an Outreach Screening Assessment and Referral (OSAR) entity serving 30 counties in Central Texas. During 2016, B Trauma Center. CPRMC employs patient navigators as its core activity for DSRIP. The patient navigator helps ide d contract with Bell County during this demonstration period that provides two Bachelor level positions within tle with the BMI monitoring and education as well as with the hospital follow up. Focusing on prevention and we

ho may never be in full remission. This unexpected change will cause millions of dollars in loss to the system and  
erapy and medication management to patient discharging from the ED and also serves as referral source to othe

ie core activities in the DSRIP population within an existing PCMH setting to further justify the need/impact of su  
 je of the core activities in the DSRIP population within an existing PCMH setting to further justify the need/impac  
 ck from HHSC, the cost and savings analysis focused on the impact of the Central Texas Care Transition program v  
 d by the approved reporting schedule. Available resources will continue to work on appropriate reporting respo  
 ontinue to report larger structural and socioeconomic barriers to working with indigent patients to better treat th  
 ithin their set schedule. This has dramatically increased completion of adolescent and childhood immunization. (

1 HHSC, the cost and savings analysis focused on the impact of implementing an outpatient wound care program

analysis focused on the impact of the Hepatitis C program as part of the PCMH model. We are also focusing on ( to follow up with patient care after discharge, such as ensuring medication reconciliation is taking place after al care and risks to reduce the need for C-SectionsIn PY1, we have added a new Division CMO and AVP of Infecti AVP of Infection Control.Core Activities are continuing. For CLASBI and CAUITI, adherence to standard nursing pr h month the plan and updates actions and rates are reviewed with Division CMO and AVP of Infection Control.C on CLASBI and CAUIT to ensure standard are followed. Root cause analyses is performed on all CLASBI and CAUTI als to targeted communities both in English and Spanish and 9 other languages. In March 2020, we distributed C

are no longer using the ED for treatment of a non-urgent problem. All this is happening because of DSRIP. The staff have ongoing concerns that the current COVID-19 situation could jeopardize our ability to meet specifications for offering free nutrition and lifestyle education along with free blood pressure monitors. More than 25 patients come in as inpatients with diabetes. This service has not been offered by the provider and has been a welcome addition to our classes, meetings, and workgroups. Both nursing teams and providers are very familiar with the role of the ED patient for needed screenings. The agency has also added new alerts to our Electronic Health Record to drive compliance.

of the Category D milestones and metrics.

process began in August 2013 and as of September 30, 2015 a total of 2,149 referrals from CH-WR resulting in 1,4

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center, to provide HELP patients a long-term medical home once their chronic disease has been stabilized.

pneumonia vaccine, adult immunizations, hemoglobin A1c and unhealthy alcohol screening measures. Dashboards v

er, with feedback from HHSC, the cost and savings analysis focused on the impact of the Hepatitis C program as

ion and OB drills as we have moved in to a new woman Tower and are reassessing some OB Hemorrhage bundle  
ch month the plan and updates actions and rates are reviewed with Division CMO and AVP of Infection Control. Co  
d updates actions and rates are reviewed with Division CMO and AVP of Infection Control. Core Activities are cont  
ormance rate for Rate 1 - 93.92% over PY2 goal of 90.96%, Rate 2 - 81.07% over PY2 goal of 69.03%, and Rate 3 -  
tter hospital quality and safety measures. An example of this is the entire leadership team has started rounding c  
ations but Glen Rose Medical Center does not pay to have a subscription in house thus negating the requirement  
mal operations are anticipated to begin within a month.

nd care coordination. In February 2020, MHMR was recertified as a CCBHC by the Texas Department of Health ar  
s, meetings, and workgroups. Both nursing teams and providers are very familiar with the role of the ED patient  
ment with non-emergent or clinic type needs. Our Emergency Department Nurse Navigator now represents our  
rDY9 template and certification have been uploaded to the Category C online reporting section. Category D M-8  
developed and implemented a workflow assessment to ensure that patients are being screening for tobacco use a  
ised to achieve DY8 performance rates. Each bundle team reviewed relevant processes and developed new actio  
hase healthy food options was identified as a barrier to managing their chronic condition for some of our patient  
returning physically to the program. The staff will continue to educate and encourage patients to be compliant v  
am had begun receiving referrals from the community and plans to pursue them more strongly when normal ope  
ith and return to normal operations.

report submitted in October 2019. Activities conductedThe nurse-led care coordination team is actively providing  
pneumonia vaccine, adult immunizations, hemoglobin A1c and unhealthy alcohol screening measures. Dashboards v  
ACO as Wise Health System and is a participant in the Medicare Bundled Payment Care Improvement Advanced

re with the BMI monitoring and education as well as with the hospital follow up. Focusing on prevention and we  
rs in the clinic have helped working people be seen as early mornings. The CCMC retail pharmacy has seen an inc  
addition to RHC in August we should see the participation in the program and see Medicaid and Low-Income Un

the help of one remote supervising physician, who does not see patients in our clinic, and two nurse practitioner  
will continue to monitor and educate our patients on the health risk of tobacco and offer help with cessation co

nproved Chronic Disease Management-Diabetes Care, which we are particularly proud of because we are happy  
ate a healthier community, one patient at a time.

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viders and we began moving forward. The bundle objectives have been added as agenda items on the OB/Pediatric DY9 template and certification have been uploaded to the Category C online reporting section. Category D M-8: Prevention is the second Core Activity the provider is working on. The Provider continues to promote flu and pneumonia as a positive step in streamlining the healthcare delivery system in our region that covers Jones County and Haskell County and breaking down this information to keep providers and clinical staff up to date on our current status and goals.

severe ENT infections. The increase we saw in pneumonia is also attributed to the high volume FLU/respiratory season. We provided guidance to the patient by assigning appropriate level of care and to reduce emergency department use for non-emergent patients in each of these areas. Consistent staffing continues to be a strength of the department while we strive to address the needs of the community.

and percentages are high. We have restructured part of the organization with Quality to put a greater focus on patient safety. Our history database has been successful in improving our medication reconciliation process. DHCHD's core activities include: patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. Despite the Emergency bundle, patients in this category included the ED, Inpatient and the Rural Health Clinic. The return is likely due to a number of factors, including (1) physician guarantee compensation in the Emergency Department in June 2019 and 1 FNP in August 2019. This gives us a total of 3 FPs and 2 FNPs working in our Rural Health Clinic.

process, transfer procedures, and Emergency Department admission method. In regards to the core activity, we have been successful in improving patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms.

cancer screenings, immunizations, etc. For PY2 we continued to do: Manual chart reviews, Real time chart review, patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. We are also pulling hospital admission and ED utilization data to analyze (patient care, quality of care and health outcomes); improved health for the population; and lower costs through meaningful delivery system reforms. Spreadsheets are passed onto the provider/nurse to document in the chart and then relayed to the provider so the appropriate action can be taken. This has helped us to decrease the inpatient admission of COVID-19 patients. Moore County due to a Meat Packing plant has additional hours and open Fri. evening from 5pm-9pm instead of 6pm-8pm for an additional two (2) hours. P-4.1.1.1 Although not required for Critical Access hospitals, in order to fulfill Cat D and we reviewed the potentially preventable admission documentation of the patient surrogate decision maker. Education continues with the staff for improvements in patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. The facility, although the facility had been on track to meet the pneumonia vaccination measure, when it was broken down by provider and Nurse Practitioners to allow for more visits as well as opened a Fast Track area in the ED to see none emergent patients.

and this has helped us to decrease the inpatient admission of COVID-19 patients. Moore County due to a Meat Packing plant has additional hours and open Fri. evening from 5pm-9pm instead of 6pm-8pm for an additional two (2) hours. P-4.1.1.1 Although not required for Critical Access hospitals, in order to fulfill Cat D and we reviewed the potentially preventable admission documentation of the patient surrogate decision maker. Education continues with the staff for improvements in patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. The facility, although the facility had been on track to meet the pneumonia vaccination measure, when it was broken down by provider and Nurse Practitioners to allow for more visits as well as opened a Fast Track area in the ED to see none emergent patients.

sent to our Emergency Department on the Medical Advice Line and provide them with available resources. We are also much smoother with the new clinic software in use all year. During the software implementation, we really focused on patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. Health Peer Support Specialist receive tobacco cessation referrals as a result of the Tobacco Use: Screening and Cessation program to help with screenings and preventative services. Patient portal campaigns have also been instrumental in improving patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms. Our technological tools, the efforts of our clinics and these new RN resources will be the core of our DSRIP program. Due to this DSRIP bundle selection, the two providers were not documenting in a cohesive manner. Now they are meeting regularly to discuss patient care, quality of care and health outcomes; improved health for the population; and lower costs through meaningful delivery system reforms.

as WTC has maintained an increased MLIU percentage over baseline. There were no carry-forwards for Category D M-8: Prevention Project Option 1.7.1 (Implementation of a telemedicine program to provide or expand specialist services in an area of underservice). Rural Health Clinic and primary medical care provider. Services include wellness checkups, scheduled, urgent care and

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re with the BMI monitoring and education as well as with the hospital follow up. Focusing on prevention and we identified themselves as insured. Of the 1169 encounters, 1121 tested for gonorrhea (GC) and Chlamydia; the H showed the potentially preventable reports with staff. Another example of overall quality progress is that Coleman I clinic a few months prior which has already helped our potentially preventable events. Our physician sees inpatient who may never be in full remission. This unexpected change will cause millions of dollars in loss to the system and juggle with the hopes of improving quality and delivering appropriate quality care to our patients. We are educating when suitable. These activities supported the Tobacco Use Screening and Cessation measure. The PY2 rate calculation team to correct any issues we have identified.

patient is seen in both the clinic and the hospital settings. Our goal is to provide preventative, maintenance and services in such a remote area. In 2019, we lost 3 full-time mid-level providers throughout the year and were able to replace. During the most recent plan update period, we re-classified our Access to Specialty Care Services Core Activity potentially preventable reports with staff.

Coordinator position and turn over in management likely negatively impacted that measure. The facility participated we had no responses in the reports received to submit at this time. We feel confident there will be information collection of C1, Shannon continues to implement strategies that promote person-centered preventive care that improve

facility completed the goal for PY1 and gained 25% towards the PY2 goal. In PY1 ACP measure was reportable, but

measures made to improve patient care and associated measure performance. As a hospital, we added services with

of a deadly contagion. As the primary system of healthcare partnerships in Midland, Midland Health has made a path with complications down the road. ED visits by diabetic patients is also on the decrease, however there are still measures. During the most recent plan update period, we re-classified our Access to Specialty Care Services Core Activity

resources available to them and understanding how we can better support them to improve their health. In addition, the

community settings. Moreover, the retrofitted fire station locations serving as health screening clinics in collaboration

methods to our inpatient discharge and navigation processes have yielded success in meeting most of the targets for needed responses accordingly per CMHC state measures.

clinical documentation of antenatal steroids for patients at risk of preterm delivery, directly impacting measure E2-1 and E2-151. Previously, there were managerial complications and difficulties that delayed the implementation towards achieving the measures for the selected Measure Bundles. Monthly Measure Bundle meetings continued for all patients have shown increased compliance. We continue to work with staff especially when onboarding a new contract with Bell County during this demonstration period that provides two Bachelor level positions within the expanded care delivery model. As a result of selecting a large number of quality measures, we expanded the care coordination team. We are concerned about how the changes proposed in Washington like MFAR and Medicaid expansion pressure will impact. For example, for Gestational Diabetes we saw our percentage go up 11% from 70% to 81% for the performance year. Our M1-259 Assignment for White Medical Center Hillcrest, the cost and savings analysis focused on the impact of utilization from the previous period satisfaction scores and vowed to see these scores improved. We have found that all departments are approved reporting schedule. Available resources will continue to work on appropriate reporting responses and

services. HHH Conroe officially received its Level II trauma center designation in December of 2016. HHH Conroe achieved

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ered that if a diagnostician changed the diagnosis from a previous evaluation, this change was not always reflected in the patient's record. To address this, we implemented a series of core activities: shelter, community health fairs, an educational lunch and learn for local nurses over county tuberculosis trends, and a series of presentations at various community events. The program went live June 15, 2018. Since October 2019 DSRIP reporting, the Patient Care team has reviewed activities and outcomes to identify barriers and challenges, both for managing diabetes and acute behavioral health patients with co-morbid conditions. While maintaining methodology, one challenge was identified: 2) Other- Implementation of evidence-based prevention activity to increase overall hospital safety rates, which is summarized below. We have also summarized the progress in the core activities associated with each measure.

nt was M-385 and M-386. Both of these measures involved completion of AQoL assessments on our dually diag

ams include a licensed Substance Use Disorder Treatment Facility, an expanded Counseling Program, fully access financial means but also the inspiration to set higher goals. Participating in DSRIP facilitates developing local coo e core activities in the DSRIP population within an existing PCMH setting to further justify the need/impact of su m began with four residents and has grown to currently 21 residents. In July of 2019 the program will increase to rmonia vaccine, adult immunizations, hemoglobin A1c and unhealthy alcohol screening measures. Dashboards v

our DSRIP team to help patients and providers manage medications and identify what issues patients may be having. We have also implemented a new process for patients receiving a long acting reversible contraceptive (LARC) from a baseline of 100% to 95% in 2010. Our improvement on patients receiving a long acting reversible contraceptive (LARC) from a baseline of 100% to 95% in 2010.

I Plan Submission progress.

activity. Our medical wellness nurse along with the practice improvement corporation have been identifying rui

entered in the medical record for our patients age 65 and older. We have also continued to screen for tobacco in the 2019 outbreak. We are currently well supplied and staffed at functional levels. Thank you to the HHSC team for your support as well as all the drivers in the core activity. In 2019 we also added a Community Health Worker to support the core activity.

ch as healthy living, yoga and gardening classes. An approach of education, nutrition, medication and frequent fo

and funds. We inform, educate and empower people on health issues; we mobilize community partnerships and a



**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

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elivery sy

uirements, 25% we

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l cards and other

al health disorders are less like  
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**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

our community. Woodland H  
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Cancer Screens.

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s opposed to the consolidated Medi-Psych  
d MLIU patients in

e for Healthy Mothers  
ated a waitlist for servi  
ay and expected data of  
latform. While the fight isn't over,  
TCS was designated by HHSC as a  
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rategies for engaging our contract  
2 cases (49%) during  
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ue to track to prog

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**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

er system which we had hoped  
s with making permanent  
for individuals diag

September 15, 2014, pro  
constant struggle, espe

hospital safety quality. DY8 Accomp  
r (CVRMC) provides indivi  
. PPC, and PPV can be attribute

on/diet, medications, follow-up visit  
ts across all 8 categories.  
mained relative  
services due t  
duals in the Salud y V  
ospital-based  
the HbA1c poor co

ITCS was designated by HHSC as a  
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ment activities in antic

ers and Public Health CAT-C speci  
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their disease, and social  
d forfeiture of dollar

skills. These patients  
862

al in removing barrier  
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unity Needs Assessment, we con  
nd data quality  
ategies across our  
es complications  
alth Clinic and all  
conduct month

**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

s of client  
TCS was designated by HHSC as a  
d consistent preven

d forfeiture of dollar  
ate reporting responses and c  
oved reporting sched  
Medical Center i

id Chlamydia when compared to  
TCS was designated by HHSC as a  
ntify patients, and reaches ou  
he Bell Count  
Illness allows us to assi

d forfeiture of dollar  
r heal

pporting DSRIP p  
ct of supporting  
which utilizes So  
nses and currently redeployed r  
eir diabete  
Our Medical Director QCs client recor

as part of the

continuing to care fo

on Control to better  
otocols and ev  
ore Activities  
l infections. STOP S  
OVID-19 information to all 230 DIS

f of unlicensed healthcar  
r a few of our measures. This is  
pleted the evid  
the hospita  
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with specific measures.

.92 patients being a

**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

were developed by the analyst

part of the PCMH

metrics to ensure we are in comp  
ore Activiti  
tinuing. For CLA  
80.96% over P  
on patients every morning, 5 days a w  
t for usage of such a dat

nd Human Se  
navi  
DSRIP project in our Perfo  
metrics have been reported within the April DY9 Ca  
nd cessation being offered if identifi  
n plans for DY8 for each measur  
s. This  
with care plans.  
erations resume.

outreach to patient  
were developed by the analyst  
Program. WHC originally

Illness allows us to assi  
crease in patients as it r  
insured patients, t

s. We also have 3  
unseling and education

to report much improvement ov

**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

tric Committee

metrics have been reported within the April DY9 Ca

neumonia va

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The goal is to meet

ason that we saw in

on-emergent conditions. Those patients will  
d programing and team members to enhance services.

nd attention on thes  
y has continues to imp  
linic For PY 2 we achieved our g  
partment that guarante  
nic

e have definitely seen an enhancement in co

ws for w  
zation data to assess  
ngful delivery system reforms. S  
ecifically, StarCare worked to  
steps would be tak  
nded clinic hours is our Co

cking plant that has an outbreak has mo  
DY5 we have increased clinic hours  
table reports with sta  
on this measure. With reporting for DY9,  
ty will work on targeting the  
rn for MLIU, that population was not  
rgent patients.

re still maintaining the use of an addi  
ocused on the documen  
essation (M1-105) Measure 5 A&A  
ntal in scheduling patie  
am. We are a  
aningful users of E.H.R. and

y A or B. Category C: West Texas Ce  
ea identified  
appointments, Texas Healthsteps, occupat

**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

illness allows us to assi  
health Departme  
Medical Associate  
ents and then follows  
d forfeiture of dollar  
ing our providers, and staff. We ha  
lated was 0.9

pecialty reha  
replace the physic  
vity to Improvement i

es in HCAHPS, although  
available in PY3 as w  
acts patients seeking right care

t not subject for achievement due t

nich increased the number and

in intentional effort to lead our commun  
more than there s  
vity to Improvement i

is team will have more time ava

with the El Paso

or our 39 selected metrics. S

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ntation of this  
d to be held to review th  
ig new hires by pr  
he Bell Count  
ordination model by h  
ll impact and hurt the rur  
ent of PCP's continued to exceed the PY goal o  
enting the  
improve their efforts  
currently redeployed reso

chieved its admit decision to depart

**Attachment X**  
**DSRIP Provider Summary SFY20**  
**Annual Report**

ted or  
public health related tabling eve  
of supporting DSRIP  
pact of supporti  
VID-19 pa  
ient Navigators have continued to outr  
e care, skilled nursin  
essing services available t  
to greatly reduce manual  
and 3) Other- Reduce fall ra  
ire. E1-232 Timeliness

rosed (IDD and MH) popul

ible Telehealth Service  
perative agre  
pporting DSRIP p  
o 23 resident physicians. These provi  
vere developed by the analyt

ving that are n  
f .1077 to our 2019

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outpatients age 18 and old  
our work  
are managemen

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actions to identify a



**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

<b>DSRIP Payment Sum</b>	
<b>RHP</b>	<b>Provider TPI</b>
RHP 1	094108002
RHP 1	111411803
RHP 1	112667403
RHP 1	127278302
RHP 1	131038504
RHP 1	137921608
RHP 1	138360606
RHP 1	138365512
RHP 1	138913209
RHP 1	140425362
RHP 1	330811601
RHP 1	366812101
RHP 1	376537203
RHP 1	387377001
RHP 1	387381201
RHP 1	387515501
RHP 1	387663301
RHP 1	388347201
RHP 1	388696201
RHP 1	388701003
RHP 10	020950401
RHP 10	021184901
RHP 10	081599501
RHP 10	083149703
RHP 10	094105602
RHP 10	094193202
RHP 10	112677302
RHP 10	120726804
RHP 10	121794503
RHP 10	121822403
RHP 10	126675104
RHP 10	127304703
RHP 10	130606006
RHP 10	130614405
RHP 10	130724106
RHP 10	131036903
RHP 10	135036506
RHP 10	136326908
RHP 10	138980111
RHP 10	186221101

**Attachment Y**  
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**Annual Report**

RHP 10	206106101
RHP 10	216719901
RHP 10	314080801
RHP 10	316296801
RHP 11	020992601
RHP 11	094131202
RHP 11	112692202
RHP 11	112702904
RHP 11	121053602
RHP 11	133244705
RHP 11	133338707
RHP 11	133339505
RHP 11	136325111
RHP 11	137074409
RHP 11	138644310
RHP 11	138950412
RHP 11	281406304
RHP 11	337991901
RHP 11	406583101
RHP 12	065100201
RHP 12	084563802
RHP 12	084599202
RHP 12	084897001
RHP 12	094117105
RHP 12	094121303
RHP 12	094129604
RHP 12	094180903
RHP 12	109588703
RHP 12	112704504
RHP 12	126667806
RHP 12	126840107
RHP 12	127313803
RHP 12	127319504
RHP 12	127374005
RHP 12	127378105
RHP 12	130618504
RHP 12	130725806
RHP 12	130826407
RHP 12	133250406
RHP 12	133544006
RHP 12	136142011
RHP 12	136330112
RHP 12	136492909
RHP 12	137227806

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**DSRIP Remaining Payments SFY20**  
**Annual Report**

RHP 12	137245009
RHP 12	137343308
RHP 12	137999206
RHP 12	139461107
RHP 12	189947801
RHP 12	197063401
RHP 12	281514401
RHP 12	308032701
RHP 12	316076401
RHP 12	322879301
RHP 12	350190001
RHP 13	020989201
RHP 13	022793601
RHP 13	091770005
RHP 13	109483102
RHP 13	121781205
RHP 13	121806703
RHP 13	130089906
RHP 13	130616909
RHP 13	137226005
RHP 13	179272301
RHP 13	206083201
RHP 13	316360201
RHP 13	322916301
RHP 14	081939301
RHP 14	112684904
RHP 14	112711003
RHP 14	127298107
RHP 14	135235306
RHP 14	136143806
RHP 14	136145310
RHP 14	138364813
RHP 14	176354201
RHP 14	402628801
RHP 15	065086301
RHP 15	084597603
RHP 15	094109802
RHP 15	127376505
RHP 15	130601104
RHP 15	138951211
RHP 15	196829901
RHP 15	291854201
RHP 16	084859002
RHP 16	111829102

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**DSRIP Remaining Payments SFY20**  
**Annual Report**

RHP 16	121792903
RHP 16	134772611
RHP 16	138962907
RHP 16	140714001
RHP 16	401736001
RHP 17	020841501
RHP 17	020860501
RHP 17	081844501
RHP 17	127267603
RHP 17	130982504
RHP 17	135226205
RHP 17	136366507
RHP 17	160630301
RHP 17	189791001
RHP 17	198523601
RHP 17	311035501
RHP 17	326725404
RHP 18	084001901
RHP 18	084434201
RHP 18	169553801
RHP 18	179917301
RHP 18	194997601
RHP 18	283637101
RHP 19	088189803
RHP 19	094138703
RHP 19	110856504
RHP 19	112707808
RHP 19	119874904
RHP 19	121777003
RHP 19	127310404
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RHP 19	135237906
RHP 19	138353107
RHP 19	346945401
RHP 2	019053001
RHP 2	094092602
RHP 2	094148602
RHP 2	094164302
RHP 2	096166602
RHP 2	112671602
RHP 2	130983309
RHP 2	131030203
RHP 2	135222109

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**DSRIP Remaining Payments SFY20**  
**Annual Report**

RHP 2	136367307
RHP 2	136381405
RHP 2	138296208
RHP 2	139172412
RHP 2	200683501
RHP 2	284333604
RHP 20	094186602
RHP 20	121989102
RHP 20	137917402
RHP 20	162033801
RHP 3	020817501
RHP 3	020834001
RHP 3	081522701
RHP 3	082006001
RHP 3	093774008
RHP 3	094187402
RHP 3	111810101
RHP 3	112672402
RHP 3	113180703
RHP 3	127300503
RHP 3	127303903
RHP 3	130959304
RHP 3	133355104
RHP 3	135033210
RHP 3	137805107
RHP 3	137909111
RHP 3	137949705
RHP 3	139135109
RHP 3	140713201
RHP 3	158771901
RHP 3	181706601
RHP 3	212060201
RHP 3	296760601
RHP 3	311054601
RHP 3	377705401
RHP 4	020811801
RHP 4	020973601
RHP 4	020991801
RHP 4	080368601
RHP 4	094118902
RHP 4	094222903
RHP 4	112673204
RHP 4	121775403
RHP 4	121808305

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**DSRIP Remaining Payments SFY20**  
**Annual Report**

RHP 4	130958511
RHP 4	132812205
RHP 4	135233809
RHP 4	135254407
RHP 4	136412710
RHP 4	136436606
RHP 4	137907508
RHP 4	138305109
RHP 5	020947001
RHP 5	085144601
RHP 5	094113001
RHP 5	111810101
RHP 5	112716902
RHP 5	135035706
RHP 5	136332705
RHP 5	138708601
RHP 5	160709501
RHP 5	343698201
RHP 6	020844901
RHP 6	020844903
RHP 6	085144601
RHP 6	091308902
RHP 6	094154402
RHP 6	112688004
RHP 6	112742503
RHP 6	119877204
RHP 6	121782006
RHP 6	121990904
RHP 6	127294003
RHP 6	133257904
RHP 6	133340307
RHP 6	135151206
RHP 6	136141205
RHP 6	136430906
RHP 6	136491104
RHP 6	137251808
RHP 6	138411709
RHP 6	159156201
RHP 6	212140201
RHP 6	217884004
RHP 6	297342201
RHP 7	112717702
RHP 7	121789503
RHP 7	133542405

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**Annual Report**

RHP 7	137265806
RHP 7	186599001
RHP 7	307459301
RHP 7	344398801
RHP 8	020957901
RHP 8	081771001
RHP 8	088334001
RHP 8	094119702
RHP 8	094151004
RHP 8	126844305
RHP 8	126936702
RHP 8	137249208
RHP 8	183086102
RHP 8	192622201
RHP 8	220798701
RHP 8	312239201
RHP 8	353712801
RHP 9	009784201
RHP 9	020908201
RHP 9	020943901
RHP 9	020967802
RHP 9	020979302
RHP 9	094140302
RHP 9	094192402
RHP 9	111905902
RHP 9	121758005
RHP 9	121776205
RHP 9	121988304
RHP 9	126679303
RHP 9	126686802
RHP 9	127295703
RHP 9	135032405
RHP 9	135234606
RHP 9	136360803
RHP 9	137252607
RHP 9	138910807
RHP 9	139485012
RHP 9	209345201
RHP 9	344925801
RHP 9	391575301

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

**Summary Report by Provider for Demo Year 8**

<b>Provider Name</b>	<b>DY9 Estimated Remaining DSRIP</b>
Mother Frances Hospital Regional Healthcare Center	\$14,720,716.67
Anderson Cherokee Community MHMR Center (ACCESS)	\$432,597.30
The Good Shepherd Hospital dba Good Shepherd Medic	\$743,751.00
University of Texas Health Center at Tyler	\$35,195,528.74
Hunt Mem Hosp Dist dba Hunt Reg Med Ctr Greenville	\$6,164,536.00
Sabine Valley Reg MHMR Ctr dba Community Healthcor	\$7,237,034.79
Northeast Texas Public Health District	\$310,820.56
Andrews Center	\$3,501,502.61
Titus County Memorial Hospital dba Titus Regional	\$3,381,818.02
Paris Lamar County Health Department	\$438,320.56
Fannin County Hosp Auth dba TMC Bonham Hosp	\$2,243,011.12
Christus Hopkins Health Alliance	\$1,786,086.07
Fairfield Hospital District dba Freestone Medical	\$396,064.21
Henderson Hospital LLC	\$849,168.59
Jacksonville Hospital LLC	\$1,192,256.58
Athens Hospital LLC	\$5,082,911.29
Carthage Hospital LLC	\$850,000.00
Tyler Regional Hospital LLC	\$7,211,919.96
Pittsburg Hospital LLC	\$1,336,186.93
Quitman Hospital LLC	\$679,033.23
Columbia Medical Ctr of Arlington dba Med Ctr Arli	\$1,997,943.56
Cook-Fort Worth Children's Medical Center	\$7,732,297.76
MHMR of Tarrant County	\$27,905,203.96
Tarrant County	\$12,779,484.56
Columbia North Hills Hospital dba North Hills Hosp	\$488,798.45
Columbia Plaza Medical Center of Fort Worth dba PI	\$1,693,919.13
Harris Methodist Fort Worth Hospital	\$8,539,621.42
Harris Methodist Southwest Hospital	\$2,887,955.38
Texas Health Harris Methodist Hospital Stephenville	\$212,500.00
PRHC-Ennis, L.P. dba Ennis Regional Medical Center	\$297,998.10
Tarrant County Hospital District dba JPS Health Ne	\$113,842,978.78
Harris Methodist Northwest Hosp (Azle)	\$1,299,342.64
Decatur Community Hospital (Wise Reg Health System)	\$10,934,997.41
Texas Health Arlington Memorial Hospital	\$5,517,244.20
Pecan Valley MHMR Region dba Pecan Valley Centers	\$6,312,798.76
Texas Health Harris Methodist Hospital Cleburne	\$297,790.22
Baylor All Saints Medical Center	\$5,152,142.79
Texas Health Harris Methodist HEB	\$1,386,831.41
UNTHSC at Fort Worth	\$24,677,689.22
Methodist Mansfield Medical Center	\$846,012.52



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Wise Clinical Care Associates	\$6,647,297.98
Glen Rose Medical Center	\$242,500.00
Texas Health Huguley INC dba Huguley Memorial Me	\$1,906,860.05
Texas Health Harris Methodist Hospital Alliance	\$1,042,318.27
Stonewall Memorial Hospital	\$377,411.25
Hamlin Memorial Hospital	\$250,000.00
Fisher County Hospital	\$421,154.68
Haskell Memorial Hospital	\$475,961.31
Knox County Hospital District dba Knox County Hosp	\$0.00
Rolling Plains Memorial Hospital	\$1,889,122.21
Abilene Regional MHMR dba Hardwick Center	\$2,046,561.97
Central Texas MHMR	\$962,055.45
Mitchell County Hospital District dba Mitchell Cou	\$630,462.94
Eastland Memorial Hospital	\$1,315,953.91
Hendrick Medical Center	\$16,528,939.20
Palo Pinto Co Hosp Dist dba Palo Pinto Gen Hosp	\$3,308,292.89
Comanche County Medical Center Company	\$734,773.48
Stephens Memorial Hospital dba Stephens County Eme	\$214,352.96
Jones County Reg Healthcare Systm Stamford Mem Hos	\$774,756.30
City of Amarillo	\$2,532,916.68
Texas Tech University Health Sciences Center AMA	\$4,434,306.37
Texas Tech University Health Sciences Center Offic	\$7,241,802.77
Lubbock Regional MHMR Ctr dba StarCare Specialty	\$3,499,854.51
Hansford County Hospital District	\$343,174.26
Seminole HD of Gaines Co dba Memorial Hospital	\$0.00
Moore County Hospital District dba Memorial Hospit	\$541,690.63
Lynn County Hospital District	\$215,312.45
Hemphill County Hospital District	\$215,312.65
Ochiltree General Hospital	\$321,506.22
Lockney Gen Hosp Dist (W.J. Mangold Mem Hosp)	\$275,142.99
Preferred Hosp Leasing, Inc. dba Collingsworth Gen	\$215,312.65
Lamb Healthcare Center	\$444,811.80
Methodist Children's Hosp dba Covenant Children's	\$3,100,654.01
Central Plains Center for Mental Health Mental Ret	\$1,169,686.39
Texas Panhandle Mental Health Mental Retardation	\$4,648,645.49
Terry Memorial Hospital District Brownfield Region	\$861,257.40
West Texas Centers for MHMR	\$2,861,997.11
Dallam-Hartley Counties Hosp District dba Coon Mem	\$793,531.61
Childress County Hospital District dba Childress R	\$1,034,836.10
Deaf Smith County Hospital District dba Hereford R	\$1,082,222.85
Plains Memorial Hospital DSH Acct (Castro County)	\$212,500.00
D. M. Cogdell Memorial Hospital (Scurry County)	\$1,471,451.42
Lubbock Regional MHMR Center dba Sunrise Canyon Ho	\$1,977,533.18
Yoakum County dba Yoakum County Hospital	\$732,768.51

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

UHS @ Amarillo Inc dba Northwest Texas Healthcare	\$4,790,391.83
Parmer County Community Hospital	\$215,312.67
Lubbock County Hospital District dba University Me	\$25,581,314.01
Covenant Health System dba Covenant Medical Center	\$15,517,983.81
Medical Arts Hospital	\$826,349.29
GPCH LLC dba Golden Plains Community Hospital	\$6,045,660.25
Lubbock Heritage Hospital dba Grace Medical Center	\$0.00
Prime Healthcare Services - Pampa, LLC dba Pampa R	\$932,867.28
Swisher Memorial Healthcare System, dba Swisher Me	\$374,715.14
Baptist St. Anthony's Health System	\$1,156,696.40
Preferred Hospital Leasing Muleshoe Inc	\$215,312.65
North Runnels Hospital	\$217,220.90
City of San Angelo	\$212,500.00
Concho County Hospital	\$241,344.75
MHMR Svcs for the Concho Valley	\$1,535,545.38
L M Hudspeth Memorial Hospital	\$567,711.02
Reagan Hosp District dba Reagan Memorial Hosp	\$249,862.80
Ballinger Memorial Hospital	\$336,486.95
Pecos County Memorial Hospital	\$2,303,223.17
Shannon Medical Center	\$9,051,139.27
Preferred Hosp Leasing Eldorado, Inc. dba Schleich	\$212,500.00
Preferred Hosp Leasing Junction Inc. dba Kimble Ho	\$241,344.75
Coleman County Medical Center	\$528,619.25
McCulloch County Hospital District dba Heart of Tx	\$1,304,988.50
Texas Tech University Health Sciences Center Odess	\$6,477,905.46
Reeves County Hospital	\$996,217.37
Odessa Regional Medical Center	\$11,795,267.42
Permian Regional Medical Center	\$2,471,686.75
Ector County Hospital District dba Medical Center	\$18,456,081.59
Midland County Hospital District dba Midland Memor	\$13,330,529.13
Martin County Hospital District	\$0.00
Permian Basin Community Centers	\$4,661,467.69
Culberson Hospital	\$214,420.69
Winkler County Memorial Hospital	\$0.00
City of El Paso dba City of El Paso Department of	\$7,739,225.21
Texas Tech University Health Sciences Center EL Pa	\$14,781,854.12
El Paso Healthcare System Ltd dba Las Palmas Medic	\$18,332,732.11
El Paso Community MHMR dba Emergence Health Networ	\$12,305,639.71
Tenet Hospital Limited dba Providence Memorial Hos	\$5,947,836.24
El Paso Co Hosp Dist - University Medical Center o	\$51,172,232.39
Sierra Providence East Medical Center	\$6,661,316.33
El Paso Children's Hospital	\$460,222.30
Heart of Texas Region MH & MR Center	\$4,643,961.26
Providence Health Services of Waco dba Providence	\$2,937,126.33

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
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Hamilton County Hospital District dba Family Pract	\$9,716,487.91
Coryell County Memorial Hospital Authority dba Cor	\$9,696,793.02
Hillcrest Baptist Medical Center	\$3,566,520.26
Limestone Medical Center dba Limestone Medical Cen	\$521,449.98
Bosque County Hospital District	\$1,291,246.13
Conroe Regional Medical Center	\$499,056.25
St Joseph Regional Health Center dba CHI St Joseph	\$1,530,798.91
Tri-County Behavioral Healthcare	\$5,907,821.06
St. Joseph Regional Health Center	\$1,949,132.76
Brazos Co Treasurer (Brazos County Health Departme	\$24,990.00
Scott & White Hospital Brenham	\$481,911.02
MHMR Authority of Brazos Valley	\$1,538,726.75
St. Luke's Community Health Srvs (The Woodlands)	\$3,251,190.54
Walker County Hosp Corp. dba Huntsville Memorial	\$6,607,029.43
The TX A&M Univ Systm Hlth Science Cent dba Tx A&M	\$3,987,801.43
Montgomery County Public Health District	\$2,034,160.80
Scott & White Hospital College Station	\$450,000.00
Collin County MHMR dba LifePath Systems	\$9,827,183.51
MHMR SVCS of Texoma	\$3,575,859.49
Tenet Frisco Ltd dba Centennial Medical Center	\$781,297.00
Rockwall County Helping Hands Inc	\$157,699.65
UHS Texoma, Inc. dba Texoma Medical Center	\$3,996,692.86
Brock Lawson Pierce MD	\$350,625.00
Throckmorton County Memorial Hospital	\$252,628.16
Clay County Memorial Hospital	\$374,793.76
Olney Hamilton Hospital District dba Hamilton Hosp	\$624,373.20
Wilbarger General Hospital	\$0.00
Jack County Hospital District dba Faith Community	\$1,367,835.78
Gainesville Memorial Hospital (North Texas Medical	\$3,205,636.94
Nocona Hospital District dba Nocona Gen Hosp	\$138,603.83
Helen Farabee Centers	\$3,198,527.36
Electra Memorial Hospital	\$7,995,935.27
United Regional Health Care System	\$4,714,246.19
Seymour Hospital	\$842,083.37
Graham Hospital District	\$1,239,284.97
Coastal Health Wellness	\$807,500.00
University of Texas Medical Branch - Galveston	\$54,020,143.88
Baptist Hosp of SE TX dba Mem Hermann Bapt Beaumon	\$3,037,178.83
Woodland Heights Medical Center	\$421,375.00
Spindletop Center	\$9,539,587.90
Brazosport Regional Health System	\$1,309,892.91
Angelina County & Cities Health District	\$379,237.50
Nacogdoches County Hospital District	\$5,472,594.00
The Gulf Coast Center	\$6,113,771.54

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

Burke Center	\$9,023,819.47
Tyler County Hospital	\$575,891.15
Christus Hospital (prev St. Elizabeth)	\$3,037,178.83
Memorial Medical Center Lufkin	\$632,062.50
Preferred Hospital Leasing Hemphill Inc	\$1,476,867.54
Liberty-Dayton Regional Medical Center LLC	\$1,556,801.39
Laredo Reg Med Ctr dba Doctor's Hospital of Laredo	\$5,004,475.75
Border Region MHMR Community Center	\$5,513,730.78
City of Laredo	\$796,450.00
Laredo Texas Hosp Co dba Laredo Medical Center	\$9,006,787.16
CHCA Bayshore LP dba Bayshore Medical Center	\$9,365,963.06
Memorial Hermann Hospital System (The Woodlands)	\$25,237,738.29
Texana Center	\$9,057,798.55
Baylor College of Medicine Grants and Contracts De	\$639,261.54
City of Houston	\$30,229,665.10
CHCA West Houston LP dba West Houston Medical Cent	\$3,892,025.13
Unv of Tx HSC at Houston-UTHSC Sponsored Projects	\$86,366,996.77
UT MD Anderson Cancer Center	\$18,991,601.13
The Harris Center for Mental Health and IDD	\$67,083,192.96
St. Luke's Episcopal Hospital	\$6,076,464.72
Oak Bend Medical Center	\$9,289,145.77
Matagorda County Hospital District dba Matagorda R	\$2,227,543.97
Harris County Hospital District	\$176,334,275.53
Columbus Community Hospital	\$220,000.00
Memorial Hermann Hospital Southwest dba Memorial H	\$21,268,364.29
Memorial Medical Center	\$1,751,163.06
Houston Methodist Hospital	\$3,618,157.29
Texas Children's Hospital	\$25,725,198.01
Methodist Willowbrook	\$1,329,382.38
Harris County Public Health & Environmental Services	\$8,328,373.44
St Joseph Medical Center LLC	\$6,965,932.99
Rice Medical Center	\$3,167,120.91
Fort Bend County	\$4,516,246.15
El Campo Memorial Hospital	\$241,842.00
North Houston-TRMC LLC dba Tomball Reg Med Ctr	\$1,244,284.79
Christus Spohn Hospital Beeville	\$1,014,679.47
Corpus Christi Medical Center	\$12,200,179.18
Refugio County Memorial Hospital	\$468,715.27
Coastal Plains Community MHMR Center	\$3,070,448.06
DeTar Hospital (Victoria of Tx)	\$5,261,718.78
Christus Spohn Hospital Alice	\$1,761,934.56
Yoakum Community Hospital	\$479,872.46
Spohn Health System dba Spohn Memorial Hospital	\$40,418,168.27
Jackson County Hospital	\$601,063.42

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

Nueces County	\$2,314,041.87
Driscoll Children's Hospital	\$30,667,045.86
Lavaca Medical Center	\$220,389.92
Gulf Bend MHMR Center	\$3,185,484.66
Karnes County Hospital District dba Otto Kaiser Me	\$0.00
CHRISTUS Spohn Hospital Kleberg	\$481,482.41
County of Victoria dba Citizens Medical Center	\$6,119,647.30
Nueces County MHMR Community Ctr dba Behavioral HI	\$4,752,669.61
Columbia Valley Regional Medical Center	\$2,477,131.06
University of Texas Health Science Center SA	\$10,222,855.87
McAllen Hospitals LP dba Edinburg Regional Medical	\$29,393,109.24
Unv of Tx HSC at Houston-UTHSC Sponsored Projects	\$9,076,062.03
Columbia Rio Grande Healthcare dba Rio Grande Regi	\$11,426,365.17
Knapp Medical Center	\$934,746.53
Starr County Memorial Hospital	\$2,240,494.96
Tropical Texas Behavioral Health	\$34,814,161.76
Doctor's Hospital at Renaissance	\$43,130,848.32
University of Tx Rio Grande Valle	\$13,692,908.75
CHRISTUS Santa Rosa Hospital	\$6,171,850.90
CHRISTUS Santa Rosa Health Care (Children's Hospit	\$6,171,850.89
University of Texas Health Science Center SA	\$24,708,827.63
City of San Antonio Health Department	\$16,092,015.94
Methodist Hlthcare Sys of SA Southwest Texas Metho	\$13,175,688.73
Frio Hospital Association Inc dba Frio Regional Ho	\$686,163.40
Southwest Mental Hlth Ctr (Clarity Child Guidance	\$960,789.65
Val Verde Regional Medical Center	\$4,763,947.52
Uvalde County Hosp Authority dba Uvalde Memorial H	\$4,052,490.12
Camino Real Community Services	\$7,579,014.08
Sid Peterson Memorial Hospital dba Peterson Region	\$2,595,088.84
DSHS (Texas Center for Infectious Disease)	\$3,554,244.06
Hill Country Community MHMR dba hill Country MHDD	\$14,355,338.55
Wilson County Mem Hosp Floresville dba Conally Mem	\$928,331.02
University Health System (Bexar County Hospital D	\$141,083,453.26
Hill Country Memorial Hospital	\$881,459.94
Southwest General Hospital	\$1,216,036.61
The Center for Health Care Services	\$24,323,741.98
Guadalupe County Hospital Board dba Guadalupe Regi	\$4,360,636.14
Baptist Medical Center (VHS San Antonio Partners)	\$12,525,995.27
Medina County Hospital District dba Medina Regiona	\$1,381,271.73
Dimmit County Memorial Hospital	\$2,137,155.97
Nix Hospitals System LLC dba Nix Health Care Syste	\$0.00
St David's Hlthcare Partnership dba South Austin M	\$1,097,355.09
Central Texas Medical Center	\$3,656,973.97
Austin Travis County MHMR Center	\$26,443,238.27

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

Seton Family of Hospitals Dell Seton Med Ctr @UT	\$45,139,780.55
Seton Healthcare dba Dell Children's Medical Center	\$11,188,324.81
Community Care Collaborative	\$53,259,199.26
City of Austin	\$9,337,866.41
St David's Healthcare Partnership dba Round Rock Med	\$3,399,631.13
Central Counties Center for MHMR Services	\$10,381,651.38
Bell County Public Health District	\$714,236.86
Metrolplex Health System	\$363,336.79
Seton Highland Lakes	\$1,357,960.58
Bluebonnet Trails Community MHMR Center dba Bluebonnet	\$17,071,546.20
Williamson County & Cities Health District	\$3,092,681.11
Scott & White Memorial Hospital c/o State Comp Dep	\$2,021,213.56
Rockdale Blackhawk, LLC dba Little River Healthcare	\$0.00
Cedar Park Health System, LP dba Cedar Park Region	\$680,023.39
Scott & White Hospital - Llano	\$766,415.64
HH Killeen Healthcare System LLC dba Seton Med Ctr Harker	\$681,816.30
Scott & White Hospital - Marble Falls	\$544,767.26
TAMUS Health Science Center dba Baylor College of	\$7,550,880.27
Presbyterian Hospital Of Dallas (TX Healthcare Resources)	\$6,320,777.95
Columbia Hospital at Med City Dallas Subsid dba Medical	\$7,627,554.59
Texas Health Presbyterian Hospital Denton Presbyterian	\$1,137,207.32
Columbia Medical Center of Las Colinas Inc dba Las	\$234,791.05
Texas Health Presbyterian Hospital Kaufman dba Pre	\$868,830.19
Columbia Medical Center of Lewisville dba Medical	\$1,188,627.34
Columbia Medical Center of Denton dba Denton Regional	\$1,114,392.81
Dallas County	\$5,134,728.64
Baylor Medical Center At Irving	\$3,160,822.94
Lakes Regional MHMR Center	\$12,632,733.02
Methodist Hospital of Dallas Methodist Charlton Medical Center	\$4,401,720.89
UT Southwestern Medical Center at Dallas	\$70,399,366.72
Dallas County Hospital District dba Parkland Healthcare	\$216,288,826.11
Methodist Hospital of Dallas Methodist Dallas Medical Center	\$7,686,396.37
Denton County MHMR Center	\$8,036,993.68
Denton County dba Denton County Health Department	\$2,428,090.39
Metrocare Services	\$21,913,694.96
Children's Medical Center of Dallas	\$29,317,668.48
Baylor University Medical Center	\$18,265,724.42
Methodist Hospital of Dallas dba Methodist Richardson	\$1,703,886.39
Trinity Medical Center dba Baylor Medical Center at Carrollton	\$0.00
Tenet Hospital Ltd dba Doctors Hospital at White Rock	\$1,682,337.98

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

<b>DY8 Estimated Remaining DSRIP</b>
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\$3,861,817.62	
\$0.00	
\$0.00	
\$2,467,053.75	
\$0.00	
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\$0.00	
\$341,617.45	
\$0.00	
\$0.00	
\$325,307.57	
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\$0.00	

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

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\$0.00  
\$0.00  
\$0.00  
\$46,875.00  
\$0.00  
\$0.00  
\$0.00



**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

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\$1,299,378.81  
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\$2,026,940.06  
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\$1,639,721.47

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

\$4,820,273.83  
\$2,408,715.30  
\$666,661.54  
\$345,077.19  
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\$6,128,545.72  
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\$139,425.55  
\$0.00  
\$102,428.26  
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**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

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\$389,160.75  
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\$468,000.00

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

\$0.00  
\$5,999,611.54  
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\$0.00  
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\$0.00

**Attachment Y**  
**DSRIP Remaining Payments SFY20**  
**Annual Report**

\$18,818,615.65  
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\$2,581,456.39  
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\$2,432,067.41  
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\$761.41  
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\$4,029,545.65  
\$36,409,833.57  
\$1,077,522.63  
\$1,121,911.94  
\$8,371.54  
\$319,143.79

The Reporting Summary tab includes data as of the publication date.
The Measure, Measure Bundle, Provider, and Payer categories. Definitions for data in the Reporting Summary tab are available in the Reporting Summary tab.
All data is as currently reported by DSR
Submit any questions about the included data to the Reporting Summary tab.
Information about the 1115 Waiver DSR

<b>Column Title</b>
<b>Measure Class</b>
<b>Goal Calculation Type</b>
<b>Measure Direction</b>
<b>Achievement Payer Type</b>
<b>Measure Parts</b>
<b>Active Measures DY7/10</b>
<b>Active P4P Measures DY7/8</b>
<b>Active P4P Measures DY9/10</b>
<b>Active P4P Standard Baseline (CY17) DY7/8</b>
<b>Active P4P Measures DY7/8 Only</b>
<b>Active P4P Measures DY9/10 Only</b>
<b>P4P (Any Baseline) Measures that have reported Baseline</b>
<b>P4P (Standard Baseline) Measures that have reported PY1 (CY18)</b>
<b>P4P (Any baseline) Measures that have reported PY2 (CY19)</b>
<b>P4P (Any Baseline) Measures that have reported PY3 (CY20)</b>
<b>P4P Medicaid % of All-Payer Denominator</b>
<b>P4P LIU % of All Payer Denom</b>

Measures with AM-7.x 100% Achieved
Measures with AM-8.x 100% Achieved
Standard P4P Achievement Population BL Average
P4P Achievement Population Median
P4P All Payer Median
P4P Medicaid Median
P4P LIU Median
Standard P4P 100% of AM-7.1 Goal Achieved in PY1
Standard P4P Partial Achievement of AM-7.1 Goal in PY1
Standard P4P 0% of AM-7.1 Goal Achieved in PY1
P4P 100% of AM-8.1 Goal Achieved in PY2
P4P Partial Achievement of AM-8.1 Goal in PY1
P4P 0% of AM-8.1 Goal Achieved in PY2

## Category C Summary Workbook Overview

etailed reporting eligibility, history, rates, and achievement for each DSRIP Category C Measure for DY7-10 as of

er Type, and Measure Type, and Region tabs summarize the information included in the "Reporting Summary" by  
n these summary tabs is included below.

IP performing providers, and is subject to change. Data should not be used for DSRIP evaluation purposes.

d data or reporting summary can be sent to [txhealthcaretransformation@hhsc.state.tx.us](mailto:txhealthcaretransformation@hhsc.state.tx.us)

SRIP Program can be found at <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver>

## Cat C Summary Workbook Definitions

### Description

Measure classification as defined in the Measure Bundle Protocol.

The methodology for setting measure goals, either QISMC (Quality Improvement System for Managed Care) or IOS (Improvement over Self) for P4P measures or NA (not applicable) for P4R measures.

The direction of the measure goal from the baseline, either positive or negative.

The standard payer type for the achievement milestone assigned to a measure as defined in the Measure Bundle

The number of rates reported for a measure. Measures with 2 or 3 parts will include summary statistics for the second and third part in columns BA - CP of the Measure tab.

Total number of active measures selected (including measures that are P4R due to low volume, PBCO measures selected as P4R, and innovative measures that are P4R). A measure is no longer active when a provider withdraws from DSRIP, or a measure is de-selected and all of the measure's funding is removed and assigned to other

Total number of active measures selected that are currently approved as P4P for DY7-8. Includes measures active for DY7-10 and measures active for DY7-8 only.

Total number of active measures selected that are currently approved as P4P for DY9-10. Includes measures active for DY7-10 and measures active for DY9-10 only.

Total number of active measures selected that are currently approved as P4P and have a baseline measurement period that ends 12/31/2017 (including measures approved for a baseline measurement period that is less than 12 months). Includes measures active for DY7-10 and measures active for DY7-8 only.

Total number of active measures selected that are currently approved as P4P for DY7-8. Includes measures active in DY7-8 that are not active in DY9-10.

Total number of active measures selected that are currently approved as P4P for DY9-10. Includes measures active in DY9-10 that are not active in DY7-8.

Total number of active measures selected that are currently approved as P4P and have reported a baseline as of the publication date. Includes measures that are flagged for TA or pending correction.

Total number of active P4P measures with a standard (not delayed) baseline that have reported PY1 data as of the publication date. Includes measures that are flagged for TA or pending correction.

Total number of active P4P measures with any baseline (standard or delayed) that have reported PY2 data as of the publication date. Includes measures that are flagged for TA or pending correction.

Total number of active P4P measures with any baseline (standard or delayed) that have reported PY3 data as of the publication date. Includes measures that are flagged for TA or pending correction.

For measures with an MLIU achievement payer type, the sum of all Medicaid or LIU denominators divided by the sum of all all-payer denominators for a given data year. Percentage includes all active measures that are P4P regardless of any approved exceptions to the achievement payer type. For example, Medicaid: 16% LIU: 32% means that for all measures in a category that are P4P, 16% of all reported denominator cases are Medicaid, and 32% of all reported denominator cases are LIU. Measures that are currently flagged for TA are included. Measures that are currently pending correction are not included. For measures with multiple parts, calculation is based on the reported denominator for Rate 1 only. Some measures were approved to report with a baseline of less than 12 months.



Total P4P measures that have achieved 100% of the achievement milestone (AM) for DY7. If a measure includes multiple parts, all parts must be 100% achieved to be counted as 100% achieved. Includes all P4P measures (standard and delayed baselines) regardless of PY1 reporting status. Includes measures flagged for TA and
Total P4P measures that have achieved 100% AM for DY8. If a measure includes multiple parts, all parts must be 100% achieved to be counted as 100% achieved. Includes all P4P measures (standard and delayed baselines) regardless of PY2 reporting status. Includes measures flagged for TA and measures pending correction.
The average reported baseline for all active reported P4P measures. Includes measures that are flagged for TA, but does not include measures marked as pending correction.
For P4P measures that have reported a given data year, the 50th percentile (Median) of reported rates for a measures approved achievement payer type for all active reported P4P measures. Measures that are currently flagged for TA are included. Measures that are currently pending correction are not included. Cells that are green indicate an improvement in the median rate over the median rate for the prior data year. Cells that are pink indicate a decline in the median rate over the median rate for the prior data year.
For P4P measures that have reported a given data year, the 50th percentile (Median) of the reported payer-type rate. Includes measures that are flagged for TA, but does not include measures marked as pending correction. PY1 is the median for P4P measures with a standard baseline that ends 12/31/2017 that have reported PY1. Baseline and PY2 are the median for P4P measures with any baseline that have reported that data year.  Cells that are shaded green indicate an improvement in the median rate over the prior data year. Cells that are shaded pink indicate a decline in the median rate over the prior data year.
Out of all standard baseline P4P measures that have reported PY1 as of publication date, percentage that achieved 100% of the AM in PY1. Includes measures that are flagged for TA and measures that are pending
Out of all standard baseline P4P measures that have reported PY1 as of publication date, percentage with partial achievement of the AM in PY1. Includes measures that are flagged for TA and measures that are pending
Out of all standard baseline P4P measures that have reported PY1 as of publication date, percentage that achieved 0% of the AM in PY1. Includes measures that are flagged for TA and measures that are pending
Out of all baseline P4P measures that have reported PY2 as of publication date, percentage that achieved 100% of the AM in PY2. Includes measures that are flagged for TA and measures that are pending correction.
Out of all baseline P4P measures that have reported PY2 as of publication date, percentage with partial achievement of the AM in PY2. Includes measures that are flagged for TA and measures that are pending
Out of all baseline P4P measures that have reported PY2 as of publication date, percentage that achieved 0% of the AM in PY2. Includes measures that are flagged for TA and measures that are pending correction.