

**1115 Waiver:
Texas Healthcare
Transformation and
Quality Improvement
Program
Monitoring Report**

**As Required by
Special Terms and Conditions 74
and 42 CFR § 431.428**

Texas Health and Human Services

Commission

Quarter Two Report

May 2022



TEXAS
Health and Human
Services

1. Preface

State	Texas Health and Human Services Commission
Demonstration Name	Texas Healthcare Transformation and Quality Improvement Program - “1115 Transformation Waiver”
Approval Dates	Initial approval date: December 12, 2011 15-Month Extension approval date: May 2, 2016 Renewal approval date: December 13, 2017 Extension approval date: January 15, 2021
Approval Periods	December 13, 2017-September 30, 2022 (prior approval period) January 15, 2021-September 30, 2030
Demonstration Goals and Objectives	<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"> • Expand risk-based managed care statewide; • Support the development and maintenance of a coordinated care delivery system; • Improve outcomes while containing cost growth; and • Transition to quality-based payment systems across managed care and providers.

2. Executive Summary

According to the Special Terms and Conditions (STCs) of the Demonstration, the Texas Health and Human Services Commission (HHSC) provides its monitoring report for Demonstration Year (DY) 11, which began October 1, 2021¹. Pursuant to 42 CFR § 431.428, Texas provides this quarterly report to demonstrate how the goals and objectives were met as Texas Medicaid served over five million Medicaid beneficiaries through risk-based Medicaid managed care authorized under this waiver while finalizing the transition from the Delivery System Reform Incentive Payment (DSRIP) pool to integrated state directed payment programs, continuing the Uncompensated Care pool, and launching the Public Health Provider Charity Care Program.

Growth in Caseload

As of March 2022, Texas had over 5.3 million full benefit clients in Medicaid. Prior to the public health emergency (PHE), full benefit caseloads were under 4 million and experiencing overall declines due to sustained positive economic conditions and record low unemployment levels. This growth underscores the significant impact the COVID-19 PHE and related Maintenance of Eligibility (MOE) policy has had on Texas Medicaid enrollment.

Medicaid Managed Care Enrollment

In the beginning of state fiscal year 2022, HHSC contracted with 17 managed care organizations (MCOs). Effective January 1, 2022, Molina Healthcare acquired Cigna-HealthSpring. Cigna-HealthSpring submitted deliverables during quarter one of state fiscal year 2022. The State continues to contract with 16 managed care organizations (MCOs) and 3 dental maintenance organizations (DMOs). Approximately 95% of Texas Medicaid beneficiaries are enrolled in Medicaid Managed Care (MMC). The PHE MOE policy has had the largest impact on the STAR program, which serves parents, pregnant women, and children. The STAR+PLUS and STAR Kids programs have not experienced the same degree of impact as these programs serve disability related populations which are largely covered due to their level of need and long lengths of stay in Medicaid.

Initiatives

Fiscal Year 2022 is full of new initiatives and programs. The state received final approval of the state directed payment programs set forward in the DSRIP transition plan and STCs. The state launched the Public Health Provider-Charity Care Pool and is continuing to work on the resizing of the Uncompensated Care program. The state continues to make DSRIP payments related to the last program year. The state submitted the first annual HCBS STAR+PLUS Report related to Home and Community Based Services under the waiver. Finally, in response to legislative direction, the state issued a public notice of intent in the Texas Register to extend Medicaid eligibility for women postpartum and transition Case Management for Children and Pregnant Women into managed care. Waiver amendments will be submitted to CMS later this year.

¹ Demonstration Year 10 includes work that is tied to the State fiscal year as well.

COVID-19 Public Health Emergency

The PHE related to COVID-19 continues to be a key challenge impacting the 1115 Transformation Waiver. It has significantly impacted both costs and caseload. In response to the PHE and financial strains impacting the Texas healthcare system, Texas submitted an extension application in November 2020. Texas and the Centers for Medicare and Medicaid Services (CMS) worked together to negotiate and to agree to updated terms. Texas received approval on January 15, 2021. This was a key achievement and created financial certainty and security for Texas Medicaid, Medicaid MCOs, and the network of contracted providers actively responding to the PHE.

On April 12, 2022, the PHE was extended by the Secretary of the Department of Health and Human Services for another 90 days. The approved accommodations from April 2021 “Emergency Preparedness and Response Attachment K,” are set to extend to the end of the PHE.²

Extension Implementation

Difficulties related to operation of the 1115 Transformation waiver were caused by the April 16, 2021, letter from CMS purporting to rescind its January 15, 2021 extension approval. There were also significant delays in approval of the proposed state directed payment programs, particularly CHIRP, TIPPS, and RAPPS. However, Texas received final approval of these pending state directed payment programs on March 25, 2022, and on April 22, 2022, CMS withdrew its rescission letter and confirmed the authority of the January 2021 STCs over the waiver. A Stipulation of Dismissal in the related federal lawsuit was subsequently filed by the parties on May 10, 2022.

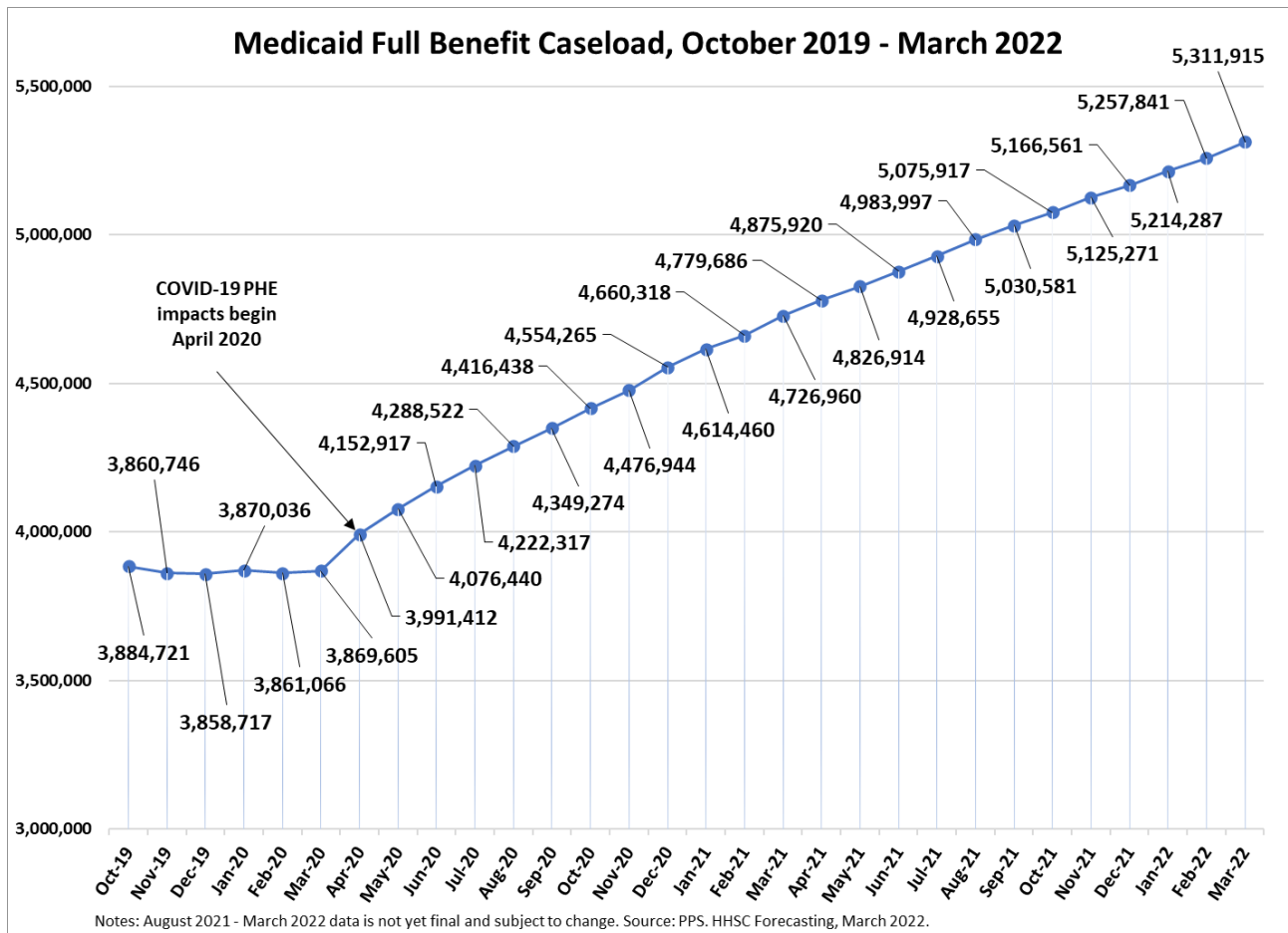
This report discusses in more detail the highlights included in this summary section.

² HHSC may end approved flexibilities that are no longer required or determined necessary prior to the end of the PHE.

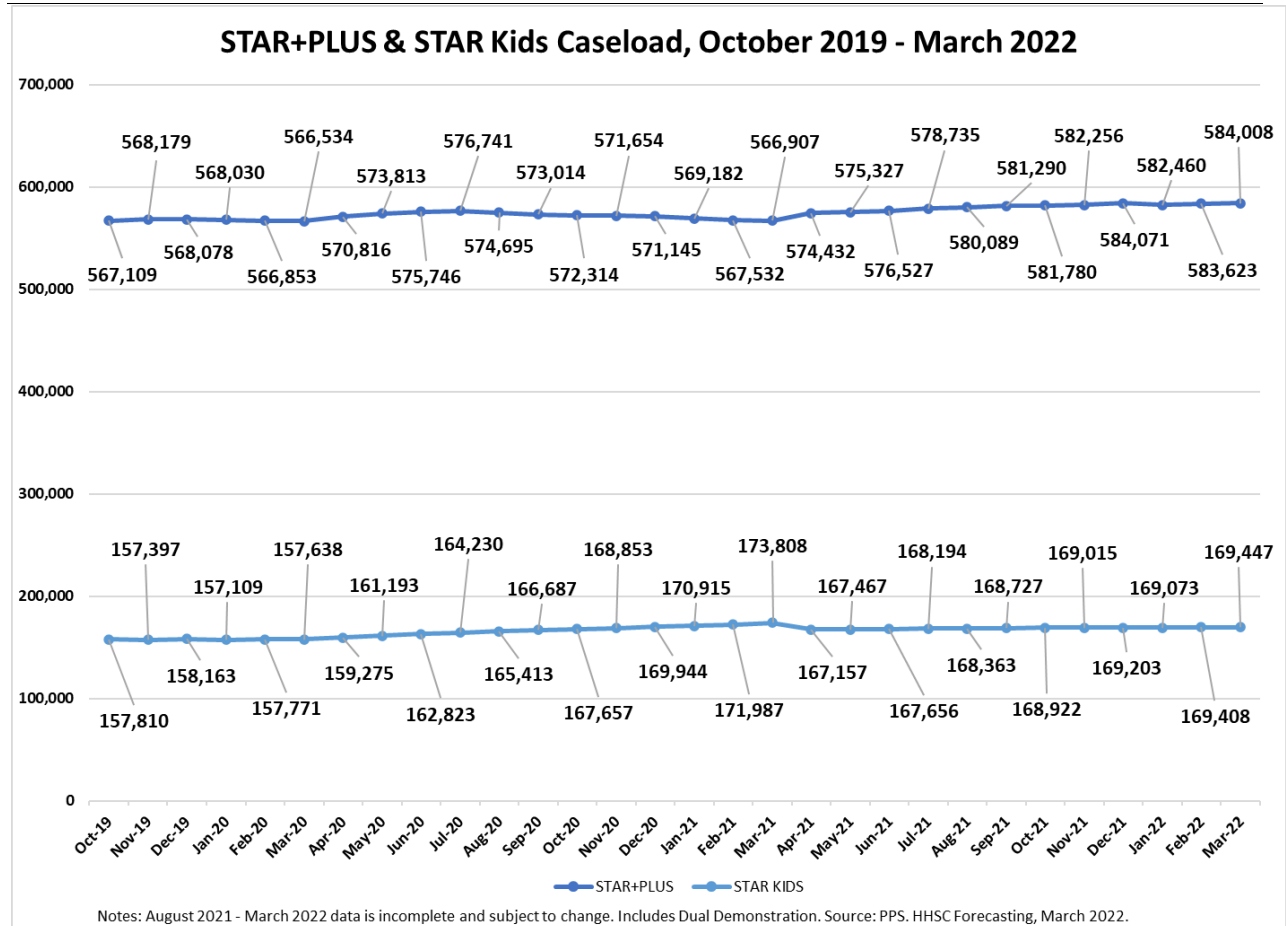
3. Enrollment

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.

The graph below provides a visual look of the overall Medicaid caseload growth experienced during the PHE. Growth began in April 2020 and has increased by over 1.4 million clients.



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***STAR+PLUS is the one notated in darker blue at the top of the above graph.**

Ninety eight percent of the growth in managed care during the PHE has been attributed to the STAR program while disability related managed care programs have experienced minimal impact. The graph below illustrates the impact to the STAR Kids and STAR+PLUS programs, which serve aged, blind, and disabled clients.

In **Attachment B1**, an enrollment summary is broken out by product line, service delivery area, and MCO for SFY22 Q1 to show where caseloads are headed. Due to the amount of time required for accurate data collection and reporting; total enrollment counts are reported on a one-quarter lag. **Attachment B2** includes Medicaid and CHIP Enrollment Reports from March 2021 through May 2021, these reports include the estimated enrollment by delivery model, program, risk group, Medicaid MCOs, DMOs, and CHIP MCOs. These data are projections provided by Forecasting and are considered final after eight months.

The State’s enrollment broker, MAXIMUS, submits a biannual summary of unduplicated enrollments by program. **Attachment L** encompasses MAXIMUS enrollment reported for June 2021 through November 2021 for STAR, STAR+PLUS, and STAR Kids. The STAR, STAR+PLUS, and STAR Kids Programs reported an average of 4,764,489 total enrollments per month. The Dental Program reported an average of 3,730,927 total enrollments in the reporting period.

Enrollment Counts for the Quarter by Populations Served

This subsection includes the latest quarterly enrollment counts for which final data is available. This enrollment summary includes all of Medicaid to demonstrate the total number served and those in Medicaid managed care authorized under the waiver. Unique client counts per quarter will be reported on a two-quarter lag and provided every other quarter.

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. All STAR Kids and STAR+PLUS plans reported 100% MSHCN, as required in the contract. STAR Kids and STAR+PLUS managed care organizations (MCOs) are required to provide service coordination to all members, unless the member declines. 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. Service management includes the development of a service plan to meet the member's short- and long-term goals.

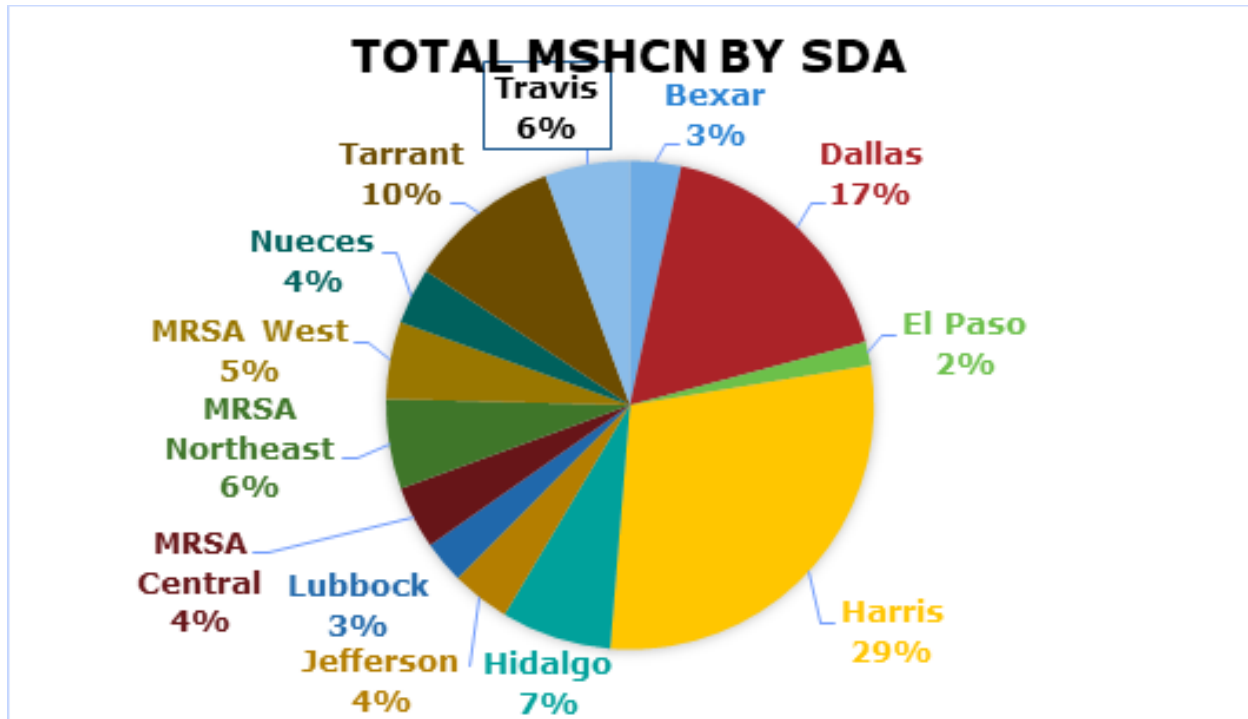
This subsection of the report addresses managed care enrollment of members with special health care needs (MSHCN). *Attachment Q* outlines STAR MSHCN details by service delivery area (SDA) and MCO. HHSC has established contractual requirements and a template for the MCOs to submit quarterly MSHCN data.

The number without service plans includes those who declined and those who could not be reached. Percentages represent the proportion of MSHCN without service plans who declined Service Management or whom the MCO was unable to reach. An MSHCN is defined as a member who:

- (1) Is in one or more groups designated by HHSC. These groups include pregnant women identified as high risk, members with behavioral health conditions, members serious ongoing illness or a chronic complex condition that is anticipated to last for a significant period and requires ongoing therapeutic intervention and evaluation.
- (2) Has been identified as MSHCN based on the MCO's assessment of each individual Member's needs.

During SFY 2022 Q1, STAR MCOs reported a total of 110,300 children and adults identified as MSHCN. STAR MCOs reported 21.61 percent of MSHCN had a service plan and 78.39 percent of MSHCN did not have a service plan. (*See Attachment Q*). SFY 2022 Q1 data reflect the overall percentage of STAR MSHCN with service plans slightly increased compared to SFY21 Q4. Three MCOs reported more than 60% of their MSHCN in certain SDAs had a service plan (Aetna, Driscoll, and United). Three MCOs (Amerigroup, Community First, and Texas Children's) reported less than 10% of their MSHCN in certain SDAs had a service plan.

The Harris SDA has the most MSHCN with 28.91 percent (31,889) of all reported STAR MSHCN. The Dallas SDA has the second-most reported MSHCN with 17.45 percent (19,247) of all reported STAR MSHCN. See chart below for additional detail.



Member Disenrollment

The State received one Medicaid disenrollment request for STAR+PLUS in SFY22 Q2 (See *Attachment B3*). The request is pending.

3.1 Anticipated Changes to Enrollment

On Jan. 27, 2020, the Secretary of Health and Human Services declared a PHE due to the novel coronavirus. In March, Governor Greg Abbott declared a disaster in Texas due to the COVID-19 pandemic. Additionally, the federal law passed in March 2020, H.R. 6201 (Families First Coronavirus Response Act), required States to maintain continuous Medicaid coverage during the federal PHE period as a condition of receiving enhanced federal funding. As part of the emergency response, Texas Health and Human Services put automated processes in place to maintain Medicaid coverage.

On October 28, 2020, CMS issued interim final rules which provided clarification on the continuous enrollment requirements in the Families First Coronavirus Response Act (FFCRA). CMS clarified States must transition individuals between eligibility categories during the PHE, if the new Medicaid program provides the same tier of benefits or a higher tier of benefits. Texas has aligned with the interim final rule related to maintenance of eligibility as part of the FFCRA.

Beginning in February 2021, HHSC transitioned Medicaid clients to the appropriate program on an ongoing basis when there was a change in circumstance or when processing a renewal application. Generally, if a client no longer meets the criteria for their current program, and does not qualify for another Medicaid group, the client will remain in their current group for the remainder of the continued eligibility period. There are some limited situations where an individual will not continue to receive Medicaid State Plan benefits such as when the individual leaves the State, voluntarily leaves the program, or is deceased.

Based on the new guidance provided by CMS on March 3, 2022, Texas' PHE unwind plan for completing redeterminations will be a population based, phased approach to end continuous coverage. HHSC's unwinding approach staggers Medicaid redeterminations for continuous coverage. Using the most recent case information, this approach will prioritize redeterminations into the following groups:

1. Individuals most likely to be ineligible (e.g., members who aged out of Medicaid, or adult recipients who no longer have an eligible dependent child in their household) or those who transitioned to another program (i.e., CHIP, or pregnant women who may transition to Healthy Texas Women).
2. Individuals transitioned to a different Medicaid eligibility group; Medicaid children, parent/caretaker and waiver groups pending information; and certain MAGI population groups (e.g., children, people receiving Transitional Medical Assistance).
3. All remaining individuals from the previous groups, including those most likely to remain eligible when continuous coverage ends.

HHSC is preparing for the large volume of work expected with unwinding continuous coverage. To address potential strain on the eligibility system during the unwinding period, HHSC has identified multiple strategies aimed at increasing workforce capacity and/or reducing workload on eligibility workers. HHSC is also engaging with providers, MCO, and advocates to support members during this process by providing key messages that aim to reduce member confusion and increase the likelihood of eligible members maintaining coverage.

4. Provider Network & Network Adequacy

To ensure the availability and accessibility of services in a timely manner, MCOs are required to meet network adequacy standards for time and distance. These vary by provider type and county designation (metro, micro, rural). MCOs must ensure at least 90% of members, unless otherwise specified, have access to a choice of each provider type (PCPs, dentist, and specialty services) in each service delivery area (SDA) within a prescribed travel time and distance standards. The required distance and travel time standards vary by provider and county designation (see *Attachment E and Attachments H1-H4*).

Attachment H1 provides an analysis of the percentage of each managed care plan’s members with at least two PCPs within the maximum distance from the member’s residence (based on Medicaid enrollment files) by program and county designation (metro, micro, rural) within the distance standard of 90%. During SFY22 Q2, the MCOs met or exceeded the 90% standard for members’ access to PCPs except Community First in STAR and STAR Kids Micro. Community First’s performance is being reviewed for further actions. Similarly, MCOs are required to maintain an adequate network of specialty providers such that 90% of members have access to at least two providers (except as noted below) within the time and distance standard for the specialty provider type.

HHSC has established network adequacy standards for the following types of specialty providers: acute care hospital; audiologist; behavioral health outpatient; cardiovascular disease; ear, nose and throat (ENT); Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR); general surgeon; nursing facility; OB/GYN; ophthalmologist; orthopedist; pediatric sub-specialty; prenatal care; therapy (occupational, physical, and speech); psychiatrist; and urologist.

Attachment H2 presents the detailed specialty provider analysis by program and county designation (metro, micro, rural). During Q2, and across all Medicaid managed care programs, MCOs met or exceeded the 90% standard for members’ access to specialty providers for General Surgeon, Nursing Facility, OB/GYN, Pediatric Sub-specialty, and Therapy. The evaluation of network adequacy compliance occurs at the county level. It is possible for an MCO’s overall average compliance rate to be high yet still be below 90% in one or more counties. The table below summarizes the count of MCOs that did not meet the 90% overall average compliance rate in one or more counties.

MCO Network Adequacy Summary – Specialty Providers – Number of MCOs that did not meet the standard, by Specialty Provider, Program and County designation SFY22 Q2*

Type of Specialist	Program	Number of MCOs that did not meet the standard in a county		
		Metro County	Micro County	Rural County
	STAR	2	7	13

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Acute Care Hospital	STAR+PLUS	0	5	5
	STAR Kids	0	6	6
Audiologist	STAR	5	8	8
	STAR+PLUS	3	5	5
	STAR Kids	4	4	4
Behavioral Health – Outpatient	STAR	0	1	0
	STAR+PLUS	0	0	0
	STAR Kids	0	1	0
Cardiovascular Disease	STAR	1	4	1
	STAR+PLUS	0	3	0
	STAR Kids	1	6	2
ENT (Otolaryngology)	STAR	0	2	2
	STAR+PLUS	0	1	1
	STAR Kids	0	2	2
Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)	STAR	10	13	6
	STAR+PLUS	5	5	4
	STAR Kids	7	9	4
General Surgeon	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
Nursing Facility	STAR+PLUS	0	0	0
OB/GYN	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
Ophthalmologist	STAR	2	5	2
	STAR+PLUS	0	3	1
	STAR Kids	1	2	1
Orthopedist	STAR	0	4	1
	STAR+PLUS	0	3	1
	STAR Kids	0	3	2
Pediatric Sub-Specialty	STAR	0	0	0
<i>(The standard requires access to one provider)</i>	STAR Kids	0	0	0
Prenatal	STAR	0	0	1
	STAR+PLUS	0	0	0
	STAR Kids	0	1	0
Psychiatrist	STAR	2	4	3

	STAR+PLUS	0	3	2
	STAR Kids	2	3	2
Therapy (Occupational, Physical, and Speech)	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
Urologist	STAR	0	4	8
	STAR+PLUS	0	2	4
	STAR Kids	0	2	4

*See Attachment H2 for detailed data tables for each MCO.

**HHSC may grant an exception during the corrective action process.

The DMOs met the network access standard of 95% for Main Dentist, excluding Micro counties, in SFY22 Q2. **Attachment H3** provides dentist analysis by DMO and county designation.

The DMOs did not consistently meet network access standards for dental specialty providers (Orthodontists, Endodontists and Pediatric dentists) for SFY22 Q1. DentaQuest and MCNA met the standards for Pediatric Dental but did not meet the standards for Orthodontists or Endodontists in micro and rural counties. United Healthcare Dental did not meet standards for Endodontists or Orthodontists in all counties and Pediatric Dental in micro counties. The DMOs' performance is being reviewed for further actions. **Attachment H4** provides dental specialty analysis by provider type and county designation.

In addition to monitoring network adequacy performance of the MCOs related to primary and specialty care, HHSC continues to enhance efforts to monitor long-term services and supports, in particular, community attendant care. As part of the implementation of the Community Attendant Workforce Development Strategic Plan required by the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 157)³, HHSC is enhancing provider network adequacy standards for Medicaid MCOs to ensure members have sufficient access to community care attendants. Managed care contracts have been updated to clarify that MCOs must ensure that a minimum of 90% of their members have timely access to community attendant care services upon authorization of services. Timeliness is defined as within seven days from the authorization. Initial data will provide a baseline for future performance monitoring, with the expectation that MCO performance will improve over time. In the coming quarters, HHSC expects to continue refining and improving the collection and analysis of this data. As the data and analysis processes continue to mature and more baseline data is compiled, HHSC expects the data quality to become more refined. HHSC will begin reporting on this in future reports once data is available for the corresponding reporting period.

Managed Care 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**. Because of the time required for data collection, healthcare provider counts per quarter are reported on a one-quarter lag.

³ <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/rider-157-ca-workforce-dev-strat-plan-nov-2020.pdf>

During SFY22 Q1, unique Primary Care Provider (PCP) provider enrollment continued to increase across all programs statewide. Specialist provider enrollment increased in the STAR and STAR Kids programs but decreased in STAR+PLUS. Similarly, unique pharmacist enrollment slightly increased across all programs during SFY22 Q1. Across the dental programs statewide, the DMOs reported an increase in dental provider enrollment compared to the previous quarter.

Provider Termination

Attachment C3 details the data reported by the MCOs regarding the number of PCPs and specialists terminated in SFY22 Q1. The MCOs reported a variety of reasons for termination. For SFY22 Q1, the top three reasons for PCP and specialist terminations included, the provider left a group practice, the provider failed to recredential, and a termination was requested by the provider.

MCO and DMO Network Adequacy Standard Exceptions

In FY22 Q1, HHSC focused its monitoring efforts on ensuring MCOs and DMOs implement access to care plans and member education initiatives. HHSC utilized this time to resolve data discrepancies and redesign the network adequacy corrective action process to include the exception request process. HHSC requires MCO provider networks to comply with distance or travel time standards in accordance with managed care contract requirements. A Corrective Action Plan (CAP) is required if the MCO/DMO does not meet the performance standards outlined in UCMCM 5.28.1 Access to Network Providers - Performance Standards and Specifications in at least one county.

As a part of HHSC's process, MCOs and DMOs may submit an exception request for areas of non-compliance via the network adequacy corrective action process. HHSC approves or denies the exception request based on the review of supporting information that demonstrates an MCO's provider contracting efforts and assurances 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, providing guidance and a list of network providers offering telehealth and telemedicine services, 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. If the exception request is denied, the MCO is subject to remedies such as liquidated damages or a corrective action plan.

Member and Provider Hotline Performance

The MCOs and DMOs must have a toll-free hotline that members can call 24 hours a day, 7 days a week. The performance standards for these member and provider hotlines are listed below:

- 99% of calls must be answered by the fourth ring.
- 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.

Included in *Attachment M1-M4* is data from SFY22 Q1. A summary of findings using the MCO self-reported data aggregated from TexConnect is reported below.

Member Hotline (STAR/STAR+PLUS - SFY22 Q1)

- Ten MCOs met the requirement to answer calls by the fourth ring. Cigna-HealthSpring, Community First, Community Health Choice, Cook Children's, El Paso Health, FirstCare, and Scott & White, did not meet the standard.
- Except Cigna-HealthSpring, all MCOs met the performance standard that 80% of all calls must be answered by a live person within 30 seconds.
- All MCOs met the $\leq 7\%$ abandoned calls standard.
- All MCOs average hold times were under two minutes.

Member Hotline (STAR Kids – SFY22 Q1)

- Three of the nine MCOs met the requirement to answer calls by the fourth ring. Aetna, Community First, Cook Children's, Superior, Texas Children's and United did not meet the performance standard.
- All MCOs met the 80% standard for answered by a live person within 30 seconds.
- All MCOs met the $\leq 7\%$ abandoned calls performance standard.
- All MCOs met the performance standard where average hold times were under two minutes.

Behavioral Health Hotline (STAR/STAR+PLUS – SFY22 Q1)

- Five of the seventeen MCOs met the requirement to answer calls by the fourth ring. Amerigroup, Blue Cross Blue Shield, Cigna HealthSpring, Community First, Community Health Choice, Dell Children's, FirstCare, Molina, Scott & White, Superior, Texas Children's, and United did not meet the performance standard.
- All MCOs met the 80% standard for answered by a live person within 30 seconds, except Blue Cross Blue Shield.
- All MCOs met the $\leq 7\%$ abandoned calls standard.
- All MCOs met the performance standard for average hold times under two minutes.

Behavioral Health Hotline (STAR Kids – SFY22 Q1)

- Of the nine MCOs, three MCOs met the requirement to answer calls by the fourth ring. Aetna, Amerigroup, Community First, Superior, Texas Children's, and United did not meet the performance standard.
- All MCOs met the 80% standard for calls answered by a live person within 30 seconds.
- All MCOs met the $\leq 7\%$ abandoned calls standard, except Community First.
- All MCOs average hold times were under two minutes.

Provider Hotline (STAR/STAR+PLUS – SFY22 Q1)

- Six of the seventeen MCOs met the requirement to answer calls by the fourth ring except for Aetna, Amerigroup, Cigna HealthSpring, Community First, Community Health Choice, Cook Children's, El Paso Health, FirstCare, Scott & White, Superior and Texas Children's.
- All MCOs met the $\leq 7\%$ abandoned calls standard.
- All MCOs met the requirement for ≤ 2 minutes average hold time.

Provider Hotline (STAR Kids – SFY22 Q1)

- Three of the nine MCOs met the requirement to answer calls by the fourth ring except for Aetna, Amerigroup, BCBS, Community First, Cook Children's, and Texas Children's.
- All MCOs met the $\leq 7\%$ abandoned calls standard.

- All MCOs met the requirement for ≤ 2 minutes average hold time.

Dental Hotline (STAR/STAR+PLUS – SFY22 Q1)

- DentaQuest and United Dental met the $\leq 7\%$ abandoned calls standard for member and provider hotline. MCNA did not meet the standard for member and provider hotline.
- On the performance standard, 99% of calls must be answered by the fourth ring, DentaQuest and United Dental met the standard for member and provider hotline. MCNA did not meet this performance standard for both the member and provider hotlines.
- DentaQuest and United Dental met the standard that 80% of all calls must be answered by a live person within 30 seconds, for member hotline. MCNA did not meet this performance standard.
- All MCOs met the performance standard and reported average hold times under two minutes for member and provider hotlines.

MCOs that have identified instances of non-compliance are reviewed quarterly for remedies as stated in the contract that include but are not limited to corrective action plans and liquidated damages assessments.

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 “open panel” at an 80% benchmark.

Quarterly healthcare provider counts are reported on a one-quarter lag. In SFY22 Q1, all MCOs and DMOs, except Community First Health Plan (78%) and Cook Children’s (69%) in STAR and Community First Health Plan (77%) and Cook Children’s (66%) in STAR Kids met the 80% benchmark. HHSC is monitoring this and has not identified access to care concerns, issues, or complaints. This arrangement has allowed Cook Children’s to maintain these providers in the network.

Appointment Availability

HHSC conducts appointment availability studies to assess how quickly members get in-person appointments. The following are the results of the 2021 Appointment Availability Behavioral Health study:

2021 Appointment Availability Behavioral Health Study Results	
Program	Compliance
STAR Adult	87.2%
STAR Child	87.2%
STAR Kids	75.4%
STAR Health	100%
STAR+PLUS	87.5%

The next primary care provider study is currently being conducted, and results will be available this summer.

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 why 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 non-compliant and is subject to contract action such as assessing liquidated damages or implementing a corrective action plan.

Attachment D provides OON utilization performance summary for SFY22 Q1. Because of the time required for data collection, OON utilization counts are reported on a one-quarter lag. The MCOs listed below exceeded OON utilization standards in SFY22 Q1 and have a SERT in place or are finalizing a SERT bringing the MCOs into compliance. The State will continue to monitor these MCOs and will require corrective action or other remedies as appropriate.

OON Emergency Room (ER) (<20% Standard)

- STAR
 - CHC – Approved SERT on file
 - Dell Children’s – Approved SERT on file
 - Parkland – Approved SERT on file
 - Texas Children - Approved SERT on file

OON Inpatient (<15% Standard)

- STAR
 - Dell Children’s – Approved SERT on file
 - Parkland – Approved SERT on file

OON Other Outpatient (<20% Standard)

- STAR
 - Aetna – Approved SERT on file

Oversight of MCOs and DMOs

HHSC staff routinely evaluate, and compile data reported by the MCOs and DMOs. If an MCO or DMO fails to meet performance standards, or other contract requirements such as accurate and timely submission of deliverables, 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 remedies 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>.

Texas Medicaid launched a new process for tracking CAPs. As of September 2021, HHSC has transitioned to direct entry into the TexConnect Portal for tracking of CAPs. As actions are taken by HHSC to submit, approve, close or withdraw a CAP, letters are auto generated and sent directly to the MCO. Direct entry and visibility allow for transparency between HHSC and the managed care organizations.

5. Waiver Amendments and Upcoming Managed Care Initiatives

Waiver Amendments

The following amendments have been submitted to CMS.

Medically Fragile

House Bill 4533, SECTION 32, 86th Legislature, Regular Session, 2019 required HHSC to pursue a benefit for medically fragile individuals. If determined to be cost effective, the legislation directed HHSC 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 on September 1, 2020. After the original submission, CMS indicated the packet was not complete, and HHSC was required to resubmit the packet to CMS. The second submission of the packet was on February 22, 2021. HHSC and CMS continue to discuss the amendment.

Preferred Drug List (PDL) Prior Authorizations (PA)

Senate Bill 1096, 86th Legislature, Regular Session, 2019 directed HHSC to exempt STAR Kids members from all preferred drug list (PDL) prior authorizations (PAs) to meet the requirements of Section 533.005, Government Code (a)(23)(L), as added by S.B. 1096. This amendment was submitted to CMS on November 5, 2021. HHSC and CMS continue to discuss the amendment.

HHSC anticipates submitting the following amendments in the future.

Maternal and Child Health

House Bill 133, 87th Legislature, Regular Session, 2021 directs HHSC to implement the following.

- Transition targeted case management services for children and pregnant women to Medicaid managed care. Requested effective date of September 1, 2022.
- Transition Healthy Texas Women (HTW) program services, funded through the HTW 1115 waiver⁴, to managed care.
- Seek federal approval to extend Medicaid coverage to six months postpartum for women who deliver or experience an involuntary miscarriage. Requested effective date of September 22, 2022.

Long-Term Services and Supports for Individuals with Intellectual and Developmental Disabilities (IDD) Transition

HHSC continues work toward implementation of House Bill 4533 (86th Legislature, Regular Session, 2019), which amends Texas Government Code, Chapter 534 and directs HHSC to develop and implement a pilot program through the STAR+PLUS Medicaid managed care program to test person-centered

⁴ <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83311>

managed care strategies and improvements under a capitated model. The pilot program will inform the future 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 pilot program will serve individuals with intellectual and developmental disabilities (IDD), traumatic brain injury, and people with similar functional needs. The pilot program will operate in one service delivery area selected by HHSC with up to two STAR+PLUS Medicaid managed care plans. The pilot program will start September 1, 2023 and operate for at least 24 months. HHSC and CMS are meeting monthly to review the draft amendment.

The Intellectual and Developmental Disabilities System Redesign Advisory Committee (IDD SRAC) and the Pilot Program Workgroup continue to meet and submit recommendations to aid in the development of the pilot program. The Pilot Program Workgroup and IDD SRAC are having joint meetings to focus on the pilot. HHSC has begun to operationalize programmatic elements including service coordination and consumer directed services.

Initiatives

Compliance with Home and Community-Based Services (HCBS) Settings Regulations

Texas continues efforts to comply with the federal HCBS settings regulations issued by CMS in March 2014. Compliance efforts include revising State rules and policies and conducting heightened scrutiny assessments on all STAR+PLUS HCBS assisted living facility settings. Proposed State rule amendments were posted for informal public comment in March 2022. HHSC is also revising managed care contracts to require MCOs to ensure their contracted providers comply with the HCBS settings regulations. HHSC anticipates these contract amendments will become effective in September 2022. Before the final compliance deadline of March 2023, HHSC plans to replace its current day habilitation service with a new, fully compliant service called individualized skills and socialization in the Home and Community-based Services, Texas Home Living, and Deaf Blind with Multiple Disabilities 1915(c) waiver programs. HHSC has amended the Texas Statewide Transition Plan for re-submission to CMS. The Statewide Transition Plan was posted for a 30-day public comment period in March 2022 and was submitted to CMS in April 2022.

Community Attendant Workforce Development Strategic Plan

The Community Attendant Workforce Development Strategic Plan was submitted to the legislature and Governor's office pursuant to legislative direction in 2019. The plan contains strategies related to recruiting and retaining community attendants and ensuring Medicaid recipients have adequate access to services. More specifically, the plan includes information and data about the community attendant workforce in Texas; feedback collected from stakeholders during a cross-agency forum and an online survey; and HHSC's long-term goals and recommendations for addressing challenges faced by individuals receiving community attendant care, as well as providers.

HHSC is currently working to implement the strategies identified in the strategic plan and explore stakeholder recommendations. Some of these strategies that relate directly to the waiver include:

- Dedicate resources at HHSC to coordinate and support a Workforce Development Taskforce.
 - HHSC identified the newly established Office of Disability Services Coordination as the dedicated resource to launch, support, and manage a taskforce. The Direct Service

Workforce Development Taskforce (DSW Taskforce), launched in March 2021, is a collaborative workgroup whose purpose is to explore long-term recruitment and retention (non-wage based) strategies, which were proposed by stakeholders, within the community attendant, personal care attendant and direct service workforce. The DSW Taskforce provided input into the THTQIP 1115 Waiver application, HHSC's spending plan in response to the ARPA Section 9817 which provides States with a temporary ten percent point increase to the federal medical assistance percentage for Medicaid HCBS, and the project plan to explore recruitment and retention (non-wage based) strategies. The project plan has two main goals—enhance workforce development and improve data collection—and 13 objectives each with numerous research and data activities within a three state-fiscal-year project period. Two of the objectives are already complete. During Q2 specifically, HHSC received state budget approval to move forward with funding for one-time recruitment and retention payments to direct care providers delivering community-based attendant care and nursing services in HCBS programs.

- Add network adequacy measures for community attendants to the Medicaid managed care contracts.
 - HHSC is enhancing provider network adequacy standards for Medicaid MCOs to ensure members have sufficient access to community care attendants. Managed care contracts have been updated to clarify that MCOs must ensure that a minimum of 90% of their members have timely access to community attendant care services upon authorization of services. HHSC continues to explore improvements in this area.

Critical Incident Management System

HHSC will implement a new statewide critical incident management system (CIMS) for reporting critical incidents. The new system will be in compliance with guidance issued by CMS on March 12, 2014. To streamline the level of critical incident information received and to standardize the format, the Legislature appropriated funding during the 86th Legislature, House Bill 1, for the new CIMS. HHSC is working with FEI Systems, the CIMS vendor, to configure a platform to collect all required critical incident information across all 1915(c) and STAR+PLUS Home and Community-Based Services programs. This will include information on abuse, neglect, and exploitation allegations in addition to other critical incidents required by program policy. All waiver providers will be required to report information into the new system. HHSC is still in the implementation process which will require reporting to be phased in during calendar year 2022 by program. The implementation process requires provider training by program, system testing, coordination between reporting systems, and assessments of program reporting requirements. HHSC is continuing to monitor the ongoing activities closely.

6. Demonstration-related Appeals and Complaints

Complaints Received by the State and MCOs

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 MCOs and DMOs are required to track and monitor the number of member complaints and appeals and provider complaints received, to ensure resolution occurs within 30 days of receipt. A 98% compliance standard is required.

Attachment O includes complaints data compiled from both MCOs/DMOs and HHSC for members and providers. The reports in *Attachment O* reflect SFY2022 Q1. Subsequent monitoring reports will continue to be reported on a two-quarter lag. Complaint data are displayed by the following:

- Top five most frequent types of complaints overall, separately for members and providers, by program, and by MCO/DMO.
- Outcome status by program and by MCO/DMO.
- Distribution of complaints and enrollment by MCO/DMO.
- Overall quarterly rate of complaints by MCO/DMO, including previous six quarters (as the data becomes available).

Generally, the total number of complaints submitted is small relative to the total number of individuals enrolled in Medicaid per month. Complaint data are expressed in the number of complaints per 10,000 clients (otherwise referred to as rate). Complaint volumes may vary based on MCO/DMO size, program (e.g., STAR versus STAR+PLUS) and complexity of population served.

Member Appeals

Attachment N provides a performance summary of member appeals for SFY22 Q1. During the reporting period, STAR MCOs collectively reported 1,749 member appeals resolved. STAR+PLUS MCOs reported 2,429 and STAR Kids MCOs reported 929 member appeals resolved. DMOs collectively reported 403 member appeals resolved.

Member Appeal reports are submitted on a monthly basis. Some MCOs met the compliance standard for one or more months; however, some did not meet the 98% compliance standard for 30-day appeals resolved timely. Identified instances of non-compliance are reviewed quarterly for remedies, as stated in the contract, that include but are not limited to, corrective action plans and liquidated damages assessments.

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. These attachments include the total number of referrals received and the allegation category.

Claims Summary Reports

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%

Claims summary counts are reported on a one-quarter lag. *Attachment V1* provides a claims summary for the STAR program. *Attachment V2* provides claims summary for the STAR+PLUS program. *Attachment V3* provides a claims summary for the Dental program. *Attachment V4* provides a claims summary for the STAR Kids program.

Fair Hearings

The Fair and Fraud Hearings Department (FFH) of the Appeals Division of the HHSC receives appeal requests from applicants and clients contesting actions taken regarding benefits and services for various programs. Fair Hearings Officers conduct fair hearings and administrative disqualification hearings statewide for 169 eligibility programs within HHSC, including the waiver programs.

In the second quarter of FY22, FFH received 454 fair hearing requests for the programs authorized under the waiver (41 for the STAR program, 121 for the STAR Kids program and 292 for the STAR+PLUS program). Of the 454 fair hearing requests, 76 were withdrawn by the Appellant, 155 were dismissed, 99 were upheld, and 14 were reversed by the presiding Fair Hearings Officer; 110 decisions are pending final resolution. The total number of fair hearing requests received during FY22 Q2 was significantly lower than FY22 Q1. However, the COVID-19 pandemic continues to influence the number of fair hearings for the 1115 waiver programs.

6.1 Anticipated Changes to Appeals

HHSC implemented an External Medical Review (EMR) option, to be performed by an Independent Review Organization (IRO) in May 2022. The EMR is an option for a member to request further review of the MCO's adverse benefit determination. The EMR will take place between the MCO internal appeal process and the State Fair Hearings. The MCO will have to provide the IRO the same set of records the MCO reviewed to determine service denial or reduction. EMRs will be conducted by IROs contracted with HHSC. The role of the IRO is to act as an objective arbiter and decide whether the MCO's original adverse benefit determination must be reversed or affirmed.

7. Quality

HHSC received initial MCO quality measure results in October 2021 for measurement year 2020 and HHSC is assessing the impact of the PHE on those results. Full 2020 results are posted on the Texas Healthcare Learning Collaborative Portal (thlcportal.com). The results will help inform HHSC decisions about its quality improvement programs for measurement years 2021 and 2022.

The EQRO completes many required and optional quality review activities for HHSC each year. HHSC publishes an annual summary of EQRO activities that includes their key findings and recommendations. The most recent report is the [*External Quality Review of Texas Medicaid and CHIP Managed Care Summary of Activities for SFY 2020*](#). The SFY 2021 report was published by April 30, 2022.

8. HCBS Quality Assurance Reporting

This update will be provided in the next annual report.

9. State Directed Payment Programs

Fiscal Year 2022

On November 15, 2021, CMS approved two state directed payment programs retroactive to September 1, 2021:

1. Directed Payment Program for Behavioral Health Services (DPP for BHS) and
2. Quality Incentive Payment Program (QIPP).

On March 25, 2022, CMS approved the remaining three state directed payment programs retroactive to September 1, 2021. The state is working with our MCOs to successfully implement these programs:

1. Comprehensive Hospital Increase Reimbursement Program (CHIRP),
2. Texas Incentives for Physicians and Professional Services (TIPPS), and
3. Rural Access to Primary and Preventive Services Program (RAPPS).

The approval of these state directed payment programs completes the funding transition from DSRIP to Medicaid managed care. The best practices from DSRIP were outlined in the programs' evaluation design.

Fiscal Year 2023

The State submitted the fiscal year 2023 preprints for the aforementioned five state directed payment programs on March 1, 2022. CMS and the state have exchanged the first round of questions and responses. These are posted to our directed payment program website.

10. Financial/Budget Neutrality

This section addresses the quarterly reporting requirements regarding financial and budget neutrality development and issues. The budget neutrality workbook is on a one-quarter lag (see *Attachment P*) and provides forecasting data for SFY22 Q1.

10.1 Anticipated Changes to Financial/Budget Neutrality

These terms set forth a base year of fiscal year 2022 to be used in the first rebasing exercise. These terms identified adjustments for the base year and projected expenditures in Attachment U, inclusive of the proposed state directed payment programs as a part of the DSRIP transition. The waiver reflects a DSRIP pool ending date of September 30, 2021, and the transition to State directed payment programs starting September 1, 2021.

Texas Medicaid expenditures in FY 2022, the base year, in conjunction with cost trends will set the annual expenditure limit for the remainder of the 10-year waiver term.

11. Demonstration Operations and Policy

Medicaid Managed Care

The goals of the Texas Healthcare Transformation and Quality Improvement Program are to:

- Expand risk-based managed care to new populations and services.
- Support the development and maintenance of a coordinated care delivery system.
- Improve outcomes while containing cost growth.
- Transition to quality-based payment systems across managed care and providers.

HHSC continues to include additional services within the risk-based managed care program to support a coordinated care delivery system. The savings attained under the 1115 Waiver reflect the changes in cost growth over time. The DSRIP transition to a sustainable, integrated payment system while evaluating quality performance of providers within MMC further aligns financial incentives and establishes a strong, steady foundation for our program.

HHSC and the Medicaid MCOs achieved the following MMC milestones in SFY22 Q2, including:

- February 2022 implementation of the new Autism Services Policy for children under 21 with autism spectrum disorder.
- Launched a new provider enrollment and management system in December 2021.

Challenges successfully navigated during SFY22 Q2 include:

- Continued implementation of a wide range of COVID-19 PHE member and provider flexibilities, including use of teleservices, to ensure member health and safety and continuity of care while planning for the end of the PHE.
- Updated claims systems and prepared for the state directed payment program implementation.
- Implementation of an external independent review organization process.

Upcoming major initiatives and activities that support the waiver goals include:

- Implementing revisions to the STAR Kids Screening and Assessment Instrument to improve initial and reassessment processes, as directed by Senate Bill 1207, 86th Texas Legislature, Regular Session.
- Allowing MCOs to provide more care coordination services using telecommunications or information technology.
- Expanding Medicaid coverage for women six months after delivery.
- Including Healthy Texas Women and Case Management for Children and Pregnant Women in managed care.
- Full compliance with the home and community-based settings regulations.
- Implementing the STAR+PLUS Pilot Program.
- Implementing a policy change to better serve medically fragile adults.
- Implementing Collaborative Care Model services that supports integrated behavioral health services in an individual's primary care medical home.

Procurement Activities

HHSC has created a plan to procure new contracts for STAR+PLUS, STAR, and STAR Kids according to the estimated timeline below.

STAR+PLUS

- Request for Proposals (RFP) Posting: March 2022 Available at <http://www.txsmartbuy.com/esbdetails/view/HHS0011062>
- Estimated Notice of Award: Q2 SFY2023
- Start of Operations: Q1 SFY2024

STAR

- RFP Posting: Q1 SFY2023
- Estimated Notice of Award: Q4 SFY2023
- Start of Operations: Q4 SFY2024

STAR Kids

- RFP Posting: Q3 SFY2023
- Estimated Notice of Award: Q1 SFY2024
- Start of Operations: Q2 SFY2025

Extension Application

Texas submitted an extension application for the 1115 THTQIP waiver on November 30, 2020. CMS approved this extension application on January 15, 2021. However, difficulties operating the 1115 Transformation waiver were caused by the April 16, 2021, letter from CMS purporting to rescind its January 15, 2021, extension approval. The Texas 1115 Transformation waiver provides the authority under which most of Medicaid managed care is authorized. Without the terms previously negotiated and agreed to, Medicaid managed care, state directed payment programs within Medicaid managed care, supplemental payments made possible through managed care savings, and various initiatives aimed at continuous improvement of the program were put at risk. Texas sought legal redress and submitted another extension application on July 14, 2021.⁵

The federal court issued a preliminary injunction against the rescission letter and set forth clarifying orders by which HHSC and CMS would comply with the January 15, 2021 STCs. On April 22, 2022, CMS withdrew its rescission letter and confirmed the authority of the January 2021 STCs over the waiver. A Stipulation of Dismissal in the related federal lawsuit was subsequently filed by the parties on May 10, 2022.

⁵ The General Appropriations Act for the 2022-2023 biennium, 87th Legislature, Regular Session, 2021 (Article II, HHSC Rider 37) expressed the Legislature's intent that HHSC should seek a renewal or extension of the current Section 1115 THTQIP waiver from CMS.

12. Litigation Summary

Consideration 1:

Type of Consideration	<i>Ongoing litigation</i>
Summary of Consideration	<p><i>Frew, et al. v. Young, 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, five 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, (4) Health Care Provider Training, and most recently, (5) Outreach and Informing. Part III of the Managed Care CAO has also been dismissed.</p> <p>In 2014, the parties jointly agreed to vacate most of the Toll-Free Numbers corrective action order, and the related consent decree paragraphs. One toll-free number remains under the corrective action order and court monitoring.</p> <p>In January 2022, the Fifth Circuit affirmed the dismissal of the Outreach and Informing corrective action order in full and Part III of the Managed Care 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

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	services available for persons under age 21.
Estimated Number of Beneficiaries	Estimated (as of October 2021) at 3,918,485.
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.

13. Health IT

Health Information Exchange (HIE) Connectivity Project Update

The HIE Connectivity Project is a Texas Medicaid initiative funded by CMS. The project consists of three strategies and the Patient Unified Look-up System for Emergencies (PULSE). 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 and PULSE.

HIE IAPD Strategies 1-3

Strategy 1/Medicaid Provider HIE Connectivity: As of March 31, 2022, 430 providers from 92 ambulatory practices, including Federally Qualified Health Centers (FQHCs) and 43 hospitals have been approved, through this project, to join with the three local HIEs (Healthcare Access San Antonio (HASA), Greater Houston Healthconnect (GHH), and Rio Grande Valley HIE (RGVHIE)).

Strategy 2/Texas HIE Infrastructure: Maintenance and enhancement of connectivity between participating local HIEs and Texas Medicaid, via the Texas Health Services Authority (THSA's) HIETexas, is ongoing. The framework for the exchange, transport, integration, and retrieval of electronic health information between and among healthcare entities continues to be supported. A master patient index (MPI) and HL7 integration engine are used to process data, including Admission, Discharge, Transfer (ADT) alerts and C-CDA messages, arriving from the three local HIEs currently participating in the project.

Strategy 3/EDEN System: In addition to those providers and hospitals onboarded to the project through local HIEs via Strategy 1, HASA sends ADT alerts from 25 existing hospital connections. Additionally, THSA is making direct connections with hospitals, urgent care facilities, and Skilled Nursing Facilities (SNFs)/rehab. As of March 31, 2022, THSA has made direct connections to 43 hospitals and 7 urgent care facilities. Direct connections are in progress for 16 more hospitals and 35 SNFs/rehab. ADT alerts via the local HIEs and THSA's direct hospital connections continue to be received through HIETexas and sent to Texas Medicaid and EDEN subscribers. HHSC is currently working to build a repository to make project data accessible and usable to various program areas within the agency.

PULSE

PULSE infrastructure, which interconnects disparate health information from multiple sources in response to a disaster, continues to operate and is ready for use to help Texans during declared disasters. PULSE allows authorized users to query for clinical data, support patient reunification efforts, and search public health emergency patient data. The HIETexas PULSE system is being maintained and is prepared to be activated in the instance of a declared disaster in Texas.

THSA has developed training for PULSE users, now available on the HIETexas website. Additionally, PULSE is now receiving ADT alerts from the Integrated Care Collaboration (ICC), a local HIE in Austin, for patient reunification purposes.

14. Evaluation

HHSC completed the following 1115 Waiver evaluation activities during FFY22 Q2:

- HHSC met with Texas A&M University (TAMU) to discuss CMS feedback on the Interim Evaluation Report (December 2017 STCs) on January 12, 2022. HHSC submitted TAMU’s revised Interim Evaluation Report to CMS on February 4, 2022.
- HHSC began coordinating with TAMU and CMS on plans for the Interim Evaluation Report #1 (due on March 31, 2024 in accordance with the STCs).
 - HHSC discussed plans for Interim Report #1 with TAMU during a Quarterly Meeting on February 18, 2022, and during another call on February 25, 2022.
 - HHSC met with CMS to discuss plans for Interim Report #1 on March 21, 2022.
- HHSC received CMS approval of Revision 5.2 of the 1115 Evaluation Design covering DYs 7-11 on March 16, 2022 (December 2017 STCs).
- HHSC analysts began preparing Revision 6.1 of the 1115 Evaluation Design covering DYs 7-11 to reflect plans for the Interim Evaluation Report #1 (due on March 31, 2024 in accordance with the STCs).
- CMS provided feedback on the 1115 Evaluation Design covering DYs 10-19 on December 6, 2021. HHSC analysts met with CMS on January 14, 2022, January 21, 2022, and January 26, 2022 to discuss this feedback. HHSC submitted Revision 2.1 of the 1115 Evaluation Design covering DYs 10-19 to CMS on February 28, 2022.
- HHSC analysts prepared evaluation narratives describing how the 1115 Evaluation Designs may be impacted by the following 1115 waiver amendments (listed below). HHSC was still finalizing amendment applications at the end of FFY22 Q2.
 - An amendment to extend Medicaid coverage for an additional four months after the delivery of a newborn or involuntary miscarriage.
 - An amendment to transition the Case Management for Children and Pregnant Women (CPW) Medicaid benefit from fee-for-service to managed care for members enrolled in managed care.
 - An amendment that would exempt Medicaid adults from preferred drug list (PDL) prior authorizations for antipsychotic drugs.

Modifications to the Evaluation Design

No changes to the 1115 Evaluation Design covering DYs 7-11 were requested during FFY22 Q2. HHSC submitted Revision 2.1 of the 1115 Evaluation Design covering DYs 10-19 to CMS on February 28, 2022. Revision 2.1 incorporates CMS feedback provided on December 6, 2021.

Description of Evaluation Findings or Reports

HHSC submitted TAMU’s revised Interim Report to CMS on February 4, 2022. Key takeaways from the Interim Report were described in the Annual Monitoring Report for DY 10. Additional evaluation findings will be summarized after the Interim Evaluation Report #1 is submitted (due on March 31, 2024 in accordance with the STCs).

15. Delivery System Reform Incentive Payment Program

The DSRIP Program evolved from project-level reporting in DY1-6 to provider-level outcome reporting in DY7-10 to measure the continued transformation of the Texas healthcare system. DSRIP providers report on required categories at the provider system level, rather than the project level. DY7-10 is an opportunity to advance sustainability of providers' transformed systems, including development of alternative payment models (APMs) to continue services for Medicaid and low-income or uninsured (MLIU) individuals. Regional Healthcare Partnerships (RHP) updated their RHP Plans during DY9 Q1, which HHSC reviewed and approved. The plan updates provided an opportunity to reassess regional efforts toward a coordinated care delivery system. The plan updates also allowed providers to update their outcome measures selection and activities for reporting during DY9-10. Providers choose the focus areas of initiatives that drive system transformation and improve quality of services and health outcomes for individuals served.

October DY10 Reporting Payments

Providers reported achievement of DY10 Category B MLIU patients served, DY9 and DY10 Category C measures, and DY10 Category D measures in October 2021. In total for October DY10 reporting, \$402,272,627 was paid to DSRIP providers in January 2022, based on available Intergovernmental Transfer (IGT), for a total of \$22.7 billion in DY1-10 DSRIP payments to date. *Attachment Y* provides estimated remaining payments for DY9-10. Aside from the final payment amounts, there are no updates on DSRIP for Q2. The next reporting period began April 1, 2022.

COVID-19 Accommodations

In light of the significant impact of the COVID-19 PHE, HHSC and CMS agreed on flexibility for reporting and demonstrating achievement on certain reporting requirements for DY9 and DY10. The totals above reflect providers' use of the approved flexibilities. CMS approved a COVID-19 accommodation for Category B including:

- Broadening the definition of an encounter to include patient telephone calls for DY9-10.
- Allowing HHSC to adjust allowable variation across all providers.

Providers who reported in October DY10 saw an average increase in Category B MLIU volume of 7.7% over their DY8 Category B MLIU volume which in part may be attributable to broadening the definition of an encounter for DY10. The DY10 accommodations allowed providers to earn \$5.4 million more in Category B than if there had been no accommodations. A remaining 23 providers will complete reporting on their Category B MLIU volume during the October DY10 additional reporting period or April DY11 reporting period.

Of the 121 achievement milestones (pay-for-performance) that were approved for PY3 (CY2020) reporting in October 2021, 37 (or 31%) used the approved COVID-19 accommodations to earn payments. Providers earned \$14,571,193 in payments that they would not have earned without the approved COVID-19 accommodations.

CMS approved a COVID-19 accommodation for DY9-10 Category C including:

- Earning payment for DY9 or DY10 achievement milestones based on the higher of a provider's approved DY8 achievement, the statewide average approved DY8 achievement per measure or measure bundle, DY9 achievement in calendar year (CY) 2020 or CY2021 for DY9 achievement milestones, or DY10 achievement in CY2021 for DY10 achievement milestones.
- Using the average approved DY8 achievement per bundle measure as the minimum payment for a provider's DY9 or DY10 achievement milestone for measures that have been selected by 10 or fewer providers.
- Requiring providers to report CY2020 and CY2021 data to be eligible for payment on the Category C achievement milestones.

Providers may use the DY9 Category C accommodation during April or October DY10 reporting and the DY10 Category C accommodation during April or October DY11 reporting.

DSRIP Transition Update

As part of DSRIP transition, HHSC submitted preprints for four new state directed payment programs proposed to begin in September 2021.⁶ As indicated in the DY11 new program preprints submitted to CMS, these programs are key to the DSRIP Transition for Medicaid providers and enrollees. The programs include measures that providers must report as a condition of participation and that will be used for program evaluation. These programs are:

- Texas Incentives for Physicians and Professional Services (TIPPS)
- Comprehensive Hospital Increase Reimbursement Program (CHIRP)
- Rural Access to Primary and Preventive Services (RAPPS)
- Directed Payment Program for Behavioral Health Services (DPP BHS)

HHSC received CMS approval for DPP BHS in November 2021. Providers began reporting on measures as a condition of participation in late December. The other three new state directed payment programs received CMS approval in March 2022.

⁶ HHSC also renewed the Quality Incentive Payment Program, but it is unrelated to the DSRIP transition.

16. Charity Care Pools

Uncompensated Care Pool

This update will be provided in the next annual report.

Public Health Provider Charity Care Pool

This update will be provided in the next annual report.

17. Post Award Forum

This update will be provided in the quarterly report in which the hearing is held and in the next annual report.

18. 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. The attachment includes annual and quarterly Dental, STAR, STAR Kids and STAR+PLUS enrollment summaries.

Attachment B2 - Medicaid and CHIP Enrollment Reports. Includes Medicaid and CHIP Enrollment Reports from June through August 2021, which include finalized data from Q4.

Attachment B3 - Disenrollment Summary. The attachment includes quarterly and annual Dental, STAR and STAR+PLUS disenrollment 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 L - Enrollment Broker Summary Report. The attachment provides a summary of outreach and other initiatives to ensure access to care.

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

Attachments N - MCO Appeals. The attachment includes Dental, STAR, STAR Kids, and STAR+PLUS appeals received by MCOs.

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

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.

Attachments V1 - V4 - Claims Summary. 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
SFY22 Q1 Report

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

**Attachment B1
Enrollment Summary
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
Dental	Statewide	DentaQuest	2,161,357	55%
		MCNA	1,441,693	37%
		United Dental	297,210	8%
Dental Total			3,900,260	100%
STAR	Bexar	Aetna	32,625	1%
		Amerigroup	14,453	0%
		Community First	150,793	3%
		Superior	163,836	4%
	Dallas	Amerigroup	292,656	7%
		Molina	40,944	1%
		Parkland	210,336	5%
		Superior	292,656	7%
	El Paso	El Paso First	87,799	2%
		Molina	5,075	0%
		Superior	123,922	3%
	Harris	Amerigroup	107,345	2%
		CHC	323,886	7%
		Molina	15,301	0%
		Texas Children's	445,249	10%
		United	116,812	3%
	Hidalgo	Driscoll Children's	133,977	3%
		Molina	54,448	1%
		Superior	184,738	4%
		United	67,712	2%
	Jefferson	Amerigroup	10,470	0%
		CHC	29,565	1%
		Molina	5,144	0%
		Texas Children's	45,878	1%
		United	26,075	1%
	Lubbock	Amerigroup	12,960	0%
		FirstCare	46,349	1%
		Superior	46,223	1%
	MRSA Central	Amerigroup	26,315	1%
		Scott & White	58,922	1%
		Superior	110,261	2%

**Attachment B1
Enrollment Summary
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
	MRSA Northeast	Amerigroup	90,819	2%
		Superior	148,678	3%
	MRSA West	Amerigroup	47,401	1%
		FirstCare	55,572	1%
		Superior	119,329	3%
	Nueces	Driscoll Children's	88,204	2%
		Superior	26,974	1%
		United	4,143	0%
	Tarrant	Aetna	80,160	2%
		Amerigroup	165,594	4%
		Cook Children's	147,606	3%
	Travis	BCBS	50,490	1%
		DELL	38,478	1%
		Superior	122,281	3%
	STAR Total			4,468,454	86%
STAR Kids	Bexar	Community First	7,824	5%
		Superior	7,063	4%
	Dallas	Aetna	7,117	68%
		Amerigroup	15,397	9%
	El Paso	Amerigroup	1,431	1%
		Superior	3,576	2%
	Harris	Amerigroup	7,276	4%
		Texas Children's	21,789	13%
		United	10,033	6%
	Hidalgo	Driscoll Children's	6,529	4%
		Superior	9,260	5%
		United	6,578	4%
	Jefferson	Texas Children's	2,810	2%
		United	2,305	1%
	Lubbock	Amerigroup	1,486	1%
		Superior	1,988	1%
	MRSA Central	BCBS	4,729	3%
		United	4,752	3%
	MRSA Northeast	Texas Children's	5,552	3%
		United	5,619	3%

**Attachment B1
Enrollment Summary
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
	MRSA West	Amerigroup	3,234	2%
		Superior	3,828	2%
	Nueces	Driscoll Children's	4,089	2%
		Superior	1,269	1%
	Tarrant	Aetna	5,547	3%
		Cook Children's	9,769	6%
	Travis	BCBS	4,011	2%
		Superior	3,723	2%
STAR Kids Total			168,584	3%
STAR+PLUS	Bexar	Amerigroup	10,400	2%
		Molina	7,870	1%
		Superior	29,739	5%
	Dallas	Molina	36,831	7%
		Superior	28,438	5%
	El Paso	Amerigroup	11,547	2%
		Molina	10,328	2%
	Harris	Amerigroup	39,646	7%
		Molina	11,778	2%
		United	60,567	11%
	Hidalgo	Cigna-HealthSpring	15,873	3%
		Molina	14,355	3%
		Superior	32,085	6%
	Jefferson	Amerigroup	5,911	1%
		Molina	5,353	1%
		United	8,418	2%
	Lubbock	Amerigroup	6,491	1%
		Superior	7,183	1%
	MRSA Central	Superior	16,328	3%
		United	15,093	3%
	MRSA Northeast	Cigna-HealthSpring	20,097	4%
		United	26,160	5%
	MRSA West	Amerigroup	15,745	3%
		Superior	20,456	4%
	Nueces	Superior	10,526	2%
		United	10,477	2%

**Attachment B1
Enrollment Summary
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
	Tarrant	Amerigroup	31,771	6%
		Cigna-HealthSpring	11,874	2%
	Travis	Amerigroup	10,821	2%
		United	16,064	3%
STAR PLUS Total			548,225	11%
STAR, STAR Kids, and STAR+PLUS Total			5,185,263	100%

Medicaid and CHIP Enrollment Report, as of August 2021
Compiled in March 2022

MEDICAID/CHIP ENROLLMENT BY MODEL				
Full Benefits Only ⁽¹⁾				
	Clients	Percent		
MEDICAID (Full Benefits)	4,983,997			
Fee For Service	167,301	3.4%		
Managed Care	4,816,696	96.6%		
Total Clients (Full and Partial Benefits)				
	Clients	Percent	Change from Prior Month	
TOTAL MEDICAID	5,694,826		1.1%	↑
Fee For Service	878,130	15.4%	1.6%	↑
Managed Care	4,816,696	84.6%	1.0%	↑
CHIP				
	Clients	Percent	Change from Prior Month	
TOTAL CHIP	213,213		-3.3%	↓
Traditional	185,577	87.0%	-3.7%	↓
Perinate	27,636	13.0%	-0.4%	↓

MEDICAID ENROLLMENT (Full and Partial Benefits)							
BY MCO	Total Clients	Percent of Total	Change from Prior Month				
STAR	4,022,830	84%	1.11%	↑			
STAR+PLUS	542,416	11%	0.31%	↑			
Dual Demo	37,673	1%	-0.83%	↓			
STAR Health	45,414	1%	1.14%	↑			
STAR Kids	168,363	3%	0.10%	↑			
TOTAL MCO	4,816,696		0.97%	↑			
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)							
	Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month	
SSI	19,519	22,576	3,349	45,444	73%	-0.1%	↓
SSI-Related MAO	499	15,582	1,081	17,162	27%	-0.5%	↓
TOTAL HCBS	20,018	38,158	4,430	62,606		-0.21%	↓

(1) Partial benefit categories: Emergency Medicaid (TP30), Duals (TP23 and TP24)

(2) MAO counts found by excluding TPs 12 and 13.

(3) Medically Needy clients are grouped with children; the majority of clients in this eligibility category are under 18.

(4) Includes Aged category.

(5) Beginning on 2/18/2020, the Healthy Texas Women (HTW) program is being funded through Medicaid.

Data Sources:

Medicaid: Premiums Payable System (Eligibility files: ma8thmth.dat, mw8thmth.dat), DAP/HHSC.

CHIP: Premiums Payable System (Eligibility file: machiphist.dat), DAP/HHSC.

Prepared by Medicaid CHIP Data Analytics at DAP on 03/09/2022 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	30,557	18.1%
Texas Children's	30,050	17.8%
United	29,397	17.5%
Amerigroup	28,862	17.1%
Aetna	12,608	7.5%
Driscoll Children's	10,554	6.3%
Cook Children's	9,811	5.8%
BCBS	8,731	5.2%
Community First	7,793	4.6%
Aetna	120,717	0.0%
FirstCare	99,151	2.1%
El Paso First	85,930	1.8%
BCBS	57,913	1.2%
Scott & White	57,229	1.2%
Cigna-HealthSpring	49,480	1.0%
Dell	37,406	0.8%
TOTAL	168,363	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	796	0.5%
1-5	17,032	10.1%
6-14	78,295	46.5%
15-21	61,039	36.3%
MDCP Waiver	6,032	3.6%
YES Waiver	1,291	0.8%
IDD Waiver	3,878	2.3%
TOTAL	168,363	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
Community	477,626	82.3%
• Non-HCBS (State Plan)	419,450	72.3%
•• Non-Medicare	197,424	34.0%
•• Medicare	222,026	38.3%
• HCBS (STAR+PLUS Waiver)	58,176	10.0%
•• Non-Medicare	20,018	3.5%
•• Medicare	38,158	6.6%
Nursing Facility	42,103	7.3%
• Non-Medicare	5,388	0.9%
• Dual Eligible	36,715	6.3%
IDD	17,198	3.0%
MMP	37,673	6.5%
• State Plan	29,619	5.1%
• STAR+PLUS Waiver	4,430	0.8%
• Nursing Facility	3,624	0.6%
MBCC	5,489	0.9%
TOTAL	580,089	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,195,208	24.8%
Amerigroup	922,794	19.2%
Texas Children's	508,686	10.6%
United	376,663	7.8%
CHC	346,711	7.2%
Driscoll Children's	228,862	4.8%
Molina	215,161	4.5%
Parkland	206,143	4.3%
Community First	154,362	3.2%
Cook Children's	154,280	3.2%
Aetna	120,717	2.5%
FirstCare	99,151	2.1%
El Paso First	85,930	1.8%
BCBS	57,913	1.2%
Scott & White	57,229	1.2%
Cigna-HealthSpring	49,480	1.0%
Dell	37,406	0.8%
TOTAL	4,816,696	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,052,241	55.7%
MCNA	1,396,229	37.9%
United Dental	236,802	6.4%
TOTAL	3,685,272	

ENROLLMENT BY CHIP MCOs		
MCO	Clients	Market Share
Superior	46,569	25.1%
Texas Children's	29,255	15.8%
Amerigroup	28,914	15.6%
CHC	12,246	6.6%
Molina	11,456	6.2%
Parkland	11,354	6.1%
Cook Children's	10,313	5.6%
Community First	8,022	4.3%
Aetna	5,541	3.0%
United	4,744	2.6%
El Paso First	4,640	2.5%
Dell	4,228	2.3%
Driscoll Children's	3,201	1.7%
BCBS	3,022	1.6%
FirstCare	2,072	1.1%
TOTAL	185,577	
Total Perinate	27,636	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
	Clients	Percent
<1	239,713	4.2%
1-5	1,058,178	18.6%
6-18	2,385,582	41.9%
19-20	187,667	3.3%
21-64	1,365,319	24.0%
65+	458,367	8.0%
TOTAL	5,694,826	

AGE CATEGORY		
	Clients	Percent
< 21	3,871,140	68.0%
>=21	1,823,686	32.0%
TOTAL	5,694,826	

RACE/ETHNICITY		
	Clients	Percent
White	981,180	17.2%
Black	876,247	15.4%
Hispanic	2,805,121	49.3%
Other	117,247	2.1%
Unknown	915,031	16.1%
TOTAL	5,694,826	

ELIGIBILITY CATEGORY		
	Clients	Percent
Children		
SSI Child	160,909	2.8%
SSI Related MAO	5,508	0.1%
Newborn	235,506	4.1%
Child 1-21	3,420,694	60.1%
Medically Needy ⁽³⁾	90	0.0%
Adults		
Pregnant Women	343,793	6.0%
SSI Adult ⁽⁴⁾	531,225	9.3%
SSI Related MAO	96,066	1.7%
Parent	184,381	3.2%
MBCC	5,825	0.1%
Other Programs		
Emergency (Partial)	8,019	0.1%
Dual Eligibles	310,267	5.4%
HTW XIX	392,543	6.9%
TOTAL ⁽⁵⁾	5,694,826	

Sub-Category (included in above groups)	
AAPCA	63,811 1.1%

Medicaid and CHIP Enrollment Report, as of July 2021
Compiled in February 2022

MEDICAID/CHIP ENROLLMENT BY MODEL				
Full Benefits Only ⁽¹⁾				
	Clients	Percent		
MEDICAID (Full Benefits)	4,928,655			
Fee For Service	158,106	3.2%		
Managed Care	4,770,549	96.8%		
Total Clients (Full and Partial Benefits)				
	Clients	Percent	Change from Prior Month	
TOTAL MEDICAID	5,634,462		1.0%	↑
Fee For Service	863,913	15.3%	0.7%	↑
Managed Care	4,770,549	84.7%	1.1%	↑
CHIP				
	Clients	Percent	Change from Prior Month	
TOTAL CHIP	220,450		-3.5%	↓
Traditional	192,711	87.4%	-4.0%	↓
Perinate	27,739	12.6%	0.5%	↑

MEDICAID ENROLLMENT (Full and Partial Benefits)							
BY MCO PROGRAM	Total Clients	Percent of Total	Change from Prior Month				
STAR	3,978,718	83%	1.23%	↑			
STAR+PLUS	540,745	11%	0.47%	↑			
Dual Demo	37,990	1%	-0.83%	↓			
STAR Health	44,902	1%	0.95%	↑			
STAR Kids	168,194	4%	0.32%	↑			
TOTAL MCO	4,770,549		1.09%	↑			
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)							
	Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month	
SSI	19,504	22,610	3,369	45,483	72%	0.2%	↑
SSI-Related MAO	522	15,648	1,085	17,255	28%	-0.6%	↓
TOTAL HCBS	20,026	38,258	4,454	62,738		-0.03%	↓

(1) Partial benefit categories: Emergency Medicaid (TP30), Duals (TP23 and TP24)

(2) MAO counts found by excluding TPs 12 and 13.

(3) Medically Needy clients are grouped with children; the majority of clients in this eligibility category are under 18.

(4) Includes Aged category.

(5) Beginning on 2/18/2020, the Healthy Texas Women (HTW) program is being funded through Medicaid.

Data Sources:

Medicaid: Premiums Payable System (Eligibility files: ma8thmth.dat, mw8thmth.dat), DAP/HHSC.

CHIP: Premiums Payable System (Eligibility file: machiphst.dat), DAP/HHSC.

Prepared by Medicaid CHIP Data Analytics at DAP on 02/04/2022 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	30,495	18.1%
Texas Children's	29,976	17.8%
United	29,462	17.5%
Amerigroup	28,805	17.1%
Aetna	12,580	7.5%
Driscoll Children's	10,540	6.3%
Cook Children's	9,829	5.8%
BCBS	8,717	5.2%
Community First	7,790	4.6%
		0.0%
TOTAL	168,194	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	861	0.5%
1-5	17,076	10.2%
6-14	78,398	46.6%
15-21	60,557	36.0%
MDCP Waiver	6,110	3.6%
YES Waiver	1,322	0.8%
IDD Waiver	3,870	2.3%
TOTAL	168,194	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
Community	475,952	82.2%
• Non-HCBS (State Plan)	417,668	72.2%
•• Non-Medicare	197,035	34.0%
•• Medicare	220,633	38.1%
• HCBS (STAR+PLUS Waiver)	58,284	10.1%
•• Non-Medicare	20,026	3.5%
•• Medicare	38,258	6.6%
Nursing Facility	42,235	7.3%
• Non-Medicare	5,377	0.9%
• Dual Eligible	36,858	6.4%
IDD	17,107	3.0%
MMP	37,990	6.6%
• State Plan	29,882	5.2%
• STAR+PLUS Waiver	4,454	0.8%
• Nursing Facility	3,654	0.6%
MBCC	5,451	0.9%
TOTAL	578,735	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,184,254	24.8%
Amerigroup	913,999	19.2%
Texas Children's	503,676	10.6%
United	373,491	7.8%
CHC	342,825	7.2%
Driscoll Children's	226,477	4.7%
Molina	213,954	4.5%
Parkland	204,056	4.3%
Cook Children's	152,905	3.2%
Community First	152,865	3.2%
Aetna	118,836	2.5%
FirstCare	97,931	2.1%
El Paso First	85,090	1.8%
BCBS	57,289	1.2%
Scott & White	56,550	1.2%
Cigna-HealthSpring	49,467	1.0%
Dell	36,884	0.8%
		0.0%
		0.0%
TOTAL	4,770,549	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,040,154	55.8%
MCNA	1,392,593	38.1%
United Dental	223,563	6.1%
TOTAL	3,656,310	

ENROLLMENT BY CHIP MCOs		
MCO	Clients	Market Share
Superior	48,423	25.1%
Texas Children's	30,355	15.8%
Amerigroup	29,994	15.6%
CHC	12,703	6.6%
Molina	11,835	6.1%
Parkland	11,735	6.1%
Cook Children's	10,733	5.6%
Community First	8,366	4.3%
Aetna	5,754	3.0%
United	4,964	2.6%
El Paso First	4,843	2.5%
Dell	4,319	2.2%
Driscoll Children's	3,315	1.7%
BCBS	3,208	1.7%
FirstCare	2,164	1.1%
		0.0%
		0.0%
TOTAL	192,711	
Total Perinate	27,739	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
	Clients	Percent
<1	239,412	4.2%
1-5	1,050,595	18.6%
6-18	2,363,441	41.9%
19-20	179,660	3.2%
21-64	1,344,621	23.9%
65+	456,733	8.1%
TOTAL	5,634,462	

AGE CATEGORY		
	Clients	Percent
< 21	3,833,108	68.0%
>=21	1,801,354	32.0%
TOTAL	5,634,462	

RACE/ETHNICITY		
	Clients	Percent
White	971,702	17.2%
Black	866,210	15.4%
Hispanic	2,778,435	49.3%
Other	115,915	2.1%
Unknown	902,200	16.0%
TOTAL	5,634,462	

ELIGIBILITY CATEGORY		
	Clients	Percent
Children		
SSI Child	160,680	2.9%
SSI Related MAO	5,528	0.1%
Newborn	235,148	4.2%
Child 1-21	3,382,180	60.0%
Medically Needy ⁽³⁾	96	0.0%
Adults		
Pregnant Women	334,707	5.9%
SSI Adult ⁽⁴⁾	529,783	9.4%
SSI Related MAO	95,659	1.7%
Parent	179,103	3.2%
MBCC	5,771	0.1%
Other Programs		
Emergency (Partial)	7,886	0.1%
Dual Eligibles	309,925	5.5%
HTW XIX	387,996	6.9%
TOTAL ⁽⁵⁾	5,634,462	

Sub-Category (included in above groups)		
AAPCA	63,415	1.1%

Medicaid and CHIP Enrollment Report, as of June 2021
Compiled in January 2022

MEDICAID/CHIP ENROLLMENT BY MODEL				
Full Benefits Only⁽¹⁾				
	Clients	Percent		
MEDICAID (Full Benefits)	4,875,920			
Fee For Service	156,949	3.2%		
Managed Care	4,718,971	96.8%		
Total Clients (Full and Partial Benefits)				
	Clients	Percent	Change from Prior Month	
TOTAL MEDICAID	5,577,086		1.0%	↑
Fee For Service	858,115	15.4%	0.8%	↑
Managed Care	4,718,971	84.6%	1.0%	↑
CHIP				
	Clients	Percent	Change from Prior Month	
TOTAL CHIP	228,379		-1.8%	↓
Traditional	200,788	87.9%	-2.4%	↓
Perinate	27,591	12.1%	2.6%	↑

MEDICAID ENROLLMENT (Full and Partial Benefits)							
BY MCO PROGRAM	Total Clients	Percent of Total	Change from Prior Month				
STAR	3,930,310	83%	1.16%	↑			
STAR+PLUS	538,219	11%	0.26%	↑			
Dual Demo	38,308	1%	-0.47%	↓			
STAR Health	44,478	1%	1.36%	↑			
STAR Kids	167,656	4%	0.11%	↑			
TOTAL MCO	4,718,971		1.00%	↑			
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)							
	Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month	
SSI	19,455	22,565	3,380	45,400	72%	-0.1%	↓
SSI-Related MAO	546	15,696	1,113	17,355	28%	-0.9%	↓
TOTAL HCBS	20,001	38,261	4,493	62,755		-0.32%	↓

(1) Partial benefit categories: Emergency Medicaid (TP30), Duals (TP23 and TP24)

(2) MAO counts found by excluding TPs 12 and 13.

(3) Medically Needy clients are grouped with children; the majority of clients in this eligibility category are under 18.

(4) Includes Aged category.

(5) Beginning on 2/18/2020, the Healthy Texas Women (HTW) program is being funded through Medicaid.

Data Sources:

Medicaid: Premiums Payable System (Eligibility files: ma8thmth.dat, mw8thmth.dat), DAP/HHSC.

CHIP: Premiums Payable System (Eligibility file: machiphist.dat), DAP/HHSC.

Prepared by Medicaid CHIP Data Analytics at DAP on 01/18/2022 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	30,396	18.1%
Texas Children's	29,829	17.8%
United	29,434	17.6%
Amerigroup	28,716	17.1%
Aetna	12,514	7.5%
Driscoll Children's	10,520	6.3%
Cook Children's	9,816	5.9%
BCBS	8,660	5.2%
Community First	7,771	4.6%
		0.0%
TOTAL	167,656	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	873	0.5%
1-5	16,973	10.1%
6-14	78,392	46.8%
15-21	60,021	35.8%
MDCP Waiver	6,180	3.7%
YES Waiver	1,350	0.8%
IDD Waiver	3,867	2.3%
TOTAL	167,656	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
Community	473,981	82.2%
• Non-HCBS (State Plan)	415,719	72.1%
•• Non-Medicare	196,426	34.1%
•• Medicare	219,293	38.0%
• HCBS (STAR+PLUS Waiver)	58,262	10.1%
•• Non-Medicare	20,001	3.5%
•• Medicare	38,261	6.6%
Nursing Facility	41,776	7.2%
• Non-Medicare	5,377	0.9%
• Dual Eligible	36,399	6.3%
IDD	17,056	3.0%
MMP	38,308	6.6%
• State Plan	30,123	5.2%
• STAR+PLUS Waiver	4,493	0.8%
• Nursing Facility	3,692	0.6%
MBCC	5,406	0.9%
TOTAL	576,527	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,171,984	24.8%
Amerigroup	904,295	19.2%
Texas Children's	497,758	10.5%
United	369,820	7.8%
CHC	338,937	7.2%
Driscoll Children's	224,001	4.7%
Molina	212,483	4.5%
Parkland	201,731	4.3%
Community First	151,225	3.2%
Cook Children's	151,104	3.2%
Aetna	116,879	2.5%
FirstCare	96,621	2.0%
El Paso First	84,087	1.8%
BCBS	56,585	1.2%
Scott & White	55,820	1.2%
Cigna-HealthSpring	49,360	1.0%
Dell	36,281	0.8%
		0.0%
TOTAL	4,718,971	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,024,358	56.0%
MCNA	1,387,947	38.4%
United Dental	205,821	5.7%
TOTAL	3,618,126	

ENROLLMENT BY CHIP MCOs		
MCO	Clients	Market Share
Superior	50,595	25.2%
Texas Children's	31,590	15.7%
Amerigroup	31,170	15.5%
CHC	13,274	6.6%
Parkland	12,271	6.1%
Molina	12,203	6.1%
Cook Children's	11,244	5.6%
Community First	8,767	4.4%
Aetna	5,955	3.0%
United	5,148	2.6%
El Paso First	5,057	2.5%
Dell	4,437	2.2%
Driscoll Children's	3,504	1.7%
BCBS	3,333	1.7%
FirstCare	2,240	1.1%
		0.0%
		0.0%
TOTAL	200,788	
Total Perinate	27,591	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
	Clients	Percent
<1	237,544	4.3%
1-5	1,043,797	18.7%
6-18	2,342,921	42.0%
19-20	172,647	3.1%
21-64	1,324,973	23.8%
65+	455,204	8.2%
TOTAL	5,577,086	

AGE CATEGORY		
	Clients	Percent
< 21	3,796,909	68.1%
>=21	1,780,177	31.9%
TOTAL	5,577,086	

RACE/ETHNICITY		
	Clients	Percent
White	962,750	17.3%
Black	857,117	15.4%
Hispanic	2,753,092	49.4%
Other	114,606	2.1%
Unknown	889,521	15.9%
TOTAL	5,577,086	

ELIGIBILITY CATEGORY		
	Clients	Percent
Children		
SSI Child	160,253	2.9%
SSI Related MAO	5,571	0.1%
Newborn	233,334	4.2%
Child 1-21	3,347,424	60.0%
Medically Needy ⁽³⁾	88	0.0%
Adults		
Pregnant Women	325,793	5.8%
SSI Adult ⁽⁴⁾	528,359	9.5%
SSI Related MAO	95,133	1.7%
Parent	174,237	3.1%
MBCC	5,728	0.1%

Other Programs		
	Clients	Percent
Emergency (Partial)	7,622	0.1%
Dual Eligibles	309,632	5.6%
HTW XIX	383,912	6.9%
TOTAL⁽⁵⁾	5,577,086	

Sub-Category (included in above groups)		
AAPCA	63,084	1.1%

Attachment B3
 Disenrollment Summary
 SFY22 Q2 Report
 SFY22 Q2-Q2

(Blanks = No Disenrollment During Quarter)

Program/MCO/Reason	Quarter 1	Quarter 2	Total
STAR			
STAR Total			0
STAR+PLUS			
Superior HealthPlan			
MCO REQUESTED DISENROLLMENT - Status is Pending		1	1
STAR+PLUS Total		1	1
STAR Kids			
STAR Kids Total			0
Dental			
Dental Total			0
Grand Total	0	1	1

Attachment C1

Provider Network Count Methodology - FY22

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, orthodontists, pediatric dental, 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 - FY21

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 - FY21

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 - FY21

- 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 - FY21

- 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
 SFY22 Q1
 SFY22 Q1 Report**

Program	Primary Care Provider	Specialist	Dentist	Pharmacist	Unique NPI Total*
Quarter 1					
Dental (statewide)	65	13	6,384		6,451
STAR	19,788	83,863	3,487	5,004	96,522
STAR+PLUS	18,408	73,529	3,729	4,831	88,749
STAR Kids	17,140	69,481	138	4,910	79,532
Total	22,775	89,122	6,640	5,045	104,154

*Providers may contract with more than one managed care program. Therefore, quarterly totals represent the distinct count of National Provider Indicator (NPI) totals.

Attachment C3
Primary Care Physicians Terminated
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program/MCO/SDA	Quarter 1
Medicaid Dental	
DentaQuest	495
MCNA	65
UnitedHealthCare Dental	92
Medicaid Dental	652
STAR	
Aetna	
Bexar	42
Tarrant	119
Subtotal	161
Amerigroup	
Bexar	11
Dallas	18
Harris	20
Jefferson	0
Lubbock	3
MRSA Central	9
MRSA Northeast	13
MRSA West	31
Tarrant	17
Subtotal	122
BCBS	
Travis	26
Subtotal	26
CHC	
Harris	55
Jefferson	1
Subtotal	56
Community First	
Bexar	12
Subtotal	12
Cook Children's	
Tarrant	2
Subtotal	2
DELL	
Travis	10
Subtotal	10
Driscoll Children's	

Attachment C3
Primary Care Physicians Terminated
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Hidalgo	17
Nueces	8
Subtotal	25
El Paso First	
El Paso	4
Subtotal	4
FirstCare	
Lubbock	16
MRSA West	23
Subtotal	39
Molina	
Dallas	5
El Paso	5
Harris	7
Hidalgo	5
Jefferson	6
Subtotal	28
Parkland	
Dallas	3
Subtotal	3
Scott & White	
MRSA Central	39
Subtotal	39
Superior	
Bexar	36
El Paso	13
Hidalgo	16
Lubbock	17
MRSA Central	26
MRSA Northeast	29
MRSA West	32
Nueces	5
Travis	49
Subtotal	223
Texas Children's	
Harris	11
Jefferson	1
Subtotal	12
United	

Attachment C3
Primary Care Physicians Terminated
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Harris	11
Hidalgo	7
Jefferson	3
Nueces	4
Subtotal	25
STAR	787
STAR Kids	
Aetna	
Dallas	132
Tarrant	132
Subtotal	264
Amerigroup	
Dallas	18
El Paso	6
Harris	20
Lubbock	3
MRSA West	18
Subtotal	65
BCBS	
MRSA Central	18
Travis	29
Subtotal	47
Community First	
Bexar	11
Subtotal	11
Cook Children's	
Tarrant	2
Subtotal	2
Driscoll Children's	
Hidalgo	14
Nueces	6
Subtotal	20
Superior	
Bexar	44
El Paso	9
Hidalgo	11
Lubbock	17
MRSA West	31
Nueces	6

Attachment C3
Primary Care Physicians Terminated
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Travis	46
Subtotal	164
Texas Children's	
Harris	11
Jefferson	1
MRSA Northeast	8
Subtotal	20
United	
Harris	6
Hidalgo	1
Jefferson	6
MRSA Central	3
MRSA Northeast	1
Subtotal	17
STAR Kids	610
STAR+PLUS	
Amerigroup	
Bexar	11
El Paso	6
Harris	21
Jefferson	0
Lubbock	3
MRSA West	30
Tarrant	16
Travis	2
Subtotal	89
Cigna-HealthSpring	
Hidalgo	7
MRSA Northeast	12
Tarrant	13
Subtotal	32
Molina	
Bexar	9
Dallas	7
El Paso	7
Harris	10
Hidalgo	7
Jefferson	10
Subtotal	50

Attachment C3
Primary Care Physicians Terminated
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Superior	
Bexar	44
Dallas	56
Hidalgo	14
Lubbock	20
MRSA Central	27
MRSA West	31
Nueces	5
Subtotal	197
United	
Harris	7
Jefferson	6
MRSA Central	6
MRSA Northeast	3
Nueces	2
Travis	1
Subtotal	25
STAR+PLUS	393
Grand Total	1,790

Attachment D
Out of Network Utilization
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program	MCO	OON ER <20% Standard	OON Inpatient <15% Standard	OON Other Outpatient <20% Standard
		Q1		
STAR	Aetna	14.45%	7.63%	23.08%
	Amerigroup	6.64%	3.58%	6.26%
	BCBS	2.58%	1.95%	17.28%
	CHC	33.51%	14.94%	3.97%
	Community First	2.27%	2.03%	17.22%
	Cook Children's	5.73%	2.76%	10.23%
	DELL	45.55%	21.03%	7.26%
	Driscoll Children's	4.16%	1.48%	7.39%
	El Paso Health	0.92%	0.36%	6.76%
	FirstCare	0.00%	0.00%	0.46%
	Molina	14.31%	7.40%	9.36%
	Parkland	38.30%	33.42%	4.03%
	Scott & White	0.08%	0.31%	3.28%
	Superior	1.20%	1.15%	5.55%
	Texas Children's	23.16%	6.76%	5.41%
United	9.83%	1.98%	8.08%	
STAR Kids	Aetna	19.25%	13.93%	4.58%
	Amerigroup	6.91%	6.75%	3.25%
	BCBS	4.77%	3.27%	8.87%
	Community First	2.35%	6.43%	5.18%
	Cook Children's	8.98%	1.60%	3.54%
	Driscoll Children's	3.37%	6.87%	4.47%
	Superior	2.37%	1.94%	3.13%
	Texas Children's	14.30%	6.51%	2.32%
	United	7.44%	4.32%	4.85%
STAR+PLUS	Amerigroup	3.88%	1.96%	8.51%
	Cigna-HealthSpring	10.77%	14.12%	17.84%
	Molina	11.05%	9.07%	5.78%
	Superior	1.67%	5.91%	5.70%
	United	6.21%	5.98%	8.85%

Time and Distance Standards							
		Distance in Miles			Travel Time in Minutes		
Provider Type		Metro County	Micro County	Rural County	Metro County	Micro County	Rural County
Behavioral Health-Outpatient		30	30	75	45	45	90
Hospital-Acute Care		30	30	30	45	45	45
Prenatal		10	20	30	15	30	40
Primary Care Provider*		10	20	30	15	30	40
Specialty Care Provider	Cardiovascular Disease	20	35	60	30	50	75
	ENT (otolaryngology)	30	60	75	45	80	90
	General Surgeon	20	35	60	30	50	75
	OB/GYN	30	60	75	45	80	90
	Ophthalmologist	20	35	60	30	50	75
	Orthopedist	20	35	60	30	50	75
	Pediatric Sub-specialists	20	35	60	30	50	75
	Psychiatrist	30	45	60	45	60	75
	Urologist	30	45	60	45	60	75
Occupational, Physical or Speech Therapy		30	60	60	45	80	75
Nursing Facility		75	75	75	N/A	N/A	N/A
Pharmacy		2	5	15	5	10	25
Pharmacy (24-hour)		75	75	75	90	90	90
Substance Use Disorder-Outpatient	Chemical Dependency Treatment Facilities	30	30	75	45	45	90
	Opioid Treatment Programs	30	30	75	45	45	90
Main Dentist (general or pediatric)		30	30	75	45	45	90
Dental Specialists	Pediatric Dental	30	30	75	45	45	90
	Endodontist, Periodontist or Prosthodontist	75	75	75	90	90	90
	Orthodontist	75	75	75	90	90	90
	Oral Surgeons	75	75	75	90	90	90

Metro = county with a population of 200,000 or greater; Micro = county with a population between 50,000-199,999; Rural = county with a population of 49,999 or less.

*Services for both adults and children include acute, chronic, preventive, routine or urgent care.

**Attachment H1
Primary Care Provider Network Access
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
STAR						
Metro						
Aetna Better Health	102,041	100,711	99%	108,659	107,268	99%
Amerigroup	614,858	609,252	99%	637,211	631,782	99%
Blue Cross and Blue Shield of Texas	39,972	39,730	99%	41,876	41,749	100%
Community First Health Plans	132,636	129,349	98%	138,772	135,323	98%
Community Health Choice	314,525	313,583	100%	325,903	324,967	100%
Cook Children's Health Plan	137,122	135,634	99%	142,272	140,783	99%
Dell Children's Health Plan	31,989	31,580	99%	33,408	32,993	99%
Driscoll Health Plan	162,712	162,313	100%	168,532	168,085	100%
El Paso First	80,558	80,518	100%	83,820	83,779	100%
FirstCare	53,317	52,858	99%	55,980	55,306	99%
Molina Healthcare of Texas	104,484	103,646	99%	108,360	108,075	100%
Parkland	199,522	196,088	98%	206,675	203,072	98%
Right Care from Scott and White Health Plans	39,280	38,190	97%	41,187	40,073	97%
Superior HealthPlan	650,143	643,162	99%	670,426	665,613	99%
Texas Children's Health Plan	437,793	436,012	100%	455,025	453,205	100%
UnitedHealthcare Community Plan	175,548	175,168	100%	184,533	184,056	100%
Subtotal	3,276,500	3,247,794	99%	3,402,639	3,376,129	99%
Micro						
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	42,003	100%	43,770	43,750	100%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	1,982	75%	2,713	2,040	75%
Community Health Choice	10,534	10,517	100%	11,073	11,054	100%
Cook Children's Health Plan	3,880	3,880	100%	4,015	4,015	100%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	16,214	100%	16,882	16,862	100%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	3,432	100%	3,528	3,523	100%
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	107,928	100%	112,112	112,047	100%
Texas Children's Health Plan	15,414	15,400	100%	16,140	16,128	100%
UnitedHealthcare Community Plan	12,926	12,919	100%	13,508	13,498	100%
Subtotal	233,463	232,618	100%	243,117	242,238	100%
Rural						
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	59,655	100%	61,370	61,308	100%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,311	100%	6,562	6,562	100%
Community Health Choice	10,010	10,010	100%	10,302	10,302	100%
Dell Children's Health Plan	844	842	100%	877	875	100%
Driscoll Health Plan	20,100	20,098	100%	20,518	20,517	100%
El Paso First	64	59	92%	66	61	92%
FirstCare	32,106	31,951	100%	33,359	33,187	99%
Molina Healthcare of Texas	3,751	3,667	98%	3,805	3,802	100%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	10,039	100%	10,657	10,634	100%
Superior HealthPlan	135,539	135,090	100%	140,702	140,301	100%
Texas Children's Health Plan	11,990	11,990	100%	12,437	12,437	100%
UnitedHealthcare Community Plan	8,047	8,047	100%	8,404	8,403	100%
Subtotal	303,059	302,287	100%	313,825	313,155	100%
STAR Total	3,813,022	3,782,699	99%	3,959,581	3,931,522	99%
STAR+PLUS						
Metro						
Amerigroup	48,341	47,825	99%	48,434	47,967	99%
Cigna-HealthSpring	11,805	11,462	97%	11,516	11,176	97%
Molina Healthcare of Texas	30,658	30,171	98%	30,624	30,472	100%
Superior HealthPlan	48,377	47,967	99%	48,549	48,296	99%
UnitedHealthcare Community Plan	44,839	44,412	99%	45,339	44,943	99%
Subtotal	184,020	181,837	99%	184,462	182,854	99%
Micro						
Amerigroup	1,651	1,647	100%	1,671	1,667	100%
Cigna-HealthSpring	3,509	3,507	100%	3,455	3,454	100%
Molina Healthcare of Texas	605	588	97%	584	583	100%
Superior HealthPlan	2,960	2,958	100%	2,950	2,948	100%
UnitedHealthcare Community Plan	6,777	6,776	100%	6,857	6,857	100%
Subtotal	15,502	15,476	100%	15,517	15,509	100%

**Attachment H1
Primary Care Provider Network Access
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Rural						
Amerigroup	3,554	3,548	100%	3,527	3,520	100%
Cigna-HealthSpring	1,576	1,552	98%	1,537	1,523	99%
Molina Healthcare of Texas	1,043	1,029	99%	1,036	1,036	100%
Superior HealthPlan	8,535	8,516	100%	8,487	8,472	100%
UnitedHealthcare Community Plan	5,860	5,860	100%	5,935	5,935	100%
Subtotal	20,568	20,505	100%	20,522	20,486	100%
STAR+PLUS Total	220,090	217,818	99%	220,501	218,849	99%
STAR Kids						
Metro						
Aetna Better Health	11,678	11,562	99%	11,770	11,668	99%
Amerigroup	24,534	24,425	100%	24,537	24,430	100%
Blue Cross and Blue Shield of Texas	6,315	6,185	98%	6,358	6,221	98%
Community First Health Plans	7,026	6,879	98%	7,049	6,911	98%
Cook Children's Health Plan	9,110	9,017	99%	9,098	9,013	99%
Driscoll Health Plan	8,108	8,098	100%	8,122	8,109	100%
Superior HealthPlan	23,546	23,471	100%	23,717	23,655	100%
Texas Children's Health Plan	24,033	23,893	99%	24,127	23,985	99%
UnitedHealthcare Community Plan	21,379	21,228	99%	21,326	21,168	99%
Subtotal	135,729	134,758	99%	136,104	135,160	99%
Micro						
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	58	61%	97	60	62%
Cook Children's Health Plan	121	121	100%	115	115	100%
Driscoll Health Plan	492	492	100%	499	499	100%
Superior HealthPlan	1,539	1,539	100%	1,555	1,555	100%
Texas Children's Health Plan	2,474	2,473	100%	2,471	2,470	100%
UnitedHealthcare Community Plan	2,832	2,829	100%	2,845	2,842	100%
Subtotal	8,540	8,499	100%	8,573	8,532	100%
Rural						
Aetna Better Health	72	72	100%	73	73	100%
Amerigroup	1,871	1,868	100%	1,874	1,872	100%
Blue Cross and Blue Shield of Texas	890	885	99%	933	928	99%
Community First Health Plans	236	235	100%	239	238	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	2,361	99%	2,429	2,418	100%
Texas Children's Health Plan	1,389	1,384	100%	1,415	1,415	100%
UnitedHealthcare Community Plan	2,333	2,333	100%	2,336	2,336	100%
Subtotal	10,007	9,960	100%	10,131	10,112	100%
STAR Kids Total	154,276	153,217	99%	154,808	153,804	99%
Grand Total	4,187,388	4,153,734	99%	4,334,890	4,304,175	99%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Acute Care Hospital						
STAR						
Metro	3,276,500	3,067,476	94%	3,402,639	3,183,247	94%
Aetna Better Health	102,041	102,015	100%	108,659	108,627	100%
Amerigroup	614,858	614,537	100%	637,211	636,058	100%
Blue Cross and Blue Shield of Texas	39,972	39,972	100%	41,876	41,876	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	314,524	100%	325,903	325,902	100%
Cook Children's Health Plan	137,122	137,122	100%	142,272	142,272	100%
Dell Children's Health Plan	31,989	31,950	100%	33,408	33,370	100%
Driscoll Health Plan	162,712	162,701	100%	168,532	168,520	100%
El Paso First	80,558	80,558	100%	83,820	83,820	100%
FirstCare	53,317	53,280	100%	55,980	55,944	100%
Molina Healthcare of Texas	104,484	103,937	99%	108,360	108,290	100%
Parkland	199,522	0	0%	206,675	0	0%
Right Care from Scott and White Health Plan	39,280	33,237	85%	41,187	34,705	84%
Superior HealthPlan	650,143	649,553	100%	670,426	669,911	100%
Texas Children's Health Plan	437,793	437,792	100%	455,025	455,024	100%
UnitedHealthcare Community Plan	175,548	173,662	99%	184,533	180,156	98%
Micro	233,463	179,294	77%	243,117	189,550	78%
Aetna Better Health	1,718	1,696	99%	1,795	1,771	99%
Amerigroup	42,022	34,161	81%	43,770	31,992	73%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,576	97%	2,713	2,645	97%
Community Health Choice	10,534	9,627	91%	11,073	10,871	98%
Cook Children's Health Plan	3,880	2,690	69%	4,015	2,792	70%
Dell Children's Health Plan	3,250	2,948	91%	3,427	3,120	91%
Driscoll Health Plan	16,227	11,971	74%	16,882	10,771	64%
FirstCare	3,604	90	2%	3,839	109	3%
Molina Healthcare of Texas	3,437	975	28%	3,528	944	27%
Right Care from Scott and White Health Plan	4,479	4,016	90%	4,727	4,324	91%
Superior HealthPlan	107,989	78,844	73%	112,112	89,991	80%
Texas Children's Health Plan	15,414	14,595	95%	16,140	15,294	95%
UnitedHealthcare Community Plan	12,926	9,770	76%	13,508	9,338	69%
Rural	303,059	217,335	72%	313,825	219,701	70%
Aetna Better Health	1,482	1,399	94%	1,546	1,454	94%
Amerigroup	59,712	43,348	73%	61,370	39,060	64%
Blue Cross and Blue Shield of Texas	1,946	1,636	84%	1,978	1,676	85%
Community First Health Plans	6,312	5,541	88%	6,562	5,782	88%
Community Health Choice	10,010	5,912	59%	10,302	6,669	65%
Dell Children's Health Plan	844	285	34%	877	298	34%
Driscoll Health Plan	20,100	18,092	90%	20,518	18,522	90%
El Paso First	64	30	47%	66	33	50%
FirstCare	32,106	20,536	64%	33,359	20,480	61%
Molina Healthcare of Texas	3,751	1,708	46%	3,805	793	21%
Parkland	1,100	0	0%	1,242	0	0%
Right Care from Scott and White Health Plan	10,056	5,940	59%	10,657	6,550	61%
Superior HealthPlan	135,539	101,711	75%	140,702	106,659	76%
Texas Children's Health Plan	11,990	7,896	66%	12,437	8,190	66%
UnitedHealthcare Community Plan	8,047	3,301	41%	8,404	3,535	42%
STAR Total	3,813,022	3,464,105	91%	3,959,581	3,592,498	91%
STAR+PLUS						
Metro	184,020	181,066	98%	184,462	181,857	99%
Amerigroup	48,341	48,332	100%	48,434	48,425	100%
Cigna-HealthSpring	11,805	11,776	100%	11,516	11,491	100%
Molina Healthcare of Texas	30,658	30,548	100%	30,624	30,590	100%
Superior HealthPlan	48,377	48,362	100%	48,549	48,533	100%
UnitedHealthcare Community Plan	44,839	42,048	94%	45,339	42,818	94%
Micro	15,502	10,249	66%	15,517	10,977	71%
Amerigroup	1,651	1,328	80%	1,671	1,352	81%
Cigna-HealthSpring	3,509	2,692	77%	3,455	2,654	77%
Molina Healthcare of Texas	605	337	56%	584	286	49%
Superior HealthPlan	2,960	1,581	53%	2,950	2,358	80%
UnitedHealthcare Community Plan	6,777	4,311	64%	6,857	4,327	63%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Rural	20,568	13,194	64%	20,522	13,251	65%
Amerigroup	3,554	2,428	68%	3,527	2,082	59%
Cigna-HealthSpring	1,576	1,126	71%	1,537	1,111	72%
Molina Healthcare of Texas	1,043	507	49%	1,036	381	37%
Superior HealthPlan	8,535	6,363	75%	8,487	6,573	77%
UnitedHealthcare Community Plan	5,860	2,770	47%	5,935	3,104	52%
STAR+PLUS Total	220,090	204,509	93%	220,501	206,085	93%
STAR Kids						
Metro	135,729	133,975	99%	136,104	134,733	99%
Aetna Better Health	11,678	11,628	100%	11,770	11,715	100%
Amerigroup	24,534	24,495	100%	24,537	24,501	100%
Blue Cross and Blue Shield of Texas	6,315	6,315	100%	6,358	6,358	100%
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	9,109	100%	9,098	9,098	100%
Driscoll Health Plan	8,108	8,108	100%	8,122	8,122	100%
Superior HealthPlan	23,546	23,540	100%	23,717	23,712	100%
Texas Children's Health Plan	24,033	24,019	100%	24,127	24,113	100%
UnitedHealthcare Community Plan	21,379	19,735	92%	21,326	20,065	94%
Micro	8,540	5,697	67%	8,573	5,884	69%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	61	22%	281	60	21%
Blue Cross and Blue Shield of Texas	662	657	99%	665	660	99%
Community First Health Plans	95	92	97%	97	94	97%
Cook Children's Health Plan	121	86	71%	115	81	70%
Driscoll Health Plan	492	410	83%	499	366	73%
Superior HealthPlan	1,539	768	50%	1,555	1,030	66%
Texas Children's Health Plan	2,474	2,004	81%	2,471	2,048	83%
UnitedHealthcare Community Plan	2,832	1,574	56%	2,845	1,500	53%
Rural	10,007	6,885	69%	10,131	6,896	68%
Aetna Better Health	72	72		73	1	1%
Amerigroup	1,871	1,307	70%	1,874	1,120	60%
Blue Cross and Blue Shield of Texas	890	730	82%	933	782	84%
Community First Health Plans	236	210	89%	239	214	90%
Driscoll Health Plan	822	752	91%	832	758	91%
Superior HealthPlan	2,394	1,497	63%	2,429	1,596	66%
Texas Children's Health Plan	1,389	973	70%	1,415	990	70%
UnitedHealthcare Community Plan	2,333	1,344	58%	2,336	1,435	61%
STAR Kids Total	154,276	146,557	95%	154,808	147,513	95%
Acute Care Hospital Total	4,187,388	3,815,171	91%	4,334,890	3,946,096	91%
Audiologist						
STAR						
Metro	3,276,500	2,877,644	88%	3,402,639	2,935,003	86%
Aetna Better Health	102,041	101,053	99%	108,659	106,973	98%
Amerigroup	614,858	546,086	89%	637,211	560,767	88%
Blue Cross and Blue Shield of Texas	39,972	39,964	100%	41,876	41,868	100%
Community First Health Plans	132,636	132,579	100%	138,772	138,728	100%
Community Health Choice	314,525	281,823	90%	325,903	292,050	90%
Cook Children's Health Plan	137,122	133,925	98%	142,272	137,940	97%
Dell Children's Health Plan	31,989	31,952	100%	33,408	33,363	100%
Driscoll Health Plan	162,712	108,233	67%	168,532	112,087	67%
El Paso First	80,558	80,555	100%	83,820	83,809	100%
FirstCare	53,317	49,095	92%	55,980	51,632	92%
Molina Healthcare of Texas	104,484	85,061	81%	108,360	104,011	96%
Parkland	199,522	186,251	93%	206,675	192,938	93%
Right Care from Scott and White Health Plans	39,280	24,058	61%	41,187	25,008	61%
Superior HealthPlan	650,143	550,076	85%	670,426	507,576	76%
Texas Children's Health Plan	437,793	397,366	91%	455,025	409,371	90%
UnitedHealthcare Community Plan	175,548	129,567	74%	184,533	136,882	74%
Micro	233,463	175,656	75%	243,117	180,484	74%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	32,502	77%	43,770	34,624	79%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	8,317	79%	11,073	8,792	79%
Cook Children's Health Plan	3,880	3,880	100%	4,015	4,015	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	13,332	82%	16,882	13,924	82%
FirstCare	3,604	0	0%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	2,035	59%	3,528	2,111	60%
Right Care from Scott and White Health Plans	4,479	3,310	74%	4,727	3,496	74%
Superior HealthPlan	107,989	80,497	75%	112,112	76,453	68%
Texas Children's Health Plan	15,414	11,611	75%	16,140	12,176	75%
UnitedHealthcare Community Plan	12,926	7,221	56%	13,508	7,586	56%
Rural	303,059	244,588	81%	313,825	254,841	81%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	44,605	75%	61,370	46,418	76%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	8,363	84%	10,302	8,643	84%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	18,154	90%	20,518	18,527	90%
El Paso First	64	64	100%	66	65	98%
FirstCare	32,106	24,873	77%	33,359	26,157	78%
Molina Healthcare of Texas	3,751	2,331	62%	3,805	2,364	62%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	8,521	85%	10,657	9,005	84%
Superior HealthPlan	135,539	112,774	83%	140,702	117,147	83%
Texas Children's Health Plan	11,990	8,917	74%	12,437	9,272	75%
UnitedHealthcare Community Plan	8,047	4,302	53%	8,404	5,038	60%
STAR Total	3,813,022	3,297,888	86%	3,959,581	3,370,328	85%
STAR+PLUS						
Metro	184,020	149,628	81%	184,462	154,148	84%
Amerigroup	48,341	40,736	84%	48,434	40,025	83%
Cigna-HealthSpring	11,805	7,020	59%	11,516	6,849	59%
Molina Healthcare of Texas	30,658	24,382	80%	30,624	28,513	93%
Superior HealthPlan	48,377	43,434	90%	48,549	43,558	90%
UnitedHealthcare Community Plan	44,839	34,056	76%	45,339	35,203	78%
Micro	15,502	10,010	65%	15,517	10,291	66%
Amerigroup	1,651	1,303	79%	1,671	1,414	85%
Cigna-HealthSpring	3,509	1,704	49%	3,455	1,657	48%
Molina Healthcare of Texas	605	347	57%	584	338	58%
Superior HealthPlan	2,960	2,657	90%	2,950	2,636	89%
UnitedHealthcare Community Plan	6,777	3,999	59%	6,857	4,246	62%
Rural	20,568	14,824	72%	20,522	15,115	74%
Amerigroup	3,554	2,486	70%	3,527	2,558	73%
Cigna-HealthSpring	1,576	668	42%	1,537	543	35%
Molina Healthcare of Texas	1,043	791	76%	1,036	787	76%
Superior HealthPlan	8,535	7,277	85%	8,487	7,274	86%
UnitedHealthcare Community Plan	5,860	3,602	61%	5,935	3,953	67%
STAR+PLUS Total	220,090	174,462	79%	220,501	179,554	81%
STAR Kids						
Metro	135,729	116,911	86%	136,104	116,779	86%
Aetna Better Health	11,678	11,326	97%	11,770	11,377	97%
Amerigroup	24,534	21,620	88%	24,537	21,147	86%
Blue Cross and Blue Shield of Texas	6,315	6,315	100%	6,358	6,358	100%
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	8,968	98%	9,098	8,817	97%
Driscoll Health Plan	8,108	5,205	64%	8,122	5,215	64%
Superior HealthPlan	23,546	21,136	90%	23,717	21,306	90%
Texas Children's Health Plan	24,033	19,934	83%	24,127	19,794	82%
UnitedHealthcare Community Plan	21,379	15,381	72%	21,326	15,716	74%
Micro	8,540	6,210	73%	8,573	6,339	74%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	256	91%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	121	100%	115	115	100%
Driscoll Health Plan	492	434	88%	499	439	88%
Superior HealthPlan	1,539	1,230	80%	1,555	1,241	80%
Texas Children's Health Plan	2,474	1,722	70%	2,471	1,715	69%
UnitedHealthcare Community Plan	2,832	1,645	58%	2,845	1,741	61%
Rural	10,007	7,727	77%	10,131	8,050	79%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Aetna Better Health	72	72		73	73	100%
Amerigroup	1,871	1,355	72%	1,874	1,422	76%
Blue Cross and Blue Shield of Texas	890	820	92%	933	859	92%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	745	91%	832	754	91%
Superior HealthPlan	2,394	1,914	80%	2,429	1,942	80%
Texas Children's Health Plan	1,389	1,094	79%	1,415	1,116	79%
UnitedHealthcare Community Plan	2,333	1,491	64%	2,336	1,645	70%
STAR Kids Total	154,276	130,848	85%	154,808	131,168	85%
Audiologist Total	4,187,388	3,603,198	86%	4,334,890	3,681,050	85%
Behavioral Health - Outpatient						
STAR						
Metro	3,276,500	3,266,558	100%	3,402,639	3,392,270	100%
Aetna Better Health	102,041	102,041	100%	108,659	108,659	100%
Amerigroup	614,858	614,822	100%	637,211	637,174	100%
Blue Cross and Blue Shield of Texas	39,972	39,972	100%	41,876	41,876	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	314,525	100%	325,903	325,903	100%
Cook Children's Health Plan	137,122	137,122	100%	142,272	142,272	100%
Dell Children's Health Plan	31,989	31,989	100%	33,408	33,408	100%
Driscoll Health Plan	162,712	162,712	100%	168,532	168,532	100%
El Paso First	80,558	80,558	100%	83,820	83,820	100%
FirstCare	53,317	53,317	100%	55,980	55,980	100%
Molina Healthcare of Texas	104,484	104,482	100%	108,360	108,358	100%
Parkland	199,522	189,909	95%	206,675	196,643	95%
Right Care from Scott and White Health Plans	39,280	39,280	100%	41,187	41,187	100%
Superior HealthPlan	650,143	649,852	100%	670,426	670,128	100%
Texas Children's Health Plan	437,793	437,793	100%	455,025	455,025	100%
UnitedHealthcare Community Plan	175,548	175,548	100%	184,533	184,533	100%
Micro	233,463	232,192	99%	243,117	241,881	99%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	42,020	100%	43,770	43,768	100%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	10,534	100%	11,073	11,073	100%
Cook Children's Health Plan	3,880	2,616	67%	4,015	2,789	69%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	16,227	100%	16,882	16,882	100%
FirstCare	3,604	3,604	100%	3,839	3,839	100%
Molina Healthcare of Texas	3,437	3,437	100%	3,528	3,528	100%
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	107,989	100%	112,112	112,110	100%
Texas Children's Health Plan	15,414	15,414	100%	16,140	16,140	100%
UnitedHealthcare Community Plan	12,926	12,921	100%	13,508	13,502	100%
Rural	303,059	302,384	100%	313,825	313,405	100%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	59,552	100%	61,370	61,356	100%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	10,010	100%	10,302	10,302	100%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	20,100	100%	20,518	20,518	100%
El Paso First	64	64	100%	66	66	100%
FirstCare	32,106	32,009	100%	33,359	33,357	100%
Molina Healthcare of Texas	3,751	3,751	100%	3,805	3,805	100%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	10,056	100%	10,657	10,657	100%
Superior HealthPlan	135,539	135,121	100%	140,702	140,298	100%
Texas Children's Health Plan	11,990	11,990	100%	12,437	12,437	100%
UnitedHealthcare Community Plan	8,047	8,047	100%	8,404	8,404	100%
STAR Total	3,813,022	3,801,134	100%	3,959,581	3,947,556	100%
STAR+PLUS						
Metro	184,020	184,017	100%	184,462	184,460	100%
Amerigroup	48,341	48,341	100%	48,434	48,434	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Cigna-HealthSpring	11,805	11,804	100%	11,516	11,515	100%
Molina Healthcare of Texas	30,658	30,657	100%	30,624	30,623	100%
Superior HealthPlan	48,377	48,377	100%	48,549	48,549	100%
UnitedHealthcare Community Plan	44,839	44,838	100%	45,339	45,339	100%
Micro	15,502	15,501	100%	15,517	15,516	100%
Amerigroup	1,651	1,651	100%	1,671	1,671	100%
Cigna-HealthSpring	3,509	3,509	100%	3,455	3,455	100%
Molina Healthcare of Texas	605	604	100%	584	583	100%
Superior HealthPlan	2,960	2,960	100%	2,950	2,950	100%
UnitedHealthcare Community Plan	6,777	6,777	100%	6,857	6,857	100%
Rural	20,568	20,525	100%	20,522	20,489	100%
Amerigroup	3,554	3,545	100%	3,527	3,527	100%
Cigna-HealthSpring	1,576	1,573	100%	1,537	1,533	100%
Molina Healthcare of Texas	1,043	1,043	100%	1,036	1,036	100%
Superior HealthPlan	8,535	8,504	100%	8,487	8,458	100%
UnitedHealthcare Community Plan	5,860	5,860	100%	5,935	5,935	100%
STAR+PLUS Total	220,090	220,043	100%	220,501	220,465	100%
STAR Kids						
Metro	135,729	135,715	100%	136,104	136,090	100%
Aetna Better Health	11,678	11,678	100%	11,770	11,770	100%
Amerigroup	24,534	24,534	100%	24,537	24,537	100%
Blue Cross and Blue Shield of Texas	6,315	6,306	100%	6,358	6,349	100%
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	9,110	100%	9,098	9,098	100%
Driscoll Health Plan	8,108	8,108	100%	8,122	8,122	100%
Superior HealthPlan	23,546	23,546	100%	23,717	23,717	100%
Texas Children's Health Plan	24,033	24,028	100%	24,127	24,122	100%
UnitedHealthcare Community Plan	21,379	21,379	100%	21,326	21,326	100%
Micro	8,540	8,481	99%	8,573	8,525	99%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	83	69%	115	81	70%
Driscoll Health Plan	492	492	100%	499	499	100%
Superior HealthPlan	1,539	1,539	100%	1,555	1,555	100%
Texas Children's Health Plan	2,474	2,464	100%	2,471	2,467	100%
UnitedHealthcare Community Plan	2,832	2,821	100%	2,845	2,835	100%
Rural	10,007	9,995	100%	10,131	10,125	100%
Aetna Better Health	72	72		73	73	
Amerigroup	1,871	1,864	100%	1,874	1,874	100%
Blue Cross and Blue Shield of Texas	890	890	100%	933	933	100%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	2,389	100%	2,429	2,423	100%
Texas Children's Health Plan	1,389	1,389	100%	1,415	1,415	100%
UnitedHealthcare Community Plan	2,333	2,333	100%	2,336	2,336	100%
STAR Kids Total	154,276	154,191	100%	154,808	154,740	100%
BH - Outpatient Total	4,187,388	4,175,368	100%	4,334,890	4,322,761	100%
Cardiovascular Disease						
STAR						
Metro	3,276,500	3,207,924	98%	3,402,639	3,348,806	98%
Aetna Better Health	102,041	101,040	99%	108,659	108,390	100%
Amerigroup	614,858	602,458	98%	637,211	624,398	98%
Blue Cross and Blue Shield of Texas	39,972	39,875	100%	41,876	41,800	100%
Community First Health Plans	132,636	132,150	100%	138,772	138,270	100%
Community Health Choice	314,525	314,329	100%	325,903	325,692	100%
Cook Children's Health Plan	137,122	134,719	98%	142,272	138,943	98%
Dell Children's Health Plan	31,989	28,080	88%	33,408	33,230	99%
Driscoll Health Plan	162,712	162,332	100%	168,532	168,150	100%
El Paso First	80,558	80,549	100%	83,820	83,803	100%
FirstCare	53,317	53,129	100%	55,980	55,783	100%
Molina Healthcare of Texas	104,484	92,250	88%	108,360	108,248	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Parkland	199,522	179,887	90%	206,675	186,279	90%
Right Care from Scott and White Health Plans	39,280	30,096	77%	41,187	32,027	78%
Superior HealthPlan	650,143	646,868	99%	670,426	667,547	100%
Texas Children's Health Plan	437,793	437,062	100%	455,025	454,250	100%
UnitedHealthcare Community Plan	175,548	173,100	99%	184,533	181,996	99%
Micro	233,463	204,955	88%	243,117	223,313	92%
Aetna Better Health	1,718	1,669	97%	1,795	1,751	98%
Amerigroup	42,022	39,504	94%	43,770	42,833	98%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,635	100%	2,713	2,698	99%
Community Health Choice	10,534	10,479	99%	11,073	11,009	99%
Cook Children's Health Plan	3,880	2,904	75%	4,015	3,015	75%
Dell Children's Health Plan	3,250	2,939	90%	3,427	3,260	95%
Driscoll Health Plan	16,227	13,333	82%	16,882	13,932	83%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	1,604	47%	3,528	2,758	78%
Right Care from Scott and White Health Plans	4,479	4,353	97%	4,727	4,601	97%
Superior HealthPlan	107,989	92,306	85%	112,112	102,546	91%
Texas Children's Health Plan	15,414	14,986	97%	16,140	15,701	97%
UnitedHealthcare Community Plan	12,926	9,347	72%	13,508	9,837	73%
Rural	303,059	284,176	94%	313,825	295,124	94%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	56,169	94%	61,370	57,530	94%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	9,963	100%	10,302	10,259	100%
Dell Children's Health Plan	844	784	93%	877	831	95%
Driscoll Health Plan	20,100	20,100	100%	20,518	20,518	100%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	28,087	87%	33,359	28,203	85%
Molina Healthcare of Texas	3,751	3,634	97%	3,805	3,764	99%
Parkland	1,100	1,061	96%	1,242	1,199	97%
Right Care from Scott and White Health Plans	10,056	9,607	96%	10,657	10,171	95%
Superior HealthPlan	135,539	125,222	92%	140,702	131,891	94%
Texas Children's Health Plan	11,990	11,908	99%	12,437	12,348	99%
UnitedHealthcare Community Plan	8,047	7,838	97%	8,404	8,260	98%
STAR Total	3,813,022	3,697,055	97%	3,959,581	3,867,243	98%
STAR+PLUS						
Metro	184,020	180,311	98%	184,462	182,485	99%
Amerigroup	48,341	48,046	99%	48,434	48,129	99%
Cigna-HealthSpring	11,805	11,668	99%	11,516	11,413	99%
Molina Healthcare of Texas	30,658	29,614	97%	30,624	30,591	100%
Superior HealthPlan	48,377	47,700	99%	48,549	47,841	99%
UnitedHealthcare Community Plan	44,839	43,283	97%	45,339	44,511	98%
Micro	15,502	13,569	88%	15,517	13,713	88%
Amerigroup	1,651	1,651	100%	1,671	1,671	100%
Cigna-HealthSpring	3,509	2,807	80%	3,455	2,771	80%
Molina Healthcare of Texas	605	451	75%	584	520	89%
Superior HealthPlan	2,960	2,784	94%	2,950	2,793	95%
UnitedHealthcare Community Plan	6,777	5,876	87%	6,857	5,958	87%
Rural	20,568	19,489	95%	20,522	19,686	96%
Amerigroup	3,554	3,232	91%	3,527	3,191	90%
Cigna-HealthSpring	1,576	1,567	99%	1,537	1,528	99%
Molina Healthcare of Texas	1,043	1,024	98%	1,036	1,031	100%
Superior HealthPlan	8,535	7,973	93%	8,487	8,144	96%
UnitedHealthcare Community Plan	5,860	5,693	97%	5,935	5,792	98%
STAR+PLUS Total	220,090	213,369	97%	220,501	215,884	98%
STAR Kids						
Metro	135,729	132,295	97%	136,104	133,492	98%
Aetna Better Health	11,678	11,582	99%	11,770	11,709	99%
Amerigroup	24,534	23,985	98%	24,537	24,013	98%
Blue Cross and Blue Shield of Texas	6,315	4,834	77%	6,358	4,924	77%
Community First Health Plans	7,026	7,011	100%	7,049	7,032	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Cook Children's Health Plan	9,110	8,739	96%	9,098	8,924	98%
Driscoll Health Plan	8,108	8,092	100%	8,122	8,105	100%
Superior HealthPlan	23,546	23,506	100%	23,717	23,687	100%
Texas Children's Health Plan	24,033	23,914	100%	24,127	24,010	100%
UnitedHealthcare Community Plan	21,379	20,632	97%	21,326	21,088	99%
Micro	8,540	6,981	82%	8,573	7,043	82%
Aetna Better Health	45	38	84%	45	39	87%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	627	95%	665	629	95%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	57	47%	115	87	76%
Driscoll Health Plan	492	434	88%	499	439	88%
Superior HealthPlan	1,539	1,106	72%	1,555	1,117	72%
Texas Children's Health Plan	2,474	1,910	77%	2,471	1,900	77%
UnitedHealthcare Community Plan	2,832	2,434	86%	2,845	2,454	86%
Rural	10,007	9,362	94%	10,131	9,423	93%
Aetna Better Health	72	72	100%	73	73	100%
Amerigroup	1,871	1,662	89%	1,874	1,661	89%
Blue Cross and Blue Shield of Texas	890	887	100%	933	933	100%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	2,075	87%	2,429	2,031	84%
Texas Children's Health Plan	1,389	1,361	98%	1,415	1,389	98%
UnitedHealthcare Community Plan	2,333	2,247	96%	2,336	2,265	97%
STAR Kids Total	154,276	148,638	96%	154,808	149,958	97%
Cardiovascular Disease Total	4,187,388	4,059,062	97%	4,334,890	4,233,085	98%
ENT (Otolaryngology)						
STAR						
Metro	3,276,500	3,244,525	99%	3,402,639	3,347,168	98%
Aetna Better Health	102,041	102,009	100%	108,659	108,655	100%
Amerigroup	614,858	611,897	100%	637,211	634,964	100%
Blue Cross and Blue Shield of Texas	39,972	39,958	100%	41,876	41,862	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	308,576	98%	325,903	319,769	98%
Cook Children's Health Plan	137,122	135,509	99%	142,272	139,076	98%
Dell Children's Health Plan	31,989	31,953	100%	33,408	33,366	100%
Driscoll Health Plan	162,712	162,649	100%	168,532	168,469	100%
El Paso First	80,558	80,555	100%	83,820	83,809	100%
FirstCare	53,317	53,317	100%	55,980	55,980	100%
Molina Healthcare of Texas	104,484	101,361	97%	108,360	105,711	98%
Parkland	199,522	193,714	97%	206,675	200,664	97%
Right Care from Scott and White Health Plans	39,280	39,280	100%	41,187	41,187	100%
Superior HealthPlan	650,143	649,479	100%	670,426	647,254	97%
Texas Children's Health Plan	437,793	435,063	99%	455,025	452,179	99%
UnitedHealthcare Community Plan	175,548	166,569	95%	184,533	175,451	95%
Micro	233,463	220,615	94%	243,117	229,753	95%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	42,022	100%	43,770	43,770	100%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	10,534	100%	11,073	11,073	100%
Cook Children's Health Plan	3,880	3,880	100%	4,015	4,015	100%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	13,333	82%	16,882	13,932	83%
FirstCare	3,604	3,602	100%	3,839	3,837	100%
Molina Healthcare of Texas	3,437	2,157	63%	3,528	2,233	63%
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	100,635	93%	112,112	104,370	93%
Texas Children's Health Plan	15,414	15,414	100%	16,140	16,140	100%
UnitedHealthcare Community Plan	12,926	11,608	90%	13,508	12,133	90%
Rural	303,059	284,310	94%	313,825	292,640	93%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	56,406	94%	61,370	58,046	95%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	10,010	100%	10,302	10,302	100%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	20,100	100%	20,518	20,518	100%
El Paso First	64	64	100%	66	65	98%
FirstCare	32,106	27,985	87%	33,359	29,098	87%
Molina Healthcare of Texas	3,751	3,691	98%	3,805	2,991	79%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	9,956	99%	10,657	10,583	99%
Superior HealthPlan	135,539	125,045	92%	140,702	128,666	91%
Texas Children's Health Plan	11,990	11,990	100%	12,437	12,437	100%
UnitedHealthcare Community Plan	8,047	7,379	92%	8,404	7,729	92%
STAR Total	3,813,022	3,749,450	98%	3,959,581	3,869,561	98%
STAR+PLUS						
Metro	184,020	181,615	99%	184,462	178,510	97%
Amerigroup	48,341	48,174	100%	48,434	48,399	100%
Cigna-HealthSpring	11,805	11,677	99%	11,516	11,378	99%
Molina Healthcare of Texas	30,658	29,245	95%	30,624	29,374	96%
Superior HealthPlan	48,377	48,088	99%	48,549	44,445	92%
UnitedHealthcare Community Plan	44,839	44,431	99%	45,339	44,914	99%
Micro	15,502	14,904	96%	15,517	14,928	96%
Amerigroup	1,651	1,651	100%	1,671	1,671	100%
Cigna-HealthSpring	3,509	3,391	97%	3,455	3,343	97%
Molina Healthcare of Texas	605	423	70%	584	416	71%
Superior HealthPlan	2,960	2,662	90%	2,950	2,641	90%
UnitedHealthcare Community Plan	6,777	6,777	100%	6,857	6,857	100%
Rural	20,568	19,468	95%	20,522	19,316	94%
Amerigroup	3,554	3,273	92%	3,527	3,245	92%
Cigna-HealthSpring	1,576	1,569	100%	1,537	1,531	100%
Molina Healthcare of Texas	1,043	1,014	97%	1,036	876	85%
Superior HealthPlan	8,535	7,930	93%	8,487	7,904	93%
UnitedHealthcare Community Plan	5,860	5,682	97%	5,935	5,760	97%
STAR+PLUS Total	220,090	215,987	98%	220,501	212,754	96%
STAR Kids						
Metro	135,729	133,232	98%	136,104	132,204	97%
Aetna Better Health	11,678	11,455	98%	11,770	11,571	98%
Amerigroup	24,534	24,389	99%	24,537	24,449	100%
Blue Cross and Blue Shield of Texas	6,315	6,310	100%	6,358	6,353	100%
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	8,972	98%	9,098	8,958	98%
Driscoll Health Plan	8,108	8,105	100%	8,122	8,119	100%
Superior HealthPlan	23,546	22,948	97%	23,717	21,625	91%
Texas Children's Health Plan	24,033	23,574	98%	24,127	23,669	98%
UnitedHealthcare Community Plan	21,379	20,453	96%	21,326	20,411	96%
Micro	8,540	8,132	95%	8,573	8,160	95%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	121	100%	115	115	100%
Driscoll Health Plan	492	434	88%	499	439	88%
Superior HealthPlan	1,539	1,232	80%	1,555	1,243	80%
Texas Children's Health Plan	2,474	2,474	100%	2,471	2,471	100%
UnitedHealthcare Community Plan	2,832	2,789	98%	2,845	2,804	99%
Rural	10,007	9,103	91%	10,131	9,146	90%
Aetna Better Health	72	72	100%	73	73	100%
Amerigroup	1,871	1,651	88%	1,874	1,664	89%
Blue Cross and Blue Shield of Texas	890	820	92%	933	860	92%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	1,962	82%	2,429	1,908	79%
Texas Children's Health Plan	1,389	1,389	100%	1,415	1,415	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
UnitedHealthcare Community Plan	2,333	2,151	92%	2,336	2,155	92%
STAR Kids Total	154,276	150,467	98%	154,808	149,510	97%
ENT Total	4,187,388	4,115,904	98%	4,334,890	4,231,825	98%
General Surgeon						
STAR						
Metro	3,276,500	3,239,261	99%	3,402,639	3,371,783	99%
Aetna Better Health	102,041	101,990	100%	108,659	108,596	100%
Amerigroup	614,858	603,892	98%	637,211	630,303	99%
Blue Cross and Blue Shield of Texas	39,972	38,848	97%	41,876	40,778	97%
Community First Health Plans	132,636	132,340	100%	138,772	138,451	100%
Community Health Choice	314,525	314,215	100%	325,903	325,581	100%
Cook Children's Health Plan	137,122	134,118	98%	142,272	141,175	99%
Dell Children's Health Plan	31,989	31,837	100%	33,408	33,282	100%
Driscoll Health Plan	162,712	161,458	99%	168,532	167,250	99%
El Paso First	80,558	80,548	100%	83,820	83,802	100%
FirstCare	53,317	53,169	100%	55,980	55,826	100%
Molina Healthcare of Texas	104,484	103,860	99%	108,360	107,977	100%
Parkland	199,522	189,818	95%	206,675	196,666	95%
Right Care from Scott and White Health Plans	39,280	39,179	100%	41,187	41,113	100%
Superior HealthPlan	650,143	646,357	99%	670,426	667,467	100%
Texas Children's Health Plan	437,793	435,496	99%	455,025	452,600	99%
UnitedHealthcare Community Plan	175,548	172,136	98%	184,533	180,916	98%
Micro	233,463	223,987	96%	243,117	236,175	97%
Aetna Better Health	1,718	1,712	100%	1,795	1,788	100%
Amerigroup	42,022	39,928	95%	43,770	42,524	97%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,636	100%	2,713	2,697	99%
Community Health Choice	10,534	10,534	100%	11,073	11,073	100%
Cook Children's Health Plan	3,880	3,607	93%	4,015	3,720	93%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	16,194	100%	16,882	16,853	100%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	2,678	78%	3,528	3,528	100%
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	103,258	96%	112,112	108,137	96%
Texas Children's Health Plan	15,414	15,299	99%	16,140	16,140	100%
UnitedHealthcare Community Plan	12,926	11,516	89%	13,508	12,189	90%
Rural	303,059	299,401	99%	313,825	310,423	99%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	58,775	98%	61,370	60,411	98%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	9,951	99%	10,302	10,246	99%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	20,100	100%	20,518	20,518	100%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	31,214	97%	33,359	32,549	98%
Molina Healthcare of Texas	3,751	3,724	99%	3,805	3,779	99%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	10,016	100%	10,657	10,621	100%
Superior HealthPlan	135,539	134,143	99%	140,702	139,527	99%
Texas Children's Health Plan	11,990	11,883	99%	12,437	12,317	99%
UnitedHealthcare Community Plan	8,047	7,848	98%	8,404	8,186	97%
STAR Total	3,813,022	3,762,649	99%	3,959,581	3,918,381	99%
STAR+PLUS						
Metro	184,020	181,038	98%	184,462	181,511	98%
Amerigroup	48,341	48,072	99%	48,434	48,105	99%
Cigna-HealthSpring	11,805	11,503	97%	11,516	11,223	97%
Molina Healthcare of Texas	30,658	30,383	99%	30,624	30,448	99%
Superior HealthPlan	48,377	47,561	98%	48,549	47,754	98%
UnitedHealthcare Community Plan	44,839	43,519	97%	45,339	43,981	97%
Micro	15,502	14,965	97%	15,517	15,095	97%
Amerigroup	1,651	1,630	99%	1,671	1,651	99%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Cigna-HealthSpring	3,509	3,437	98%	3,455	3,400	98%
Molina Healthcare of Texas	605	545	90%	584	584	100%
Superior HealthPlan	2,960	2,788	94%	2,950	2,787	94%
UnitedHealthcare Community Plan	6,777	6,565	97%	6,857	6,673	97%
Rural	20,568	20,248	98%	20,522	20,204	98%
Amerigroup	3,554	3,459	97%	3,527	3,433	97%
Cigna-HealthSpring	1,576	1,570	100%	1,537	1,531	100%
Molina Healthcare of Texas	1,043	1,038	100%	1,036	1,032	100%
Superior HealthPlan	8,535	8,444	99%	8,487	8,409	99%
UnitedHealthcare Community Plan	5,860	5,737	98%	5,935	5,799	98%
STAR+PLUS Total	220,090	216,251	98%	220,501	216,810	98%
STAR Kids						
Metro	135,729	133,828	99%	136,104	134,641	99%
Aetna Better Health	11,678	11,479	98%	11,770	11,577	98%
Amerigroup	24,534	24,019	98%	24,537	24,373	99%
Blue Cross and Blue Shield of Texas	6,315	6,304	100%	6,358	6,353	100%
Community First Health Plans	7,026	7,017	100%	7,049	7,038	100%
Cook Children's Health Plan	9,110	8,929	98%	9,098	9,040	99%
Driscoll Health Plan	8,108	8,047	99%	8,122	8,058	99%
Superior HealthPlan	23,546	23,487	100%	23,717	23,656	100%
Texas Children's Health Plan	24,033	23,462	98%	24,127	23,517	97%
UnitedHealthcare Community Plan	21,379	21,084	99%	21,326	21,029	99%
Micro	8,540	8,270	97%	8,573	8,310	97%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	114	94%	115	108	94%
Driscoll Health Plan	492	492	100%	499	499	100%
Superior HealthPlan	1,539	1,414	92%	1,555	1,428	92%
Texas Children's Health Plan	2,474	2,436	98%	2,471	2,440	99%
UnitedHealthcare Community Plan	2,832	2,732	96%	2,845	2,747	97%
Rural	10,007	9,773	98%	10,131	9,957	98%
Aetna Better Health	72	72	100%	73	73	100%
Amerigroup	1,871	1,823	97%	1,874	1,828	98%
Blue Cross and Blue Shield of Texas	890	881	99%	933	933	100%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	2,273	95%	2,429	2,358	97%
Texas Children's Health Plan	1,389	1,378	99%	1,415	1,405	99%
UnitedHealthcare Community Plan	2,333	2,288	98%	2,336	2,289	98%
STAR Kids Total	154,276	151,871	98%	154,808	152,908	99%
General Surgeon Total	4,187,388	4,130,771	99%	4,334,890	4,288,099	99%
Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)						
STAR						
Metro	3,276,500	2,275,287	69%	3,402,639	2,409,558	71%
Aetna Better Health	102,041	100,490	98%	108,659	106,641	98%
Amerigroup	614,858	337,323	55%	637,211	349,351	55%
Blue Cross and Blue Shield of Texas	39,972	38,211	96%	41,876	39,963	95%
Community First Health Plans	132,636	125,911	95%	138,772	131,781	95%
Community Health Choice	314,525	309,017	98%	325,903	320,269	98%
Cook Children's Health Plan	137,122	0	0%	142,272	0	0%
Dell Children's Health Plan	31,989	28,471	89%	33,408	29,686	89%
Driscoll Health Plan	162,712	107,145	66%	168,532	110,788	66%
El Paso First	80,558	80,558	100%	83,820	83,820	100%
FirstCare	53,317	13,950	26%	55,980	14,681	26%
Molina Healthcare of Texas	104,484	55,420	53%	108,360	58,905	54%
Parkland	199,522	0	0%	206,675	0	0%
Right Care from Scott and White Health Plans	39,280	30,878	79%	41,187	32,384	79%
Superior HealthPlan	650,143	493,836	76%	670,426	549,004	82%
Texas Children's Health Plan	437,793	410,254	94%	455,025	425,805	94%
UnitedHealthcare Community Plan	175,548	143,823	82%	184,533	156,480	85%
Micro	233,463	95,183	41%	243,117	102,037	42%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Aetna Better Health	1,718	941	55%	1,795	947	53%
Amerigroup	42,022	10,277	24%	43,770	10,556	24%
Blue Cross and Blue Shield of Texas	5,335	4,254	80%	5,588	4,450	80%
Community First Health Plans	2,648	1,757	66%	2,713	1,795	66%
Community Health Choice	10,534	7,610	72%	11,073	8,014	72%
Cook Children's Health Plan	3,880	0	0%	4,015	0	0%
Dell Children's Health Plan	3,250	881	27%	3,427	949	28%
Driscoll Health Plan	16,227	8,185	50%	16,882	8,607	51%
FirstCare	3,604	3,604	100%	3,839	3,839	100%
Molina Healthcare of Texas	3,437	535	16%	3,528	603	17%
Right Care from Scott and White Health Plans	4,479	402	9%	4,727	418	9%
Superior HealthPlan	107,989	50,248	47%	112,112	52,005	46%
Texas Children's Health Plan	15,414	4,424	29%	16,140	6,966	43%
UnitedHealthcare Community Plan	12,926	2,065	16%	13,508	2,888	21%
Rural	303,059	231,322	76%	313,825	252,370	80%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	39,160	66%	61,370	40,201	66%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	10,010	100%	10,302	10,302	100%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	19,646	98%	20,518	20,051	98%
El Paso First	64	64	100%	66	65	98%
FirstCare	32,106	15,085	47%	33,359	15,648	47%
Molina Healthcare of Texas	3,751	2,867	76%	3,805	2,919	77%
Parkland	1,100	0	0%	1,242	0	0%
Right Care from Scott and White Health Plans	10,056	9,766	97%	10,657	10,342	97%
Superior HealthPlan	135,539	106,403	79%	140,702	123,129	88%
Texas Children's Health Plan	11,990	11,416	95%	12,437	12,107	97%
UnitedHealthcare Community Plan	8,047	6,321	79%	8,404	6,643	79%
STAR Total	3,813,022	2,601,792	68%	3,959,581	2,763,965	70%
STAR+PLUS						
Metro	184,020	136,040	93%	184,462	133,907	73%
Amerigroup	48,341	28,552	100%	48,434	28,560	59%
Cigna-HealthSpring	11,805	7,581	100%	11,516	7,447	65%
Molina Healthcare of Texas	30,658	26,096	100%	30,624	26,506	87%
Superior HealthPlan	48,377	39,353	100%	48,549	42,192	87%
UnitedHealthcare Community Plan	44,839	34,458	100%	45,339	29,202	64%
Micro	15,502	5,852	100%	15,517	5,461	35%
Amerigroup	1,651	379	100%	1,671	381	23%
Cigna-HealthSpring	3,509	1,706	100%	3,455	1,677	49%
Molina Healthcare of Texas	605	213	100%	584	224	38%
Superior HealthPlan	2,960	1,725	100%	2,950	1,703	58%
UnitedHealthcare Community Plan	6,777	1,829	100%	6,857	1,476	22%
Rural	20,568	15,243	100%	20,522	15,065	73%
Amerigroup	3,554	1,989	100%	3,527	1,975	56%
Cigna-HealthSpring	1,576	1,450	100%	1,537	1,414	92%
Molina Healthcare of Texas	1,043	931	100%	1,036	920	89%
Superior HealthPlan	8,535	6,922	100%	8,487	7,490	88%
UnitedHealthcare Community Plan	5,860	3,951	100%	5,935	3,266	55%
STAR+PLUS Total	220,090	157,135	100%	220,501	154,433	70%
STAR Kids						
Metro	135,729	94,783	70%	136,104	97,829	72%
Aetna Better Health	11,678	11,395	98%	11,770	11,518	98%
Amerigroup	24,534	16,749	68%	24,537	16,809	69%
Blue Cross and Blue Shield of Texas	6,315	3,923	62%	6,358	3,956	62%
Community First Health Plans	7,026	6,741	96%	7,049	6,763	96%
Cook Children's Health Plan	9,110	0	0%	9,098	0	0%
Driscoll Health Plan	8,108	5,326	66%	8,122	5,332	66%
Superior HealthPlan	23,546	14,617	62%	23,717	16,814	71%
Texas Children's Health Plan	24,033	20,654	86%	24,127	21,349	88%
UnitedHealthcare Community Plan	21,379	15,378	72%	21,326	15,288	72%
Micro	8,540	2,851	33%	8,573	3,581	42%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Aetna Better Health	45	17	38%	45	17	38%
Amerigroup	280	231	83%	281	232	83%
Blue Cross and Blue Shield of Texas	662	231	35%	665	230	35%
Community First Health Plans	95	55	58%	97	57	59%
Cook Children's Health Plan	121	0	0%	115	0	0%
Driscoll Health Plan	492	267	54%	499	271	54%
Superior HealthPlan	1,539	893	58%	1,555	879	57%
Texas Children's Health Plan	2,474	718	29%	2,471	1,386	56%
UnitedHealthcare Community Plan	2,832	439	16%	2,845	509	18%
Rural	10,007	7,247	72%	10,131	7,445	73%
Aetna Better Health	72	72	100%	73	73	100%
Amerigroup	1,871	965	52%	1,874	966	52%
Blue Cross and Blue Shield of Texas	890	653	73%	933	688	74%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	803	98%	832	809	97%
Superior HealthPlan	2,394	1,648	69%	2,429	1,967	81%
Texas Children's Health Plan	1,389	1,222	88%	1,415	1,373	97%
UnitedHealthcare Community Plan	2,333	1,648	71%	2,336	1,330	57%
STAR Kids Total	154,276	104,881	68%	154,808	108,855	70%
TCM and MHR Total	4,187,388	2,863,808	68%	4,334,890	3,027,253	70%
Nursing Facility						
STAR+PLUS						
Metro	188,213	188,213	100%	190,465	190,465	100%
Amerigroup	49,953	49,953	100%	50,603	50,603	100%
Cigna-HealthSpring	15,728	15,728	100%	15,442	15,442	100%
Molina Healthcare of Texas	37,203	37,203	100%	37,564	37,564	100%
Superior HealthPlan	43,637	43,637	100%	44,407	44,407	100%
UnitedHealthcare Community Plan	41,692	41,692	100%	42,449	42,449	100%
Micro	16,875	16,875	100%	16,993	16,993	100%
Amerigroup	1,936	1,936	100%	1,924	1,924	100%
Cigna-HealthSpring	3,907	3,907	100%	3,841	3,841	100%
Molina Healthcare of Texas	1,511	1,511	100%	1,531	1,531	100%
Superior HealthPlan	3,919	3,919	100%	3,931	3,931	100%
UnitedHealthcare Community Plan	5,602	5,602	100%	5,766	5,766	100%
Rural	22,970	22,690	99%	23,021	22,742	99%
Amerigroup	5,390	5,148	96%	5,331	5,094	96%
Cigna-HealthSpring	1,584	1,584	100%	1,561	1,561	100%
Molina Healthcare of Texas	1,589	1,589	100%	1,581	1,581	100%
Superior HealthPlan	8,549	8,520	100%	8,591	8,560	100%
UnitedHealthcare Community Plan	5,858	5,849	100%	5,957	5,946	100%
STAR+PLUS Total	228,058	227,778	100%	230,479	230,200	100%
Nursing Facility Total	228,058	227,778	100%	230,479	230,200	100%
OB/GYN						
STAR						
Metro	885,443	885,168	100%	941,521	941,214	100%
Aetna Better Health	29,386	29,386	100%	32,169	32,169	100%
Amerigroup	165,641	165,593	100%	175,840	175,786	100%
Blue Cross and Blue Shield of Texas	11,112	11,112	100%	11,817	11,817	100%
Community First Health Plans	37,786	37,786	100%	40,235	40,235	100%
Community Health Choice	83,991	83,991	100%	89,082	89,082	100%
Cook Children's Health Plan	34,192	34,192	100%	36,178	36,178	100%
Dell Children's Health Plan	7,415	7,415	100%	7,923	7,923	100%
Driscoll Health Plan	43,424	43,422	100%	46,113	46,103	100%
El Paso First	22,736	22,736	100%	24,205	24,205	100%
FirstCare	15,361	15,361	100%	16,602	16,602	100%
Molina Healthcare of Texas	29,462	29,454	100%	31,137	31,130	100%
Parkland	53,006	52,895	100%	56,289	56,169	100%
Right Care from Scott and White Health Plans	11,323	11,323	100%	12,141	12,141	100%
Superior HealthPlan	182,965	182,859	100%	193,178	193,062	100%
Texas Children's Health Plan	105,254	105,254	100%	112,327	112,327	100%
UnitedHealthcare Community Plan	52,389	52,389	100%	56,285	56,285	100%
Micro	64,101	64,101	100%	68,269	68,269	100%
Aetna Better Health	523	523	100%	558	558	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Amerigroup	11,695	11,695	100%	12,363	12,363	100%
Blue Cross and Blue Shield of Texas	1,415	1,415	100%	1,525	1,525	100%
Community First Health Plans	718	718	100%	750	750	100%
Community Health Choice	2,788	2,788	100%	2,979	2,979	100%
Cook Children's Health Plan	951	951	100%	1,001	1,001	100%
Dell Children's Health Plan	719	719	100%	768	768	100%
Driscoll Health Plan	4,385	4,385	100%	4,706	4,706	100%
FirstCare	1,049	1,049	100%	1,154	1,154	100%
Molina Healthcare of Texas	1,013	1,013	100%	1,050	1,050	100%
Right Care from Scott and White Health Plans	1,317	1,317	100%	1,414	1,414	100%
Superior HealthPlan	29,992	29,992	100%	31,930	31,930	100%
Texas Children's Health Plan	3,685	3,685	100%	3,947	3,947	100%
UnitedHealthcare Community Plan	3,851	3,851	100%	4,124	4,124	100%
Rural	84,653	84,137	99%	89,638	89,028	99%
Aetna Better Health	422	422	100%	468	468	100%
Amerigroup	16,197	16,073	99%	16,995	16,863	99%
Blue Cross and Blue Shield of Texas	548	548	100%	560	560	100%
Community First Health Plans	1,866	1,866	100%	1,948	1,948	100%
Community Health Choice	2,754	2,754	100%	2,897	2,897	100%
Dell Children's Health Plan	220	220	100%	235	235	100%
Driscoll Health Plan	5,504	5,504	100%	5,766	5,766	100%
El Paso First	20	20	100%	22	22	100%
FirstCare	8,890	8,784	99%	9,400	9,194	98%
Molina Healthcare of Texas	1,066	1,066	100%	1,123	1,123	100%
Parkland	293	293	100%	330	330	100%
Right Care from Scott and White Health Plans	2,833	2,833	100%	3,117	3,117	100%
Superior HealthPlan	38,230	37,944	99%	40,608	40,336	99%
Texas Children's Health Plan	3,080	3,080	100%	3,267	3,267	100%
UnitedHealthcare Community Plan	2,730	2,730	100%	2,902	2,902	100%
STAR Total	1,034,197	1,033,406	100%	1,099,428	1,098,511	100%
STAR+PLUS						
Metro	88,671	88,645	100%	88,695	88,663	100%
Amerigroup	23,274	23,274	100%	23,273	23,273	100%
Cigna-HealthSpring	5,624	5,614	100%	5,465	5,457	100%
Molina Healthcare of Texas	14,386	14,370	100%	14,306	14,297	100%
Superior HealthPlan	24,056	24,056	100%	24,098	24,098	100%
UnitedHealthcare Community Plan	21,331	21,331	100%	21,553	21,538	100%
Micro	7,957	7,957	100%	7,941	7,941	100%
Amerigroup	822	822	100%	833	833	100%
Cigna-HealthSpring	1,845	1,845	100%	1,795	1,795	100%
Molina Healthcare of Texas	286	286	100%	277	277	100%
Superior HealthPlan	1,564	1,564	100%	1,555	1,555	100%
UnitedHealthcare Community Plan	3,440	3,440	100%	3,481	3,481	100%
Rural	10,614	10,514	99%	10,598	10,500	99%
Amerigroup	1,792	1,775	99%	1,780	1,762	99%
Cigna-HealthSpring	805	801	100%	789	786	100%
Molina Healthcare of Texas	519	519	100%	518	518	100%
Superior HealthPlan	4,552	4,512	99%	4,519	4,480	99%
UnitedHealthcare Community Plan	2,946	2,907	99%	2,992	2,954	99%
STAR+PLUS Total	107,242	107,116	100%	107,234	107,104	100%
STAR Kids						
Metro	27,275	27,260	100%	27,445	27,427	100%
Aetna Better Health	2,492	2,484	100%	2,537	2,531	100%
Amerigroup	4,979	4,972	100%	4,960	4,953	100%
Blue Cross and Blue Shield of Texas	1,260	1,260	100%	1,277	1,277	100%
Community First Health Plans	1,406	1,406	100%	1,422	1,422	100%
Cook Children's Health Plan	1,839	1,839	100%	1,834	1,834	100%
Driscoll Health Plan	1,586	1,586	100%	1,608	1,608	100%
Superior HealthPlan	4,913	4,913	100%	4,944	4,944	100%
Texas Children's Health Plan	4,607	4,607	100%	4,642	4,640	100%
UnitedHealthcare Community Plan	4,193	4,193	100%	4,221	4,218	100%
Micro	1,698	1,698	100%	1,737	1,737	100%
Aetna Better Health	10	10	100%	8	8	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Amerigroup	66	66	100%	66	66	100%
Blue Cross and Blue Shield of Texas	139	139	100%	142	142	100%
Community First Health Plans	20	20	100%	22	22	100%
Cook Children's Health Plan	30	30	100%	29	29	100%
Driscoll Health Plan	99	99	100%	98	98	100%
Superior HealthPlan	311	311	100%	314	314	100%
Texas Children's Health Plan	440	440	100%	466	466	100%
UnitedHealthcare Community Plan	583	583	100%	592	592	100%
Rural	1,973	1,950	99%	2,007	1,982	99%
Aetna Better Health	16	16		17	17	100%
Amerigroup	373	365	98%	363	355	98%
Blue Cross and Blue Shield of Texas	178	178	100%	186	186	100%
Community First Health Plans	44	44	100%	45	45	100%
Driscoll Health Plan	145	145	100%	146	146	100%
Superior HealthPlan	464	460	99%	483	479	99%
Texas Children's Health Plan	264	264	100%	268	268	100%
UnitedHealthcare Community Plan	489	478	98%	499	486	97%
STAR Kids Total	30,946	30,908	100%	31,189	31,146	100%
OB/GYN Total	1,172,385	1,171,430	100%	1,237,851	1,236,761	100%
Ophthalmologist						
STAR						
Metro	3,276,500	3,187,429	97%	3,402,639	3,303,577	97%
Aetna Better Health	102,041	100,424	98%	108,659	107,105	99%
Amerigroup	614,858	594,820	97%	637,211	616,420	97%
Blue Cross and Blue Shield of Texas	39,972	39,023	98%	41,876	40,867	98%
Community First Health Plans	132,636	132,036	100%	138,772	138,151	100%
Community Health Choice	314,525	314,074	100%	325,903	325,497	100%
Cook Children's Health Plan	137,122	131,246	96%	142,272	137,381	97%
Dell Children's Health Plan	31,989	31,885	100%	33,408	33,283	100%
Driscoll Health Plan	162,712	160,997	99%	168,532	166,809	99%
El Paso First	80,558	80,546	100%	83,820	83,800	100%
FirstCare	53,317	49,110	92%	55,980	51,653	92%
Molina Healthcare of Texas	104,484	102,869	98%	108,360	107,450	99%
Parkland	199,522	171,787	86%	206,675	177,543	86%
Right Care from Scott and White Health Plans	39,280	31,733	81%	41,187	32,032	78%
Superior HealthPlan	650,143	635,144	98%	670,426	655,486	98%
Texas Children's Health Plan	437,793	437,458	100%	455,025	454,720	100%
UnitedHealthcare Community Plan	175,548	174,277	99%	184,533	175,380	95%
Micro	233,463	204,137	87%	243,117	216,076	89%
Aetna Better Health	1,718	1,601	93%	1,795	1,674	93%
Amerigroup	42,022	37,731	90%	43,770	39,214	90%
Blue Cross and Blue Shield of Texas	5,335	5,017	94%	5,588	5,248	94%
Community First Health Plans	2,648	2,636	100%	2,713	2,701	100%
Community Health Choice	10,534	10,283	98%	11,073	10,798	98%
Cook Children's Health Plan	3,880	3,036	78%	4,015	3,155	79%
Dell Children's Health Plan	3,250	3,110	96%	3,427	3,270	95%
Driscoll Health Plan	16,227	14,034	86%	16,882	14,585	86%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	1,609	47%	3,528	1,663	47%
Right Care from Scott and White Health Plans	4,479	4,347	97%	4,727	4,567	97%
Superior HealthPlan	107,989	92,560	86%	112,112	99,905	89%
Texas Children's Health Plan	15,414	15,306	99%	16,140	16,025	99%
UnitedHealthcare Community Plan	12,926	9,306	72%	13,508	9,487	70%
Rural	303,059	278,241	92%	313,825	287,178	92%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	53,976	90%	61,370	55,312	90%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	9,718	97%	10,302	10,024	97%
Dell Children's Health Plan	844	804	95%	877	835	95%
Driscoll Health Plan	20,100	19,906	99%	20,518	20,323	99%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	23,634	74%	33,359	24,552	74%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Molina Healthcare of Texas	3,751	3,707	99%	3,805	3,765	99%
Parkland	1,100	1,063	97%	1,242	1,199	97%
Right Care from Scott and White Health Plans	10,056	9,754	97%	10,657	10,342	97%
Superior HealthPlan	135,539	126,174	93%	140,702	130,867	93%
Texas Children's Health Plan	11,990	11,919	99%	12,437	12,362	99%
UnitedHealthcare Community Plan	8,047	7,783	97%	8,404	7,447	89%
STAR Total	3,813,022	3,669,807	96%	3,959,581	3,806,831	96%
STAR+PLUS						
Metro	184,020	180,271	98%	184,462	180,352	98%
Amerigroup	48,341	47,701	99%	48,434	47,666	98%
Cigna-HealthSpring	11,805	11,502	97%	11,516	11,247	98%
Molina Healthcare of Texas	30,658	30,036	98%	30,624	30,147	98%
Superior HealthPlan	48,377	47,288	98%	48,549	47,705	98%
UnitedHealthcare Community Plan	44,839	43,744	98%	45,339	43,587	96%
Micro	15,502	14,156	91%	15,517	13,975	90%
Amerigroup	1,651	1,590	96%	1,671	1,609	96%
Cigna-HealthSpring	3,509	3,256	93%	3,455	2,870	83%
Molina Healthcare of Texas	605	452	75%	584	429	73%
Superior HealthPlan	2,960	2,777	94%	2,950	2,938	100%
UnitedHealthcare Community Plan	6,777	6,081	90%	6,857	6,129	89%
Rural	20,568	19,083	93%	20,522	19,031	93%
Amerigroup	3,554	3,126	88%	3,527	3,079	87%
Cigna-HealthSpring	1,576	1,492	95%	1,537	1,455	95%
Molina Healthcare of Texas	1,043	1,036	99%	1,036	1,031	100%
Superior HealthPlan	8,535	7,971	93%	8,487	7,935	93%
UnitedHealthcare Community Plan	5,860	5,458	93%	5,935	5,531	93%
STAR+PLUS Total	220,090	213,510	97%	220,501	213,358	97%
STAR Kids						
Metro	135,729	132,198	97%	136,104	132,383	97%
Aetna Better Health	11,678	11,308	97%	11,770	11,432	97%
Amerigroup	24,534	23,275	95%	24,537	23,350	95%
Blue Cross and Blue Shield of Texas	6,315	5,522	87%	6,358	5,544	87%
Community First Health Plans	7,026	7,007	100%	7,049	7,027	100%
Cook Children's Health Plan	9,110	8,615	95%	9,098	8,806	97%
Driscoll Health Plan	8,108	8,026	99%	8,122	8,034	99%
Superior HealthPlan	23,546	23,429	100%	23,717	23,674	100%
Texas Children's Health Plan	24,033	23,941	100%	24,127	24,036	100%
UnitedHealthcare Community Plan	21,379	21,075	99%	21,326	20,480	96%
Micro	8,540	7,773	91%	8,573	7,840	91%
Aetna Better Health	45	37	82%	45	38	84%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	607	92%	665	613	92%
Community First Health Plans	95	93	98%	97	95	98%
Cook Children's Health Plan	121	102	84%	115	90	78%
Driscoll Health Plan	492	449	91%	499	453	91%
Superior HealthPlan	1,539	1,390	90%	1,555	1,400	90%
Texas Children's Health Plan	2,474	2,325	94%	2,471	2,319	94%
UnitedHealthcare Community Plan	2,832	2,490	88%	2,845	2,551	90%
Rural	10,007	9,004	90%	10,131	9,273	92%
Aetna Better Health	72	72		73	73	100%
Amerigroup	1,871	1,480	79%	1,874	1,485	79%
Blue Cross and Blue Shield of Texas	890	822	92%	933	863	92%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	818	100%	832	828	100%
Superior HealthPlan	2,394	2,032	85%	2,429	2,217	91%
Texas Children's Health Plan	1,389	1,375	99%	1,415	1,403	99%
UnitedHealthcare Community Plan	2,333	2,169	93%	2,336	2,165	93%
STAR Kids Total	154,276	148,975	97%	154,808	149,496	97%
Ophthalmologist Total	4,187,388	4,032,292	96%	4,334,890	4,169,685	96%
Orthopedist						
STAR						
Metro	3,276,500	3,234,825	99%	3,402,639	3,357,585	99%
Aetna Better Health	102,041	101,265	99%	108,659	108,250	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Amerigroup	614,858	606,725	99%	637,211	628,696	99%
Blue Cross and Blue Shield of Texas	39,972	39,841	100%	41,876	41,748	100%
Community First Health Plans	132,636	132,365	100%	138,772	138,468	100%
Community Health Choice	314,525	314,144	100%	325,903	325,506	100%
Cook Children's Health Plan	137,122	132,333	97%	142,272	136,917	96%
Dell Children's Health Plan	31,989	31,932	100%	33,408	33,347	100%
Driscoll Health Plan	162,712	161,324	99%	168,532	167,123	99%
El Paso First	80,558	80,551	100%	83,820	83,805	100%
FirstCare	53,317	53,176	100%	55,980	55,831	100%
Molina Healthcare of Texas	104,484	103,065	99%	108,360	108,265	100%
Parkland	199,522	179,743	90%	206,675	186,048	90%
Right Care from Scott and White Health Plans	39,280	39,183	100%	41,187	41,084	100%
Superior HealthPlan	650,143	647,325	100%	670,426	667,687	100%
Texas Children's Health Plan	437,793	437,352	100%	455,025	454,591	100%
UnitedHealthcare Community Plan	175,548	174,501	99%	184,533	180,219	98%
Micro	233,463	211,135	90%	243,117	220,011	90%
Aetna Better Health	1,718	1,669	97%	1,795	1,752	98%
Amerigroup	42,022	41,395	99%	43,770	43,060	98%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,646	100%	2,713	2,705	100%
Community Health Choice	10,534	10,534	100%	11,073	11,073	100%
Cook Children's Health Plan	3,880	3,880	100%	4,015	4,015	100%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	11,401	70%	16,882	10,846	64%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	1,555	45%	3,528	2,746	78%
Right Care from Scott and White Health Plans	4,479	4,447	99%	4,727	4,724	100%
Superior HealthPlan	107,989	95,943	89%	112,112	99,472	89%
Texas Children's Health Plan	15,414	15,317	99%	16,140	16,042	99%
UnitedHealthcare Community Plan	12,926	10,202	79%	13,508	10,777	80%
Rural	303,059	280,139	92%	313,825	290,724	93%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	56,344	94%	61,370	57,908	94%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	9,865	99%	10,302	10,167	99%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	20,067	100%	20,518	20,474	100%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	27,417	85%	33,359	28,634	86%
Molina Healthcare of Texas	3,751	3,653	97%	3,805	3,660	96%
Parkland	1,100	1,057	96%	1,242	1,196	96%
Right Care from Scott and White Health Plans	10,056	9,842	98%	10,657	10,429	98%
Superior HealthPlan	135,539	121,699	90%	140,702	126,987	90%
Texas Children's Health Plan	11,990	11,874	99%	12,437	12,313	99%
UnitedHealthcare Community Plan	8,047	7,674	95%	8,404	7,929	94%
STAR Total	3,813,022	3,726,099	98%	3,959,581	3,868,320	98%
STAR+PLUS						
Metro	184,020	180,085	98%	184,462	179,719	97%
Amerigroup	48,341	47,036	97%	48,434	47,148	97%
Cigna-HealthSpring	11,805	11,242	95%	11,516	10,974	95%
Molina Healthcare of Texas	30,658	29,926	98%	30,624	30,531	100%
Superior HealthPlan	48,377	47,699	99%	48,549	47,898	99%
UnitedHealthcare Community Plan	44,839	44,182	99%	45,339	43,168	95%
Micro	15,502	14,234	92%	15,517	14,089	91%
Amerigroup	1,651	1,491	90%	1,671	1,501	90%
Cigna-HealthSpring	3,509	3,135	89%	3,455	2,762	80%
Molina Healthcare of Texas	605	412	68%	584	520	89%
Superior HealthPlan	2,960	2,475	84%	2,950	2,489	84%
UnitedHealthcare Community Plan	6,777	6,721	99%	6,857	6,817	99%
Rural	20,568	18,776	91%	20,522	18,766	91%
Amerigroup	3,554	3,080	87%	3,527	3,058	87%
Cigna-HealthSpring	1,576	1,476	94%	1,537	1,473	96%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Molina Healthcare of Texas	1,043	1,030	99%	1,036	1,007	97%
Superior HealthPlan	8,535	7,785	91%	8,487	7,752	91%
UnitedHealthcare Community Plan	5,860	5,405	92%	5,935	5,476	92%
STAR+PLUS Total	220,090	213,095	97%	220,501	212,574	96%
STAR Kids						
Metro	135,729	133,745	99%	136,104	132,944	98%
Aetna Better Health	11,678	11,596	99%	11,770	11,709	99%
Amerigroup	24,534	24,427	100%	24,537	24,427	100%
Blue Cross and Blue Shield of Texas	6,315	6,307	100%	6,358	6,353	100%
Community First Health Plans	7,026	7,020	100%	7,049	7,042	100%
Cook Children's Health Plan	9,110	8,870	97%	9,098	8,809	97%
Driscoll Health Plan	8,108	8,044	99%	8,122	8,056	99%
Superior HealthPlan	23,546	23,493	100%	23,717	23,674	100%
Texas Children's Health Plan	24,033	23,560	98%	24,127	23,652	98%
UnitedHealthcare Community Plan	21,379	20,428	96%	21,326	19,222	90%
Micro	8,540	7,687	90%	8,573	7,570	88%
Aetna Better Health	45	38	84%	45	40	89%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	121	100%	115	115	100%
Driscoll Health Plan	492	396	80%	499	350	70%
Superior HealthPlan	1,539	1,084	70%	1,555	1,111	71%
Texas Children's Health Plan	2,474	2,314	94%	2,471	2,311	94%
UnitedHealthcare Community Plan	2,832	2,697	95%	2,845	2,600	91%
Rural	10,007	9,173	92%	10,131	9,269	91%
Aetna Better Health	72	72		73	73	100%
Amerigroup	1,871	1,705	91%	1,874	1,707	91%
Blue Cross and Blue Shield of Texas	890	889	100%	933	933	100%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	821	100%	832	831	100%
Superior HealthPlan	2,394	2,014	84%	2,429	2,051	84%
Texas Children's Health Plan	1,389	1,378	99%	1,415	1,404	99%
UnitedHealthcare Community Plan	2,333	2,058	88%	2,336	2,031	87%
STAR Kids Total	154,276	150,605	98%	154,808	149,783	97%
Orthopedist Total	4,187,388	4,089,799	98%	4,334,890	4,230,677	98%
Pediatric Sub-Specialty						
STAR						
Metro	2,667,033	2,663,578	100%	2,735,099	2,731,841	100%
Aetna Better Health	79,040	79,033	100%	82,924	82,916	100%
Amerigroup	504,407	502,982	100%	516,284	514,833	100%
Blue Cross and Blue Shield of Texas	31,545	31,530	100%	32,701	32,685	100%
Community First Health Plans	106,489	106,351	100%	110,070	109,934	100%
Community Health Choice	253,984	253,956	100%	260,098	260,071	100%
Cook Children's Health Plan	115,733	115,733	100%	118,916	118,916	100%
Dell Children's Health Plan	27,349	27,344	100%	28,291	28,288	100%
Driscoll Health Plan	132,105	132,098	100%	135,095	135,088	100%
El Paso First	64,558	64,558	100%	66,233	66,233	100%
FirstCare	42,204	42,086	100%	43,654	43,530	100%
Molina Healthcare of Texas	83,596	83,338	100%	85,486	85,407	100%
Parkland	164,328	164,289	100%	168,114	168,073	100%
Right Care from Scott and White Health Plans	30,873	30,850	100%	31,980	31,979	100%
Superior HealthPlan	521,098	519,758	100%	530,244	528,933	100%
Texas Children's Health Plan	376,195	376,143	100%	386,537	386,483	100%
UnitedHealthcare Community Plan	133,529	133,529	100%	138,472	138,472	100%
Micro	188,574	185,301	98%	194,035	190,654	98%
Aetna Better Health	1,311	1,311	100%	1,354	1,354	100%
Amerigroup	33,976	32,988	97%	35,029	34,002	97%
Blue Cross and Blue Shield of Texas	4,359	4,359	100%	4,497	4,497	100%
Community First Health Plans	2,132	2,130	100%	2,160	2,158	100%
Community Health Choice	8,602	8,602	100%	8,954	8,954	100%
Cook Children's Health Plan	3,270	3,270	100%	3,349	3,349	100%
Dell Children's Health Plan	2,799	2,799	100%	2,935	2,935	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Driscoll Health Plan	13,229	13,229	100%	13,587	13,587	100%
FirstCare	2,864	2,835	99%	2,998	2,959	99%
Molina Healthcare of Texas	2,742	2,742	100%	2,780	2,780	100%
Right Care from Scott and White Health Plans	3,459	3,457	100%	3,627	3,624	100%
Superior HealthPlan	86,677	84,425	97%	88,837	86,527	97%
Texas Children's Health Plan	13,240	13,240	100%	13,765	13,765	100%
UnitedHealthcare Community Plan	9,914	9,914	100%	10,163	10,163	100%
Rural	242,696	236,611	97%	248,445	241,487	97%
Aetna Better Health	1,171	1,171	100%	1,197	1,197	100%
Amerigroup	48,142	46,924	97%	48,950	47,501	97%
Blue Cross and Blue Shield of Texas	1,550	1,550	100%	1,564	1,564	100%
Community First Health Plans	4,977	4,977	100%	5,134	5,134	100%
Community Health Choice	8,081	8,081	100%	8,244	8,244	100%
Dell Children's Health Plan	703	703	100%	719	719	100%
Driscoll Health Plan	16,311	16,311	100%	16,467	16,467	100%
El Paso First	57	56	98%	57	56	98%
FirstCare	25,964	24,418	94%	26,682	24,826	93%
Molina Healthcare of Texas	2,956	2,956	100%	2,958	2,958	100%
Parkland	883	883	100%	995	995	100%
Right Care from Scott and White Health Plans	7,978	7,978	100%	8,314	8,314	100%
Superior HealthPlan	108,068	104,748	97%	110,889	107,237	97%
Texas Children's Health Plan	10,112	10,112	100%	10,383	10,383	100%
UnitedHealthcare Community Plan	5,743	5,743	100%	5,892	5,892	100%
STAR Total	3,098,303	3,085,490	100%	3,177,579	3,163,982	100%
STAR Kids						
Metro	110,290	110,014	100%	110,057	109,788	100%
Aetna Better Health	9,207	9,204	100%	9,223	9,221	100%
Amerigroup	19,961	19,917	100%	19,874	19,834	100%
Blue Cross and Blue Shield of Texas	5,138	5,134	100%	5,148	5,145	100%
Community First Health Plans	5,688	5,684	100%	5,678	5,673	100%
Cook Children's Health Plan	7,522	7,520	100%	7,477	7,477	100%
Driscoll Health Plan	6,548	6,548	100%	6,492	6,492	100%
Superior HealthPlan	19,019	19,006	100%	19,077	19,064	100%
Texas Children's Health Plan	19,969	19,928	100%	19,963	19,927	100%
UnitedHealthcare Community Plan	17,238	17,073	99%	17,125	16,955	99%
Micro	6,899	6,826	99%	6,889	6,872	100%
Aetna Better Health	31	31	100%	32	32	100%
Amerigroup	218	200	92%	215	198	92%
Blue Cross and Blue Shield of Texas	532	532	100%	540	540	100%
Community First Health Plans	67	67	100%	66	66	100%
Cook Children's Health Plan	93	93	100%	87	87	100%
Driscoll Health Plan	382	382	100%	387	387	100%
Superior HealthPlan	1,239	1,239	100%	1,242	1,242	100%
Texas Children's Health Plan	2,087	2,032	97%	2,091	2,091	100%
UnitedHealthcare Community Plan	2,250	2,250	100%	2,229	2,229	100%
Rural	8,072	7,934	98%	8,159	8,014	98%
Aetna Better Health	54	54	100%	56	56	100%
Amerigroup	1,506	1,430	95%	1,523	1,442	95%
Blue Cross and Blue Shield of Texas	733	733	100%	768	768	100%
Community First Health Plans	195	195	100%	201	201	100%
Driscoll Health Plan	658	658	100%	665	665	100%
Superior HealthPlan	1,915	1,853	97%	1,939	1,875	97%
Texas Children's Health Plan	1,168	1,168	100%	1,186	1,186	100%
UnitedHealthcare Community Plan	1,843	1,843	100%	1,821	1,821	100%
STAR Kids Total	125,261	124,774	100%	125,105	124,674	100%
Pediatric Sub-specialty Total	3,223,564	3,210,264	100%	3,302,684	3,288,656	99.6%
Prenatal						
Metro	652,246	647,464	99%	701,417	696,613	99%
Aetna Better Health	22,927	22,729	99%	25,358	25,218	99%
Amerigroup	119,817	118,995	99%	128,521	127,723	99%
Blue Cross and Blue Shield of Texas	8,564	8,542	100%	9,200	9,176	100%
Community First Health Plans	27,802	27,261	98%	29,910	29,335	98%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Community Health Choice	63,744	63,571	100%	68,294	68,153	100%
Cook Children's Health Plan	24,191	23,888	99%	25,838	25,531	99%
Dell Children's Health Plan	5,008	4,951	99%	5,416	5,349	99%
Driscoll Health Plan	32,994	32,934	100%	35,429	35,370	100%
El Paso First	17,210	17,210	100%	18,471	18,471	100%
FirstCare	11,837	11,769	99%	12,958	12,844	99%
Molina Healthcare of Texas	21,479	21,395	100%	22,949	22,897	100%
Parkland	39,079	38,269	98%	42,052	41,144	98%
Right Care from Scott and White Health Plans	8,669	8,529	98%	9,428	9,281	98%
Superior HealthPlan	136,776	135,564	99%	146,099	144,878	99%
Texas Children's Health Plan	71,436	71,224	100%	77,361	77,189	100%
UnitedHealthcare Community Plan	40,713	40,633	100%	44,133	44,054	100%
Micro	47,630	47,598	100%	51,262	51,228	100%
Aetna Better Health	405	405	100%	436	436	100%
Amerigroup	8,426	8,422	100%	9,030	9,025	100%
Blue Cross and Blue Shield of Texas	1,057	1,057	100%	1,140	1,140	100%
Community First Health Plans	540	535	99%	560	555	99%
Community Health Choice	2,090	2,089	100%	2,258	2,257	100%
Cook Children's Health Plan	668	668	100%	715	715	100%
Dell Children's Health Plan	466	466	100%	511	511	100%
Driscoll Health Plan	3,241	3,239	100%	3,535	3,532	100%
FirstCare	809	809	100%	901	901	100%
Molina Healthcare of Texas	735	735	100%	762	761	100%
Right Care from Scott and White Health Plans	1,004	1,004	100%	1,089	1,089	100%
Superior HealthPlan	22,704	22,691	100%	24,401	24,388	100%
Texas Children's Health Plan	2,515	2,510	100%	2,726	2,722	100%
UnitedHealthcare Community Plan	2,970	2,968	100%	3,198	3,196	100%
Rural	63,445	63,297	100%	67,726	67,584	100%
Aetna Better Health	302	302	100%	333	333	100%
Amerigroup	12,027	12,015	100%	12,738	12,724	100%
Blue Cross and Blue Shield of Texas	405	405	100%	422	422	100%
Community First Health Plans	1,372	1,371	100%	1,447	1,446	100%
Community Health Choice	2,082	2,082	100%	2,200	2,200	100%
Dell Children's Health Plan	148	147	99%	167	166	99%
Driscoll Health Plan	4,093	4,093	100%	4,324	4,324	100%
El Paso First	12	11	92%	13	11	85%
FirstCare	6,626	6,593	100%	7,039	7,002	99%
Molina Healthcare of Texas	796	794	100%	848	848	100%
Parkland	220	220	100%	247	247	100%
Right Care from Scott and White Health Plans	2,084	2,081	100%	2,325	2,320	100%
Superior HealthPlan	28,905	28,810	100%	30,931	30,849	100%
Texas Children's Health Plan	2,140	2,140	100%	2,302	2,302	100%
UnitedHealthcare Community Plan	2,233	2,233	100%	2,390	2,390	100%
STAR Total	763,321	758,359	99%	820,405	815,425	99%
STAR+PLUS						
Metro	38,340	38,069	99%	38,751	38,529	99%
Amerigroup	9,741	9,678	99%	9,874	9,821	99%
Cigna-HealthSpring	2,454	2,409	98%	2,418	2,374	98%
Molina Healthcare of Texas	5,989	5,938	99%	5,980	5,962	100%
Superior HealthPlan	10,720	10,663	99%	10,830	10,775	99%
UnitedHealthcare Community Plan	9,436	9,381	99%	9,649	9,597	99%
Micro	2,985	2,984	100%	2,973	2,972	100%
Amerigroup	284	284	100%	294	294	100%
Cigna-HealthSpring	673	673	100%	654	654	100%
Molina Healthcare of Texas	98	98	100%	97	97	100%
Superior HealthPlan	594	593	100%	588	587	100%
UnitedHealthcare Community Plan	1,336	1,336	100%	1,340	1,340	100%
Rural	3,799	3,790	100%	3,827	3,821	100%
Amerigroup	633	633	100%	638	638	100%
Cigna-HealthSpring	266	258	97%	263	258	98%
Molina Healthcare of Texas	182	182	100%	177	177	100%
Superior HealthPlan	1,646	1,645	100%	1,647	1,646	100%
UnitedHealthcare Community Plan	1,072	1,072	100%	1,102	1,102	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
STAR+PLUS Total	45,124	44,843	99%	45,551	45,322	99%
STAR Kids						
Metro	18,365	18,269	99%	18,555	18,474	100%
Aetna Better Health	1,684	1,677	100%	1,733	1,729	100%
Amerigroup	3,387	3,378	100%	3,401	3,394	100%
Blue Cross and Blue Shield of Texas	844	832	99%	852	841	99%
Community First Health Plans	974	954	98%	996	981	98%
Cook Children's Health Plan	1,204	1,195	99%	1,219	1,207	99%
Driscoll Health Plan	1,119	1,117	100%	1,130	1,129	100%
Superior HealthPlan	3,323	3,307	100%	3,352	3,341	100%
Texas Children's Health Plan	2,984	2,973	100%	3,013	3,002	100%
UnitedHealthcare Community Plan	2,846	2,836	100%	2,859	2,850	100%
Micro	1,154	1,151	100%	1,208	1,204	100%
Aetna Better Health	7	7	100%	6	6	100%
Amerigroup	45	45	100%	46	46	100%
Blue Cross and Blue Shield of Texas	94	94	100%	100	100	100%
Community First Health Plans	18	15	83%	20	16	80%
Cook Children's Health Plan	21	21	100%	21	21	100%
Driscoll Health Plan	73	73	100%	72	72	100%
Superior HealthPlan	219	219	100%	223	223	100%
Texas Children's Health Plan	276	276	100%	295	295	100%
UnitedHealthcare Community Plan	401	401	100%	425	425	100%
Rural	1,349	1,345	100%	1,370	1,366	100%
Aetna Better Health	12	12		11	11	100%
Amerigroup	257	257	100%	252	252	100%
Blue Cross and Blue Shield of Texas	116	116	100%	122	122	100%
Community First Health Plans	29	29	100%	26	26	100%
Driscoll Health Plan	99	99	100%	101	101	100%
Superior HealthPlan	326	322	99%	338	334	99%
Texas Children's Health Plan	171	171	100%	182	182	100%
UnitedHealthcare Community Plan	339	339	100%	338	338	100%
STAR Kids Total	20,868	20,765	100%	21,133	21,044	100%
Prenatal Total	829,313	823,967	99%	887,089	881,791	99%
Psychiatrist						
STAR						
Metro	3,276,500	3,015,911	92%	3,402,639	3,132,310	92%
Aetna Better Health	102,041	101,900	100%	108,659	108,524	100%
Amerigroup	614,858	614,213	100%	637,211	636,532	100%
Blue Cross and Blue Shield of Texas	39,972	39,971	100%	41,876	41,875	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	313,244	100%	325,903	324,586	100%
Cook Children's Health Plan	137,122	136,400	99%	142,272	141,544	99%
Dell Children's Health Plan	31,989	31,988	100%	33,408	33,407	100%
Driscoll Health Plan	162,712	137,889	85%	168,532	142,757	85%
El Paso First	80,558	80,555	100%	83,820	83,809	100%
FirstCare	53,317	53,317	100%	55,980	55,980	100%
Molina Healthcare of Texas	104,484	104,255	100%	108,360	108,240	100%
Parkland	199,522	0	0%	206,675	0	0%
Right Care from Scott and White Health Plans	39,280	39,280	100%	41,187	41,187	100%
Superior HealthPlan	650,143	618,454	95%	670,426	637,990	95%
Texas Children's Health Plan	437,793	436,560	100%	455,025	453,751	100%
UnitedHealthcare Community Plan	175,548	175,249	100%	184,533	183,356	99%
Micro	233,463	201,941	86%	243,117	213,289	88%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	40,452	96%	43,770	43,439	99%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	10,531	100%	11,073	11,070	100%
Cook Children's Health Plan	3,880	3,880	100%	4,015	3,723	93%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	12,327	76%	16,882	12,861	76%
FirstCare	3,604	3,604	100%	3,839	3,839	100%
Molina Healthcare of Texas	3,437	2,001	58%	3,528	2,070	59%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	85,519	79%	112,112	90,468	81%
Texas Children's Health Plan	15,414	15,412	100%	16,140	16,138	100%
UnitedHealthcare Community Plan	12,926	10,785	83%	13,508	11,431	85%
Rural	303,059	260,674	86%	313,825	273,497	87%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	56,893	95%	61,370	58,450	95%
Blue Cross and Blue Shield of Texas	1,946	1,912	98%	1,978	1,944	98%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	9,755	97%	10,302	10,053	98%
Dell Children's Health Plan	844	792	94%	877	824	94%
Driscoll Health Plan	20,100	18,568	92%	20,518	18,782	92%
El Paso First	64	62	97%	66	64	97%
FirstCare	32,106	26,130	81%	33,359	27,106	81%
Molina Healthcare of Texas	3,751	3,711	99%	3,805	3,767	99%
Parkland	1,100	0	0%	1,242	0	0%
Right Care from Scott and White Health Plans	10,056	9,933	99%	10,657	10,523	99%
Superior HealthPlan	135,539	105,230	78%	140,702	113,178	80%
Texas Children's Health Plan	11,990	11,906	99%	12,437	12,353	99%
UnitedHealthcare Community Plan	8,047	7,988	99%	8,404	8,345	99%
STAR Total	3,813,022	3,478,526	91%	3,959,581	3,619,096	91%
STAR+PLUS						
Metro	184,020	180,082	98%	184,462	180,415	98%
Amerigroup	48,341	48,226	100%	48,434	48,321	100%
Cigna-HealthSpring	11,805	10,740	91%	11,516	10,500	91%
Molina Healthcare of Texas	30,658	30,587	100%	30,624	30,598	100%
Superior HealthPlan	48,377	46,233	96%	48,549	46,385	96%
UnitedHealthcare Community Plan	44,839	44,296	99%	45,339	44,611	98%
Micro	15,502	13,832	89%	15,517	13,864	89%
Amerigroup	1,651	1,651	100%	1,671	1,671	100%
Cigna-HealthSpring	3,509	2,765	79%	3,455	2,735	79%
Molina Healthcare of Texas	605	484	80%	584	464	79%
Superior HealthPlan	2,960	2,362	80%	2,950	2,331	79%
UnitedHealthcare Community Plan	6,777	6,570	97%	6,857	6,663	97%
Rural	20,568	18,025	88%	20,522	18,365	89%
Amerigroup	3,554	3,297	93%	3,527	3,270	93%
Cigna-HealthSpring	1,576	1,354	86%	1,537	1,320	86%
Molina Healthcare of Texas	1,043	1,036	99%	1,036	1,031	100%
Superior HealthPlan	8,535	6,652	78%	8,487	6,888	81%
UnitedHealthcare Community Plan	5,860	5,686	97%	5,935	5,856	99%
STAR+PLUS Total	220,090	211,939	96%	220,501	212,644	96%
STAR Kids						
Metro	135,729	129,503	95%	136,104	129,802	95%
Aetna Better Health	11,678	11,664	100%	11,770	11,758	100%
Amerigroup	24,534	24,497	100%	24,537	24,497	100%
Blue Cross and Blue Shield of Texas	6,315	3,203	51%	6,358	3,235	51%
Community First Health Plans	7,026	6,994	100%	7,049	7,018	100%
Cook Children's Health Plan	9,110	9,089	100%	9,098	9,076	100%
Driscoll Health Plan	8,108	6,912	85%	8,122	6,915	85%
Superior HealthPlan	23,546	21,876	93%	23,717	22,042	93%
Texas Children's Health Plan	24,033	23,933	100%	24,127	24,026	100%
UnitedHealthcare Community Plan	21,379	21,335	100%	21,326	21,235	100%
Micro	8,540	7,337	86%	8,573	7,339	86%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	348	53%	665	352	53%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	121	100%	115	108	94%
Driscoll Health Plan	492	416	85%	499	419	84%
Superior HealthPlan	1,539	1,040	68%	1,555	1,044	67%
Texas Children's Health Plan	2,474	2,281	92%	2,471	2,263	92%
UnitedHealthcare Community Plan	2,832	2,711	96%	2,845	2,730	96%
Rural	10,007	8,493	85%	10,131	8,733	86%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Aetna Better Health	72	72		73	73	100%
Amerigroup	1,871	1,700	91%	1,874	1,701	91%
Blue Cross and Blue Shield of Texas	890	639	72%	933	667	71%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	758	92%	832	764	92%
Superior HealthPlan	2,394	1,644	69%	2,429	1,660	68%
Texas Children's Health Plan	1,389	1,362	98%	1,415	1,388	98%
UnitedHealthcare Community Plan	2,333	2,082	89%	2,336	2,241	96%
STAR Kids Total	154,276	145,333	94%	154,808	145,874	94%
Psychiatrist Total	4,187,388	3,835,798	92%	4,334,890	3,977,614	92%
Therapies - Occupational, Physical, or Speech Therapy						
STAR						
Metro	3,276,500	3,274,315	100%	3,402,639	3,399,300	100%
Aetna Better Health	102,041	102,041	100%	108,659	108,659	100%
Amerigroup	614,858	614,827	100%	637,211	637,172	100%
Blue Cross and Blue Shield of Texas	39,972	39,972	100%	41,876	41,876	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	314,525	100%	325,903	325,903	100%
Cook Children's Health Plan	137,122	137,095	100%	142,272	142,250	100%
Dell Children's Health Plan	31,989	31,989	100%	33,408	33,408	100%
Driscoll Health Plan	162,712	162,710	100%	168,532	168,530	100%
El Paso First	80,558	80,558	100%	83,820	83,820	100%
FirstCare	53,317	53,317	100%	55,980	55,980	100%
Molina Healthcare of Texas	104,484	104,482	100%	108,360	108,358	100%
Parkland	199,522	197,542	99%	206,675	203,512	98%
Right Care from Scott and White Health Plans	39,280	39,280	100%	41,187	41,187	100%
Superior HealthPlan	650,143	650,000	100%	670,426	670,315	100%
Texas Children's Health Plan	437,793	437,793	100%	455,025	455,025	100%
UnitedHealthcare Community Plan	175,548	175,548	100%	184,533	184,533	100%
Micro	233,463	233,461	100%	243,117	243,105	100%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	42,022	100%	43,770	43,770	100%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	10,534	100%	11,073	11,073	100%
Cook Children's Health Plan	3,880	3,880	100%	4,015	4,015	100%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	16,227	100%	16,882	16,882	100%
FirstCare	3,604	3,602	100%	3,839	3,827	100%
Molina Healthcare of Texas	3,437	3,437	100%	3,528	3,528	100%
Right Care from Scott and White Health Plans	4,479	4,479	100%	4,727	4,727	100%
Superior HealthPlan	107,989	107,989	100%	112,112	112,112	100%
Texas Children's Health Plan	15,414	15,414	100%	16,140	16,140	100%
UnitedHealthcare Community Plan	12,926	12,926	100%	13,508	13,508	100%
Rural	303,059	291,665	96%	313,825	302,431	96%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	57,305	96%	61,370	58,885	96%
Blue Cross and Blue Shield of Texas	1,946	1,946	100%	1,978	1,978	100%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	10,010	100%	10,302	10,302	100%
Dell Children's Health Plan	844	844	100%	877	877	100%
Driscoll Health Plan	20,100	20,099	100%	20,518	20,517	100%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	29,140	91%	33,359	30,651	92%
Molina Healthcare of Texas	3,751	3,733	100%	3,805	3,787	100%
Parkland	1,100	1,100	100%	1,242	1,242	100%
Right Care from Scott and White Health Plans	10,056	10,056	100%	10,657	10,657	100%
Superior HealthPlan	135,539	129,620	96%	140,702	134,613	96%
Texas Children's Health Plan	11,990	11,990	100%	12,437	12,437	100%
UnitedHealthcare Community Plan	8,047	7,965	99%	8,404	8,313	99%
STAR Total	3,813,022	3,799,441	100%	3,959,581	3,944,836	100%
STAR+PLUS						
Metro	184,020	183,703	100%	184,462	184,435	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Amerigroup	48,341	48,340	100%	48,434	48,433	100%
Cigna-HealthSpring	11,805	11,783	100%	11,516	11,497	100%
Molina Healthcare of Texas	30,658	30,657	100%	30,624	30,623	100%
Superior HealthPlan	48,377	48,377	100%	48,549	48,549	100%
UnitedHealthcare Community Plan	44,839	44,546	99%	45,339	45,333	100%
Micro	15,502	15,502	100%	15,517	15,517	100%
Amerigroup	1,651	1,651	100%	1,671	1,671	100%
Cigna-HealthSpring	3,509	3,509	100%	3,455	3,455	100%
Molina Healthcare of Texas	605	605	100%	584	584	100%
Superior HealthPlan	2,960	2,960	100%	2,950	2,950	100%
UnitedHealthcare Community Plan	6,777	6,777	100%	6,857	6,857	100%
Rural	20,568	19,916	97%	20,522	19,929	97%
Amerigroup	3,554	3,356	94%	3,527	3,332	94%
Cigna-HealthSpring	1,576	1,567	99%	1,537	1,528	99%
Molina Healthcare of Texas	1,043	1,039	100%	1,036	1,032	100%
Superior HealthPlan	8,535	8,208	96%	8,487	8,161	96%
UnitedHealthcare Community Plan	5,860	5,746	98%	5,935	5,876	99%
STAR+PLUS Total	220,090	219,121	100%	220,501	219,881	100%
STAR Kids						
Metro	135,729	135,720	100%	136,104	136,096	100%
Aetna Better Health	11,678	11,677	100%	11,770	11,770	100%
Amerigroup	24,534	24,534	100%	24,537	24,537	100%
Blue Cross and Blue Shield of Texas	6,315	6,315	100%	6,358	6,358	100%
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	9,109	100%	9,098	9,097	100%
Driscoll Health Plan	8,108	8,108	100%	8,122	8,122	100%
Superior HealthPlan	23,546	23,546	100%	23,717	23,717	100%
Texas Children's Health Plan	24,033	24,027	100%	24,127	24,122	100%
UnitedHealthcare Community Plan	21,379	21,378	100%	21,326	21,324	100%
Micro	8,540	8,540	100%	8,573	8,573	100%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	662	100%	665	665	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	121	100%	115	115	100%
Driscoll Health Plan	492	492	100%	499	499	100%
Superior HealthPlan	1,539	1,539	100%	1,555	1,555	100%
Texas Children's Health Plan	2,474	2,474	100%	2,471	2,471	100%
UnitedHealthcare Community Plan	2,832	2,832	100%	2,845	2,845	100%
Rural	10,007	9,773	98%	10,131	9,899	98%
Aetna Better Health	72	72		73	73	100%
Amerigroup	1,871	1,750	94%	1,874	1,753	94%
Blue Cross and Blue Shield of Texas	890	890	100%	933	933	100%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	822	100%	832	832	100%
Superior HealthPlan	2,394	2,297	96%	2,429	2,334	96%
Texas Children's Health Plan	1,389	1,385	100%	1,415	1,411	100%
UnitedHealthcare Community Plan	2,333	2,321	99%	2,336	2,324	99%
STAR Kids Total	154,276	154,033	100%	154,808	154,568	100%
Therapies - OT PT ST Total	4,187,388	4,172,595	100%	4,334,890	4,319,285	100%
Urologist						
STAR						
Metro	3,276,500	3,186,032	97%	3,402,639	3,302,231	97%
Aetna Better Health	102,041	101,750	100%	108,659	108,194	100%
Amerigroup	614,858	597,259	97%	637,211	611,407	96%
Blue Cross and Blue Shield of Texas	39,972	39,964	100%	41,876	41,868	100%
Community First Health Plans	132,636	132,636	100%	138,772	138,772	100%
Community Health Choice	314,525	295,647	94%	325,903	306,446	94%
Cook Children's Health Plan	137,122	134,032	98%	142,272	139,075	98%
Dell Children's Health Plan	31,989	31,891	100%	33,408	33,341	100%
Driscoll Health Plan	162,712	162,653	100%	168,532	168,476	100%
El Paso First	80,558	80,558	100%	83,820	83,820	100%
FirstCare	53,317	53,317	100%	55,980	55,980	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Molina Healthcare of Texas	104,484	101,557	97%	108,360	106,052	98%
Parkland	199,522	187,297	94%	206,675	194,071	94%
Right Care from Scott and White Health Plans	39,280	39,231	100%	41,187	41,137	100%
Superior HealthPlan	650,143	649,449	100%	670,426	669,759	100%
Texas Children's Health Plan	437,793	416,734	95%	455,025	433,399	95%
UnitedHealthcare Community Plan	175,548	162,057	92%	184,533	170,434	92%
Micro	233,463	211,075	90%	243,117	219,876	90%
Aetna Better Health	1,718	1,718	100%	1,795	1,795	100%
Amerigroup	42,022	41,956	100%	43,770	43,701	100%
Blue Cross and Blue Shield of Texas	5,335	5,335	100%	5,588	5,588	100%
Community First Health Plans	2,648	2,648	100%	2,713	2,713	100%
Community Health Choice	10,534	9,492	90%	11,073	10,011	90%
Cook Children's Health Plan	3,880	3,477	90%	4,015	3,599	90%
Dell Children's Health Plan	3,250	3,250	100%	3,427	3,427	100%
Driscoll Health Plan	16,227	13,333	82%	16,882	13,932	83%
FirstCare	3,604	3,561	99%	3,839	3,784	99%
Molina Healthcare of Texas	3,437	1,707	50%	3,528	1,785	51%
Right Care from Scott and White Health Plans	4,479	4,444	99%	4,727	4,689	99%
Superior HealthPlan	107,989	98,211	91%	112,112	101,840	91%
Texas Children's Health Plan	15,414	12,600	82%	16,140	13,215	82%
UnitedHealthcare Community Plan	12,926	9,343	72%	13,508	9,797	73%
Rural	303,059	257,540	85%	313,825	270,251	86%
Aetna Better Health	1,482	1,482	100%	1,546	1,546	100%
Amerigroup	59,712	47,676	80%	61,370	48,740	79%
Blue Cross and Blue Shield of Texas	1,946	1,785	92%	1,978	1,806	91%
Community First Health Plans	6,312	6,312	100%	6,562	6,562	100%
Community Health Choice	10,010	8,000	80%	10,302	8,266	80%
Dell Children's Health Plan	844	790	94%	877	833	95%
Driscoll Health Plan	20,100	19,773	98%	20,518	20,161	98%
El Paso First	64	63	98%	66	64	97%
FirstCare	32,106	24,506	76%	33,359	25,514	76%
Molina Healthcare of Texas	3,751	3,467	92%	3,805	3,167	83%
Parkland	1,100	1,064	97%	1,242	1,201	97%
Right Care from Scott and White Health Plans	10,056	8,779	87%	10,657	9,346	88%
Superior HealthPlan	135,539	117,037	86%	140,702	125,590	89%
Texas Children's Health Plan	11,990	10,609	88%	12,437	10,992	88%
UnitedHealthcare Community Plan	8,047	6,197	77%	8,404	6,463	77%
STAR Total	3,813,022	3,654,647	96%	3,959,581	3,792,358	96%
STAR+PLUS						
Metro	184,020	176,961	96%	184,462	179,163	97%
Amerigroup	48,341	47,447	98%	48,434	47,422	98%
Cigna-HealthSpring	11,805	11,077	94%	11,516	11,037	96%
Molina Healthcare of Texas	30,658	29,246	95%	30,624	29,512	96%
Superior HealthPlan	48,377	48,070	99%	48,549	48,414	100%
UnitedHealthcare Community Plan	44,839	41,121	92%	45,339	42,778	94%
Micro	15,502	13,975	90%	15,517	14,484	93%
Amerigroup	1,651	1,651	100%	1,671	1,670	100%
Cigna-HealthSpring	3,509	3,334	95%	3,455	3,290	95%
Molina Healthcare of Texas	605	384	63%	584	374	64%
Superior HealthPlan	2,960	2,559	86%	2,950	2,637	89%
UnitedHealthcare Community Plan	6,777	6,047	89%	6,857	6,513	95%
Rural	20,568	16,864	82%	20,522	17,494	85%
Amerigroup	3,554	2,538	71%	3,527	2,601	74%
Cigna-HealthSpring	1,576	1,464	93%	1,537	1,447	94%
Molina Healthcare of Texas	1,043	963	92%	1,036	889	86%
Superior HealthPlan	8,535	7,286	85%	8,487	7,582	89%
UnitedHealthcare Community Plan	5,860	4,613	79%	5,935	4,975	84%
STAR+PLUS Total	220,090	207,800	94%	220,501	211,141	96%
STAR Kids						
Metro	135,729	130,700	96%	136,104	132,071	97%
Aetna Better Health	11,678	11,535	99%	11,770	11,631	99%
Amerigroup	24,534	23,563	96%	24,537	23,472	96%
Blue Cross and Blue Shield of Texas	6,315	6,310	100%	6,358	6,353	100%

**Attachment H2
Specialist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	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%)
Community First Health Plans	7,026	7,026	100%	7,049	7,049	100%
Cook Children's Health Plan	9,110	8,966	98%	9,098	8,955	98%
Driscoll Health Plan	8,108	8,105	100%	8,122	8,119	100%
Superior HealthPlan	23,546	23,544	100%	23,717	23,708	100%
Texas Children's Health Plan	24,033	22,094	92%	24,127	22,706	94%
UnitedHealthcare Community Plan	21,379	19,557	91%	21,326	20,078	94%
Micro	8,540	7,365	86%	8,573	7,730	90%
Aetna Better Health	45	45	100%	45	45	100%
Amerigroup	280	280	100%	281	281	100%
Blue Cross and Blue Shield of Texas	662	661	100%	665	664	100%
Community First Health Plans	95	95	100%	97	97	100%
Cook Children's Health Plan	121	110	91%	115	104	90%
Driscoll Health Plan	492	434	88%	499	439	88%
Superior HealthPlan	1,539	1,160	75%	1,555	1,246	80%
Texas Children's Health Plan	2,474	2,223	90%	2,471	2,232	90%
UnitedHealthcare Community Plan	2,832	2,357	83%	2,845	2,622	92%
Rural	10,007	8,166	82%	10,131	8,561	85%
Aetna Better Health	72	71	99%	73	71	97%
Amerigroup	1,871	1,346	72%	1,874	1,405	75%
Blue Cross and Blue Shield of Texas	890	800	90%	933	807	86%
Community First Health Plans	236	236	100%	239	239	100%
Driscoll Health Plan	822	816	99%	832	826	99%
Superior HealthPlan	2,394	1,959	82%	2,429	2,007	83%
Texas Children's Health Plan	1,389	1,316	95%	1,415	1,344	95%
UnitedHealthcare Community Plan	2,333	1,622	70%	2,336	1,862	80%
STAR Kids Total	154,276	146,231	95%	154,808	148,362	96%
Urologist Total	4,187,388	4,008,678	96%	4,334,890	4,151,861	96%

Attachment H3
Main Dentist Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)

County Type DMO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (95%)	Member Count	Members Within Distance Standard of Two Providers	% Within Distance Standard (95%)
Metro	3,025,817	3,016,465	100%	2,898,439	2,893,284	100%
DentaQuest	1,677,682	1,673,983	100%	1,712,527	1,708,759	100%
MCNA Dental	1,141,205	1,139,886	100%	1,151,843	1,150,517	100%
United HealthCare Dental	206,930	202,596	98%	34,069	34,008	100%
Micro	212,492	193,216	91%	206,120	184,539	90%
DentaQuest	120,302	110,159	92%	123,423	106,984	87%
MCNA Dental	77,915	72,984	94%	78,987	74,053	94%
United HealthCare Dental	14,275	10,073	71%	3,710	3,502	94%
Rural	273,101	268,969	98%	280,853	276,625	98%
DentaQuest	153,334	151,073	99%	156,609	154,296	99%
MCNA Dental	102,390	101,116	99%	103,246	102,006	99%
United HealthCare Dental	17,377	16,780	97%	20,998	20,323	97%
Grand Total	3,511,410	3,478,650	99%	3,385,412	3,354,448	99%

Attachment H4
Dental Specialty Network Access Analysis
SFY22 Q2 Report
(Blanks = No Data Available)

Provider Type DMO County Type	Quarter 1			Quarter 2		
	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%)
Endodontist						
DentaQuest	1,951,318	1,729,019	89%	2,122,358	1,839,533	87%
Metro	1,677,682	1,567,925	93%	1,712,527	1,600,936	93%
Micro	120,302	66,852	56%	123,423	68,669	56%
Rural	153,334	94,242	61%	286,408	169,928	59%
MCNA Dental	1,321,510	1,147,126	87%	1,334,076	1,165,458	87%
Metro	1,141,205	1,045,816	92%	1,151,843	1,061,920	92%
Micro	77,915	44,402	57%	78,987	45,701	58%
Rural	102,390	56,908	56%	103,246	57,837	56%
United HealthCare	238,582	194,480	82%	291,801	246,716	85%
Metro	206,930	177,121	86%	253,664	224,498	89%
Micro	14,275	8,253	58%	17,139	10,411	61%
Rural	17,377	9,106	52%	20,998	11,807	56%
Subtotal	3,511,410	3,070,625	87%	3,748,235	3,251,707	87%
Orthodontist						
DentaQuest	1,951,318	1,863,591	96%	1,992,559	1,903,427	96%
Metro	1,677,682	1,638,865	98%	1,712,527	1,673,266	98%
Micro	120,302	105,795	88%	123,423	108,507	88%
Rural	153,334	118,931	78%	156,609	121,654	78%
MCNA Dental	1,321,510	1,234,412	93%	1,334,076	1,247,201	93%
Metro	1,141,205	1,105,637	97%	1,151,843	1,116,197	97%
Micro	77,915	52,035	67%	78,987	53,170	67%
Rural	102,390	76,740	75%	103,246	77,834	75%
United HealthCare	238,582	204,377	86%	557,211	453,277	81%
Metro	206,930	184,925	89%	253,664	226,701	89%
Micro	14,275	8,814	62%	17,139	10,586	62%
Rural	17,377	10,638	61%	286,408	215,990	75%
Subtotal	3,511,410	3,302,380	94%	3,883,846	3,603,905	93%
Pediatric Dental						
DentaQuest	1,786,551	1,783,119	100%	1,931,503	1,919,778	99%
Metro	1,535,549	1,535,547	100%	1,557,680	1,557,678	100%
Micro	110,422	109,145	99%	112,682	105,151	93%
Rural	140,580	138,427	98%	261,141	256,949	98%
MCNA Dental	1,208,185	1,200,678	99%	1,210,768	1,203,285	99%
Metro	1,043,282	1,041,979	100%	1,045,226	1,043,916	100%
Micro	71,360	66,429	93%	71,832	66,898	93%
Rural	93,543	92,270	99%	93,710	92,471	99%
United HealthCare	220,609	211,478	96%	270,170	258,625	96%
Metro	191,534	187,200	98%	235,083	229,929	98%
Micro	13,171	8,969	68%	15,848	10,130	64%
Rural	15,904	15,309	96%	19,239	18,566	97%
Subtotal	3,215,345	3,195,275	99%	3,412,441	3,381,688	99%

D-047 CMS NARRATIVE SUMMARY REPORT



Helping Government Serve the People.®



June 2021 – November 2021

The Texas Enrollment Broker Services Project

1.1 MAIL SUMMARY

The Enrollment Broker Correspondence and Materials Development (CMD) unit continued its efforts throughout the reporting period to inform Managed Care recipients about their medical and dental enrollment options in Managed Care areas.

Table 1.1A details Medicaid Managed Care (MMC) Medical and Dental monthly mailing activities completed by CMD during the reporting period.

Monthly Ongoing Mailings								
Mail Type	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Bi-Annual Totals	Average per Month
STAR	51,106	50,096	50,506	55,352	52,918	46,211	306,189	51,032
STAR Kids	1,073	1,161	1,179	1,119	998	907	6,437	1,073
STAR+PLUS	6,621	7,134	6,558	7,511	5,900	5,751	39,475	6,579
MMC Dental	42,001	41,652	41,344	48,748	46,002	39,430	259,177	43,196

(Table 1.1A) Mail Summary: The table shows the total and average volumes mailed for the MMC Medical and Dental programs

1.2 COMMUNITY OUTREACH SUMMARY

Maximus completes outbound outreach via telephone to Medicaid Managed Care clients. Table 1.2A summarizes overall outbound call attempts to MMC clients for the reporting period.

Outbound Activity – MMC								
Program	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Bi-Annual Totals	Average per Month
Medicaid Managed Care Outbound Attempts	56,750	47,054	42,316	41,798	41,171	34,672	263,761	43,960

(Table 1.2A) MMC Outbound Call Activity

Throughout the reporting period, outreach staff members completed a total of 10,645 field events for the Medicaid Managed Care Program through conference call functionality. Field events include enrollment events, community meetings, presentations, and health fairs. Please note all activities were done remotely via virtual technology (Zoom or Microsoft Teams) due to the suspension of face-to-face activities to mitigate COVID-19.

Table 1.2B summarizes EB Outreach activities throughout the reporting period.

Community Outreach Activities – MMC								
Task	*Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Bi-Annual Totals	Average per Month
MMC Home Visit Attempts	1,857	6,314	6,050	6,174	5,936	6,148	32,479	5,413
MMC Home Visit Requests	15	9	15	8	12	9	68	11
MMC Enrollment Events	25	80	144	96	199	89	633	106
MMC Presentations (non-enrollment event)	29	33	55	54	76	46	293	49
MMC Community Meetings (non-enrollment event)	1,273	1,661	1,644	1,744	1,755	1,585	9,662	1,610
MMC Health Fairs (non-enrollment event)	4	7	15	9	16	6	57	10

*(Table 1.2B) MMC Community Outreach Activities *Outreach activity was low in June 2021 as Maximus resumed in-person activities in June 2021. *Note: In June 2021, Maximus resumed home visits that were suspended due to COVID-19 mitigations. Therefore, June numbers are lower than normal as staff were phased back into the field.*

1.3 ENROLLMENTS SUMMARY

Tables 1.3A, 1.3B, and 1.3C give an overview of the enrollment activity in the Enrollment Broker Medicaid Managed Care and Dental Programs reported for June 1st through November 1st effective dates. The STAR, STAR+PLUS, and STAR Kids Programs reported an average of 4,764,489 total enrollments per month.

Total Enrollments by Program				
State Cutoff Month	STAR	STAR+PLUS	STAR Kids	Total Enrollments
Jun-21	3,934,294	542,435	167,932	4,644,661
Jul-21	3,978,126	544,407	168,107	4,690,640
Aug-21	4,026,086	546,528	168,428	4,741,042
Sep-21	4,068,895	548,087	168,576	4,785,558
Oct-21	4,119,631	548,475	168,603	4,836,709
Nov-21	4,169,889	549,659	168,777	4,888,325
Avg/Month	4,049,487	546,599	168,404	4,764,489

(Table 1.3A) Total Enrollments by Program. Enrollment totals are reported from the monthly Confirmed Eligibles Report

Total New Monthly Enrollments by Program				
State Cutoff Month	STAR	STAR+PLUS	STAR Kids	Total New Monthly Enrollments
Jun-21	87,076	8,943	2,615	98,634
Jul-21	74,078	7,447	2,119	83,644
Aug-21	90,099	9,052	2,708	101,859
Sep-21	77,351	7,590	2,200	87,141
Oct-21	85,855	7,263	2,116	95,234
Nov-21	95,616	9,206	2,375	107,197
Avg/Month	85,013	8,250	2,356	95,618

(Table 1.3B) Total New Monthly Enrollments by Program. Enrollment totals are reported from the monthly Confirmed Eligibles Report

The Dental Program reported an average of 3,730,927 total enrollments in the reporting period.

Dental Enrollments		
State Cutoff Month	New Monthly Enrollment	Total Enrollment
Dec-20	58,803	3,650,555
Jan-21	46,920	3,679,563
Feb-21	56,786	3,713,902
Mar-21	48,160	3,743,319
Apr-21	56,607	3,780,836
May-21	61,348	3,817,385
Avg/Month	54,771	3,730,927

(Table 1.3C) Dental Enrollments as reported from the monthly Confirmed Eligibles Report

1.4 CALL CENTER

Table 1.4A summarizes the performance of the Medicaid EB Call Center Inbound Queues – both English and Spanish combined – for the reporting period.

The AB rate for the reporting period was 2.4 percent, and the ASA was 66 seconds for the Medicaid EB Call Center Inbound Queues. The AB Rate and ASA performance standards were met for each month of the reporting period. The AHT for the reporting period was 645 seconds.

EB Call Center Inbound Production									
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon
June	2021	81,322	81,829	77,485	4,179	633	5	177	0.2%
July	2021	84,520	78,755	76,069	2,014	631	18	688	0.9%
August	2021	82,426	89,338	84,346	1,754	639	81	3,171	3.5%
September	2021	83,185	80,003	75,715	1,845	626	99	2,449	3.1%
October	2021	77,246	77,245	73,043	2,031	650	95	2,175	2.8%
November	2021	70,159	76,666	72,018	1,876	695	101	2,783	3.6%
AVG		79,810	80,639	76,446	2,283	645	66	1,907	2.4%
Totals		478,858	483,836	458,676	13,699			11,443	
KPR							< 140		≤ 10%

(Table 1.4A) EB Call Center Inbound Production

Attachment M1
Member Hotline Performance
STAR and STAR+PLUS
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Pickup Rate (99%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter				
		1				
STAR & STAR+PLUS	Aetna	27,642	1%	99%	89%	19
	Amerigroup	136,598	1%	99%	89%	14
	Blue Cross Blue Shield	9,417	1%	99%	96%	10
	Cigna HealthSpring	40,769	3%	97%	77%	31
	Community First	21,691	7%	93%	85%	0
	Community Health Choice	43,534	2%	98%	86%	25
	Cook Children's	31,532	4%	96%	90%	18
	Dell Children's	3,860	1%	99%	89%	13
	Driscoll Children's	19,617	0%	100%	98%	5
	El Paso Health	9,480	6%	94%	97%	87
	FirstCare	8,026	3%	97%	88%	15
	Molina	80,308	1%	99%	99%	6
	Parkland	24,659	0%	100%	89%	1
	Scott & White	5,748	2%	98%	89%	14
	Superior	103,399	1%	99%	86%	22
	Texas Children's	51,654	1%	99%	87%	16
	United	151,654	1%	99%	90%	101
		Total	769,588			

Attachment M1
STAR Kids Member Hotline Performance
STAR Kids
SFY21 Q1

MCO	Total Calls	Abandoned Calls (<=7%)	Pickup Rate (99%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
	Quarter				
	1				
Aetna	6,743	3%	97%	85%	21
Amerigroup	4,727	0%	100%	98%	8
BCBS	2,717	1%	99%	95%	17
Community First	3,626	1%	99%	85%	0
Cook Children's	4,267	3%	97%	87%	23
Driscoll Health Plan	2,551	1%	99%	98%	8
Superior	6,399	1%	99%	97%	8
Texas Children's	10,912	2%	98%	83%	23
United	21,999	2%	98%	93%	38
Total	41,861				

Attachment M2
Behavior Health Hotline Performance
STAR and STAR+PLUS
SFY21 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program	MCO	Total Calls	Abandoned Calls	Pickup Rate (99%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter				
		1				
STAR & STAR+PLUS	Aetna	665	1%	99%	93%	10
	Amerigroup	2,740	2%	98%	89%	22
	Blue Cross Blue Shield	441	3%	97%	78%	27
	Cigna HealthSpring	291	5%	95%	97%	9
	Community First	274	3%	97%	95%	8
	Community Health Choice	1,382	2%	98%	94%	19
	Cook Children's	471	0%	100%	96%	7
	Dell Children's	158	2%	98%	86%	28
	Driscoll Children's	206	0%	100%	92%	14
	El Paso Health	39	0%	100%	100%	12
	FirstCare	92	3%	97%	91%	12
	Molina	351	3%	97%	85%	36
	Parkland	392	0%	100%	97%	6
	Scott & White	60	2%	98%	97%	3
	Superior	3,967	2%	98%	95%	11
	Texas Children's	940	2%	98%	97%	6
	United	217	5%	95%	102%	26
		Total	12,686			

Attachment M2
Behavioral Health Hotline Performance
STAR Kids
SFY21 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Pickup Rate (99%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Secods)
		Quarter				
		1				
STAR Kids	Aetna	185	3%	97%	93%	13
	Amerigroup	53	2%	98%	90%	13
	BCBS	136	1%	99%	90%	64
	Community First	8	13%	88%	86%	1
	Cook Children's	68	0%	100%	96%	4
	Driscoll Health Plan	24	0%	100%	88%	18
	Superior	231	3%	97%	97%	4
	Texas Children's	160	3%	98%	98%	3
	United	55	2%	98%	98%	59
	Total	470				

Attachment M3
STAR/STAR+ PLUS Hotline Performance
STAR and STAR+PLUS
SFY21 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Pickup Rate (99%)	Average Hold Time (120 Seonds)
		Quarter			
		1			
STAR & STAR+PLUS	Aetna	27,873	3%	95%	35
	Amerigroup	92,885	2%	98%	35
	Blue Cross Blue Shield	7,121	1%	99%	11
	Cigna HealthSpring	37,298	6%	94%	56
	Community First	3,554	3%	97%	0
	Community Health C	33,945	3%	97%	29
	Cook Children's	20,878	4%	96%	22
	Dell Children's	3,498	1%	99%	33
	Driscoll Children's	17,051	0%	100%	4
	El Paso Health	23,084	5%	95%	51
	FirstCare	21,032	4%	96%	23
	Molina	81,986	1%	99%	21
	Parkland	23,270	1%	99%	1
	Scott & White	17,346	5%	95%	24
	Superior	76,030	3%	97%	70
	Texas Children's	54,143	2%	98%	14
	United	64,683	1%	99%	27
		Total	605,677		

Attachment M3
 STAR Kids Hotline Performance
 STAR Kids
 SFY21 Q1
 SFY22 Q2 Report
 (Blanks = No Data Available)

Program	MCOs	Total Calls	Abandoned Calls (≤7%)	Pickup Rate (99%)	Average Hold Time (120 Seconds)
		Quarter			
		1			
STAR Kids	Aetna	14,044	5%	94%	29
	Amerigroup	92,885	2%	98%	35
	BCBS	2,906	2%	98%	28
	Community First	266	3%	97%	0
	Cook Children's	13,540	6%	94%	27
	Driscoll Health Plan	2,879	0%	100%	4
	Superior	9,583	1%	99%	19
	Texas Children's	51,452	2%	98%	14
	United	4,994	1%	99%	34
	Total	68,908			

**Attachment M4
Dental Hotline Performance
SFY21 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

Program	DMO	Hotline	Program	Total Calls	Abandoned Calls (≤7%)	Pickup Rate (99%)	Hold Rate (80%)	Average Hold Time (120 Seconds)
				Quarter				
				1				
DMO	DentaQuest	Member	CHIP Dental	109,506	1%	99%	89%	18
			Medicaid Dental	109,506	1%	99%	89%	18
		Provider	CHIP Dental	45,930	1%	99%		25
			Medicaid Dental	45,930	1%	99%		25
	MCNA	Member	CHIP Dental	107,383	14%	86%	77%	5
			Medicaid Dental	107,383	14%	86%	77%	5
		Provider	CHIP Dental	30,004	20%	80%		24
			Medicaid Dental	30,004	20%	80%		24
	United Dental	Member	CHIP Dental	22,993	1%	100%	95%	32
			Medicaid Dental	22,993	1%	100%	95%	32
		Provider	CHIP Dental	18,278	1%	100%		31
			Medicaid Dental	18,278	1%	100%		31
Total				668,188				

Attachment N
MCO Member Appeals
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Q1		
	30 Day Appeals Resolved	30 Day Appeals Resolved Timely	% 30 Day Appeals resolved Timely
Medicaid Dental			
DentaQuest	344	344	100%
MCNA	40	40	100%
United Dental	19	18	95%
Dental Total	403	402	100%
STAR			
Aetna	81	81	100%
Amerigroup	102	100	98%
BCBS	45	45	100%
CHC	69	69	100%
Community First	80	79	99%
Cook Children's	7	7	100%
Dell Children's	11	11	100%
Driscoll	22	22	100%
El Paso First	18	18	100%
FirstCare	41	41	100%
Molina	94	94	100%
Parkland	12	12	100%
Scott & White	30	30	100%
Superior	928	924	100%
Texas Children's	166	166	100%
United	43	43	100%
STAR Total	1,749	1,742	100%
STAR+PLUS			
Amerigroup	156	156	100%
Cigna-HealthSpring	98	96	98%
Molina	247	247	100%
Superior	1643	1632	99%
United	285	285	100%
STAR+PLUS Total	2,429	2,416	99%
STAR Kids			
Aetna	97	97	100%
Amerigroup	62	61	98%
BCBS	31	31	100%
Community First	57	57	100%
Cook Childrens	14	14	100%
Driscoll Childrens	40	40	100%
Superior	317	317	100%
Texas Children's	164	164	100%

Attachment N
MCO Member Appeals
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

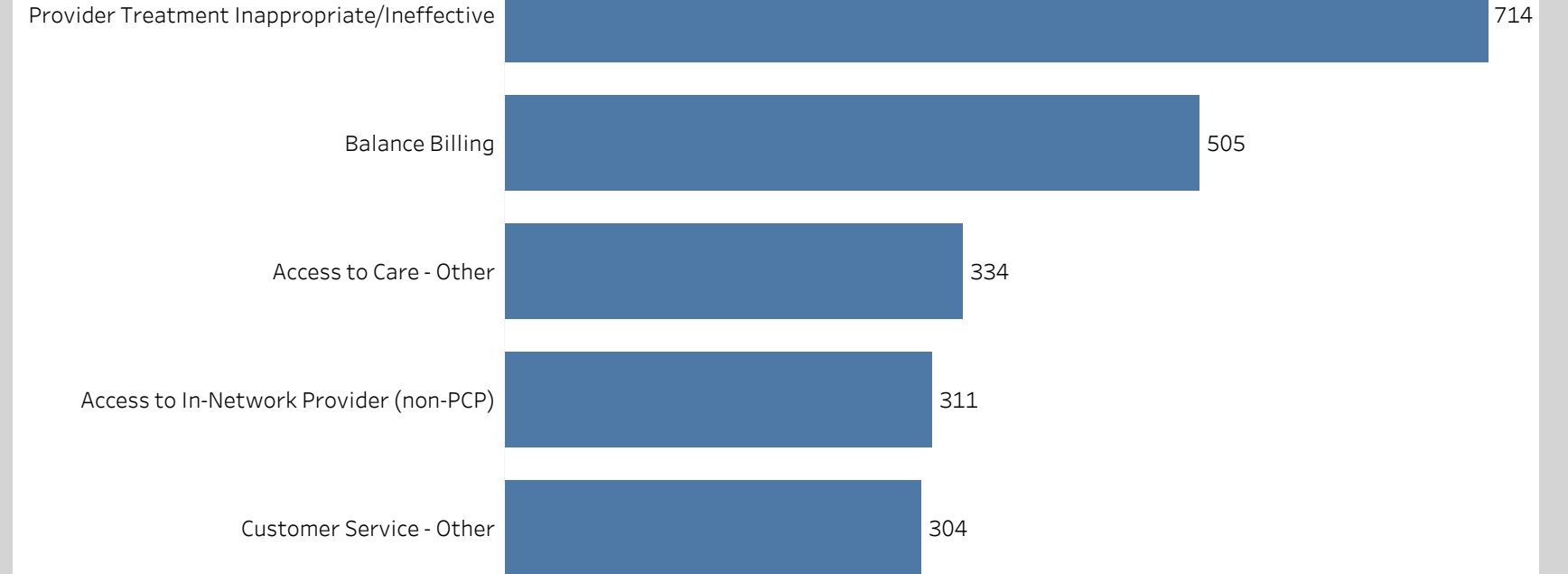
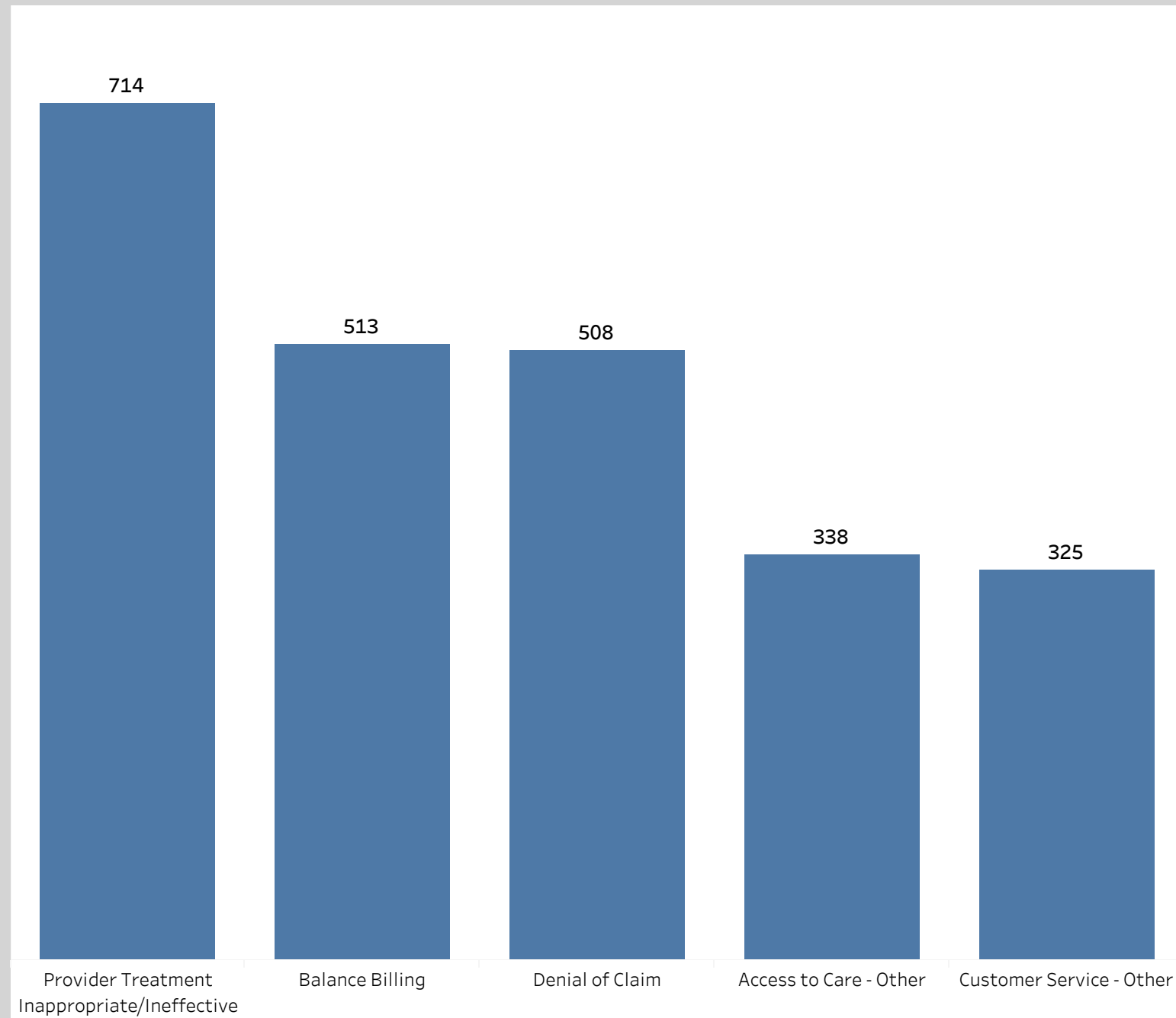
MCO	Q1		
	30 Day Appeals Resolved	30 Day Appeals Resolved Timely	% 30 Day Appeals resolved Timely
United	147	147	100%
STAR Kids Total	929	928	100%
Grand Total	5,510	5,488	100%

HHSC - SFY 2022 Q1

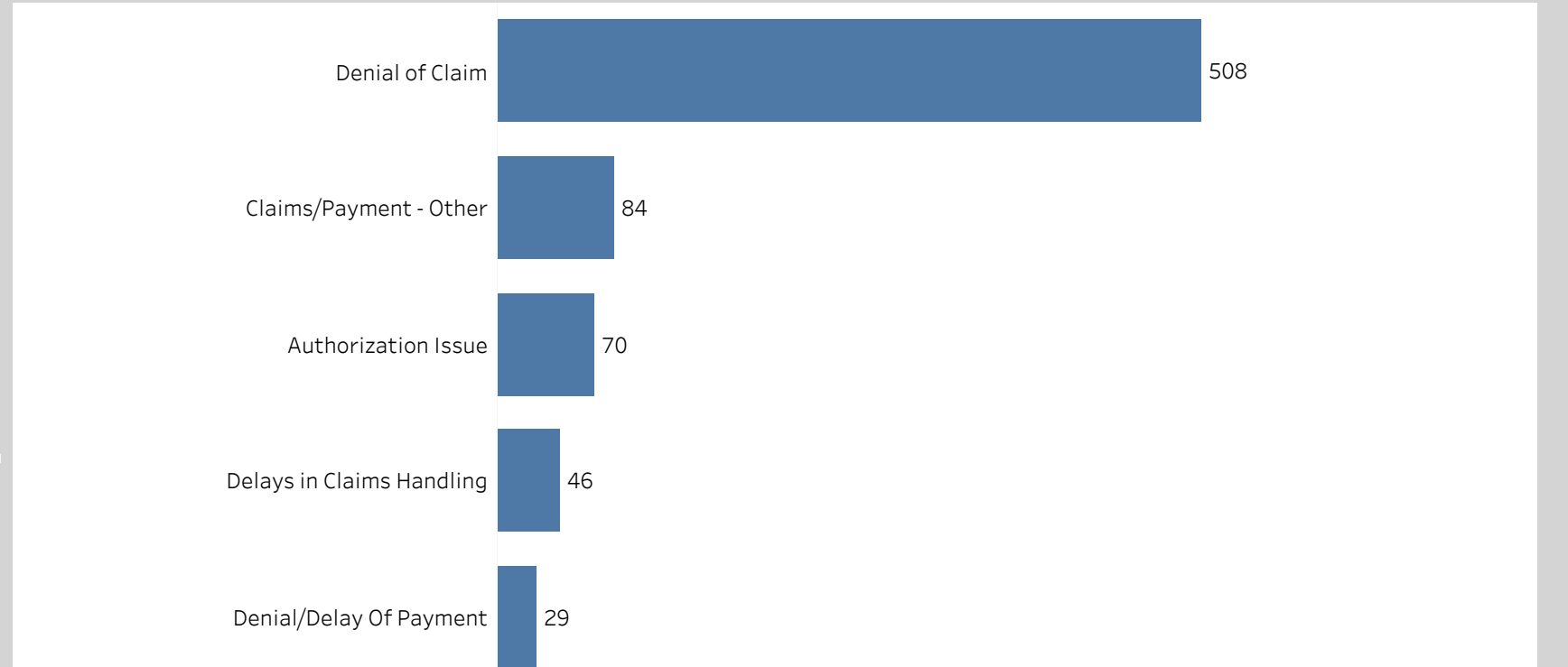
Total Resolved Complaints in SFY 2022 Q1: 5,865

Top 5 Complaints for Members

Top 5 Complaints



Top 5 Complaints for Providers



Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report.
 Eighty-four (84) % of total complaints reported were client complaints.
 Data Sources: MCCO Quarterly Complaints Report , HHS Office of the Ombudsman Quarterly Report , MCO Self-Reported Complaints from TexConnect. Medicaid Enrollment information is from TMHP's Point in Time enrollment file and HHSC's Dental file.
 Count of Complaints by Source: Ombudsman – 1,218 Complaints, MCS - 386 Complaints, MCO Self-Reported – 4,261 Complaints

HHSC - SFY 2022 Q1

Top 5 Complaints by Program per 10,000 Members

MMP	Balance Billing	29.00
	MCO Customer Service/Staff Behavior	16.50
	Access to Care - Other	8.52
	Provider Treatment Inappropriate/Ineffective	8.25
	Customer Service - Other	4.79
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	7.38
	Access to Care - Other	3.87
	Customer Service - Other	3.42
	Denial of Claim	3.05
	Balance Billing	2.56
STAR Kids	Denial of Claim	3.09
	Provider Treatment Inappropriate/Ineffective	2.61
	Authorization Issue	1.72
	Access to In-Network Provider (non-PCP)	1.66
	Home Health	1.31
STAR Health	Provider Treatment Inappropriate/Ineffective	2.42
	Authorization Issue	1.32
	Coordination of Care (Provider)	1.10
	Prescription Services - Clinical Prior Authorizati..	.66
	Denial of Claim	.66
STAR	Denial of Claim	.66
	Balance Billing	.56
	Provider Treatment Inappropriate/Ineffective	.39
	Access to In-Network Provider (non-PCP)	.37
	Access to PCP	.27
Dental	Provider Treatment Inappropriate/Ineffective	.18
	Customer Service - Other	.11
	Balance Billing	.04
	Denial of Claim	.03
	Authorization Issue	.03

Programs are sorted in descending order from highest rate of complaints to lowest. Ties are sorted in descending order alphabetically.

Average Monthly Medicaid Members by Program for 2022 Q1

MMP	37,581
STAR+PLUS	547,349
STAR Kids	168,520
STAR Health	45,450
STAR	4,066,463
Dental	3,746,019

Total Average Monthly Medicaid Members for 2022 Q1 (excluding Dental): 4,865,363

Enrollment numbers do not equal a distinct count of members as members in Dental can also be enrolled in other programs.

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 22 Q1) * 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 1,218 Complaints, MCS - 386 Complaints, MCO Self-Reported - 4,261 Complaints

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	MMP	STAR+PLUS	STAR Kids	STAR Health	STAR	Dental
Substantiated	21%	13%	8%	0%	7%	7%
Unsubstantiated	0%	4%	2%	6%	4%	2%
Unable to Substantiate	79%	83%	90%	94%	89%	90%

Substantiated - a complaint where research clearly indicates agency policy was violated or agency expectations were not met.

Unsubstantiated - a complaint where research clearly indicates agency policy was not violated or agency expectations were met.

Unable to Substantiate - a complaint where research does not clearly indicate if agency policy was violated or agency expectations were met.

Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

Percentage of Complaints Confirmed - MCS and MCO Self-Reported Data

Resolution	MMP	STAR+PLUS	STAR Kids	STAR Health	STAR	Dental
Confirmed	82%	64%	69%	74%	69%	36%
Not Confirmed	17%	34%	27%	26%	28%	63%
Unable to Determine	1%	2%	4%	0%	2%	1%

Confirmed - resolved or partially resolved in Complainant's favor.

Not Confirmed - resolved or partially resolved in MCO's favor.

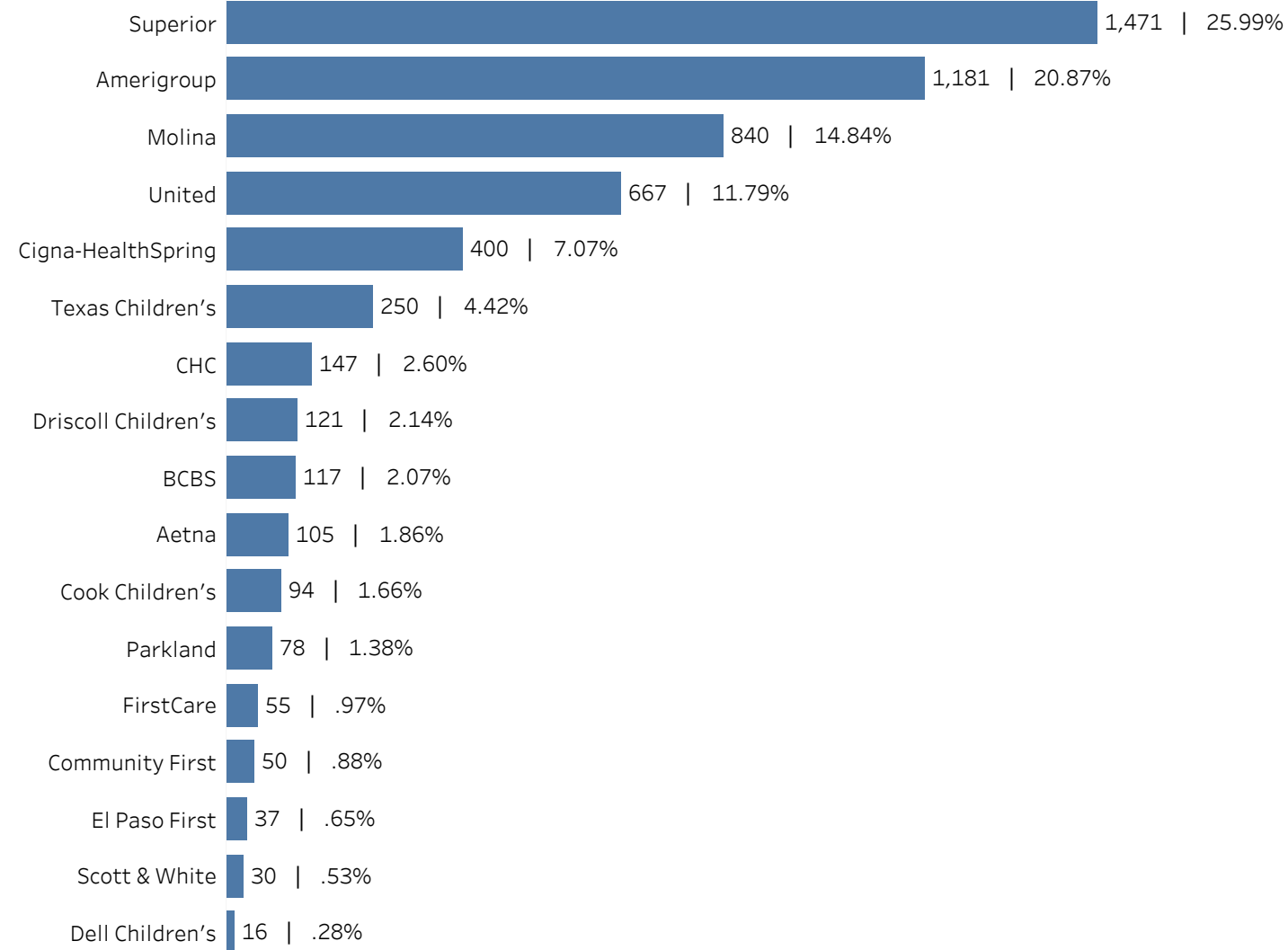
Unable to Determine - not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.

Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

HHSC - SFY 2022 Q1

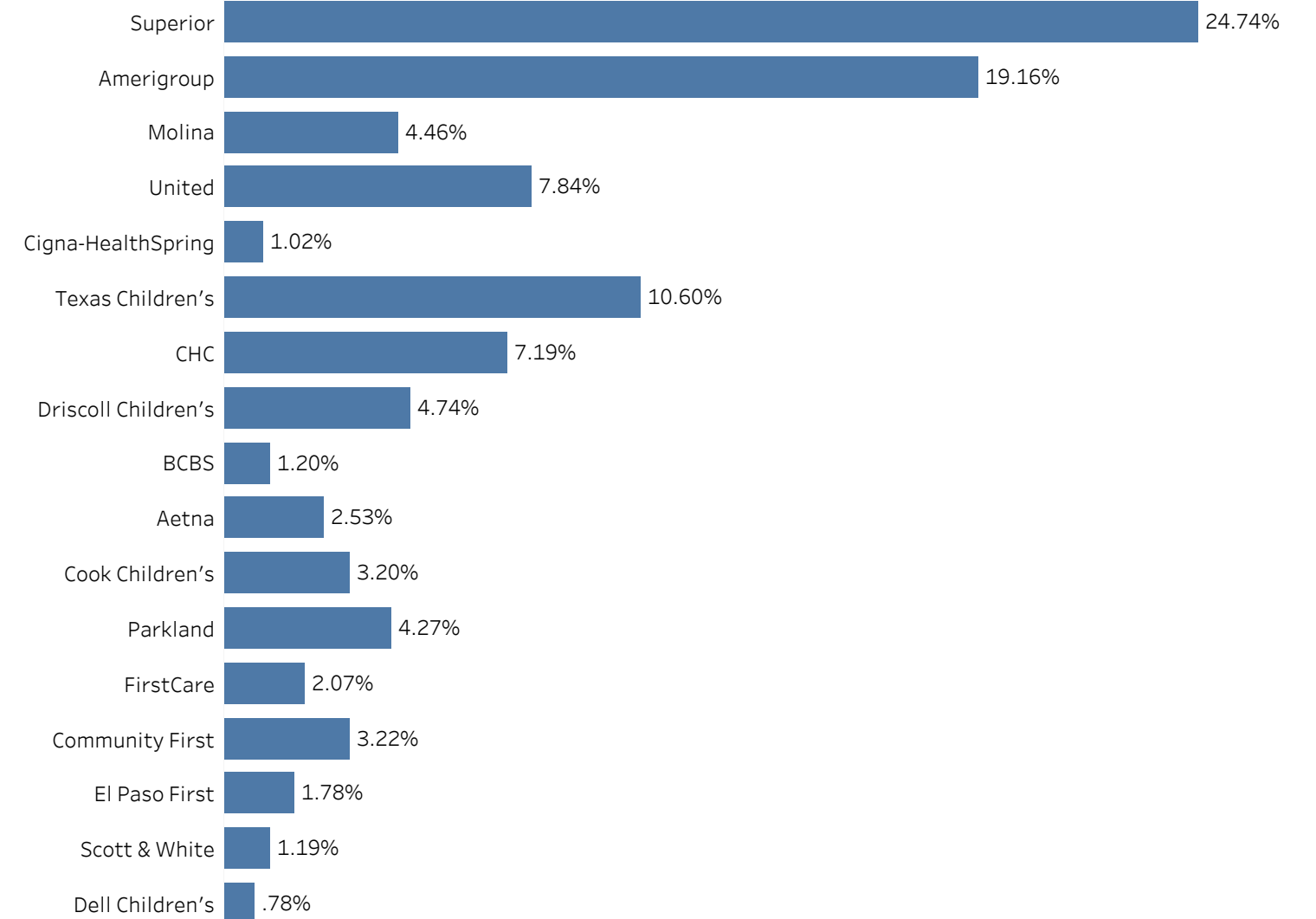
Complaint Volume by MCO

Percentages may not add up to 100% due to rounding.



Total Complaints / Percent of Total Complaints

Total Enrollment by MCO



% of Total Enrollment

Complaint Volume by DMO



Total Enrollment by DMO



Count of Complaints by Source: Ombudsman – 1,218 Complaints, MCS - 386 Complaints, MCO Self-Reported – 4,261 Complaints

HHSC - SFY 2022 Q1

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	Aetna	Amerigroup	BCBS	CHC	Cigna-Health Spring	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	FirstCare	MCNA	Molina	Parkland	Scott & White	Superior	Texas Children's	United	United Dental
Substantiated	5%	12%	9%	16%	12%	19%	5%	13%	6%	5%	0%	6%	12%	16%	13%	0%	4%	12%	12%	0%
Unsubstantiated	7%	3%	5%	0%	2%	0%	0%	13%	0%	5%	0%	6%	6%	1%	3%	0%	6%	2%	8%	0%
Unable to Substantiate	89%	86%	86%	84%	86%	81%	95%	75%	94%	89%	100%	88%	82%	84%	85%	100%	91%	86%	80%	100%

Substantiated – a complaint where research clearly indicates agency policy was violated or agency expectations were not met.

Unsubstantiated – a complaint where research clearly indicates agency policy was not violated or agency expectations were met.

Unable to Substantiate – a complaint where research does not clearly indicate if agency policy was violated or agency expectations were met.

Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

Percentage of Complaints Confirmed - MCS and MCO Self-Reported Data

Resolution	Aetna	Amerigroup	BCBS	CHC	Cigna-Health Spring	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	FirstCare	MCNA	Molina	Parkland	Scott & White	Superior	Texas Children's	United	United Dental
Confirmed	62%	72%	85%	68%	37%	76%	66%	75%	32%	45%	71%	36%	55%	60%	64%	50%	82%	70%	58%	50%
Not Confirmed	38%	25%	15%	32%	55%	21%	32%	25%	68%	39%	29%	54%	40%	40%	28%	28%	18%	27%	42%	33%
Unable to Determine	0%	3%	0%	0%	9%	3%	1%	0%	0%	16%	0%	10%	5%	0%	8%	22%	0%	3%	1%	17%

Confirmed – resolved or partially resolved in Complainant's favor.

Not Confirmed – resolved or partially resolved in MCO's favor.

Unable to Determine – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.

Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

Count of Complaints by Source: Ombudsman – 1,218 Complaints, MCS - 386 Complaints, MCO Self-Reported – 4,261 Complaints

HHSC - SFY 2022 Q1

Overall Rate of Complaints per 10,000 Members by MCO and Quarter

	2022 Q1	2021 Q4	2021 Q3	2021 Q2	2021 Q1
Cigna-HealthSpring	80.56	109.97	68.64	69.23	74.16
Molina	38.71	50.43	30.99	28.81	39.44
BCBS	19.98	30.34	17.93	25.29	32.26
United	17.48	19.98	16.31	12.05	18.10
Amerigroup	12.67	17.73	12.44	11.84	13.93
Superior	12.22	15.07	10.46	9.26	12.95
Aetna	8.52	10.34	9.72	8.90	9.15
Cook Children's	6.03	9.14	8.43	7.19	9.02
FirstCare	5.47	8.28	6.76	5.59	7.18
Driscoll Children's	5.25	6.85	6.29	5.55	6.83
Scott & White	5.16	6.02	5.73	5.38	6.57
Texas Children's	4.85	5.56	5.24	4.84	5.38
El Paso First	4.26	5.38	5.03	4.44	4.27
Dell Children's	4.21	5.35	4.74	4.12	3.84
CHC	4.20	3.90	4.19	3.23	3.27
Parkland	3.75	3.77	3.11	3.19	2.50
Community First	3.20	3.33	2.34	3.09	1.76
Overall Rate	11.63	15.82	10.97	9.93	11.70

Overall Rate of Complaints per 10,000 Members by DMO and Quarter

DentaQuest	.76	.85	.71	.59	.86
United Dental	.45	.63	.30	.26	.50
MCNA	.26	.37	.25	.17	.32
Overall Rate	.55	.66	.51	.44	.63

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 22 Q1) * 10,000 = Complaints per 10,000.
 Count of Complaints by Source: Ombudsman - 1,218 Complaints, MCS - 386 Complaints, MCO Self-Reported - 4,261 Complaints

HHSC Complaints – 2022 Q1

Top 5 Complaints

Complaint Category	Number of Complaints
Provider Treatment Inappropriate/Ineffective	714
Balance Billing	513
Denial of Claim	508
Access to Care - Other	338
Customer Service - Other	325

Top 5 Complaints for Members

Complaint Category	Number of Complaints
Provider Treatment Inappropriate/Ineffective	714
Balance Billing	505
Access to Care - Other	334
Access to In-Network Provider (non-PCP)	311
Customer Service - Other	304

Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial of Claim	508
Claims/Payment - Other	84
Authorization Issue	70
Delays in Claims Handling	46
Denial/Delay of Payment	29

Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Balance Billing	29.00
MMP	MCO Customer Service/Staff Behavior	16.50
MMP	Access to Care - Other	8.52
MMP	Provider Treatment Inappropriate/Ineffective	8.25
MMP	Customer Service - Other	4.79
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	7.38
STAR+PLUS	Access to Care - Other	3.87
STAR+PLUS	Customer Service - Other	3.42
STAR+PLUS	Denial of Claim	3.05
STAR+PLUS	Balance Billing	2.56
STAR Kids	Denial of Claim	3.09
STAR Kids	Provider Treatment Inappropriate/Ineffective	2.61
STAR Kids	Authorization Issue	1.72
STAR Kids	Access to In-Network Provider (non-PCP)	1.66
STAR Kids	Home Health	1.31
STAR Health	Provider Treatment Inappropriate/Ineffective	2.42
STAR Health	Authorization Issue	1.32
STAR Health	Coordination of Care (Provider)	1.10
STAR Health	Prescription Services - Clinical Prior Authorization	.66
STAR Health	Denial of Claim	.66
STAR	Denial of Claim	.66
STAR	Balance Billing	.56
STAR	Provider Treatment Inappropriate/Ineffective	.39
STAR	Access to In-Network Provider (non-PCP)	.37
STAR	Access to PCP	.27
Dental	Provider Treatment Inappropriate/Ineffective	.18
Dental	Customer Service - Other	.11
Dental	Balance Billing	.04

Program	Complaint Category	Rate
Dental	Denial of Claim	.03
Dental	Authorization Issue	.03

Enrollment by Program

Program	Total Average Monthly Members for 2022 Q1
MMP	37,581
STAR+PLUS	547,349
STAR Kids	168,520
STAR Health	45,450
STAR	4,066,463
Dental	3,746,019

Percentage of Complaints Substantiated – Ombudsman Data

Program	Substantiated	Unsubstantiated	Unable to Substantiate
MMP	21%	0%	79%
STAR+PLUS	13%	4%	83%
STAR Kids	8%	2%	90%
STAR Health	0%	6%	94%
STAR	7%	4%	89%
Dental	7%	2%	90%

Percentage of Complaints Confirmed – MCS and MCO Self-Reported Data

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	82%	17%	1%
STAR+PLUS	64%	34%	2%
STAR Kids	69%	27%	4%

Program	Confirmed	Not Confirmed	Unable to Determine
STAR Health	74%	26%	0%
STAR	69%	28%	2%
Dental	36%	63%	1%

Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	1,471	25.99%
Amerigroup	1,181	20.87%
Molina	840	14.84%
United	667	11.79%
Cigna-HealthSpring	400	7.07%
Texas Children's	250	4.42%
CHC	147	2.60%
Driscoll Children's	121	2.14%
BCBS	117	2.07%
Aetna	105	1.86%
Cook Children's	94	1.66%
Parkland	78	1.38%
FirstCare	55	.97%
Community First	50	.88%
El Paso First	37	.65%
Scott & White	30	.53%
Dell Children's	16	.28%

Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	157	76.21%
MCNA	37	17.96%
United Dental	12	5.83%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.74%
Amerigroup	19.16%
Texas Children's	10.60%
United	7.84%
CHC	7.19%
Driscoll Children's	4.74%
Molina	4.46%
Parkland	4.27%
Community First	3.22%
Cook Children's	3.20%
Aetna	2.53%
FirstCare	2.07%
El Paso First	1.78%
BCBS	1.20%
Scott & White	1.19%
Cigna-HealthSpring	1.02%
Dell Children's	.78%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	55.42%
MCNA	37.39%
United Dental	7.19%

Top 5 Complaints by MCO/DMO per 10,000 Members

MCO/DMO	Complaint Category	Rate
Aetna	Balance Billing	1.95
Aetna	Denial of Claim	1.30
Aetna	Access to Out-of-Network Provider	.73
Aetna	Access to PCP	.65
Aetna	Access to In-Network Provider (non-PCP)	.65
Amerigroup	Access to Care - Other	1.80
Amerigroup	Quality of Care - Other	1.72
Amerigroup	Prescription Services - Other	1.63
Amerigroup	Access to In-Network Provider (non-PCP)	1.52
Amerigroup	Balance Billing	1.10
BCBS	Denial of Claim	4.44
BCBS	Balance Billing	4.44
BCBS	Access to PCP	2.39
BCBS	Access to In-Network Provider (non-PCP)	1.20
BCBS	Authorization Issue	.68
CHC	Denial of Claim	.69
CHC	Provider Treatment Inappropriate/Ineffective	.51
CHC	Prescription Services - Other Insurance	.46
CHC	Balance Billing	.37
CHC	Access to In-Network Provider (non-PCP)	.29
Cigna-HealthSpring	Provider Treatment Inappropriate/Ineffective	24.17
Cigna-HealthSpring	Access to Care - Other	7.45
Cigna-HealthSpring	Value-added Services Issues	4.83
Cigna-HealthSpring	Service Coordination/Service Management	4.03
Cigna-HealthSpring	MCO Customer Service/Staff Behavior	4.03
Community First	Customer Service - Other	.45
Community First	Provider Treatment Inappropriate/Ineffective	.38
Community First	Access to Care - Other	.32
Community First	Prescription Services - Other	.19

MCO/DMO	Complaint Category	Rate
Community First	Access to Out-of-Network Provider	.19
Cook Children's	Provider Treatment Inappropriate/Ineffective	.96
Cook Children's	Access to PCP	.90
Cook Children's	Coordination of Care	.64
Cook Children's	Quality of Facility (Nursing Facility)	.45
Cook Children's	Authorization Issue	.32
Dell Children's	Prescription Services - PDL Prior Authorization	.53
Dell Children's	Denial of Claim	.53
Dell Children's	Access to Out-of-Network Provider	.53
Dell Children's	Access to In-Network Provider (non-PCP)	.53
Dell Children's	Access to Care - Other	.53
DentaQuest	Provider Treatment Inappropriate/Ineffective	.30
DentaQuest	Customer Service - Other	.20
DentaQuest	Denial of Claim	.03
DentaQuest	Denial of Services	.03
DentaQuest	Authorization Issue	.02
Driscoll Children's	Customer Service - Other	1.00
Driscoll Children's	Denial of Claim	.52
Driscoll Children's	Balance Billing	.39
Driscoll Children's	Home Health	.35
Driscoll Children's	Access to DME	.30
El Paso First	Balance Billing	1.73
El Paso First	MCO Customer Service/Staff Behavior	.69
El Paso First	Provider Treatment Inappropriate/Ineffective	.46
El Paso First	Access to Out-of-Network Provider	.23
El Paso First	Access to In-Network Provider (non-PCP)	.23
FirstCare	Denial of Claim	1.69
FirstCare	Access to PCP	.60
FirstCare	Access to Out-of-Network Provider	.60
FirstCare	Claims/Payment - Other	.50
FirstCare	Balance Billing	.50
MCNA	Balance Billing	.05
MCNA	Authorization Issue	.04

MCO/DMO	Complaint Category	Rate
MCNA	Provider Treatment Inappropriate/Ineffective	.03
MCNA	Claims/Payment - Other	.02
MCNA	Access to In-Network Provider (non-PCP)	.01
Molina	Customer Service - Other	5.99
Molina	MCO Customer Service/Staff Behavior	3.92
Molina	Provider Treatment Inappropriate/Ineffective	2.72
Molina	Denial of Claim	2.30
Molina	Balance Billing	2.21
Parkland	Balance Billing	.63
Parkland	Denial of Claim	.48
Parkland	Access to Out-of-Network Provider	.48
Parkland	Provider Treatment Inappropriate/Ineffective	.29
Parkland	Access to In-Network Provider (non-PCP)	.24
Scott & White	Denial of Claim	1.21
Scott & White	Balance Billing	.86
Scott & White	Access to In-Network Provider (non-PCP)	.52
Scott & White	Access to PCP	.34
Scott & White	Access to DME	.34
Superior	Provider Treatment Inappropriate/Ineffective	1.61
Superior	Denial of Claim	1.15
Superior	Balance Billing	1.11
Superior	Authorization Issue	1.01
Superior	Access to Care - Other	.80
Texas Children's	Denial of Claim	.68
Texas Children's	Provider Treatment Inappropriate/Ineffective	.66
Texas Children's	Balance Billing	.35
Texas Children's	Prescription Services - Other Insurance	.31
Texas Children's	Authorization Issue	.31
United	Provider Treatment Inappropriate/Ineffective	3.25
United	Balance Billing	2.15
United	Denial of Claim	2.07
United	MCO Customer Service/Staff Behavior	1.05
United	Home Health	.81

MCO/DMO	Complaint Category	Rate
United Dental	Denial of Claim	.11
United Dental	MCO Customer Service/Staff Behavior	.07
United Dental	Balance Billing	.07
United Dental	Access to In-Network Provider (non-PCP)	.07
United Dental	Access to Dental Services (adult)	.04

Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

MCO/DMO	Substantiated	Unsubstantiated	Unable to Substantiate
Aetna	5%	7%	89%
Amerigroup	12%	3%	86%
BCBS	9%	5%	86%
CHC	16%	0%	84%
Cigna-HealthSpring	12%	2%	86%
Community First	19%	0%	81%
Cook Children's	5%	0%	95%
Dell Children's	13%	13%	75%
DentaQuest	6%	0%	94%
Driscoll Children's	5%	5%	89%
El Paso First	0%	0%	100%
FirstCare	6%	6%	88%
MCNA	12%	6%	82%
Molina	16%	1%	84%
Parkland	13%	3%	85%
Scott & White	0%	0%	100%
Superior	4%	6%	91%
Texas Children's	12%	2%	86%
United	12%	8%	80%
United Dental	0%	0%	100%

Percentage of Complaints Confirmed by MCO/DMO – MCS and MCO Self-Reported Data

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Aetna	62%	38%	0%
Amerigroup	72%	25%	3%
BCBS	85%	15%	0%
CHC	68%	32%	0%

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Cigna-HealthSpring	37%	55%	9%
Community First	76%	21%	3%
Cook Children's	66%	32%	1%
Dell Children's	75%	25%	0%
DentaQuest	32%	68%	0%
Driscoll Children's	45%	39%	16%
El Paso First	71%	29%	0%
FirstCare	36%	54%	10%
MCNA	55%	40%	5%
Molina	60%	40%	0%
Parkland	64%	28%	8%
Scott & White	50%	28%	22%
Superior	82%	18%	0%
Texas Children's	70%	27%	3%
United	58%	42%	1%
United Dental	50%	33%	17%

Overall Rate of Complaints per 10,000 Members by MCO and Quarter

MCO	2022 Q1	2021 Q4	2021 Q3	2021 Q2	2021 Q1
Aetna	8.52	10.34	8.52	8.90	9.15
Amerigroup	12.67	15.07	9.77	9.26	9.02
BCBS	19.98	19.98	17.93	28.81	39.44
CHC	4.20	3.90	4.22	3.19	3.84
Cigna-HealthSpring	80.56	109.97	68.64	69.23	74.16
Community First	3.20	3.77	3.04	3.09	3.27
Cook Children's	6.03	5.56	6.29	5.38	7.18
Dell Children's	4.21	6.85	2.34	5.59	5.38
Driscoll Children's	5.25	8.28	10.46	7.19	18.10
El Paso First	4.26	3.33	5.73	4.12	1.76
FirstCare	5.47	6.02	5.24	5.55	6.83
Molina	38.71	50.43	30.99	25.29	32.26
Parkland	3.75	9.14	4.74	3.23	2.50
Scott & White	5.16	5.38	6.76	4.84	4.27
Superior	12.22	17.73	12.44	11.84	12.95
Texas Children's	4.85	5.35	4.98	4.44	6.57
United	17.48	30.34	16.26	12.05	13.93
Overall Rate	11.63	15.82	10.97	9.93	11.70

Overall Rate of Complaints per 10,000 Members by DMO and Quarter

DMO	2022 Q1	2021 Q4	2021 Q3	2021 Q2	2021 Q1
DentaQuest	.76	.85	.71	.59	.86
MCNA	.26	.37	.25	.26	.32
United Dental	.45	.63	.30	.17	.50
Overall Rate	.55	.66	.51	.44	.63

Complaint Categories

Category	Subcategory
Access to Care – related to any obstacles that prevent a Member from accessing care	Access to Dental Services (adult) – related to accessing dental services
Access to Care	Access to DME – related to accessing Durable Medical Equipment
Access to Care	Access to In-Network Provider (non-PCP) – related to accessing a specialist within the MCO’s network
Access to Care	Access to Out-of-Network Provider - related to accessing a provider outside the MCO's network
Access to Care	Access to PCP - related to accessing Primary Care Provider
Access to Care	Appointment Availability - related to ability to access an appointment in a timely manner within contractual requirements for an in- network Provider
Access to Care	Authorization Issue - related to the delay of services due to concerns with authorization
Access to Care	Continuity of Care - related to the disruption of authorized services
Access to Care	Discharge from Facility - related to the disagreement with a Member's release from facility
Access to Care	Home Health - related to home health services

Category	Subcategory
Access to Care	Home or Auto Modifications - related to issues with the delay of installation of home or auto modifications
Access to Care	Travel Time/Availability/Distance - related to the length of time and distance required to access services
Access to Care	Other - when the issue does not relate to any other Access to Care subcategories
Claims/Payment – related to claims payment issues	Balance Billing - related to a Member receiving a bill for services rendered.
Claims/Payment	Clean Claims Interest Unpaid - related to non- payment of interest on untimely processed claims
Claims/Payment	Denial of Claim - related to the denial of a claim
Claims/Payment	Other - when the issue does not relate to any other Claims/Payment subcategories
Customer Service – related to the assistance or advice provided to the complainant	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received
Customer Service	MCO Customer Service / Staff Behavior - related to how complainant was treated by MCO staff including rude or inappropriate behavior
Customer Service	Incorrect Information or Guidance from MCO - related to verbal information provided to complainant that is incorrect

Category	Subcategory
Customer Service	MCO Staff Not Responding - related to MCO staff not returning complainant's telephone call or email
Customer Service	Other - when the issue does not relate to any other Customer Service subcategories
Customer Service	Provider Information Outdated/Directory - related to issues with the MCO provider directory
Policies/Procedures – related to an issue resulting from interpretation or provision of policies or procedures	Disagree with MCO Policy - related to complainant's disagreement with MCO policy or procedure
Policies/Procedures	HIPAA - related to compliance with HIPAA
Policies/Procedures	MCO Appeals Process - related to complainant's disagreement with the MCO's handling of an Appeal request
Prescription Services – related to member access to a covered outpatient drugs, biological products, certain limited home health supplies (LHHS), vitamins and minerals, or other services available in a pharmacy setting	PS - Member not showing active - MCO does not show Member is a part of their PBM system but Member is enrolled with plan
Prescription Services	PS - Other Insurance - the existence of other insurance on the member's file is preventing access to prescriptions
Prescription Services	PS - Refill Too Soon - medication claim will be denied by pharmacy due to being refilled too soon

Category	Subcategory
Prescription Services	PS - Other - To be used for all other complaint reasons with a text box to log the complaint reason
Prescription Services	PS - Formulary - medication is not on the VDP Formulary
Prescription Services	PS- Clinical Prior Authorization - Based on drug safety, appropriateness indications, & potential abuse. Member is complaining that the prescription requires a clinical PA or is having problems obtaining a clinical PA.
Prescription Services	PS - PDL Prior Authorization - Medication on the VDP formulary is non-preferred, requires PDL PA. Member is complaining that the prescription requires a PDL PA or is having problems obtaining a PDL PA.
Providing Contracting – related to issues resulting from the provider’s contract with HSHC or MCO	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
Providing Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
Providing Contracting	MCO/Provider Contracting - related to issues with the contracting process
Providing Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Providing Contracting	Network Denial – nonpar (non-participating) provider denied into MCO network

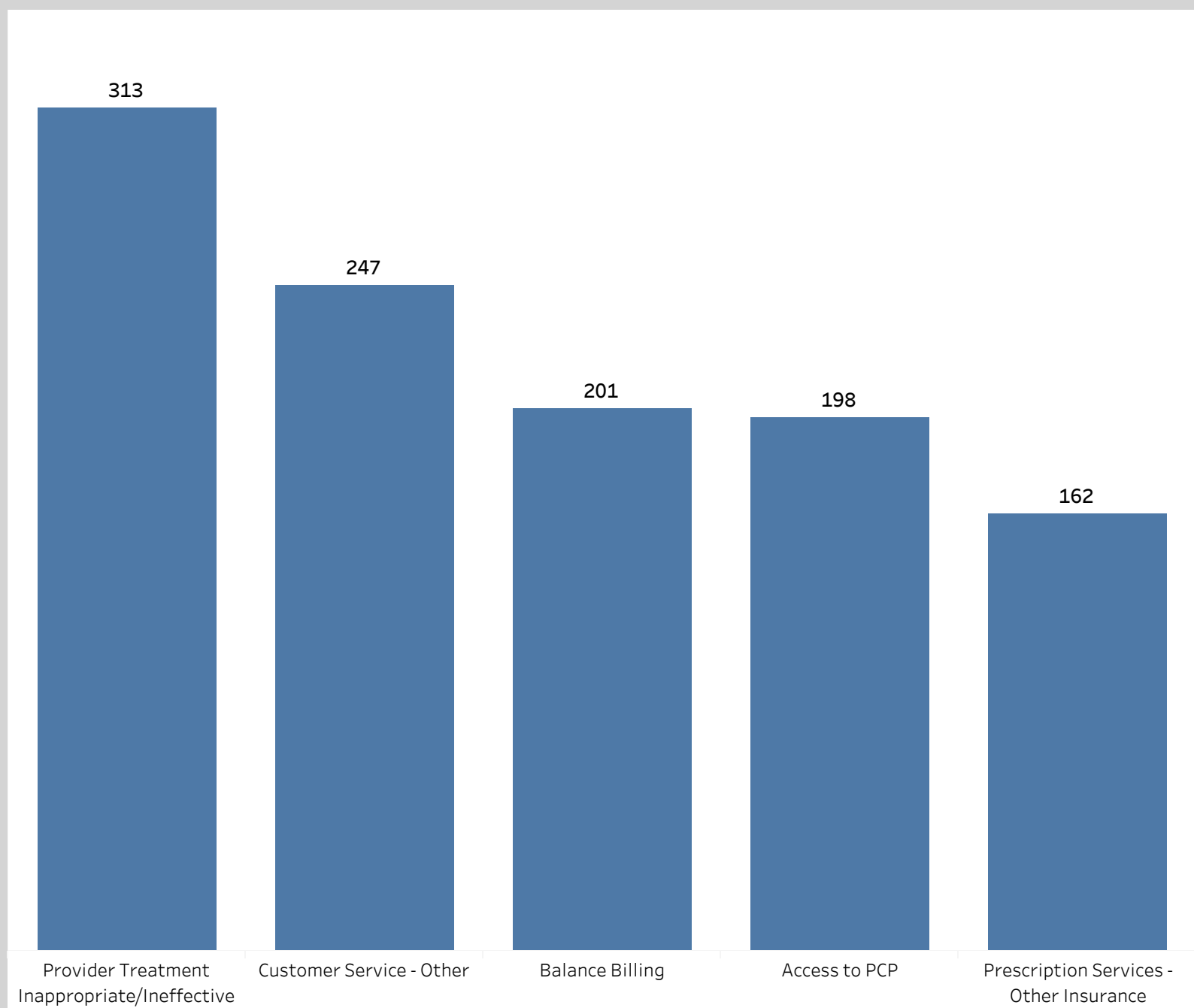
Category	Subcategory
Providing Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Providing Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Quality of Care – related to the standard of care provided	Quality of DME - related to a complainant's inadequate standard of Durable Medical Equipment
Quality of Care	Quality of Facility (Nursing Facility) - related to a complainant's inadequate standard of care received at a nursing facility (NF) or Inpatient Behavioral Health Facility (BHF)
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator (SC) or service manager (SM)
Quality of Care	Coordination of Care - related to a complainant's delay of services due to lack of coordination between providers
Quality of Care	Provider Treatment Inappropriate/Ineffective - related to the quality of treatment provided
Quality of Care	Other- when the issue does not relate to any other Quality of Care subcategories
Quality of Care	Home or Auto Modifications – related to issues with the quality of home or auto modifications

Category	Subcategory
Value-added Services Issues	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services

HHSC Initial Contact Complaints - SFY 2022 Q1

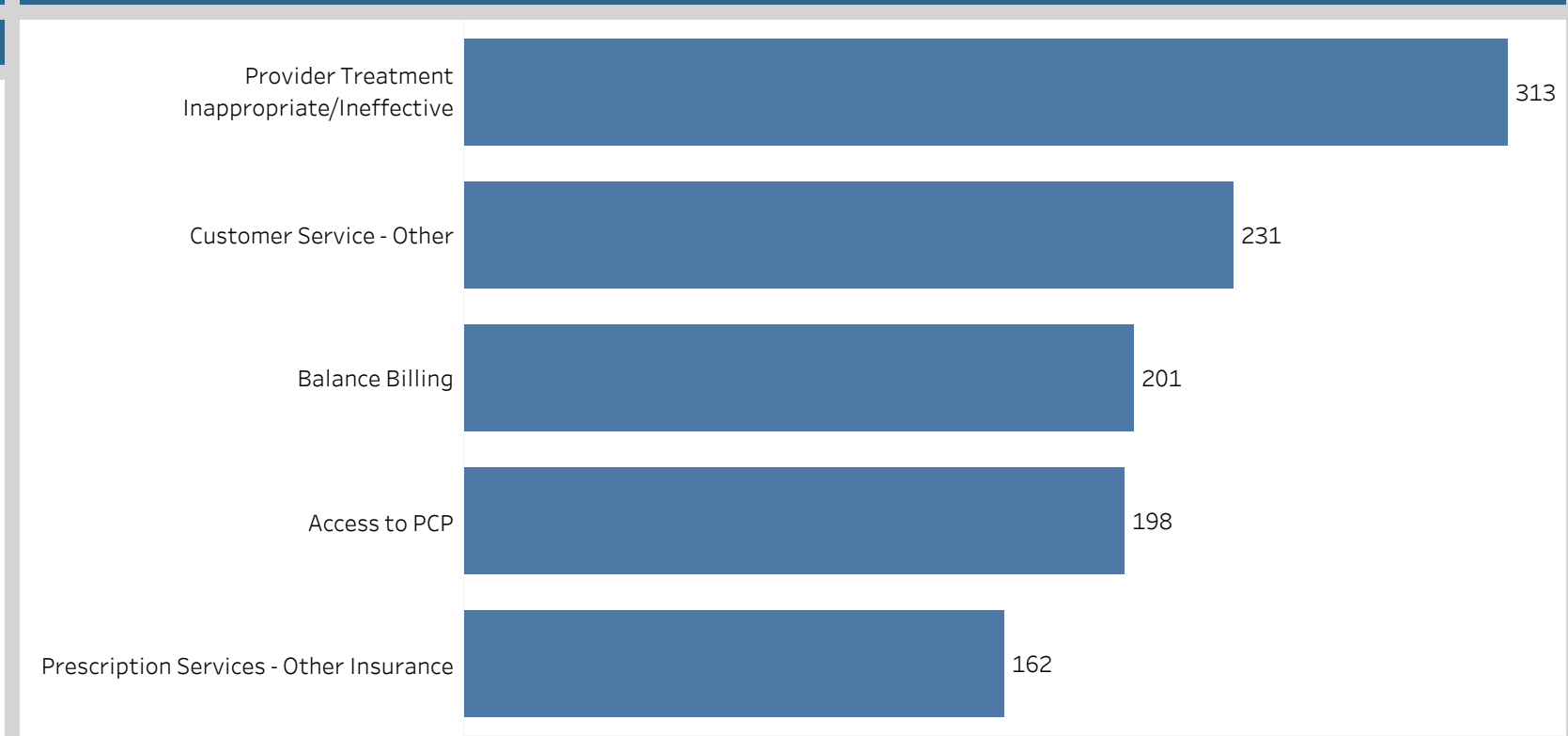
Total Resolved Initial Contact Complaints in SFY 2022 Q1: 2,011

Top 5 Initial Contact Complaints

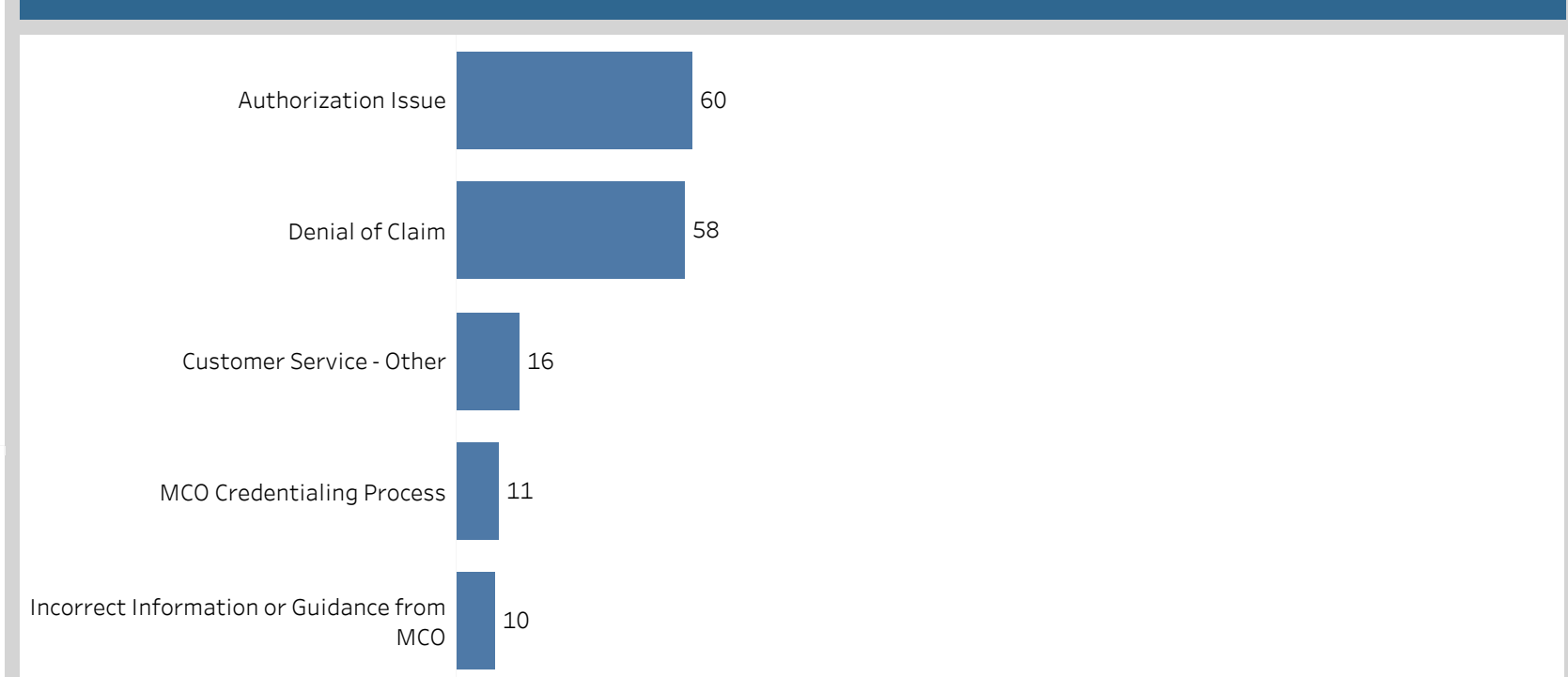


Initial Contact Complaint is defined as any complaint resolved by the business day following the day it was received. Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report. Ninety-one (91) % of total initial contact complaints reported were member complaints. Data Sources: MCO Self-Reported Complaints extracted from TexConnect. Medicaid Enrollment information is from TMHP's Point in Time enrollment file and HHSC's Dental file.

Top 5 Initial Contact Complaints for Members

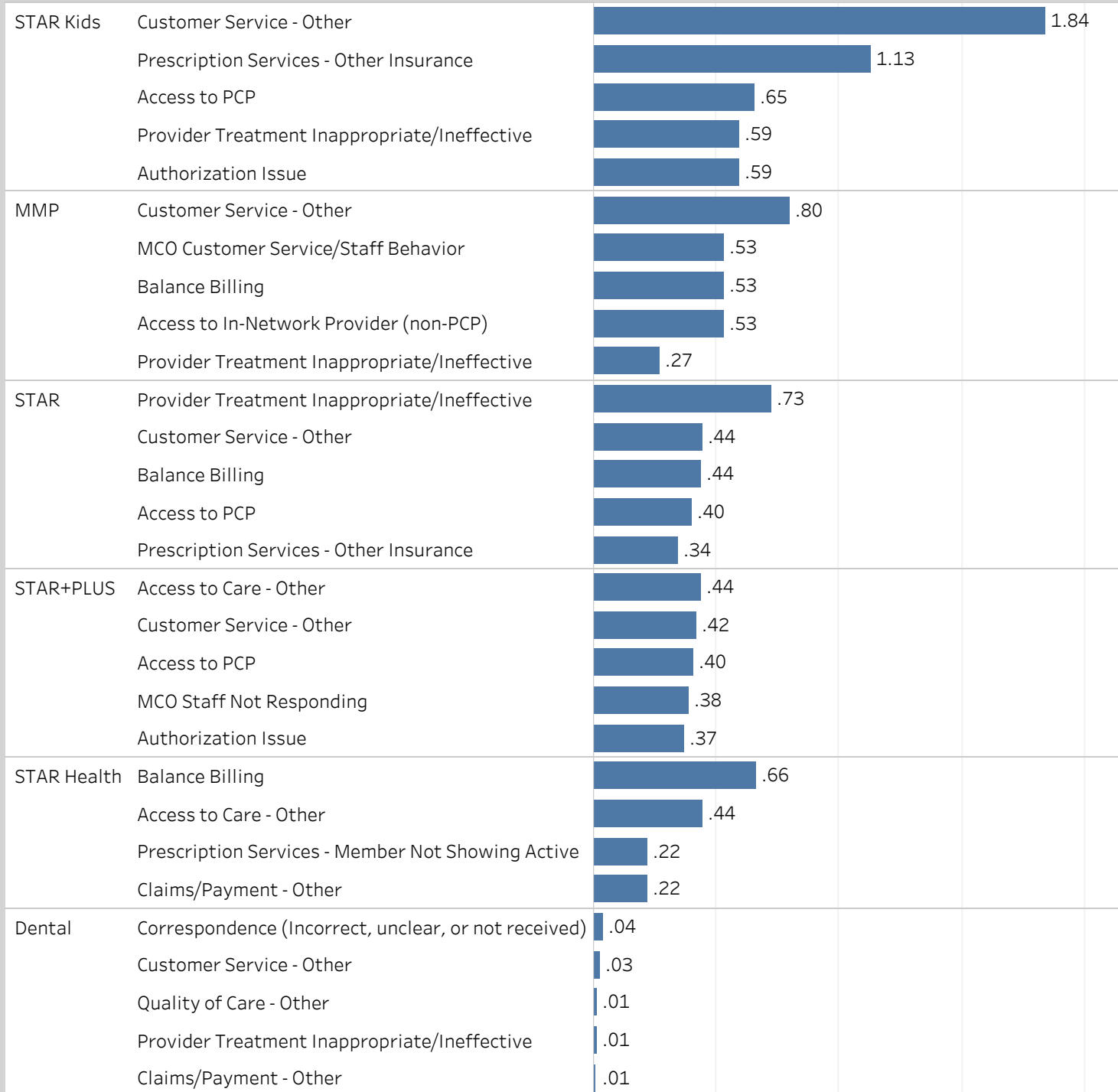


Top 5 Initial Contact Complaints for Providers

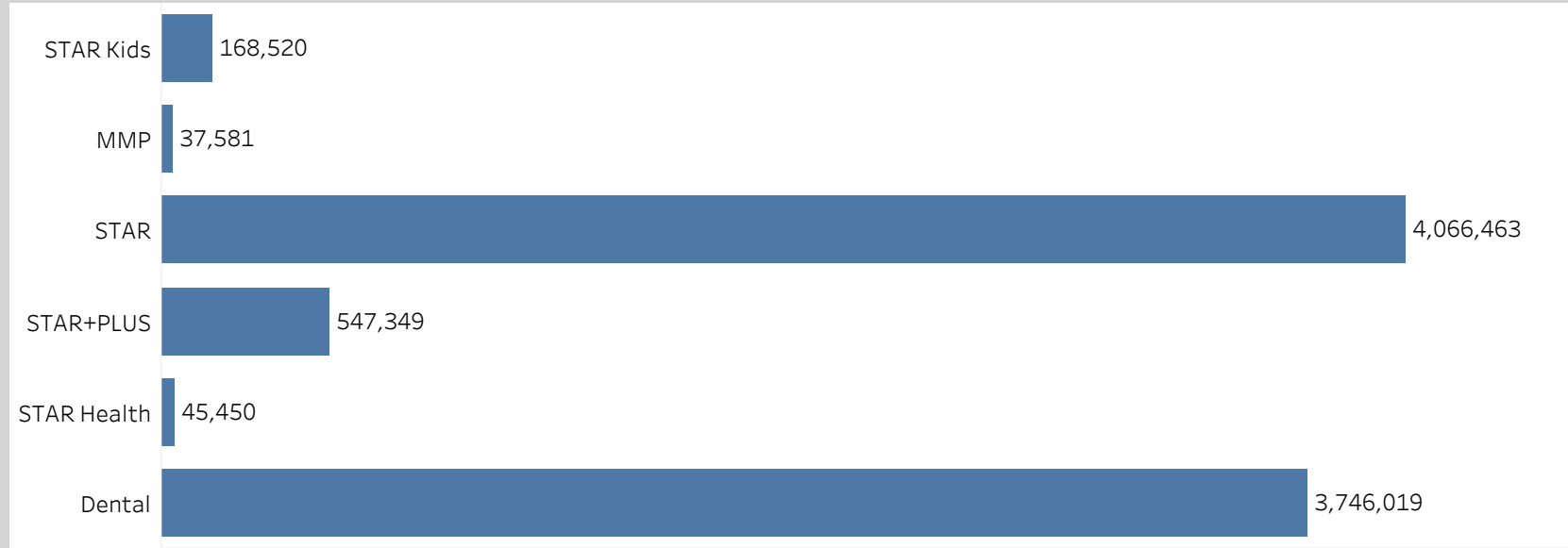


HHSC Initial Contact Complaints - SFY 2022 Q1

Top 5 Initial Contact Complaints by Program per 10,000 Members



Average Monthly Medicaid Members by Program for 2022 Q1



Total Average Monthly Medicaid Members for 2022 Q1 (excluding Dental): 4,865,363
 Enrollment numbers do not equal a distinct count of members enrolled as members in Dental can also be enrolled in other programs.

Percentage of Initial Contact Complaints Confirmed - MCO Self-Reported Data

Resolution	STAR Kids	MMP	STAR	STAR+PLUS	STAR Health	Dental
Confirmed	79%	76%	79%	47%	71%	95%
Not Confirmed	8%	6%	16%	10%	0%	5%
Unable to Determine	13%	18%	5%	43%	29%	0%

Confirmed – resolved or partially resolved in Complainant’s favor.
Not Confirmed – resolved or partially resolved in MCO’s favor.
Unable to Determine – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.
 Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

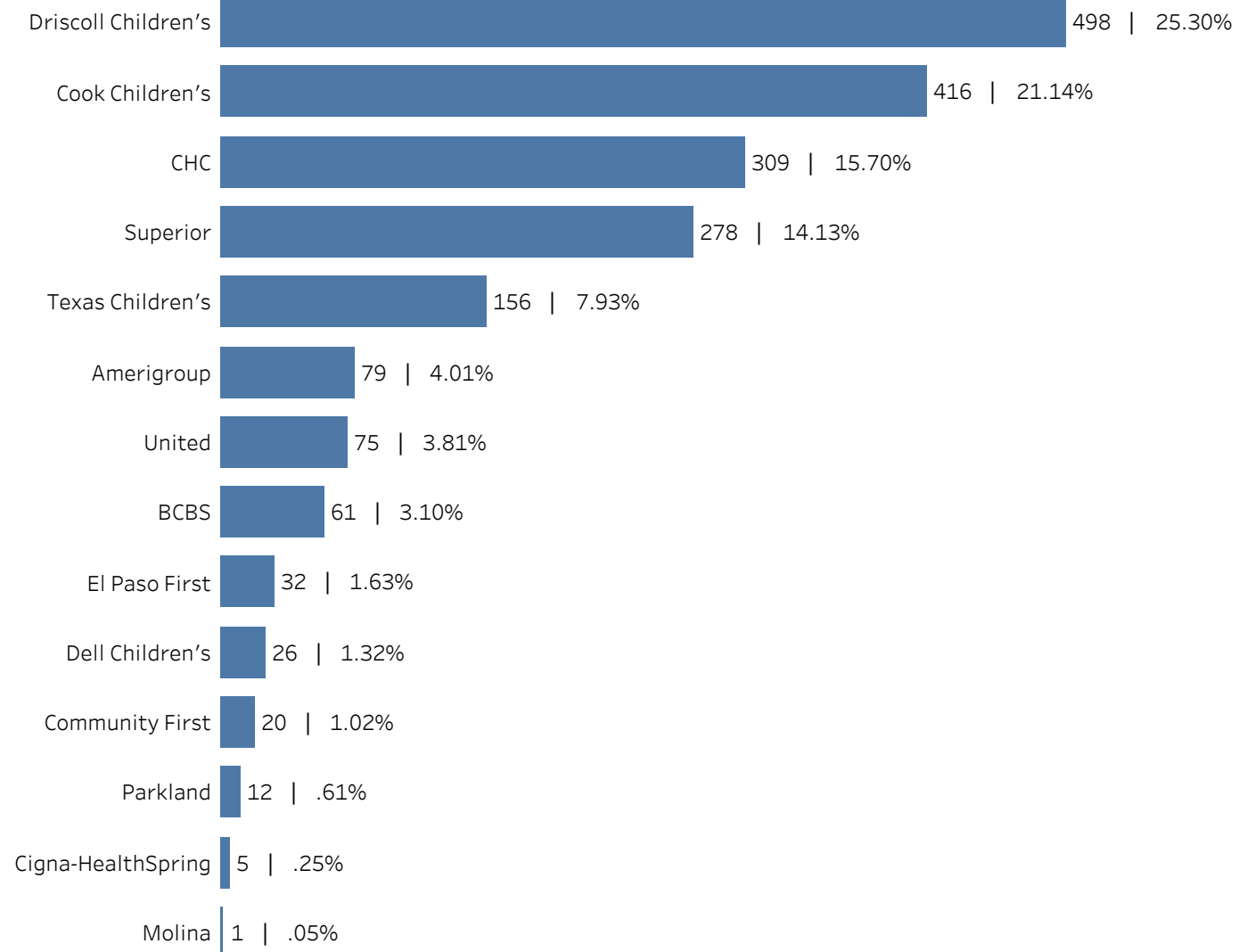
Programs are sorted in descending order from highest rate of complaints to lowest. Ties are sorted in descending order alphabetically.

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 22 Q1) * 10,000 = Complaints per 10,000.

HHSC Initial Contact Complaints - SFY 2022 Q1

Initial Contact Complaint Volume by MCO

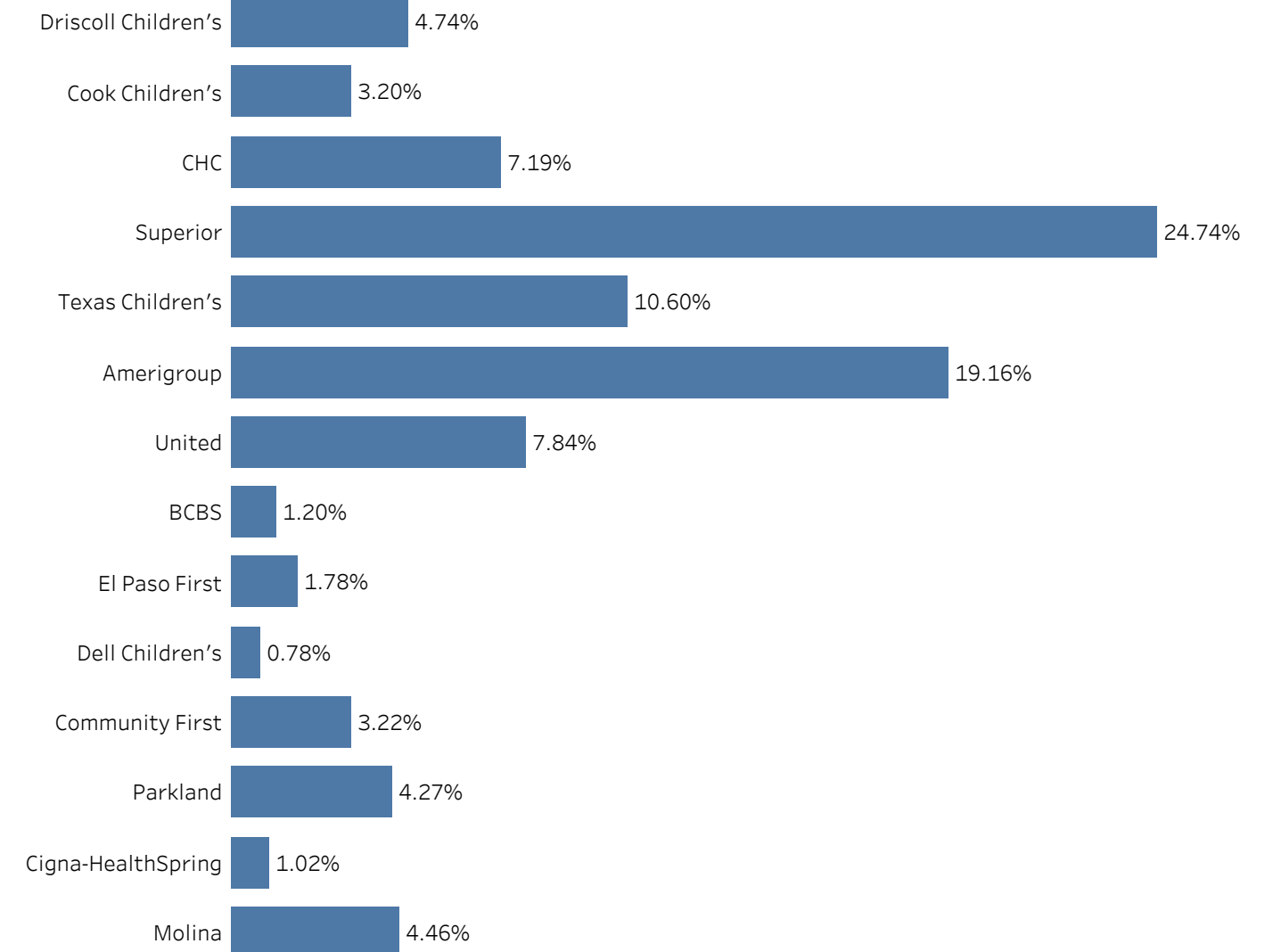
Percentages may not add up to 100% due to rounding.



Total Complaints / Percent of Total Complaints

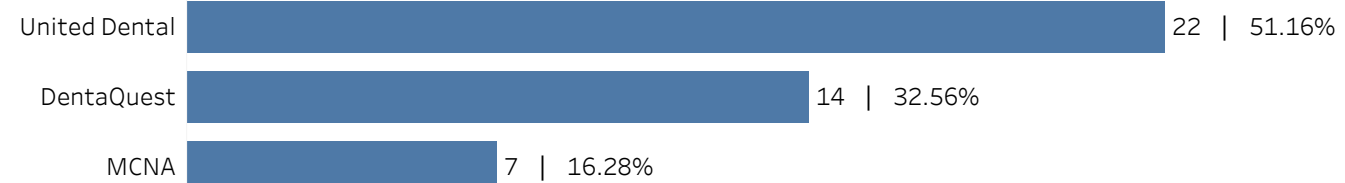
Total Enrollment by MCO

MCOs/DMOs without initial contact complaints are omitted from this table so percentage may not add up to 100%.



% of Total Enrollment

Initial Contact Complaint Volume by DMO



Total Enrollment by DMO



HHSC Initial Contact Complaints - SFY 2022 Q1

Top 5 Initial Contact Complaints by MCO/DMO per 10,000 Members

Amerigroup	Access to In-Network Provider (non-PCP)	.17								
	Access to Care - Other	.15								
	Quality of Care - Other	.13								
	Balance Billing	.06								
	Access to PCP	.06								
BCBS	Balance Billing	7.52								
	Denial of Claim	.85								
	Access to PCP	.85								
	Authorization Issue	.51								
	Prescription Services - Other Insurance	.17								
CHC	Authorization Issue	1.63								
	Appointment Availability	1.29								
	Provider Information Outdated/Directory	.94								
	Provider Treatment Inappropriate/Ineffective	.86								
	Denial of Claim	.66								
Cigna-HealthSpring	Service Coordination/Service Management	.20								
	Quality of Facility (Nursing Facility)	.20								
	Provider Treatment Inappropriate/Ineffective	.20								
	Home Health	.20								
	Access to In-Network Provider (non-PCP)	.20								
Community First	Prescription Services - Other Insurance	.45								
	Prescription Services - Formulary	.32								
	Prescription Services - Refill Too Soon	.19								
	Prescription Services - Other	.13								
	Prescription Services - PDL Prior Authorization	.06								
Cook Children's	Customer Service - Other	12.01								
	Prescription Services - Other Insurance	5.33								
	Access to PCP	3.34								
	Provider Treatment Inappropriate/Ineffective	1.67								
	Balance Billing	.83								
Dell Children's	Prescription Services - Other	3.16								
	Balance Billing	1.32								
	Quality of Care - Other	.53								
	Access to In-Network Provider (non-PCP)	.53								
	Access to Care - Other	.53								
DentaQuest	Customer Service - Other	.03								
	Provider Treatment Inappropriate/Ineffective	.02								
	Claims/Payment - Other	.01								
	Authorization Issue	.00								
	Access to Care - Other	.00								
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	10.28								
	Access to PCP	2.78								
	Quality of Care - Other	2.26								
	Appointment Availability	2.13								
	Access to Care - Other	1.00								
El Paso First	Balance Billing	3.69								
MCNA	Quality of Care - Other	.03								
	Service Coordination/Service Management	.01								
	Customer Service - Other	.01								
Molina	Claims/Payment - Other	.01								
	MCO Customer Service/Staff Behavior	.05								
Parkland	Balance Billing	.19								
	Claims/Payment - Other	.14								
	Termed Provider	.05								
	MCO Customer Service/Staff Behavior	.05								
Superior	MCO Credentialing Process	.05								
	Balance Billing	.47								
	Customer Service - Other	.23								
	Authorization Issue	.19								
Texas Children's	MCO Staff Not Responding	.17								
	Access to PCP	.17								
	Prescription Services - Other Insurance	.89								
	Balance Billing	.56								
United	Access to PCP	.47								
	Appointment Availability	.29								
	Provider Treatment Inappropriate/Ineffective	.17								
	Denial of Claim	.47								
	Access to PCP	.29								
United Dental	MCO Credentialing Process	.26								
	Service Coordination/Service Management	.10								
	Out of Network Provider	.10								
	Correspondence (Incorrect, unclear, or not received)	.56								
	Customer Service - Other	.11								
United Dental	MCO/Provider Contracting	.07								
	Incorrect Information or Guidance from MCO	.04								
	Access to PCP	.04								

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 22 Q1) * 10,000 = Complaints per 10,000.
MCOs/DMOs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

HHSC Initial Contact Complaints - SFY 2022 Q1

Percentage of Initial Contact Complaints Confirmed - MCO Self-Reported Data

Resolution	Amerigroup	BCBS	CHC	Cigna-Health Spring	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	MCNA	Molina	Parkland	Superior	Texas Children's	United	United Dental
Confirmed	90%	100%	41%	40%	100%	93%	96%	86%	97%	100%	100%	100%	50%	58%	47%	11%	100%
Not Confirmed	6%	0%	59%	40%	0%	1%	4%	14%	1%	0%	0%	0%	42%	10%	27%	3%	0%
Unable to Determine	4%	0%	0%	20%	0%	5%	0%	0%	1%	0%	0%	0%	8%	33%	26%	87%	0%

Confirmed – resolved or partially resolved in Complainant's favor.
Not Confirmed – resolved or partially resolved in MCO's favor.
Unable to Determine – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.
 Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

HHSC Initial Contact Complaints - SFY 2022 Q1

Overall Rate of Initial Contact Complaints per 10,000 Members by MCO and Quarter

2022 Q1				2021 Q4				2021 Q3				2021 Q2				2021 Q1			
Cook Children's	26.71			BCBS	34.30			BCBS	48.62			BCBS	58.38			Driscoll Children's	102.46		
Driscoll Children's	21.61			Driscoll Children's	11.32			CHC	11.38			Dell Children's	10.57			BCBS	40.67		
BCBS	10.42			Dell Children's	10.68			Dell Children's	7.91			Cook Children's	8.33			Cook Children's	10.81		
CHC	8.83			Cook Children's	10.32			Texas Children's	3.62			CHC	7.15			Dell Children's	10.42		
Dell Children's	6.85			CHC	8.78			El Paso First	3.61			Texas Children's	3.34			CHC	9.29		
El Paso First	3.69			Texas Children's	4.73			Superior	3.59			Driscoll Children's	3.33			Texas Children's	6.27		
Texas Children's	3.03			El Paso First	4.64			Cook Children's	3.04			Superior	2.95			Superior	4.07		
Superior	2.31			Superior	3.78			Driscoll Children's	2.48			El Paso First	2.06			El Paso First	2.31		
United	1.97			Community First	2.58			Community First	1.04			Cigna-HealthSpring	1.40			Community First	2.13		
Community First	1.28			United	2.10			Cigna-HealthSpring	.81			Community First	1.08			Cigna-HealthSpring	1.99		
Cigna-HealthSpring	1.01			Cigna-HealthSpring	1.01			Amerigroup	.76			Amerigroup	.78			Amerigroup	1.78		
Amerigroup	.85			Molina	.80			United	.64			United	.74			United	1.34		
Parkland	.58			Amerigroup	.74			Parkland	.52			Molina	.19			Scott & White	.81		
Molina	.05			Parkland	.45			Molina	.43			United	.74			FirstCare	.72		
Overall Rate	4.04			Overall Rate	3.96			Overall Rate	3.28			Overall Rate	3.09			Parkland	.11		
																Molina	.10		
																Overall Rate	8.65		

No initial contact complaints reported for Aetna, FirstCare, or Scott & White in SFY 22 Q1.

No initial contact complaints reported for Aetna, FirstCare, or Scott & White in SFY 21 Q4.

No initial contact complaints reported for Aetna, FirstCare, or Scott & White in SFY 21 Q3.

No initial contact complaints reported for Aetna, Parkland, or Scott & White in SFY 21 Q2.

No initial contact complaints reported for Aetna in SFY 21 Q1.

Overall Rate of Initial Contact Complaints per 10,000 Members by DMO and Quarter

United Dental	.82			United Dental	1.13			United Dental	2.69			United Dental	1.10			DentaQuest	.04		
DentaQuest	.07			DentaQuest	.17			DentaQuest	.04			DentaQuest	.03			Overall Rate	.02		
MCNA	.05			MCNA	.01			Overall Rate	.15			Overall Rate	.05						
Overall Rate	.11			Overall Rate	.17			No initial contact complaints reported for MCNA in SFY 21 Q3.				No initial contact complaints reported for MCNA in SFY 21 Q2.				No initial contact complaints reported for MCNA or United Dental in SFY 21 Q1.			

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 22 Q1) * 10,000 = Complaints per 10,000.

*MCO/DMOs with no initial contact complaints for the quarter are not shown but are included in the overall denominator.

HHSC Initial Contact Complaints – 2022 Q1

Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Provider Treatment Inappropriate/Ineffective	313
Customer Service - Other	247
Balance Billing	201
Access to PCP	198
Prescription Services - Other Insurance	162

Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Provider Treatment Inappropriate/Ineffective	313
Customer Service - Other	231
Balance Billing	201
Access to PCP	198
Prescription Services - Other Insurance	162

Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Authorization Issue	60
Denial of Claim	58
Customer Service - Other	16
MCO Credentialing Process	11
Incorrect Information or Guidance from MCO	10

Top 5 Initial Contact Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
STAR Kids	Customer Service - Other	1.84
STAR Kids	Prescription Services - Other Insurance	1.13
STAR Kids	Access to PCP	.65
STAR Kids	Provider Treatment Inappropriate/Ineffective	.59
STAR Kids	Authorization Issue	.59
MMP	Customer Service - Other	.80
MMP	MCO Customer Service/Staff Behavior	.53
MMP	Balance Billing	.53
MMP	Access to In-Network Provider (non-PCP)	.53
MMP	Provider Treatment Inappropriate/Ineffective	.27
STAR	Provider Treatment Inappropriate/Ineffective	.73
STAR	Customer Service - Other	.44
STAR	Balance Billing	.44
STAR	Access to PCP	.40
STAR	Prescription Services - Other Insurance	.34
STAR+PLUS	Access to Care - Other	.44
STAR+PLUS	Customer Service - Other	.42
STAR+PLUS	Access to PCP	.40
STAR+PLUS	MCO Staff Not Responding	.38
STAR+PLUS	Authorization Issue	.37
STAR Health	Balance Billing	.66
STAR Health	Access to Care - Other	.44
STAR Health	Prescription Services - Member Not Showing Active	.22
STAR Health	Claims/Payment - Other	.22
Dental	Correspondence (Incorrect, unclear, or not received)	.04
Dental	Customer Service - Other	.03
Dental	Quality of Care - Other	.01
Dental	Provider Treatment Inappropriate/Ineffective	.01
Dental	Claims/Payment - Other	.01

Enrollment by Program

Program	Total Average Monthly Members for 2022 Q1
STAR Kids	168,520
MMP	37,581
STAR	4,066,463
STAR+PLUS	547,349
STAR Health	45,450
Dental	3,746,019

Percentage of Initial Contact Complaints Confirmed – MCO Self-Reported Data

Program	Confirmed	Not Confirmed	Unable to Determine
STAR Kids	79%	8%	13%
MMP	76%	6%	18%
STAR+PLUS	47%	10%	43%
STAR Health	71%	0%	29%
STAR	79%	16%	5%
Dental	95%	5%	0%

Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Driscoll Children's	498	25.30%
Cook Children's	416	21.14%
CHC	309	15.70%
Superior	278	14.13%
Texas Children's	156	7.93%
Amerigroup	79	4.01%
United	75	3.81%
BCBS	61	3.10%
El Paso First	32	1.63%
Dell Children's	26	1.32%
Community First	20	1.02%
Parkland	12	.61%
Cigna-HealthSpring	5	.25%
Molina	1	.05%

Initial Contact Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
United Dental	22	51.16%
DentaQuest	14	32.56%
MCNA	7	16.28%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.74%
Amerigroup	19.16%
Texas Children's	10.60%
United	7.84%
CHC	7.19%
Driscoll Children's	4.74%

MCO	Percentage of Enrollment
Molina	4.46%
Parkland	4.27%
Community First	3.22%
Cook Children's	3.20%
Aetna	2.53%
FirstCare	2.07%
El Paso First	1.78%
BCBS	1.20%
Scott & White	1.19%
Cigna-HealthSpring	1.02%
Dell Children's	.78%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	55.42%
MCNA	37.39%
United Dental	7.19%

Top 5 Initial Contact Complaints by MCO/DMO per 10,000 Members

MCO/DMO	Complaint Category	Rate
Amerigroup	Access to In-Network Provider (non-PCP)	.17
Amerigroup	Access to Care - Other	.15
Amerigroup	Quality of Care - Other	.13
Amerigroup	Balance Billing	.06
Amerigroup	Access to PCP	.06
BCBS	Balance Billing	7.52
BCBS	Denial of Claim	.85
BCBS	Access to PCP	.85
BCBS	Authorization Issue	.51
BCBS	Prescription Services - Other Insurance	.17
CHC	Authorization Issue	1.63
CHC	Appointment Availability	1.29
CHC	Provider Information Outdated/Directory	.94
CHC	Provider Treatment Inappropriate/Ineffective	.86
CHC	Denial of Claim	.66
Cigna-HealthSpring	Service Coordination/Service Management	.20
Cigna-HealthSpring	Quality of Facility (Nursing Facility)	.20
Cigna-HealthSpring	Provider Treatment Inappropriate/Ineffective	.20
Cigna-HealthSpring	Home Health	.20
Cigna-HealthSpring	Access to In-Network Provider (non-PCP)	.20
Community First	Prescription Services - Other Insurance	.45
Community First	Prescription Services - Formulary	.32
Community First	Prescription Services - Refill Too Soon	.19
Community First	Prescription Services - Other	.13
Community First	Prescription Services - PDL Prior Authorization	.06
Cook Children's	Customer Service - Other	12.01
Cook Children's	Prescription Services - Other Insurance	5.33
Cook Children's	Access to PCP	3.34
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.67

MCO/DMO	Complaint Category	Rate
Cook Children's	Balance Billing	.83
Dell Children's	Prescription Services - Other	3.16
Dell Children's	Balance Billing	1.32
Dell Children's	Quality of Care - Other	.53
Dell Children's	Access to In-Network Provider (non-PCP)	.53
Dell Children's	Access to Care - Other	.53
DentaQuest	Customer Service - Other	.03
DentaQuest	Provider Treatment Inappropriate/Ineffective	.02
DentaQuest	Claims/Payment - Other	.01
DentaQuest	Authorization Issue	.00
DentaQuest	Access to Care - Other	.00
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	10.28
Driscoll Children's	Access to PCP	2.78
Driscoll Children's	Quality of Care - Other	2.26
Driscoll Children's	Appointment Availability	2.13
Driscoll Children's	Access to Care - Other	1.00
El Paso First	Balance Billing	3.69
MCNA	Quality of Care - Other	.03
MCNA	Service Coordination/Service Management	.01
MCNA	Customer Service - Other	.01
MCNA	Claims/Payment - Other	.01
Molina	MCO Customer Service/Staff Behavior	.05
Parkland	Balance Billing	.19
Parkland	Claims/Payment - Other	.14
Parkland	MCO Credentialing Process	.05
Parkland	Termed Provider	.05
Parkland	MCO Customer Service/Staff Behavior	.05
Superior	Balance Billing	.47
Superior	Customer Service - Other	.23
Superior	Authorization Issue	.19
Superior	Access to PCP	.17
Superior	MCO Staff Not Responding	.17
Texas Children's	Prescription Services - Other Insurance	.89

MCO/DMO	Complaint Category	Rate
Texas Children's	Balance Billing	.56
Texas Children's	Access to PCP	.47
Texas Children's	Appointment Availability	.29
Texas Children's	Provider Treatment Inappropriate/Ineffective	.17
United	Denial of Claim	.47
United	Access to PCP	.29
United	MCO Credentialing Process	.26
United	Service Coordination/Service Management	.10
United	Out of Network Provider	.10
United Dental	Correspondence (Incorrect, unclear, or not received)	.56
United Dental	Customer Service - Other	.11
United Dental	MCO/Provider Contracting	.07
United Dental	Incorrect Information or Guidance from MCO	.04
United Dental	Access to PCP	.04

Percentage of Initial Contact Complaints Confirmed by MCO/DMO – MCO Self-Reported Data

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Amerigroup	90%	6%	4%
BCBS	100%	0%	0%
CHC	41%	59%	0%
Cigna-HealthSpring	40%	40%	20%
Community First	100%	0%	0%
Cook Children's	93%	1%	5%
Dell Children's	96%	4%	0%
DentaQuest	86%	14%	0%
Driscoll Children's	97%	1%	1%
El Paso First	100%	0%	0%
MCNA	100%	0%	0%
Molina	100%	0%	0%
Parkland	50%	42%	8%
Superior	58%	10%	33%
Texas Children's	47%	27%	26%
United	11%	3%	87%
United Dental	100%	0%	0%

Overall Rate of Complaints per 10,000 Members by MCO and Quarter

MCO	2022 Q1	2021 Q4	2021 Q3	2021 Q2	2021 Q1
Aetna	.00	.00	.00	.00	.00
Amerigroup	.85	.74	.76	.78	1.78
BCBS	10.42	34.30	48.62	58.38	40.67
CHC	8.83	8.78	11.38	7.15	9.29
Cigna-HealthSpring	1.01	1.01	.81	1.40	1.99
Community First	1.28	2.58	1.04	1.08	2.13
Cook Children's	26.71	10.32	3.04	8.33	10.81
Dell Children's	6.85	10.68	7.91	10.57	10.42
Driscoll Children's	21.61	11.32	2.48	3.33	102.46
El Paso First	3.69	4.64	3.61	2.06	2.31
FirstCare	.00	.00	.00	.00	.72
Molina	.05	.80	.43	.19	.10
Parkland	.58	.45	.52	.00	.11
Scott & White	.00	.00	.00	.00	.81
Superior	2.31	3.78	3.59	2.95	4.07
Texas Children's	3.03	4.73	3.62	3.34	6.27
United	1.97	2.10	.64	.74	1.34
Overall Rate	4.04	3.96	3.28	3.09	8.65

Overall Rate of Complaints per 10,000 Members by DMO and Quarter

DMO	2022 Q1	2021 Q4	2021 Q3	2021 Q2	2021 Q1
DentaQuest	.07	.17	.04	.03	.04
MCNA	.05	.01	.00	.00	.00
United Dental	.82	1.13	2.69	1.10	.00
Overall Rate	.11	.17	.15	.05	.02

Complaint Categories

Category	Subcategory
Access to Care – related to any obstacles that prevent a Member from accessing care	Access to Dental Services (adult) – related to accessing dental services
Access to Care	Access to DME – related to accessing Durable Medical Equipment
Access to Care	Access to In-Network Provider (non-PCP) – related to accessing a specialist within the MCO’s network
Access to Care	Access to Out-of-Network Provider - related to accessing a provider outside the MCO's network
Access to Care	Access to PCP - related to accessing Primary Care Provider
Access to Care	Appointment Availability - related to ability to access an appointment in a timely manner within contractual requirements for an in- network Provider
Access to Care	Authorization Issue - related to the delay of services due to concerns with authorization
Access to Care	Continuity of Care - related to the disruption of authorized services
Access to Care	Discharge from Facility - related to the disagreement with a Member's release from facility
Access to Care	Home Health - related to home health services
Access to Care	Home or Auto Modifications - related to issues with the delay of installation of home or auto modifications
Access to Care	Travel Time/Availability/Distance - related to the length of time and distance required to access services
Access to Care	Other - when the issue does not relate to any other Access to Care subcategories
Claims/Payment – related to claims payment issues	Balance Billing - related to a Member receiving a bill for services rendered.
Claims/Payment	Clean Claims Interest Unpaid - related to non- payment of interest on untimely processed claims
Claims/Payment	Denial of Claim - related to the denial of a claim
Claims/Payment	Other - when the issue does not relate to any other Claims/Payment subcategories
Customer Service – related to the assistance or advice provided to the complainant	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received

Category	Subcategory
Customer Service	MCO Customer Service / Staff Behavior - related to how complainant was treated by MCO staff including rude or inappropriate behavior
Customer Service	Incorrect Information or Guidance from MCO - related to verbal information provided to complainant that is incorrect
Customer Service	MCO Staff Not Responding - related to MCO staff not returning complainant's telephone call or email
Customer Service	Other - when the issue does not relate to any other Customer Service subcategories
Customer Service	Provider Information Outdated/Directory - related to issues with the MCO provider directory
Policies/Procedures – related to an issue resulting from interpretation or provision of policies or procedures	Disagree with MCO Policy - related to complainant's disagreement with MCO policy or procedure
Policies/Procedures	HIPAA - related to compliance with HIPAA
Policies/Procedures	MCO Appeals Process - related to complainant's disagreement with the MCO's handling of an Appeal request
Prescription Services – related to member access to a covered outpatient drugs, biological products, certain limited home health supplies (LHHS), vitamins and minerals, or other services available in a pharmacy setting	PS - Member not showing active - MCO does not show Member is a part of their PBM system but Member is enrolled with plan
Prescription Services	PS - Other Insurance - the existence of other insurance on the member's file is preventing access to prescriptions
Prescription Services	PS - Refill Too Soon - medication claim will be denied by pharmacy due to being refilled too soon
Prescription Services	PS - Other - To be used for all other complaint reasons with a text box to log the complaint reason
Prescription Services	PS - Formulary - medication is not on the VDP Formulary
Prescription Services	PS- Clinical Prior Authorization - Based on drug safety, appropriateness indications, & potential abuse. Member is complaining that the prescription requires a clinical PA or is having problems obtaining a clinical PA.

Category	Subcategory
Prescription Services	PS – PDL Prior Authorization - Medication on the VDP formulary is non-preferred, requires PDL PA. Member is complaining that the prescription requires a PDL PA or is having problems obtaining a PDL PA.
Providing Contracting – related to issues resulting from the provider’s contract with HSHC or MCO	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
Providing Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
Providing Contracting	MCO/Provider Contracting - related to issues with the contracting process
Providing Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Providing Contracting	Network Denial – nonpar (non-participating) provider denied into MCO network
Providing Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Providing Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Quality of Care – related to the standard of care provided	Quality of DME - related to a complainant's inadequate standard of Durable Medical Equipment
Quality of Care	Quality of Facility (Nursing Facility) - related to a complainant's inadequate standard of care received at a nursing facility (NF) or Inpatient Behavioral Health Facility (BHF)
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator (SC) or service manager (SM)
Quality of Care	Coordination of Care - related to a complainant's delay of services due to lack of coordination between providers
Quality of Care	Provider Treatment Inappropriate/Ineffective - related to the quality of treatment provided
Quality of Care	Other- when the issue does not relate to any other Quality of Care subcategories
Quality of Care	Home or Auto Modifications – related to issues with the quality of home or auto modifications

Category	Subcategory
Value-added Services Issues	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services

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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 accuracy of the time estimate(s) or suggestions for improving this form, please write to: OMB, Paperwork Reduction Project (0938-1148), Washington, DC 20503.

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
Information automatically populated based on the input from other worksheets

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

ustments 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).

nding 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.

1th 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

nth 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.

'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

Build the dropdowns menus throughout the workbook,

Demonstration Years Definitions

DY	1	2	3	4	5
Start Date	10/01/2011	10/01/2012	10/01/2013	10/01/2014	10/01/2015
End Date	09/30/2012	10/02/2012	09/30/2014	09/30/2015	09/30/2016

6	7	8	9	10	11
10/01/2016	10/01/2017	10/01/2018	10/01/2019	10/01/2020	10/01/2021
09/30/2017	09/30/2018	09/30/2019	09/30/2020	09/30/2021	09/30/2022

MEG Definitions

MEG Name

Medicaid Per Capita

AMR

1

Disabled

2

Adults

3

Children

4

Medicaid Per Capita - WOW only

Medicaid Aggregate

Medicaid Aggregate - WOW only

1

UPL for Excluded Population

2

UPL for Included Population

3

Physician UPL

4

Outpatient UPL

Medicaid Aggregate - WW only

UC Pool

1

2

DSRIP Pool

Hypothetical 1 Per Capita

Hypothetical 1 Aggregate

Hypothetical 2 Per Capita

Hypothetical 2 Aggregate

Tracking Only

Enter any general comment

MEG Description	Savings Phase-Down
Medicaid service expenditures for all participating individuals who are aged, or who are disabled and have Medicare	Savings Phase-Down
Medicare service expenditures for all participating individuals who are disabled and do not have Medicare	Savings Phase-Down
Medicaid service expenditures for all participating individuals whose MEG is defined as Adults;	Savings Phase-Down
Medicaid service expenditures for all participating individuals whose MEG is defined as Children;	Savings Phase-Down
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
Inpatient Hospital UPL for Included Population	N/A
Inpatient Hospital UPL for Excluded Population	N/A
Physician UPL	N/A
Outpatient UPL	N/A
	N/A
Individuals who have no source of third party coverage, for services provided by hospitals or other selected providers	N/A
All DSRIP Pool expenditures	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A

N/A
N/A
N/A

N/A
N/A
N/A

N/A
N/A
N/A

Hypothetical Test 2

WOW PMPMs and Aggregates

		7	8	9	10	11
Medicaid Per Capita						
<i>AMR</i>	1	\$1,253.57	\$1,301.21	\$1,350.66	\$1,401.98	\$1,455.26
<i>Disabled</i>	2	\$1,723.19	\$1,793.84	\$1,867.39	\$1,943.96	\$2,023.66
<i>Adults</i>	3	\$1,023.19	\$1,077.42	\$1,134.52	\$1,194.65	\$1,257.96
<i>Children</i>	4	\$347.08	\$362.70	\$379.02	\$396.07	\$413.90
Medicaid Aggregate - WOW only						
<i>UPL for Excluded Population</i>	1	\$1,681,649,843	\$1,681,649,843	\$1,681,649,843	\$1,681,649,843	\$1,681,649,843
<i>UPL for Included Population</i>	2	\$2,346,880,705	\$2,346,880,705	\$2,346,880,705	\$2,346,880,705	\$2,346,880,705
<i>Physician UPL</i>	3	\$84,237,473	\$84,237,473	\$84,237,473	\$84,237,473	\$84,237,473
<i>Outpatient UPL</i>	4	\$72,483,206	\$72,483,206	\$72,483,206	\$72,483,206	\$72,483,206

Program Spending Limits

						TOTAL
Program Name and Associated MEGs	7	8	9	10	11	
Spending Cap						
<i>UC Pool</i>	\$3,101,776,278	\$3,101,776,278	\$2,346,880,705	\$2,346,880,705	\$2,346,880,705	\$ 33,926,194,671
Expenditures Subject to Cap						
<i>UC Pool</i>	\$3,095,960,912	\$2,955,982,168	\$3,855,503,874	\$3,704,456,420		
Variance	\$5,815,366	\$145,794,110	(\$1,508,623,169)	(\$1,357,575,715)	\$2,346,880,705	\$ (312,146,273)
Over or Under	.	.	Over	Over	.	Over

						TOTAL
Program Name and Associated MEGs	7	8	9	10	11	
Spending Cap						
<i>DSRIP Pool</i>	\$3,100,000,000	\$3,100,000,000	\$2,910,000,000	\$2,490,000,000		\$ 26,118,000,000
Expenditures Subject to Cap						
<i>DSRIP Pool</i>	\$2,992,583,469	\$2,939,630,172	\$2,714,273,395	\$278,128,133		
Variance	\$107,416,531	\$160,369,828	\$195,726,605	\$2,211,871,867		\$ 3,850,905,592
Over or Under	.	.	.	.	.	.

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expendit

1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
 - MAP Waivers/ Total Computable section – into cell A100
 - MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste sta from the cell in column A (Waiver Name).
 - ADM Waivers/ Total Computable section – cell A300
 - ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03
64.21U & 64.21UP THTQIP-Qualified	0	73,166	89,310	54,844
THTQIP 217-like AMR	0	259,011,751	344,261,192	291,401,346
THTQIP 217-like Disabled	0	17,798,101	19,360,908	21,936,337
THTQIP-Adults	0	1,737,536,171	1,723,939,563	1,781,306,866
THTQIP-AMR	0	1,177,336,276	1,482,586,850	1,675,335,985
THTQIP-Children	0	6,878,956,097	7,143,108,267	7,615,974,372
THTQIP-Disabled	0	4,691,415,315	5,565,062,120	5,909,237,136
THTQIP-DSRIP	0	481,534,111	1,922,803,904	2,542,632,645
THTQIP-M-CHIP	0	0	0	409,857
THTQIP-UC	0	3,586,093,380	3,838,952,934	3,407,120,248
THTQIP-UC UPL	0	475,556,748	0	0
Total	0	19,305,311,116	22,040,165,048	23,245,409,636

Federal Share

Waiver Name	A	01	02	03
64.21U & 64.21UP THTQIP-Qualified	0	43,979	53,446	33,285
THTQIP 217-like AMR	0	150,816,990	204,392,686	171,276,580
THTQIP 217-like Disabled	0	10,362,199	11,481,126	12,874,560
THTQIP-Adults	0	1,027,927,574	1,039,807,747	1,067,618,747
THTQIP-AMR	0	685,837,904	908,828,419	1,028,035,411
THTQIP-Children	0	4,010,347,918	4,245,999,144	4,625,446,399
THTQIP-Disabled	0	2,735,137,203	3,320,964,650	3,515,898,945
THTQIP-DSRIP	0	285,514,664	1,127,669,818	1,477,674,356
THTQIP-M-CHIP	0	0	0	248,791
THTQIP-UC	0	2,087,754,133	2,276,499,091	1,999,638,874
THTQIP-UC UPL	0	295,480,041	0	0
Total	0	11,289,222,605	13,135,696,127	13,898,745,948

ADM Waivers

Total Computable

Waiver Name	A	01	02	03
THTQIP-Admin	0	605,069,237	571,643,258	679,973,474
Total	0	605,069,237	571,643,258	679,973,474

Federal Share

Waiver Name	A	01	02	03
THTQIP-Admin	0	324,463,915	308,941,375	370,404,261
Total	0	324,463,915	308,941,375	370,404,261

Data Pulled On: 02/15/2022
For the Time Period Through: 12/31/2021

Reporting DY 11
Reporting Quarter 1

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	04	05	06	07	08	09
	10,705	364	83	80	0	0
	390,821,028	374,152,006	10,804,805	781,010,547	430,418,251	475,041,891
	28,234,877	32,906,546	49,803,317	61,885,882	35,012,853	40,411,614
	1,934,167,762	1,957,381,229	2,019,237,432	2,268,910,396	2,496,083,803	2,879,541,038
	3,348,521,583	4,921,221,885	4,965,169,110	4,731,736,942	5,193,146,024	5,577,892,812
	7,975,696,086	8,186,226,587	7,061,951,648	8,160,455,697	8,471,246,112	9,124,359,082
	6,576,850,122	7,156,671,361	8,006,392,438	8,292,569,566	9,078,827,140	9,564,394,541
	2,678,290,377	2,842,676,178	2,874,542,024	2,992,583,469	2,939,630,172	2,714,273,395
	1,695,887	83,276	421	554	0	0
	3,226,292,250	2,990,648,209	3,101,773,801	3,095,960,912	2,955,982,168	3,855,503,874
	0	0	0	0	0	0
	26,160,580,677	28,461,967,641	28,089,675,079	30,385,114,045	31,600,346,523	34,231,418,247

	04	05	06	07	08	09
	6,501	364	83	80	0	0
	227,196,335	213,753,262	6,147,764	464,995,089	260,883,142	324,092,878
	16,390,394	18,794,476	28,330,698	36,313,089	20,936,184	27,190,410
	1,146,377,613	1,140,763,348	1,150,379,965	1,317,942,250	1,480,339,863	1,918,200,808
	1,998,823,656	2,841,749,542	2,819,799,076	2,703,039,106	3,046,439,289	3,685,226,817
	4,699,275,493	4,682,183,136	3,972,919,500	4,646,941,787	4,935,153,342	5,995,220,456
	3,854,964,456	4,111,476,272	4,524,720,362	4,737,657,520	5,309,370,865	6,302,051,170
	1,532,263,268	1,602,887,337	1,633,658,750	1,760,632,169	1,947,570,797	1,842,998,419
	1,635,151	83,276	421	554	0	0
	1,872,862,652	1,708,557,320	1,742,576,523	1,760,982,568	1,720,086,022	2,585,043,111
	0	0	0	0	0	0
	15,349,795,519	16,320,248,333	15,878,533,142	17,428,504,212	18,720,779,504	22,680,024,069

04	05	06	07	08	09
344,991,574	421,906,875	490,857,901	529,147,843	542,617,410	585,617,614
344,991,574	421,906,875	490,857,901	529,147,843	542,617,410	585,617,614

04	05	06	07	08	09
208,517,196	244,101,690	281,741,369	289,909,955	298,306,846	324,337,463
208,517,196	244,101,690	281,741,369	289,909,955	298,306,846	324,337,463

10	11	12	13	14	15
0	0	0	0	0	0
446,914,285	134,706,616	0	0	0	0
32,574,317	7,044,740	0	0	0	0
4,642,386,937	965,689,991	0	0	0	0
5,802,779,036	1,485,285,261	0	0	0	0
11,198,708,192	2,591,311,519	0	0	0	0
10,029,718,300	2,332,284,907	0	0	0	0
278,128,133	0	0	0	0	0
0	0	0	0	0	0
3,704,456,420	0	0	0	0	0
0	0	0	0	0	0
36,135,665,620	7,516,323,034	0	0	0	0

10	11	12	13	14	15
0	0	0	0	0	0
315,729,640	93,096,195	0	0	0	0
22,690,846	4,826,762	0	0	0	0
3,193,112,388	656,377,639	0	0	0	0
3,974,201,756	1,001,949,030	0	0	0	0
7,619,893,281	1,737,489,715	0	0	0	0
6,847,652,435	1,569,559,049	0	0	0	0
189,154,943	0	0	0	0	0
0	0	0	0	0	0
2,519,400,811	0	0	0	0	0
0	0	0	0	0	0
24,681,836,100	5,063,298,390	0	0	0	0

10	11	12	13	14	15
621,429,833	218,915,100	0	0	0	0
621,429,833	218,915,100	0	0	0	0

10	11	12	13	14	15
339,551,137	120,251,027	0	0	0	0
339,551,137	120,251,027	0	0	0	0

16	17	18	19	20	21
0	0	0	0	0	0
0	0	0	0	0	0

16	17	18	19	20	21
0	0	0	0	0	0
0	0	0	0	0	0

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28	29	30	Total	Total Less Non-Adds
0	0	0	228,552	228,552
0	0	0	3,938,543,718	3,938,543,718
0	0	0	346,969,492	346,969,492
0	0	0	24,406,181,188	24,406,181,188
0	0	0	40,361,011,764	40,361,011,764
0	0	0	84,407,993,659	84,407,993,659
0	0	0	77,203,422,946	77,203,422,946
0	0	0	22,267,094,408	22,267,094,408
0	0	0	2,189,995	2,189,995
0	0	0	33,762,784,196	33,762,784,196
0	0	0	475,556,748	475,556,748
0	0	0	287,171,976,666	287,171,976,666

28	29	30	Total	Total Less Non-Adds
0	0	0	137,738	137,738
0	0	0	2,432,380,561	2,432,380,561
0	0	0	210,190,744	210,190,744
0	0	0	15,138,847,942	15,138,847,942
0	0	0	24,693,930,006	24,693,930,006
0	0	0	51,170,870,171	51,170,870,171
0	0	0	46,829,452,927	46,829,452,927
0	0	0	13,400,024,521	13,400,024,521
0	0	0	1,968,193	1,968,193
0	0	0	20,273,401,105	20,273,401,105
0	0	0	295,480,041	295,480,041
0	0	0	174,446,683,949	174,446,683,949

28	29	30	Total	Total Less Non-Adds
0	0	0	5,612,170,119	5,612,170,119
0	0	0	5,612,170,119	5,612,170,119

28	29	30	Total	Total Less Non-Adds
0	0	0	3,110,526,234	3,110,526,234
0	0	0	3,110,526,234	3,110,526,234

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names	C Report Waiver Names	7	8	9	10	11
Medicaid Per Capita						
AMR	1 THTQIP-AMR	\$4,731,736,942	\$5,193,146,024	\$5,577,892,812	\$5,802,779,036	\$1,485,285,261
Disabled	2 THTQIP-Disabled	\$8,292,569,566	\$9,078,827,140	\$9,564,394,541	\$10,029,718,300	\$2,332,284,907
Adults	3 THTQIP-Adults	\$2,268,910,396	\$2,496,083,803	\$2,879,541,038	\$4,642,386,937	\$965,689,991
Children	4 THTQIP-Children	\$8,160,455,697	\$8,471,246,112	\$9,124,359,082	\$11,198,708,192	\$2,591,311,519
Children	4 THTQIP-M-CHIP	\$554				
Children	4 64.21U & 64.21UP THTQIP-Qualified	\$80				
Medicaid Aggregate - WW only						
UC Pool	1 THTQIP-UC	\$3,095,960,912	\$2,955,982,168	\$3,855,503,874	\$3,704,456,420	
UC Pool	1 THTQIP-UC UPL					
DSRIP Pool	2 THTQIP-DSRIP	\$2,992,583,469	\$2,939,630,172	\$2,714,273,395	\$278,128,133	
TOTAL		\$ 29,542,217,616	\$ 31,134,915,419	\$ 33,715,964,742	\$ 35,656,177,018	\$ 7,374,571,678

WW Spending - Actual

Total Computable

		7	8	9	10	11
<u>Medicaid Per Capita</u>						
AMR	1	\$4,731,736,942	\$5,191,220,158	\$5,577,892,812	\$5,802,779,036	\$1,485,285,261
Disabled	2	\$8,292,569,566	\$8,959,889,158	\$9,564,394,541	\$10,029,718,300	\$2,332,284,907
Adults	3	\$2,268,910,396	\$2,465,725,827	\$2,879,541,038	\$4,642,386,937	\$965,689,991
Children	4	\$8,160,456,331	\$8,365,608,833	\$9,124,359,082	\$11,198,708,192	\$2,591,311,519
<u>Medicaid Aggregate - WW only</u>						
UC Pool	1	\$3,095,960,912	\$2,955,982,168	\$3,855,503,874	\$3,704,456,420	
DSRIP Pool	2	\$2,992,583,469	\$2,939,630,172	\$2,714,273,395	\$278,128,133	
TOTAL		\$ 29,542,217,616	\$ 30,878,056,316	\$ 33,715,964,742	\$ 35,656,177,018	\$ 7,374,571,678

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments
 Positive adjustments increase expenditures, and negative adjustments decrease
 Enter adjustments for every MEG for which adjustments were made or are planned
Helpful Hint: Remember to enter total adjustments as positive or negative (for

		7
<u>Medicaid Per Capita</u>		
AMR	1	
Disabled	2	
Adults	3	
Children	4	
<u>Medicaid Aggregate - WW only</u>		
UC Pool	1	
DSRIP Pool	2	

nts to the previous reporting periods.
ise expenditures.
inned.
or example, -\$10,000 reflects a decrease in expenditures).

8	9	10	11
-\$1,925,866			
-\$118,937,982			
-\$30,357,976			
-\$105,637,279			

Description (type of collection, time period, CMS-64 reporting line, etc.)

ACA HIPF
ACA HIPF
ACA HIPF
ACA HIPF

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.

Enter the projected annual expenditures for each DY per MEG for the active DYs.

For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

Total Computable

		7	8	9	10	11
Medicaid Per Capita						
AMR	1					\$4,291,934,156
Disabled	2					\$7,612,982,694
Adults	3					\$3,651,485,491
Children	4					\$8,590,044,352
Medicaid Aggregate - WW only						
UC Pool	1					\$3,873,206,193
DSRIP Pool	2					

BNI0k

WW Spending - Total

Total Computable

		7	8	9	10	11
<u>Medicaid Per Capita</u>						
AMR	1	\$4,731,736,942	\$5,191,220,158	\$5,577,892,812	\$5,802,779,036	\$5,777,219,417
Disabled	2	\$8,292,569,566	\$8,959,889,158	\$9,564,394,541	\$10,029,718,300	\$9,945,267,601
Adults	3	\$2,268,910,396	\$2,465,725,827	\$2,879,541,038	\$4,642,386,937	\$4,617,175,482
<u>Medicaid Aggregate - WW only</u>						
UC Pool	1	\$3,095,960,912	\$2,955,982,168	\$3,855,503,874	\$3,704,456,420	\$3,873,206,193
DSRIP Pool	2	\$2,992,583,469	\$2,939,630,172	\$2,714,273,395	\$278,128,133	
TOTAL		\$ 29,542,217,616	\$ 30,878,056,316	\$ 33,715,964,742	\$ 35,656,177,018	\$ 35,394,224,565

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.

For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.

Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.

Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		7	8	9	10	11
Medicaid Per Capita						
AMR	1	4,269,502	4,253,307	4,275,480	4,208,633	1064014
Disabled	2	4,990,565	4,898,960	4,884,022	5,016,658	1266097
Adults	3	3,416,904	3,275,131	3,613,597	5,659,908	1722101
Children	4	31,614,307	30,691,208	31,808,171	36,981,961	9898230

Member Months - Projected

Enter/adjust projected member months based on reported actuals.

Enter projected number of member months for each active DY per MEG for the demonstration.

For the current DY, enter only the number that reflects projections for future quarters of the DY.

Do not include member months for either the current reporting quarter or past quarters.

		7	8	9	10	11
Medicaid Per Capita						
AMR	1					3,202,015
Disabled	2					3,810,019
Adults	3					5,459,108
Children	4					30,393,130

Member Months - Total

		7	8	9	10	11
<u>Medicaid Per Capita</u>						
AMR	1	4,269,502	4,253,307	4,275,480	4,208,633	4,266,029
Disabled	2	4,990,565	4,898,960	4,884,022	5,016,658	5,076,116
Adults	3	3,416,904	3,275,131	3,613,597	5,659,908	7,181,209
Children	4	31,614,307	30,691,208	31,808,171	36,981,961	40,291,360

Yes No

Yes
No

Per Capita or Aggregate

Per Capita
Aggregate

Phase-Down

No Phase-Down
Savings Phase-Down

Actuals and Projected

Actuals Only
Actuals + Projected

MAP ADM

MAP+ADM Waivers
MAP Waivers Only

Waiver List

MAP WAIVERS

Not Applicable
64.21U & 64.21UP THTQIP-Qualified
THTQIP 217-like AMR
THTQIP 217-like Disabled
THTQIP-Adults
THTQIP-AMR
THTQIP-Children
THTQIP-Disabled
THTQIP-DSRIP
THTQIP-M-CHIP
THTQIP-UC
THTQIP-UC UPL

ADM WAIVERS

<u>Demonstration Reporting Start DY</u>	7
<u>Demonstration Reporting End DY</u>	11

<u>Reporting Net Variance</u>	
\$	7,625,735,322

Attachment Q
Members with Special Health Care Needs SFY22
(Blanks = No Data Available)

SDA	MCO	Q1								
		STAR								
		Total MSHCN	MSHCN with Service Plan	MSHCN without Service Plan*		Declined Service Management**		Unable to Reach**		
Bexar	Aetna	27	15	55.56%	12	44.44%	0	0.00%	12	100.00%
	Amerigroup	1,307	128	9.79%	1,179	90.21%	203	17.22%	976	82.78%
	Community First	98	4	4.08%	94	95.92%	42	44.68%	52	55.32%
	Superior	2,298	682	29.68%	1,616	70.32%	671	41.52%	910	56.31%
	SDA Total	3,730	829	22.23%	2,901	77.77%	916	24.56%	1,950	52.28%
Dallas	Amerigroup	15,389	2,488	16.17%	12,901	83.83%	2,766	21.44%	10,135	78.56%
	Molina	1,229	333	27.10%	896	72.90%	173	19.31%	711	79.35%
	Parkland	2,629	424	16.13%	2,205	83.87%	311	14.10%	2,205	100.00%
	SDA Total	19,247	3,245	16.86%	16,002	83.14%	3,250	16.89%	13,051	67.81%
El Paso	El Paso First	793	153	19.29%	640	80.71%	30	4.69%	610	95.31%
	Molina	106	23	21.70%	83	78.30%	13	15.66%	69	83.13%
	Superior	824	179	21.72%	645	78.28%	254	39.38%	382	59.22%
	SDA Total	1,723	355	20.60%	1,368	79.40%	297	17.24%	1,061	61.58%
Harris	Amerigroup	4,928	833	16.90%	4,095	83.10%	943	23.03%	3,152	76.97%
	CHC	1,356	772	56.93%	584	43.07%	201	34.42%	383	65.58%
	Molina	658	158	24.01%	500	75.99%	91	18.20%	408	81.60%
	Texas Children's	23,634	1,884	7.97%	21,750	92.03%	6,030	27.72%	12,159	55.90%
	United	1,313	1,109	84.46%	204	15.54%	30	14.71%	172	84.31%
SDA Total	31,889	4,756	14.91%	27,133	85.09%	7,295	22.88%	16,274	51.03%	
Hidalgo	Driscoll Children's	3,679	2,487	67.60%	1,192	32.40%	19	1.59%	1,173	98.41%
	Molina	1,547	346	22.37%	1,201	77.63%	95	7.91%	1,089	90.67%
	Superior	2,167	547	25.24%	1,620	74.76%	716	44.20%	891	55.00%
	United	661	515	77.91%	146	22.09%	15	10.27%	131	89.73%
	SDA Total	8,054	3,895	48.36%	4,159	51.64%	845	10.49%	3,284	40.77%
Jefferson	Amerigroup	564	107	18.97%	457	81.03%	92	20.13%	365	79.87%
	CHC	125	63	50.40%	62	49.60%	21	33.87%	41	66.13%
	Molina	164	36	21.95%	128	78.05%	33	25.78%	92	71.88%
	Texas Children's	3,128	220	7.03%	2,908	92.97%	674	23.18%	1,584	54.47%
	United	290	214	73.79%	76	26.21%	6	7.89%	70	92.11%
SDA Total	4,271	640	14.98%	3,631	85.02%	826	19.34%	2,152	50.39%	
Lubbock	Amerigroup	1,075	121	11.26%	954	88.74%	167	17.51%	787	82.49%
	FirstCare	1,354	226	16.69%	1,128	83.31%	100	8.87%	1,028	91.13%
	Superior	670	181	27.01%	489	72.99%	195	39.88%	284	58.08%
	SDA Total	3,099	528	17.04%	2,571	82.96%	462	14.91%	2,099	67.73%
MRSA Central	Amerigroup	1,617	208	12.86%	1,409	87.14%	283	20.09%	1,126	79.91%
	Scott & White	1,796	390	21.71%	1,406	78.29%	164	11.66%	1,242	88.34%
	Superior	1,180	406	34.41%	774	65.59%	321	41.47%	437	56.46%
	SDA Total	4,593	1,004	21.86%	3,589	78.14%	768	16.72%	2,805	61.07%
MRSA Northeast	Amerigroup	5,352	735	13.73%	4,617	86.27%	994	21.53%	3,623	78.47%
	Superior	1,210	436	36.03%	774	63.97%	286	36.95%	461	59.56%
	SDA Total	6,562	1,171	17.85%	5,391	82.15%	1,280	19.51%	4,084	62.24%
MRSA West	Amerigroup	2,915	398	13.65%	2,517	86.35%	458	18.20%	2,059	81.80%
	FirstCare	1,530	216	14.12%	1,314	85.88%	105	7.99%	1,209	92.01%
	Superior	1,190	365	30.67%	825	69.33%	323	39.15%	487	59.03%
	SDA Total	5,635	979	17.37%	4,656	82.63%	886	15.72%	3,755	66.64%
Nueces	Driscoll Children's	3,644	2,753	75.55%	891	24.45%	72	8.08%	819	91.92%
	Superior	459	107	23.31%	352	76.69%	145	41.19%	205	58.24%
	United	25	24	96.00%	1	4.00%	0	0.00%	1	100.00%
	SDA Total	4,128	2,884	69.86%	1,244	30.14%	217	5.26%	1,025	24.83%
Tarrant	Aetna	107	71	66.36%	36	33.64%	1	2.78%	35	97.22%
	Amerigroup	8,297	1,365	16.45%	6,932	83.55%	1,665	24.02%	5,267	75.98%
	Cook Children's	2,741	843	30.76%	1,898	69.24%	1,146	60.38%	752	39.62%
	SDA Total	11,145	2,279	20.45%	8,866	79.55%	2,812	25.23%	6,054	54.32%
Travis	BCBS	2,085	316	15.16%	1,769	84.84%	1,028	58.11%	667	37.70%
	Dell	2,771	435	15.70%	2,336	84.30%	467	19.99%	1,869	80.01%
	Superior	1,368	519	37.94%	849	62.06%	386	45.47%	449	52.89%
	SDA Total	6,224	1,270	20.40%	4,954	79.60%	1,881	30.22%	2,985	47.96%
Statewide Total		110,300	23,835	21.61%	86,465	78.39%	21,735	19.71%	60,579	54.92%

* The number without service plans includes those who declined and those who could not be reached.

** Percentages represent the proportion of MSHCN without service plans who declined Service Management or whom the MCO was unable to reach. Mer Department of State Health Services (DSHS) Children with Special Health Care Needs (CSHCN) Program as further defined in Texas Health & Safety Code § 35.0022, who: (1) has a serious ongoing illness, a Chronic or Complex Condition, or a Disability that has lasted or is anticipated to last for a

**Attachment R1
MCO Referrals to IG
SFY22 Q2 Report
(Blanks = No Data Available)**

MCO	Q1				Q2			
	Sep-21	Oct-21	Nov-21	Total	Dec-21	Jan-22	Feb-22	Total
Investigation Category								
Program non-compliance	4	4	2	10	2	1	1	4
Non-appropriate billing	17	32	32	81	40	26	33	99
Billing for Services not Rendered		1		1				
Quality of Care				0				
Solicitation				0				
Upcoding				0				
Billing for Services After Death				0				
Billing unnecessary services				0				
Failure to disclose required info				0				
Attendant Care FWA				0				
Physical /Sexual Abuse of an Individual				0				
Forged or altered documents				0				
Total Referrals Received	21	37	34	92	42	27	34	103

MCO = Managed Care Organization
OIG = Office of Inspector General

**Attachment R2
Dental Plan Referrals to IG
SFY22 Q2 Report
(Blanks = No Data Available)**

DMO	Q1				Q2			
	Sep-21	Oct-21	Nov-21	Total	Dec-21	Jan-22	Feb-22	Total
Investigation Category								
Program non-compliance				0				
Non-appropriate billing	6	3	4	13	4	7	2	13
Billing for Services not Rendered				0				
Billing unnecessary services				0				
Solicitation				0				
Quality of Care				0				
Total Referrals Received	6	3	4	13	4	7	2	13

DMO = Dental Maintenance Organization

MFCU = Medicaid Fraud Control Unit

OIG = Office of Inspector General

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	99%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	1%	14%	15%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 30 days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	94%	92%	97%
Amerigroup	98%	100%	100%
BCBS	100%	98%	97%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	99%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	99%	99%	98%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	94%	92%	97%
Amerigroup	98%	100%	100%
BCBS	100%	98%	97%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	99%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	99%	99%	98%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

**Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

MCO	Behavioral Health Services Claims		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health		100%	
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	95%	96%	98%
Amerigroup	99%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	98%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Appealed Adjusted within 30 Days (98% SDT)		
	Quarter 1		
	Sept	Oct	Nov
CHC			100%
Cook Children's			
Driscoll Children's	100%	100%	
El Paso Health		100%	
FirstCare	100%	100%	100%
Molina	100%		100%
Scott & White			100%
Superior		100%	100%
Texas Children's	100%	100%	

**Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)**

MCO	Vision Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	(98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Dell	100%	100%	100%
Driscoll Children's	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V1
STAR Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna			100%
Amerigroup	100%	100%	100%
BCBS		100%	
CHC	100%	100%	100%
Community First			
Cook Children's		100%	
Dell			
FirstCare			
Driscoll Children's	100%	100%	100%
Molina			
Scott & White			
Parkland			
Texas Children's		100%	

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	98%	99%	99%
Cigna-HealthSpring	100%	98%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	99%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 30 days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	92%	99%	99%
Cigna-HealthSpring	100%	99%	97%
Molina	100%	100%	99%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring		100%	
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	97%	100%	100%
Cigna-HealthSpring	99%	100%	97%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Appealed Adjusted within 30 Days (98% SDT)		
	Quarter 1		
	Sept	Oct	Nov
Molina	100%	100%	100%
Superior	100%		100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	99%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	99%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	(98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	93%
Cigna-HealthSpring	100%	100%	100%
Molina	100%		100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	99%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	99%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	97%	97%	97%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V2
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Amerigroup	100%	100%	100%
Cigna-HealthSpring	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

Attachment V3
STAR+PLUS Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

SDA	Dental Program	Measure	Dental Claims		
			Quarter 1		
			Sept	Oct	Nov
Statewide	DentaQuest	Dental Clean 30	100%	100%	100%
		Dental Appealed 30	100%	100%	100%
		Dental Clean 90	100%	100%	100%
	MCNA	Dental Clean 30	83%	95%	98%
		Dental Appealed 30	100%	100%	100%
		Dental Clean 90	100%	100%	100%
	United Healcare Dental	Dental Clean 30	100%	100%	100%
		Dental Appealed 30	100%	100%	100%
		Dental Clean 90	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	98%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's		100%	
Driscoll Children's	100%	100%	99%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	99%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 30 days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	92%	91%	96%
Amerigroup	98%	100%	100%
BCBS	99%	97%	97%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	99%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	99%	99%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Acute Care Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	98%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's		100%	
Driscoll Children's	100%	100%	100%
Superior	100%		100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	94%	96%	99%
Amerigroup	99%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Behavioral Health Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	97%	99%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Appealed Adjusted within 30 Days (98% SDT)		
	Quarter 1		
	Sept	Oct	Nov
Aenta			
Driscoll Children's			
Superior			100%
Texas Children's			

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	99%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Vision Services Claims		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center	100%	100%	100%
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	% Clean Electronic Claims Adjudicated within 18 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Childrens Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Pharmacy Benefit Manager's Claims		
	% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna			
Amerigroup	100%		
BCBS	100%		
Community First			
Cook Children's			
Driscoll Children's			
Texas Children's			

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Appealed Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	98%
Cook Children's			
Driscoll Children's	100%	100%	99%
Superior			
Texas Children's	100%	100%	99%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Clean Adjudicated within 30 Days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	99%	96%	93%
Amerigroup	98%	100%	100%
BCBS	100%	100%	100%
Childrens Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

Attachment V4
STAR Kids Claims Adjudication
SFY22 Q1
SFY22 Q2 Report
(Blanks = No Data Available)

MCO	Long-term Services and Supports		
	% Clean Adjudicated within 90 Days (99% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	99%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Children's Medical Center			
Community First	100%	100%	100%
Cook Children's	100%	100%	100%
Driscoll Children's	100%	100%	100%
Superior	100%	100%	100%
Texas Children's	100%	100%	100%
United	100%	100%	100%

DSRIP Provider Summary - October DY10

RHP	TPI	Provider Name	Provider Type	Year	Round
1	111411803	Anderson Cherokee Community MHMR Center (	Community M	10	2
1	138365512	Andrews Center	Community M	10	2
1	387515501	Athens Hospital LLC	Hospital	10	2
1	136367307	Burke Center	Community M	10	2
1	387663301	Carthage Hospital LLC	Hospital	10	2
1	366812101	Christus Hopkins Health Alliance	Hospital	10	2
1	130862905	East Texas Medical Center Clarksville	Hospital	10	2
1	168447401	East Texas Medical Center Gilmer	Hospital	10	2
1	136140407	East Texas Medical Center Mount Vernon	Hospital	10	2
1	121817401	East Texas Medical Center Trinity	Hospital	10	2
1	137319306	East Texas Medical Center- Crockett	Hospital	10	2
1	376537203	Fairfield Hospital District dba Freestone Medical	Hospital	10	2
1	330811601	Fannin County Hosp Auth dba TMC Bonham Hos	Hospital	10	2
1	387377001	Henderson Hospital LLC	Hospital	10	2
1	131038504	Hunt Mem Hosp Dist dba Hunt Reg Med Ctr Gree	Hospital	10	2
1	387381201	Jacksonville Hospital LLC	Hospital	10	2
1	121988304	Lakes Regional MHMR Center	Community M	10	2
1	084434201	MHMR SVCS of Texoma	Community M	10	2
1	094108002	Mother Frances Hospital Regional Healthcare Ce	Hospital	10	2
1	138360606	Northeast Texas Public Health District	Local Health D	10	2
1	140425362	Paris Lamar County Health Department	Local Health D	10	2
1	388696201	Pittsburg Hospital LLC	Hospital	10	2
1	388701003	Quitman Hospital LLC	Hospital	10	2
1	137921608	Sabine Valley Reg MHMR Ctr dba Community He	Community M	10	2
1	112667403	The Good Shepherd Hospital dba Good Shepherc	Hospital	10	2
1	138913209	Titus County Memorial Hospital dba Titus Region	Hospital	10	2
1	388347201	Tyler Regional Hospital LLC	Hospital	10	2
1	127278302	University of Texas Health Center at Tyler	Physician Prac	10	2
2	130983309	Angelina County & Cities Health District	Local Health D	10	2
2	121805903	Angleton Danbury Medical Center	Hospital	10	2
2	094148602	Baptist Hosp of SE TX dba Mem Hermann Bapt B	Hospital	10	2
2	112671602	Brazosport Regional Health System	Hospital	10	2
2	136367307	Burke Center	Community M	10	2
2	138296208	Christus Health Southeast Tx dba Christus St. Eliz	Hospital	10	2
2	019053001	Coastal Health Wellness	Local Health D	10	2
2	284333604	Liberty-Dayton Regional Medical Center LLC	Hospital	10	2
2	139172412	Memorial Medical Center Lufkin	Hospital	10	2
2	131030203	Nacogdoches County Hospital District	Hospital	10	2
2	200683501	Preferred Hospital Leasing Hemphill Inc	Hospital	10	2
2	096166602	Spindletop Center	Community M	10	2
2	135222109	The Gulf Coast Center	Community M	10	2
2	081844501	Tri-County Behavioral Healthcare	Community M	10	2
2	136381405	Tyler County Hospital	Hospital	10	2

2	094092602	University of Texas Medical Branch - Galveston	Hospital	10	2
2	109372601	University of Texas Medical Branch - Galveston	Physician Prac	10	2
2	094164302	Woodland Heights Medical Center	Hospital	10	2
3	082006001	Baylor College of Medicine Grants and Contracts	Physician Prac	10	2
3	020993401	Bayside Community Hospital	Hospital	10	2
3	020817501	CHCA Bayshore LP dba Bayshore Medical Center	Hospital	10	2
3	094187402	CHCA West Houston LP dba West Houston Medical	Hospital	10	2
3	093774008	City of Houston	Local Health D	10	2
3	135033210	Columbus Community Hospital	Hospital	10	2
3	311054601	El Campo Memorial Hospital	Hospital	10	2
3	296760601	Fort Bend County	Local Health D	10	2
3	135254407	Gulf Bend MHMR Center	Community M	10	2
3	133355104	Harris County Hospital District	Hospital	10	2
3	158771901	Harris County Public Health & Environmental Ser	Local Health D	10	2
3	137949705	Houston Methodist Hospital	Hospital	10	2
3	130959304	Matagorda County Hospital District dba Matagor	Hospital	10	2
3	137805107	Memorial Hermann Hospital Southwest dba Mer	Hospital	10	2
3	020834001	Memorial Hermann Hospital System (The Woodl	Hospital	10	2
3	137909111	Memorial Medical Center	Hospital	10	2
3	140713201	Methodist Willowbrook	Hospital	10	2
3	377705401	North Houston-TRMC LLC dba Tomball Reg Med	Hospital	10	2
3	127303903	Oak Bend Medical Center	Hospital	10	2
3	212060201	Rice Medical Center	Hospital	10	2
3	096166602	Spindletop Center	Community M	10	2
3	181706601	St Joseph Medical Center LLC	Hospital	10	2
3	127300503	St. Luke's Episcopal Hospital	Hospital	10	2
3	081522701	Texana Center	Community M	10	2
3	139135109	Texas Children's Hospital	Hospital	10	2
3	113180703	The Harris Center for Mental Health and IDD	Community M	10	2
3	112672402	UT MD Anderson Cancer Center	Hospital	10	2
3	111810101	Unv of Tx HSC at Houston-UTHSC Sponsored Proj	Physician Prac	10	2
4	126844305	Bluebonnet Trails Community MHMR Center dba	Community M	10	2
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	10	2
4	121990904	Camino Real Community Services	Community M	10	2
4	094222903	Christus Spohn Hospital Alice	Hospital	10	2
4	020811801	Christus Spohn Hospital Beeville	Hospital	10	2
4	130958505	City of Corpus Christi Nueces County Public Healt	Local Health D	10	2
4	080368601	Coastal Plains Community MHMR Center	Community M	10	2
4	020973601	Corpus Christi Medical Center	Hospital	10	2
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	10	2
4	138911619	Cuero Community Hospital	Hospital	10	2
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	10	2
4	132812205	Driscoll Children's Hospital	Hospital	10	2
4	121785303	Gonzales County Hospital District DBA Memorial	Hospital	10	2
4	135254407	Gulf Bend MHMR Center	Community M	10	2
4	121808305	Jackson County Hospital	Hospital	10	2
4	136412710	Karnes County Hospital District dba Otto Kaiser M	Hospital	10	2

4	135233809	Lavaca Medical Center	Hospital	10	2
4	130958511	Nueces County	Local Health D	10	2
4	138305109	Nueces County MHMR Community Ctr dba Beha	Community M	10	2
4	020991801	Refugio County Memorial Hospital	Hospital	10	2
4	121775403	Spohn Health System dba Spohn Memorial Hospi	Hospital	10	2
4	112673204	Yoakum Community Hospital	Hospital	10	2
5	121989102	Border Region MHMR Community Center	Community M	10	2
5	112716902	Columbia Rio Grande Healthcare dba Rio Grande	Hospital	10	2
5	020947001	Columbia Valley Regional Medical Center	Hospital	10	2
5	160709501	Doctor's Hospital at Renaissance	Hospital	10	2
5	132812205	Driscoll Children's Hospital	Hospital	10	2
5	154504801	Harlingen Medical Center	Hospital	10	2
5	135035706	Knapp Medical Center	Hospital	10	2
5	094113001	McAllen Hospitals LP dba Edinburg Regional Med	Hospital	10	2
5	136332705	Starr County Memorial Hospital	Hospital	10	2
5	138708601	Tropical Texas Behavioral Health	Community M	10	2
5	085144601	University of Texas Health Science Center SA	Physician Prac	10	2
5	343698201	University of Tx Rio Grande Valle	Physician Prac	10	2
5	111810101	Unv of Tx HSC at Houston-UTHSC Sponsored Proj	Physician Prac	10	2
6	159156201	Baptist Medical Center (VHS San Antonio Partner	Hospital	10	2
6	126844305	Bluebonnet Trails Community MHMR Center dba	Community M	10	2
6	020844903	CHRISTUS Santa Rosa Health Care (Children's Hos	Hospital	10	2
6	020844901	CHRISTUS Santa Rosa Hospital	Hospital	10	2
6	121990904	Camino Real Community Services	Community M	10	2
6	091308902	City of San Antonio Health Department	Local Health D	10	2
6	092414401	Community Medicine Associates	Physician Prac	10	2
6	425956601	DSHS (Texas Center for Infectious Disease)	Hospital	10	2
6	217884004	Dimmit County Memorial Hospital	Hospital	10	2
6	112688004	Frio Regional Hospital	Hospital	10	2
6	138411709	Guadalupe County Hospital Board dba Guadalupe	Hospital	10	2
6	133340307	Hill Country Community MHMR dba hill Country	Community M	10	2
6	136430906	Hill Country Memorial Hospital	Hospital	10	2
6	212140201	Medina County Hospital District dba Medina Reg	Hospital	10	2
6	094154402	Methodist Hlthcare Sys of SA Southwest Texas M	Hospital	10	2
6	297342201	Nix Hospitals System LLC dba Nix Health Care Sys	Hospital	10	2
6	127294003	Sid Peterson Memorial Hospital dba Peterson Re	Hospital	10	2
6	136491104	Southwest General Hospital	Hospital	10	2
6	112742503	Southwest Mental Hlth Ctr (Clarity Child Guidanc	Hospital	10	2
6	137251808	The Center for Health Care Services	Community M	10	2
6	136141205	University Health System (Bexar County Hospita	Hospital	10	2
6	085144601	University of Texas Health Science Center SA	Physician Prac	10	2
6	121782006	Uvalde County Hosp Authority dba Uvalde Memc	Hospital	10	2
6	119877204	Val Verde Regional Medical Center	Hospital	10	2
6	135151206	Wilson County Mem Hosp Floresville dba Conally	Hospital	10	2
7	133542405	Austin Travis County MHMR Center	Community M	10	2
7	126844305	Bluebonnet Trails Community MHMR Center dba	Community M	10	2
7	415580601	Christus Santa Rosa Health Care Corporation	Hospital	10	2

7 344398801	City of Austin	Local Health D	10	2
7 307459301	Community Care Collaborative	Physician Prac	10	2
7 133340307	Hill Country Community MHMR dba hill Country	Community M	10	2
7 137265806	Seton Family of Hospitals Dell Seton Med Ctr @U	Hospital	10	2
7 186599001	Seton Healthcare dba Dell Children's Medical Cer	Hospital	10	2
7 112717702	St David's Hlthcare Partnership dba South Austin	Hospital	10	2
7 176692501	St. Mark's Medical Center	Hospital	10	2
8 088334001	Bell County Public Health District	Local Health D	10	2
8 126844305	Bluebonnet Trails Community MHMR Center dba	Community M	10	2
8 192622201	Cedar Park Health System, LP dba Cedar Park Reç	Hospital	10	2
8 081771001	Central Counties Center for MHMR Services	Community M	10	2
8 133339505	Central Texas MHMR	Community M	10	2
8 312239201	HH Killeen Hlth Sytm LLC dba Seton Med Ctr Harl	Hospital	10	2
8 133340307	Hill Country Community MHMR dba hill Country	Community M	10	2
8 094119702	Metroplex Health System	Hospital	10	2
8 183086102	Rockdale Blackhawk, LLC dba Little River Healthc	Hospital	10	2
8 220798701	Scott & White Hospital - Llano	Hospital	10	2
8 353712801	Scott & White Hospital - Marble Falls	Hospital	10	2
8 137249208	Scott & White Memorial Hospital c/o State Comç	Hospital	10	2
8 094151004	Seton Highland Lakes	Hospital	10	2
8 020957901	St David's Hlthcare Partnership dba Round Rock I	Hospital	10	2
8 126936702	Williamson County & Cities Health District	Local Health D	10	2
9 362293801	BT Garland JV LLP	Hospital	10	2
9 121776205	Baylor Medical Center At Irving	Hospital	10	2
9 344925801	Baylor Medical Center at Carrollton	Hospital	10	2
9 139485012	Baylor University Medical Center	Hospital	10	2
9 138910807	Children's Medical Center of Dallas	Hospital	10	2
9 020943901	Columbia Hosp at Med City Dallas Subsid dba Me	Hospital	10	2
9 111905902	Columbia Medical Center of Denton dba Denton	Hospital	10	2
9 020979302	Columbia Medical Center of Las Colinas Inc dba L	Hospital	10	2
9 094192402	Columbia Medical Center of Lewisville dba Medic	Hospital	10	2
9 121758005	Dallas County	Local Health D	10	2
9 127295703	Dallas County Hospital District dba Parkland Heal	Hospital	10	2
9 135234606	Denton County MHMR Center	Community M	10	2
9 136360803	Denton County dba Denton County Health Depar	Local Health D	10	2
9 121988304	Lakes Regional MHMR Center	Community M	10	2
9 126679303	Methodist Hosp of Dallas Methodist Charlton Me	Hospital	10	2
9 135032405	Methodist Hosp of Dallas Methodist Dallas Med	Hospital	10	2
9 209345201	Methodist Hosp of Dallas dba Methodist Richard	Hospital	10	2
9 137252607	Metrocare Services	Community M	10	2
9 391575301	Pipeline East Dallas LLC dba City Hospital White F	Hospital	10	2
9 020908201	Presbyterian Hospital Of Dallas (TX Health Resou	Hospital	10	2
9 009784201	TAMUS Health Science Center dba Baylor College	Physician Prac	10	2
9 020967802	Texas Health Presbyterian Hospital Denton Presb	Hospital	10	2
9 094140302	Texas Health Presbyterian Hospital Kaufman dba	Hospital	10	2
9 094379701	Timberlawn Mental Health System	Hospital	10	2
9 126686802	UT Southwestern Medical Center at Dallas	Physician Prac	10	2

9	175287501	University of Texas Southwestern St Paul Univers Hospital		10	2
10	360106401	Acclaim Physician Group Inc	Physician Prac	10	2
10	135036506	Baylor All Saints Medical Center	Hospital	10	2
10	138910807	Children's Medical Center of Dallas	Hospital	10	2
10	020950401	Columbia Medical Ctr of Arlington dba Med Ctr A Hospital		10	2
10	094105602	Columbia North Hills Hospital dba North Hills Ho	Hospital	10	2
10	094193202	Columbia Plaza Medical Center of Fort Worth db	Hospital	10	2
10	021184901	Cook-Fort Worth Children's Medical Center	Hospital	10	2
10	130606006	Decatur Community Hospital (Wise Reg Health S)	Hospital	10	2
10	216719901	Glen Rose Medical Center	Hospital	10	2
10	112677302	Harris Methodist Fort Worth Hospital	Hospital	10	2
10	127304703	Harris Methodist Northwest Hosp (Azle)	Hospital	10	2
10	120726804	Harris Methodist Southwest Hospital	Hospital	10	2
10	127373205	Helen Farabee Centers	Community M	10	2
10	121988304	Lakes Regional MHMR Center	Community M	10	2
10	081599501	MHMR of Tarrant County	Community M	10	2
10	186221101	Methodist Mansfield Medical Center	Hospital	10	2
10	121822403	PRHC-Ennis, L.P. dba Ennis Regional Medical Cen	Hospital	10	2
10	130724106	Pecan Valley MHMR Region dba Pecan Valley Ce	Community M	10	2
10	083149703	Tarrant County	Local Health D	10	2
10	126675104	Tarrant County Hospital District dba JPS Health N	Hospital	10	2
10	130614405	Texas Health Arlington Memorial Hospital	Hospital	10	2
10	121794503	Texas Health Harris Mehodist Hospital Stephenvi	Hospital	10	2
10	136326908	Texas Health Harris Methodist HEB	Hospital	10	2
10	316296801	Texas Health Harris Methodist Hospital Alliance	Hospital	10	2
10	131036903	Texas Health Harris Methodist Hospital Cleburne	Hospital	10	2
10	314080801	Texas Health Huguley INC dba Huguley Memori	Hospital	10	2
10	138980111	UNTHSC at Fort Worth	Physician Prac	10	2
10	126686802	UT Southwestern Medical Center at Dallas	Physician Prac	10	2
10	206106101	Wise Clinical Care Associates	Physician Prac	10	2
11	133338707	Abilene Regional MHMR dba Hardwick Center	Community M	10	2
11	364187001	Anson General Hospital	Hospital	10	2
11	133339505	Central Texas MHMR	Community M	10	2
11	281406304	Comanche County Medical Center Company	Hospital	10	2
11	137074409	Eastland Memorial Hospital	Hospital	10	2
11	112692202	Fisher County Hospital	Hospital	10	2
11	094131202	Hamlin Memorial Hospital	Physician Prac	10	2
11	112702904	Haskell Memorial Hospital	Hospital	10	2
11	127373205	Helen Farabee Centers	Community M	10	2
11	138644310	Hendrick Medical Center	Hospital	10	2
11	121053602	Knox County Hospital District dba Knox County H	Hospital	10	2
11	136325111	Mitchell County Hospital District dba Mitchell Co	Hospital	10	2
11	138950412	Palo Pinto Co Hosp Dist dba Palo Pinto Gen Hosp	Hospital	10	2
11	130724106	Pecan Valley MHMR Region dba Pecan Valley Ce	Community M	10	2
11	133244705	Rolling Plains Memorial Hospital	Hospital	10	2
11	406583101	Stamford Hosp Dist dba Stamford Family Health	Physician Prac	10	2
11	337991901	Stephens Memorial Hospital dba Stephens Count	Hospital	10	2

11	020992601	Stonewall Memorial Hospital	Hospital	10	2
11	130725806	West Texas Centers for MHMR	Community M	10	2
12	322879301	Baptist St. Anthony's Health System	Hospital	10	2
12	127374005	Central Plains Center for Mental Health Mental R	Community M	10	2
12	133250406	Childress County Hospital District dba Childress R	Hospital	10	2
12	065100201	City of Amarillo	Local Health D	10	2
12	139461107	Covenant Health System dba Covenant Medical (	Hospital	10	2
12	136330112	D. M. Cogdell Memorial Hospital (Scurry County)	Hospital	10	2
12	130826407	Dallam-Hartley Counties Hosp District dba Coon I	Hospital	10	2
12	133544006	Deaf Smith County Hospital District dba Hereforc	Hospital	10	2
12	197063401	GPCH LLC dba Golden Plains Community Hospita	Hospital	10	2
12	094117105	Hansford County Hospital District	Hospital	10	2
12	127373205	Helen Farabee Centers	Community M	10	2
12	109588703	Hemphill County Hospital District	Hospital	10	2
12	127313803	Lamb Healthcare Center	Hospital	10	2
12	126667806	Lockney Gen Hosp Dist (W.J. Mangold Mem Hosç	Hospital	10	2
12	137999206	Lubbock County Hospital District dba University I	Hospital	10	2
12	281514401	Lubbock Heritage Hospital dba Grace Medical Ce	Hospital	10	2
12	136492909	Lubbock Regional MHMR Center dba Sunrise Can	Hospital	10	2
12	084897001	Lubbock Regional MHMR Ctr dba StarCare Specia	Community M	10	2
12	094180903	Lynn County Hospital District	Hospital	10	2
12	189947801	Medical Arts Hospital	Hospital	10	2
12	127319504	Methodist Children's Hosp dba Covenant Childre	Hospital	10	2
12	094129604	Moore County Hospital District dba Memorial Hc	Hospital	10	2
12	112704504	Ochiltree General Hospital	Hospital	10	2
12	137343308	Parmer County Community Hospital	Hospital	10	2
12	136142011	Plains Memorial Hospital DSH Acct (Castro Count	Hospital	10	2
12	126840107	Preferred Hosp Leasing, Inc. dba Collingsworth G	Hospital	10	2
12	350190001	Preferred Hospital Leasing Muleshoe Inc	Hospital	10	2
12	308032701	Prime Healthcare Services - Pampa, LLC dba Pam	Hospital	10	2
12	094121303	Seminole HD of Gaines Co dba Memorial Hospita	Hospital	10	2
12	316076401	Swisher Memorial Healthcare System, dba Swish	Hospital	10	2
12	130618504	Terry Memorial Hospital District Brownfield Regi	Hospital	10	2
12	127378105	Texas Panhandle Mental Health Mental Retardat	Community M	10	2
12	084563802	Texas Tech University Health Sciences Center AV	Physician Prac	10	2
12	084599202	Texas Tech University Health Sciences Center Off	Physician Prac	10	2
12	137245009	UHS @ Amarillo Inc dba Northwest Texas Health	Hospital	10	2
12	079877902	UMC Physician Network Services	Physician Prac	10	2
12	130725806	West Texas Centers for MHMR	Community M	10	2
12	137227806	Yoakum County dba Yoakum County Hospital	Hospital	10	2
13	130089906	Ballinger Memorial Hospital	Hospital	10	2
13	133339505	Central Texas MHMR	Community M	10	2
13	022793601	City of San Angelo	Local Health D	10	2
13	316360201	Coleman County Medical Center	Hospital	10	2
13	091770005	Concho County Hospital	Hospital	10	2
13	133340307	Hill Country Community MHMR dba hill Country	Community M	10	2
13	121781205	L M Hudspeth Memorial Hospital	Hospital	10	2

13	109483102	MHMR Svcs for the Concho Valley	Community M	10	2
13	322916301	McCulloch County Hospital District dba Heart of `	Hospital	10	2
13	020989201	North Runnels Hospital	Hospital	10	2
13	130616909	Pecos County Memorial Hospital	Hospital	10	2
13	138364813	Permian Basin Community Centers	Community M	10	2
13	179272301	Preferred Hosp Leasing Eldorado, Inc. dba Schleic	Hospital	10	2
13	206083201	Preferred Hosp Leasing Junction Inc. dba Kimble	Hospital	10	2
13	121806703	Reagan Hosp District dba Reagan Memorial Hosp	Hospital	10	2
13	137226005	Shannon Medical Center	Hospital	10	2
13	130725806	West Texas Centers for MHMR	Community M	10	2
14	176354201	Culberson Hospital	Hospital	10	2
14	135235306	Ector County Hospital District dba Medical Cente	Hospital	10	2
14	136145310	Martin County Hospital District	Hospital	10	2
14	094172602	McCamey Hospital and Convalesent Center	Hospital	10	2
14	136143806	Midland County Hospital District dba Midland M	Hospital	10	2
14	112711003	Odessa Regional Medical Center	Hospital	10	2
14	138364813	Permian Basin Community Centers	Community M	10	2
14	127298107	Permian Regional Medical Center	Hospital	10	2
14	112684904	Reeves County Hospital	Hospital	10	2
14	081939301	Texas Tech University Health Sciences Center Od	Physician Prac	10	2
14	130725806	West Texas Centers for MHMR	Community M	10	2
14	402628801	Winkler County Memorial Hospital	Hospital	10	2
15	065086301	City of El Paso dba City of El Paso Department of	Local Health D	10	2
15	291854201	El Paso Children's Hospital	Hospital	10	2
15	138951211	El Paso Co Hosp Dist - University Medical Center	Hospital	10	2
15	127376505	El Paso Community MHMR dba Emergence Healt	Community M	10	2
15	094109802	El Paso Healthcare System Ltd dba Las Palmas M	Hospital	10	2
15	196829901	Sierra Providence East Medical Center	Hospital	10	2
15	130601104	Tenet Hospital Limited dba Providence Memorial	Hospital	10	2
15	084597603	Texas Tech University Health Sciences Center EL	Physician Prac	10	2
16	401736001	Bosque County Hospital District	Hospital	10	2
16	081771001	Central Counties Center for MHMR Services	Community M	10	2
16	134772611	Coryell County Memorial Hospital Authority dba	Hospital	10	2
16	121792903	Hamilton County Hospital District dba Family Pra	Hospital	10	2
16	084859002	Heart of Texas Region MH & MR Center	Community M	10	2
16	138962907	Hillcrest Baptist Medical Center	Hospital	10	2
16	140714001	Limestone Medical Center dba Limestone Medic	Hospital	10	2
16	111829102	Providence Health Services of Waco dba Provide	Hospital	10	2
17	130982504	Brazos Co Treasurer (Brazos County Health Depa	Local Health D	10	2
17	020841501	Conroe Regional Medical Center	Hospital	10	2
17	136366507	MHMR Authority of Brazos Valley	Community M	10	2
17	311035501	Montgomery County Public Health District	Local Health D	10	2
17	135226205	Scott & White Hospital Brenham	Hospital	10	2
17	326725404	Scott & White Hospital College Station	Hospital	10	2
17	020860501	St Joseph Regional Health Center dba CHI St Jose	Hospital	10	2
17	127267603	St. Joseph Regional Health Center	Hospital	10	2
17	160630301	St. Luke's Community Health Svcs (The Woodlanc	Hospital	10	2

17	198523601	The TX A&M Univ Systm Hlth Science Cent dba Tx Physician Prac	10	2
17	081844501	Tri-County Behavioral Healthcare	Community M	10 2
17	189791001	Walker County Hosp Corp. dba Huntsville Memorial Hospital	Hospital	10 2
18	283637101	Brock Lawson Pierce MD	Physician Prac	10 2
18	138910807	Children's Medical Center of Dallas	Hospital	10 2
18	084001901	Collin County MHMR dba LifePath Systems	Community M	10 2
18	121988304	Lakes Regional MHMR Center	Community M	10 2
18	084434201	MHMR SVCS of Texoma	Community M	10 2
18	179917301	Rockwall County Helping Hands Inc	Physician Prac	10 2
18	169553801	Tenet Frisco Ltd dba Centennial Medical Center	Hospital	10 2
18	194997601	UHS Texoma, Inc. dba Texoma Medical Center	Hospital	10 2
18	126686802	UT Southwestern Medical Center at Dallas	Physician Prac	10 2
19	127305405	Bowie Memorial Hospital	Hospital	10 2
19	094138703	Clay County Memorial Hospital	Hospital	10 2
19	135034009	Electra Memorial Hospital	Hospital	10 2
19	396650901	Gainesville Memorial Hospital (North Texas Medi	Hospital	10 2
19	346945401	Graham Hospital District	Hospital	10 2
19	127373205	Helen Farabee Centers	Community M	10 2
19	119874904	Jack County Hospital District dba Faith Communiti	Hospital	10 2
19	084434201	MHMR SVCS of Texoma	Community M	10 2
19	127310404	Nocona Hospital District dba Nocona Gen Hosp	Hospital	10 2
19	110856504	Olney Hamilton Hospital District dba Hamilton Ho	Hospital	10 2
19	138353107	Seymour Hospital	Hospital	10 2
19	088189803	Throckmorton County Memorial Hospital	Hospital	10 2
19	135237906	United Regional Health Care System	Hospital	10 2
19	112707808	Wilbarger General Hospital	Hospital	10 2
20	121989102	Border Region MHMR Community Center	Community M	10 2
20	121990904	Camino Real Community Services	Community M	10 2
20	137917402	City of Laredo	Local Health D	10 2
20	132812205	Driscoll Children's Hospital	Hospital	10 2
20	094186602	Laredo Reg Med Ctr dba Doctor's Hospital of Lare	Hospital	10 2
20	162033801	Laredo Texas Hosp Co dba Laredo Medical Cente	Hospital	10 2
20	137908303	Maverick County Hospital District	Local Health D	10 2
20	085144601	University of Texas Health Science Center SA	Physician Prac	10 2

Provider Summary

Prevalence of the two (2) measures selected to address the Core Activity have been found to be higher in RHF. The DSRIP projects for Andrews Center are continuing throughout this year. Telehealth has played an important role. UT Health Athens has been very successful with the DSRIP measures in Cat C. We have seen some decline in our Provider reports under their home region. Please see the Provider Summary Report under RHP 2.

UT Health Carthage has struggled with the DSRIP this past demonstration year. We have seen a significant decline. Our team continued to face challenges with COVID patients in both the clinic and hospital setting. The spike in our 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 care. TMC Bonham Hospital has operated a primary care clinic since 2009 providing additional primary care access. UT Health Henderson encountered some obstacles this past demonstration year. The clinic experience manager. Demonstration Year 10 Executive Summary Hunt Regional Medical Center (HRMC) overarching aim is to provide. UT Health Jacksonville has overall been successful with DSRIP this past demonstration year. We did see a slight decline in our Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

Provider reports under their home region. Please see the Provider Summary Report under RHP 18.

CHRISTUS Trinity Mother Frances has submitted all materials and supporting documentation for the October 2021. The Northeast Texas Public Health District (NET Health) Center for Healthy Living (Center) is in the eighth year. The Paris-Lamar County Health District is continuing to work diligently to increase capacity and access to services.

UT Health Pittsburg has had some clinician changes this past demonstration year. Because of these changes, we have seen a decline in our Provider reports under their home region.

UT Health Quitman has been moderately successful with DSRIP this past demonstration year. They did see some improvement. In DY10, Community Healthcore analyzed structured data elements to collect the physical health and SUD screening data.

Good Shepherd Hospital System like everyone else has felt the fury of COVID during the summer and fall. An increase in our Provider reports under their home region. Titus County is currently in our 4th surge of COVID in the past eighteen months. Our county has the highest COVID-19 case rate in the region.

UT Health Tyler has been successful with DSRIP this past demonstration year. The Canton location previously operated by the University of Texas Health Science Center at Tyler (UTHSCT) continues to focus on outcome reporting while focusing on patient care.

The Angelina County & Cities Health District continues to move forward with DSRIP performance and measurement. 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) has instituted a strong multidisciplinary team approach in order to improve patient care. In Demonstration Year 10, Round 2 reporting, CHI Brazosport can report successful progress of Core Activities.

Burke has continued to align with a CCBHC model of care (one of our core activities), during Demonstration Year 10. CHRISTUS Hospital St. Elizabeth, a 431-bed hospital in Beaumont, is the regional leader in spine and orthopedic care.

As mentioned before, in 2021, Coastal Health & Wellness (CHW) was recognized through Joint Commission as a Level 1 hospital. Liberty Dayton Regional Medical Center has faced some struggles and challenges during this reporting period.

CHI St. Luke Health Memorial has used the DY10 data to further promote throughput at a facility level, in addition to patient care. Access to care and quality of care remain top priorities for the Nacogdoches County Hospital District. The district is currently in our 4th surge of COVID in the past eighteen months.

Preferred Hospital Leasing Hemphill, Inc. dba Sabine County Hospital (SCH) continues to work to develop capacity and improve patient care. Spindletop Center continues to analyze the results of our measures and make process changes, as needed. We have seen a decline in our Provider reports under their home region.

The Gulf Coast Center (GCC), a Region 2 provider, is a Certified Community Behavioral Health Clinic and governs its own operations. Provider reports under their home region. Please see the Provider Summary Report under RHP 17.

PY3 data for K1-105 and K1-285 is being reported for DY10 round 2. As noted on the Category C template, a decline in our Provider reports under their home region.

UTMB has put significant time, effort and resources into building the analytics platform to support all Category Provider merged with University of Texas Medical Branch - Galveston (094092602) for DY7-10 DSRIP activities. Woodland Heights Medical Center has hired 2.0 FTEs in our Emergency Room to establish a Patient Navigator. The mission of nine BTHC is to extend Texas Medical Center quality primary preventive health care including f Provider has withdrawn from DSRIP.

HCA Houston Healthcare Southeast (Southeast) continued to be impacted by COVID-19 throughout 2021. Unf HCA Houston Healthcare West (West) continued to be impacted by COVID-19 throughout 2021. Unfortunately Draft Provider SummaryThe City of Houston is fully committed to transforming our service delivery to address Columbus Community Hospital (CCH) is a 40-bed hospital in Columbus, Texas serving a 25 square mile area an ECMH has seen progress in both Category A and B. Providers are continuing to provide education to patients Executive SummaryFort Bend County continues to improve the delivery and experience of health care and rel Provider reports under their home region. Please see the Provider Summary Report under RHP 4.

Harris Health's DSRIP goals are to transform healthcare delivery from a disease-focused model of episodic car As a safety net provider and local health department for the unincorporated areas of Harris County and for ce The ongoing COVID pandemic shaped the course of Behavioral Transition of Care, although at the time of Apri MRMC continues to partner with MEHOP (FQHC) focused to the improvement of diabetic health in the comm Memorial Hermann Health System (MHHS) is the largest not-for-profit health system in Southeast Texas, with Memorial Hermann Health System (MHHS) is the largest not-for-profit health system in Southeast Texas, with Memorial Medical Center has completed CAT A and CAT B reporting for the two objectives, C-1 Healthy Texans The ongoing COVID pandemic shaped the course of Behavioral Transition of Care, although at the time of Apri HCA Houston Healthcare Tomball's (HHH Tomball) continued to be impacted by COVID-19 during DY10. HHH T OakBend Medical Center is the largest full service healthcare facility in Fort Bend County including three full s In DY10, Rice implemented changes to its diabetes core activity initiatives to enhance the services it offers pa Provider reports under their home region. Please see the Provider Summary Report under RHP 2.

SJMC collected data and reported H2-160, H2-216, and H2-510 during DY10 round 2 reporting. SJMC continue During DY10, St. Luke's Episcopal Hospital, now Baylor St. Luke's Medical Center (BSLMC) has been working on Texana Center, including the Crisis Center project and primary care integration project continued to provide se Texas Children's (TCH) overall DSRIP goals center on implementing system-level strategies to increase access to During DY10 (10/01/20 10/30/21) reporting period we made a major Electronic Health Record conversion in October DY10 Reporting SummarySummary of Core Activities October DY10 Round 2 MD Anderson has five c In what has been one of the most difficult years in the healthcare industry, UT Physicians providers and staff h Provider reports under their home region. Please see the Provider Summary Report under RHP 8.

136436606.2.3 SEPSIS This intervention consisted of implementing the Sepsis Management Bundles as treatr 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, a 020811801.1.3 EXPAND PRIMARY CARE CAPACITY Spohn designed this project to increase primary care acces Provider has withdrawn from DSRIP.

Coastal Plains Community Center operates 7 clinics that provide integrated primary care and substance use di Overall Approach and Accomplishments: Corpus Christi Medical Center (CCMC) had seven Round I Waiver pro The ongoing Public Health Emergency- COVID 19- continues to have impact on our core activities. During peak Provider has withdrawn from DSRIP.

DeTar's Family Medicine program had several achievements in 2020 and early 2021. The most noteworthy was All Driscoll Health System has continued the following projects into Rd2 DY10: Expand Specialty Care Capacity Provider has withdrawn from DSRIP.

Gulf Bend Center (GBC) serves a seven-county catchment area spanning 6,336 square miles in rural South Tex Our overall DSRIP Goal is to continue to serve the rather large Medicaid and LIU population of the county and Provider has withdrawn from DSRIP.

When reporting on our K1 measures for April Reporting DY10 Round 1, we fell under our All Payer baseline level. The Corpus Christi-Nueces County Public Health District (CCNCPHD) provides clinical, laboratory, environmental health services. At this time, all measures continue to show improvement. As a result of weekly staff meetings with the DSRIP Refugio County Memorial Hospital, the Oct DY10 R2 reporting cycle was very streamlined and efficient with far less than 121775403.1.1 EXPAND PRIMARY CARE CAPACITY Spohn designed this project to increase the space, hours, and quality of care. Yoakum Community Hospital has seen challenges and success during the Texas Transformation Waiver by participating in the program. 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. Provider Summary Columbia Valley Regional Medical Center (CVRMC) licensed by the State of Texas as a 214-bed hospital. All requirements have been completed for DY10 Round 2 October reporting. Category A was successfully completed. Provider reports under their home region. Please see the Provider Summary Report under RHP 4.

Provider has withdrawn from DSRIP.

PROJECT OVERVIEW: ACCOMPLISHMENTS: Knapp Medical Center has experienced successes in reducing costs and improving quality. Through DY10 we continued to implement and monitor our DSRIP metrics and initiatives. As reported previously, Starr County Hospital District dba Starr County Memorial Hospital is a small rural hospital located in South Texas. In DY10, from October 1, 2020 through September 30, 2021, TTBH provided services to 31,615 unique clients. We continue to provide services through our contract with UTH Health School of Public Health Brownsville Region. The University of Texas Rio Grande Valley (UTRGV) is a school of medicine with a mission to train a new generation of healthcare professionals. In DY10, UTH Health School of Public Health (UTH SPH) continued to implement DSRIP activities despite challenges. Baptist Health System continues to be challenged by the pandemic, especially during this recent third surge. Provider reports under their home region. Please see the Provider Summary Report under RHP 8.

The Children's Hospital of San Antonio (CHofSA) is a 249 bed academic children's hospital serving San Antonio, CHRISTUS Santa Rosa Health System (CSR), a Catholic, non-profit health system, is participating in two Core Activity Waivers. Camino Real Community Services continues to experience a transformation in our service area that has been successful. San Antonio Metropolitan Health District (Metro Health) continues to participate in COVID-19 mass vaccination campaigns. Provider merged with University Health System (136141205) for DY7-10 DSRIP activities. Please see the Provider Summary Report under RHP 8. As Waiver Demonstration Year 10 ended and the Delivery System Reform Incentive Program (DSRIP) extended to 2023, Dimmit Regional Hospital will continue to drive the expansion of patient care navigation and transition services. Frio Regional Hospital, over the years, has committed to improving healthcare with compassion and respect for the patient. During 2021, Guadalupe Regional Medical Center (GRMC) continued its DSRIP initiatives. GRMC submitted preliminary certification application and supporting documents for CCBHC (core activity waiver). Hill Country has submitted the initial certification application and supporting documents for CCBHC (core activity waiver). Hill Country Memorial is committed to participate in the 1115 Waiver and Delivery System Reform Incentive Program. Medina County Hospital District dba Medina Regional Hospital continues to work to improve on the reported Category A Costs and Savings Analysis. Methodist chose Sepsis detection and prevention as the Core Activity for 2021. Provider has withdrawn from DSRIP.

DY10 continued to have COVID as a disrupter. However, the challenges with COVID-19 did not effect our DSRIP activities. Texas Vista Medical Center (TVMC, formerly SWGH) continues to work with local first responders on several projects. 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 designated provider for the University Health DSRIP Program. Current Progress: -Despite being on the frontlines of the COVID-19 pandemic, we are achieving our overall goal for this program which is to improve the health of the community. Provider Summary Report Uvalde Memorial Hospital (UMH) continues striving toward its DSRIP successes during the year. Val Verde Regional Medical Center (VVRMC) remains fully committed to its participation in the Delivery System Reform Incentive Program. As reported in April we had seen a gradual increase in encounters to our normal pre-covid numbers. This continued through the year. In DY10, Integral Care continued to achieve gains through business process improvement, adaptations to service delivery. Provider reports under their home region. Please see the Provider Summary Report under RHP 8.

Category A CHRISTUS Santa Rosa Hospital - San Marcos (CSRH-SM) implemented a chronic care management (C

Austin Public Health continues to operate local vaccine distribution response for the COVID-19 pandemic. As of the reporting period, The CCC continues to work closely with its contracted primary care and hospice providers to improve the quality of care. Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

Performing Provider successfully reported the remaining Category C PY3 milestones with full achievement. Performing Provider successfully reported the remaining Category C PY3 milestones with full achievement. Performing Provider Since the last reporting period, St. David's South Austin Medical Center has been working to promote and access services. Provider has withdrawn from DSRIP.

The Bell County Public Health District (BCPHD) is a local health department that provides public health services. Bluebonnet Trails Community Services (BTCS) is a community mental health and intellectual and developmental disabilities services provider. Cedar Park Regional Medical Center ("CPRMC") is a 126-bed hospital facility that provides inpatient, outpatient, and ambulatory care. Bell, Milam, Lampasas, Coryell, and Hamilton Counties have identified many needs within the communities. Caring Connections Provider reports under their home region. Please see the Provider Summary Report under RHP 11.

During DY10, Seton Medical Center Harker Heights (SMCHH) collaborated with the Greater Killeen Free Clinic to provide care. Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

To support Measure B2-392 the Care Management department staffs the ED with a full time RN, case manager, and social worker. Provider has withdrawn from DSRIP.

The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider in the region, The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider in the region, Performing Provider successfully completed reporting of all PY3 milestones with full achievement of all measures. RPMC continued collaborating with local community clinics to provide diabetes care management services to patients. WCCHD's four clinics have reopened since May 16, 2021. Clinics were mostly closed from April 2020 to May 16, 2021. Provider has withdrawn from DSRIP.

The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider in the region, Provider has withdrawn from DSRIP.

The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider in the region, Overall summary: As anticipated during the April 2021 reporting period, the efforts we implemented to accomplish our goals. We continue to make improvements in Hospital safety to reduce hospital acquired infections and injury. For PY3, We continue to make improvements in Hospital safety to reduce hospital acquired infections and injury. For PY3, We continue to make improvements in Hospital safety to reduce hospital acquired infections and injury. For PY3, We continue to make improvements in Hospital safety to reduce hospital acquired infections and injury. For PY3, Dallas County Health and Human Services (DCHHS) continues to educate the public and disseminate health information. RHP09-127295703- Dallas County Hospital District dba Parkland Health and Hospital System Parkland Health and Hospital System Denton County MHMR Center made a significant shift in our service delivery over the past year due to following the DSRIP funding has been vital in the lives of Denton County residents that have received assistance from DSRIP. For DY-10 Round 2 reporting, Lakes Regional Community Center (LRCC) in the past 6 months has worked through challenges. During the remainder of DY10, the provider has continued to focus on our DSRIP core activities around emergency preparedness. During the remainder of DY10, the provider has continued to focus on our DSRIP core activities around emergency preparedness. Metrocare Services is now a Certified Community Behavioral Health Center. The Center is expanding the Care Coordination. The hospital was purchased during the DY8 (on 3/1/18) by Pipeline Healthcare out of California and was rebranded as Texas Health Dallas. Texas Health Dallas continues to work closely with Healing Hands Ministries (HHM), a local federally qualified health center. We continue to deliver the DSRIP interventions focusing resources on our system population with emphasis on high-risk populations. The Texas Health Presbyterian Hospital (THDN) Caring Clinic provides services for unfunded or underfunded (2020-2021) Healthy Education Lifestyle Program at Texas Health Kaufman identifies and assists uninsured patients with Diabetes. Provider has withdrawn from DSRIP.

Over the past 6 months, UT Southwestern Medical Center (UTSW) continues to face challenges operating with

Stonewall Memorial Hospital has continued to participate in the DSRIP program having selected the rural prevention Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

We are modifying the way we attempt to connect our patients without a PCP to a provider, all other components CPC continues to provide BMI and tobacco use screenings when individuals see our psychiatrist. Our MH peer Childress Regional Medical Center has continued to make progress/achievements on each of our Category C projects. With Public Health being the lead agency responsible for COVID-19 response, many of our traditional activities Covenant Medical Center continues to dedicate resources to the DSRIP program and its metrics, despite ongoing reporting. Provider has completed reporting on all DY10 reporting. With Cat C we have achieved our goals for PY 3 reporting. In DY10 we experienced a lot of change within our hospital district. We have met all of our performance goals. Project 133544006.7.1: Cat A: The core activity chosen by DSCHD was Enhancement in coordination between providers. GPCCH is proud of its participation in the DSRIP program and believes that its DSRIP projects have improved patient care. Project 0941171051.1- The specialty Clinic space was completed in September 2013. We have been successful in reporting 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. COVID has greatly impacted the surge of COVID-19 during the late summer and through September affected operations during that time at WJ Mangold Memorial Hospital chose to focus on rural preventative care. With that, we make sure to record our care coordination department continues to evolve with our focus remaining on achieving our DSRIP quality Provider has withdrawn from DSRIP.

The following Provider Summary Report is submitted in accordance with the October DY10 Reporting Comparison. The following Provider Summary Report is submitted in accordance with the October DY10 Reporting Comparison. Lynn County Hospital has completed DY10 reporting for all metrics and categories A, B, C and D. the current reporting. As reported last October, COVID 19 has had an impact on our clinic visits. Our extended hours clinic (our Core Covenant Children's continues to be challenged by COVID-19 and its many downstream impacts. In spite of that, we continue to involve staff and leadership team to better serve our community, improve patient quality of care. Executive Summary of Ochiltree General Hospital's DSRIP Projects, We are reporting our DY10. 1/1/2020 through reporting. Parmer Medical Center (PMC) continues to work to develop capacity to track and improve DSRIP metrics in Castro County Hospital District for DY10 continued to work through challenges that Covid presented in achieving Preferred Hospital Leasing, Inc. dba Collingsworth General Hospital (CGH) continues to work to develop capacity. Preferred Hospital Leasing Muleshoe, Inc. dba Muleshoe Area Medical Center (MAMC) continues to work to develop capacity. PRMC has had a seen several unpredictable challenges this year, just as most hospitals. Most of the challenges Provider has withdrawn from DSRIP.

We are very fortunate and are proud to continue to be able to participate in the 1115 Waiver Program. The various Terry Memorial Hospital District, dba, Brownfield Regional Medical Center is reporting on Cat A and B. Cat C at Texas Panhandle Centers (TPC), a Community Mental Health Center (CMHC) and DSRIP Performing Provider in Project ID: 084563802.7.1 We continue to strive for improvement in Bundle C1 Primary Care Prevention and Health. Texas Tech Physicians continue focusing on improving quality patient care, decrease cost, and improve patient care. Northwest Texas Healthcare System reported activities for Categories A or B and corrections on Category C. West Texas Provider merged with Lubbock County Hospital District dba University Medical Center (137999206) for DY7-10. As West Texas Centers is concluding Demonstration Year 10, WTC continues to be fairly successful in its participation. 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 Medical Provider reports under their home region. Please see the Provider Summary Report under RHP 11.

During October 1, 2020 through September 30, 2021, the San Angelo-Tom Green County Health Department is Preferred Hospital Leasing Coleman, Inc. dba Coleman County Medical Center (CCMC) continues to work to develop capacity. As we have seen a decline in COVID cases, the hospital and clinic operations are returning to normal. All departments Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

We no longer have a community outreach nurse. We are pushing forward with our Chronic Care Management

MHMR Services for the Concho Valley (MHMRCV) has maintained its efforts on the core activities of reducing t
As most hospitals across the nation, our focus continues to be on the COVID-19 pandemic. We have worked t
North Runnels Hospital is a 25-bed Critical Access Hospital. Our Hospital continues to make progress to expar
Pecos County Memorial Hospital (PCMH) is a small rural county hospital located in Fort Stockton, Pecos Count
Provider reports under their home region. Please see the Provider Summary Report under RHP 14.

Preferred Hospital Leasing Eldorado, Inc. dba Schleicher County Medical Center (SCMC) continues to work to c
Preferred Hospital Leasing Junction, Inc., dba Kimble Hospital continues to work to develop capacity to track a
As most hospitals across the nation, our continued focus has been on the COVID-19 pandemic. We have work
As the safety net hospital for the region, Shannon treats a number of patients that travel to Tom Green Count
Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

Preferred Hospital Leasing Van Horn, Inc. dba Culberson Hospital continues to work to develop capacity to trac
Ector County Hospital District continues to focus on providing high quality care to the residents of Ector Count
Provider has withdrawn from DSRIP.

Provider has withdrawn from DSRIP.

This fiscal year (FY21) has no doubt fostered growth in our creativity, flexibility and critical thinking skills. Our
DSRIP is trying to continue to run strong but COVID-19 continues to make things extremely challenging. Our b
Permian Basin Community Centers d.b.a. PermianCare has operated with an extended service throughout DY 1
Just like every other health system, our focus over the last year has been with COVID. We have had to alter ar
Reeves County Hospital (112684904) is reporting for October 2021. We will be reporting Cat A, Cost and Savir
October 2021 Provider SummaryThe Permian Basin team remains focused on improving patient care and pop
Provider reports under their home region. Please see the Provider Summary Report under RHP 12.

Provider has withdrawn from DSRIP.

The City of El Paso Department of Public Health (CEPDPH) remains instrumental in handling all activities that i
Summary Report DY10: 2020 was a difficult year for EPCH as it was for many hospitals. COVID-19 dominated t
As our region begins to rebound from the peak of the COVID-19 pandemic the University Medical Center of El
Emergence Health Network is reporting on Categories A, B and C for the October 2021 reporting period. All ite
Las Palmas Del Sol will be reporting on Category A Cost and Savings analysis, Core Activities Updates and Cate
Sierra Providence East Medical Center (SPEMC) is a 182-bed acute care facility in El Paso, Texas. SPEMC provi
Providence Memorial Hospital (PMH) is a 480 bed acute care facility in El Paso, Texas. This licensed number sl
Texas Tech University Health Sciences Center El Paso (TTUHSC EP) is participating in the DSRIP extension DY7-
The provider greatly increased their patient population this past year and we hope to continue to do so in the
Provider reports under their home region. Please see the Provider Summary Report under RHP 8.

October DY10 Round 2: Coryell County Memorial Hospital Authority (DBA Coryell Health, CH) is a diverse, inte
We are continuing to sustain the DSRIP programs that work well for our community and health system in the
We as a center have been progressing to getting things back to normal as much as we can for the remainder c
The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider
South Limestone Medical Center- We have 3 RHCs within the community that we serve. We are down a phys
Performing Provider reported corrections on several measures due to an target population exclusion issue ide
During DY 10, the Brazos County Health District collaborated with Health For All and The REACH Project to prc
HCA Houston Healthcare Conroe (HHH Conroe) formerly known as Conroe Regional Medical Center is a 360-b
We continue to operate out Core Activity 1 in expanding patient care navigation and transition services using
Throughout DY10, Montgomery County Public Health District (MCPHD) experienced various changes related c
The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider
The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest provider
College Station Medical Center was acquired by CHI St. Joseph Regional Health in late 2019. College Station M
St. Joseph Health Regional created a DSRIP project plan in March of 2018. The plan was to create an ED Navig
October DY10 Provider Summary 160630301 Category A Costs and SavingsFor this Cost and Savings Analysis 5

We remain committed to a team-oriented, whole-person approach to patient care, despite the many challenges. Overall in DY10, the number of Integrated Healthcare (IHC) patients and visits decreased 5% (671>632) and 1%. Huntsville Memorial Hospital (HMH) experienced both successes and challenges this reporting period and will. Collin County Women's Center is a private, office-based clinic, staffed by Ob/Gyn physicians, in McKinney, Texas. Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

This demonstration year, LifePath Systems has continued to adjust operations and services to address the effects of COVID-19. Provider reports under their home region. Please see the Provider Summary Report under RHP 9.

Texoma Community Center (TCC) expanded health care services to individuals over the past ten years, using 100 Rockwall County Helping Hands, Inc. (RCHH) became a DSRIP participating provider in DY7. Among its several contributions, The COVID-19 pandemic has still been the most impactful event in DY10. BSWH, as one of the largest providers in the region, Two for-profit hospitals (Texoma Medical Center and Wilson N. Jones Regional Medical Center), the Grayson County Hospital. Provider reports under their home region. Please see the Provider Summary Report under RHP 9. Thank you.

Provider has withdrawn from DSRIP.

Clay County Memorial Hospital participates in four Category C measures. The Preventative Care and Screening measures. Eighteen months into this pandemic, we are adjusting to a new normal of COVID testing, screening and treatment. Continuing to advance goals with the placement of a new DSRIP project manager has been the focus this last year.

GRMC continues to report Category C Performance on Bundle K2, Rural Emergency Care. For DY 10 Round 2, The Center remains focused on achieving outcome measures and continues with staff training regarding measures. In Category A we completed our Cost/Savings Analysis showing how our project gives patients positive outcomes. Provider reports under their home region. Please see the Provider Summary Report under RHP 18.

As a participant of the program, Nocona General Hospital is utilizing the information collected while reporting on the program. Hamilton Hospital had a successful year concerning our project. 110856504.7.1. We have had some changes at our hospital. During DY10 from 10-1-20 to 9-30-21, Baylor County Hospital District/Seymour Hospital worked toward accomplishing our goals. We are doing well at our hospital. We aren't all the way back to pre pandemic levels as far as clinic visits go, but we are making progress. United Regional continues to participate in DSRIP. As an organization, we identified Chronic Care, Cancer Screening, and Rural Emergency Care. Provider has withdrawn from DSRIP.

Border Region RHP20 provides services in Webb, Zapata, Jim Hogg and Starr Counties will be reporting on Category C measures. Provider reports under their home region. Please see the Provider Summary Report under RHP 6.

Over the last two years, the City of Laredo Health Department became an essential part of Webb County's COVID-19 response. Provider reports under their home region. Please see the Provider Summary Report under RHP 4.

Doctors Hospital of Laredo is continuing our DSRIP project A1- Chronic Diabetes Management. We continue to work on our goals. Laredo Medical Center completed Cat A Template along with Cost and Savings Analysis. Category B was entered. Provider has withdrawn from DSRIP.

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

21 than in other parts of the State and initiation of efforts to reduce these chronic conditions to improve an important role in our ability to continue to serve our patients and provide support throughout this pandemic. Our patient population as noted in Cat B but are hopeful our numbers will increase going forward. We have

experienced a decline in our patient population as noted in Cat B but are hopeful our numbers will increase going forward. If hospital cases continue to cause challenges for our providers and our associates. All points of entry for

our primary care as a result of the limited access to primary care in the region. Recently, the only other PCP clinic using a nurse practitioner in Fannin County. This clinic provides local care for diabetic patients which is characterized by frequent operational changes and high clinical staff turnover. Because of these changes, we had to re-educate staff on the importance of providing high quality driven, patient-centered, cost effective care. Our DSRIP strategy is to utilize evidence-based practices to address the decline in our MLIU population and look forward to increasing this population over the next year. We

are currently a 1115 Medicaid Waiver. Like so many others, we have been hit hard by the COVID virus once again since our start of operation as a free navigation and chronic disease prevention and self-management resource for the community. During the COVID-19 pandemic. With safety measures in place and when appropriate the Paris-Lamar Clinic saw a decline in our MLIU population. As the clinicians build their patient volume, we expect an increase. We have made major changes as one clinic location was shut down in Grand Saline and the DBA/NPI was moved to Grand Saline. We are implementing a new screening measure information into the clinical workflows and processes. Through collection, analysis, and implementation, an all time high for hospitalized patients was reached with much less support from the state with staffing. The COVID cases per 100,000 population (17,488 per 100,000) within the twenty-seven counties of Northeast Texas. The facility under the UT Health Tyler facility became an RHC under UT Health Quitman on 6/25/2021. We did not stop focusing on the quadruple aim: better outcomes, improved patient experience, lower costs, and improved access to care as well as selected core activities. The Health District remains dedicated to serve and improve the

community to meet its system-wide goals to reduced hospital readmissions and improve care transitions processes. We have implemented several of these activities are sustainable, requiring minimal costs, but generating large savings. We recently discussed our financial performance for year 10. Burke has continued to experience ramifications due to COVID-19 during the entirety of Demonsburg, cardiology, oncology, general surgery, critical care and trauma, birthing, neonatal care, and bariatrics. We have implemented a Patient-Centered Medical Home (PCMH). As a PCMH, patients are scheduled for visits using the team approach. We have worked with the pandemic and ensuing patient surge. We have worked diligently on the measures that we have implemented to the emergency room focus. The development of the hospital throughput committee has further improved our efficiency. The Health District continues to serve the community, majority of the MLIU population and is proud to do so. In attempting to track and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A, four Quarterly reports are submitted. We look for training opportunities and tools to assist our team to improve best practices. We resumed face-to-face services as a governmental entity that serves as the mental health authority for Galveston and Brazoria Counties. Service areas include: behavioral health, increase in in screening and cessation intervention on K1-105 all payer is noted. However, this project saw

of C efforts, which is in alignment with MIPS, ACOs, PCMH, etc. Prior to the COVID-19 outbreak, UTMB had . Please see the Provider Summary Report for University of Texas Medical Branch - Galveston (09409260) Program. These staff members are clinical FTEs who perform screening and evaluation of Medicaid and family planning services to Houston's under-served youth. BTHC's vision is to prepare underserved youth to

Unfortunately COVID-19 resulted in staffing shortages, surges and reductions in hours of operation across the health system. Unfortunately COVID-19 resulted in staffing shortages, surges and reductions in hours of operation across the health system. During the COVID-19 pandemic, we have faced significant challenges in addressing the health issues within our community. During the COVID-19 pandemic, we have faced significant challenges in addressing a population of approximately 21,000. CCH's previous DSRIP projects was the implementation of telemedicine on tobacco and smoking cessation, advanced care planning and pneumonia vaccinations. With the projected services in the county through the 1115 Waiver. The waiver addresses population needs and delivers

to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes. Certain public health services such as vector/mosquito control, Ryan White/Title I HIV funding, and refugee health reporting, the vaccine program was underway, and at the time of this writing, the number of cases dropped significantly in the community as well as ensuring access to after hours and weekends for primary care encounters. The contract covers 14 hospitals and numerous specialty programs and services located throughout the Greater Houston area. The contract covers 14 hospitals and numerous specialty programs and services located throughout the Greater Houston area, including C-2 Cancer Screening. Previous reporting obstacles have been minimized through our partnership with the health system. Unfortunately COVID-19 resulted in staffing shortages, surges and reductions in hours of operation across the health system. Tomball experienced a significant amount of turnover and staffing shortages. The ED experienced turnover at service hospital campuses, three emergency rooms, surgery centers, physical therapy clinics, and physicians. Rice began engaging patients to participate in the CDC-recognized programs that promote lifestyle

changes to navigate the impact of COVID-19 at the hospital, and monitor and adapt to the situation as the need arises. We are focusing Core Activity efforts to improve performance on outcomes related to Measure Bundle B1 (Care Transitions) in spite of the COVID-19 pandemic. All Behavioral Healthcare staff continued to work from the office to provide care, improve quality of care provided, and enhance the health of patients and families we serve. Implementation began in April 2021. We transitioned from utilizing Anasazi to Epic. We are the first Community Center in Texas to address all core activities related to each of its five (5) measure bundles. Bundle B1: Care Transitions and Hospital Readmissions. We have banded together to persevere and take care of our patients and one another. It was often hard to keep

patients safe. We are currently providing care for severe sepsis, septic shock, and/or lactate >4mmol/L (36mg/dl), performing lactate tests on sepsis

and staffing of Christus Spohn Alice's Primary Care Clinic, currently located in Freer, Texas in Duval County. The project's goals and capacity in Bee County and neighboring counties. The project's goals include identification of a clinical

disorder services. We contract with Coastal Bend Wellness Foundation (CBWF) to provide our primary care services. All projects, all of which intended to improve access to care, redesign healthcare delivery, and improve patient outcomes. Unfortunately COVID-19 resulted in staffing shortages, surges and reductions in hours of operation across the health system. < community transmission, patients are reluctant to come to the hospital but to a lesser degree than 20%

services that the residency program reached its full capacity of 24 doctors. After being granted eight openings per year for the Project, High Risk Program (Care Transition), Maternal Fetal Medicine program and Telehealth/Telemedicine

services. All seven counties are designated Medically Underserved Areas (MUA) with five of the seven recognized areas. We provide them with the same services that are offered to all populations regardless of payor source. This

rel for our Comprehensive Diabetes Care, our Advance Care Plan, and our Preventive Care & Screening o
al and educational outreach services. We primarily serve Nueces County with a population of approxima
team who disseminate data and provide trainings to the staff, we are able to continue passing along th
ss challenges than previous years. We are very pleased with our new data collection software (i2i Tracks
nd staffing for Spohn Corpus Christi primary care clinics in order to serve additional patients, improve ti
ticipating in the DSRIP program through our primary and specialty care projects. On specialty care, we h

e Rio Grande Valley for over 30 years. The 320-bed facility boasts a team of more than 500 physicians re
ed acute care hospital serving Brownsville, Texas and surrounding communities. Our medical staff of mo
pleted as each Core Activity continues to address the health needs of the RHP5 community. The provider

plications in our diabetic population. The Clinic and the Hospital have been diligent in monitoring and co
lsly in Round 1, we continue to experience high turnover within all departments along with staff reassig
cas along the Texas-Mexico Border. Starr County Memorial Hospital has 48 licensed beds and meets the
. TTBH has seen a decrease in services due to the ongoing of COVID-19. TTBH continues to adhere to the
onal Campus (UTHealth SPH), who is leading our DSRIP efforts in RHP 5.* UTHealth SPH directs the collab
ation of providers in the Rio Grande Valley area and integrate those providers into the local community
ges faced with the COVID-19 pandemic. Specific details are listed in our Category A Core Activities report
We continue to be challenged with sufficient staffing for nursing and ancillary departments- as the lucr

New Braunfels, the Southern and Western borders of Texas, as well as the Central Texas hill country. The
activities and two measurement bundles that focus on Maternal Safety and Hospital Safety. The following
remarkable due to the hundreds of Medicaid and low income/uninsured individuals who have benefite
on operations which began in December 2020 and continued through June 2021. Metro Health has sent

an additional year, DSRIP staff at the Texas Center for Infectious Disease (TCID), the San Antonio Metrop
es. Dimmit Regional Hospital will employ a Chronic Care Coordinator to better manage the population th
o our community. Throughout the pandemic, we remained resilient in our work with a commitment to c
rformance and reporting data for all Category C and Category D measures in April, without requiring any
vity) and has received feedback response number one and will submit corrections by October 22, 2021. i
ayment (DSRIP) program in whatever form it takes into the future. We will continue to work to meet the
DY2-6 metrics. The focus of the provider's core activity in DY7 through DY10 has been enhancing care c
or the DY10 Costs and Savings Analysis because Sepsis patients have a significant mortality, morbidity an

P project. The templates created to streamline efficiency and standardization of care did not change. Al
projects to identify and address the needs of individuals over-utilizing emergency service resources as a
behavioral health services provided to our community. These process improvements include internal pro
rated Local Mental Health Authority (LMHA) for Bexar County. CHCS operates as the safety net for San A
c University Health has continued to provide high quality care. For example, University Health has contin
health and wellness for, not only our Medicaid and low-income patients (MLIU), but also for our entire pa
ng the timeframe of October 1, 2020 through September 30, 2021 (DY10 Annual Reporting). This progr
m Reform Incentive Payment (DSRIP) and overarching triple aim goals: (1) to enhance healthcare access
:inued through the remainder of the year and we closed out FY2021 with just under our FY2019 total en
ce delivery changes due to COVID-19, response to urgent community health needs, and expansion of da

:CM) program for diabetic patients receiving care in its primary care clinics as its core activity. The CCM p

ase see the Provider Summary Report for UT Southwestern Medical Center at Dallas (126686802). Thank activities. Please see the Provider Summary Report for Tarrant County Hospital District dba JPS Health N s in the State, took a leading role in determining ways to partner with other health systems, local and na

Y4 thru Sept for CAUTI we are at .74, which meets the goal of 1.076 infections. We are at 85% for compli
Y4 thru Sept for CAUTI we are at .56, which is greater than goal of .187. We are at 95% for compliance t
Y4 thru Sept for CAUTI we are at .24, which meets the goal of .7169 infections. We are at 87% for comp
(RHP10__TPI021184901_CA_OctDY10) was uploaded to Category A reporting section for core activity p
vide better care, create higher expectations of how we care for our patients, improve the quality we pr
We had submitted Category C in April but, due to the MSLC compliance audit findings for measure K2-3!
etes, congestive heart failure, hypertension and high cholesterol. The majority of patients are referred f
es, Congestive Heart Failure, High Cholesterol and Hypertension as well as INR patients. We offer educati
patients with diabetes, congestive heart failure, hypertension and high cholesterol. The NP began seeing p

h care to the residents of Tarrant County in the most appropriate setting. MHMR continues to align with
ency department navigation and chronic disease education, despite the continued challenges presented
; County Medicaid and Medicaid-eligible population according to 2009 population statistics was 38,916 r
aded into the Category A online reporting section. Progress and challenges, including challenges related
re, clinic closures, reduced capacity once open due to CDC guidelines, and staff reassignment once the C
vorth and surrounding communities in Tarrant County, Texas. The network includes John Peter Smith Hc
eterminants of health that affects a wide range of overall health, functioning, quality of life outcomes an
betes, congestive heart failure, hypertension and high cholesterol. The physician assistant serving the pa
ongestive heart failure, hypertension and high cholesterol. The program moved into a larger, expanded ;
betes, High Cholesterol and Hypertension. We offer education in a one on one setting and group setting.
abetes, High Cholesterol and Hypertension. We offer education in a one on one setting and group setting
s. Additionally, TH Huguley provides a small HELP program for uninsured individuals to provide chronic d
r 1, 2020 September 30, 2021 Current Progress University of North Texas Health Science Center (UNTHSC

ment to physicians practicing in the community. The operations of the clinics are comprised of 34 primar
ID-19, with varied remote options, both audio and video, being utilized when face to face services were

munity members in our service area. We are reporting achievement for DY10 Category B during this rep
he period, CCMC continued to improve access to primary care services by expanding service locations in
d in Ranger, Texas, located in Eastland county. Now that both of these clinics have been certified as RHCs
t visits were steadier than CY 2020 at the beginning of the pandemic. We are still separating our sick an
nbulance Service which is ground based. We are in Hamlin, Texas, Jones County, serving a 21-square mil
patients on tobacco cessation, pneumonia vaccinations, and advance directives to improve these areas f

rgs Analysis on one of them, and Category B population, PPP and MLIU. HMC has continued the interve

ose to deliver the appropriate care to our patients in the appropriate setting, all the while being mindful
ounty and surrounding counties with over 300 births per year. This service line provides labor and deliver

s continued with the Rural Residency program and has 2 rotating residents each year now. The Hospital

) see improvement with our Expansion of Patient Care Navigation and Transition Services Core Activity. 7

ventative care bundle. The biggest challenges for this round have been staff turnover, absences due to C

nts of the core activity remain the same. At the beginning of the project we attempted to cold call all AS
s and are newly hired Care Coordinators are then taking that screening information and referring for nee
projects during DY7 (baseline), DY8 (performance year), DY9 (performance year) and DY10 (performance
s have slowed so staff can focus on COVID response, however recently those clinical services were reop
ing COVID challenges. For the most part, we are supporting current initiatives, but new things are imple
rting as well as for Cat D. We continue to work on our core activity to expand practice access, we have s
i. We have devised a plan to continue to enhance coordination between primary care, urgent care, and I
primary care, urgent care, and Emergency Departments to increase communication and improve care tra
ch demonstration year (DY) into DY10. GPCH continues to see positive impacts with its patient outcome
il in recruiting a new OBGYN and he started seeing patients in our clinic in April 2016. We went live with

ed our organization, as we are sure it has for many others. The way we have treated patients for so long
as we had several staff members impacted during this surge. We are still seeing a reduction in our senio
our MLIU% of our total patient population. We continually meet with our physicians on the proper docu
ty metric goals. We continue to use the clinic-based care coordination model with priorities being identi

tion Document instructions in order to satisfy Semi-Annual Reporting requirements. The report is an ex
tion Document instructions in order to satisfy Semi-Annual Reporting requirements. The report is an ex
pandemic remains to make an impact on our facilities and processes, but we have managed to still provi
Activity) was temporarily suspended while we transitioned from traditional clinic routine to non-traditi
at and other metric specific challenges, our organization has done an outstanding job of prioritizing the
are, improve patient outcomes, and improve the overall health of our citizens. Our patients continue to
h 12/31/2020: Ochiltree General Hospital's selected and approved DSRIP projects for the above-referen
it C through project and plans in Cat A. For Cat A, four Quarterly Preferred Management System Wide M
ing improvement with the health of the MLIU population. The core activity, provisions of vaccinations t
ity to track and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A, four Quart
velop capacity to track and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A
s have revolved around COVID-19 and the surge, surge recovery, and then the resurging of the new Delt

arious projects over the years have expanded healthcare services to our rural community, an area that v
and D were completed in April 2021. Cat A - the core program, Chronic Care Management has tripled in
RHP12, strives to meet and exceed the goals established in each reporting category to help accomplish i
thy Texans by focusing on preventive care, chronic disease management, screenings and vaccinations. By
experiences through DSRIP. Despite the challenges brought by COVID-19 our cross functional team has v
e had two measures in G1 that were corrected by Myers and Stauffer during Cat C Round 3. G1-277 and
) DSRIP activities. Please see the Provider Summary Report for Lubbock County Hospital District dba Uni
pation in the 1115 Medicaid Waiver. At this October 2021 Reporting, West Texas Centers is providing the
enter in Denver City, Texas and the Plains Clinic in Plains, Texas. It is out of these two clinics that our me
ally Under Served, Healthcare Professional Shortage Area with an estimated population of 10,448 (US C

staff dedicated eight (8) months (October 2020-May 2021) solely to the COVID-19 Pandemic response, p
velop capacity to track and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A
rtments are open and operational. We have tweaked the way we gather patient's medical records in the

program. We are utilizing this Chronic care management Nurse as the CCM coordinator, patient navigat

tobacco use and utilizing telemedicine for mental health services in our system of care during calendar y
o educate and protect our community. We are hopeful that we will be able to redirect our efforts to cor
rd services to our community. Our outpatient Physical therapy Department has steadily increase activity
ty, Texas. We are licensed for 25 beds: 22 acute inpatient beds and 3 OB beds. Although we are a small f

develop capacity to track and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat
and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A, four Quarterly Preferre
ed to educate and protect our community. We are hopeful that we will bind a new normal in the afterm
y for care. Lack of health resources and healthcare professionals is an ongoing concern for Shannon and

ck and improve DSRIP metrics in Cat C through project and plans in Cat A. For Cat A, four Quarterly Prefe
ty and the surrounding Permian Basin communities. COVID 19 continues to impact our operations and C

plans around cost containment, population health improvement and fiscal responsibility started off stro
ggest Bundle, A1, is being affected on a consistent and daily basis. We see patients reluctant to come to
O and will continue into DY 11. During the initial waiver period we began projects to provide integrated
rd adapt to deal with the obstacles and hurdles brought forth. We have had to deal with staffing shortag
ngs, Cat B and Cat D. We are not eligible to report for Cat C as we reported in the April reporting period.
ulation health outcomes through technology and across functional DSRIP team. Our team's mission is no

nvolve the front-line delivery of basic public health services to the community, including supporting urg
the conversation and activities for a large portion of the year. We were able to come together as an org
Paso has seen an increase in PPP and continues to make strides toward meeting the goals on several ca
ems under Category A, including the Cost and Savings Analysis were submitted. Category B was reported
gory B during DY10 Round 2. LPDS remains diligent on the continuation to improve DSRIP associated me
des adult services to the community of El Paso, which has a population of about 684,000 (2017). SPEM
ightly decreased from previous years based on strategic realignment with the needs of the community.
11 and supporting DSRIP goals to: increase access to health care, improve the quality of care, and enhar
next year. We offer more specialized services for our patients at our clinics so they do not have to trav

egrated healthcare delivery system including a critical access hospital, primary and specialty care clinics a
midst of what we thought was a waning pandemic. We continue to adjust to the value based Medicaid
of the year. Covid protocols are still in place at the center, but we are opened back up fully and seeing cc
s in the State, took a leading role in determining ways to partner with other health systems, local and na
ician in one of the rural health clinics along with a physician that worked part-time but added a mid-level
entified during preparations for compliance monitoring. The error has been corrected and results valida
provide free flu vaccines. These locations all have a target population of low income, Medicaid/uninsured c
ed, trauma level III, private hospital located in the City of Conroe. HHH Conroe has a primary service are
nursing staff to identify and refer individuals with potential chronic health conditions to a primary provi
clinic operations, COVID-19 vaccine response, and staff turnover in the TB and 1115 Waiver Coordinator
s in the State, took a leading role in determining ways to partner with other health systems, local and na
s in the State, took a leading role in determining ways to partner with other health systems, local and na
Medical Center is now St. Joseph Health College Station Hospital. Due to the COVID pandemic impact and
ation Team to provide care coordination to the DSRIP eligible population, which would result in the redu
St. Luke's Health Srvs (The Woodlands) - SLWH has focused on a part of the Core Activity related to Meas

ges of the Covid-19 pandemic. We continue to deliver the individual project interventions started as part 2% (2114>1853) respectively. This decline reflects that all primary care visits are face to face whereas we continue to focus DSRIP efforts on improved patient care. During the DY10 R2 Reporting Period, HMH reports. Approximately 45% of our patients are obstetric patients, while approximately 55% of our patients are

ects of the ongoing pandemic and additional challenges. We have had to continue operations relying sig

l115 Waiver funds to initiate seven new programs that are fully integrated into the current array of beh: organizational units is the Health Center. Since we are not formally affiliated with any hospital, nor is there is in the State, took a leading role in determining ways to partner with other health systems, local and national County Indigent HealthCare Program, and two local non-profit health foundations (Texoma Health Found

; Tobacco Use: Screening & Cessation Intervention, Pneumonia Vaccination status for Older Adults, Prevention. We continue to struggle with focusing on DSRIP measures due to the acute nature of COVID-19 and six months. We have shown increased accomplishments even with the tight extension timeline and volume; we have reviewed and resubmitted our PY3 (October DY10 Category C reporting template) to align with core processes. Most measures rely on implementing screenings for tobacco/ alcohol use, depression, and diabetes and the providers a cost effective method to ensure their patients are utilizing annual screening ber

; to identify areas that have potential for improvement. We are confident the overall health and well being as I am sure all facilities have due to COVID-19. We have a NP that goes out one of main local employers: accomplishing the milestones and metrics of our DY10 project goals. During DY10, we worked to provide health but we are starting to get more of those, and our inpatient is ticking up a little. We have been doing well with: ning, and Palliative Care as focus areas to improve performance measures and the health of our target p

A, included template for Cat A.; Cat B-PPP data; and Cat C measures for M1-105, M1-207 and M1-261.

mmunity safety and health. The COVID-19 Pandemic expanded our scope of work tremendously. We are

o utilize our Mobile Clinic which allows us to reach our target population in underserved areas where access ed and amounted to a 50% partial achievement. Volumes during the reporting period were hampered in

the overall health of the region has been identified as a primary imperative and aligns with assessed needs. We are currently operating with a mix of face to face services and telehealth to accommodate patient access. We have a care coordination team dedicated to DSRIP and promoting the quality care DSRIP brings along with

UT Health Carthage lost two high volume clinicians and one moderate volume clinician during the past year. We have a patient from our clinic, hospital, and urgent care and outpatient facilities utilizing EPIC as our medical

Dr. P in our area that is not associated with Freestone Medical Center has moved his practice to a larger medical home focus of the diabetes measure bundle. A medical home in the community is essential for a diabetic population. We have a care coordination team dedicated to DSRIP and promoting the quality care DSRIP brings along with

On May 1st. The COVID Pandemic has taken 95% of our time, resources, and staffing to just be able to care for the Smith County community. The Center aligns with NET Health's overall DSRIP goal to reduce health disparities. Our County Health District continued to see patients to screen for colorectal cancer and monitor blood pressure in our population. We have a care coordination team dedicated to DSRIP and promoting the quality care DSRIP brings along with Canton which was under our UT Health Tyler umbrella previously. This location change took effect 6/25, after a review of our internal data, we developed a tool to identify individuals with higher needs or risks associated with COVID. We had more inpatients and our clinics were being over run with much younger patients for three months in Texas (NETX), however, we are very proud to report our mortality from COVID (1.77%) is the lowest in the state. We see a significant difference in our MLIU population from this location change. We have a care coordination team dedicated to DSRIP and promoting the quality care DSRIP brings along with clinician experience. DSRIP allows UTHSCT the opportunity to provide its patients with better access to care and improve the health status of Medicaid, low income, and uninsured individuals through increased preventive screening.

We have deployed leaders and clinicians throughout the BHSET system. The inpatient and outpatient teams covered the AHRQ report on costing of hospital acquired infections and injuries. The main hospital program is in its 10th year. Utilization of televideo and telephonic service provision has continued during Demonstration Year 10. CHRISTUS Hospital St. Mary is a short-stay surgical center, and provides outpatient and emergency department care approach, which focuses on engaging the patient's participation in their treatment plans, as well as patient education. As defined in this report. Our frontline staff have been paramount in ensuring that our patients continue to receive the best care. We have encompassed inpatient units, case management, and hospitalists in a multi-disciplinary approach to overcome the challenges associated with COVID. We continue to provide excellent access to care, quality of care, and cost effective care and improve patient outcomes. Quarterly Preferred Management System Wide Meetings have been held to date: November 18, 2020 focused on face to face services on May 3, 2021 while continuing to face the challenges associated with COVID. Initially, the areas covered are those of mental health, substance use, and intellectual and developmental disabilities.

We saw an increase for the Medicaid and LIU categories. An improvement in all categories was seen from DY19 to

and implemented multiple interventions across the system using a mixed centralized and decentralized approach.

low income individuals, as well as patients without a primary care provider. The staff members assisted them to become healthy and achieve their full potential as community members. The values BTHC works to uphold

the healthcare continuum. Southeast has continued its focus on improving health outcomes for the MLIU care continuum. West has continued its focus on improving health outcomes for the MLIU patient population but continues to demonstrate our dedication through the innovation utilized in our service delivery. Telemedicine to provide clinical support and patient consultations by a pharmacist after hours and on weekends. ECMH is also facing challenges. IT is having difficulty capturing data to confirm education was properly systems changes that have been recognized, discussed and needed for many years. The need for appropriate

measures, reduces unnecessary or duplicative services and builds on the accomplishments of our existing health screening, the Harris County Public Health (HCPH) system encounters first hand core regional issues. Opened significantly throughout the Houston Methodist Hospital System. While nature stages its own program between MRMC and MEHOP has expired due to DSRIP timing, and the executive teams are currently re-evaluating. Memorial Hermann-Texas Medical Center (MH TMC), the System's flagship hospital, is the nation's best with a 3rd party software company as well as hiring a Clinical Coordinator that drove objective compliance. Opened significantly throughout the Houston Methodist Hospital System. While nature stages its own program as well as changes in facility leadership. During DY10 HHH Tomball was able to achieve its MLIU PPP in all offices. OakBend Medical Center is a 231 bed hospital system, which includes over 400 physicians and implemented changes to help manage type 2 diabetes and prevent the onset of type 2 diabetes in at-risk patients.

and arises across the hospital. The Medi/Psych unit has implemented a new program to treat patients with Transitions and Hospital Readmissions and Measure Bundle J1 - Hospital Safety. Category A Core Activities include compliance with all pandemic protocols (social distancing and mask wearing in place.) Texana fully opened back to implementing these system strategies, along the care continuum aligns with the Institute of Healthcare Improvement to select Epic as our E.H.R. The Harris County jail is also transitioning to using Epic as their E.H.R. This transition is a Core Activity: Expansion of Patient Care Navigation and Transition Services. Secondary Drive to keep focus on metrics such as basic screenings and monitoring in the midst of a global pandemic, but we

identify at-risk patients, and screening med/surg patients for sepsis at Spohn-Kleberg provider facility. Spohn identified

As reported in April 2014, Spohn recruited an additional Nurse Practitioner, a Licensed Vocational Nurse to create space for a new Family Health Clinic (FHC) and employment of clinic providers and staff to support open

care services and United Connections Counseling (UCC) to provide our substance use disorder services. We track health outcomes. CCMC selected four Measure Bundles, had seventeen measures for DY7 and DY8, and has a total of 20. Local physicians continue with telehealth visits as needed. The Community Health Worker (CHW) was

in the prior year (from six previously), the annual enrollment increased. It reached its maximum capacity of 24 disciplines in the Project for RHP4. We are continuing to work towards achieving Category C goals and expectations:

identified as Mental Health Professional Shortage Areas. GBC is the Local Mental Health Authority (LMHA) and has not changed from year to year. We believe that we have accomplished this task and have in no instance

f Tobacco Use measures. In October DY10 Round 2, we are not making any changes to those numbers. Our population is approximately 362,000 people as well as our neighboring counties such as Kleberg, San Patricio, and Jim Wells. Our core value and importance of high quality care, access to care, and preventative care. Prior to COVID-19, we were able to provide a high level of care. In the past six months we have continually modified and validated the data from our i2i software to ensure accurate and timely access to care, and to increase patients' use of primary and preventative care. The CHRISTUS Spohn Hospital has added specialists in all of the target specialties and now have great positive patient impacts as a result of

representing over 35 specialties, 24-hour emergency care in our campus and three remote Emergency Rooms. Our staff of more than 200 physicians represents 25 specialties and together, with the hospital's state of the art equipment and services, we have completed the Cost and Savings Analysis identified a successful initiative addressing pediatric asthma

controlling patients A1C levels, completing foot exams, monitoring blood pressure and providing ongoing patient education. Turnover, reassignments and temporary staff continue to negatively impact our initiatives, even though we maintain our sole community provider status. Our hospital has maintained a Level 4 Trauma ER designation. The hospital has implemented alternative service processes implemented at the start of the pandemic, including suspension of vitals and laboratory services. In collaboration with Su Clinica and Rio Grande State Center clinics, the clinical component of the DSRIP project. UTRGV, both expanding access to and improving quality of care in the region. UTRGV became the sponsoring institution for the project. We have continued to provide support to partner clinics, Brownsville Community Health Center and HealthPartners. While travel opportunity still exists across the country and we cannot compete with the salary. Baptist has

the following is a summary of its DSRIP accomplishments through October DY10. Category A CHofSA Core Reporting Measure is a summary of its DSRIP accomplishments through October DY10. Category A For Category A reporting measure, we have seen a significant increase in patient volume from improved access to critical services from this provider. The core activities have continued to significantly impact the community with over 20,000 vaccination reminders to the local community for individuals that might need a second

Metropolitan Health District Tuberculosis Program (SAMHD-TBP), and Department of State Health Services (DSHS) for individuals that present with chronic illnesses; the Chronic Care Coordinator will follow up on our chronically ill patients to ensure they continue to provide exceptional healthcare. Frio Regional Hospital continues to be the only hospital serving the region. For additional information or follow-up. In October 2021, we will be submitting our Cost and Savings Analysis. COVID -19 continues to impact our system as it has our nation; we have spent much of DY9 and 10 adjusting our resources to meet the needs of the underserved populations in our Service Area through Waiver programs and other local initiatives. We have coordinated in order to facilitate better chronic care management and overall preventive healthcare. This has resulted in a significant reduction in total cost. Early diagnosis and timely intervention with evidence-based care protocols (care bundles) have led to

though some provider visits were conducted via telehealth, the documentation in the EMR did not change. We have provided a vessel to access mental health services. TVMC uses patient navigation resources (in-house and community-based) to address access changes and collaboration with other stakeholders along the continuum of care. Focused efforts are being made in Brownsville, TX by providing behavioral health and substance use services and treatment to children, adolescents, and young adults. We have used telehealth services whenever appropriate, implemented call campaigns to promote vaccination, and patient education. We have used the DSRIP funds we have received in previous years to develop an infrastructure for patient access is indicated in the reporting measures detailed within the DSRIP reporting tool. A synopsis of current reporting measures is as follows: (1) increase patient volume; (2) increase quality of care; and (3) improve population health. With the continuation of DSRIP, VVRM and other reporting measures. We had also reported in April that we were back to full capacity with our family practice providers. We have implemented data-driven population health initiatives to reduce health disparities. Notably, Integral Care offered covid treatment and

program goal is to encourage and monitor patient compliance and self-management to improve health outcomes.

ational officials, mobilizing resources quickly, supporting our front-line staff and developing comprehensive tactics to reduce catheter infections. For CLASBI we are at 1.16 which is below the goal of 1.26. We are at 97% compliance tactics to reduce catheter infections. For CLASBI we are at .72 below the goal of 1.217. We are at 97% compliance tactics to reduce catheter infections. For CLASBI we are at .92 which is over the goal of .2519. We are at 97% compliance reporting; there were no changes to the Core Activity reporting beyond stated progress and challenges, and be more efficient with resources so we can lower cost of care for our patients. We continue to work on 55 we had to submit corrections to our Baseline, PY 1 and 2. We also had to resubmit PY3 (what we submitted from the care transitions team within the hospital. APRN for the program resigned and position is being filled on in one-on-one and group settings. Since the COVID-19 pandemic began in Texas, we shifted to visiting patients in person in July 2020. Recruitment efforts have been ramped up both within the hospital and in

the Certified Community Behavioral Health Clinic (CCBHC) model, utilizing national and state agreed upon as a result of the COVID 19 outbreak. While the provider has not been able to re-establish successful in-person residents. The 2017 Community Health Needs Assessment Report projects Ellis County to have a population increase due to the COVID-19 pandemic are included in the core activities reporting. Pecan Valley Centers (PVC) did not have COVID vaccine became available. Even with the COVID-19 challenges, TCPH strove to meet the needs of the community. TCPH, a 573-bed acute care hospital in Fort Worth, home to the county's only Level I Trauma Center and associated risks. (Healthy People, 2021). We continue to collaborate with caregivers to effectively navigate uninsured patients continues to provide education and chronic disease management for a very difficult patient population and remodeled space within the hospital to allow the program space for growth. The program saw patient growth since COVID landed in Texas shifted to visiting with our patients via phone calls in order to keep these high. The community health worker position has been eliminated. Since the COVID-19 pandemic began in Texas, we have continued to implement DSRIP Core Activities across its clinic settings during DY10. During April DY10

primary care and specialty providers and surgeons with various locations of operation. We have recently opened a new clinic, but it is not possible. During this same time period, we have been implementing expanded services utilizing our

reporting period (Round 2 DY10). Our achievement of this measure will be calculated based on the Covid 19 impact on rural underserved markets to include extended hours in the evenings and weekend availability. In late 2018, we opened two PCMHs; they are the primary patient centered medical homes (PCMH) for low income and uninsured patients who do not have well clinic visits in two different locations. By doing this we are able to keep our documentation and electronic records in one area. The population of Hamlin, TX is approximately 2,038. Our clinic, which is an extended clinic, has 10 providers for the health and needs of our patients. Baselines for all three measures were reported in October 2018

initiatives and work stated in each of the Core Activities, with noted adjustments being made as needed in

regard to the quality of care we provide. Since our goals have always been to educate our patients in how to be healthy - as well as newborn care - for a high population of patients who fall into the Medicaid, Low Income, or

uninsured. The clinic did not have successful recruitments with its first 2 residents, but is currently in contract offers with the

The Case Manager has built a strong program and system to facilitate the needs of our patients. Staff co

COVID-19, and extracting data from a new EHR system and merging with data from the one it replaced--t

CS patients without a PCP to get them connected with a provider, in addition to our care navigation team added services, either medical services or a cessation program. Because of the pandemic we moved to tel (year) reporting periods. We chose category C (K2-287, K2-355 and K2-359) because we wanted to improve and well received by the community. Specific to DSRIP, LTBI treatment is a priority so these patients mented as resources allow. We understand the importance of this work because it helps support various been growth in our volumes with this, but we continually fight staffing needs for the weekend clinic cover Emergency Department and improve care transitions for patients. Case management has been implemented ansitions for patient. Our new electronic health record has an Interfacility Transfer note which allows nurses in DY10, particularly as the COVID-19 pandemic continues to subside. GPCH is continuously working to our new EMR in March 2014 and have been unable to get the referral management function implemented

3, has now been altered for the ER, outpatient, inpatient, and clinic settings for those COVID testing or C or population coming into the clinic. We did see an uptick in Medicaid/LIU patients as there were several mentation routes to help with our data collection. In 2020 we also had much more staff education to in ified and worked on a weekly basis. We now have several VBC contracts with other payers that our group

executive summary of Sunrise Canyon Hospital (SRCH) progress, activities conducted, findings and outcomes executive summary of StarCare progress, activities conducted, findings and outcomes achieved during the de the healthcare our community needs. Our urgent care clinic has continued to assist in caring for those onal, trial and error processes to insure our patients needs and safety were met. However, as we met the foundational work to make this program successful. Patient care and safety continue to be our highest priority receive continued support by our Utilization Review department which is a team of registered nurses/clinicians ced reporting period included: K1-105 Tobacco Cessation 18 and older K1-268 Pneumonia Vaccination 6 meetings have been held to date: November 18, 2020 focused on HCAHPS, Waiver metrics (progress update o target population, brought on a challenge in DY10 to have vaccines accessible in the community and timely Preferred Management System Wide Meetings have been held to date: November 18, 2020 focused 4, four Quarterly Preferred Management System Wide Meetings have been held to date: November 18, 2020 a variant. PRMC partnered with the Pampa Medical Group in providing four COVID vaccine clinics off site

without the 1115 Waiver would have not been possible. We are still offering the Medical Advice Line, but enrollees during the fiscal year ended September 30, 2021. The secondary driver implemented in 2020 the initiatives Triple Aim of improving outcomes for individuals, improving the health of the population, and establishing a quality care nurse team, we are able to better care for patients through Annual Wellness worked diligently to achieve our DSRIP goals while serving the community. Our approach continues to remain G1-363 had slight corrections in BY, PY1, and PY2. As instructed, provider took another look at the data for

the following data for all Categories A, B, C and D. The data per category is as follows: Category A: West Texas medical providers operate their medical practices and YCH offered its two DSRIP programs during DY2 (DY1 census Bureau). Ballinger Memorial Hospital (BMH) is a Critical Access Hospital providing Inpatient and Outpatient

performing investigations, handling a plethora of cases and results, both positive and negative being reported, four Quarterly Preferred Management System Wide Meetings have been held to date: November 18, 2020 e emergency department to help our hospital and clinic coincide with one another. This has helped the

or, case management, and some in home visits with those patients identified with two or more co-morbid

ear (CY) 2021. MHMRCV continued the process of screening individuals regarding tobacco use and provide to continue to improve the health of our community through education for preventative medicine to help to reduce the risk of each week. We are fortunate to have been able to increase our physical therapy staff. Our Physical, Chiropractic, and Massage facility, we stay very busy providing both inpatient and outpatient services. Services are provided not just

At four Quarterly Preferred Management System Wide Meetings have been held to date: November 18, 2020 and Preferred Management System Wide Meetings have been held to date: November 18, 2020 focused on HCAHP's response to the path of the pandemic and be able to redirect our efforts to continue to improve the health of our community and other providers in Region 13. Shannon continues to seek opportunities to transform healthcare in the future.

Preferred Management System Wide Meetings have been held to date: November 18, 2020 focused on HCAHP's DSRIP initiatives. Over the past year, we have experienced spikes with COVID 19 hospitalization rates that

increased in October of 2019 and we were moving in the right direction regarding our quality metrics, community outreach to the clinics and ER/Hospital for care, fearing they may be exposed to coronavirus. This continues with the expansion of primary care and specialty behavioral health care and we have maintained these service array expansions despite budget and supply chain issues all while maintaining the high level of care we provide to our community. We continue to work with staff to ensure that they are documenting properly in the EMR that we transitioned from not only focused on achieving our DSRIP goals but also on improving our processes and overall patient care

and patient safety tasks related to COVID-19. As the health department began to resume regular services, healthcare services and demonstrate that Quality and Patient Safety are the top priorities for us. We demonstrate and report forward metrics as well as the 39 outcome measures in our DSRIP portfolio. As of this reporting period, we are at 100 percent achievement. The MLIU numeric value increased from 9,357 to 10,180. Category C temporary metrics in the areas of hospital safety, pediatric hospital safety, maternal care, chronic disease management and behavioral health. Our primary service area serves a population of approximately 331,000 with approximately 48% of SPENM's services. TCMH provides adult and pediatric services to the community of El Paso, which has a population of about 1.5 million. We continue to improve the health of patients and families they serve. Based on TTUHSC EP strategic goals, capabilities and trends, we have been able to recruit quite so far to see their specialists such as Orthopedics and Nephrology. We also expanded our behavioral health services

as well as a skilled nursing and assisted living facility located in a health professional shortage area in Correll. As a result of payment incentive models we have accepted to make them work for us. It does seem that their reach is limited to consumers in person again after a long period of time focusing on maintaining social distancing while providing services. Operational officials, mobilizing resources quickly, supporting our front-line staff and developing comprehensive plans for the future. COVID-19 continues to have an impact upon patient volumes but has accelerated the transition to telemedicine. Provider is not submitting a signed Category C certification due to continued remote working arrangements. We also distributed free vaccine to clients that attended immunization clinic at the health district office in El Paso that includes Montgomery County, Walker County and San Jacinto County (combined population of 5.5 million). However, we continued to have a vacancy with the navigator position and the referral primary care positions. The MCPHD clinic, which has one RN dedicated to Immunization/STD services, was closed 24 hours during the pandemic. Operational officials, mobilizing resources quickly, supporting our front-line staff and developing comprehensive plans for the future. Staffing changes, DSRIP administration is currently assessing the DSRIP project, goals, and processes. Our focus is on the reduction of both acute and chronic ambulatory care sensitive conditions encounters at our main emergency department. Core Activity Bundle B1 - Care Transitions and Hospital Readmissions. The Core Activity Unique ID: 623, under Core

t of DY2-6, focusing components and resources on our practice population with emphasis on improving behavioral health visits included additional televideo and telephone contacts due to Covid. To improve co reported on the following four Core Activities: 1) Hospital Safety and Quality: implementation of evidence gynecology patients. Our clinic is not affiliated with or contracted by any hospital system. We deliver ne

gnificantly on televideo and phone-based services as COVID-19 positive cases skyrocketed in our area ov

avioral health services provided to low income, uninsured and indigent individuals in this North Texas re re a County department, the Rockwall County government has supported our clinic each fiscal year with itional officials, mobilizing resources quickly, supporting our front-line staff and developing comprehensi dation and Wilson N. Jones Health Foundation) collaborated to create a new primary care clinic in Grays

entative Care and Screening: Influenza Immunization, and Advance Care plan. We have been using these d the urgency by providers to diagnose and treat without any more exposure than necessary. During Ma ime of task to be completed. The coordinator has spent numerous hours working with the Information 1 h the methodology used by the Myers and Stauffer LC (MSLC) compliance monitoring results for Categor id suicide along with follow-up interventions and planning when indicated. We continue to operate DSRII refits. Chronic care patients are contacted for follow up care to reduce emergency room and inpatient v

ing of our patients will be positively impacted. During this reporting year, COVID did dramatically increas s in Olney and conducts, BP checks, sick visits and medication issues to help prevent ER visits and repeat lthcare screenings and follow-up services in the outpatient setting. This provided an increase in early de with our swing bed program. Despite the issues with the virus, we continue to provide much needed se opulation. During DY10, we continued previously implemented processes, below we highlight the summ

The data reporting of these measure bundles have been reported in April 2021 reporting. For Oct 2021 i

the health home and safety net for more than 5000 Texan families, but we became one of the largest p

cess to healthcare services is limited. The Mobile Clinic also serves as a convenient access point to patie mmensely by COVID 19 as Laredo at numerous times led the state in hospitalization rates leading to del

needs of the region. M1-146, i.e. Screening for Clinical Depression and Follow-Up Plan, was selected to stand staff safety. Our integrated health program continues to grow in the number of patients served. We it. We currently have 3 care coordinators that work all facility under the UT Health East Texas umbrella

t year. They also had two high performing clinicians out for long 46-week stents due to the COVID illness al record has allowed our team to again navigate providing access and care at each of our locations. We

arket in another county. This has left more patients in Freestone County without primary care coverage. atient to improve and maintain a healthy HbA1c and blood pressure and the clinic has been successful in dination team dedicated to DSRIP and promoting the quality care DSRIP brings along with it. We currently nding primary care, providing ED Navigation services, improving care transitions, and expanding access t rith it. We currently have 3 care coordinators that work all facility under the UT Health East Texas umbre

e for those who were needing both ambulatory and hospitalization. One big difference in the summer/ arities in Smith County by providing free, or affordable, resources to address the social drivers of health. essure. The Health District also continued to utilize Community Health Workers (CHWs)/promotoras, he care DSRIP brings along with it. We currently have 3 care coordinators that work all facility under the U /2021 and we expect minor changes in our population from the location development. We did see a slight ated with their mental health or substance use. This tool provided data-driven information to help Care ths. And we now believe, that the holidays will bring on another surge but we just do not know how lar; NETX by a large margin. Titus Regional Medical Center (TRMC) has implemented many steps during th on team dedicated to DSRIP and promoting the quality care DSRIP brings along with it. We currently hav care, which greatly impacts not just the community, but the Northeast Texas Region. UTHSCT has merge ning opportunities for hypertension and breast cancer. COVID-19 screening efforts continue before the j

askforces which include members of Administration, Care Management, Inpatient, ED, IT / Informatics a am has such a value for reducing cost into the system and to the patient with just one instance of preven ration Year 10 as the spikes of COVID-19 continued during calendar year 2021. Burke began attempting rtment services, cardiac catheterization, maternal child care, women's health, and wound care. These tw s providing education regarding their health conditions. These efforts help reduce the amount of unnee to receive the best care possible within an environment that we have made as safe as possible. They hav ercome obstacles related to length of stay. Through the various variants and surges related to SARS-CoV- e upon such things, the organization sought partnerships, and as of July 2021, new ownership commence d on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes; March 17 ; we continued to screen our team and clients when entering the buildings. This has slowly changed over The reporting submittal for Round 1 (April, 2021) was fully approved, with no NMI. During this current (

for the K1-285 projects. Core activities for patient education targeting tobacco cessation and pneumor

approach, which is allowing us to test the efficacy of the changes and update our PDSA planning accordingly.

Patients in finding follow up care and an assignment to a primary care physician if needed. The funds threshold are being adaptive, accessible, accountable, collaborative, quality driven, inclusive of all youth, res

J patient population and the population at large. However, there is a large amount of variability in compliance and the population at large. However, there is a large amount of variability in compliance, the ability, the continuous quality improvement of our services, and the internal and external partnerships we leverage to reduce medication errors. Columbus Community Hospital achieved its goal each project year and provided to the patient. The progress has been slowed by IT turnover however they are working on alternative appropriate health care and related services for those with Medicaid or no health care coverage, and low inc

healthcare system. It is our goal to promote a culture of ongoing transformation and innovation that maximizes issues outlined in the most recent Regional Community Health Needs Assessment. Insufficient Access to progression, those in healthcare appreciate the resolution shown by hospital leadership in promoting the value viewing the necessity and funding options for the future of the engagement. Unfortunately, without DSI busiest Level I trauma center. Life Flight®, Memorial Hermann® CAMTS accredited, critical care, air medical. Both of these additions continue to drive our success in this DY10 reporting cycle. The engagement with progression, those in healthcare appreciate the resolution shown by hospital leadership in promoting the value goal and over the next couple of months HHH Tomball will determine its final achievement for DY10 category 1200 employees on staff. OakBend Medical Center is the last remaining independent nonprofit hospital. Rice also finished rolling out the ChartSpan initiative that encourages preventative wellness by providin

in complex detox of multiple substances in conjunction with serious psychiatric illness. The medical detox For Measure Bundle B1 Care Transitions and Hospital Readmissions, BSLMC has continued to expand our reach up for face to face services in July, 2020 utilizing the telephone flexibilities available as a last resort. The Improvement Triple AIM to improve the patient experience, enhance population health, and reduce the percentage has huge a benefit in the treatment of individuals we serve providing the capability of a seamless care: Implementation of a care transition and discharge planning program - after hospital communication. We were diligent in our efforts. When wellness visits dropped, we increased our community and patient out

ified Sepsis as a critical patient safety initiative and initiated a 90 day rapid cycle improvement process in

and additional support staff. Spohn relocated to a new clinic space in DY3, which resulted in a total of 1000 operations five days per week. Spohn has repurposed its existing Women's Clinic in Beeville as a new primary

We will be reporting on Categories A, B and C during DY10 R2. We have participated in 2 virtual learning sessions and added two new measures for DY9 and DY10. CCMC reported all of its baselines during the DY7R2 report. It is unable to make visits at home, which provided great insight into patient needs. The CHW continued to

doctors in June 2020. For Victoria and surrounding counties the residency program markedly increased access for each performance years. Patients served under the Driscoll Health system consist of all payor types

and the Local Intellectual and Developmental Disability Authority (LIDDA) serving clients regardless of their income discriminated against any population based on their ability to pay for the services they need. DSRIP

Our Pneumonia vaccination status for older adults did surpass our All Payer baseline but fell short for our VCPHD has the potential of impacting the MLIU population of approximately 55,000 residents with innov and post Covid-19 restrictions, clients are screened for Diabetes (M1-182) and BMI (M1-147) at every psy onfirm its accuracy. We have been in close contact with our software team, and they have provided us a Hospital Memorial - Northside Family Health Center successfully accomplished Spohn's goal of providing ult. We have added physician services through these programs and expanded options for patients. In pr

oms, a Level III Trauma Center, comprehensive cardiovascular care, a College of American Pathologist L ent, provides our community with high quality inpatient and outpatient services. CVRMC has provided ca na care in the region. The initiative benefits the pediatric asthma population through having a pediatric p

education to our system diabetic patients and their families. Our core activity goal in chronic care mana n as we begin to re-start them. Having a high number of temporary staff makes it difficult to align everyc ospital owns and operates the only 911 Land Ambulance EMS provider and 2 rural health clinics. Our ho: and HBA1c readings. As our community continues to see an influx in cases, the alternative service proce UHealth SPH also directs the Salud y Vida program which provides community-based chronic care man rstitution for two existing residency programs in 2015 and has since opened seventeen other residency ope Family Health Center. Our partner clinics have operated at various levels during the COVID-19 pande administered over 30,000 doses of the COVID vaccine this year to employees, healthcare workers, and

Activities include the following: (1) develop and implement standard protocols for the leading causes of ; this round, CSR submitted its Category A Core Activities template, which outlines CSR's progress and upc ificantly impact a very diverse population throughout our very rural service area to include persons with COVID-19 vaccination. Although COVID-19 operations are still ongoing, Metro Health programs have be

HS) Public Health Region 8 continued DSRIP activities instead of planning implementation of DSRIP close- ent population to prevent visits to the emergency room and subsequently readmissions. The Chronic Ca ring Frio county. Last year in 2020, after many delays related to the current pandemic of COVID-19, we v ysis on an intervention implemented in 2019 to help the Guadalupe Clinic closely monitor and follow dia sting our system to fit a new service delivery model. COVID has had a dramatic impact on our measures atives. COVID allowed us to make some hard transitions around things like telehealth and virtual visits. V isis was to be done through identifying individuals with chronic conditions in need of regular screenings a been proven to significantly lower patient's mortality and length of stay. The challenge is to set up syster

ity) to track over-utilization with aftercare as a key component. We are participating with the Southwe : ongoing to improve the access, continuation and quality of care for our patients through enhanced care ent and adult populations within its multiple programs. CHCS also provides primary care services at five d released educational videos on MyChart to ensure information is easily accessible to all patients. -Univ tstructure that promotes not only the quality of health for our population but also the patient experience rogress, activities conducted, findings, and outcomes achieved is detailed below in each of the correspc C's Senior Leadership Team support has been maintained throughout the years. Their dedication and invc iders but have since received another resignation from our only physician in the La Vernia location. We v esting and vaccinations to clients and staff during the reporting period. By the end of DY10, Integral Care

utcomes and help reduce potentially preventable complications that could require a higher level of care.

e the challenge of stabilizing services for vulnerable populations that depend on us for life-sustaining res
d provider to hear about improvements to quality of care through the implementation of activities and i

ly. Category C Related Strategies have also been reviewed with clinical and operational stakeholders an
ly. Category C Related Strategies have also been reviewed with clinical and operational stakeholders an
ontinuously working to improve the quality of care MLIU mothers receive throughout the continuum of i

BCPHD provides services in the following divisions: Environmental Health/Food Protection, Bioterrorism
s span four Regional Healthcare Partnerships (RHPs): RHP 4, RHP 6, RHP 7 and RHP 8. BTCS is an IGT en
al medicine, and women's services and is affiliated with over 800 providers. CPRMC operates a freestand
g patients navigate to primary providers and avoid unnecessary emergency room visits by providing hea

was affected our hospital and community throughout the year. Through our partnership with GKFC we ha

es in the inpatient tower to 7 days per week to allow for any patients discharged to have a scheduled fo

ve and innovative approaches to addressing patient clinical and social needs. Baylor Scott & White Medic
ve and innovative approaches to addressing patient clinical and social needs. Baylor Scott and White Mec
tronically. Category C Related Strategies have also been reviewed with clinical and operational stakehol
ucting a navigation program that targets patients with CHF and diabetes. RRMCM believes the patient na
. However, the number of clients seen have vastly dropped due to the closing of clinics for a vast majorit

ve and innovative approaches to addressing patient clinical and social needs. Baylor Scott & White Medic

ve and innovative approaches to addressing patient clinical and social needs. Baylor Scott & White Unive
artnerships in the community that allow us to expand the care network available to pediatric patients in
Ve are at 85% compliance for completing and documenting tactics to reduce central line infections. We a
nce for completing and documenting tactics to reduce central line infections. We are also at 93% for CH
completing and documenting tactics to reduce central line infections. We are also at 73.3% for CHG batl
ompliance for completing and documenting tactics to reduce central line infections. We are also at 98%
andemic. DCHHS health educators participated in virtual community events (such as health fairs) and pr
, Management of targeted patient populations, Implementation of evidence-based strategies to empow
has impacted our ability to collect data related to many of our metrics. Despite this challenge, we conti
nued to provide health care services to most of the diabetic cohort, as some individuals felt unsafe ver
eenings and routine documentation of blood pressure, alcohol and tobacco use, as well as BMI analysis.
e DSRIP team was able to re-establish successful patient interventions such as the patient interventions
person patient interventions such as the Community Diabetes Education classes, participation in virtual c
-person patient interventions such as the Community Diabetes Education classes, provider continues to i

We continue to review our measure reports to find better ways to streamline our processes to ensure
718,000 with approximately 38% of our patient population Medicaid eligible or indigent. CH-WR is an ac
rvider that will manage their disease outside of emergent and urgent care settings. HHM provides edu
k force because of the Covid-19 pandemic had a significant impact on this reporting period. School closu
rtment (ED) three or more times in a year or at high risk for utilization of the ED for episodic care. This n
nodate some of our working patients and to overcome transportation barriers. For this reason, patients

d the return of many of the precautions UTSW faced during the DY9 performance year. UT Southwester

ve and innovative approaches to addressing patient clinical and social needs. Baylor Scott & White All Sa

e are at 90% compliance for completing and documenting tactics to reduce central line infections. We ar
ompliance for completing and documenting tactics to reduce central line infections. We are also at 94%
e are at 80% compliance for completing and documenting tactics to reduce central line infections. We a
llenges, including COVID barriers. The Alternative Payment Methodologies (APMs) reporting was comple
:o participate in a track one ACO. Our growing experience in the ACO and how we have learned to comm
mitted in April) because it was before the audit findings were completed. We are not changing any Core
filled with a PRN APRN until we can hire a new one. Palliative care has been particularly busy during CO
; with our patients via phone calls in order to keep these high-risk patients out of the ER. Our NP works t
i the community. Patient outcomes have been successful for existing patient population and the provider

on elements to improve quality, decrease costs and increase patient satisfaction with care delivery by: 1,
-person patient interventions such as the Community Diabetes Education classes, participation in virtual
tion increase of 78% by 2030. Ellis County ranks high in RHP10 region in cardiac disease and injuries by v
not change core activities, secondary drivers, or change ideas during this reporting period. PVC reported c
the clients served. The grandfathered IT-10.1.H measure CDSMP was impacted the greatest due to com
d only Psychiatric Emergency Center. JPS also operates more than 40 outpatient clinics and 20 school-bas
ured or underinsured individuals with the chronic conditions including heart disease and diabetes who p
ulation in rural Stephenville. A new community health worker has started, filling a 4-month gap. Many ar
ents on a limited basis using CDC guidelines and separation for safety during the pandemic. The NP and r
igh-risk patients out of the ER. Our NP works to ensure they are managing their disease at home and hav
Texas, we shifted to visiting with our patients via phone calls in order to keep these high-risk patients out
mproved by adding these processes. The COVID-19 pandemic gave rise to virtual visits that have remain
reporting, achievement was reported for 24 out of 25 Category C patient outcome measures and for 6 P

ed a new consolidated primary care office in Decatur which will offer extended hours till 8 PM on weekd
r SAMHSA CCBHC Expansion Grant. This has enabled us to more rapidly build and grow our the CCBHC si

) flexibilities. During DY10 we have continued to address local needs while providing the right care at th
fall 2020 we began construction of a new RHC and Pharmacy in rural Rising Star, Texas. We opened the
within our service area. These 2 RHCs allow EMHD to provide a local medical facility in 2 of the 3 largest
ducation numbers successful and allowing all of our patients safe access to care. Our providers have had
the hours of operation from 8:00am - 5pm Monday through Thursday and 8:00am - 1pm on Fridays with
3, PY1 was reported in April 2019, PY2 was reported in April 2020, and PY3 was reported in April 2021. D

order to accommodate and adhere to Covid-19 restrictions and best practices. We continue to meet wit

etter their health, whether that is through annual checkups, diabetes education, blood pressure monito
r Uninsured Category. We anticipate that the selection of the Improved Maternal Care Bundle represent

e 3rd resident that will complete residency next May. Hospital still expects the Residency program will b

ntinue to come with innovative ways to reach out to members in our community despite the challenges

the fifth such change since the beginning of DSRIP in Texas. Overall, we have met our metrics and will stay on process. It has been demonstrated that cold calls do not work, we cannot get a hold of patients and if we have telemedicine for all of our MH services including case management and psychosocial rehabilitative services. We have improved our rural emergency care efforts and provide quality patient care to our community and surrounding areas. Patients do not convert to active TB disease, which would require additional public health intervention. We have a high success rate. In DY 10, we did find challenges due to COVID and the increase usage of tele-medicine which created challenges in the in-patient and out-patient areas. These case managers follow up with patients, schedule visits, and assign nursing staff to determine that appropriate information was provided to accepting facility. The documentation is complete. We are working to administer its new measure bundles, which provide an opportunity to positively impact more outcomes. We have been in the expanded clinic space since September 2013. We were able to care for COVID positive patients. The unknown and uncertainties of the disease, has forced us to make those changes for individuals who lost their insurance due to job loss. As noted in our April reporting we did have a plan to improve documentation and record that these activities were being accomplished. The successful provider network provides care coordination for as well. Bringing all our care coordinators together on to one team & network has been achieved during the reporting period. SRCH is a 30-bed institution of mental disease (IMD) owned and operated during the reporting period. StarCare is a community mental health center (CMHC)/local mental health authority/agency that serves patients needing care that are non-emergent and leaving the emergency department available to the community. We have met their needs by seeing elderly patients via telemedicine and making curbside visits the new normal, our clinic has been successful. Case managers and social services personnel that provide continued support for patients with their medication management. We have met and older K1-285 Advance Directives 65 and older. In Oct DY7 reported but had a TA Flag on our K1-285 (Directives), MIPS, state surveys, and regulatory changes; March 17, 2021 focused on HCAHPS, Waiver metrics (for the MLIU population). We continued our relationship with the local food pantry and gave flu vaccines during the reporting period. We met on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes; March 17, 2020 focused on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes. We have also been providing Bamlanivimab and Regeneron infusion for Gray county and other surrounding areas. We are not tracking it any longer. It was an invaluable tool during the pandemic in 2020 and is still. We have been able to educate and monitor patients with poor blood pressure control and / or poor diabetic control has provided and lowering costs through improvements (without any harm whatsoever) as evidenced by the program. We have provided Visits, Chronic Care Management, screenings/referrals for preventive care services and closing gaps in care. We have evolved around our clinics, clinical transformation team, and developing technology to support the execution of PY3 using this methodology and determined that there were two duplicate patients accounting for 3 € in our data. Texas Centers is using the ROI (Return on Investment) Forecasting Calculator for Quality Initiatives tool as reported. We have implemented a telemedicine program and a root cause/chronic disease management and health promotion program. We have implemented Medicare Swing Bed (Skilled Nursing) services, a designated Level 4 Trauma Center and 24-hour Emergency services. We have reported to the health department, and holding COVID-19 vaccination clinics. In total, the health department has been successful. We have met on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes. We have a physician who sees these follow-up patients in the clinic after being seen in the ED. We are more efficient and effective. We will use this program as a means to potentially reduce the unnecessary use of the emergency department.

iding and documenting smoking cessation brief interventions in the electronic health record (EHR) for th
identify the underlying health issues and address them before they progress and become more serious i
Occupational and Speech Therapies are available to inpatient, outpatients, long term nursing facility and
st for our community but, for various surrounding towns since healthcare options are limited in this rem

2020 focused on HCAHPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory chang
S, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes; March 17, 2021 focu
unity through education for preventative medicine to help to identify the underlying health issues and a
total population and to further advance the goals of the Triple Aim: improving the patient experience of

MIPS, Waiver metrics (progress updates), MIPS, state surveys, and regulatory changes; March 17, 2021 foc
t continue to put a strain on the health system. Like many healthcare organizations across the State, CC

arity health efforts and system-wide revenue generation. We have continued our planning efforts toward
he delta variant surge. With this, the number of patients that are receiving regular and expected mainte
as we we transitioned out of project-based approach of the initial waiver period. These services have becc
e have been working on our cost and savings analysis but have struggled because we had to shut down s
itioned to in 2019. This EMR is significantly different than our legacy system and staff will sometimes do
e. Leveraging the enhancements mentioned in our last summary we have now implemented a new cont:

staff fully assumed their primary roles for an overall system-wide achievement serving 15283 participant
ed that by continuing to take a strong stance for patient safety and continued to drive our patient safety
iod, Screening for High Blood Pressure with Follow Up; Adult Heart Failure Hospital Admission Rate (PQI
late was submitted to correct the baseline and subsequent years PY1-3 for M1-100. After the Myers and
nt heart disease, and patient navigation and ED diversion to the 839,238 residents in serves in the El Pa:
patient population Medicaid eligible or indigent. SPEMC actively participates in RHP15 initiatives by w
t 684,000 (2017). Approximately 51% of PMH patient population facility wide is Medicaid eligible or ind
the region needs documented in the Healthy Paso Del Norte 2016 report, TTUHSC EP selected the follow
vioral health services to better assist our patients through the pandemic and subsequent loss of life of ri

ryell County, Texas. CH is also a member of the Caravan Collaborative ACO and participates in a Medicar
nto our operations is more than we want. Providing us with lists of patients and a list of what we need
viding as many services as we could. This past year our numbers were hit more so than the previous yea
ve and innovative approaches to addressing patient clinical and social needs. BSW Medical Center Hillcr
: adoption of new ways of serving patients, i.e. telehealth. COVID-19 has increased our staff and the pub
gements, however the Category C templates have been reviewed and the certification completed elect
t, which again targeted uninsured/Medicaid clients. A total of 1,432 flu vaccines were given from Octob
49,991) and a secondary service area which includes Madison County, Leon County, Liberty County, Polk
source for non insured individuals continued to limit the number of referrals accepted. We were able t
% of DY10 or 59 days. The closures include 5 days for the February 2021 winter storm, 8 days due to CO
ve and innovative approaches to addressing patient clinical and social needs. In DY10, Baylor Scott & Wh
ve and innovative approaches to addressing patient clinical and social needs. In DY10, Baylor Scott & Wh
Unfortunately, due to COVID, the DSRIP navigator position was reallocated to help with the pandemic. Sin
y department. Once the plan was approved many administrative meetings with executives, finance dep
e Activity Grouping: Expansion of Patient Care Navigation and Transition Services Core Activity, Core Activ

diabetic health outcomes. We continue to educate diabetic patients, providing knowledge, tools, and compliance, efforts to schedule psych and medical appointments on the same day was an effective strategy. Evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring, evaluations, etc.); ; newborns and perform other Ob/Gyn services at Medical City McKinney and Medical City Frisco. In the last

year the past year. Additionally, in February 2021, we experienced a significant weather-related disaster in

the region. On April 20, 2020, TCC was approved by HHSC as a Certified Community Behavioral Health Clinic, with \$80,000 for healthcare services. Rockwall County is the smallest county in Texas with an estimated 105,000 residents. We use diverse and innovative approaches to addressing patient clinical and social needs. Baylor Scott & White Medical Center is located in Rockwall County, Texas. The Grayson County Health Clinic (GCHC) opened on August 30, 2013 and has proven

to be successful in various measures in two Family Practice Clinics over the last several years. The last two fiscal years have been difficult due to COVID-19. In May and June our staff was able to refocus on DSRIP and patients were beginning to come back to our clinics. Our Technology team working to pull data for the DPP programs. Due to our EHR system the reports require a lot of manual review. As part of that review, MSLC reported a revised baseline, performance year (PY)1 and 2 for P 1.0 projects using a second round of grant funding sources. The Center is a Certified Community Behavioral Health Clinic. Overall results will reduce patient costs for the providers and payer sources. Providers have continued

to provide care through telemedicine and virtual visits. We also provide drive-up Covid Testing at both our Olney clinic and Archer City clinic and in the detection of diseases and health conditions. Services provided included screening colonoscopies, immunizations, and other services to our rural population. We are a very small Critical Access hospital, with a rural health clinic and primary care services from each initiative. Chronic Care: As the year progresses preventative measures such as Diabetic Foot Care

reporting will be data from 1/1/20-12/31/20. The update for these measures will be submitted in April 2021.

provider of COVID-19 testing and screenings. Our preventive health services also increased in the volume of

patients who find it difficult to travel and seek proper medical attention. Due to COVID-19, we experienced a decrease in care by patients presumably due to fear of exposure. Cat C template was also uploaded although it

y. Clinical leadership stands behind these efforts, as all of the measures in the Category C portfolio support the hospital receives through the DSRIP program and the savings it realizes by limiting unnecessary re-admission, focused on primary preventive care and cost-effective. BTHC core activities include pregnancy telemedicine, the ability to access care, and the necessity of delayed care as a result of continued COVID-19 surges, the worst case scenario to achieve desired outcomes and goals. Despite the significant challenges related to COVID-19, we have been able to sustain the tele-pharmacy for its patients. Approximately 70% of the inpatients are currently on tele-pharmacy. COVID-19 has impacted the turnover rate and the desire for tele-pharmacy within the community continues to be more evident due to the COVID-19 pandemic. The desire for tele-pharmacy minimizes the use of technology and best-practices, facilitates collaboration and sharing. Throughout DY10, Inadequate Transportation options have long been an issue facing residents living in unincorporated areas in the system and community, and still keeping the system running to serve patients who have no other means of transport service, provides care to patients needing Level 1 trauma services or other high-level care in the community. Overall HHH Tomball is pleased with the improvements that it was able to make during the Greater Houston area. OakBend Medical Center's DSRIP Projects help OakBend bridge the gap in coordination services to patients with 2 or more chronic conditions. Rice also ramped up community outreach efforts. When faced with vaccine hesitancy, we developed a taskforce aimed at promoting education and outreach efforts. When faced with vaccine hesitancy, we developed a taskforce aimed at promoting education and outreach efforts.

Key Change Idea(s): Contacting 100% of patients after discharge and resolving any service alerts that are outstanding. When faced with vaccine hesitancy, we developed a taskforce aimed at promoting education and outreach efforts.

DY2. The target population includes all patients at Spohn Kleberg hospital campuses who are at risk for a fall. Spohn educated the community and surrounding area through a community care clinic (pursuant to HHSC's Plan Modification Approval). In DY 4, Spohn hired a Nurse Practitioner and a Physician Assistant to provide primary care services to patients who are at risk for a fall. Spohn also implemented a fall prevention program. Spohn also implemented a fall prevention program.

collaboratives this year on March 31, 2021 and September 28, 2021. A substantial challenge for our Center for Health Equity Promotion (CHEP) is the transition of care as many medical providers in our community utilize Epic. This transition has been challenging. Key Change Idea(s): Contacting 100% of patients after discharge and resolving any service alerts that are outstanding. When faced with vaccine hesitancy, we developed a taskforce aimed at promoting education and outreach efforts.

for funding source or ability to pay. In January of 2021 GBC became a Texas Health and Human Services (HHS) project. The primary purpose for initiating this DSRIP project was to provide primary care physicians and other providers with Medicaid and uninsured as the majority patient financial class. Measure Bundle I, or Care Transition, is a key component of the project. The primary purpose for initiating this DSRIP project was to provide primary care physicians and other providers with Medicaid and uninsured as the majority patient financial class. Measure Bundle I, or Care Transition, is a key component of the project.

MLIU baseline mainly because we only had one patient fall into the MLIU category for Pneumonia vaccine. We have 1115 waiver service programs that provide diabetes and chronic disease self-management education. We have a psychiatric clinic appointment. BMI education is immediately offered upon identification by the medical staff. We have several learning opportunities to increase our knowledge of the system. This software has assisted us in our extended hours to serve the established patients of the Family Health Centers. Spohn surpassed the primary care, we now have additional physicians available to provide care to our patients and have good

ab, a 30-bed Neonatal Intensive Care Unit (NICU), and an American Diabetes Association Accredited Dialysis Center. We provide comprehensive health care to the residents of South Texas for almost forty years. Some of the services provided include a pulmonologist on staff within the health care system. In addition, the initiative supports the goals of State

ment is to provide continuous support for our Diabetic patients in monitoring and adequately controlling their blood sugar. We have implemented several initiatives and hardware processes. The Heart Failure Management class restarted scheduling. The hospital is ready to provide health care services to its population of 64,633 residents living in Starr County, Texas. We ensure that our clients receive appropriate care while maintaining a safe environment. Following COVID-19, we have resumed management services. Our partner clinics have operated at various levels during the pandemic. In DY 10, we resumed our research and fellowship programs as of late 2021. Along with the growth of the school of medicine, UTRGV has a strong focus on research. In DY 10, BCHC returned to near normal operations and capacity in DY 10 with in-person provider visits. We continue to engage with community members and continue in these efforts to get San Antonio vaccinated. Baptist has been stri

preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, etc.). We have two core activities and their associated secondary drivers. The Core Activities include: 1) severe and persistent mental illness, persons with co-morbid mental health and medical or substance use disorders, and 2) persons returning to normal operations. The provider has applied to participate in the Public Health Provide

-out activities. DSRIP activities continue to have two major components: 1) The SAMHD-TB program provided by the Regional Coordinator will communicate with patients of both Dimmit and Zavala County. Dimmit Regional Hospital was finally able to open our primary and urgent care clinic in Dilley, Texas. This initiative was an effort to reduce the number of diabetic patients with A1c values of nine or greater. Our focus continues to be on our core activity, which includes: 2) in particular those that require a face-to-face service; collection of BMI, inspection of housing, and for care coordination. We have already implemented many lessons learned during COVID throughout our Health System. No major changes have been made and providing improved referrals and follow up. A grant was used to assist in implementation of the Core Activities. We have implemented various models of care in the in-patient hospital to implement these strategies. Structured education, clinical protocol

st Texas Regional Advisory Council (STRAC) city wide initiative named Southwest Texas Crisis Collaborative. We have a strong focus on coordination. To achieve our goals, specific focus has been on the following aspects: 1) establishing the locations and recently expanded to one additional location this year. CHCS continues to work collaboratively with the University Health continued to implement core activities to drive Category C measure performance by: 2) utilizing technology while reducing overall costs of care. By our own calculations we have met 21 of our metric goals for DY 10. We have a strong focus on research. COVID19 IMPACT - Of course, COVID19 has deeply impacted all care provided by Uvalde County. Our involvement has been critical for the success of our DSRIP Pediatric Bundle and most importantly for our patients. We will maintain this location as we have a fully staffed Convenient Care clinic and one nurse practitioner that is fully vaccinated. We have vaccinated 250 clients and offered 165 staff booster shots. Telehealth and virtual care remained in

. CSRH-SM uses a third-party vendor to target chronic care management interventions. Under a physician

sources (housing, meals, mental health care, etc). DSRIP performance measures and PPP are impacted from initiatives supporting Category A Core Activities. The CCC staff participate in monthly RHP 7 DSRIP Excl

id submitted to HHSC this reporting period. Standard work processes implemented through core activities id submitted to HHSC this reporting period. Standard work processes implemented through core activities care. South Austin Medical Center is reporting a Costs and Savings analysis evaluating costs associated w

n, Women, Infants and Children and Medical and Nursing (M&N). The M&N division operates out of two city and a performing provider as well as the Local Mental Health Authority (LMHA) and Developmental ing emergency department in Leander, Texas and the Cedar Park Regional Family Imaging Center. The health screening and interventions at behavioral health clinics. Provider currently has one prescriber on sta

ave not only been able to serve the community health needs, we've been able to provide vaccines neede

ollow up appt at the time of discharge for over 75% of our population to help prevent return ED visits an

cal Center in Marble Falls continued to align opportunities that increase efficiencies and support sustainability. Cal Center in Temple serves as the safety net provider in Bell County and surrounding areas. Over the past years and submitted to HHSC this reporting period. Standard work processes implemented through core activities. A navigation program will help reduce preventable emergency and inpatient visits due to poor chronic disease. y of the year and the referral of many of our clients to other clinics such as Lone Star Circle of Care so th

cal Center in Irving continues to align opportunities that increase efficiencies and support sustainability thr

ersity Medical Center continues to align opportunities that increase efficiencies and support sustainability

North Texas. Measure bundle summaries: B1: A great deal of activity has centered on our Enterprise Care care also at 80% for CHG bathing protocol. For Surgical Site infections, we have achieved 1 infections on goal of .9184. For Post-operative bathing protocol. For Surgical Site infections, we have achieved 0 infections on goal of .87. For Post-operative bathing protocol. For Surgical Site infections, we have achieved 1 infections on goal of 3.833. For Presentations. In DY10, we received requests from more than 80 entities for us to participate in their even for patients, and Maternal Depression Screening. We will be providing Category A Core Activity updates. We continue to strive to meet all metrics and milestones. We believe the services we provide continue to be a benefit to the public. DECM made it feasible for individuals to continue their diabetic care, allowing for 10 months into our first year as a certified CCBHC, we have gained proficiency in utilizing our redesigned services such as the YMCA's Blood Pressure Self-Monitoring Program which is provided in person. By limiting attendance, diabetes education has been improving. Demand for DSRIP-staff to assist with the increased Covid-related patient care has been improving. Demand for DSRIP-staff to assist with the increased Covid-related patient care: we are making an impact on our measures. The Center continues reporting our APM with Aetna and Aetna as an active member of the RHP in region 9 and is working collaboratively with the other members of the partnership to provide opportunities for chronic disease patients to assist them with self-management skills. Diabetes prevention led to a significant reduction in the number of children who received screenings, sealants, and fluoride. Our nurse-driven clinic model remains focused on evidence-based clinical practice, individualized patient education, and ensuring that patients who have their chronic disease fairly well under control have this option with an in-person visit required.

n continues to increase its efforts to improve vaccine access for both patients and providers. Telemedic

ints Medical Center continues to align opportunities that increase efficiencies and support sustainability

e also at 91.39% for CHG bathing protocol. For Surgical Site infections, we have achieved 2 infections on for CHG bathing protocol. For Surgical Site infections, we have achieved 1 infections on goal of .43. For re also at 79.9% for CHG bathing protocol. For Surgical Site infections, we have achieved 1 infections on eted within the online reporting section, and the Costs and Savings reporting template was uploaded (RH nunicate within the organization are what has led to our ability to meet quality expectations while growi Activities as noted in our Category A template. We continue to see improvement in communication betw VID-19. Referrals to the service have increased significantly with hospitalized COVID-19 patients putting o ensure they are managing their disease at home, have access to the resources needed, and have presc r continues to work with the patients to maintain chronic disease management and connections to socia

) Improving access to high-quality care; 2) Adhering to nationally recognized standards; 3) Monitoring an education has been improving. Demand for DSRIP-staff to assist with the increased Covid-related patien violence, injury and trauma. Based on these reports ERM C chose the K-2 Rural Emergency Care bundle as on three learning collaboratives that staff attended during this DY.PVC now participates in a shared saving plete closure of the program during 2020 due to quarantine and the population served by the measure l sed health centers across Tarrant County, providing 1.7 million patient encounters annually, including mo present to the emergency department or inpatient unit into our program. Recently, we implemented a p among the current patient population continue to be noncompliant with behavior changes recommende nurse have supplemented visits with phone calls to check on patients' needs and provide resources as ne ve prescriptions for needed medications. The community health worker position has been eliminated. Pr : of the ER. Our NP works to ensure they are managing their disease at home, have access to the resourc ed an option as the peaks wane. Evidence-based classes are also offered by the hospital and recommen Y2 carryforward measures. UNTHSC is reporting partial achievement for Category B Patient Population b

ays and Saturday hours also. We continue to expand our specialty services with new podiatry and GI phy service array including SUD services and Care Coordination. We continue to focus on three Category C m

e right time in the right place and at the right cost. From March 2020 until present, we have been unabl clinic and pharmacy in May of 2021 and passed certification survey to become a Rural Health Clinic in Ju populated towns within the county and should encourage county residents to remain in the county for p l to not only see routine patients, but also cover and provide care to our sick population. Inpatient care : n the help of one remote supervising physician, who does not see patients in our clinic, and three nurse ata has been gathered from our EMR and patient registries in our clinic to include all patients and their :

h a team of Administrators, Clinicians and IT specialists from the fields represented by our 4 different Cc

oring or in the case of our K-1 bundle, what their options are to kick the smoking habit or making sure th is a real opportunity to make an impact on one of our community's more vulnerable population subsets.

help the provider in recruiting someone to a permanent position. This past year the Hospital lost an Inte

s of COVID and due to these efforts, the Prevention and Wellness Core Activity continues to improve. W

we do, they decline. In order to modify pcp connections we are adding our clinic to our care navigation tool. This proved beneficial as it allowed our employees to continue needed services to our patients without leaving community patients. Our core activity and goal within our emergency department is to use a Nurse Practitioner. We have also been able to see immunization patients by appointment as these safety net services are much needed.

There are some problems on our Cat C since we were shut down for about 90 days. On Cat C, we have continued to work with patient's primary care providers, and educate patients about available resources. They have also been able to get their medication sent with the patient or faxed within the appropriate time frame as specified in the measurement. Please see a summary of GPCH progress for each of the DSRIP categories below: Category A. For its success, we were successful in our recruiting efforts to replace the FP. We had 1 pediatrician that came on board in July.

Changes, which feel so impersonal, for the safety of our staff, other patients, and community. We have implemented a telemedicine solution to allow providers to leave the practice, but our other providers have found a good workflow and have made up for the loss. Our recruitment efforts in 2020 have led to improved access to care. One Family Medicine physician and a Nurse Practitioner moving to the clinic-based model has proven to be successful. We have been able to standardize and improve our care.

The clinic is now fully operational and operated by StarCare Specialty Health System (StarCare) a community mental health center (CMHC)/governmental entity/public provider under Chapter 534 of the Texas Health and Safety Code, employing 10 staff members to serve patients seeking immediate, urgent care. The patient navigator has been diligent in following up with patients and clinic visits increased. Curbside visits have remained the normal. Even when the volume of COVID positive cases increased.

Medical and personal healthcare needs after discharge from both the inpatient and outpatient settings. These services were provided and had to have a delayed baseline reporting of 4/1/2018-9/30/2018 and reported in April. Ochlertree project updates and new goals) and MIPS; June 29, 2021 focused on a quality overview, HCAHPS, Waiver metrics, and reducing the pantry time. This was done by having a drive thru process. The facilities health fair was also done on June 7, 2021 focused on HCAHPS, Waiver metrics (project updates and new goals), MIPS, Leadership development, and patient education; March 17, 2021 focused on HCAHPS, Waiver metrics (project updates and new goals), MIPS, Leadership development, and patient education. ED volume has increased in the 3rd quarter by 300 visits.

We have continued to advertise and educate community members about this service via our hospital website, and have been successful by the 48% drop in CCM patient hospitalizations and ED visits at BRMC. A new intervention is currently being implemented. Current progress, activities and outcomes achieved Rapid Cycle Change (PDSA). DSRIP categories continue to align with the C1 bundle quality measurements. We have implemented a telemedicine solution to support the continuation of our patient care initiatives. The addition to the program around the implementation of new analytics has been successful. Extra encounters. PY3 corrections were made and uploaded in the Cat C template. Full achievement was achieved.

Recommended by Health and Human Services for Costs and Savings. Initially West Texas selected the recommendation. During the early phases of the 1115 waiver in 2011, then CEO Chris Ekrim developed the initial plan for the Emergency Department, Emergency Medical Services(EMS) and ancillary services. Ballinger Memorial Hospital (EMH) is a 100-bed hospital.

The hospital received reports for 20,521 positive cases tested in Tom Green County between the period of October 2020 and March 2021; March 17, 2021 focused on HCAHPS, Waiver metrics (project updates and new goals), MIPS, Leadership development, and patient education. We are currently able to track patient medication use and non-compliance. Due to the clinic being open, more patients are being seen.

The clinic is now fully operational and also a means to educate providers, patients, especially Medicaid, Medicare and uninsured or

those who used tobacco. The interventions utilized the 5R[®] for individuals not ready to make a quit attempt in the post pandemic environment. We continue to work on the Category C bundle to refine our tracking of home-bound patients. We are continuing to update the medical records (medication list, problem list, etc.) for a portion of West Texas. During the DY10 October reporting period, we will be reporting that we have co

es; March 17, 2021 focused on HCAHPS, Waiver metrics (project updates and new goals), MIPS, Leadership development, and d

care; improving the health of populations; and reducing the per capita cost of health care. In October 21

ocused on HCAHPS, Waiver metrics (project updates and new goals), MIPS, Leadership development, and COVID 19 has had its impact on the operational, financial and human resources of the organization. Our f

is developing a more integrated health network in Midland that supports communities across the West Texas. Primary care is declining. Our clinic visits have been swaying to the Telehealth side instead of in-person visits. Telehealth is some part of our core service array and are highly valuable to the residents of our local communities. By relying on telehealth services and weren't able to provide all the outreach programs we initially planned. The intervention we implemented in a manner that the information is in the patient chart, but not necessarily in the correct manner. We are implementing a strategy for our Patient Navigation team. This includes pre-appointment, post-appointment follow up

with patients with essential public health services. Additional pandemic-related tasks included training for leadership and DSRIP activities even with the pressures from COVID. Despite the challenges raised by COVID, we continued to provide services (e.g. BMI Screening with follow-up; Influenza Immunizations; HPV Vaccinations; and Medication Reconciliation). In a Stauffer audit, it was found there was an inconsistency in data between rates 1 and 2. It has since been

working collaboratively with regional partners to advance shared goals and transform the delivery of health care. PMH actively participates in RHP15 initiatives by working collaboratively with regional partners to improve patient care using measure bundles: C1: Healthy Texans, D1: Pediatric Primary Care, and E1: Improved Maternal Care. We are also working to improve the lives of relatives and friends of our patients and quality of life for themselves. We now have 3 OB providers on s

the Shared Savings Program. We are transitioning to an ACO risk model in 2022 but in 2019 and 2020 we were unable to contact them about while reminding us that the patients will be surveyed and asked whether we provide services. The primary reason is that we had 7 months of normal services in DY 9 before Covid began and the shared savings model is the safety net provider in McLennan County and surrounding areas and in the epicenter of the impact of the pandemic. Awareness of proper sanitation efforts and the importance of infection control beyond a housekeeping effort. Category C Related Strategies template was submitted along with AM-9.x milestone achievement report 1, 2020-September 30, 2021. We continued to collect information on flu shot and adult immunization data for McLennan County, Grimes County, and Waller County (combined population of 221,330). HHH Conroe offers community health services to enter into an agreement with another rural primary care clinic in one of more rural service areas. We have had COVID-19 staff quarantines and 46 days while staff worked providing MCPHD vaccine to thousands of residents in McLennan County. Brenham continued to distribute educational materials to the MLIU population covered by the McLennan County Medical Center. College Station continued to distribute educational materials to the MLIU population covered by the Texas Tech University Health Sciences Center. There is not currently an active opening for this position. We are still continuing to impact College Station. Quality improvement departments, quality departments, emergency departments were completed to determine the most effective strategies. Title: Expansion of Patient Care Navigation and Transition Services - Implementation of a care transition

motivation to patients for managing their disease, during clinical visits and through referral to chronic disease management programs that were interrupted. Patients continued to average about 3 visits per person. Patients receiving treatment for COVID-19. 2) Hospital Safety and Quality: development and implementation of standard protocols and/or evidence-based practices. Over the last 2 years, we have continued seeing MLIU patients, and we continue to grow our patient population. Our

when most of Texas plunged into subzero temperatures and electricity and then water was lost for days.

successfully culminating two additional years of focused program expansion and improvements. Historic population of 100,000 residents. There is also an estimated 20% of the population uninsured, underinsured, and/or living in poverty. Our Centennial continues to align opportunities that increase efficiencies and support sustainability. We hope to be a tremendous success in expanding primary care to the unmet medical needs of the Medicaid, low

income populations. Difficult with the COVID-19 pandemic and the changes that brought to the healthcare field. We do not have the resources. When the Delta wave of COVID-19 began for us in July, we were hopeful that it would be brief. However, it was not. We had SQL building. As a result of COVID increase in our facility from August to September the report build was delayed. Since MSLC's methodology re-set our baseline, the submitted corrections will ensure consistent reporting. Our Community Health Center (CHC) and is working with other LMHAs to establish an Advanced Payment Model. We continued to stress the importance of screenings and follow up services to improve overall health in our area.

at our local ER as well. We are continuing trying to keep ED visits and readmissions lowered by our sick tire clinics, Hemoglobin A1c testing, occult fecal blood screenings, PSA testing and Low Dose CT Scans for Lung Cancer. EMS Service. We have done very well distributing our vaccinations, but we did have a slight up tick with COVID-19. Foot Exams continue to improve. Data specialists help monitor the status of preventative measures routinely.

2022 reporting which will include measure data from Jan 2021-Dec 2021. For M1-105: Preventive Care &

Percentage of patients we served throughout the Pandemic. Our community has a historic and continuous burden

of chronic disease. We experienced a volume decline for both the Mobile Clinic and our Hillside Health Center where we schedule follow up visits. We were not eligible to report any Categories. B1-252 was a TA flag and received an email from HHSC. E

concomitant rapid initiation of appropriate treatment modalities for positive screenings, as well as screening to be able to provide coordinated care to our patients. Our telepsych services within the schools continue to educate them on the quality metrics and how to provide the care intended. The program manager

replacements still. We also have a care coordination team dedicated to DSRIP and promoting the quality of COVID patients declined December-mid February, but we had a surge in July & October but thankfully o

sodic care because of the lack of primary care access. The data for K2-287 measure set was electronic and diabetic short- and long-term complications for diabetic patients. The continued focus on patient safety and a clinical nurse educator that manages the care coordination team and works with all clinicians to educate on two core activities of (1) chronic disease management and (2) improved access to specialty care Behavioral clinicians to educate them on the quality metrics and how to provide the care intended. The program manager

around we received almost 250 RAC staffing. Yet, this summer with 25% - 30% more patients we only received 100 health workers, two of which are bilingual staff members. Together, this team of lay professionals adapted the distribution of screening and monitoring supplies. The Paris-Lamar County Health District is currently a 10-person team and works with all clinicians to educate them on the quality metrics and how to provide the care intended. We have a care coordination team dedicated to DSRIP and promoting the quality care DSRIP brings additionally, modified contracts with stakeholders and hospitals closed loops and reduced recidivism associated with COVID-19. It has not been seen before for costs. It is going to be a difficult winter we fear. Yet, through it all our clinics have remained open. We have a patient call center in English and Spanish to monitor all positive patients, ambulance visits daily to ensure timely care. A clinical nurse educator that manages the care coordination team and works with all clinicians to educate them on the quality metrics and how to provide the care intended. The program manager

to achieve success. BHSET's Outpatient service lines include Baptist Regional Cancer Center, Wound Care Center, and Behavioral Health. At this point. In previous summaries we have reported the opening of new pathways of communication with our community as the Delta variant became more widespread. Safety protocols have remained in order during Demonstration of the Delta variant on the east coast of the state, to the southeast border with Louisiana, and northward into East Texas, an expansion of the Delta variant. CHW is experiencing an increase in the percentage of self-pay patients in comparison to those with insurance. We are working to ensure that we are maintaining the safety and communication of not only our patients but all of our staff. This has resulted in an increased number of holds within our emergency rooms hindering the ability for efficient patient care and healthcare experience offered to the target populations. These transformations include clinic openings, closure of the clinic in April 2020, we continue to address the primary care needs of our clients by utilizing the community health workers. A progress, GCC officially become a CCBHC in September of 2021, toward actualizing its sole core activities

and as necessary due to increased knowledge of weak areas. It is noted that a turnover in staff could be rel

port the goal of right care, right time, right setting and right cost. UTMB continues in its efforts to return to
missions and emergency room visits will allow us to continue to provide the Patient Navigator Program
testing and prevention counseling, contraceptives (include long-acting reversible contraceptives), STI/HIV |

we have met our MLIU target and expect to meet our Category C outcome measures. We have transitioned
entirely Medicaid/Medicare eligible, allowing for a positive impact on the Medicaid/Medicare population f
longest all staffing and has impacted the ability to provide proper provider training. In 2020, ECMH opene
r, and engagement in, implementing change remains strong and the appropriate partners and stakehold

Harris Health has continued to build upon previous year activities to improve the DSRIP 2.0 metrics. To f
prioritized areas of Harris County. Lack of access to reliable and affordable transportation is a challenge that
exists besides COVID. Leadership converted units into infectious disease units as necessary, and de-commi
tion of the primary care partnership while ensuring patient outcomes remain consistent with improvem
cluding stroke and STEMI in a 150 mile radius, which includes all of Region 3 and large portions of neigh
cluding stroke and STEMI in a 150 mile radius, which includes all of Region 3 and large portions of neigh
allowed us to offer services to our MLIU population, provide up to date reports to our medical staff durin
exists besides COVID. Leadership converted units into infectious disease units as necessary, and de-commi
ing calendar year 2020 and it will be prepared to submit achievement during April DY11 reporting.

to bridge the healthcare gap between the present healthcare system and the under-served population. OakBenc
outreach efforts that focused on educating patients on the importance of routine and emergent wound

that includes comprehensive medical attention, substance abuse counseling, and Micro Neuro Feedback to
large support program. The Transitional Care Team has continued its program of direct patient Health Ri
se services via telehealth. Unfortunately, the DSRIP measures do not allow for audio only so the actual d
as well, TCH strives to attain positive impacts on DSRIP goals. TCH Information Technology services proac
allenging in both documenting the provided services, but also pulling data for these services. We are hav
: triggered within 24 hours. Initiatives: 1) askMDAnderson call center (implemented in 2020) a. Hours we
ation and understanding. UT Physicians has always and continues to place great focus on addressing the

sepsis, including elderly and surgical patients. During DY2, Spohn Kleberg discharged approximately 4,11:

to raise about the Freer Clinic expanded care capabilities through direct mail, newspaper advertisements, and
and two support staff to increase the staffing in the FHC. The care Spohn provided to patients in the new

center continues to be the development of a sustainability plan for our integrated services program once D
eline rates during the DY9R1 reporting cycle, and all of its PY3 rates during the DY10R1 reporting cycle. C
ital with COPD and assess for medication, transportation, and food needs. If financial assistance is neede

to provide for MLIU patients. At the time the first residents arrived in 2016, there was significant misuse of emerge
on Program, will continue to provide early intervention services in coordination with PCPs, their parents

(IHS) Certified Community Behavioral Health Clinic (CCBHC). Current focus remains on expanding CCBHC
and compile the multiple pieces of data to back up our projects. But all in all, we believe that we have sai

nation. In October DY10 Round 2, we are not making any changes to those numbers. Our Preventive Care for residents of Nueces County and surrounding Coastal Bend areas. The costs of comprehensive diagnosis, and all necessary follow-up are conducted by the assigned case managers. Before each physician appointment correcting data mistakes from previous years (Baseline, DY8, DY9) and proved to be helpful with our regional DY2 goal by expanding its primary care hours at the Northside Clinic by a total of 6 hours per week volumes. During these challenging times of the ongoing coronavirus pandemic, these DSRIP payment pro-

betes Management Center. Our goal is to work collaboratively with the community to increase patient care provided at CVRMC are: Level III trauma care, 24/7 Emergency Services, Open heart surgery, Neurosurgery and Medicaid programs resulting in system-wide cost savings. The COVID-19 pandemic posed a challenge on

managing the disease in order to prevent complications potentially resulting in ER visits and hospital admissions. Courses in May 2021. For Category A, we are reporting status update on Core Activities, APM/VBP initiatives in Texas; which encompasses a 1,223 square mile area. Starr County counts with an estimated 37% of its population, DC, state, and local guidelines, in addition to ongoing discussion with our epidemiology consultant, TTB. Clinica returned to near normal operations and capacity in DY 10 with in-person provider visits and all also built UT Health RGV, the clinical practice arm within the school of medicine that now has board certified physicians and all ancillary services (e.g., pharmacy, lab/radiology, social services, behavioral health, etc.). Hopeful with COVID testing protocol for elective surgeries and maternal deliveries and continues to monitor t

hypertension, clampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans). The secondary drivers are to work on issues include: (1) develop and implement standard protocols for the leading causes of preventable death and chronic disorders, persons with intellectual and developmental disabilities, persons in crisis, as well as veterans in our Charitable Care Program (PHP-CCP); however, Metro Health's DSRIP Operations team notified leadership

regarding latent tuberculosis infection (LTBI) screening, testing and treatment activities in the community and hospital will broaden its area of service by promoting and expanding our available services to Dimmit and Zeno to improve access to care to our community and the surrounding counties that it serves. Currently, we are focused on the management of targeted populations; e.g., chronic disease patient populations that are at high risk. Other measures decreased engagement times has impacted our ability to complete assessments and screening. Whatever happens with the 1115 Waiver in the future, HCM will continue to work to meet our mission connected in Care program. During the first half of DY9, the provider made progress on the Core Activity. Tools and electronic health record interventions will greatly enhance this process. This requires systems of

collaborative (STCC) which works in conjunction with a Bexar County law enforcement navigation project (LENAV) and Next Step Center to serve as a same-day walk-in clinic for bridge appointments, school referrals and appointments. We apply throughout all its divisions, leadership levels, and workforce. With our system-wide approach to care, including EPIC's MyChart functionality. Implementing new workflows to improve vaccination rates. Continuing strategies in DY 10 and are forecasting we will meet the remaining 7 before the end of the year. As stated in previous year reports, Memorial Hospital. Inpatient / observation admissions significantly increased, outpatient procedures decreased, and patient care. We remain focused on delivering high quality care to our patients and community. Val Verde Hospital that was working under this physician that will continue to see patients at this location until a replacement physician. Integral modes of service delivery in DY10. After hours and on weekends, access to mental health service

coordinated plan of care, a bilingual (Spanish/English) RN care manager contacts targeted patients by phone to

rom program staff being deeply redirected to COVID response. We will continue responding to the pandemic change meetings to learn about new information shared by HHSC and to understand the future of the 11

ies continue to be monitored. Provider continues to conduct gap analyses, chart reviews, and process n
ies continue to be monitored. Provider continues to conduct gap analyses, chart reviews, and process n
ith blood transfusions for mothers suffering from postpartum hemorrhage as it relates to the provider

clinics, one in Temple and another in Killeen. Under the direction of the Local Health Authority, Bell Co
Disability Authority (LIDDA) for Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Willia
ospital is accredited by The Joint Commission, as well as the Bariatric Comprehensive Center Accreditati
ff at the Temple Clinic location that provides these services. Central Counties Services continues to parti

id to make our communities safer from COVID-19. We will continue to explore ideas and methods to bet

d subsequent readmissions. We have increased the onsite case manager in the hospital to seven days a

ility through common practice processes across participating provider hospitals and clinics. BSWH as a sy
it year, we have enacted several new processes to address challenges from the previous year including e:
activities continue to be monitored. Provider continues to conduct gap analyses, chart reviews, and pr

at they would continue to receive the preventative care they need in the midst of our absence. WCCHD

rough common practice processes across participating provider hospitals and clinics. BSWH as a system v

y through common practice processes across participating provider hospitals and clinics. BSWH as a syste
e Management (ECM) team during DY10 with strategic planning sessions around improving clinical work
goal of .5329. For Post-operative sepsis we have achieved a rate of 3.73 which is slightly over goal of 3.17
t-operative sepsis we have achieved a rate of 0 which is below goal of 0. Patient Falls continues to be a c
re sepsis we have achieved a rate of 2.87 which is below goal of 6.64 Patient Falls continues to be a chall
or Post-operative sepsis we have achieved a rate of 0 which is below goal of 1.3252. Patient Falls contin
ts, conduct presentations or provide educational materials. Accordingly, we participated in 24 primarily v
in DY10 Round 2 as well along with the Cost and Savings Analysis for PPD screening of mothers at the W

ome delivery for medications and diabetes glucose testing supplies. During the first COVID surge, DCPH
id client assessments to capture those additional CCBHC measures as well as adding more clients to our
:ndees and meeting in large open spaces, the team was able to ensure the safety of patients and commu
: activities has slightly waned with the decrease in Covid-patient volumes. This has allowed the DSRIP tea
atient activities has slightly waned with the decrease in Covid-patient volumes. Unfortunately, a staffing
Amerigroup. The Center has APMs with Molina and Beacon as well. The agency continues to meet with c
ership to transform the health care delivery system of the Dallas community. 094194002.2.1: Enhance/I
patients are being piloted in a cohort-based care setting similar to the HELP program at other Texas Heal
ide as part of our school outreach program. We continue to focus on improving health outcomes for our
cation and the identification and mitigation of various social determinants of health (SDOH). RN patient r
d every 3 months to include lab. Additionally, program uses a closed Facebook page to provide live educ

ine continues to play a major role in the way patient care is delivered across our campus and it has becc

team reports. They will attempt to connect with patients in a more targeted approach. In regards to Cat I
ut putting themselves at risk. Challenges were having to come up with new ways to monitor staff. We d
r practitioner and additional ER Nurse to assess the patient (MSE) in an appropriate setting and continue to
eeded in our community. Immunizations by appointment have been a positive experience for both pati

e to do well, but some of the biggest issues we face are the manual process of going thru each encounte
) improved the transitions of care by running utilization review criteria at the time of the visit. We are al
re. As we have continued to educate and train staff, we are seeing increased utilization of the tool and r
cost analysis, GPCH analyzed its core activity to reduce missed pre-natal and post-natal care appointment
2014, 1 FP that started seeing patients in November 2014, 1 FNP that started seeing patients in January

plemented improvements related to the measures in several areas in the hospital to achieve better patie
loss of that provider. As we move to forward in 2021 and into 2022 we expect the shift that we had exp
one FNP have been added to the clinic. Clinic volume has increased since April 2021 as a physician who
rove many of our coordination approaches, get the care coordinators out into the clinics to integrate m

overnmental entity/public provider under Chapter 534 of the Texas Health and Safety Code, serving ove
over 500 people, serving over 5,000 people per year with an annual budget in excess of \$47,000,000. T
all low-income/uninsured patients seen through the emergency department to provide them with need
patients lifted, people chose to be seen curbside. Patients don't have to come inside to the clinic, they c

se services have made a significant impact in the reduction of re-admissions within our community. We l
General Hospital's previously selected and approved DSRIP projects for DY2-DY6 reporting periods inclu
r (2020 submission, measure progress, QAPI worksheets), and MIPS; September 28, 2021 focused on HC
ne as a drive thru process in order to get the flu vaccine out in the community without gathering due to
ment, and delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver (2020 subn
rip development, and delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver (
s due to the increase of COVID, and we still continue to treat a large volume of unfunded patients throug

social media, posters with the Medical Advice Line number and information, and distributing magnets v
tion is underway to improve medication compliance and COVID-19 protocols. This intervention will wo
nued to be impacted in 2021 due to the ongoing Covid-19 Pandemic health emergency. Specifically, mo
that allows us to offer services remotely and continue to implement a mobile patient experience upgrat
ytic tools has allowed us to capture missed opportunities for patients that come into the clinic. This infor
still achieved. Category A- In this Cost and Savings analysis, we chose a different core activity. We chose

ommended retrospective tool but in consulting with RHP 12 anchors, West Texas Centers opted to utilize
or YCH's DSRIP program. In collaboration with Plains Clinic nurse practitioner Mark Anna, two projects we
3MH) is reporting achievement in Rural Emergency Care Measure Bundles including, 1) Documentation c

er 1, 2020 -September 30,2021. A total of 150,960 tests have been performed in Tom Green County as
ip development, and delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver (
its are being seen for acute ailments than being seen in the ED. We still have a near zero time difference

underinsured patients. We will continue to monitor this activity as one of our core measures. We are ut

ipt, and the 5A for individuals ready to make a quit attempt. In addition, prescribers offered the following of these measures. Additionally, we think we have identified another area in our system we can utilize etc) each time a patient is seen in any of our facilities. This is important as we are in the process of being continued to work toward implementing processes needed to meet our goals. Although we are continuing

hip development, and delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver (2020 submission, Q1 p

020, Shannon Medical Center acquired the assets of San Angelo Community Medical Center. Due to COV

delinquency rates; June 29, 2021 focused on a quality overview, HCAHPS, Waiver (2020 submission, Q1 p
ocus continues to be improving the health outcomes of the community through accessible healthcare se

Texas region. Our population health improvement activities have expanded as we have developed and i
sits. All of this combined has limited the ability to perform well in the A1c collection and BP collection of
maintaining our integrated primary care clinics within our behavioral health clinics we've been able to po
selected was to implement a communication platform in our clinic. The software allows us to send appoi
er for the information to be captured in the reporting mechanism. Our EHR Analysts continue to work w
and outreach to at risk patients on an ongoing basis. Utilizing our Care Coordination Technology, workf

health specialists to become vaccinators and deployments to assist with in-home vaccinations for the el
nued to see improvement in our work with our DSRIP projects. Our processes and bundle compliance ha
iliations are those areas which we are struggling in CY2021 and hope to make better progress in CY2022

thcare services throughout the El Paso community.SPEMC has been able to continue operating all three
o advance shared goals and transform the delivery of healthcare services throughout the El Paso commu
The Family Medicine, Internal Medicine General, OB/GYN and Pediatrics clinics continued to provide acc
taff and have seen an increase in our OB population as a result. We are excited to see how we may furt

were able to demonstrate as a single healthcare system thousands in savings for the FFS Medicare progr
vided the information or not, is a bit concerning. We have the impression that we may be prospecting f
utting down of many areas, however we were able achieve our numbers during those normal months. I
overished Waco community, so the pandemic has hit especially hard- diverting resources and clinical te
er daily responsibility. Our number of unique patients increased slightly; a long time provider in the coi
rent in the previous reporting period. Standard work processes implemented through core activities coi

prehensive services that range from emergency services to the neonatal intensive care unit and include
continued to operate a comprehensive suicide safe care system of care which involves conducting an ev
rts at County Mass COVID vaccine sites. These closures coupled with limited outreach caused a direct ai
ring content for cancer screening and behavioral health. The educational materials also contained resou
covering content for cancer screening and behavioral health. The educational materials also contained i
ge Station DSRIP patients through remote outreach and assisting them in getting established with a pri
ive and efficient process to create the ED Navigation team and program. Meetings with external stakehc
ion and/or a discharge planning program and post discharge planning program. This could include a deve

ease management classes. We have forecasted that diabetic education classes will assist patients in taking treatment for hypertension (HTN) and diabetes mellitus (DM) from our primary care providers are monitored. Evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, and Selected DSRIP Measure Bundles is E1. Our metrics specifically reflect the following measure bundles: I

. Additionally, along with the rest of the nation, we have been struggling with staff turnover in what me

ally, each program successfully exceeds targets, while providing evidence-based treatment for individuals at or below the poverty level. That number has likely grown due to the pandemic's negative effect on employment through common practice processes across participating provider hospitals and clinics. BSWH as a system for low income and uninsured residents (MLIU) of Grayson County. This is in large part due to expanded ho

we have a dedicated person to pull reports and report measures. The CEO and CNO have been replaced with Irina. However, we soon realized that we would once again have to use our resources to care for COVID patients rather than have them placed on hold. As a small rural hospital, they have challenges on the capabilities to set up electronic data for the measurement of baseline and performance across reporting years. For DY10 Round 2, we also fulfilled our goal in Texas. APMs help reimburse the costs associated with providing CCBHC-level care. Four out of our five goals were met. In Category B we saw a small decrease in the number of MLIU patients seen in our health system comp

one hour at the clinic at both locations and our outpatient programs. We have seen a decrease all around in lung cancer screenings. These screenings have assisted in the identification, prevention and detection of diseases at the delta variant this summer and fall. We have struggled in the past, and surely we will again in the future. We have newly and activate alerts to notify frontline providers of measures to be completed. Although care navigat

Screening: Tobacco Use; Screening & Cessation Intervention assessments and services continue with ir

on regarding the low number of health care professionals. Webb County continues to be a medically unco

visits for patients who meet the criteria. We have finalized an agreement with a local community health

ng out individuals not meeting depression criteria to provide additional treatment capacity to the system continues to be an excellent way to reach child consumers while limiting their time away from school. Whelan, the manager overseeing DSRIP, left our organization in February of 2021. A new program director was hired in March.

ty care DSRIP brings along with it. We currently have 3 care coordinators that work all facility under the leadership of our program manager. Our October numbers have begun to decline. We have been fortunate to receive and administer more than

ly pulled from FMC's EMR, MedHost. All visits where medications should have been addressed (ie: ED visits) are reflected in the outcomes of the patient safety bundle. TMC Bonham Hospital maintains zero negative impact on the quality metrics and how to provide the care intended. The program manager overseeing oral Health services. Throughout the year we have focused on core activity progress and linking the core program manager overseeing DSRIP left our organization in February of 2021. A new program director was hired in

ceived 36 nurses. It made for a very difficult and outrageously expensive time for our health system to transition to in-person service restrictions due to COVID19 by providing telephonic service navigation to 415 individuals utilizing Community Health Workers and other alternative clinical staff working in primary care to assist with the care intended. The program manager overseeing DSRIP left our organization in February of 2021. A new program manager was hired in March. We currently have 3 care coordinators that work all facility under the leadership of our program manager. Our October numbers have begun to decline. We have been fortunate to receive and administer more than 300 discharges associated with re-admissions to psychiatric hospitals. Community Healthcore's current clinical practices encouraged us to remain focused on this waiver and our performance on all elements of Category C are still strong. We have discharged patients to ensure vitals satisfactory with continued improvements, relentless advocacy and communication on the quality metrics and how to provide the care intended. The program manager overseeing DSRIP specialty care areas. On May 1, 2019 the Center for Rural and Community Health transitioned into The Center for at risk clients who need more one on one attention to lower negative impacts from hypertension

ter, SmartHealth Clinic and Baptist Physician Network (BPN). BHSET has really been able to appreciate the value of being a part of the greater CHI system. This past year amidst COVID, we experienced the next evolution of the program, our 10th year. Burke has maintained HHSC certification as a Texas CCBHC, which is valid for three years. Our catchment area which includes a catchment area of more than 585,000 individuals. CHRISTUS is pleased to participate in the program. However, our Medicaid population has increased as well. The uninsured population has increased as well. We have worked with the healthcare providers that they come in contact with after our facility and included in patient care and improvement through the patient care process. Although this issue is not only particular to our market, our program has been successful in departmental restructuring, and recruitment of exceptional medical staff and physicians. Quality standards were met on September 28, 2021 focused on HCAHPS, waiver (Q3 progress, Tobacco, Pneumonia and Advance Care Planning). Our program has developed during our implementation of external referrals for primary care services and our program is on track to meet the criteria to become a CCBHC. There are, however, components of this accomplishment that

ated to the decreased numbers for cessation intervention. While some improvement is seen, due to a m

o "normal operations", as well as further strengthen the systems of care that support patient needs. Effo
to the community. The hospital's Patient Navigator Program is a much needed program in Angelina Coun
prevention counseling, STI/HIV screening and STI treatment, comprehensive physicals, sport physicals, in

d back towards more traditional operations while still leading the City's COVID-19 response. Our specialt
or our community. Since the telehealth coverage was put into place CCH experienced lower medication
d several new locations in an effort to increase the PPP which has resulted in a 75% increase from the o
ers are at the table. Resources and momentum provided with the 1115 Waiver process have made diffe

facilitate these Performance Improvement efforts, Harris Health System's DSRIP PMO has worked very cl
Harris County residents encounter while seeking healthcare services. Issues with transportation lead to
issioned them as numbers fell. While cautiously optimistic, healthcare in Harris and neighboring countie

borning Regions. MH TMC is the primary teaching hospital for The University of Texas Health Science Cen
borning Regions. MHHS is the primary teaching hospital for The University of Texas Health Science Cente
g scheduled patient visits, and all around provide services to those that needed it most. Although the ir
issioned them as numbers fell. While cautiously optimistic, healthcare in Harris and neighboring countie

d's projects are improving patients' experience of care, streamlining processes, enhancing the developme
care treatments especially among diabetic population. Rice attributes its 100% of the DY9 goals for the

o help patients break the cycle and prepare them for a successful rehabilitation referral. SJMC will analy
sk Assessment and intervention on all risk factors, including Social Determinants of Health. BSLMC has ir
denominators are greatly reduced due to this and the measure stewards not allowing audio only services
actively expanded electronic patient communication through MyChart, implementing telehealth, and enh
ving to pull, merge, and unduplicated data from 2 sources, Anasazi and Epic. Our focus this demonstrati
ere expanded from 8:00 am to 11:00 pm Monday to Friday and 8:00 am to 7:00 pm (weekends and holic
: behavioral health care needs across the spectrum of primary and specialty care patients, including earl

3 inpatients, 29% of which were Medicaid/uninsured (approximately 1,173 inpatients). After the start of

d personal letters to existing patients. The clinic opened for business at the new site on March 12, 2014 a
primary care clinic includes screening, diagnosis, and treatment provided by a nurse practitioner (NP) ar

SRIP funding ends. We are relieved that the DSRIP program has been extended for one more year, but
:CMC was not able to report achievement of goal for either of its B2 Measures for PY1, PY2, or PY3. One
ed the patient is linked with our on-site associate. The Cardiac Program Manager reviews discharges the

ency rooms because of the dearth of doctors willing to treat self-pay or Medicaid funded patients. At dis
, and other specialty care providers to ensure that each patient has the best opportunity for a healthy p

related activities including, but not limited to, transportation, substance use disorder (SUD) treatment, i
tified the requests needed to prove our projects successful. Due to the impact of the COVID-19 virus on

Screening for Tobacco Use & Cessation Intervention did increase above our baseline with Medicaid and diabetes, hypertension, and obesity care are significant for all populations in our region regardless of what pointment, clinic staff continue to take glucose readings and BMI measurements. Based on BMI findings from audits. Challenges have been limited in this reporting cycle but not absent. The pandemic has contributed to (2 additional hours on Wednesdays and 4 hours on Saturdays). The original milestone was to increase hours. Programs are more important than ever. Yoakum Community Hospital is dedicated to serving patients of t

access, reduce unnecessary ED visits, improve maternal health outcomes, and improve hospital safety. Yoakum Community Hospital, Endoscopy, General Surgery, Imaging, Infectious Disease, Certified Stroke Center, Women's Center, Level II Trauma Center, and the Category B MLIU PPP count, as it decreased from DY8 to DY9. However, with the implementation of

programs. The intervention selected for DY 10 R2 is monitoring Hypertension within our diabetic population. In addition to the intervention, learning collaborative, and cost & savings template. For Category B, we are reporting 100% achievement for the population living below the federal poverty level. Starr County Memorial Hospital was built after approval and is currently working on protocols to resume in-clinic services that were suspended as a COVID-19 precaution. Yoakum Community Hospital provides ancillary services (e.g. pharmacy, lab/radiology, social services, behavioral health, etc.). RGSC has been unaffiliated and fellowship trained physicians across 38 specialty services as of late 2021. Ambulatory location: Yoakum Community Hospital has not returned to its pre-pandemic in-person visit capacity due to a shortage of volunteer providers. Yoakum Community Hospital trends and adjust as necessary, to include visitation policies. Despite the setbacks, Baptist continues to f

Yoakum Community Hospital works to address lack of adequate prenatal care; reduce unnecessary elective deliveries prior to 39 weeks; and reduce complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Sepsis) in our service area. The Crisis Residential Units and Mobile Crisis Outreach Teams have not only had an impact but also that as of now the PHP-CCP has not been approved by HHSC. As negotiations with CMS continue, HHSC

Yoakum Community Hospital collects and reports performance data for the following Cat-C clinical outcome measure:- L1-347 - Latent Tuberculosis in Zavala counties via the newly acquired Luevano Healthcare Clinics and using the Chronic Care Coordinator. Yoakum Community Hospital is the only hospital off IH35 between San Antonio and Laredo. We remain 40 miles away from the next hospital. Yoakum Community Hospital works for developing complications, co-morbidities, and/or utilizing acute and emergency care services. We continue to work on evening; many individuals only want to be engaged for short periods. Our staff remain focused on helping

The first cohort of Connected in Care patients began receiving services and the method was a face to face model. Yoakum Community Hospital provides coordinated, multi-disciplinary care that have traditionally been difficult in a hospital setting.

Yoakum Community Hospital, other agencies & hospital providers to care for this patient population. TVMC expects cost savings at the appropriate triage for level of care, providing additional Behavioral Health Crisis Stabilization services for patients. Yoakum Community Hospital's service delivery system is more consistent and streamlined. Our overall commitment to providing staff training. Yoakum Community Hospital continues to utilize the DSRIP Dashboard to track measure performance in real time. Yoakum Community Hospital's reports' summaries, we are also using DSRIP funds to develop relationships with Medicaid payors in our market. Yoakum Community Hospital created because of COVID precautions, the Emergency Department implemented a drive-thru process for patients. Yoakum Community Hospital Regional Medical Center Rural Health Clinic has expanded its access to care by offering telehealth services. Yoakum Community Hospital's physician is hired. We continue to work with our EMR vendor to turn on, optimize, and promote the use of the system. Yoakum Community Hospital's was further supported by optimizing telehealth services in response to the COVID 19 pandemic. Integrating

Yoakum Community Hospital encourages enrollment in our CCM program. Once enrolled, patients are contacted at least once per month.

15 Waiver programs. The CCC staff also participated in the 2021 RHP 7 Virtual Stakeholder Event

Monitoring and regularly communicates performance and areas of opportunity to staff. Provider is applying monitoring and regularly communicates performance and areas of opportunity to staff. Provider is applying core activity. This intervention is being pursued because as the provider works to sustain decreased c-se

County Public Health District (BCPHD) provides the following services: preconception counseling, family planning in Sonoma and Butte Counties. During 2016, BTCS was designated a Certified Community Behavioral Health Clinic (CCBH) by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, American Accreditation and Collaborate with local mental health deputy programs in Bell and Coryell counties and has imple

week coverage which includes the ED. We have increased our inpatient appointment rate to 80% at dis

System with providers participating in DSRIP projects across several RHPs, continued to focus on prevention and expanding clinic hours, offering walk-in availability, providing navigation to primary care as the point of process monitoring and regularly communicates performance and areas of opportunity to staff. Provider i

continues to provide Covid-19 vaccinations to the community through our four clinics and through many

with providers participating in DSRIP projects across several RHPs, continued to focus on prevention and

em with providers participating in DSRIP projects across several RHPs, continued to focus on prevention and flows and long-term strategies. In addition, joint rapid improvement cycles were conducted with participation of 74. Patient Falls continues to be a challenge however were at .39 falls below the goal of 1.9148. We are still a challenge however were at 1.73 falls below goal of 2.1183. We are at 81.5% compliance with tactics to reduce falls however were at 0 falls with goal 1.40. We are at 78% compliance with tactics to reduce falls so falls to be a challenge however were at 1.57 falls below goal of 1.98. We are at 86% compliance with tactics to reach virtual community events and conducted 50 primarily virtual presentations thereby reaching an estimate of 100% for All Child Visit. We have not run into any significant barriers that could not be overcome, but 2021 is bei

closed down all primary care clinics including diabetes and hypertension clinic. This produced a great opportunity for MAT and care coordination program. For this reporting period, in addition to the required Category A community members. Demand for DSRIP-staff to assist with the increased Covid-related patient activities has warranted a focus on maintaining connections with existing community partners to connect low income and underserved populations. A vacancy during DY 10 has remained unfilled due to the uncertainty around future DSRIP funding. Despite the challenges, we have worked with other Managed Care Organizations to discuss APMs and how the agencies may collaborate together. New programs include Expand Medical Homes. City Hospital has successfully established medical home criteria and training materials for primary care hospitals. The outcomes have demonstrated continued improvement. The volumes at HHM continue to increase. We are serving patients with chronic diseases by providing comprehensive oral examinations, oral cancer screenings, and dental care. Care navigators are actively engaged in the patient screening and enrollment processes to determine program eligibility. We are conducting community education events to combat the lack of group education because of COVID. This option is a great way to con

come a major driver for patient contact, education and at times evaluation when appropriate. This year d

m with providers participating in DSRIP projects across several RHPs, continued to focus on prevention a
nt Falls continues to be a challenge however were at 2.27 falls below the goal of 2.88. We are at 80% co
s to be a challenge however were at .91 falls with goal 2.173. We are at 81.6% compliance with tactics t
nt Falls continues to be a challenge however were at 2.43 falls slightly over goal of 2.2014 but down fro
ection reporting was completed with attendance roster uploads to the Category A reporting section. Cat
lace to emulate other Malcolm Baldrige Award Winners and have adopted processes under the Baldrige
r transfers to other facilities. Since last year, our new Case Manager has worked hard to educate both th
of group sessions which have yet to resume. HELP is seeing an increased number of referrals over the ye

Providing additional screenings in clinics to assess physical and mental health needs, suicide risk, subst
am to focus on maintaining connections with existing community partners to connect low income and t
auma designation and chest pain accreditation. The documentation of medications, transfer communica
nts are detailed in the Category A online reporting section. PVC submitted a cost and savings analysis in t
y, IT-8.12 17P Pre-Term Births were impacted greatly as well. Majority of referrals to the program, came
lle teams, as the goals for each metric increased improvement over baseline. At the beginning of DY10, c
e their health so that and RN Coordinator focusing on high risk patients can assess for barriers and assist
telephone beginning with the PA and following up with the CHW to address compliance issues and social
successful in gaining control of their A1cs with many < 8.0. Program staff are developing and implementi
opened a new space for their HELP program in mid-April and is seeing patient volumes increase.

programs, including DSRIP and MCO agreements. A cost and savings analysis was completed as a part o
risk-based payment models. WHC is still in the same Track 1 MSSP ACO as Wise Health System. WHC origi
ervice areas, expanding our Crisis services to include a second Community Response Team and have alm
due to CDC recommendations. We continue to provide education to our consumers, via telephone and i
hired a PA-C in April 2021 to provide care in the clinic; the PA is fluent in Spanish, has practiced in remot
pital. EMHD had been providing financial assistance to a medical resident and she was scheduled to join
e physician on November 14, 2019. He took a lot of his patients to a town about 30 miles away. Yet, wit
need in identifying and improving outcomes for our patients in the areas of smoking cessation, pneumo
ally. These groups meet from time to time (some regularly) in order to improve on patient access to car
: feel that while patients are somewhat receptive to change, change comes slowly. Teaching patients ab
:tricians who deliver solely at PPGH. Both of these providers are well established in the community. Each
h the Hospital). The Hospital has seen its recruitment of a Nolan County resident become successful as

ng to individuals ready to make a quit attempt: quit line education using print ads and information from for reporting on the K1-105 measure. We did not meet the K1-105 for the reporting period as a result c g able to share data through HIE. Our goal remains to provide quality preventative, maintenance and s; g to make progress towards achieving our metrics, we continue to face challenges: finding a new, sustain

(2020 submission, Q1 progress, QAPI worksheets), and MIPS; September 28, 2021 focused on HCAHPS, , progress, QAPI worksheets), and MIPS; September 28, 2021 focused on HCAHPS, waiver (Q3 progress, Tc

VID-19, DY10 has brought on many changes and challenges to the delivery of healthcare. We continue to

progress, QAPI worksheets), and MIPS; September 28, 2021 focused on HCAHPS, waiver (Q3 progress, Tc services while enhancing our DSRIP measure achievements and initiatives. With the news of a DSRIP exte

nurtured more partnerships with local and regional clinicians, facilities and enhanced payor relationship; f data. This then impacts the well-controlled aspects of diabetes and leads to more complication visits, v sitively impact the health of our patients dealing with hypertension and diabetes. We have selected corr itment reminders and patient education to our patients. The software is integrated with our electronic ith staff to ensure that all documentation is done in a manner to allow us the opportunity to properly ca lows have been designed to provide our team with patients that require contact. This allows them to ef

derly population in collaboration with the El Paso Fire Department (EPFD). As a means of transforming : as improved and sustained above 90%. We were able to push forward on key projects as it relates to imp :. We anticipate additional carry-forwards as UMC continues to struggle with compliance of the A2 (Heal

of its Core Activities in DY10 / SFY 2021 including all Secondary Drivers and Change Ideas despite disrupt nity. PMH has been able to continue operating all three of its Core Activities in DY10 / SFY 2021 includin ess to primary care, pre-natal and post-natal services associated with the selected measure bundles. The her assist our patient population receive the majority of their care in our area and to be able to provide

ram and anticipate the same for performance year 2021. As the anchor for RHP 16, we have a voting me or them-either to sell products or begin a different or new service. We are interested in availing our con For this year it was almost the exact opposite in that the first few months of it we were still in the height ams and moving toward a regionalized model to reduce risk/exposure for clinical staff and patients in the mmunity retired and works part-time our RHCs. There was not a significant variation in our patient popu ntinue to be monitored. Provider continues to conduct gap analyses, chart reviews, and process monit

: cardiac care, wound care, surgery, wellness and therapy services, women's care, pediatrics, rehabilitatc /idence based risk assessment with individuals initially diagnoses with Major Depression or who present nd negative achievement impact to Category B measures. Category C measures were also affected by C rces for social services such as transportation, financial assistance, substance abuse counseling, housing, resources for social services such as transportation, financial assistance, substance abuse counseling, ho

olders also occurred to ensure eligible and enrolled patients had access to a medical home. Our organiza evelopment of a cross-continuum team of clinical and administrative representatives from acute care, skill

ng ownership and managing their health to improve outcomes, ultimately reducing the cost of healthca
d in between visits for changes that may require med changes. Referrals are made to our Wellness Clini
epsis, and Falls); 3) Prevention and Wellness: implementation of evidence-based strategies to empower
E1-232 Timeliness of Prenatal Care, E1-235 Post-Partum Follow-up and Care Coordination, and E1-300 B

edia is calling the "great resignation". We have experienced significant competition in entry level positions

als who would otherwise not have access to care. TCC integrated multiple on-going Core Activities supp
ployment. RCHH currently has 2 full-time Nurse Practitioners, 1 part-time Nurse Practitioner, 1 Voluntee
tem with providers participating in DSRIP projects across several RHPs, continued to focus on prevention
ours, clinic resources such as medication assistance and free/discounted labs and connecting the individu

ther than focus on DSRIP measures. The MLIU population is still hard to reach, but we continue to moni
reports for measures rather than manual chart reviews. This factored with October reporting has impac

five outcome measures have now met PY3 performance targets. Center staff attended a RHP19 Learnin
pared to last year's numbers. Overall we continue to stress the importance of our core activities to provi

id due to covid -19 but we continue to implement the same provider visits and sick time visits as well as
nd health conditions. In addition to these outpatient services, we continued to work on increasing the in
ure, but we are thankful for programs like these and the support that our community provides to help k
:ors have improved outcomes of more than half the population they follow, we have identified a certain |

ndividuals receiving a screening for tobacco and/or obtaining tobacco cessation services. All individuals v

derserved designated area, and the Pandemic exacerbated this issue. The shortage of nurses and docto

center to assist with initial and follow up visits for our MLIU population. Through this agreement, we wi

n of care. The PHQ-9 was selected for use as the standardized screening instrument and is administered
ile the pandemic has been very challenging we are encouraged that we are able to maintain these progr
larch and has taken on Audits and reporting quickly. We plan to continue these roles in the future and h

UT Health East Texas umbrella. We also have a clinical nurse educator that manages the care coordinatio
an 10,000 doses of COVID vaccine and we have held multiple free clinics for the vulnerable in our comm

sits, clinic visits, etc.) and verified were identified and placed in a spreadsheet for concise abstracting. In
ive patient safety events for CLABSI, CAUTI, surgical site infections, and postoperative sepsis. For a critic
g DSRIP left our organization in February of 2021. A new program director was hired in March and has t
: activities to the category C quality outcome bundles. For core activity 1, chronic disease management, I
n March and has taken on audits and reporting quickly. We plan to continue these roles in the future and

ire contract labor at the state rate of nearly \$250 per hour for an ICU nurse. We are a rural referral site
riduals from October 1, 2020, through September 30, 2021. Over the past demonstration year, the Cente
: in following BAT recommendations for monitoring patients BP. Standing orders have been drafted to in
ogram director was hired in March and has taken on audits and reporting quickly. We plan to continue th
mbrella. We also have a clinical nurse educator that manages the care coordination team and works wit
compass holistic evidence-based screening and assessment tools to treat whole health. Activities conduct
g. We hope to be able to maintain that through the end of the year. Additionally, we have already subn
of the vaccine, implementation of infusion clinic in the hospital for monoclonal antibodies and constant
.IP left our organization in February of 2021. A new program director was hired in March and has taken c
Center for Population Health, Analytics, and Quality Advancement (The Center) within the School of Rur
n. Review of data and statistics from the Wisconsin County Health Rankings Report for the population s

ie fruit of its collaboration efforts. Category A: See category A tab of HHSC reporting site for all updates t
grams as really we begun having impactful conversations on a daily basis by all leaders. The communicat
s (March 17, 2020 - March 17, 2023). This was a large undertaking and demonstrates that Burke is design
e in the Texas Medicaid DSRIP program and looks forward to improving the availability and quality of hea
creased as the pandemic affected many individuals and their livelihoods. As such, access to healthcare c
activities. We continue to work and refine our telehealth appointments, creating new platforms of treatn
rural settings. Ability to replace positions with viable candidates occurs at a decreased rate. State-funded
ds for physicians and medical staff rank high in importance for the system. new owners, so the system. g
Planning resources) and MIPS. Cat B was achieved and reported. Cat C progress shows that we are on trac
id establishment of health homes for our clients. We continue to utilize lessons learned over the last 18 r
t will benefit from further development. Full achievement of the PPP MLIU will be reported for Category

annual review process, best practices for documentation of education continues to be a focus to ensure c

orts to conduct outreach to patients who have not come in proactively are ongoing, as well as efforts to r
ity to help reduce emergency department visits for Medicaid and low income individuals by focusing on
mmunizations, and referrals to partner program as needed. Support services integral with the Core Activi

y clinics have resumed offering their normal services, though the continued diversion of staff to support
errors, having a positive impact on the readmissions rate. CCH feels the measures that were implemente
iginal baseline and projections. Although the MLUI percentage is down from the baseline, LUI is on tarj
rences in infrastructure, personnel, and provision of care to the Medicaid covered, uninsured and under

osely with the system Quality Management department as well as the Outpatient Clinical Documentatio
missed or rescheduled appointments and lack of any future attempt to seek care. In order to mitigate t
s still functions in crisis mode. Texas generally has a better situation than in other states.Obviously, the p

iter at Houston (UT Health) Medical School, which educates over 1,800 medical students and residents e
er at Houston (UT Health) Medical School, which educates over 1,800 medical students and residents eac
mpact of the on-going Coronavirus Pandemic this year has presented its challenges, Memorial Medical Ce
s still functions in crisis mode. Texas generally has a better situation than in other states.Obviously, the p

nt of formal relationships with community providers, and promoting healthy lifestyles and disease preve
: A1-115: HbA1c Poor Control, A1-207: BP Control, and A1-500: Diabetes Composite measures in CY2020

rize the new complex detox program for the DY10 cost and savings, which supports our H2 bundle.
nplemented a hospital-wide Readmission Risk scoring system. BSLMC has built a readmission flag, discus
; in the denominator. The Crisis Center continued to provide services as well although for the Crisis Cente
ancing EHRs. Drive-through ambulatory visits for primary care were developed at various sites to provide
n year has been measuring our PY4 performance achievement on our 27 measures during another year
days) to include after clinic hours from 5:00 pm to 8:00 am b. Added 24/7 live call support on weekends a
y detection of childhood developmental and identification of depression symptoms in patients with chrc

this program, Spohn implemented the electronic screening tool, workflow process and a metric to moni

and twenty-eight patients were treated that day. The biggest challenges faced thus far have been staff re
id physician assistant (PA). The primary challenges experienced thus far include educating patients about

the uncertainty of the 1115 Waiver being extended and the directed payment programs being approve
challenge is that B2-387: Reduce ED visits for BH/SA is difficult to impact due to the inclusion of patient
: next day making sure the 7 day follow up visits was made. If the visits are pending, she calls the physi

charge hospitals knew to expect preventable readmissions because obtaining a follow-up provider was a
hysical and mental development. We survey the patients/parents and compare our results to the servic

and nurse-based care coordination. Collaboration efforts with the local Federally Qualified Health Clinic (f
i the staff resources. While the COVID-19 pandemic has subsided some, we still are experiencing the imp

nd LIU giving us 100% achievement in that category. We feel now that we have been monitoring and evaluating her privately insured or MLIU. The goal of the 1115 Waiver Program is to overcome the high risk of the individuals, individuals may be referred to our peer-run wellness center for further education on nutrition and v continued to decrease our patient volume but we have noticed recently that this trend seems to be stabilizing hours by 2 additional hours per week. Spohn has maintained the after-hours access of 10 hours per week the nearby rural communities through additional outreach programs. The greatest challenge we face as a

quality. In October 2018 we reported baselines for our DY7/ DY8 projects, RGRH reported progress on its Level III Neonatal Intensive Care, Adult Intensive Care, and Pediatric Intermediate Care. Our commitment to safety precautions to prevent the transmission of COVID-19, there was an increase from 83,593 (DY9)

In April 2021, we enhanced our intervention by involving patients in monitoring home blood pressures re-achievement of our PPP and MLIU PPP milestones. For Category C we are reporting updates resulting from MLIU approval by the State of Texas Legislation that accepted the establishment of Starr County Hospital District based on a 2019 audit. TTBH's 1115 Performance Improvement Committee (PIC) is directly responsible for developing and implementing strategies to return to their pre-pandemic in-person capacity and is able to provide far fewer in-person provider services across three counties in south Texas and aim to provide the highest quality patient care to all regardless of insurance status. They employ only one care provider, a Physician Assistant (PA); all other providers are volunteers. Hope Springs focuses on high quality outcome performance and ensuring that our DSRIP core activities are still being wo

early recognition of hemorrhage; and timely intervention of the hemorrhage and (2) the implementation of strategies (1) Promoting Vaginal Birth and Reducing Primary Cesareans) and (2) Implementation of Evidence-based practice. The individual patient impact but a community impact. The 1115 Waiver funding has improved patient care and Metro Health has extended DSRIP for another Demonstration Year (DY 11). Metro Health's DSRIP Operations team will

at Tuberculosis Infection (LTBI) Treatment Rate²) TCID provides tuberculosis (TB) disease treatment to address our present measures. The expansion of available health care resources will benefit the population at the most urban area hospital that would provide a higher level of care to our area population. The pandemic have been continuing to work to improve clinical management of diabetes, improve care-coordination for underserved individuals in services remain safe and cope with the challenges presented by COVID-19. We have rapidly

patient interaction. In March 2020, COVID-19 caused the care team to reevaluate the approach to care delivery. Methodist used data from its cost accounting system to select inpatient encounters for those patient

at the facility level in the Emergency Room and Inpatient Psych Unit as we coordinate care with providers, patients requiring urgent care vs. emergent care, 2) establishing a telephone call center, 3) continuing to improve quality patient care, and support and opportunities for our consumers to sustain better outcomes remain. We are continuing to educate patients with chronic illnesses through MyChart and offering virtual classes that covered topics such as telehealth to move toward sustainable and lasting value-based care arrangements. Additionally, we have used telehealth for screening patients, and the UMH clinics significantly modified their methods of seeing patients. The Clinics, remote patient monitoring and welcomed a new family nurse practitioner, thus, providing access to care through the available patient portal functions and encourage patients to use the patient portal. Even with all these efforts, the Inpatient Care also completed a telehealth engagement project to connect individuals to technology and support

with the goal to track adherence to their plan of care. The goal is to help high and moderate risk patients achieve p

Next for the Uninsured? On August 5, 2021. Change Idea 1.2, Complex Primary Care for Patients Experi

ing rigorous quality control measures to all data processes and has corrected data issues to ensure all re
ing rigorous quality control measures to all data processes and has corrected data issues to ensure all re
action percentages and quality outcomes related to postpartum hemorrhage, the costs related to associa

ning, pregnancy testing and counseling, STD testing and treatment, immunizations and tuberculosis te:
HC) meeting the national standards for this certification, and in 2018, BTCS was granted federal recognit
ademy of Sleep Medicine (AASM) Accreditation, and Primary Stroke Center Accreditation. CPRMC is a Le
mented a structure of mental health staff within the jails to assist clients with severe and persistent me

charge. In addition, our show rate for follow up appointments to 75%. Our scheduled follow up appointr

on and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality
esentation to the emergency department, and improved education around and adoption of the myBSWI
s applying rigorous quality control measures to all data processes and has corrected data issues to ensu

/ outreaches at different events throughout the county. WCCHD has received funding through NACCHO a

quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality meas

and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality m
pants from ECM, Managed Care, Patient Access Services, the Center for Cancer and Blood Disorders (CCI
at 82% compliance with tactics to reduce falls so still room for improvement in drivers for change. The C-

ed 164,000 individuals. In addition, as part of the preventive effort, DCHHS mobile STD clinic conducted 7
ng significantly impacted by the Covid-19 activities. All our Core Activities are supported by the measure

portunity for the use of Tele-medicine and Direct Observation Therapy (DOT) through Eموcha Health, C
osts and benefits documents, we are submitting our Category B and D service data for achievement. The
aned with the decrease in Covid-patient volumes. This has allowed the DSRIP team to focus on maintaini
ininsured patients to community services like food pantries and charity clinics, advising patients how to a
e these challenges, the DSRIP team has continued maintaining connections with existing community par
w MCOs that are applying for the STAR RFPs met with Metrocare to learn the scope/depth of our service
aterials for referrals. Additionally, successfully implemented referral process for identified patient popula
to increase, particularly with the refugee populations as they provide culturally appropriate care within
comprehensive dental treatment, preventive services including prophylaxis, sealants, and fluoride applic
eligibility and patient interest. Once enrolled, the patient navigators, in concert with other team memb
ect with patients, provide encouragement and education. Flu shots have been provided for interested p

ue to Covid-19, UT Southwestern has placed a greater importance on tracking data trends associated wi

and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality metrics and compliance with tactics to reduce falls so still room for improvement in drivers for change. The C-section rate in PY3 of 3.0492. We are at 80% compliance with tactics to reduce falls so still room for improvement in Category B: Category B reporting was completed. Under the enhanced allowable variation due to COVID-19, we model to drive cultural change towards better hospital quality and safety measures. While writing our report, we see ED and PCP doctors in determining admission criteria and working as a team. Our ED doctors still struggle

with insurance use, social determinants of health, and timely access to services. MHMR continues its focus on access for uninsured patients to community services like food pantries and charity clinics, advising patients how to navigate and admit disposition times are essential to providing quality care for this population. Our previous report included the Category A online reporting section with the name RHP10_130724106_C&S_OctDY10. This cost and revenue are primarily from the county WIC program and through JPS referrals. During 2020, the WIC program moved to contract with operational teams performed gap analyses for each measure and bundle to assess performance at the end of the year with resolution. This includes an assessment of social determinants of health and partnering with organizations to address social determinants needs. While normal operations have continued, virtual visits remain an option for patients. We are planning to be more aggressive at managing high blood pressure. Provider continues to employ recommended

for Category A reporting. Activities conducted UNTHSC collaborated with Tarrant County Public Health on various projects. We normally operated with three DSRIP projects. Those projects are continuing but changing as we look to other

telehealth, on the importance of a healthy lifestyle. We also continue to provide follow-up services to inpatient regions and has a strong network in the clinic service area. We also transferred another PA that is located at our hospital medical staff July 2021., and work within the RHCs. However, she notified EMH that she will

with the help of DSRIP, we saw changes in most of our project areas at the end of DY6 and all of our new pneumonia vaccinations and advance directives. For the tobacco cessation and counseling which is measured for

us, data collection and data extraction for reporting. HMC has four Core Activities that we are actively engaged

in promoting wellness and taking care of themselves and offering the tools to track, request and be engaged in their care. Our provider continues to provide support for the Maternal Care Bundle. The bundle objectives are routine

in her practice, which began in June 2020, continues to grow and thrive. Most recently, a pediatrician, also

or DY10 compared to baseline. Total unique individuals baseline (102,845) to DY10 (104,296). We have i

ED departure time for admitted patients and continue to improve emergency transfer communication. /
ening more and more. We also have space for walk-in appointments to serve clients at each encounter.

ng information back from patients who go elsewhere for some of the screening testing. We have notes i
n the patient's care. DHCHD's core activity has greatly impacted our measures of transfer communication
liver. We have hired a nurse practitioner for transitioning non-emergent patients from our ED to our Ru
H is specifically analyzing the effects of its automatic Solution Reach program that provides automatic ale
. We added 1 FP in June 2019 and 1 FNP in August 2019. This gives us a total of 3 FPs and 2 FNPs workin

3, Observation, Swing Bed, Hospice, Physical Therapy, and Primary Care setting. Those modifications hav

Advanced Practice Provider to the clinic in March 2021, we have been able to treat more walk-in clinic
ation. They are all so very passionate about their work, have years of experience in different areas of nu

SRCH worked to achieved during this reporting period align with the Centers for Medicare and Medicaid :
his reporting period align with the Centers for Medicare and Medicaid Services Triple Aim of improved c
ive and follow up care via the rural health clinics rather than the ER. Our telemedicine program has ex
s via telemedicine, as well. Today our extended hours clinic continues to thrive. We have made improve

and Nursing staff to improve documentation for our K1-105, K1-268, and K-285 projects. These process
dding two (2) hours on Friday evenings and then on 3/1/15, DY4 to eight (8) hours per week by remainin
i was achieved and reported. Cat C progress shows that we are on track to achieve tobacco and Advance
e MLIU population. Castro County Hospital District, Medical Center of Dimmitt, Welch Rehab and Plains
progress, Tobacco, Pneumonia and Advance Care Planning resources) and MIPS. Cat B was achieved an
waiver (Q3 progress, Tobacco, Pneumonia and Advance Care Planning resources) and MIPS. Cat B was ac
utilization going from 25% to 80% due to vented COVID patients. Length of stays have increased due to C

primarily utilizes the Emergency Department for non-urgent/non-emergent care outside of normal busi
treatments and vaccination awareness. Cat B volumes increased during the year while MLIU % have de
mmer of 2021. Towards the middle of Summer, there were more intake, case management and counselin
t satisfaction surveys, post care summaries, waitlist functionality, as well as, online scheduling and mobil
why the opportunity was missed, and it also has places accountability with the clinical staff. We have als
Maternal Care is a focus for CMS, HHSC and for our hospital so it made sense for us to investigate the co

continues to be utilization of telehealth/telemedicine in delivering behavioral (health) services. WTC sel
ence-based designs) and Project Option 1.7.1 (Implementation of a telemedicine program to provide or
3) Emergency Transfer Communication Measure. Ballinger Hospital Clinic (BHC) is a fede

21, staff administered 2,693 doses of COVID-19 vaccine to the citizenry of Tom Green and surrounding :
waiver (Q3 progress, Tobacco, Pneumonia and Advance Care Planning resources) and MIPS. Cat B was ach
er immediately upon transfer of ED to the decision to admit. We are a rural critical access hospital, so ou

riate quality care to our patients. We are educating our providers, and staff. With the COVID-19 Pandemi

the CDC's Tips from Former Smokers campaign, nicotine replacement therapy using information from staff of new providers within our clinic. We plan to educate and periodically monitor their improvement in our specialty rehabilitation healthcare to our community and surrounding areas here and also in the more rural areas. (We have a revenue stream; uncompensated care; and the known and still to be known impact of COVID-19. (

waiver (Q3 progress, Tobacco, Pneumonia and Advance Care Planning resources) and MIPS. Cat B was achieved

to learn, adapt, and evolve to ensure the health and safety of our patients, staff, and community. In addition

to tobacco, Pneumonia and Advance Care Planning resources) and MIPS. Cat B was achieved and reported. (

to be more focused on quality outcomes. As everyone else in healthcare experienced, all that came to us was waiting until they cannot wait any longer. It is impacting the ER in that patients are waiting until they feel they are responding. Category C measures M1- 103 Controlling High Blood Pressure and M1- 115 Comprehensive Health Record. We are hopeful that this new platform will allow us to provide patient education to our community and capture all data. For Cat B we show an MLIU percentage of 40.03%, an increase from the baseline 39.75%. We are effectively engaging with each patient at the required interval. We are utilizing our new performance dashboard

service delivery, the CEPDPH's Medicaid Waiver (MW) program was very instrumental in providing patient care and improving our safety in our OR. We continue to see improvements in our teams' recognition of safer practices for COVID-19 (Pneumonia and C1 (immunizations) Primary Care bundles. Focused efforts continue in tweaking those conditions

caused by the ongoing COVID-19 pandemic. For Core Activity #1, SPEMC increased compliance with all Secondary Drivers and Change Ideas despite disruptions caused by the ongoing COVID-19 pandemic. The DSRIP Project Organization, including Project Sponsor, DSRIP Program Team, Project Leads, Key Stakeholders, and Patients, are working to provide them the best patient experience possible. Two of our measures look to have increased in compliance

as a member on the Value Based Purchasing and Quality Improvement Committee at HHSC where we try to bring our community to the best and most cost effective services so they get well and remain that way within our timeline. At the start of the pandemic and even though we worked towards normalcy it was slow and it has been a slow ramp up in the community- this has reduced the number of access physical care points in the community and resulted in patient isolation. In FY20 we had 14,094 unique patients and the MLIU was 40.92% of the total; in FY21 the total unique patients were 14,094 and the MLIU was 40.92%. We are working and regularly communicates performance and areas of opportunity to staff. Provider is applying rigorous

monitoring, and diagnostics. Since its inception, HHH Conroe has been committed to improving the lives of the patients with risk behavior during routine visits, or following discharge from a psychiatric hospital. If risk behavior is identified during COVID-19 activities, which reduced the total patient population, contributing to fewer newly diagnosed patients. We are providing emergent lodging or shelters specific to the counties surrounding the system hospital and area clinics. Currently, we are providing emergent lodging or shelters specific to the counties surrounding the system hospital and area clinics

and in addition then partnered with a local FQHC facility to provide primary care access for our patients resulting in reduced emergency department nursing, ambulatory care, health centers, and home care providers. This Cost and Savings Analysis is in progress.

re to the patient and payor, while also reducing the burden of unreimbursed expenses for care. We expect where patients receive education regarding nutrition, medications and healthy life styles. Patients in our office are encouraged to make lifestyle changes to stay healthy and self-manage their chronic conditions; and 4) Hospital Behavioral Health Risk Assessment for Pregnant Women. Our office staff works extremely hard to provide

from other employers including Target and Buc-ees, who pay a starting hourly rate of \$15 and higher. A

supporting the success of the programs and improving outcomes. TCC added a Medication Assisted Opioid Treatment Physician who oversees the clinic as the Medical Director, and 4 specialty doctors that volunteer their services and quality care to all patient populations by aligning DSRIP measures such as with overall ACO quality metrics and alignment with community resources. Additionally, in July 2015 the clinic became the continuity clinic for the TCC

to meet our goals and work with patient navigators to encourage those patients to come to the clinic for their scheduled manual chart review for September metrics. They do continue to see increase in Category C measures

at the TCC Collaborative on 7/13/2021 via Zoom (due to COVID19 Pandemic). Among the topics covered were po

the incidence of administration or documentation of pneumococcal vaccinations and ensuring that advance care planning keep our hospital strong. During the year we worked with our RHP and anchor. They keep us very well in our population that still utilizes the ED despite multiple attempts to instruct these patients to utilize the primary

care who were assessed for initial eligibility of services were also screened for tobacco use. Tobacco Use Assessment

tools created one of the biggest problems our community has experienced due to the COVID-19 public health

l by licensed clinical staff. Individuals with a positive screening receive follow-up. Screening results and fi
ope expand upon them. There is discussion about creating a population health team that not only would
in team and works with all clinicians to educate them on the quality metrics and how to provide the care
unity, including our low income and underserved population. We continue to find new ways to change o

included in the spreadsheet were all data elements outlined in the K2-287 companion document. Of the
al access hospital in a rural community, it is imperative to provide high-quality care and prevent hospita
aken on audits and reporting quickly. We plan to continue these roles in the future and hope expand up
Hunt Regional Medical Center has restructured our foundational DSRIP projects to focus on diabetes and
d hope expand upon them. There are discussions about creating a population health team that not only

so we faced large number of calls everyday for assistance not just from NETX but around the state and c
er for Healthy Living provided evidence-based, chronic disease self-management education and support t
include distribution of at home BP kits for diagnosed HTN patients. Patients receiving at home BP kits mo
ese roles in the future and hope expand upon them. There are discussions about creating a population
th all clinicians to educate them on the quality metrics and how to provide the care intended. The progr
ted by Community Healthcore, include full implementation of care coordination, the development of the
nitted Category D but have a new regional leader who just focuses on quality outcomes. So we are able
collaboration with our physicians to develop, implement and update protocols for the treatment of CO
on audits and reporting quickly. We plan to continue these roles in the future and hope expand upon the
al and Community Health. With the new name, came a new Executive Director who brought experience
erved indicates significant improvement in health outcomes in Angelina County, which Health District m

to core activities and cost and savings including update template and attachments. Regarding the core a
tion pathways worked their way up as we reported out on our COVID activities, but also began to view p
ated as a CCBHC in Texas. Care coordination activities continued during DY10, which is defined as the lin
alth care delivered to residents in Region 2. For the October DY10 period, CHRISTUS is reporting DY10 C
ontinues to be a challenge for people in Galveston County. The need for the management of chronic car
nent modalities that have quickly become the norm. Our patients have responded well to the adaptatio
l nursing assistance through the surges was beneficial in the mitigation of increased length of stay and as
goal of providing quality care and an overall pleasant healthcare experience remains on the forefront of t
ck to achieve most measures, although it is difficult to track Hba1c in real time due to a lack of interface

/ B in the current reporting submission, as well. An error correction was entered for M1-160 during Roun
continuity among staff. This has been found to be equally important regarding the assistance it provides f

aise the health literacy of our patient population. As we transition away from DSRIP, these efforts will ne
primary and preventative care. The hospital refers patients to Primary Care services while they are in the
ties include social services, and behavioral and mental health counseling and a social determinants of he

COVID-19 testing, contact tracing, and vaccination has resulted in a lower volume of patients being seen
ed in DY7 also had an impact on the community. The goal of Columbus Community Hospital is to provide
get but Medicaid is up by 80% of the forecasted from the baseline. ECMH will continue to implement or
insured in the county. With additional grant funding available from COVID-19 sources, additional work is

n Improvement team to ensure all reports are accurate, timely and actionable to drive change. A month
his issue and address the goal of Increase Access to Primary and Specialty Care Services, with a focus on
pandemic changed how the DSRIP behavioral program worked. Summer 2021 brought a COVID surge, but

each year. Memorial Hermann offers leading-edge diagnostic technologies and treatment techniques as v
ch year. MHHS offers leading-edge diagnostic technologies and treatment techniques as well as Houston's
center never stopped providing safe quality care to those served. Additionally, telemedicine for our clinic
pandemic changed how the DSRIP behavioral program worked. Summer 2021 brought a surge, but the f

ention, all while reducing costs and increasing efficiency. OakBend has completed DSRIP Category C report
D directly to the interventions it provides as part of Core Activity #1. Rice also believes the Core Activity

ssion of the risk score and needed interventions has been consistently implemented into BSLMC Multidis
er had to operate at half capacity due to COVID-19 and social distancing requirements. The Crisis Center
e preventive services to pediatric and obstetrical patients. Quality improvement committees continued t
of COVID-19 where, following CDC guidelines, meeting in person is limited or restricted. In April 2020 w
and holidays 2) Dashboards: a. MDA plans to revamp the utilization review dashboard to include relevant
onic physical health problems and complex patients who can benefit the most from a combination of be

itor the use and efficiency of the modified electronic screening tool. Spohn's noteworthy accomplishmen

ruitment due to the fact that the clinic is located in a rural community and educating patients to utilize
t the regular availability of primary care services in Beeville and the benefits of accessing the available ca

d is concerning. Another continued challenge is COVID-19. Telehealth flexibilities have allowed us to su
s with anxiety as a secondary (non-primary) diagnosis. In its B2-387 Rate 1 numerator, CCMC has 2,600
ian and assists in making the appointment. The CHW has added COPD follow up calls to assess for needs

i challenge. Most practices only scheduled one, if any, post hospitalization visits. This problem resolved v
es provided. This program has also increased the number of program sites to Laredo, Brownsville and H:

FQHC) and Rural Health Clinics (RHCs) has improved bidirectional communication and data sharing. This
acts and it has been a struggle to get patients back through the doors of the hospital district. Adding any

uating the K1 measure for over two years, we should continue to increase our rate and show achievement in decreasing epidemic of chronic diseases and obesity in our community by providing the necessary educational and well being. Our Youth Licensed Professional Counselors continue to assess for Major Depression (M1-30) and if not reversing. Our hospital continues to try and improve our metrics and our ability to provide accurate data that it established in DY3 (Wednesdays, Thursdays until 8pm, and Saturdays from 8:00am until 12pm). The rural provider is providing a wide range of care options for our patients and recruiting physicians to our

measure bundles during April and October DY8 and DY9 reporting. RGRH's dedication to providing top-notch care to improve and provide an outstanding level of health care led us to the implementation of three (3) Delivery Bundles to 86,087 (DY10). Category B QPI was achieved. For Category C reporting, the provider is submitting corrected

readings and logging these daily a.m./p.m. for 1 to 2 weeks; returning for their follow up with their BP log

back in 1972. Our hospital has been operating since February 15, 1975. Being a hospital district, our hospital reports data reporting based on measure specifications, identifying areas of improvement, addressing changes to our outpatient visits. This outpatient clinic is part of the State Hospital which provides inpatient mental/behavioral care for those of ability to pay. Building on last year's efforts to educate providers and patients about preventive services, we provides in-person and telehealth social services and behavioral health. Both clinics continue to provide services. We worked on. Baptist had a big hand hygiene "Fiesta" themed educational campaign recently and continues to

implement a variety of evidence-based practices to improve the quality of care. A brief summary of CHofSA's initiatives is listed below. Our goal is to improve quality of care. CSR has successfully maintained these activities during DY10, despite the challenges. We have clearly defined services in place to ensure hospitalization after care is in place along with crisis services. We will continue to work closely with our programs and with our RHP 6 anchor, University Health System (UHS)

to provide care for admitted patients and collects and reports data on six Cat-C process and quality of life measures selected from the list of both counties and by establishing an open line of communication the Chronic Care Coordinator will facilitate care. We also offered a new vision of telemedicine for our community as we have added cardiology and internal medicine services for these patients, and to increase healthy behaviors, although we have been met with immense challenges. We have fully modified our system to provide video and telephone services through a wide array of provider types

and services. We are currently due to quarantine requirements. It was essential to continue to provide touch points with this high risk population. Services included in the J1-506 Post-Operative Sepsis population. The ROI calculation indicates an overall negative

impact. We have implemented outpatient programs, clinics, and community leaders to create a process by which patients are not only able to increase partnerships with community providers to enhance coordination of care and appointment scheduling. We continue our focus. We continue to strive in maintaining continuous process improvement to keep our service delivery on many topics such as fitness and medication adherence. Continuing to develop targeted lists of patients to be followed. We used the same infrastructure to create and develop our Accountable Care Organization - The Regional Physician Network. The COVID impact on our DSRIP processes cannot be overstated; below are the details of DSRIP work performed. Our services are that is timely, convenient and available to our patients and the community. Telehealth and remote patient monitoring efforts and promotions we still do not see any significant changes in utilization other than the spike during the pandemic. We report them as they become more comfortable with virtual services. The project group also developed integrated

care. We have re-established health goals through education, lifestyle changes, access to community resources such as

encing Complications with Managing Diabetes Change Idea, was selected for the Cost and Savings Analysis

ported performance complies with measure specifications and is an accurate reflection of clinical practice. Reported performance complies with measure specifications and is an accurate reflection of clinical practice. Estimated blood transfusions will also decline. The facility also continues to meet and exceed its goals for MLIL

sting and treatment. Bell County has approximately 327,000 persons residing within the county and has been designated as a CCBHC through the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2019, the facility was designated as a Level IV Designated Trauma Center. The hospital offers patient navigator services as its core activity for DSMHSA mental health concerns in need of accessing crisis services. Provider continues an executed contract with B

ment rate for ED patients is at 15%. Barriers to ED follow up appointments include funding, clinic availability

Key measures for Value Based Purchasing, physician compensation and system leadership goals. We are also using the Health app. We continue to align opportunities that increase efficiencies and support sustainability through the use of all reported performance complies with measure specifications and is an accurate reflection of clinical

and DSHS to improve Covid-19, flu, and adult vaccine uptake through advertising, health promotion, and

measures for Value Based Purchasing, physician compensation and system leadership goals. In the past year, we

measures for Value Based Purchasing, physician compensation and system leadership goals. In the past year, we have focused on (BD), Care Coordination, and Social Work. D1: The primary care teams have been faced with both COVID and a section rate is at 26.9% on goal of 37.27% and Antenatal Steroid administration is at 100% which is goal.

70 free STD/HIV screening events and tested 657 individuals so far in 2021. DCHHS health educators and

OneCall and Zoom. Case Managers were able to review medication compliance of patients with an HbA1c goal. COVID-19 pandemic has continued to impact the way we provided services over the last 6 months. We are building connections with existing community partners to connect low income and uninsured patients to community services like food pantries and charities and to find ways the potential MCO and Metrocare could collaborate to address HEDIS/NCQA requirements from hospital to community resources. Referral process began in August 2013 and as of September 2021, we have been able to reach these vulnerable populations. During the pandemic, HHM began offering virtual visits. New patient volume, tobacco cessation and counseling. The Covid-19 pandemic still affects our patients and our clinicians, initiate clinical, education, and social determinants of health needs assessments utilizing various sta

with DSRIP metrics. In doing so this has allowed UTSW to navigate the pandemic and initiate innovative pr

measures for Value Based Purchasing, physician compensation and system leadership goals. In the past year, the rate is at 27.4% on goal of 30.12% and Antenatal Steroid administration is at 100% which is goal. We continue to work on these goals.

Category C: For October DY10 Round 2 reporting, the Cat C template goal was 100% of the PPP goal was achieved. For the 2021 application we have had several innovative ideas come from the different teams and plan to utilize them. A challenge with being pressured to admit either by the patient or the patient's PCP so she is working with the doctor to find a better solution.

Focus on behavioral health services, integration of total wellness, and care coordination. In February 2020, we implemented virtual access to many of these services in order to limit in-person contact. While patient contact remains important, a project of navigating non-emergent ED visits to primary care providers, was met with many challenges. A cost savings analysis compared the costs of follow-ups with Licensed Practitioners of the Healing Arts (LPHAs) and telehealth interactions with limited ability to sign off on the referral and JPS closed many clinics, consolidation of services and the overall impact of the COVID-19 pandemic. At the beginning of DY10, we developed pilot programs in the community to better meet the needs of these patients. We collaborate with physicians, rural health centers, and other community resources.

an initiative to identify, create, and supply COVID-19 vaccination sites across the county. UNTHSC provided support and resources for this initiative.

Our business models to drive our approach to value-based care. We have recently hired an internal medicine physician to lead our value-based care efforts.

Individuals who have been discharged from a hospital after being admitted for psychiatric symptoms and are referred to that service area for additional primary care opportunities. The Dublin, Texas, RHC and pharmacy are currently unable to fill her commitment as she relocated to the Dallas/Ft W area. EMH has contacted recruitment agencies to find a replacement.

Project areas in DY7. We had a continuance in positive-growth and success with the coming changes in D'Armentrout's MLIU we showed a 75% rate in PY1, a slight decrease in PY2 of 74%, and a large increase in PY3 of 90.6%.

Engaged in. These 4 were chosen because they closely align with the measure bundles we selected. By focusing on these areas, we are able to improve patient outcomes.

Their health care is a process. Some patients have responded well and can use the tools given to them to improve their health. Agenda items for the OB/GYN and Pediatric Committee; subsequently they are also reviewed by the Medical Executive Committee.

A Nolan County resident, was successfully recruited by the Hospital and began practice in August 2021, improving patient care in the community.

increased our MLIU unique individuals from DY9 (21,756) to DY10 (22,152). However we have not return

An additional use for the Nurse Practitioner is to perform an appropriate MSE and give direction and guidance. Our hope is that now that a COVID-19 vaccine is available throughout the community, COVID response

in the chart for nurses to ask, and we make follow up phones, but again a very manual process. For Category C, medication reconciliation, and decision to admit time. A wide focus on improving transitions of care within Memorial Health Clinic. With COVID, our progress on extended hours at our clinic and the transitioning of non-emergencies for upcoming prenatal and postnatal appointments to patients. GPCH also completed its Category A

work has been made in regards to our medication reconciliation process, transfer procedures, and Emergency Department

operations and just have outstanding communication and teamwork overall. Our system has devised a strategy

to meet the Triple Aim of improved care for people (including access to care, quality of care and health outcomes); improved health for the population (including access to care, quality of care and health outcomes); and improved health care costs. We have expanded as we have provided area schools, clinics, jails and nursing homes with telemedicine equipment and improvements in lighting, safety and privacy for those who are seen curbside after hours. We have also added a

number of services and workflows are consistently reviewed by the aforementioned groups in order to improve clinical operations. We are now open during the lunch hours Mon.-Thur. for a total of six (6) additional hours and open Fri. evening for 3 hours. Care Planning. Pneumonia is still trending low, but facility is planning vaccine promotion this fall and will continue to monitor. Memorial Hospital, is seeing a decrease in patient population for DY10 due to the Covid pandemic. The facility has reported. Cat C progress shows that we are on track to achieve all measures. The facility continues to improve and report. Cat C progress shows that we are on track to achieve pneumonia. Tracking the top priorities for COVID, placement for ventilated patients for long term care has been challenging due to no bed availability

at our facility. We continue to educate these patients that present to our Emergency Department on the need for behavioral health services. Reasons for the changes are difficult to pinpoint, but that seems to be the case with the COVID pandemic. We are providing services provided in-person, than by telephone. Currently, prescriber services are primarily provided by our Emergency Department patient check-in. Running patient queries to identify patients in need of preventative services continue to be a challenge. We have implemented trend analysis tools that allow us to gauge our performance year over year which advises us on the cost vs. the savings. The provider and staff in our Women's and Children's Clinics have made some operational

changes. We have selected this core activity as it is critical to ensure access and availability to behavioral health providers not currently available in an area identified as needed to the region). In the spirit of "Delivery System Transformation" we are a specially-designated Rural Health Clinic and primary medical care provider. Services include wellness checkups

in various areas. The STD Clinic and routine Immunization Clinic were both suspended during the months from October to February. Cat C progress shows that we are on track to achieve all measures. The facility continues to improve and report. Our operations are going to be different than a larger hospital where a lot of things go on at one time. Our

operations have changed slightly. We were holding weekly Emergency Preparedness/Management

nokefree.gov, and quit smoking medication as appropriate. These activities supported the Tobacco Use Standard to meet the objectives in PY3. We met the K1-268 and K1-285 measures for this reporting period. We are in rural areas. With this in place, we will alleviate the need for our patients to travel far distances to receive care. One of the greatest impacts of COVID has been lost revenue from not being able to schedule surgical procedures.

Cat C progress shows that we are on track to achieve all measures. The facility continues to participate in

innovation, we continue to implement innovative strategies that support primary and preventive care expansion.

Cat C progress shows that we are on track to achieve all measures. The facility continues to participate in

a screening halt in March 2020 as we faced the beginning of the COVID-19 pandemic in Texas. Almost all of them have no other choice but to seek care in the ER rather than going to their PCP. This is increasing Emergency Department Diabetes Care and we are on track to report 100% achievement of these measures for DY10 performance.

The number of visits was reduced due to Covid. For Cat D we are reporting for M-7.1 and M-7.2. We are reporting boards that measure our performance against the contact strategy. In addition to the contact strategy and

transport for individuals without a form of transportation to their COVID-19 vaccination appointments as it related to the safety bundles. Our Patient Outcomes Taskforce continues to work together and monitors activities driving our Category C outcomes. While efforts in modifying workflows at our primary care

with the uniform Antenatal Steroid Initiation Card (ASIC) process and accurate documentation of medical decisions. For Core Activity #1, PMH increased compliance with the uniform Antenatal Steroid Initiation Card (ASIC) and Measure Specific Project Teams, continued working towards achieving the measures for the secondary drivers (immunizations) and we hope to continue to see an upward trend regarding these measures as the pandemic

bring new ideas from the perspective of a rural provider and regional health partnership but also solutions to overcome and other resource limitations. We have not been approached by new MCO's for quite some time. We are working to get back to normal due to some barriers with both employees and consumers. Some examples include a significant reduction of programs and staff. In DY10, we heavily focused on non-adherent diabetes prevention

rigorous quality control measures to all data processes and has corrected data issues to ensure all reported

patients it serves. During October DY9 reporting HHH Conroe observed achievement reverting back to baseline. When barriers are present, the individual is transitioned to "suicide safe pathway" which provides for a higher level of care. Primary and secondary syphilis cases. While MCPHD's goal is to lower cases over time, it is likely that low volume clinics associated with the performing provider also utilized a centralized Pop Health team to assist with patients. Clinics associated with the performing provider also utilized a centralized Pop Health team to assist

in a long term solution to manage patient care outside of the Emergency Department. The program went on to be relevant to target, Core Activity #623, the third secondary driver for the above Core Activity. Core Activities

anded the physical size of the clinic to provide more space for behavioral health and same day acute care. Our rural clinics continue to be seen and treated through the Mobile Clinic which is staffed by a Physician. Hospital Safety and Quality: Implementation of evidence based practices to improve maternal health care. High quality patient care. As our patient volumes have increased, we have taken special care to ensure that p

dditionally, hiring and retaining nurses has been extremely difficult due to the competition with hospital

eatment program to existing SUD services. In 2020 and 2021, due to COVID protocols, TCC expanded ex services and time once a month. Since joining the DSRIP program we continue to be able to more than d measures for Value Based Purchasing, physician compensation and system leadership goals. In the past y MC Family Medicine Residency Program. The residency program began with four residents and has grow

r well visits. We are hopeful that we will achieve all of our goals. We plan to hold health fairs at both of res. The following metric report is as of August and the timeliness has held steady from last update and

tential Direct Payment Programs and Waiver Renewal. The COVID19 Pandemic impacted our service volu

directives were documented in the medical record for our patients age 65 and older. Additionally, we ha formed. We have participated in a number of calls with them, and we routinely get update e-mails. We ary care walk in clinic. Chronic care management has continued as well as all the drivers in the core acti

essments became a form used as part of the intake process for all individuals seeking services, therefore

lth crisis. The need for beds and staff for our hospitals for COVID and Non-COVID patients remained at a

d help our DSRIP efforts but aide in other quality outcomes as well. The UT Health East Texas system a

on them. There are discussions about creating a population health team that not only would help our
l co-occurring chronic conditions. Hunt Regional Medical Center has continued previous DSRIP
would help our DSRIP efforts but aide in other quality outcomes as well. The UT Health East Texa

health team that not only would help our DSRIP efforts but aide in other quality outcomes as well.
am manager overseeing DSRIP left our organization in February of 2021. A new program director was hi
e risk stratification tool, and screening for SDOH. Furthermore, we expanded access of primary

VID in our community. TRMC also used one of our Family Practice Clinics for the last eighteen mon
em. There are discussions about creating a population health team that not only would help our DSRIP e
e in Quality, Performance Improvement, Informatics, and care delivery as a physician. In October 2019,
management believes can be attributed to DSRIP efforts and other critical chronic disease initiatives.

revention of infection and injury with the same seriousness. The pathways reached down to the
chpin of the CCBHC model of care. Burke provides care coordination activities to individuals receivin

re conditions has become even more important, especially for those affected by COVID. In response, CH
ns that we have had to make within the facility. We have pushed hand hygiene to our staff and increas

for lab results to be searchable. The facility continues to participate in HCAHPS and track improvement, a

3 Hospital ER. The hospital will also provide much needed patient education and a care plan designe

1. We have also moved away from walk in services to appointment-based services to control th
the following measures: K1: Rural Preventive Care & Screening: K1-105: Tobacco Use: Screening & Cess:
ur core activities and provide necessary training to improve the primary care relationship with
n the area of health equity and Social Determinants of health will strengthen this community effort.Fort

ly monitoring process was further optimized to include a gap analysis process and development of co

ut the Houston Methodist Hospital System admitted patients at levels comparable to a typical

visits has allowed for a necessary adaptation in health care delivery especially for our
Houston Methodist Hospital System admitted patients at levels comparable to a typical summer

rting for measure bundles B1- Care Transitions and Hospital Readmissions, E2- Maternal Safety, an

disciplinary Rounds (MDRs). BSLMC has continued the Transitional Care Team's efforts, and added a p

heir work on virtual meeting platforms reviewing measures, identifying gaps, and implementing

t reports available in an Epic report to encourage more communication and education around d
havioral health and primary care services. We understand and empathize with all the obstacles our pa

stain the provision of all our services, however, not all of our DSRIP measure specifications allow
cases (47%) in the baseline, 4,630 cases (54%) during PY1, 5,602 cases (49%) during PY2, and 4
; with medication, food , and transportation. The Primary Care Clinic 2 physician providers and 3

arlingen Tx and will continue increasing available program days and staff to patients and cont

expansion of services and collaboration with various community partners has enhanced GBCabi

ent on the four measures on which we report. In October DY10 Round 2, we are not making any changes
tion and tools needed to combat them. Our intent is to assist our clients with making permanen
5), while every psychiatric provider assesses for Substance Abuse (M1-261) and Co-Occurring di

The 4-West Walk in Clinic -Northside extension site began operations on September 15, 2014, pro
ir community. While we have seen some success through our DSRIP projects, this is a constant struggle,

otch care led us to submit DSRIP projects designed to reduce unnecessary ED visits, improve maternal h
ery System Reform Incentive Payment projects. Columbia Valley Regional Medical Center (CVRMC
rections for the following rates: A1-111 PY3 and C1-105 PY3. There was no change in the r

to review with their physician. Any recommendations to maintain normal blood pressure would


clinical process flow, and providing clinical training to ensure improvement is accomplished. The

allenges associated with the COVID-19 pandemic. For the first Core Activity, CHRISTUS He

), as we plan for DY 11 Reporting of MLIU, Category C measures, Core activities as well as sustainability c

rom the Hospital, Local Health Department, Community Mental Health Center and Public H
follow up with the patients to make sure they are compliant with their medical appointments and
I medicine that is a remote service for our hospital patients. Living in a rural market with limit
ges during this measurement period due to the ongoing COVID-19 pandemic. Although we would have l
; engagement in services has been impacted with increases in missed appointments (not answering call

: delivery system aligned to our core activities and best practices, so that we can provide q

sician's Network (ACO), which allows us to not only focus more closely on our HEDIS me
ied as closely to normal as was possible given the restrictions of the pandemic.CURRENT PROGRESS Cur
atient monitoring have become an essential, effective and reliable means in expanding our acc

rated policies and procedures by combining existing policies and procedures and unit-s

; transportation and prescription assistance, and consistent preventive care. CSRH-SM actively b

is. The CCC is reporting DY10 Category A requirements, which include the Costs and Savings Analysis

ice. As of the most recent data, Provider is on track to fully achieve 11 of 20 Category C milestones

ice. As of the most recent data, Provider is on track to fully achieve 29 of 44 Category C milestones

shown to have a sustained increase for positive cases of Gonorrhea and Chlamydia when compared to February 2020, BTCS was awarded a three-year recertification by Texas Health and Human Services, and

ility and acceptance of Medicaid, and patient participation. These metrics can be tracked through

hiring of permanent and temporary staff to support various initiatives. During the time that

and a resurgence in the incidence of RSV but continue outreach efforts focused on ensuring patient

clinic staff have been working tirelessly to educate the public and provide up to date information on

>9% through Eموcha Health, a video medication tracking software. Eموcha health has enabled DEC have been able to mitigate this to some extent by the allowable utilization of telephone and tele-health community services like food pantries and charity clinics, advising patients how to access many of the

y clinics, advising patients how to access many of these services virtually in order to limit payments and develop potential APMs if the MCO is awarded the contract. The Center was approved to provide

performance improvement activities to ensure the care of the MLIU patient population is maintained.

ate and certification page was uploaded to meet semi-annual reporting requirements. No data changes
e these to increasingly provide exceptional care to our patients. We have continued to utilize the 90
ctors to facilitate better ways of handling that Done is admitting to OBS status first then lat

primarily virtual or by phone, the DSRIP team is allowed to contact inpatients in pe
. Including the recruitment and retention of primary care providers. COVID-19 has exacerbated the
) after psychiatric hospitalizations against the costs of re-hospitalizations. PVC hypothesized
ed efforts, and with restrictions in place limited TCPH access to discuss referrals with providers
ans for current state where most of medical homes were consolidated or non-operational. At this time,

lers have also provided COVID-19 vaccines to geriatric homebound patients and to pediatric

ian who focuses on diabetes management. Our direct-to-consumer-telehealth service along with

diagnosis. Focusing on prevention and wellness allows us to assist our community and accomplish our
re growing and new patients are being reached. CCMC made additional presentations about a
ruiting companies and is again looking for a permanent physician to join our medical s

Y8 with respect to the transfer of projects to system-level reporting in order to improve our outc

using our attention on our Core Activities we are able to move closer to full achievement on

help make informed decisions to their care while others have struggled to understand or don't

led to our baseline unique MLIU (25,969) In the vein of continual process improvement, we

dance to the patient by assigning appropriate level of care and to reduce emergency department use fo
will lessen, and staff will return to offering the wide range of public health services that we did pre-pa

), we continue to work thru and develop process to help improve in all areas, at times the bigge
with specific metrics to measure our performance that is communicated to the staff on a mont
-emergent patients to our new nurse practitioner has slowed. Cat B: We reported 100% achievement
Core Activities template, which gives a more complete picture of the progress and updates for eac

Department admission method. In regards to the core activity, we have definitely seen an enhancement

gic plan specifically focused on improving the health of diabetics. One piece of the plan was the

omes); improved health for the population; and lower costs through meaningful delivery system reform:
population; and lower costs through meaningful delivery system reforms. Specifically, StarCare worked
so we can provide the needed care to those unable to physically come to the clinic. Due to the

documentation. We truly believe these processes have been of great benefit to our community member
om 5pm-9pm instead of 6pm-8pm for an additional two (2) hours. P-4.1 DY5 we have increased clinic ho
ill reeducate staff in October. The facility continues to participate in HCAHPS and track improvement, alth
e Medical Center of Dimmitt has made arrangement to offer separate times to see well patien
participate in HCAHPS and track improvement, although not required for Critical Access hospitals, in orc
acco measure has been difficult with a 2021 change of the quality dashboard utilized by our electronic h
ty. The biggest challenge has been the staffing shortage in all areas, and the increase of

Medical Advice Line and provide them with available resources. We are still maintaining the use of an ad

via telehealth with limited in-person encounters. CAT A. For DY9 and DY10, the provider selected one Cc

onal changes to improve a our performance on E1-232. As a result of changes made to Me

ups, scheduled, urgent care appointments, Texas Health Steps, occupational health services, and chronic

tober 1, 2020 through May 31, 2021; both clinics began seeing patients starting on June 1, 2021. With t
ues to participate in HCAHPS and track improvement, although not required for Critical Access hospitals

t/Safety Meetings around the COVID-19 Pandemic and are following DSHS, CDC, and Federal guidelines t

We continue to review the State Wide Provider reports; however, due to our low volume, the percentage of procedures compared to prior years. Additionally, we have continued to be impacted by staffing issues: but we continue to participate in HCAHPS and track improvement, although not required for Critical Access hospitals which are the backbone for improved access and care coordination. Through the implementation of HCAHPS and track improvement, although not required for Critical Access hospitals, in order to fulfill Category 1 all our routine operations and strategic planning work were either paused or refocused towards measure 1. One area that has caused particular difficulty over the past year has been the lack of clarity of measure 1. In addition to the workflow application enhancements noted above, we have also deployed analytical tools that have helped us to meet at least twice a month to ensure that patient safety is at the forefront of our activities as measure 1. In addition, 3 clinics were implemented to help with our inpatient discharge and patient navigation processes, they have helped us to meet our selected Measure Bundles. Monthly Measure Bundle meetings continued to be held to review the progress of measure 1; to current issues related to healthcare delivery and reimbursement models for rural providers. We would like to explore what services we could provide that would bring new plans to our area. Pediatric barriers were consumers fear, consumers not wanting to wear a mask inside the building, no phone access, and no internet. Measure 1 performance complies with measure specifications and is an accurate reflection of clinical practice. Measure 1 is at baseline level performance. COVID-19 caused significant sustained surges in ED and inpatient utilization, staff shortages, and higher rates are related to clinic closures, rather than a community improvement in the rate. In July 2021, the Patient Navigators continued to live June 15, 2018. Since April 2021 DSRIP reporting, the Patient Navigators have continued to outreach

e. Our integrated behavioral health offers telehealth and face-to face counseling sessions to assi

IMH continues to strive towards improving upon the core activities listed above. For example,

isting telehealth services to a comprehensive Telehealth program designed to support the non-four-wall
ouble the financial resources given to us by the Rockwall County Government. In turn

vn to currently 24 residents. These providers in collaboration with our two Nurse Practitioners have prov

our clinics on National Rural Health Day so that we can provide outreach services and h
remains at .90. The postpartum has increased from .7778 in April to .8958. The patient navigator work

ume during 2020/2021 despite our clinics using phone/video sessions as allowed per HHSC to offset the

ve continued to screen for tobacco use in outpatients age 18 and older. In those patient's who wer

ivity. We added a Community Health Worker to support the care management nurses

a noticeable increase of screenings. Also, case managers were reminded of the importance of condu

critical level for almost a year. Laredo Health clinic stayed open for face-to-face and virtual encounters

articipate DPP-BHS and s

measures used

DSRIP Payment Summary Report by Provider

RHP	Project ID	Provider Name	Provider TPI
RHP 1	017624011.7.1	Quitman Hospital LLC	388701003
RHP 1	020812601.7.1	Tyler Regional Hospital LLC	388347201
RHP 1	094108002.7.1	Mother Frances Hospital Regional Healthcare Center	094108002
RHP 1	094127002.7.1	Carthage Hospital LLC	387663301
RHP 1	111411803.7.1	Anderson Cherokee Community MHMR Center (ACCESS)	111411803
RHP 1	112667403.7.1	The Good Shepherd Hospital dba Good Shepherd Medic	112667403
RHP 1	127278302.7.1	University of Texas Health Center at Tyler	127278302
RHP 1	130612806.7.1	Jacksonville Hospital LLC	387381201
RHP 1	131038504.7.1	Hunt Mem Hosp Dist dba Hunt Reg Med Ctr Greenville	131038504
RHP 1	137921608.7.1	Sabine Valley Reg MHMR Ctr dba Community Healthcor	137921608
RHP 1	138360606.7.1	Northeast Texas Public Health District	138360606
RHP 1	138365512.7.1	Andrews Center	138365512
RHP 1	138374715.7.1	Pittsburg Hospital LLC	388696201
RHP 1	138913209.7.1	Titus County Memorial Hospital dba Titus Regional	138913209
RHP 1	139173209.7.1	Athens Hospital LLC	387515501
RHP 1	140425362.7.1	Paris Lamar County Health Department	140425362
RHP 1	208843701.7.1	Henderson Hospital LLC	387377001
RHP 1	330811601.7.1	Fannin County Hosp Auth dba TMC Bonham Hosp	330811601
RHP 1	366812101.7.1	Christus Hopkins Health Alliance	366812101
RHP 1	376537203.7.1	Fairfield Hospital District dba Freestone Medical	376537203
RHP 2	019053001.7.1	Coastal Health Wellness	019053001
RHP 2	094092602.7.1	University of Texas Medical Branch - Galveston	094092602
RHP 2	094148602.7.1	Baptist Hosp of SE TX dba Mem Hermann Bapt Beaumon	094148602
RHP 2	094164302.7.1	Woodland Heights Medical Center	094164302
RHP 2	096166602.7.1	Spindletop Center	096166602
RHP 2	112671602.7.1	Brazosport Regional Health System	112671602
RHP 2	130983309.7.1	Angelina County & Cities Health District	130983309
RHP 2	131030203.7.1	Nacogdoches County Hospital District	131030203
RHP 2	135222109.7.1	The Gulf Coast Center	135222109
RHP 2	136367307.7.1	Burke Center	136367307
RHP 2	136381405.7.1	Tyler County Hospital	136381405
RHP 2	138296208.7.1	Christus Hospital (prev St. Elizabeth)	138296208
RHP 2	139172412.7.1	Memorial Medical Center Lufkin	139172412
RHP 2	200683501.7.1	Preferred Hospital Leasing Hemphill Inc	200683501
RHP 2	284333604.7.1	Liberty-Dayton Regional Medical Center LLC	284333604
RHP 3	020817501.7.1	CHCA Bayshore LP dba Bayshore Medical Center	020817501
RHP 3	020834001.7.1	Memorial Hermann Hospital System (The Woodlands)	020834001

RHP 3	081522701.7.1	Texana Center	081522701
RHP 3	082006001.7.1	Baylor College of Medicine Grants and Contracts De	082006001
RHP 3	093774008.7.1	City of Houston	093774008
RHP 3	094187402.7.1	CHCA West Houston LP dba West Houston Medical Cent	094187402
RHP 3	111810101.7.1	Unv of Tx HSC at Houston-UTHSC Sponsored Projects	111810101
RHP 3	112672402.7.1	UT MD Anderson Cancer Center	112672402
RHP 3	113180703.7.1	The Harris Center for Mental Health and IDD	113180703
RHP 3	127300503.7.1	St. Luke's Episcopal Hospital	127300503
RHP 3	127303903.7.1	Oak Bend Medical Center	127303903
RHP 3	130959304.7.1	Matagorda County Hospital District dba Matagorda R	130959304
RHP 3	133355104.7.1	Harris County Hospital District	133355104
RHP 3	135033210.7.1	Columbus Community Hospital	135033210
RHP 3	137805107.7.1	Memorial Hermann Hospital Southwest dba Memorial H	137805107
RHP 3	137909111.7.1	Memorial Medical Center	137909111
RHP 3	137949705.7.1	Houston Methodist Hospital	137949705
RHP 3	139135109.7.1	Texas Children's Hospital	139135109
RHP 3	140713201.7.1	Methodist Willowbrook	140713201
RHP 3	158771901.7.1	Harris County Public Health & Environmental Services	158771901
RHP 3	181706601.7.1	St Joseph Medical Center LLC	181706601
RHP 3	212060201.7.1	Rice Medical Center	212060201
RHP 3	296760601.7.1	Fort Bend County	296760601
RHP 3	311054601.7.1	El Campo Memorial Hospital	311054601
RHP 3	377705401.7.1	North Houston-TRMC LLC dba Tomball Reg Med Ctr	377705401
RHP 4	020811801.7.1	Christus Spohn Hospital Beeville	020811801
RHP 4	020973601.7.1	Corpus Christi Medical Center	020973601
RHP 4	020991801.7.1	Refugio County Memorial Hospital	020991801
RHP 4	080368601.7.1	Coastal Plains Community MHMR Center	080368601
RHP 4	094118902.7.1	DeTar Hospital (Victoria of Tx)	094118902
RHP 4	094222903.7.1	Christus Spohn Hospital Alice	094222903
RHP 4	112673204.7.1	Yoakum Community Hospital	112673204
RHP 4	121775403.7.1	Spohn Health System dba Spohn Memorial Hospital	121775403
RHP 4	121808305.7.1	Jackson County Hospital	121808305
RHP 4	130958511.7.1	Nueces County	130958511
RHP 4	132812205.7.1	Driscoll Children's Hospital	132812205
RHP 4	135233809.7.1	Lavaca Medical Center	135233809
RHP 4	135254407.7.1	Gulf Bend MHMR Center	135254407
RHP 4	136412710.7.1	Karnes County Hospital District dba Otto Kaiser Me	136412710
RHP 4	136436606.7.1	CHRISTUS Spohn Hospital Kleberg	136436606
RHP 4	137907508.7.1	County of Victoria dba Citizens Medical Center	137907508
RHP 4	138305109.7.1	Nueces County MHMR Community Ctr dba Behavioral HI	138305109
RHP 5	020947001.7.1	Columbia Valley Regional Medical Center	020947001
RHP 5	085144601.7.2	University of Texas Health Science Center SA	085144601
RHP 5	094113001.7.1	McAllen Hospitals LP dba Edinburg Regional Medical	094113001
RHP 5	111810101.7.2	Unv of Tx HSC at Houston-UTHSC Sponsored Projects	111810101

RHP 5	112716902.7.1	Columbia Rio Grande Healthcare dba Rio Grande Regi	112716902
RHP 5	135035706.7.1	Knapp Medical Center	135035706
RHP 5	136332705.7.1	Starr County Memorial Hospital	136332705
RHP 5	138708601.7.1	Tropical Texas Behavioral Health	138708601
RHP 5	160709501.7.1	Doctor's Hospital at Renaissance	160709501
RHP 5	343698201.7.1	University of Tx Rio Grande Valle	343698201
RHP 6	020844901.7.1	CHRISTUS Santa Rosa Hospital	020844901
RHP 6	020844903.7.1	CHRISTUS Santa Rosa Health Care (Children's Hospit	020844903
RHP 6	085144601.7.1	University of Texas Health Science Center SA	085144601
RHP 6	091308902.7.1	City of San Antonio Health Department	091308902
RHP 6	094154402.7.1	Methodist Hlthcare Sys of SA Southwest Texas Metho	094154402
RHP 6	112688002.7.1	Frio Hospital Association Inc dba Frio Regional Ho	112688004
RHP 6	112742503.7.1	Southwest Mental Hlth Ctr (Clarity Child Guidance	112742503
RHP 6	119877204.7.1	Val Verde Regional Medical Center	119877204
RHP 6	121782006.7.1	Uvalde County Hosp Authority dba Uvalde Memorial H	121782006
RHP 6	121990904.7.1	Camino Real Community Services	121990904
RHP 6	127294003.7.1	Sid Peterson Memorial Hospital dba Peterson Region	127294003
RHP 6	133257904.7.1	DSHS (Texas Center for Infectious Disease)	425956601
RHP 6	133340307.7.1	Hill Country Community MHMR dba hill Country MHDD	133340307
RHP 6	135151206.7.1	Wilson County Mem Hosp Floresville dba Conally Mem	135151206
RHP 6	136141205.7.1	University Health System (Bexar County Hospital D	136141205
RHP 6	136430906.7.1	Hill Country Memorial Hospital	136430906
RHP 6	136491104.7.1	Southwest General Hospital	136491104
RHP 6	137251808.7.1	The Center for Health Care Services	137251808
RHP 6	138411709.7.1	Guadalupe County Hospital Board dba Guadalupe Regi	138411709
RHP 6	159156201.7.1	Baptist Medical Center (VHS San Antonio Partners)	159156201
RHP 6	212140201.7.1	Medina County Hospital District dba Medina Regiona	212140201
RHP 6	217884001.7.1	Dimmit County Memorial Hospital	217884004
RHP 6	297342201.7.1	Nix Hospitals System LLC dba Nix Health Care Syste	297342201
RHP 7	112717702.7.1	St David's Hlthcare Partnership dba South Austin M	112717702
RHP 7	121789503.7.1	Christus Santa Rosa Health Care Corporation	415580601
RHP 7	133542405.7.1	Austin Travis County MHMR Center	133542405
RHP 7	137265806.7.1	Seton Family of Hospitals Dell Seton Med Ctr @UT	137265806
RHP 7	186599001.7.1	Seton Healthcare dba Dell Children's Medical Cente	186599001
RHP 7	307459301.7.1	Community Care Collaborative	307459301
RHP 7	344398801.7.1	City of Austin	344398801
RHP 8	020957901.7.1	St David's Hlthcare Partnership dba Round Rock Med	020957901
RHP 8	081771001.7.1	Central Counties Center for MHMR Services	081771001
RHP 8	088334001.7.1	Bell County Public Health District	088334001
RHP 8	094119702.7.1	Metroplex Health System	094119702
RHP 8	094151004.7.1	Seton Highland Lakes	094151004
RHP 8	126844305.7.1	Bluebonnet Trails Community MHMR Center dba Bluebo	126844305
RHP 8	126936702.7.1	Williamson County & Cities Health District	126936702
RHP 8	137249208.7.1	Scott & White Memorial Hospital c/o State Comp Dep	137249208

RHP 8	183086102.7.1	Rockdale Blackhawk, LLC dba Little River Healthcar	183086102
RHP 8	192622201.7.1	Cedar Park Health System, LP dba Cedar Park Region	192622201
RHP 8	220798701.7.1	Scott & White Hospital - Llano	220798701
RHP 8	312239201.7.1	HH Killeen Hlth Sytm LLC dba Seton Med Ctr Harker	312239201
RHP 8	353712801.7.1	Scott & White Hospital - Marble Falls	353712801
RHP 9	009784201.7.1	TAMUS Health Science Center dba Baylor College of	009784201
RHP 9	020908201.7.1	Presbyterian Hospital Of Dallas (TX Health Resourc	020908201
RHP 9	020943901.7.1	Columbia Hosp at Med City Dallas Subsid dba Medica	020943901
RHP 9	020967801.7.1	Texas Health Presbyterian Hospital Denton Presbyte	020967802
RHP 9	020979302.7.1	Columbia Medical Center of Las Colinas Inc dba Las	020979302
RHP 9	094140302.7.1	Texas Health Presbyterian Hospital Kaufman dba Pre	094140302
RHP 9	094192402.7.1	Columbia Medical Center of Lewisville dba Medical	094192402
RHP 9	111905902.7.1	Columbia Medical Center of Denton dba Denton Regio	111905902
RHP 9	121758005.7.1	Dallas County	121758005
RHP 9	121776204.7.1	Baylor Medical Center At Irving	121776205
RHP 9	121988304.7.1	Lakes Regional MHMR Center	121988304
RHP 9	126679303.7.1	Methodist Hosp of Dallas Methodist Charlton Med Ct	126679303
RHP 9	126686802.7.1	UT Southwestern Medical Center at Dallas	126686802
RHP 9	127295703.7.1	Dallas County Hospital District dba Parkland Healt	127295703
RHP 9	135032405.7.1	Methodist Hosp of Dallas Methodist Dallas Med Ctr	135032405
RHP 9	135234606.7.1	Denton County MHMR Center	135234606
RHP 9	136360803.7.1	Denton County dba Denton County Health Department	136360803
RHP 9	137252607.7.1	Metrocare Services	137252607
RHP 9	138910807.7.1	Children's Medical Center of Dallas	138910807
RHP 9	139485012.7.1	Baylor University Medical Center	139485012
RHP 9	209345201.7.1	Methodist Hosp of Dallas dba Methodist Richardson	209345201
RHP 9	344925802.7.1	Trinity MC dba Baylor Medical Center at Carrollton	344925801
RHP 9	364710901.7.1	Tenet Hosp Ltd dba Doctors Hosp at White Rock	391575301
RHP 10	020950401.7.1	Columbia Medical Ctr of Arlington dba Med Ctr Arli	020950401
RHP 10	021184901.7.1	Cook-Fort Worth Children's Medical Center	021184901
RHP 10	081599501.7.1	MHMR of Tarrant County	081599501
RHP 10	083149703.7.1	Tarrant County	083149703
RHP 10	094105602.7.1	Columbia North Hills Hospital dba North Hills Hosp	094105602
RHP 10	094193202.7.1	Columbia Plaza Medical Center of Fort Worth dba Pl	094193202
RHP 10	112677302.7.1	Harris Methodist Fort Worth Hospital	112677302
RHP 10	120726804.7.1	Harris Methodist Southwest Hospital	120726804
RHP 10	121794503.7.1	Texas Health Harris Mehodist Hospital Stephenville	121794503
RHP 10	121822403.7.1	PRHC-Ennis, L.P. dba Ennis Regional Medical Center	121822403
RHP 10	126675104.7.1	Tarrant County Hospital District dba JPS Health Ne	126675104
RHP 10	127304703.7.1	Harris Methodist Northwest Hosp (Azle)	127304703
RHP 10	130606006.7.1	Decatur Community Hospital (Wise Reg Health System)	130606006
RHP 10	130614405.7.1	Texas Health Arlington Memorial Hospital	130614405
RHP 10	130724106.7.1	Pecan Valley MHMR Region dba Pecan Valley Centers	130724106
RHP 10	131036903.7.1	Texas Health Harris Methodist Hospital Cleburne	131036903

RHP 10	135036506.7.1	Baylor All Saints Medical Center	135036506
RHP 10	136326908.7.1	Texas Health Harris Methodist HEB	136326908
RHP 10	138980111.7.1	UNTHSC at Fort Worth	138980111
RHP 10	186221101.7.1	Methodist Mansfield Medical Center	186221101
RHP 10	206106101.7.1	Wise Clinical Care Associates	206106101
RHP 10	216719901.7.1	Glen Rose Medical Center	216719901
RHP 10	314080801.7.1	Texas Health Huguley INC dba Huguley Memorial Me	314080801
RHP 10	316296801.7.1	Texas Health Harris Methodist Hospital Alliance	316296801
RHP 11	020992601.7.1	Stonewall Memorial Hospital	020992601
RHP 11	094131202.7.1	Hamlin Memorial Hospital	094131202
RHP 11	112692202.7.1	Fisher County Hospital	112692202
RHP 11	112702904.7.1	Haskell Memorial Hospital	112702904
RHP 11	121053602.7.1	Knox County Hospital District dba Knox County Hosp	121053602
RHP 11	126842708.7.1	Jones County Reg Healthcare Systm Stamford Mem Hos	406583101
RHP 11	133244705.7.1	Rolling Plains Memorial Hospital	133244705
RHP 11	133338707.7.1	Abilene Regional MHMR dba Hardwick Center	133338707
RHP 11	133339505.7.1	Central Texas MHMR	133339505
RHP 11	136325111.7.1	Mitchell County Hospital District dba Mitchell Cou	136325111
RHP 11	137074409.7.1	Eastland Memorial Hospital	137074409
RHP 11	138644310.7.1	Hendrick Medical Center	138644310
RHP 11	138950412.7.1	Palo Pinto Co Hosp Dist dba Palo Pinto Gen Hosp	138950412
RHP 11	281406304.7.1	Comanche County Medical Center Company	281406304
RHP 11	337991901.7.1	Stephens Memorial Hospital dba Stephens County Eme	337991901
RHP 12	065100201.7.1	City of Amarillo	065100201
RHP 12	084563802.7.1	Texas Tech University Health Sciences Center AMA	084563802
RHP 12	084599202.7.1	Texas Tech University Health Sciences Center Offic	084599202
RHP 12	084897001.7.1	Lubbock Regional MHMR Ctr dba StarCare Specialty	084897001
RHP 12	094117105.7.1	Hansford County Hospital District	094117105
RHP 12	094121303.7.1	Seminole HD of Gaines Co dba Memorial Hospital	094121303
RHP 12	094129604.7.1	Moore County Hospital District dba Memorial Hospit	094129604
RHP 12	094180903.7.1	Lynn County Hospital District	094180903
RHP 12	109588703.7.1	Hemphill County Hospital District	109588703
RHP 12	112704504.7.1	Ochiltree General Hospital	112704504
RHP 12	126667806.7.1	Lockney Gen Hosp Dist (W.J. Mangold Mem Hosp)	126667806
RHP 12	126840107.7.1	Preferred Hosp Leasing, Inc. dba Collingsworth Gen	126840107
RHP 12	127313803.7.1	Lamb Healthcare Center	127313803
RHP 12	127319504.7.1	Methodist Children's Hosp dba Covenant Children's	127319504
RHP 12	127374005.7.1	Central Plains Center for Mental Health Mental Ret	127374005
RHP 12	127378105.7.1	Texas Panhandle Mental Health Mental Retardation	127378105
RHP 12	130618504.7.1	Terry Memorial Hospital District Brownfield Region	130618504
RHP 12	130725806.7.1	West Texas Centers for MHMR	130725806
RHP 12	130826407.7.1	Dallam-Hartley Counties Hosp District dba Coon Mem	130826407
RHP 12	133250406.7.1	Childress County Hospital District dba Childress R	133250406
RHP 12	133544006.7.1	Deaf Smith County Hospital District dba Hereford R	133544006

RHP 12	136142011.7.1	Plains Memorial Hospital DSH Acct (Castro County)	136142011
RHP 12	136330112.7.1	D. M. Cogdell Memorial Hospital (Scurry County)	136330112
RHP 12	136492909.7.1	Lubbock Regional MHMR Center dba Sunrise Canyon Ho	136492909
RHP 12	137227806.7.1	Yoakum County dba Yoakum County Hospital	137227806
RHP 12	137245009.7.1	UHS @ Amarillo Inc dba Northwest Texas Healthcare	137245009
RHP 12	137343308.7.1	Parmer County Community Hospital	137343308
RHP 12	137999206.7.1	Lubbock County Hospital District dba University Me	137999206
RHP 12	139461107.7.1	Covenant Health System dba Covenant Medical Center	139461107
RHP 12	189947801.7.1	Medical Arts Hospital	189947801
RHP 12	197063401.7.1	GPCH LLC dba Golden Plains Community Hospital	197063401
RHP 12	281514401.7.1	Lubbock Heritage Hospital dba Grace Medical Center	281514401
RHP 12	308032701.7.1	Prime Healthcare Services - Pampa, LLC dba Pampa R	308032701
RHP 12	316076401.7.1	Swisher Memorial Healthcare System, dba Swisher Me	316076401
RHP 12	322879301.7.1	Baptist St. Anthony's Health System	322879301
RHP 12	350190001.7.1	Preferred Hospital Leasing Muleshoe Inc	350190001
RHP 13	020989201.7.1	North Runnels Hospital	020989201
RHP 13	022793601.7.1	City of San Angelo	022793601
RHP 13	091770005.7.1	Concho County Hospital	091770005
RHP 13	109483102.7.1	MHMR Svcs for the Concho Valley	109483102
RHP 13	121781205.7.1	L M Hudspeth Memorial Hospital	121781205
RHP 13	121806703.7.1	Reagan Hosp District dba Reagan Memorial Hosp	121806703
RHP 13	130089906.7.1	Ballinger Memorial Hospital	130089906
RHP 13	130616909.7.1	Pecos County Memorial Hospital	130616909
RHP 13	137226005.7.1	Shannon Medical Center	137226005
RHP 13	179272301.7.1	Preferred Hosp Leasing Eldorado, Inc. dba Schleich	179272301
RHP 13	206083201.7.1	Preferred Hosp Leasing Junction Inc. dba Kimble Ho	206083201
RHP 13	316360201.7.1	Coleman County Medical Center	316360201
RHP 13	322916301.7.1	McCulloch County Hospital District dba Heart of Tx	322916301
RHP 14	081939301.7.1	Texas Tech University Health Sciences Center Odess	081939301
RHP 14	094204701.7.1	Winkler County Memorial Hospital	402628801
RHP 14	112684904.7.1	Reeves County Hospital	112684904
RHP 14	112711003.7.1	Odessa Regional Medical Center	112711003
RHP 14	127298107.7.1	Permian Regional Medical Center	127298107
RHP 14	135235306.7.1	Ector County Hospital District dba Medical Center	135235306
RHP 14	136143806.7.1	Midland County Hospital District dba Midland Memor	136143806
RHP 14	136145310.7.1	Martin County Hospital District	136145310
RHP 14	138364813.7.1	Permian Basin Community Centers	138364813
RHP 14	176354201.7.1	Culberson Hospital	176354201
RHP 15	065086301.7.1	City of El Paso dba City of El Paso Department of	065086301
RHP 15	084597603.7.1	Texas Tech University Health Sciences Center EL Pa	084597603
RHP 15	094109802.7.1	El Paso Healthcare System Ltd dba Las Palmas Medic	094109802
RHP 15	127376505.7.1	El Paso Community MHMR dba Emergence Health Networ	127376505
RHP 15	130601104.7.1	Tenet Hospital Limited dba Providence Memorial Hos	130601104
RHP 15	138951211.7.1	El Paso Co Hosp Dist - University Medical Center o	138951211

RHP 15	196829901.7.1	Sierra Providence East Medical Center	196829901
RHP 15	291854201.7.1	El Paso Children's Hospital	291854201
RHP 16	084859002.7.1	Heart of Texas Region MH & MR Center	084859002
RHP 16	111829102.7.1	Providence Health Services of Waco dba Providence	111829102
RHP 16	121792903.7.1	Hamilton County Hospital District dba Family Pract	121792903
RHP 16	134772611.7.1	Coryell County Memorial Hospital Authority dba Cor	134772611
RHP 16	137075116.7.1	Bosque County Hospital District	401736001
RHP 16	138962907.7.1	Hillcrest Baptist Medical Center	138962907
RHP 16	140714001.7.1	Limestone Medical Center dba Limestone Medical Cen	140714001
RHP 17	020841501.7.1	Conroe Regional Medical Center	020841501
RHP 17	020860501.7.1	St Joseph Regional Health Center dba CHI St Joseph	020860501
RHP 17	081844501.7.1	Tri-County Behavioral Healthcare	081844501
RHP 17	127267603.7.1	St. Joseph Regional Health Center	127267603
RHP 17	130982504.7.1	Brazos Co Treasurer (Brazos County Health Departme	130982504
RHP 17	135226205.7.1	Scott & White Hospital Brenham	135226205
RHP 17	136366507.7.1	MHMR Authority of Brazos Valley	136366507
RHP 17	160630301.7.1	St. Luke's Community Health Srvs (The Woodlands)	160630301
RHP 17	189791001.7.1	Walker County Hosp Corp. dba Huntsville Memorial	189791001
RHP 17	198523601.7.1	The TX A&M Univ Systm Hlth Science Cent dba Tx A&M	198523601
RHP 17	311035501.7.1	Montgomery County Public Health District	311035501
RHP 17	326725404.7.1	Scott & White Hospital College Station	326725404
RHP 18	084001901.7.1	Collin County MHMR dba LifePath Systems	084001901
RHP 18	084434201.7.1	MHMR SVCS of Texoma	084434201
RHP 18	169553801.7.1	Tenet Frisco Ltd dba Centennial Medical Center	169553801
RHP 18	179917301.7.1	Rockwall County Helping Hands Inc	179917301
RHP 18	194997601.7.1	UHS Texoma, Inc. dba Texoma Medical Center	194997601
RHP 18	283637101.7.1	Brock Lawson Pierce MD	283637101
RHP 19	088189803.7.1	Throckmorton County Memorial Hospital	088189803
RHP 19	094138703.7.1	Clay County Memorial Hospital	094138703
RHP 19	110856504.7.1	Olney Hamilton Hospital District dba Hamilton Hosp	110856504
RHP 19	112707808.7.1	Wilbarger General Hospital	112707808
RHP 19	119874904.7.1	Jack County Hospital District dba Faith Community	119874904
RHP 19	121777003.7.1	Gainesville Memorial Hospital (North Texas Medical	396650901
RHP 19	127310404.7.1	Nocona Hospital District dba Nocona Gen Hosp	127310404
RHP 19	127373205.7.1	Helen Farabee Centers	127373205
RHP 19	135034009.7.1	Electra Memorial Hospital	135034009
RHP 19	135237906.7.1	United Regional Health Care System	135237906
RHP 19	138353107.7.1	Seymour Hospital	138353107
RHP 19	346945401.7.1	Graham Hospital District	346945401
RHP 20	094186602.7.1	Laredo Reg Med Ctr dba Doctor's Hospital of Laredo	094186602
RHP 20	121989102.7.1	Border Region MHMR Community Center	121989102
RHP 20	137917402.7.1	City of Laredo	137917402
RHP 20	162033801.7.1	Laredo Texas Hosp Co dba Laredo Medical Center	162033801

DY9 Estimated Remaining DSRIP	DY10 Estimated Remaining DSRIP

\$28,085.02	\$599,146.97
\$149,143.56	\$5,428,356.65
\$1,132,253.26	\$11,080,170.15
\$70,312.50	\$750,000.00
\$0.00	\$381,703.50
\$0.00	\$557,813.25
\$0.00	\$26,667,882.26
\$24,656.04	\$897,402.35
\$0.00	\$4,639,998.81
\$0.00	\$5,447,260.39
\$0.00	\$274,253.43
\$0.00	\$2,635,554.07
\$55,265.08	\$1,005,737.62
\$0.00	\$2,545,468.39
\$0.00	\$3,825,868.22
\$0.00	\$386,753.43
\$161,300.40	\$749,266.40
\$243,125.57	\$1,688,297.21
\$0.00	\$1,344,373.23
\$0.00	\$349,468.42
\$89,062.50	\$712,500.00
\$3,794,352.39	\$34,561,464.60
\$0.00	\$2,286,061.13
\$0.00	\$371,801.47
\$0.00	\$7,180,374.41
\$0.00	\$1,117,405.82
\$0.00	\$334,621.32
\$0.00	\$4,119,179.39
\$0.00	\$4,653,109.85
\$114,839.33	\$6,792,159.48
\$31,758.70	\$508,139.25
\$0.00	\$2,286,061.13
\$52,284.58	\$557,702.21
\$95,019.06	\$1,111,626.83
\$0.00	\$1,171,792.43
\$3,887,114.45	\$7,174,633.55
\$3,678,159.08	\$19,090,530.78

\$0.00	\$6,817,735.27
\$0.00	\$556,500.00
\$0.00	\$22,753,636.29
\$531,023.26	\$3,074,841.77
\$739,003.32	\$55,256,607.77
\$1,761,999.01	\$13,947,237.33
\$411,048.98	\$50,493,003.11
\$1,046,330.02	\$4,573,708.23
\$73,922.50	\$7,062,684.22
\$122,842.50	\$1,676,655.21
\$6,503,200.28	\$133,141,519.46
\$11,718.75	\$187,500.00
\$1,498,514.26	\$16,008,534.13
\$0.00	\$1,318,086.95
\$213,782.92	\$2,723,359.15
\$726,092.77	\$19,545,333.38
\$659,803.75	\$1,000,615.88
\$146,397.19	\$5,328,397.21
\$185,527.34	\$5,064,458.57
\$280,849.11	\$2,383,867.53
\$0.00	\$3,399,343.72
\$13,336.88	\$213,390.00
\$68,618.65	\$936,563.58
\$0.00	\$763,988.92
\$1,833,887.67	\$9,344,517.56
\$21,971.03	\$426,530.90
\$0.00	\$2,311,851.55
\$704,141.77	\$3,961,738.62
\$0.00	\$1,326,624.34
\$52,927.11	\$423,416.88
\$685,828.65	\$30,432,302.67
\$0.00	\$450,797.57
\$0.00	\$1,742,325.93
\$2,014,514.52	\$23,090,329.46
\$17,609.28	\$195,345.61
\$0.00	\$2,398,466.76
\$0.00	\$0.00
\$0.00	\$449,633.37
\$229,451.06	\$4,607,704.08
\$0.00	\$3,578,457.07
\$0.00	\$2,113,119.81
\$0.00	\$7,694,664.94
\$2,288,257.67	\$22,123,967.13
\$220,227.98	\$6,831,482.05

\$1,366,978.50	\$9,920,031.38
\$0.00	\$850,000.00
\$564,830.66	\$1,911,257.09
\$822,813.68	\$26,204,351.64
\$912,869.18	\$32,731,673.25
\$1,533,661.98	\$10,306,547.04
\$861,336.88	\$4,823,908.81
\$574,224.58	\$4,823,908.78
\$0.00	\$18,731,459.63
\$228,147.68	\$12,545,072.13
\$495,409.43	\$9,647,817.08
\$0.00	\$605,806.89
\$57,575.73	\$781,003.66
\$0.00	\$3,611,490.27
\$0.00	\$3,072,143.13
\$0.00	\$5,745,557.76
\$0.00	\$1,967,305.07
\$0.00	\$2,694,428.89
\$415,618.72	\$10,882,606.35
\$0.00	\$781,013.52
\$4,232,503.59	\$89,437,499.98
\$0.00	\$778,240.58
\$40,236.50	\$921,862.47
\$0.00	\$18,439,530.92
\$0.00	\$3,305,744.85
\$960,838.76	\$9,647,817.55
\$0.00	\$1,047,125.18
\$589,289.34	\$1,836,172.01
\$0.00	\$0.00
\$0.00	\$849,391.46
\$201,671.36	\$2,752,576.16
\$0.00	\$19,903,621.95
\$1,102,846.91	\$32,730,565.38
\$815,815.35	\$8,112,582.56
\$2,415,786.83	\$45,432,828.02
\$525,254.98	\$6,770,827.05
\$0.00	\$2,558,876.19
\$572,517.54	\$7,814,189.11
\$0.00	\$624,598.27
\$0.00	\$317,737.08
\$0.00	\$984,648.51
\$0.00	\$12,849,621.45
\$0.00	\$2,327,837.28
\$0.00	\$1,293,149.11

\$0.00	\$0.00
\$168,755.80	\$594,678.68
\$0.00	\$759,592.27
\$338,401.47	\$596,246.58
\$30,643.16	\$404,937.92
\$0.00	\$5,685,088.37
\$0.00	\$4,758,939.33
\$244,240.95	\$5,742,816.77
\$0.00	\$856,208.00
\$23,306.46	\$205,339.51
\$0.00	\$759,846.56
\$196,647.91	\$894,922.34
\$73,746.58	\$839,030.87
\$127,377.50	\$4,057,764.10
\$0.00	\$2,022,826.93
\$0.00	\$8,084,550.52
\$864,768.23	\$3,314,073.49
\$2,023,649.60	\$45,617,323.70
\$2,147,487.95	\$138,418,023.78
\$989,058.36	\$5,787,118.98
\$669,749.50	\$5,143,422.35
\$0.00	\$1,828,119.10
\$832,306.10	\$16,666,015.53
\$2,970,704.40	\$18,762,402.58
\$122,315.12	\$11,689,487.26
\$845,678.90	\$1,282,862.96
\$0.00	\$0.00
\$173,792.93	\$1,126,953.63
\$165,271.07	\$1,503,836.74
\$142,137.83	\$5,820,041.02
\$419,697.25	\$21,004,032.27
\$768,819.25	\$9,619,019.68
\$113,214.34	\$431,292.75
\$280,243.96	\$1,274,999.89
\$0.00	\$6,427,707.33
\$0.00	\$2,173,741.79
\$11,718.75	\$187,500.00
\$16,433.72	\$262,939.50
\$10,276,569.88	\$86,330,650.67
\$0.00	\$978,005.21
\$542,649.84	\$8,394,067.75
\$0.00	\$4,152,787.25
\$80,338.23	\$4,751,595.04
\$0.00	\$262,756.08

\$1,053,847.39	\$3,296,281.49
\$76,479.68	\$1,043,857.32
\$904,381.22	\$15,788,500.76
\$0.00	\$746,481.63
\$765,416.81	\$5,003,370.03
\$0.00	\$187,500.00
\$60,880.79	\$1,435,278.88
\$0.00	\$784,544.95
\$0.00	\$333,009.93
\$8,789.06	\$225,000.00
\$0.00	\$371,607.07
\$26,247.86	\$419,965.86
\$0.00	\$0.00
\$683,608.50	\$911,478.00
\$187,523.16	\$1,424,178.12
\$0.00	\$1,542,869.36
\$0.00	\$750,000.00
\$391,800.48	\$537,326.37
\$390,673.82	\$841,932.12
\$919,182.23	\$12,460,895.02
\$182,442.62	\$2,490,126.60
\$0.00	\$648,329.54
\$23,641.87	\$189,134.96
\$0.00	\$1,911,064.91
\$489,077.91	\$3,345,647.81
\$0.00	\$5,463,880.85
\$0.00	\$2,640,611.59
\$0.00	\$257,380.69
\$0.00	\$0.00
\$0.00	\$477,962.32
\$0.00	\$189,981.57
\$0.00	\$189,981.75
\$0.00	\$283,681.96
\$0.00	\$242,773.23
\$0.00	\$189,981.75
\$0.00	\$392,481.00
\$264,442.41	\$2,411,970.68
\$96,757.14	\$880,413.93
\$0.00	\$3,507,364.96
\$0.00	\$759,933.00
\$0.00	\$2,154,203.20
\$0.00	\$700,174.95
\$0.00	\$780,775.31
\$0.00	\$814,580.81

\$0.00	\$187,500.00
\$0.00	\$1,110,197.99
\$0.00	\$1,492,032.63
\$0.00	\$624,518.60
\$0.00	\$3,614,311.37
\$0.00	\$189,981.77
\$532,119.05	\$19,300,891.78
\$517,028.41	\$11,708,191.62
\$0.00	\$826,349.29
\$495,197.62	\$4,561,401.15
\$0.00	\$0.00
\$274,372.73	\$750,000.00
\$0.00	\$330,631.01
\$287,047.82	\$872,717.93
\$0.00	\$189,981.75
\$75,867.59	\$199,332.12
\$17,578.12	\$212,500.00
\$0.00	\$212,951.25
\$127,021.22	\$1,155,793.19
\$29,243.36	\$467,893.69
\$26,618.90	\$241,344.75
\$6,185.42	\$296,900.25
\$127,015.98	\$1,733,618.36
\$0.00	\$6,812,722.87
\$0.00	\$187,500.00
\$0.00	\$212,951.25
\$0.00	\$466,428.75
\$215,898.83	\$1,113,222.11
\$292,285.18	\$4,883,865.54
\$0.00	\$0.00
\$106,131.11	\$758,082.77
\$138,273.80	\$9,031,764.14
\$408,918.76	\$1,860,419.60
\$1,908,999.12	\$15,769,802.60
\$39,737.27	\$10,050,241.13
\$0.00	\$0.00
\$0.00	\$3,514,404.71
\$0.00	\$189,194.73
\$0.00	\$4,951,466.97
\$178,174.14	\$9,457,259.67
\$1,759,331.72	\$13,798,906.38
\$572,585.48	\$9,262,360.31
\$136,233.10	\$5,151,285.19
\$2,701,399.90	\$38,516,945.52

\$1,195,171.70	\$5,090,482.94
\$60,911.77	\$406,078.50
\$0.00	\$3,495,473.91
\$0.00	\$2,129,691.46
\$1,903,166.91	\$7,313,525.67
\$116,976.48	\$7,298,701.48
\$0.00	\$938,777.68
\$125,385.48	\$2,281,818.50
\$0.00	\$460,102.92
\$174,302.74	\$499,056.25
\$379,885.76	\$1,152,220.56
\$0.00	\$4,446,771.45
\$0.00	\$1,467,097.23
\$4,134.38	\$22,050.00
\$22,589.58	\$361,433.27
\$63,642.19	\$1,158,187.78
\$76,840.11	\$2,447,146.10
\$172,557.36	\$5,783,335.18
\$0.00	\$3,001,587.45
\$0.00	\$1,531,097.17
\$0.00	\$337,500.00
\$0.00	\$7,396,845.41
\$0.00	\$2,691,521.92
\$0.00	\$585,972.75
\$0.00	\$139,146.75
\$165,304.39	\$3,008,279.96
\$0.00	\$309,375.00
\$189,471.12	\$227,365.34
\$319,426.50	\$374,793.76
\$0.00	\$532,136.25
\$0.00	\$0.00
\$0.00	\$1,031,520.18
\$176,781.45	\$2,739,780.46
\$13,395.98	\$107,167.90
\$211,667.25	\$2,412,091.83
\$0.00	\$6,029,940.65
\$478,021.88	\$3,555,134.43
\$0.00	\$742,500.00
\$136,685.84	\$934,576.71
\$0.00	\$3,766,830.39
\$0.00	\$4,150,142.73
\$0.00	\$702,750.00
\$1,730,255.06	\$7,683,251.30